

MALAWI



Service Provision Assessment (SPA) 2013-14



Malawi Service Provision Assessment 2013-14

Ministry of Health
Lilongwe, Malawi

and

ICF International
Rockville, Maryland USA

November 2014



USAID
FROM THE AMERICAN PEOPLE

This report presents findings of the 2013-2014 Malawi Service Provision Assessment (2013-14 MSPA), which was implemented by the Malawi Ministry of Health. Financial support for the assessment was provided by the United States Agency for International Development (USAID). ICF International provided technical assistance through the MEASURE DHS program (now The DHS Program), which is funded by USAID and is designed to assist countries in collecting data to monitor and evaluate population, health, and nutrition programmes.

Additional information about the 2013-14 MSPA may be obtained from the Ministry of Health, Capital Hill, Lilongwe, Malawi. Telephone: +265.178.9400; Fax: +265.178.9431.

Information about The DHS Program can be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850 USA. Telephone: 301.572.0200; Fax: 301.572.0999; E-mail: reports@DHSprogram.com; Internet: <http://www.DHSprogram.com>.

Recommended citation:

Ministry of Health (MoH) [Malawi] and ICF International. 2014. *Malawi Service Provision Assessment (MSPA) 2013-14*. Lilongwe, Malawi, and Rockville, Maryland, USA: MoH and ICF International.

Cover photographs: Paul Ametepi, ICF International

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES.....	vii
FOREWORD	xiii
ACKNOWLEDGEMENTS	xv
ACRONYMS AND ABBREVIATIONS.....	xvii
KEY FINDINGS.....	xxi
MAP OF MALAWI.....	xxvi
1 OVERVIEW OF THE HEALTH SYSTEM IN MALAWI.....	1
1.1 Health Status in Malawi.....	1
1.2 Enabling Policies and Strategies to Improve Health Status	2
1.2.1 Malawi Vision 2020	2
1.2.2 Millennium Development Goals.....	2
1.2.3 National Health Policy.....	2
1.2.4 National Health Sector Strategic Plan.....	3
1.3 The Health Care System	3
1.3.1 Introduction	3
1.3.2 Governance Structure at the National Level.....	4
1.3.3 Decentralised Governance Structure at the District Level	6
1.3.4 Health Facilities	7
1.4 Health Financing.....	8
1.4.1 Introduction	8
1.4.2 Goal	8
1.4.3 Donor Project Funding	9
2 METHODOLOGY.....	11
2.1 Overview.....	11
2.2 Institutional Framework and Objectives of the 2013-14 MSPA	11
2.2.1 Institutional Framework.....	11
2.2.2 Objectives of the 2013-14 MSPA.....	11
2.3 Data Collection Methods	12
2.4 Implementation	13
2.4.1 Questionnaire Adaptation	13
2.4.2 Pre-test.....	13
2.4.3 Main Training	14
2.4.4 Data Collection.....	14
2.4.5 Data Management and Report Writing	15
2.4.6 Data Analysis.....	16
2.5 Sampling	16
2.5.1 Census of Facilities.....	16
2.5.2 Sample of Health Service Providers	18
2.5.3 Sample for Observations and Exit Interviews.....	20
3 FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT.....	23
3.1 Background	23
3.2 Availability of Services.....	24
3.2.1 Overall Availability of Specific Client Services.....	24
3.2.2 Availability of Basic Client Services.....	25

3.3	Service Readiness: Basic Facility Infrastructure to Support Quality Service Provision and Client Utilisation.....	26
3.3.1	Basic Amenities	26
3.3.2	Basic Equipment to Support Quality Health Services	28
3.3.3	Standard Precautions for Infection Control in Service Delivery Area.....	29
3.3.4	Capacity for Adherence to Standards for Quality Sterilisation or High-Level Disinfection Processes	31
3.3.5	Diagnostic Capacity	33
3.3.6	Availability of Essential Medicines	35
3.4	Management Systems to Support and Maintain Quality Services and Appropriate Client Utilisation.....	38
3.4.1	Management Meetings, Quality Assurance, and Client Opinion.....	38
3.4.2	Supportive Management for Providers	40
3.5	Availability of Human Resources for Health.....	42
4	CHILD HEALTH SERVICES.....	43
4.1	Background.....	43
4.1.1	Health Situation of Children in Malawi.....	44
4.2	Availability of Child Health Services	46
4.2.1	Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination.....	46
4.2.2	Vitamin A Supplementation	47
4.2.3	Frequency of Availability	47
4.3	Service Readiness	49
4.3.1	Guidelines, Trained Staff, and Equipment for Sick Child Care.....	49
4.3.2	Infection Control in Sick Child Services	50
4.3.3	Laboratory Diagnostic Capacity	52
4.3.4	Medicines and Commodities for Sick Child Care	52
4.3.5	Guidelines, Trained Staff, and Equipment for Vaccination Services.....	53
4.3.6	Infection Control in Vaccination Services	56
4.4	Sick Child Care Practices.....	57
4.4.1	Full Assessment.....	57
4.4.2	Diagnosis-Specific Assessments and Treatment.....	60
4.5	Client Opinion.....	62
4.6	Basic Management and Administrative Systems	63
4.6.1	Supervision	63
4.6.2	Training	63
5	FAMILY PLANNING SERVICES.....	65
5.1	Background.....	65
5.1.1	MSPA Approach to Collection of Family Planning Service Information.....	65
5.1.2	Family Planning Services in Malawi	66
5.2	Availability of Family Planning Services	66
5.2.1	Contraceptive Method Mix and Method Availability	67
5.2.2	Frequency of Family Planning Services	68
5.2.3	Specific Methods Offered.....	68
5.2.4	Availability of Family Planning Methods on the Day of the Assessment	71
5.3	Service Readiness	73
5.3.1	Service Guidelines, Trained Staff, and Equipment	73
5.3.2	Infection Control.....	74
5.4	Adherence to Standards for Quality Service Provision.....	75
5.4.1	Counselling and Client Assessment at First Family Planning Visits	76
5.4.2	Counselling at All Family Planning Visits	80
5.5	Client Opinion and Knowledge.....	82
5.5.1	Major Problems	82
5.5.2	Clients' Knowledge About Methods	83
5.6	Basic Management and Administrative Systems	84
5.6.1	Supervision	84
5.6.2	Training	84

6	ANTENATAL CARE.....	87
6.1	Background.....	87
6.2	Availability of ANC Services.....	88
6.2.1	Use of ANC Services.....	88
6.2.2	Service Provision.....	88
6.3	Service Readiness.....	89
6.3.1	Service Guidelines, Trained Staff, and Equipment.....	89
6.3.2	Infection Control.....	91
6.3.3	Laboratory Tests.....	92
6.3.4	Medicines.....	92
6.4	Adherence to Standards.....	93
6.4.1	Characteristics of ANC Clients.....	93
6.4.2	Components of ANC Consultations.....	95
6.5	Client Opinion.....	104
6.5.1	Health Education.....	104
6.5.2	Complaints.....	106
6.6	Basic Management and Administrative Systems.....	106
6.6.1	Supervision.....	106
6.6.2	Training.....	107
6.7	Prevention of Mother-to-Child Transmission of HIV.....	108
6.8	Malaria in Pregnancy.....	110
6.8.1	Availability of Guidelines, Trained Staff, Medicines, and Diagnostics.....	110
6.8.2	Malaria-related Interventions During ANC Visits.....	111
6.8.3	Malaria-related Training.....	113
7	DELIVERY AND NEWBORN CARE.....	115
7.1	Background.....	115
7.1.1	Maternal Health Status and Health Care Utilisation.....	116
7.2	Availability of Delivery and Newborn Care Services.....	116
7.3	Service Readiness.....	117
7.3.1	Service Guidelines, Trained Staff, and Equipment for Delivery Services.....	117
7.3.2	Medicines and Commodities for Delivery and Newborn Care.....	119
7.3.3	Infection Control.....	122
7.4	Newborn Care Practices.....	123
7.4.1	Signal Functions for Emergency Obstetric and Newborn Care.....	123
7.4.2	Routine Newborn Care.....	124
7.5	Basic Management and Administrative Systems.....	126
7.5.1	Supervision.....	126
7.5.2	Training.....	126
8	HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS.....	129
8.1	Background.....	129
8.1.1	The HIV/AIDS Situation in Malawi.....	130
8.1.2	Definitions of HIV/AIDS Services.....	130
8.2	HIV Testing and Counselling.....	131
8.2.1	Service Availability.....	131
8.2.2	Service Readiness.....	133
8.2.3	Infection Control.....	133
8.2.4	Basic Management and Administrative Systems for HIV Testing and Counselling.....	134
8.3	HIV Care and Support Services.....	135
8.3.1	Specific Care and Support Services.....	137
8.4	Antiretroviral Therapy.....	138
8.4.1	Service Availability.....	138
8.4.2	Service Readiness.....	138

8.5	Services for Sexually Transmitted Infections	140
8.5.1	MSPA Approach to Collection of Information on Sexually Transmitted Infections	140
8.5.2	Health Situation Regarding STIs and RTIs in Malawi	140
8.5.3	Service Availability	141
8.5.4	Service Readiness	141
9	NON-COMMUNICABLE DISEASES	143
9.1	Background	143
9.2	Health Situation Regarding Major Non-communicable Diseases in Malawi.....	144
9.2.1	Diabetes	144
9.2.2	Cardiovascular Diseases	144
9.2.3	Chronic Respiratory Diseases	145
9.3	Diabetes: Service Availability and Readiness.....	145
9.3.1	Availability of Services for Diabetes.....	145
9.3.2	Service Readiness for Diabetes.....	146
9.4	Cardiovascular Diseases: Service Availability and Readiness.....	148
9.4.1	Service Availability for Cardiovascular Diseases.....	148
9.4.2	Services Readiness for Cardiovascular Diseases	148
9.5	Chronic Respiratory Diseases: Service Availability and Readiness	151
9.5.1	Service Availability for Chronic Respiratory Diseases	151
9.5.2	Services Readiness for Chronic Respiratory Diseases.....	153
10	TUBERCULOSIS.....	155
10.1	Background.....	155
10.1.1	Global Burden of Tuberculosis.....	155
10.1.2	Health Situation Regarding Tuberculosis in Malawi	156
10.1.3	Response of the Malawi National Tuberculosis Control Programme (NTP).....	156
10.2	Availability of TB Services.....	157
10.3	Service Readiness	158
10.3.1	Guidelines and Trained Staff	158
10.3.2	Diagnostic Capacity.....	158
10.3.3	Treatment and Availability of Medicines	160
11	MALARIA	163
11.1	Background.....	163
11.1.1	Health Situation Regarding Malaria in Malawi	163
11.1.2	The Malaria Control Strategy	164
11.2	Availability of Services for Malaria.....	165
11.3	Service Readiness	166
11.3.1	Guidelines, Trained Staff, and Diagnostics	166
11.3.2	Medicines and Commodities for Malaria Services	167
11.4	Malaria Services in Facilities Offering Curative Care for Sick Children.....	169
11.4.1	Readiness for Diagnosis.....	169
11.4.2	Treatment.....	170
	REFERENCES	173
	APPENDIX A ADDITIONAL TABLES	175
	APPENDIX B PERSONNEL.....	177
	APPENDIX C QUESTIONNAIRES AND SUPPORTING DOCUMENTS	181

LIST OF TABLES AND FIGURES

1	OVERVIEW OF THE HEALTH SYSTEM IN MALAWI.....	1
	Figure 1.1 Trends in childhood mortality, 1992-2010	1
	Figure 1.2 Organisation of the Malawi Ministry of Health	5
	Figure 1.3 National level health sector governance structure	5
	Figure 1.4 District level health sector governance structure.....	7
2	METHODOLOGY.....	11
	Table 2.1.1 Distribution of facilities in sample frame and final sample selection, by region.....	17
	Table 2.1.2 Distribution of facilities in sample frame and final sample selection, by managing authority	17
	Table 2.2 Result of facility contact, by background characteristics	17
	Table 2.3.1 Distribution of assessed facilities, by background characteristics.....	18
	Table 2.3.2 Distribution of facilities by managing authority (weighted)	18
	Table 2.4 Distribution of providers in facility provider sample frame and final provider sample selection	19
	Table 2.5 Distribution of interviewed providers	20
	Table 2.6 Distribution of observed and interviewed clients (unweighted).....	21
	Table 2.7 Distribution of observed consultations.....	22
3	FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT.....	23
	Table 3.1 Among all facilities, the percentages and numbers that offer specific services, Malawi SPA	24
	Table 3.2 Availability of basic client services.....	25
	Table 3.3 Availability of basic amenities for client services.....	27
	Table 3.4 Availability of basic equipment.....	28
	Table 3.5.1 Standard precautions for infection control: facility type and managing authority	30
	Table 3.5.2 Standard precautions for infection control: region	31
	Table 3.6 Capacity for processing of instruments for reuse	32
	Table 3.7.1 Laboratory diagnostic capacity: facility type and managing authority.....	34
	Table 3.7.2 Laboratory diagnostic capacity: region	35
	Table 3.8.1 Availability of essential medicines: facility type and managing authority.....	36
	Table 3.8.2 Availability of essential medicines: region	37
	Table 3.9 Management, quality assurance, and health management information systems.....	38
	Table 3.10 Supportive management practices at the facility level	41
	Table 3.11 Staffing pattern in assessed facilities.....	42
	Figure 3.1 Availability of basic amenities for client services	27
	Figure 3.2 Availability of basic equipment	29
	Figure 3.3 Capacity to process instruments for reuse	33
	Figure 3.4 Availability of essential medicines	37
	Figure 3.5 Quality assurance	40
4	CHILD HEALTH SERVICES.....	43
	Table 4.1 Availability of child health services	46
	Table 4.2 Frequency of availability of child health services—curative care and growth monitoring	48
	Table 4.3 Frequency of availability of child health services—vaccination services	48
	Table 4.4 Guidelines, trained staff, and equipment for child curative care services	49
	Table 4.5 Infection control and laboratory diagnostic capacity.....	51

Table 4.6	Availability of essential and priority medicines and commodities	52
Table 4.7	Guidelines, trained staff, and equipment for vaccination services	54
Table 4.8	Availability of vaccines.....	55
Table 4.9	Infection control for vaccination services	56
Table 4.10.1	Assessments, examinations, and treatments for sick children: facility type and managing authority.....	58
Table 4.10.2	Assessments, examinations, and treatments for sick children: region.....	59
Table 4.11	Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms.....	61
Table 4.12.1	Feedback on service problems from caretakers of observed sick children: facility type and managing authority	62
Table 4.12.2	Feedback on service problems from caretakers of observed sick children: region.....	62
Table 4.13	Supportive management for providers of child health services.....	63
Table 4.14	Training for child health service providers.....	64
Figure 4.1	Children 12-23 months who received all vaccinations, Malawi 1992-2010.....	45
Figure 4.2	Availability of child health services	47
Figure 4.3	Items to support quality provision of curative care services for sick children	50
Figure 4.4	Items for infection control in child curative care service area	51
Figure 4.5	Availability of essential and priority medicines and commodities	53
Figure 4.6	Availability of vaccines among facilities offering child vaccination services and storing vaccines	55
5	FAMILY PLANNING SERVICES.....	65
Table 5.1	Availability of family planning services	67
Table 5.2	Frequency of availability of family planning services	68
Table 5.3.1	Methods of family planning offered: facility type and managing authority	69
Table 5.3.2	Methods of family planning offered: region.....	69
Table 5.4.1	Methods of family planning provided: facility type and managing authority	70
Table 5.4.2	Methods of family planning provided: region.....	70
Table 5.5.1	Availability of family planning commodities: facility type and managing authority....	71
Table 5.5.2	Availability of family planning commodities: region	72
Table 5.6	Guidelines, trained staff, and basic equipment for family planning services	73
Table 5.7	Items for infection control during provision of family planning	75
Table 5.8.1	Client history and physical examinations for first-visit female family planning clients: facility type and managing authority	77
Table 5.8.2	Client history and physical examinations for first-visit female family planning clients: region	78
Table 5.9.1	Components of counselling and discussions during consultations for female first-visit family planning clients: facility type and managing authority.....	79
Table 5.9.2	Components of counselling and discussions during consultations for female first-visit family planning clients: region	80
Table 5.10.1	Components of counselling and discussions during consultations for all female family planning clients: facility type and managing authority	81
Table 5.10.2	Components of counselling and discussions during consultations for all female family planning clients: region.....	82
Table 5.11.1	Feedback from family planning clients on service problems: facility type and managing authority.....	83
Table 5.11.2	Feedback from family planning clients on service problems: region.....	83
Table 5.12	Client knowledge about contraceptive method.....	84
Table 5.13	Supportive management for providers of family planning services	85
Table 5.14	Training for family planning service providers.....	86

Figure 5.1	Temporary methods of family planning provided and availability of method on day of visit.....	72
Figure 5.2	Items to support quality provision of family planning	74
Figure 5.3	Items for infection control in family planning service area	75
6	ANTENATAL CARE.....	87
Table 6.1	Availability of antenatal care services.....	89
Table 6.2	Guidelines, trained staff, and basic equipment for antenatal care services.....	90
Table 6.3	Items for infection control during provision of antenatal care	91
Table 6.4	Diagnostic capacity	92
Table 6.5	Availability of medicines for routine antenatal care.....	93
Table 6.6	Characteristics of observed antenatal care clients	94
Table 6.7.1	General assessment and client history for observed first-visit antenatal care clients: facility type and managing authority	95
Table 6.7.2	General assessment and client history for observed first-visit antenatal care clients: region.....	96
Table 6.8.1	Basic physical examinations and preventive interventions for antenatal care clients: facility type and managing authority	98
Table 6.8.2	Basic physical examinations and preventive interventions for antenatal care clients: region.....	99
Table 6.9.1	Content of antenatal care counseling related to risk symptoms: facility type and managing authority.....	101
Table 6.9.2	Content of antenatal care counselling related to risk symptoms: region	102
Table 6.10.1	Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: facility type and managing authority	103
Table 6.10.2	Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: region.....	104
Table 6.11.1	Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: facility type and managing authority	105
Table 6.11.2	Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: region.....	105
Table 6.12.1	Feedback from antenatal care clients: facility type and managing authority.....	106
Table 6.12.2	Feedback from antenatal care clients: region	106
Table 6.13	Supportive management for providers of antenatal care services	107
Table 6.14	Training for antenatal care service providers	108
Table 6.15	Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services.....	109
Table 6.16	Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV	110
Table 6.17	Malaria services in facilities offering antenatal care services	111
Table 6.18.1	Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: facility type and managing authority.....	112
Table 6.18.2	Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: region	113
Table 6.19	Malaria training for antenatal care service providers	114
Figure 6.1	Items to support quality provision of antenatal care services	90
Figure 6.2	Items for infection control in antenatal care service area	91
Figure 6.3	Content of client history assessed and routine tests for first-visit ANC clients	96

7	DELIVERY AND NEWBORN CARE.....	115
	Table 7.1 Availability of maternal health services	117
	Table 7.2 Guidelines, trained staff, and equipment for delivery services.....	118
	Table 7.3.1 Medicines and commodities for delivery and newborn care: facility type and managing authority.....	120
	Table 7.3.2 Medicines and commodities for delivery and newborn care: region.....	121
	Table 7.4 Items for infection control during provision of delivery care.....	123
	Table 7.5 Signal functions for emergency obstetric and newborn care.....	124
	Table 7.6.1 Newborn care practices: facility type and managing authority	125
	Table 7.6.2 Newborn care practices: region	125
	Table 7.7 Supportive management for providers of delivery care	126
	Table 7.8 Training for providers of normal delivery services: delivery care	127
	Table 7.9 Training for providers of normal delivery services: immediate newborn care.....	128
	Figure 7.1 Availability of maternal health services	117
	Figure 7.2 Items to support quality provision of delivery services	119
	Figure 7.3 Medicines and commodities for delivery and newborn care	122
	Figure 7.4 Items for infection control in delivery service area	123
8	HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS	129
	Table 8.1.1 Availability of HIV testing and counselling services	131
	Table 8.1.2 HIV testing integration in facilities	132
	Table 8.2 Items for infection control during provision of HIV testing services.....	133
	Table 8.3 Supportive management for providers of HIV testing services.....	134
	Table 8.4.1 Guidelines, trained staff, and items for HIV/AIDS care and support services	136
	Table 8.4.2 HIV care and support services offered	137
	Table 8.5 Guidelines, trained staff, and items for antiretroviral therapy services	139
	Table 8.6 Guidelines, trained staff, and items for sexually transmitted infection services.....	141
	Figure 8.1 Availability of HIV testing system	132
	Figure 8.2 Availability of HIV/AIDS care and support services	137
	Figure 8.3 Items to support quality provision of ART services	139
9	NON-COMMUNICABLE DISEASES	143
	Table 9.1 Guidelines, trained staff, and equipment for diabetes services.....	145
	Table 9.2 Diagnostic capacity and essential medicines for diabetes	147
	Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases	149
	Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases.....	150
	Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases	152
	Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases.....	153
	Figure 9.1 Items to support quality provision of diabetes services.....	146
	Figure 9.2 Diagnostic capacity and medicines to support quality provision of diabetes services	147
	Figure 9.3 Items to support quality provision of services for cardiovascular diseases (CVDs)....	149
	Figure 9.4 Medicines and commodities to support quality provision of services for CVDs	151
	Figure 9.5 Items to support quality provision of services for chronic respiratory diseases	152
	Figure 9.6 Medicines and commodities to support quality provision of services for chronic respiratory diseases	154

10	TUBERCULOSIS.....	155
	Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services.....	159
	Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment.....	161
11	MALARIA	163
	Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services.....	166
	Table 11.2 Availability of malaria medicines and commodities in facilities offering malaria services.....	168
	Table 11.3 Malaria diagnostic capacity in facilities offering curative care for sick children.....	170
	Table 11.4 Malaria treatment in facilities offering curative care for sick children	171
	Table 11.5 Treatment of malaria in children	172
	Figure 11.1 Items to support quality provision of malaria services	167
	Figure 11.2 Availability of antimalarial medicines and other medicines and commodities	168
	APPENDIX A ADDITIONAL TABLES	175
	Table A-5.1 Denominators for Table 5.5.1 Availability of family planning commodities: facility type and managing authority	176
	Table A-5.2 Denominators for Table 5.5.2 Availability of family planning commodities: region.....	176
	Table A-5.3 Denominators for Table 5.12 Client knowledge about contraceptive method	176

FOREWORD

The 2013-14 Malawi Service Provision Assessment (2013 MSPA) is the first large-scale systematic, and detailed look at the status of health facilities in Malawi. This assessment was conducted between July 2013 and February 2014. The information from the 2013-14 MSPA gives an indication of our progress towards attaining the Millennium Development Goals (MDGs) and Malawi's Vision 2020. It also informs an assessment of the impact of activities implemented under the 2011-2016 Malawi Health Sector Strategic Plan (MHSSP).

The 2013-14 MSPA was designed to provide national and sub-national information on the availability and quality of services from all functioning health facilities in the country. These facilities included hospitals, health centres, dispensaries, maternities, clinics, and health posts. The managing authorities of these facilities included the government, Christian Health Association of Malawi (CHAM), nongovernmental organisations (NGOs), private and faith-based organisations (FBOs). The data reported are stratified by type of health facility, managing authority and region.

The services of interest to the 2013-14 MSPA include child health, family planning, maternal and newborn health care (antenatal and delivery care), sexually transmitted infections, tuberculosis, and HIV/AIDS.

The assessment involved interviews with service providers, observations of a sample of consultations between the health care providers and clients seeking their services, and interviews with clients after they were served.

Although most facilities are equipped to provide primary health care and have essential commodity supplies and drugs available, the assessment identified major weaknesses that require immediate remedy if we are to improve the quality of health service delivery.

It is hoped that policymakers and programme managers will focus on the problems identified through the 2013-14 MSPA and other health-related surveys such the Malawi Demographic and Health Survey to assure that activities address areas of concern in a concerted and coordinated manner. To this end, we urge all stakeholders to play active roles in trying to close the gaps in the provision of high-quality health services to the Malawian population.

Hon. Dr Jean Alfanzema Kalilani, MP
Minister of Health
November 2014

ACKNOWLEDGEMENTS

The Ministry of Health wishes to acknowledge the dedicated efforts and contribution of the National Steering Committee and Technical Committee for the 2013-14 Malawi Service Provision Assessment, which included staff members from the National Statistical Office (NSO), the College of Medicine (CoM), the Medical Council of Malawi, the National Health Sciences Research Committee (NHSRC), and the Christian Hospitals Association of Malawi (CHAM). These committees oversaw the policy and technical issues relating to the assessment. In particular, they helped to design the instruments, collect the data, and process and analyse the information. We also appreciate the special effort of the authors, who, in addition to other assignments, found time to work on their chapters.

We are grateful to the health facilities that willingly cooperated with the research teams to provide the information that we now share. We appreciate also the contributions of the respondents at the health facilities—both providers and clients—who answered the research assistants’ questions and allowed them to make observations. Sincere thanks go to all others who contributed to and facilitated the successful assessment process, i.e., the managers of the health facilities contacted, the enumerators, the data processing team, and the programme implementers.

Our gratitude also goes to the participants at the instrument design workshop for their valuable input. We thank the entire Medical Council of Malawi Board for supporting the activity.

We also sincerely appreciate the financial and technical support provided by the United States Agency for International Development (USAID) through ICF International under the MEASURE DHS Project.

Chris V. Kang’ombe
Secretary for Health
November 2014

ACRONYMS AND ABBREVIATIONS

ACE	angiotensin-converting enzyme
ACT	artemisinin combination therapy
ADC	Area Development Committee
AIDS	acquired immune deficiency syndrome
AMTSL	active management of third stage of labour
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
ARV	antiretroviral
ASAQ	artesunate-amodiaquine
AZT	azidothymidine or zidovudine (ZDV)
BCG	bacillus Calmette-Guérin
BEmONC	basic emergency obstetric and newborn care
BSN	Bachelor of Science in Nursing
CAFE	computer assisted field editing
CAPI	computer assisted personal interviewing
CBO	community-based organisation
CEmONC	comprehensive emergency obstetric and newborn care
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CMED	Central Monitoring and Evaluation Division
CoM	College of Medicine
CPR	contraceptive prevalence rate
CSS	[HIV] Care and support services
CVD	cardiovascular disease
DALY	disability-adjusted life years
DBS	dried blood spot
D&C	dilation and curettage
DEC	district executive committee
DHMT	District Health Management Team
DHO	district health officer
DIP	district implementation plan
DOT	direct observation of treatment
DOTS	direct observed therapy, short course
DPHS	Director of Public Health and Sanitation
DPT	diphtheria, pertussis, tetanus
DPT-HepB + Hib	diphtheria, pertussis, tetanus, hepatitis B, and <i>Haemophilus influenzae</i> type b vaccine
DR-TB	drug-resistant tuberculosis
EmONC	emergency obstetric and newborn care
EHP	essential health package
ELISA	enzyme-linked immunosorbent assay
EPI	expanded programme on immunisation

FBO	faith-based organisation
FDC	fixed-dose combination
FP	family planning
GLC	Green Light Committee
HAC	Hospital Advisory Committee
HBB	Helping Babies Breathe
HCAC	Health Centre Advisory Committee
HCMC	Health Centre Management Committee
HIV	human immunodeficiency virus
HLD	high-level disinfection
HMIS	Health management information system
HSA	Health surveillance assistant
HSSP	Health Sector Strategic Plan
ICPD	International Conference on Population and Development
IFSS	internet file streaming system
IMCI	integrated management of childhood illness
IMPAC	integrated management of pregnancy and childbirth
IPTp	intermittent prophylactic treatment in pregnancy
IRS	indoor residual spraying
ITN	insecticide-treated (bed) net
IUCD	intrauterine contraceptive device
LA	lumefantrine-artemether
LLIN	long-lasting insecticide-treated bed net
MCHIP	Maternal and Child Integrated Programme
MDG	Millennium Development Goal
MDR-TB	multi-drug resistant tuberculosis
MMIS	Malawi Malaria Indicator Survey
MMR	maternal mortality ratio
MoLGRD	Ministry of Local Government and Rural Development
MoH	Ministry of Health
MSPA	Malawi Service Provision Assessment
MVA	manual vacuum aspiration
NASCOP	National AIDS and STI Control Programme
NCD	non-communicable disease
NGO	non-governmental organisation
NHP	National Health Policy
NTP	National Tuberculosis Programme
NVP	nevirapine
OI	opportunistic infection
OPD	outpatient department
OPV	oral polio vaccine
ORS	oral rehydration salts
ORT	oral rehydration therapy
PID	pelvic inflammatory disease
PMTCT	prevention of mother-to-child transmission (of HIV)
PNC	postnatal care

QA	quality assurance
RDT	rapid diagnostic test
RTI	reproductive tract infection
SADC	Southern African Development Community
SDM	standard days method
SP	sulfadoxine-pyrimethamine (Fansidar)
STEPS	STEPwise approach to surveillance
STI	sexually transmitted infection
SWAp	sector-wide approach
TTV	tetanus toxoid vaccine
TB	tuberculosis
USAID	United States Agency for International Development
VDC	Village Development Committee
VHC	Village Health Committee
VDRL	Venereal Disease Research Laboratory (test)
WHO	World Health Organization

KEY FINDINGS

The 2013-14 Malawi Service Provision Assessment (2013-14 MSPA) was designed to be a census of all health facilities and collected data from 977 health facilities throughout the country. Interviewers gathered information using facility audit questionnaires, interviews of health service providers, observations of client-provider consultations, and exit interviews with clients. The 2013-14 MSPA is the first such assessment in Malawi.

The assessment was designed to provide information on the general performance of facilities that offer maternal, child, and reproductive health services as well as services for specific infectious diseases, including sexually transmitted infections (STIs), HIV/AIDS, tuberculosis (TB), and malaria. The information gathered can be used to assess the capacity of Malawian health facilities to provide good quality services and to assess the availability and the strengths and weaknesses of health services infrastructure and systems to support health services. The assessment also sought to assess adherence to standards in the delivery of curative care for sick children, family planning, antenatal care (ANC), and normal and complicated deliveries.

The 2013-14 MSPA provides national-level information for the various types of facilities—hospitals, health centres, dispensaries, clinics, and health posts—and for the various managing authorities that operate these facilities—government, the Christian Health Association of Malawi (CHAM) and other faith-based organisations, the private sector, non-governmental organisations (NGOs), and companies. Also, the findings address each of Malawi’s three regions—Northern, Central, and Southern—as well as the nation as a whole.

The 2013-14 MSPA was implemented by the Malawi Ministry of Health (MOH), with technical support from the MEASURE DHS program (now The DHS Program) of ICF International.

Key findings of the 2013-14 MSPA follow, organised according to the topics of the chapters in this report.

FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, AND SUPPORT

- Services available at nearly all Malawian health facilities are malaria diagnosis and/or treatment, STI diagnosis and/or treatment, and curative care for sick children. Family planning services and HIV-related services are less commonly available.
- About half of all health facilities offer the package of basic services that includes out-patient curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning, antenatal care, and services for STIs. Better than eight of every ten health centres offer this package of services.
- About nine of every ten facilities have an improved water source, but only about six of every ten have regular electricity.
- Only about six in every ten facilities have both soap and running water.
- Malaria tests and HIV tests are the only diagnostic tests available at more than half of facilities.
- Of 14 essential medicines, only amoxicillin, diazepam, paracetamol oral suspension, and ciprofloxacin are available in more than half of health facilities.

- Better than eight of every ten facilities have both regular staff training and regular supervision.

CHILD HEALTH SERVICES

- Out-patient curative care for sick children is one of the most widely available of all health services in Malawi, provided by 94 percent of facilities.
- Two-thirds of facilities offer the three basic child health interventions—out-patient curative care for sick children, routine growth monitoring, and routine childhood vaccination, including all six child vaccinations.
- Seven of every ten facilities provide vitamin A supplements for children.
- Most of the important medicines for curative care of sick children were in good supply on the day of the assessment visit in Malawi’s health facilities that offer such care.
- Most facilities that offer vaccination services were well-supplied with equipment, but only a little over one-third had adequate supplies for hand cleaning.
- Eight of every ten providers of child health services have received recent supervision, and seven of every ten have received recent in-service training.

FAMILY PLANNING SERVICES

- Eight of every ten Malawian health facilities offer some type of modern method of family planning.
- Nearly all hospitals and health centres that offer family planning services offer at least four temporary modern methods. Other than health posts, almost all facilities of every type offer at least two temporary modern methods.
- The most commonly offered temporary modern methods of family planning are progestin-only injectables, combined oral contraceptive pills, and male condoms.
- A little less than half of facilities that report providing family planning methods actually had every method that they provide available on the day of the assessment visit.
- Hand-washing supplies were seen in just over half of family planning facilities on the day of the assessment visit.
- Few family planning clients have major complaints, but a long wait to see the provider is the most common.
- Providers at NGO facilities are by far the most likely to have received recent training on a family planning topic.

ANTENATAL CARE

- About two-thirds of health facilities in Malawi offer antenatal care (ANC) services. Nine of every ten hospitals and nine of every ten health centres offer ANC.
- Among facilities that offer ANC, nearly nine of every ten offer tetanus toxoid vaccine whenever ANC services are offered.

- ANC providers gave or prescribed iron or folic acid tablets to 91 percent of first-visit ANC clients.
- The provider discussed the progress of pregnancy in three-quarters of all observed ANC consultations and discussed delivery plans in two-thirds. However, such topics as infant care, breastfeeding, and vaccination were seldom discussed.
- Nine of every ten facilities that offer ANC services also provide some prevention of mother-to-child transmission (PMTCT) services. These facilities are generally well-equipped to offer PMTCT services.
- On the day of the assessment about three-quarters of Malawian health facilities that offer ANC had insecticide-treated nets for malaria prevention available for distribution to clients.

DELIVERY AND NEWBORN CARE

- Just over half (54 percent) of all health facilities provide normal delivery services. These services are almost exclusively in hospitals and health centres.
- Less than one-third of facilities that offer normal delivery care had at least one interviewed staff member who had received relevant in-service training in the preceding 24 months.
- About nine of every ten facilities that offer normal delivery care have emergency transport available.
- Among priority medicines for mothers, benzathine benzyl penicillin and sodium chloride injectable solution were the only medicines widely available on the day of the assessment. Most other priority medicines were largely lacking.
- Very high percentages of facilities routinely carry out a number of beneficial newborn care functions such as keeping infants warm, starting breastfeeding soon after birth, and putting the baby skin-to-skin on the mother's abdomen.

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

- About eight of every ten health facilities in Malawi have an HIV testing system. However, opportunities for HIV testing are being missed, as HIV testing is not widely integrated into specific services.
- Only about six of every ten facilities that have HIV testing capacity had adequate hand cleaning supplies—either running water and soap or else alcohol-based hand disinfectant—at the HIV testing location.
- Two-thirds of all facilities offer HIV care and support services.
- Two-thirds of all facilities offer antiretroviral therapy (ART) services. Among facilities offering ART services, 80 percent had the first-line ART regimen available in the facility on the day of the assessment.
- Nearly all facilities offer STI and RTI services. However, only one of every five facilities has at least one provider with recent training, and only one of every five facilities has the capacity to screen for syphilis infection.

NON-COMMUNICABLE DISEASES

- Overall, less than half of Malawi health facilities offer services for diabetes; however, the great majority of hospitals and more than half of clinics offer services for diabetes, as do one-third of both health centres and dispensaries.
- With the exception of health posts, services for cardiovascular diseases and for chronic respiratory diseases are widely available in nearly all types of health facilities.
- A large majority of the facilities have most of the equipment needed to care for these three conditions, but some of the medicines needed are lacking in most facilities.
- About 85 percent of health facilities have no staff member recently trained to provide services for diabetes, cardiovascular diseases, or chronic respiratory diseases.

TUBERCULOSIS

- A large proportion of hospitals and health centres offer TB diagnostic or treatment services. Dispensaries, clinics, and health posts are less likely to do so.
- Except for hospitals, most types of facilities screen patients and refer elsewhere for TB diagnosis rather than make diagnoses on-site.
- In most facilities that offer TB services, no diagnostic capacity was observed on the day of the MSPA visit, but among hospitals 50 percent had TB X-ray and 46 percent had TB smear microscopy.
- First-line medicines for treating TB are available in over two-thirds of facilities that offer TB treatment services.
- On the day of the assessment visit, nearly two-thirds of hospitals that offer TB services had systems for diagnosing HIV among TB patients, but less than one-third of other types of facilities did.

MALARIA

- Nearly all Malawian health facilities offer diagnosis and/or treatment for malaria.
- More than nine of every ten facilities that offer malaria diagnosis and/or treatment services had the first-line artemisinin combination therapy on hand the day of the assessment visit. Sulfadoxine/pyrimethamine for intermittent preventive therapy in pregnancy (IPTp) also is widely available at health facilities that provide malaria services.
- Only one-quarter of health facilities that treat sick children can be considered fully ready to treat malaria.
- Three of every ten sick children were diagnosed with malaria. Of these, six of every ten received the first-line treatment.

MAP OF MALAWI

MALAWI



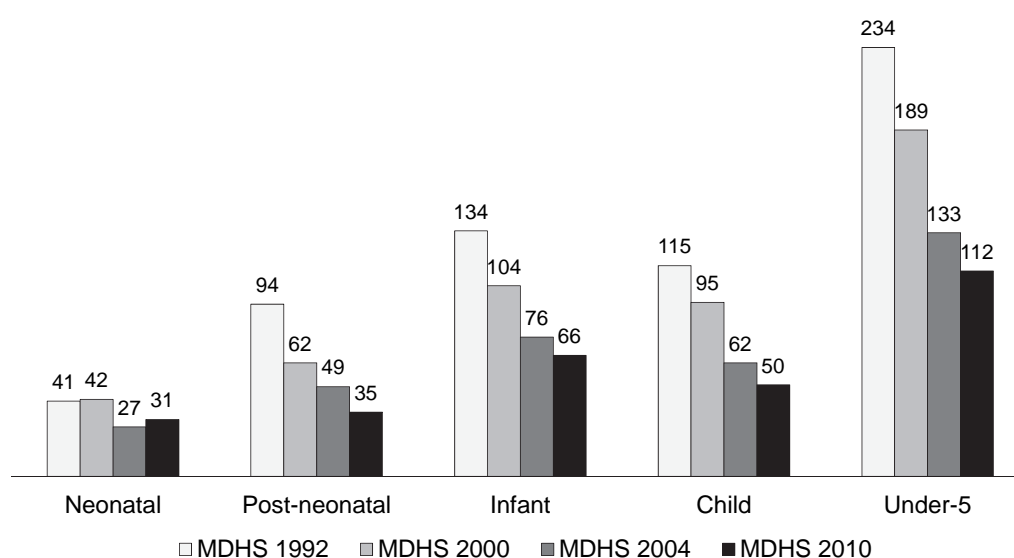
Rhino Mchenga, Pakwanja Desiree Twea, and Macleod Mwale

1.1 HEALTH STATUS IN MALAWI

A review of the health situation in Malawi shows that the health status of Malawians has seen improvement in some indicators over the past decades. Life expectancy at birth rose to around 55 years in the 2000s compared with 39 years in the 1990s when the nation was hard hit by the HIV epidemic. This substantial recent improvement resulted mainly from progress against the HIV/AIDS pandemic through the provision of life-prolonging drugs and other preventive measures. Additionally, childhood mortality has declined over the last two decades as shown in Figure 1.1.

Figure 1.1 Trends in childhood mortality, 1992-2010

Deaths per 1,000 live births



MSPA 2013-14

Despite these improvements, Malawi continues to carry a high burden of disease, including HIV/AIDS, respiratory infections, malaria, diarrhoeal diseases, and perinatal conditions. HIV/AIDS, lower respiratory infection, diarrhoeal diseases, and malaria are the top four causes of the burden of disease in Malawi. As a country, Malawi is committed to addressing these challenges at the national level with cooperation and innovation in order to have a lasting impact.

While communicable diseases remain the greatest cause of morbidity and mortality, Malawi now faces the double burden of both communicable and non-communicable diseases (NCDs). NCDs as a group are thought to be second only to HIV/AIDS as a cause of death among adults. Currently, NCDs account for approximately 12 percent of the Total Disability Adjusted Life Years (DALY). The 2009 Burden of Selected Chronic Non-Communicable Diseases and their Risk Factors Survey (STEPS) identified a high prevalence of hypertension and diabetes. Among those age 25-64, about 32 percent are hypertensive, and 9 percent suffer from cardiovascular diseases. Over 75 percent of people with hypertension are unaware of their situation.

HIV/AIDS remains a significant public health and socioeconomic challenge. The most affected population is individuals age 15-49, the age group that accounts for the majority of Malawi's workforce. Malawi's national response to HIV/AIDS involves multiple strategies, including: emphasis on prevention through behaviour change and safer sexual behaviour; antiretroviral therapy, and palliative care. Tuberculosis (TB) also remains a significant public health problem for Malawi. Recently, HIV/AIDS and TB co-morbidity has caused serious concern and has warranted the integration of TB and HIV/AIDS programmes. However, the incidence of TB has been declining and is presently estimated at 30 new cases per 100,000 population annually.

1.2 ENABLING POLICIES AND STRATEGIES TO IMPROVE HEALTH STATUS

1.2.1 Malawi Vision 2020

The statement of Malawi Vision 2020:

By the year 2020, Malawi as a God-fearing nation will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and being a technologically driven middle-income economy.

1.2.2 Millennium Development Goals

Malawi is a signatory to the Millennium Development Goals (MDGs). The country is on track to achieve MDG number 4, to reduce child mortality by two-thirds by 2015. Malawi is also a signatory to the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium, in which African countries reaffirmed their commitment to primary health care as a strategy for delivering health services and as an approach to accelerate the achievement of the MDGs.

1.2.3 National Health Policy

The Ministry of Health (MoH) has formulated a National Health Policy (NHP) to govern and guide the implementation of activities in the health sector and to serve as an overarching policy document, anchoring all sector strategies and individual policies. Its framework articulates issues central to the development and functioning of the health systems in Malawi. The philosophy that underpins the NHP is one of implementing evidence-based interventions in an efficient and cost-effective manner to promote health and reduce disease burden and thus improve the health status of all people of Malawi, particularly the vulnerable groups. The NHP promotes integration of the Essential Health Package (EHP) service delivery at all levels; prioritises health promotion, disease prevention, and community participation in health services delivery; strengthens public-private partnerships; and encourages efficient, cost-effective use of health resources. The NHP also aims at achieving universal access to the EHP through exploration and implementation of equitable and sustainable financing mechanisms. The National Health Sector Strategic Plan will operationalise the NHP.

1.2.4 National Health Sector Strategic Plan

The overall goal of the Health Sector Strategic Plan is to improve the quality of life of all the people of Malawi by reducing the risk of ill health and the occurrence of premature deaths, thereby contributing to the social and economic development of the country. The current Health Sector Strategic Plan follows the second Programme of Work. During the period of implementation of the Programme of Work, 2004-2010, the country made considerable improvements in the delivery of the Essential Health Package.

The current strategic plan, covering 2011-2016, has taken further measures to address the burden of disease by delivering an expanded EHP through public health interventions including, but not limited to, health promotion, disease prevention, and increasing community participation. The EHP, a set of cost-effective interventions covering the disease conditions affecting the majority of the population, has been expanded after taking cognizance of the increasing burden of disease arising from non-communicable diseases (some of them “lifestyle” diseases), such as mental illness, hypertension, diabetes, and cancers. As the EHP is being implemented, the main priorities are interventions that are cost-effective and the expansion of services to the underserved.

Investments have been made in HIV care, malaria control, TB control, and maternal and child health. In addition, changing behavioural risk factors, such as tobacco and alcohol use, are receiving high-priority investments. Other health-related sectors, such as nutrition, access to safe water, education, and roads, among others, also contribute to the overall improvement in health.

1.3 THE HEALTH CARE SYSTEM

1.3.1 Introduction

The government of Malawi, through the MoH, provides leadership for the entire process of health policy development. The main functions include coordination of development plans, development of policy, development of investment plans, and monitoring implementation of the plans. Various mechanisms facilitate the participation of faith-based organisations (FBOs) and civil society organisations in setting the health policy agenda in Malawi, including the National Health Policy, Malawi Health Sector-Wide Approach (SWAp), and the Malawi Health Sector Strategic Plan.

As noted, Malawi’s health care systems have been anchored in, first, the Programme of Work (2004-2010) and now the Malawi Health Sector Strategic Plan (HSSP) (2011-2016). These documents form the foundation of the health sector reform programmes and have guided their on-going implementation. As part of the reforms, the introduction of the Essential Health Package has increased collaboration among the existing essential service packages and has shifted focus from reducing the burden of disease to the promotion of healthy lifestyles of individuals and communities.

Levels of Service Delivery

In the public health system, services are delivered at primary, secondary, and tertiary levels.

- **Primary level:** This level comprises community initiatives, health posts, dispensaries, maternity facilities, health centres, and community/rural hospitals. Service delivery at this level is done mostly by community-based cadres such as health surveillance assistants, community-based distributing agents, village health committees, and other volunteers. These cadres provide a range of mostly promotive and preventable services and some curative services.

- Secondary level: Secondary level services are delivered by district hospitals. These are referral facilities for the primary level of care and provide both inpatient and outpatient services for their target populations.
- Tertiary level: Tertiary level services are provided by the central hospitals. These institutions also act as referral facilities for the district hospitals while providing services in their regions. Central hospitals also have the mandate to offer professional training, conduct research, and provide support to the districts.

1.3.2 Governance Structure at the National Level

The Ministry of Health and the Ministry of Local Government and Rural Development (MoLGRD) are jointly responsible for public health service delivery.

The MoH is the government agency that, through its various departments, sets the agenda for health care in Malawi in collaboration with other stakeholders. It is responsible for developing, reviewing, and enforcing health and related policies for the health sector; spearheading health sector reforms; regulating the health sector including the private sector; developing and reviewing standards, norms, and management protocols for service delivery and ensuring that these are communicated to lower-level institutions; planning and mobilizing health resources for the health sector including allocation and management; advising other ministries, departments, and agencies on health-related issues; providing technical support for supervision; coordinating research; and monitoring and evaluation.

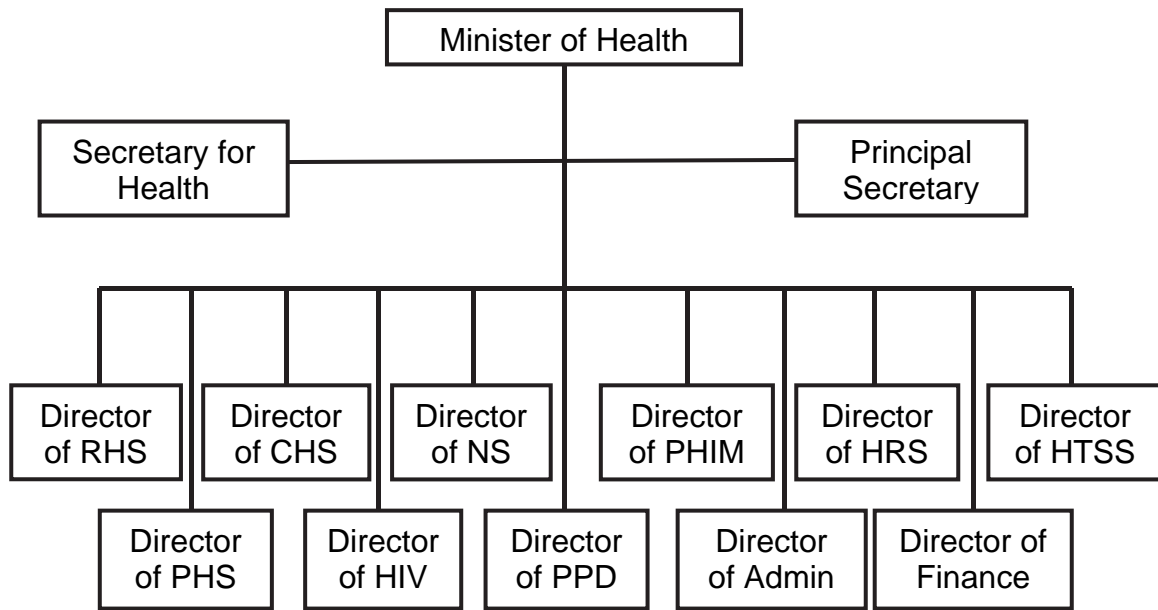
The MoH is divided into nine technical directorates and three supportive directorates (see Figure 1.2). The technical directorates are:

1. Clinical Services (CHS)
2. Nursing Services (NS)
3. Reproductive Health Services (RHS)
4. Health Technical Support Services (HTSS)
5. Preventive Health Services (PHS)
6. HIV/AIDS Services
7. Health Planning and Policy Development (PPD)
8. Health Research Services (HRS)
9. Public Health Institute (PHIM).

The supportive directorates are:

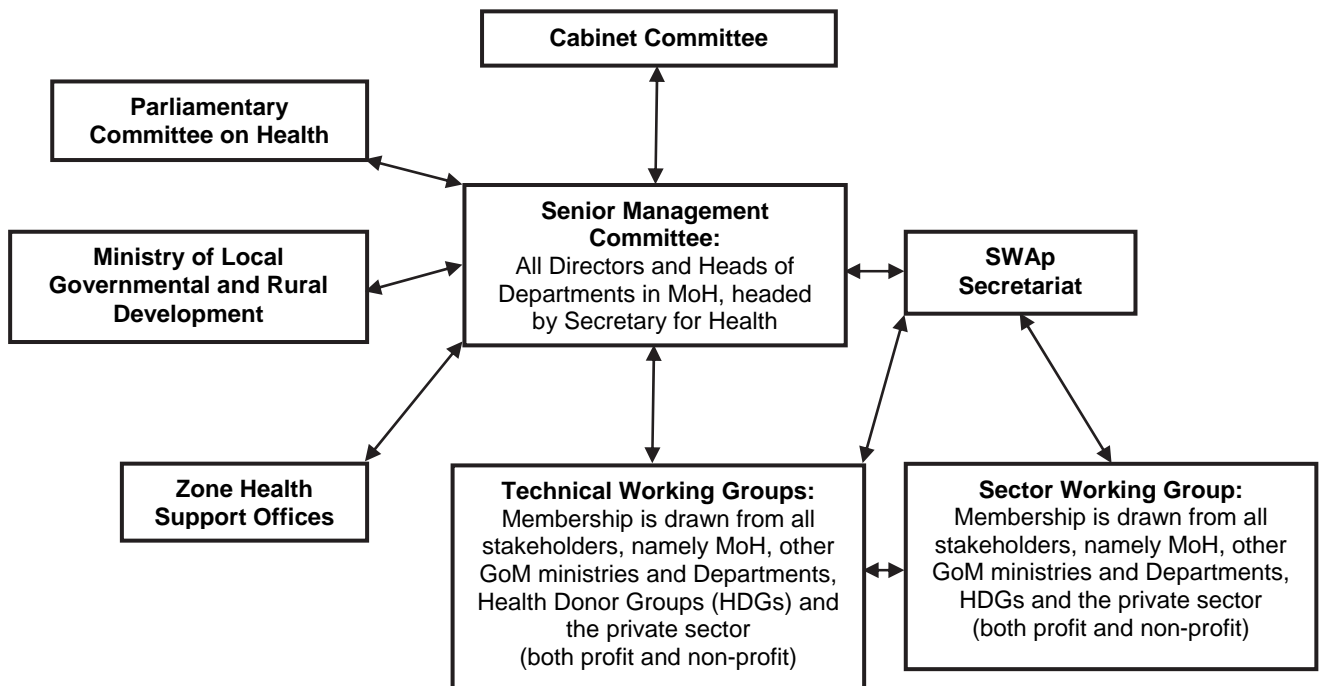
1. Administrative Services
2. Finance Services
3. Human Resources Management and Development Services.

Figure 1.2 Organisation of the Malawi Ministry of Health



The MoH has established five Zonal Offices, which provide technical support to District Health Management Teams (DHMTs) in the planning, delivery, and monitoring of health service delivery at the district level and facilitate central hospitals' supervision of districts.

Figure 1.3 National level health sector governance structure



1.3.3 Decentralised Governance Structure at the District Level

The legal framework for decentralisation derives from the Local Government Act of 1998 and the approval of the National Decentralisation Policy. Under the Decentralisation Act, secondary and primary level health services are delivered under the leadership of the District Health Management Team (DHMT) at the District Health Office. The DHMTs are under their respective District Commissioners as the controlling officer, and oversight of financial management comes from the National Local Government Finance Committee.

Government approved the National Decentralization Policy in 1998, and, subsequently, the Local Government Act was endorsed, and Local Governments were established. Guidelines further defined the roles of district assemblies in the decentralisation process. In 2004, health devolution guidelines were formulated, taking into consideration prevailing legislation, the policy framework, and local capacities to undertake the decentralisation process. The guidelines further identified the functions and activities to be devolved to district assemblies and the role of the central MoH in monitoring and evaluating these devolved functions in terms of the Ministry's overall goals, overarching sectoral plans, and policies.

The health sector was one of the earliest to start decentralization. In 2005, the MoH developed "Guidelines for the Management of Devolved Health Service Delivery," which envisioned that the managerial autonomy given to district assemblies would help to achieve improved health outcomes. One of the key challenges to decentralization is weak coordination of decentralization at the national level; the MoLGRD lacks the capacity to follow up closely on local activities. A further challenge is the underfunding of District Implementation Plans (DIPs), and, finally, staff turnover tends to affect health services delivery at the district level.

Different structures are responsible for implementing the HSSP at the district level. Currently, the performance of these structures varies. Strategies have been put in place to ensure that they become properly functional. These implementation structures include the following:

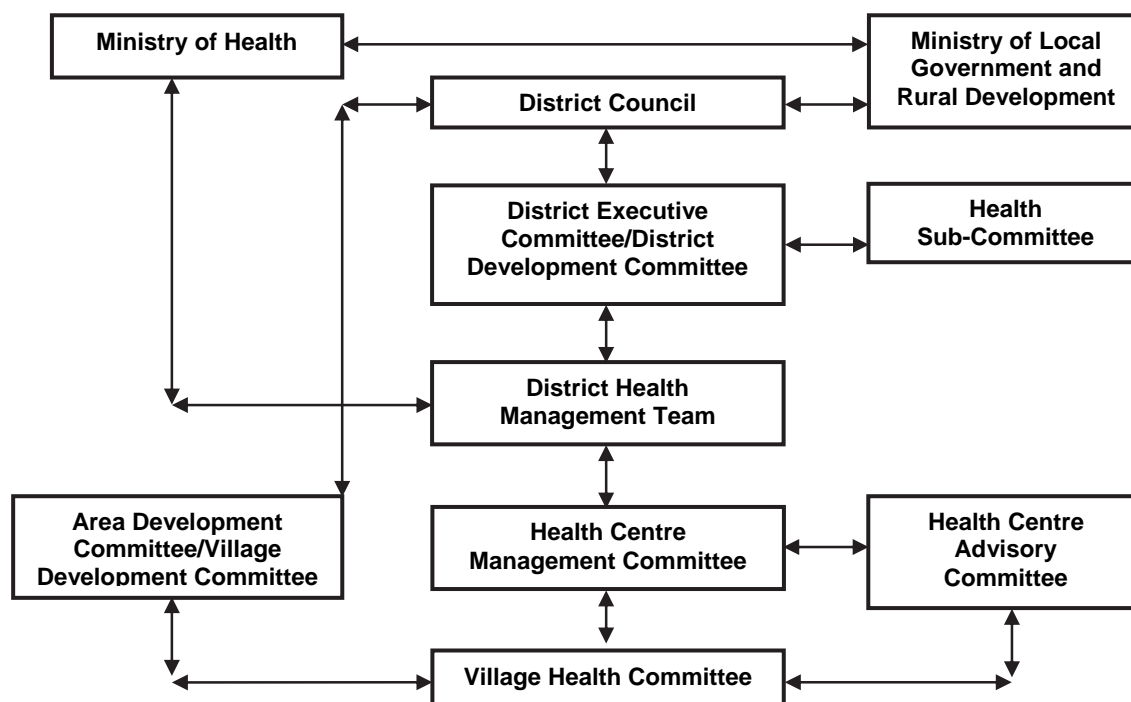
District Executive Committee (DEC): Under the decentralization plan, the DEC is responsible for the development of overall policy for the district, including for the health sector; the prioritization of interventions to be implemented; and approval of all expenditures. It is chaired by the District Commissioner, and the District Health Officer (DHO) is a member of this committee. There is a *Health Sub-Committee* of the DEC, which interacts with the DEC members and responds to health needs for the district. Other structures at the district level include the *Hospital Advisory Committee (HAC)*, the *Area Development Committee (ADC)*, and the *Village Development Committee (VDC)*, which are responsible for identifying development issues at their respective levels, including in the health sector, and taking them to the DEC (see Figure 1.4). ADCs and VDCs are composed of community members.

Health Centre Management Committee (HCMC): Each health centre has an HCMC, whose responsibility is to oversee planning and implementation of health services in line with the HSSP.

Health Centre Advisory Committee (HCAC): At each health centre there is also an HCAC, composed of health workers from the health centre and members of the community.

Village Health Committees: These committees are established and supervised by Health Surveillance Assistants (HSAs) at the village level. VHCs promote primary health care activities through community participation, and they work with HSAs to deliver preventive and promotive health services such as hygiene and sanitation.

Figure 1.4 District level health sector governance structure



1.3.4 Health Facilities

The quality of health service delivery depends greatly on the quality of the service delivery environment—specifically, the availability of adequate and serviceable facilities. The numbers of health facilities have grown significantly and rapidly, from around 600 in 2011 to over 1,000 in 2013

There are three major categories of health service providers in the country: public-sector facilities, not-for-profit private-sector facilities, and for-profit private-sector facilities. Approximately half of all facilities in Malawi are public facilities; around 15 percent are faith-based organisations that work under the umbrella of the Christian Health Association of Malawi (CHAM), and the rest belong to other non-governmental organisations (NGOs) or to the private for-profit sector.

Public health system: The public sector provides services free of charge to the population. Under the decentralisation policy, the MoLGRD is responsible for the delivery of services at the district and lower levels. The MoH provides technical guidance at the central level. The central government makes annual budgetary allocations to each district assembly jurisdiction. The funds are managed by the DHMTs under the responsibility of the local authorities, thus enabling local solutions to health problems to be developed and implemented, using funds more efficiently. Planning rules and guidelines stipulate that planning must be undertaken within the boundaries of the available resources, and financial ceilings are normally communicated to the various DHMTs to enable them to develop realistic plans. While this is in the spirit of decentralization, it does lead to double reporting, as District Assemblies have to report both to the MoLGRD and the MoH.

Private not-for-profit: The Christian Health Association of Malawi, made up of independent church-affiliated facilities, provides health services through its network of facilities and trains health workers through its health training institutions. CHAM facilities are located mostly in rural areas. CHAM facilities charge user fees for care, with the exception of growth monitoring, vaccination, and community-based preventive health care services and the treatment of specific communicable diseases such as tuberculosis, STIs and leprosy.

Private for-profit: The private for-profit sector also contributes to health service delivery through the provision of health facilities and health programmes. The health insurance sector is relatively small compared with that of other countries in the region because utilisation rates are very low.

Government Support to the Private Sector

The MoH and development partners support the health services offered by NGOs and the private sector in several ways. Depending on their comparative advantage, NGOs, FBOs, and community-based organisations (CBOs) offer specific health services. The MoH provides support to FBO health facilities by training their staff as well as seconding staff members to these facilities and providing medicines and vaccines.

As a way of improving access to health services, the government has extended contractual support to CHAM through the introduction of service level agreements. Under this arrangement, District Health Officers contract CHAM health facilities to provide an agreed range of EHP services to the catchment population at no fee. This arrangement aims to improve poor people's access to health services by removing financial barriers and by strengthening government's partnership with nongovernmental partners.

Modalities exist for MoH supervision and monitoring of NGO, FBO, and other private-sector facilities. The NGOs and private facilities work with communities in collaboration with the District Health Management Teams. The community programmes report to the District Health Management Teams, which in turn report to headquarters through the Provincial Health Management Teams. MoH standards and protocols guide their activities.

1.4 HEALTH FINANCING

1.4.1 Introduction

Malawi's financial resources for health are provided by three sources: external resources (donors), government revenues, and private institutions and households. According to the 2009/10–2011/12 National Health Accounts, the total health expenditure during the 2011/12 financial year was equivalent to about 9 percent of gross domestic product at current market prices, which translates into per capita health spending of US\$39 per year. Donors are by far the biggest financing source, contributing about 68 percent, and then the government, which contributes about 16 percent, while local NGOs and households contribute 10 percent and 6 percent, respectively.

The per capita government expenditure of US\$39 falls below the targets set by the Abuja Declaration and by the World Health Organization (WHO) and the average of US\$147 dollars in the Southern African Development Community (SADC) region. A resource mapping study conducted by the Ministry of Health showed that over half of the financing resources are spent on recurring costs. The central hospitals alone account for 8 percent of the total budget allocation. Capital spending is currently very low and is insufficient to meet all the health needs of the nation in terms of infrastructure and equipment.

The total spending on health has been increasing steadily, to about US\$127 billion in the 2011/12 financial year. The annual growth of total health spending in nominal terms averages around 25 percent while in real terms growth is around 3 percent.

1.4.2 Goal

The goal of the MoH financing document is to raise sufficient and sustainable revenues in an efficient and equitable manner; to ensure that donor support is harmonised and aligned with national priorities; and to see that collected revenues are allocated equitably so as to provide individuals and the

population with quality essential services that lead to improvement in health outcomes and provide financial protection and consumer satisfaction.

The Government of Malawi is also committed to increasing the health sector budget allocations in the national budget in accordance with the Abuja target of 15 percent.

1.4.3 Donor Project Funding

As noted, health financing in Malawi comes largely from donors. Currently, donors contribute 68 percent of the total resources for health, including more than 75 percent of the funds for major disease areas such as HIV/AIDS, malaria, and TB. However, the volatility of donor funding has contributed to weaknesses in resource planning and programming. The Government of Malawi and its partners, in an effort to mitigate aid volatility and ensure better coordination of development partners, developed the Sector-wide approach (SWAp) in 2004.

The SWAp recognises two types of funding, pooled and discrete, which work together to achieve SWAp and HSSP goals. Pooled funding aligns with the budgetary and accountability systems of government, thereby lowering transaction costs for the government. Also, since an agreement was reached on one financial report and a single audit, the administrative burden for the government is significantly reduced. The Government of Malawi and development partners signed the Joint Financing Agreement, which sets forth agreed terms and procedures for support to the HSSP pool fund and covers contributions from both parties. It serves as a coordinating framework for consultation among the signatories.

Paul Ametepi

2.1 OVERVIEW

The 2013-14 Malawi Service Provision Assessment (2013-14 MSPA) is an assessment of health care facilities in the formal sector of Malawi. It was designed to provide information on the availability of basic and essential health care services and the readiness of health facilities to provide quality services to clients. To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service, the 2013-14 MSPA collected information from all facilities managed by the government, the Christian Health Association of Malawi (CHAM) and other faith-based organisations, non-governmental organisations (NGOs), private for-profit organisations, and companies in all 28 districts of the country.

The 2013-14 MSPA provides national and regional-level information for all hospitals, health centres, clinics, dispensaries, and health posts that offer child health, maternal, and newborn care, family planning, and services for sexually transmitted infections (STI), non-communicable diseases (NCDs) (diabetes, cardiovascular diseases and chronic respiratory diseases), and HIV/AIDS-related conditions. For each of these services, the 2013-14 MSPA assessed whether components considered essential for quality service delivery were present and functioning. The components assessed are those commonly considered important to various programmes supported by the government and development partners. The 2013-14 MSPA also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

Findings from this assessment can supplement information from the 2010 Malawi Demographic and Health Survey (MDHS, 2010) and the 2012 Malawi Malaria Indicator Survey (MMIS, 2012), which provide information on health and the utilisation of services by the overall population.

2.2 INSTITUTIONAL FRAMEWORK AND OBJECTIVES OF THE 2013-14 MSPA

2.2.1 Institutional Framework

The 2013-14 MSPA was implemented by the Malawi Ministry of Health (MoH) with technical support from the MEASURE DHS program (now The DHS Program) of ICF International. Financial support for the assessment came entirely from the United States Agency for International Development, Malawi (USAID/Malawi).

2.2.2 Objectives of the 2013-14 MSPA

The main objectives of the 2013-14 MSPA were to:

- Assess the availability of basic and essential health services, including maternal and newborn care and child health, family planning, reproductive health services, non-communicable diseases (NCDs), as well as services for certain infectious diseases (HIV/AIDS, STIs, malaria, and TB), in Malawian health facilities;
- Assess the preparedness of health facilities in Malawi to provide quality services;
- Provide a comprehensive body of information on the performance of different types of health facilities that provide these essential services;

- Identify gaps in the support services, resources, and processes used to provide health services that may limit the ability of facilities to provide quality services;
- Describe the processes followed in the provision of essential health care services and the extent to which accepted standards for quality service provision are met;
- Compare findings among regions, facility types, and managing authorities.

2.3 DATA COLLECTION METHODS

The 2013-14 MPSA used four main types of data collection tools:

- *Facility Inventory* questionnaire
- *Health Provider Interview* questionnaire
- *Observation Protocols* for antenatal care (ANC), family planning, services for sick children, and normal obstetric delivery & immediate newborn care
- *Exit Interview* questionnaires for ANC and family planning clients and for caretakers of sick children whose consultations were observed.

The *Facility Inventory* questionnaire was loaded onto tablet computers and administered as computer-assisted personal interviews (CAPI). The other questionnaire types were administered as paper questionnaires but with data entry and data editing taking place immediately following data collection and while the team was still in the facility (computer-assisted field editing – CAFE).

These data collection instruments respond to the following key questions:

1. To what extent are facilities prepared to provide essential services? What resources and support systems are available?

The *Facility Inventory* and *Provider Interview* questionnaires collect information from knowledgeable informants at the facility to determine whether a facility is ready to provide services at acceptable standards. Readiness is measured in terms of *general service readiness* and *service-specific readiness*.

General Service Readiness is measured by the following characteristics of facilities, organised into five domains:

1. Availability of **basic amenities** for client services, such as regular electricity, improved water, privacy during provision of client services, a latrine for clients, communication equipment, and transport for emergencies
2. Availability of **basic equipment** for provision of client services, including weighing scales for adults and children, thermometer, stethoscope, blood pressure apparatus, and light source for client examination
3. Availability of equipment and supplies needed for **standard precautions** for infection prevention, such as sterilisation equipment, appropriate storage and disposal of sharps and biological waste, soap and running water or else alcohol-based hand rub, latex gloves, and guidelines for standard precautions
4. Capacity to perform certain basic **laboratory** tests, including general microscopy and tests of the levels of haemoglobin, blood glucose, urine protein, and urine glucose

5. Availability of **essential medicines** as defined by the World Health Organization (WHO).

Service-specific readiness is measured by the availability of essential equipment and supplies for specific services in a location reasonably accessible when providing that service, staff with recent training relevant to the service, service guidelines, the availability of medicines and commodities, and laboratory capacity for tests related to the particular services.

In addition, the 2013-14 MSPA used the *Facility Inventory* questionnaire to assess staffing levels, support systems for general management, and quality assurance.

2. To what extent does the service delivery process meet generally accepted standards of care?

The *Observation Protocols* assess whether the processes followed in observed client–provider consultations met standards for acceptable content and quality during service delivery. 2013-14 MSPA interviewers acting as observers sat in on consultations for sick children, family planning services, and ANC services. They recorded what information was shared between the client and the provider and what processes the provider followed when assessing the client, conducting procedures, and providing treatment. In addition to these three services, interviewers observed normal obstetric deliveries and immediate newborn care.

3. What issues affect clients’ and service providers’ satisfaction with the service delivery environment?

Each observed ANC and family planning client, and each caretaker of an observed sick child, was subsequently asked to participate in an exit interview to learn her or his perception of the information and services received. This information provides further insight into the quality of the client–provider interaction. Also, health care providers were interviewed and asked detailed questions about in-service training and supervision that they have received.

2.4 IMPLEMENTATION

2.4.1 Questionnaire Adaptation

The 2013-14 MSPA questionnaires are based on generic questionnaires developed by the MEASURE DHS project. The questionnaires were adapted for Malawi health services in consultation with technical specialists and experts from the Malawi MoH and other key stakeholders knowledgeable about the health services and service programme priorities covered by the MSPA. The questionnaire adaptation took place during a two-day questionnaire adaptation workshop. Attending the workshop were technical experts from the MoH, WHO, Jhpiego, University of Malawi College of Medicine, and the Clinton Health Access Initiative (CHAI). Programme and technical experts who could not attend the workshop were visited in their offices so that they could provide specific feedback to the questionnaire adaptation process.

After preparation of definitive questionnaires in English, the *Exit Interview* questionnaires were translated into Chichewa and Tumbuka. As the questionnaires were being translated, CAPI and CAFE programmes were concurrently developed, in English, in preparation for pre-test.

2.4.2 Pre-test

Following adaptation and translation of the questionnaires and completion of the CAPI and CAFE programmes, the questionnaires and computer programmes were pre-tested. The pre-testing sought to:

1. Test the questionnaires to detect any possible problems in the flow of the questions and to gauge the length of time required for interviews, as well as to identify any problems in the translations.

2. Test the computer programmes (CAPI and CAFE) to detect any problems.
3. Train master trainers who would facilitate the training of interviewers during the main training.

The pre-test took place February 26 – March 16, 2013 in Lilongwe. Six health care providers (nurses and clinicians), two IT/data specialists and two demographers from the MoH participated in the pre-test. The six health care providers were trained as interviewers by MEASURE DHS health facility survey and data processing specialists in the application of the questionnaires and computer programmes. The two IT specialists received training so that they could provide IT and data management support during the pre-test, main training, and field work. After pre-test training the questionnaires and computer programmes were tested over a three-day period in health facilities in Lilongwe District. Then the final questionnaires and computer programmes were prepared for the main training and the assessment.

2.4.3 Main Training

The main training for the 2013-14 MSPA took place May 20 – June 8, 2013, in Lilongwe. Eighty-six health care providers (nurses, nurse midwives, and clinicians) from the MoH were trained in the application of 2013-14 MSPA instruments and computer programmes. The training included classroom lectures and discussion, practical demonstrations, mock interviews, role plays, field practice, and homework assignments. Weeks 1 and 2 were dedicated to training interviewers using paper questionnaires plus one day of field practice. The field practice was to ensure that the participants understood the content of the (paper) questionnaires as well as how to organise themselves once in a health facility.

During week 3 of training, interviewers transitioned to the use of the tablet computers for CAPI data collection and for CAFE data entry and editing; this was done using completed paper questionnaires from the facilities visited during the pre-test. For the duration of the third week, interviewers practised applying all questionnaire types and CAPI/CAFE approaches in teams and in pairs.

About 30 participants received additional training in the protocol for observing normal deliveries and immediate newborn care. Nurse midwives and clinicians with hands-on experience in the conduct of normal deliveries and newborn care, as well as those who had received specific training from the Maternal and Child Health Integrated Program (MCHIP) in *Helping Babies Breathe* (HBB), were chosen for this aspect of the training.

ICF International survey specialists and the six interviewers from the pre-test facilitated the training. Guest lecturers from the University of Malawi College of Nursing facilitated training in observation of normal deliveries and immediate newborn care.

2.4.4 Data Collection

Following the training of interviewers, 15 teams were formed, each consisting of a team leader, three or four interviewers, and a driver. Eleven of the 15 teams included two of the interviewers who had received additional training in observation of normal deliveries and immediate newborn care. Their responsibility included observing normal deliveries and immediate newborn care in facilities where these services would be available. These 11 teams were assigned to facilities known to, or likely to, offer normal delivery services.

Data collection took place in two phases: June 11 – August 20, 2013 and November 13, 2013 – February 7, 2014.

Each team was provided two tablet computers. One tablet computer was dedicated to CAPI for the *Facility Inventory*, and the other was dedicated to CAFE for entering responses to paper-based *Health Provider Interview* and *Exit Interview* questionnaires as well as observation protocols.

Each team was given a list of facilities to visit, including name, type, and location. On average, data collection took one day per facility. Every effort was made to assure that teams visited facilities on days when ANC, family planning, or sick child services would be offered, since the assessment involved observation of these consultations. Whenever any of the services of interest was not being offered on the day of the visit, the teams returned on a day when the service would be offered to observe consultations and to interview the clients. If, however, the service was offered on the day of the visit but no clients came for this service, the team did not revisit the facility.

Interviewers ensured that respondents to sections of the *Facility Inventory* questionnaire sections were the most knowledgeable persons for the particular service or system components being assessed.

The MoH coordinated supervision of the field work. Five of the six MOH trainers were each assigned three or four teams to supervise. They made periodic visits to their teams to review their work and monitor data quality. The sixth MoH trainer, a clinician, assumed the role of a data editor in the 2013-14 MSPA central office.

2.4.5 Data Management and Report Writing

Data and Questionnaire Management in the Field

After completing data collection in each facility, the interviewers reviewed the paper questionnaires (*Health Provider Interview*, *Exit Interview* and *Observation*) and the *Inventory* data that had been collected directly onto the tablet computer before handing them over to the team leader; the team leader reviewed them a second time. The paper questionnaires were then entered into the second tablet computer. Once data collection and all data entry were completed in a facility, the team leader conducted consistency and structural checks on the data to identify any errors or missing information. When a team was satisfied that data collection and entry were complete for the facility, the team sent the data to the MSPA central office in Lilongwe via the Internet, using ICF International's Internet File Steaming System (IFSS). If a facility did not have access to the Internet or other modes of communication that could be used to securely send the completed files to the central office, the team sent the data from another location/facility where there was access to the Internet. All paper questionnaires were then sent to the MSPA central office in Lilongwe by courier services. The data from the paper questionnaires were entered again, for 100 percent verification of data.

Data Sorting and Editing at Headquarters

Once the paper questionnaires from each facility arrived at the central office, they were sorted to ensure that they were in the correct order and none were missing. The office editor then edited the questionnaires to eliminate any mistakes that would prevent the computer from accepting information during data entry. Where there was a problem with the questionnaires from a facility, the data collection team was consulted so that the problem could be rectified.

Data Entry

Two data operators entered the data under the supervision of a data entry supervisor. A data entry programme developed by ICF International using CSPro software was employed. Data entry started in June 2013, when field work started, and ended in February 2014, two weeks after field work ended.

Data Processing

The tables in this report are based on the model MEASURE DHS SPA tabulation plan. Data analysis, including clarification of unclear information, was carried out from March through June 2014. Feedback from the MoH MSPA management team informed revision of the analysis plan during data analysis.

Development of the Final Report

The final report was written with input from staff members of the MoH and CHAM. ICF International provided technical oversight.

2.4.6 Data Analysis

Analysis of the MSPA data observed the following conventions:

- **Availability of items.** Unless otherwise indicated, the 2013-14 MSPA considered only those items observed by the interviewers themselves to be available. Items that were reported by facility staff members as being available but that the interviewer did not see were not considered available.
- **Observations.** Quite often, certain measurements (e.g., measuring blood pressure and temperature) are routinely done by health workers other than the primary provider, and separate from the actual consultation. There is often an interval between these events and the time when the primary provider assesses the client. Where such a process was used, and all clients received these measurements as part of their visit, clients who were selected for observation were assumed to have received these measurements, even if the primary provider was not observed taking these measurements.

Observers used a checklist to indicate whether a measurement was taken, a practice was applied, or a piece of information was shared between the provider and the client. They did not attempt to verify whether the practice was correct or if the information was correct or complete.

- **Provider information.** Frequently, providers indicated that they “personally provided” a service that the facility where they were being interviewed did not offer. It may be that providers were referring to services that they provide outside the facility. For the 2013-14 MSPA only providers that offered the service in the particular facility where he or she was found during the assessment were included in the analysis for that service.

2.5 SAMPLING

The 2013-14 MSPA was designed to be a census of all formal-sector health facilities in Malawi. The Central Monitoring and Evaluation Division (CMED) of the Malawi MoH provided a master list of 1,060 such facilities.

2.5.1 Census of Facilities

Tables 2.1.1 and 2.1.2 present information on the distribution of health facilities in the MoH master list, by region and by managing authority, and the numbers identified for assessment.

Table 2.1.1 Distribution of facilities in sample frame and final sample selection, by region

Number of facilities of each type in the sample frame, number of each type selected for the assessment sample, and percentages of eligible facilities of each type that were included in the sample, by region, Malawi SPA 2013-14

Facility type	Region						Total	
	Northern		Central		Southern		Sample frame	Number selected
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected		
Hospital	23	23	43	43	53	53	119	119
Health centre	91	91	184	184	214	214	489	489
Dispensary	12	12	17	17	26	26	55	55
Clinic	44	44	148	148	177	177	369	369
Health post	3	3	8	8	17	17	28	28
Total	173	173	400	400	487	487	1,060	1,060

Table 2.1.2 Distribution of facilities in sample frame and final sample selection, by managing authority

Number of facilities of each type in the sample frame, number of each type selected for the assessment sample, and percentages of eligible facilities of each type that were included in the sample, by managing authority, Malawi SPA 2013-14

Facility type	Managing authority										Total	
	Government		CHAM		Private		NGO		Company		Sample frame	Number selected
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected		
Hospital	51	51	44	44	22	22	2	2	0	0	119	119
Health centre	360	360	112	112	5	5	5	5	7	7	489	489
Dispensary	46	46	2	2	2	2	0	0	5	5	55	55
Clinic	25	25	11	11	223	223	52	52	58	58	369	369
Health post	27	27	1	1	0	0	0	0	0	0	28	28
Total	509	509	170	170	252	252	59	59	70	70	1,060	1,060

Table 2.2 presents the percent distribution of the facilities in the master list and the outcome of attempts to visit those facilities. Some facilities on the list refused to be assessed (3 percent) or had closed down (2 percent); in 1 percent of facilities there was nobody available to respond to the assessment, and in 2 percent such facilities were inaccessible for various reasons. As a result, data were successfully collected from a total of 977 facilities, constituting 92 percent of those on the master list.

Table 2.2 Result of facility contact, by background characteristics

Percent distribution of facilities according to result of visit of the assessment team to the facility, by background characteristics, Malawi SPA 2013-14

Background characteristics	Completed	Respondent not available	Refused	Closed/ not yet operational	Unreachable	Total percent	Number of facilities assessed
Facility type							
Hospital	97	0	1	1	1	100	119
Health centre	98	0	1	0	1	100	489
Dispensary	85	4	2	5	4	100	55
Clinic	86	1	5	4	4	100	369
Health post	71	4	11	0	14	100	28
Managing authority							
Government	94	1	2	1	3	100	509
CHAM	98	0	1	1	1	100	170
Private	83	2	7	6	4	100	252
NGO	97	0	2	0	2	100	59
Company	96	0	0	3	1	100	70
Region							
Northern	97	2	1	1	1	100	173
Central	91	1	3	2	4	100	400
Southern	92	1	3	2	1	100	487
Total	92	1	3	2	2	100	1,060

Note: Some of the rows may not add up to 100 percent due to rounding.

Table 2.3.1 provides information on the weighted percent distribution of facilities successfully visited, as well as the weighted and unweighted number of facilities successfully visited by type of facility, managing authority, and region.

Data were weighted during analysis to account for differentials caused by non-response and closure of some facilities.

Table 2.3.1 Distribution of assessed facilities, by background characteristics

Percent distribution and number of assessed facilities, by background characteristics, Malawi SPA 2013-14

Background characteristics	Weighted percent distribution of assessed facilities	Number of facilities assessed	
		Weighted	Unweighted
Facility type			
Hospital	12	113	116
Health centre	48	466	477
Dispensary	5	48	47
Clinic	33	327	317
Health post	2	23	20
Managing authority			
Government	48	472	478
CHAM	17	163	167
Private	22	214	208
NGO	6	58	57
Company	7	69	67
Region			
Northern	17	165	167
Central	37	362	364
Southern	46	450	446
Total	100	977	977

Table 2.3.2 presents the distribution of types of facilities successfully visited, by managing authority. As the table shows, nearly half of all health facilities in Malawi are run by the government. The most common type of health care facility is the health centre, and these facilities are run largely by the government. Clinics also are common, and these are managed largely by private-sector entities.

Table 2.3.2 Distribution of facilities by managing authority (weighted)

Number of facilities of each type by managing authority, Malawi SPA 2013-14

Facility type	Managing authority					Total
	Government	CHAM	Private	NGO	Company	
Hospital	48	43	20	2	0	113
Health centre	340	108	6	5	7	466
Dispensary	41	2	1	0	4	48
Clinic	21	9	188	52	58	327
Health post	22	1	0	0	0	23
Total	472	163	214	58	69	977

2.5.2 Sample of Health Service Providers

A health service provider is defined as one who provides consultation services, counselling, health education, or laboratory services to clients. For example, health workers were not eligible for observation or interview if they only take measurements or complete registers and never provide any type of professional client services. The sample of health service providers was selected from providers who were present in the facility on the day of the assessment and who provided services that were assessed by the 2013-14 MSPA.

The aim was to interview an average of eight providers in each facility in order to include providers of the range of services being assessed. In facilities with fewer than eight health care providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, efforts were made to interview eight providers, including all providers whose consultations were observed, and those who provided information for any section of the *Facility Inventory* questionnaire. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining health care providers to obtain a total of eight provider interviews. Data were weighted during analysis to account for the differentials caused by over-sampling or under-sampling of providers with a

particular qualification in a facility type or province. In a few cases the staff members present on the day of the assessment may not have been representative of the staff that usually provides the services being assessed.¹

Table 2.4 provides general information on the weighted proportion of the providers interviewed as a percentage of the total number of providers assigned to facilities and present at the time of the assessment, by background characteristics and provider qualification. It also gives the weighted and unweighted number of interviewed providers used for the analysis. Table 2.5 shows the percent distribution and number of interviewed providers, by background characteristics and provider qualification.

Table 2.4 Distribution of providers in facility provider sample frame and final provider sample selection

Number of providers of each type that were present on the day of the assessment (provider sample frame), number of each type selected for the health worker interview (SPA sample), and percentage of eligible providers of each type that were selected for the health worker interview, by type of facility and provider qualification, Malawi SPA 2013-14

Qualifications of providers	Facility type												Percentage of total for provider type included in Malawi SPA sample
	Hospital		Health centre		Dispensary		Clinic		Health post		Total		
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	
Provider type													
Doctor ¹	33	15	4	2	0	0	22	17	0	0	59	34	58
Other clinician ²	270	179	437	407	36	34	235	224	2	2	980	846	86
Nurse ³	592	384	626	573	11	11	265	244	1	1	1,495	1,213	81
Pharmacist ⁴	24	0	8	0	1	0	2	0	0	0	35	0	0
Technician ⁵	145	50	30	20	0	0	37	27	0	0	212	97	46
Other ⁶	316	59	1,208	290	106	47	225	59	25	15	1,880	470	25
Total	1,380	687	2,313	1,292	154	92	786	571	28	18	4,661	2,660	57

¹ Includes generalist medical doctors and specialist medical doctors

² Includes clinical officers, clinical technicians, and medical assistants

³ Includes registered nurse (BSN), registered nurse midwife (BSN), registered psychiatric nurse, registered nurse with diploma, enrolled nurse, community health nurse, enrolled midwife/nurse midwife technician, and enrolled nurse midwife

⁴ Includes pharmacist, pharmacy technologist, pharmacy technician, and pharmacy assistant

⁵ Includes anaesthetist, laboratory technologist/laboratory scientist, laboratory technician, laboratory assistant, radiographer, and dental therapist/technician

⁶ Includes environmental health officers, health surveillance assistants (HSA), and HIV testing and counselling (non-HSA) counsellors

¹ For example, the assessment may have taken place at the same time as an offsite training event for a group of specialists or on a day when evaluations took a certain type of provider away from services.

Table 2.5 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, Malawi SPA 2013-14

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Hospital	28	753	687
Health centre	50	1,319	1,292
Dispensary	4	93	92
Clinic	18	476	571
Health post	1	19	18
Total	100	2,660	2,660
Managing authority			
Government	57	1,526	1,442
CHAM	23	616	597
Private	11	298	360
NGO	4	118	142
Company	4	102	119
Total	100	2,660	2,660
Region			
Northern	15	395	407
Central	42	1,106	1,060
Southern	44	1,160	1,193
Total	100	2,660	2,660
Provider type			
Doctor ¹	1	31	34
Other clinician ²	21	569	846
Nurse ³	32	864	1,213
Technician ⁴	5	122	97
Other ⁵	40	1,074	470
Total	100	2,660	2,660

¹ Includes generalist medical doctors and specialist medical doctors

² Includes clinical officers, clinical technicians, and medical assistants

³ Includes registered nurse (BSN), registered nurse midwife (BSN), registered psychiatric nurse, registered nurse with diploma, enrolled nurse, community health nurse, enrolled midwife/nurse midwife technician, and enrolled nurse midwife

⁴ Includes anaesthetist, laboratory technologist/laboratory scientist, laboratory technician, laboratory assistant, radiographer, and dental therapist/technician

⁵ Includes environmental health officers, health surveillance assistants (HSA), and HIV testing and counselling (non-HSA) counsellors

2.5.3 Sample for Observations and Exit Interviews

For ANC, family planning, and curative care for sick children, clients were identified and systematically selected for observation based on the number of clients present at each service site on the day of the visit. Where many clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a maximum of 15 observations for each service in any given facility. Interviewers attempted to conduct exit interviews with all observed clients or caretakers of observed sick children before they left the facility.

When several eligible ANC or family planning clients were waiting, interviewers tried to select two new clients for every follow-up client. The day's caseload and the logistics of organising observations did not always allow them to meet this objective.

For child health consultations, only children younger than five years of age who presented with an illness (rather than an injury or a skin or eye infection exclusively) were selected for observation.

Table 2.6 gives the unweighted distribution of observed and interviewed clients, by service and facility type. Table 2.7 shows the weighted percent distribution of observed consultations as well as the weighted and unweighted numbers of observed clients, by service and facility type. Details on the characteristics of these clients are presented in the relevant chapters of this report.

Table 2.6 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the assessment who were eligible for observation, number whose consultations were observed and who were interviewed, and the percentages of eligible clients who were observed and interviewed, by type of service and type of facility, Malawi SPA 2013-14

Facility type	Total number of clients present on the day of the assessment	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	601	567	94
Health centre	2,123	2,062	97
Dispensary	155	155	100
Clinic	547	530	97
Health post	15	15	100
Total	3,441	3,329	97
FAMILY PLANNING			
Hospital	302	292	97
Health centre	919	897	98
Dispensary	47	46	98
Clinic	271	264	97
Health post	0	0	-
Total	1,539	1,499	97
ANTENATAL CARE			
Hospital	538	527	98
Health centre	1,472	1,449	98
Dispensary	38	38	100
Clinic	52	49	94
Health post	5	5	100
Total	2,105	2,068	98
NORMAL DELIVERY			
Hospital	229	229	100
Health centre	244	242	99
Dispensary	0	0	-
Clinic	3	3	100
Health post	0	0	-
Total	476	474	100

Table 2.7 Distribution of observed consultations

Percent distribution and number of observed consultations for outpatient curative care for sick children, family planning, antenatal care, and normal delivery, by type of facility, Malawi SPA 2013-14

Facility type	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	36	1,189	567
Health centre	54	1,810	2,062
Dispensary	3	116	155
Clinic	6	196	530
Health post	1	18	15
Total	100	3,329	3,329
FAMILY PLANNING			
Hospital	46	682	292
Health centre	46	692	897
Dispensary	2	27	46
Clinic	6	97	264
Health post	0	0	0
Total	100	1,499	1,499
ANTENATAL CARE			
Hospital	42	861	527
Health centre	56	1,152	1,449
Dispensary	1	20	38
Clinic	1	26	49
Health post	0	9	5
Total	100	2,068	2,068
NORMAL DELIVERY			
Hospital	73	344	229
Health centre	27	128	242
Dispensary	0	0	0
Clinic	0	1	3
Health post	0	0	0
Total	100	474	474

Edgar Lungu, Lovemore Mkujuma, and Harold Chimphepo

Key Findings

- Services available at nearly all Malawian health facilities are malaria diagnosis and/or treatment, STI diagnosis and/or treatment, and curative care for sick children. Family planning services and HIV-related services are less commonly available.
- About half of all health facilities offer the package of basic services that includes out-patient curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning, antenatal care, and services for STIs. Better than eight of every ten health centres offer this package of services.
- About nine of every ten facilities have an improved water source, but only about six of every ten have regular electricity.
- With the exception of child and infant scales, government-managed health facilities are less likely to have basic equipment than facilities managed by other authorities.
- Only about six in every ten facilities have both soap and running water.
- Malaria tests and HIV tests are the only diagnostic tests available at more than half of facilities.
- Of 14 essential medicines, only amoxicillin, diazepam, paracetamol oral suspension, and ciprofloxacin are available in more than half of health facilities.
- Only one in every three facilities conducts regular management meetings, and only half of these involve the community in these meetings.
- Better than eight of every ten facilities have both regular staff training and regular supervision.

3.1 BACKGROUND

To improve the health status of the population, a health system needs to have essential inputs and requisite support systems that promote effective and efficient delivery of health services. Although health care services can be offered under various conditions, some common inputs are crucial under all conditions to ensure the quality of services, their acceptability, and their utilisation. These essential inputs include human resources, equipment, and pharmaceutical and medical supplies.

This chapter reports on the availability of basic health services and these essential resources, management, and support systems at the facility level. It is divided into four parts:

- **Background.** Section 3.1 presents a brief overview of service delivery.
- **Availability of services.** Section 3.2, including Tables 3.1 and 3.2, describes the availability of client services in Malawian health care facilities.
- **Service readiness.** Section 3.3, including Tables 3.3 through 3.8.2, and Figures 3.1 through 3.4, reports on a range of indicators designed to assess the readiness of facilities to provide good quality client services, including: availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.

- **Basic management and support.** Section 3.4, including Tables 3.9 and 3.10 and Figure 3.5, considers the extent to which essential management and administrative systems are in place to support the provision of quality services, including quality assurance monitoring and supportive management practices.
- **Staffing.** Section 3.5, including Table 3.11, provides information on staffing patterns at the different facility levels.

3.2 AVAILABILITY OF SERVICES

3.2.1 Overall Availability of Specific Client Services

Policymakers and programme managers are interested in the overall availability of health services in the country in order to identify any gaps in the provision of key services. Table 3.1 provides information on the percentages of all facilities that offer various client services.

Nearly all health facilities in Malawi provide malaria diagnosis and treatment (96 percent), STI diagnosis or treatment (95 percent), and outpatient curative care for sick children (94 percent). More than eight of every ten health facilities provide some family planning services, albeit the country's contraceptive prevalence rate (CPR) among currently married women is low—46 percent (MDHS, 2010). More than three-quarters of facilities offer HIV testing; about two-thirds offer HIV care and support services, and the same proportion offers antiretroviral therapy (ART) to treat HIV. About half of facilities (52 percent) provide TB diagnosis and treatment, and about half (54 percent) provide services for delivery and newborn care. The least available service is caesarean delivery, provided by just 7 percent of facilities. This is understandable since caesarean delivery services are only provided at hospitals, which constitute just 12 percent of all facilities in Malawi.

Table 3.1 Among all facilities, the percentages and numbers that offer specific services, Malawi SPA 2013-14

Service provided	Percentage of facilities offering service	Number of facilities offering service	
	(weighted)	Weighted	Unweighted
Curative care for sick children	94	915	918
Child growth monitoring	73	716	724
Child vaccination (EPI) ¹	70	688	696
Any family planning ²	82	806	807
Antenatal care	65	632	643
PMTCT ³	59	579	591
Delivery and newborn care	54	528	540
Caesarean delivery ⁴	7	69	71
HIV testing ⁵	78	760	767
HIV care and support services ⁶	67	652	660
HIV treatment services (ART) ⁷	67	656	666
STI diagnosis or treatment	95	924	928
TB diagnosis or treatment	52	509	518
Malaria diagnosis or treatment	96	939	942
Total	-	977	977

¹ Routine series of DPT/pentavalent, polio, and measles vaccinations offered from the facility, excluding any outreach services

² Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female condoms, CycleBeads for the Standard Days Method, female sterilisation (tubal ligation), male sterilisation (vasectomy), or periodic abstinence method

³ Facility reports that it provides any of the following services for the prevention of mother-to-child transmission (PMTCT) of HIV: HIV testing and counselling for pregnant women or children born to HIV-positive women, provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women, infant and young child feeding for PMTCT, provision of nutritional counselling for HIV-positive pregnant women and their infants, or provision of family planning counselling to HIV-positive pregnant women

⁴ Facility reports that it provides caesarean delivery services in facility

⁵ Facility reports that it has the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit is available in the facility on the day of the assessment or other test capability is available

⁶ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis
- Treatment for Kaposi's sarcoma
- Palliative care, such as symptom or pain management, or nursing care for terminally ill or severely debilitated patients
- Nutritional rehabilitation services, including client education, provision of nutritional or micronutrient supplementation
- Fortified protein supplementation
- Care for paediatric HIV/AIDS patients
- Preventive treatment for TB, i.e., isoniazid with pyridoxine
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment
- General family planning counselling and/or services for HIV-positive clients
- Condoms
- Depo-Provera as an integrated family planning service

⁷ Facility reports that providers in the facility prescribe antiretroviral therapy (ART) and/or provide clinical follow-up for clients on ART. Outreach ART facilities are included in this definition.

⁸ Facility reports that providers assigned to the facility diagnose tuberculosis (TB), prescribe treatment for TB, or provide TB treatment follow-up services for clients put on treatment elsewhere

⁹ Facility reports that it offers malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnostic testing (RDT) or that were found on the day of the assessment visit to be conducting malaria RDTs at the ANC service site were counted as offering malaria diagnosis and/or treatment services

3.2.2 Availability of Basic Client Services

The availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilisation of services at a health facility. The Malawi SPA defines basic client services as the following: outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, provision of any modern method of family planning, antenatal care, and services for sexually transmitted infections (STIs). Table 3.2 presents information on the availability of these basic maternal and child health services, family planning services, and services for STIs, both individually and as a package. This information is disaggregated by facility type, health facility managing authority, and region.

Availability of the Package of Basic Services

Half of Malawian health facilities (52 percent) offer the package of these basic services. Among facility types, health centres (84 percent) are by far more likely to provide all basic client services than other facilities types such as hospitals (58 percent), dispensaries (28 percent), clinics (11 percent), and health posts (10 percent).

Among the various managing authorities, government facilities (81 percent) are far more likely to provide all basic client services than CHAM facilities (49 percent) and other managing authorities.

Table 3.2 Availability of basic client services

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Child curative care	Child growth monitoring services	Child vaccination services	Any modern methods of family planning	Antenatal care services	Services for STI	All basic client services ¹	Number of facilities
Facility type								
Hospital	95	83	83	70	91	96	58	113
Health centre	99	98	97	89	96	98	84	466
Dispensary	94	91	83	85	37	85	28	48
Clinic	90	30	24	77	20	96	11	327
Health post	45	100	100	77	10	20	10	23
Managing authority								
Government	95	96	95	95	85	94	81	472
CHAM	99	96	94	57	91	96	49	163
Private	93	22	17	79	21	95	8	214
NGO	83	36	31	81	17	93	10	58
Company	81	52	46	68	41	97	35	69
Region								
Northern	96	81	78	85	71	95	63	165
Central	94	72	69	84	65	96	51	362
Southern	93	71	69	80	62	93	49	450
Total	94	73	70	82	65	95	52	977

¹ Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care, and services for sexually transmitted infections (STIs)

Among the regions, facilities in the Northern region (63 percent) are more likely to offer the package of services than facilities in the Central region (51 percent) or the Southern region (49 percent).

Availability of Each Basic Service

The basic services assessed by the 2013-14 MSPA are each available in at least 65 percent of Malawian health facilities. For example, curative care for sick children and STI services are each available in 94 and 95 percent of all facilities; child growth monitoring and child vaccination services are available in 73 and 70 percent, and family planning services are available in 82 percent. Antenatal care services are the least likely of the basic services to be available, found in 65 percent of all facilities.

Health posts and health centres are most likely to provide child growth monitoring (100 percent and 98 percent, respectively) and child vaccination services (100 percent and 97 percent, respectively). Clinics are the least likely to offer these two services.

Generally, the specific services in the basic package are widely available in hospitals, health centres, and dispensaries. In contrast, in clinics and health posts the availability of the different basic services varies widely. For example, only 20 percent of clinics offer ANC services and only 24 percent offer child vaccination services; however, all health posts, albeit few in number, offer child growth monitoring and child vaccination services while only 10 percent offer antenatal care.

Government and CHAM facilities are generally most likely to offer each of the basic services. However, CHAM facilities, at 57 percent, are the least likely to offer any modern family planning methods. Among private, NGO, and company facilities, there is considerable variation in the availability of specific services. For example, although over nine of every ten private facilities offer child curative care and STI services, fewer than two in every ten private health facilities offer child vaccination services. Facilities managed by the private sector, NGOs, and companies are less likely to provide child growth monitoring, child vaccination, and ANC services than those managed by the government or CHAM.

3.3 SERVICE READINESS: BASIC FACILITY INFRASTRUCTURE TO SUPPORT QUALITY SERVICE PROVISION AND CLIENT UTILISATION

3.3.1 Basic Amenities

Theoretically, relatively good health services can be provided even in minimal service delivery settings. However, the availability of basic amenities such as regular electricity, an improved water source, visual and auditory privacy, a client latrine, communication equipment, a computer with Internet access, and emergency transport are important to clients' satisfaction with health services rendered at a facility. Table 3.3 and Figure 3.1 provide information on the availability of these basic amenities for client services.

The availability of amenities in facilities in Malawi generally ranges from 59 percent with regular electricity to 96 percent providing visual and auditory privacy for clients and 94 percent having an improved water source. Notably, it is not common for health facilities to have a computer with Internet access (35 percent) or a client latrine (37 percent).

Hospitals (79 percent) and health centres (65 percent) are more likely to have regular, uninterrupted electricity than dispensaries and clinics (both 49 percent) and health posts (30 percent). Facilities of the government (63 percent), CHAM (68 percent), and companies (72 percent) are more likely to have regular, uninterrupted electricity than private (44 percent) and NGO (49 percent) facilities. The availability of regular electricity shows some regional variation, with facilities in the Central region (66 percent) more likely to have regular electricity than facilities in the Northern (56 percent) and Southern regions (55 percent).

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages with amenities considered basic for quality services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Amenities							Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communication equipment ⁵	Computer with Internet ⁶	Emergency transport ⁷	
Facility type								
Hospital	79	98	91	60	90	73	93	113
Health centre	65	93	98	18	70	21	87	466
Dispensary	49	96	93	22	45	13	81	48
Clinic	49	96	96	59	85	49	57	327
Health post	30	70	80	4	56	5	40	23
Managing authority								
Government	63	91	95	22	69	21	85	472
CHAM	68	97	97	32	71	44	86	163
Private	44	96	95	51	87	42	46	214
NGO	49	100	98	74	91	84	73	58
Company	72	96	100	74	79	52	91	69
Region								
Northern	56	89	98	33	73	30	82	165
Central	66	94	95	37	76	34	74	362
Southern	55	96	96	38	76	39	77	450
Total	59	94	96	37	76	35	77	977

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012).

¹ Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than two hours at a time during normal working hours in the seven days before the assessment, or facility had a functioning generator with fuel available on the day of the assessment, or else facility has back-up solar power

² Water is piped into facility or piped onto facility grounds, or else water comes from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, or bottled water and the outlet from this source is within 500 meters of the facility

³ A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others

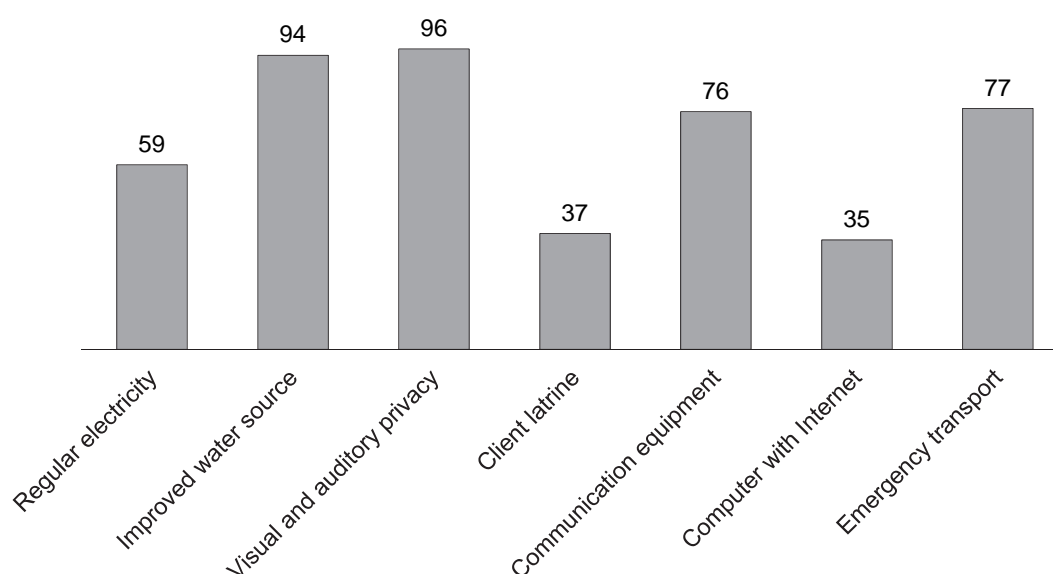
⁴ The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, or composting toilet

⁵ The facility had a functioning land-line telephone, a functioning facility-owned cellular phone, a private cellular phone that is supported by the facility, or a functioning short wave radio available in the facility

⁶ The facility had a functioning computer with access to the Internet that is not interrupted for more than two hours at a time during normal working hours, or the facility had access to the Internet via a cellular phone inside the facility

⁷ The facility had a functioning ambulance or other vehicle for emergency transport that was stationed at the facility and had fuel available on the day of the assessment, or the facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility

Figure 3.1 Availability of basic amenities for client services (N=977)



MSPA 2013-14

In general, over 90 percent of all facilities have an improved water source in the facility. However, health posts (70 percent) are less likely than other types of facilities to have an improved water source.

About three of every five hospitals and clinics have latrines for clients, but other types of facilities are unlikely to have client latrines. In terms of managing authority, three-quarters of facilities managed by NGOs and by companies have functioning client latrines. In contrast, only 22 percent of government facilities do.

Overall, transport for emergencies is available in close to nine of every ten government, CHAM, and company facilities and almost three-quarters of NGO facilities but less than half of private facilities.

A computer with Internet access is likely to be available only in facilities managed by NGOs (84 percent).

3.3.2 Basic Equipment to Support Quality Health Services

Delivery of quality basic health services requires certain equipment. The World Health Organization (WHO) and the United States Agency for International Development (USAID) propose a list of seven basic pieces of equipment that should be available at a health facility to guarantee its readiness to deliver basic health services (WHO, 2012). These items are an adult scale, a child scale, an infant scale, a thermometer, a stethoscope, blood pressure apparatus, and a light source. Table 3.4 and Figure 3.2 report on the availability of these basic items.

Stethoscopes (nine of every ten facilities) are the most commonly available piece of basic equipment, found in nine of every ten facilities, followed by a thermometer, an adult scale, and blood pressure apparatus, each of which is found in eight of every ten facilities. In contrast, only about one-third of facilities have a light source for focused client examination.

With the exception of child and infant scales, government-managed health facilities are less likely to have basic equipment than facilities managed by other authorities.

Table 3.4 Availability of basic equipment

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Malawi SPA 2013-14

Background characteristics	Equipment							Number of facilities
	Adult scale	Child scale ¹	Infant scale ²	Thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	
Facility type								
Hospital	82	66	59	89	93	86	56	113
Health centre	79	68	61	77	87	69	22	466
Dispensary	58	57	27	65	81	57	13	48
Clinic	93	37	22	95	97	97	48	327
Health post	35	80	19	30	19	14	0	23
Managing authority								
Government	71	64	55	71	82	63	20	472
CHAM	90	74	60	94	94	88	39	163
Private	91	37	23	95	97	97	52	214
NGO	95	44	28	95	95	93	58	58
Company	94	45	25	93	94	94	39	69
Region								
Northern	77	50	47	82	86	80	32	165
Central	82	56	42	84	91	78	34	362
Southern	84	60	47	82	89	79	34	450
Total	82	57	45	83	89	78	34	977

Note: The indicators presented in this table comprise the basic equipment domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

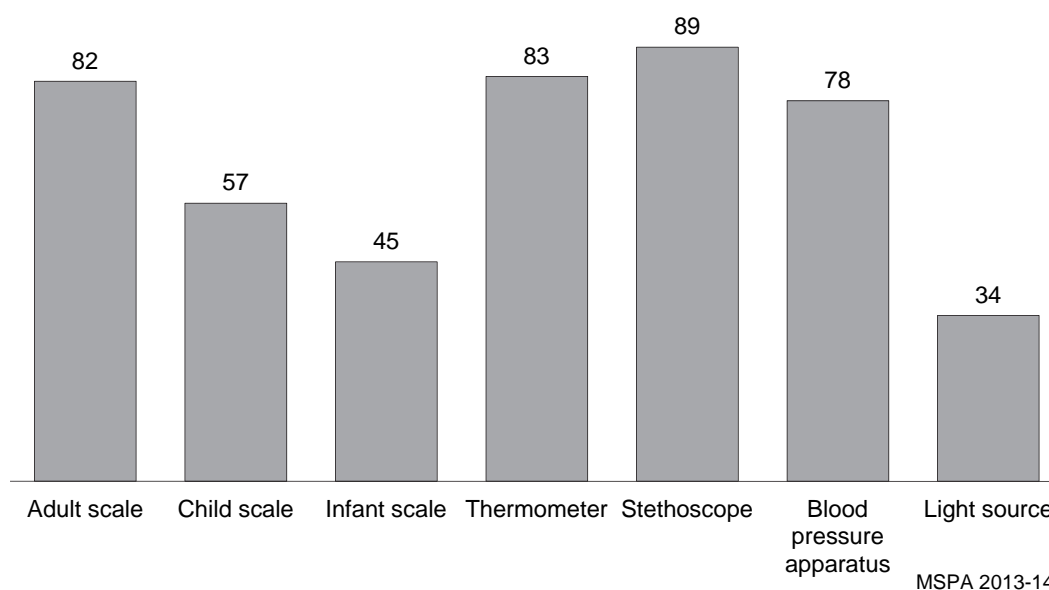
¹ A scale with gradation of 250 grams, or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed, available somewhere in the general outpatient area

² A scale with gradation of 100 grams, or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

³ A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

⁴ A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area

Figure 3.2 Availability of basic equipment (N=977)



3.3.3 Standard Precautions for Infection Control in Service Delivery Area

Around the world, infections acquired in a health facility (known as nosocomial infections) often complicate the delivery of health care. Strict adherence to infection control guidelines and constant vigilance are necessary to prevent such infections. It is essential that a health facility have supplies and equipment for infection control appropriate to the services offered. These items can include sterilisation equipment, equipment for high level disinfection, incineration equipment, sharps containers, waste receptacles, disinfectant, syringes and needles, soap, running water, hand disinfectant, gloves, medical masks, gowns, eye protection, and guidelines for infection control. Table 3.5.1 reports on availability of these infection control items by health facility type and managing authority; Table 3.5.2 provides the same information by region.

On the day of the assessment visit, nearly 90 percent of all facilities had syringes and needles (88 percent) and gloves (89 percent). At least six of every ten facilities also had the other infection prevention items with the exception of sterilisation equipment (31 percent), waste receptacles (28 percent), alcohol-based hand disinfectant (21 percent), eye protection (17 percent) and guidelines for standard precautions (37 percent). Hand washing with soap and running water, or else disinfecting hands with alcohol-based hand disinfectant, is a critical infection control practice. Overall, only two-thirds of health facilities have either soap and running water or else alcohol-based hand disinfectant.

The majority of infection control items are more likely to be available at hospitals than at other types of health facilities. Sharps boxes and safe final disposal of infectious waste were most likely to be available at health posts (95 percent and 76 percent, respectively) than at other types of facilities. However, no health posts had both soap and running water, and none had hand disinfectant.

There are considerable variations in the availability of respective infection control items by managing authority. For example, only half of government facilities, which are predominantly health centres, have soap and water or else hand disinfectant compared with 77 percent of both CHAM and private facilities, 82 percent of company facilities, and 90 percent NGO facilities. Sterilisation equipment was available in 73 percent of facilities managed by NGOs, which are predominantly clinics, but in only 20 percent of government facilities, which are predominantly health centres. Also, 66 percent of health facilities managed by companies had items for appropriate storage of infectious waste compared with, at the other extreme, 21 percent in government facilities and 22 percent in CHAM facilities.

Table 3.5.1 Standard precautions for infection control: facility type and managing authority

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the assessment, by facility type and managing authority, Malawi SPA 2013-14

Items	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Sterilisation equipment ¹	75	19	4	40	0	20	40	37	73	34	31
Equipment for high-level disinfection ²	67	65	37	56	19	55	74	56	60	69	60
Safe final disposal of sharps waste ³	70	50	77	68	71	51	67	66	81	70	60
Safe final disposal of infectious waste ⁴	69	56	72	68	76	56	68	65	83	72	63
Appropriate storage of sharps waste ⁵	72	76	83	75	95	80	68	70	77	88	76
Appropriate storage of infectious waste ⁶	30	20	20	39	25	21	22	29	54	66	28
Disinfectant ⁷	73	54	56	63	49	51	69	63	67	75	59
Syringes and needles ⁸	89	92	87	82	91	92	92	80	79	88	88
Soap	84	60	44	76	9	52	78	73	88	88	66
Running water ⁹	96	82	66	86	50	78	91	83	98	91	83
Soap and running water	82	55	42	73	0	48	74	71	88	82	62
Alcohol-based hand disinfectant	35	10	15	33	0	10	23	33	60	16	21
Soap and running water or else alcohol-based hand disinfectant	85	56	45	78	0	50	77	77	90	82	65
Latex gloves ¹⁰	90	91	87	88	69	90	86	87	91	94	89
Medical masks	75	72	62	49	26	69	66	43	56	79	63
Gowns	80	74	67	59	25	70	74	56	67	81	68
Eye protection	34	16	13	15	0	13	25	12	32	30	17
Guidelines for standard precautions ¹¹	53	39	28	33	5	36	48	23	54	48	37
Number of facilities	113	466	48	327	23	472	163	214	58	69	977

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility

² Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the assessment

³ The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of the assessment, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite

⁴ The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of the assessment, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite

⁵ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁶ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁷ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁸ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

¹⁰ Non-latex equivalent gloves are acceptable

¹¹ Any guideline for infection control in health facilities available in the general outpatient area

Table 3.5.2 Standard precautions for infection control: region

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the assessment, by region, Malawi SPA 2013-14

Items	Region			Total
	Northern	Central	Southern	
Sterilisation equipment ¹	19	37	31	31
Equipment for high-level disinfection ²	54	62	60	60
Safe final disposal of sharps waste ³	68	59	57	60
Safe final disposal of infectious waste ⁴	66	62	62	63
Appropriate storage of sharps waste ⁵	81	70	79	76
Appropriate storage of infectious waste ⁶	27	28	29	28
Disinfectant ⁷	55	59	61	59
Syringes and needles ⁸	92	89	86	88
Soap	67	66	65	66
Running water ⁹	78	83	86	83
Soap and running water	63	62	62	62
Alcohol-based hand disinfectant	21	20	21	21
Soap and running water or else alcohol-based hand disinfectant	65	65	65	65
Latex gloves ¹⁰	96	86	89	89
Medical masks	65	63	62	63
Gowns	67	70	68	68
Eye protection	12	15	20	17
Guidelines for standard precautions ¹¹	36	39	36	37
Number of facilities	165	362	450	977

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010).

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave, or a non-electric autoclave with a functioning heat source available somewhere in the facility

² Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the assessment

³ The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of the assessment, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite

⁴ The process of infectious waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of the assessment, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite

⁵ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁶ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁷ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁸ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher available in the general outpatient area

¹⁰ Non-latex equivalent gloves are acceptable.

¹¹ Any guideline for infection control in health facilities available in the general outpatient area

3.3.4 Capacity for Adherence to Standards for Quality Sterilisation or High-Level Disinfection Processes

For most equipment used for client examination, either sterilisation or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilisation or an autoclave system is required. This type of treatment is necessary for processing surgical equipment that will be reused, such as blade handles and scissors used to cut umbilical cords. Depending on the size of the facility, different types of equipment may be processed using different methods or at more than one site within the facility. The information presented in this chapter refers to the primary site in the facility where equipment is processed.

Table 3.6 and Figure 3.3 report on health facility capacity to process instruments for reuse. In general, 74 percent of all facilities have functioning equipment or items necessary to perform equipment

processing methods. Only half of all health facilities have both functioning equipment and correct knowledge of processing time for respective processing methods. If the presence of an automatic timer also is considered, only 27 percent of facilities had all three—equipment, knowledge of processing time, and an automatic timer. Less than one-quarter of facilities had written guidelines for sterilisation or HLD. The presence of all these items/tools surpassed 50 percent only in hospitals.

Across the various measures of capacity for processing equipment, NGO facilities performed best, while government facilities generally performed the poorest. With the exception of availability of written guidelines (24 percent), facilities in the Northern region scored markedly lower than facilities in the other two regions.

Table 3.6 Capacity for processing of instruments for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities having:				Number of facilities
	Equipment ¹	Equipment and knowledge of process time ²	Equipment, knowledge of process time, and automatic timer ³	Written guidelines for sterilisation or HLD ⁴	
Facility type					
Hospital	92	78	68	51	113
Health centre	75	41	16	19	466
Dispensary	47	34	6	9	48
Clinic	75	62	35	20	327
Health post	19	9	0	5	23
Managing authority					
Government	66	38	19	20	472
CHAM	91	65	32	30	163
Private	75	58	30	12	214
NGO	82	77	58	42	58
Company	85	70	39	31	69
Region					
Northern	65	42	18	24	165
Central	78	57	32	20	362
Southern	74	50	27	23	450
Total	74	51	27	22	977

¹ Facility reports that some instruments are processed in the facility and facility has a functioning electric dry heat steriliser, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer, or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility or high level disinfectant that are used for sterilisation or high level disinfection of equipment for reuse

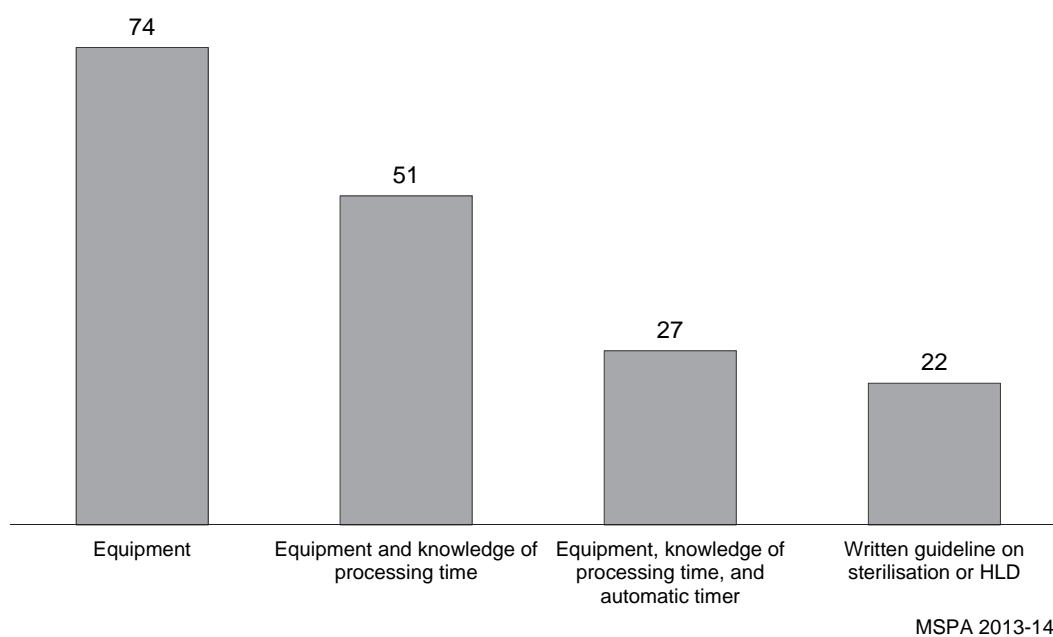
² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were functioning equipment and the following processing conditions:

- Dry heat sterilisation: Temperature at 160-169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes
- Autoclave: Wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes
- Boiling or steaming: Items processed for at least 20 minutes
- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or CIDEX or formaldehyde solution and soaked for at least 20 minutes

³ An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilisation process or the HLD equipment

⁴ Hand-written instructions that are pasted on walls and that clearly outline the procedures for processing equipment are acceptable

Figure 3.3 Capacity to process instruments for reuse (N=977)



3.3.5 Diagnostic Capacity

Provision of diagnostic services, comprising laboratory tests and diagnostic imaging, is essential for clinical decision making and for enhancing delivery of quality health care. In fact, case management for such conditions as malaria and TB depend entirely on laboratory and/or imaging results. The Malawi SPA 2013-14 assessed diagnostic capacity as a component of the methodology for assessing general service readiness proposed by the WHO and USAID (WHO, 2012).

Tables 3.7.1 and 3.7.2 present information on diagnostic capacity in Malawian health facilities. Overall, few facilities have much diagnostic capacity. Most tests are available at less than one-quarter of facilities. The exceptions are malaria diagnostic tests (available in 85 percent of facilities), HIV diagnostic tests (78 percent), and the capacity to do dry blood spot (DBS) sample collection for testing for HIV infection in infants (44 percent). Overall, hospitals are more likely to provide the range of diagnostic tests than other types of facilities, and, effectively, only hospitals have diagnostic imaging equipment such as X-ray machines. At the other extreme, few health posts conduct diagnostic tests, as might be predicted by the limited scope of their services. CHAM health facilities are more likely to provide the various diagnostic tests than facilities managed by other authorities.

Table 3.7.1 Laboratory diagnostic capacity: facility type and managing authority

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by facility type and managing authority, Malawi SPA 2013-14

Laboratory tests	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Basic tests											
Haemoglobin	82	13	0	16	0	14	42	24	15	15	21
Blood glucose	63	7	4	27	0	10	32	32	30	16	20
Malaria diagnostic test	95	94	72	76	19	90	97	75	82	64	85
Urine protein	66	5	0	15	0	8	29	19	16	12	15
Urine glucose	63	5	0	14	0	7	29	19	14	12	14
HIV diagnostic test	95	95	65	52	28	90	97	39	84	64	78
DBS collection	60	70	30	6	5	61	64	5	21	19	44
TB microscopy	40	5	0	3	0	9	14	4	5	3	8
Syphilis rapid diagnostic test	79	16	4	17	0	18	39	24	16	18	23
General microscopy	61	10	0	14	0	15	28	18	10	6	17
Urine pregnancy test	66	8	0	32	0	8	40	39	35	15	22
Liver or renal function test (ALT or creatinine)	40	1	0	5	0	4	11	8	5	7	7
Advanced diagnostic tests											
Serum electrolytes	42	1	0	8	0	5	13	11	8	6	8
Full blood count with differentials	42	1	0	8	0	5	13	11	8	6	8
Blood typing and cross matching	39	1	0	2	0	3	13	5	3	1	5
CD4 count	43	3	0	1	0	9	9	2	7	0	7
Syphilis serology	5	0	0	0	0	1	1	0	2	0	1
Gram stain	57	1	0	3	0	6	20	6	3	4	8
Stool microscopy	55	2	0	6	0	7	20	8	5	6	9
CSF/body fluid counts	73	4	0	10	0	9	31	15	8	6	13
TB culture	5	0	0	0	0	1	1	0	3	0	1
TB rapid diagnostic test	7	3	0	0	0	3	2	0	3	1	2
Equipment for diagnostic imaging											
X-ray machine	44	1	0	0	0	6	13	2	3	1	5
Ultrasonography	50	1	0	2	0	6	16	6	3	0	7
CT scan	4	0	0	0	0	0	2	0	2	0	1
Number of facilities	113	466	48	327	23	472	163	214	58	69	977

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

Note: DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

Table 3.7.2 Laboratory diagnostic capacity: region

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by region, Malawi SPA 2013-14

Laboratory tests	Region			Total
	Northern	Central	Southern	
Basic tests				
Haemoglobin	14	23	22	21
Blood glucose	18	24	18	20
Malaria diagnostic test	86	88	83	85
Urine protein	12	16	15	15
Urine glucose	10	16	15	14
HIV diagnostic test	82	79	75	78
DBS collection	45	44	44	44
TB microscopy	8	8	8	8
Syphilis rapid diagnostic test	21	24	22	23
General microscopy	15	17	17	17
Urine pregnancy test	14	26	23	22
Liver or renal function test (ALT or creatinine)	5	7	7	7
Advanced diagnostic tests				
Serum electrolytes	5	8	8	8
Full blood count with differentials	5	8	8	8
Blood typing and cross matching	5	7	4	5
CD4 count	10	6	6	7
Syphilis serology	0	1	1	1
Gram stain	9	10	7	8
Stool microscopy	9	10	9	9
CSF/body fluid counts	10	17	12	13
TB culture	1	1	1	1
TB rapid diagnostic test	2	2	2	2
Equipment for diagnostic imaging				
X-ray machine	5	5	6	5
Ultrasonography	6	8	7	7
CT scan	0	1	0	1
Number of facilities	165	362	450	977

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

Note: DBS = dried blood spot; CSF = cerebrospinal fluid; CT = computed tomography

3.3.6 Availability of Essential Medicines

Consistent availability of essential medicines is critical to the delivery of quality health services. The 2013-14 MSPA assessed the availability of 14 essential medicines, in keeping with the service readiness indicators proposed by WHO and USAID (Tables 3.8.1 and 3.8.2, Figure 3.4). Amoxicillin tablets/capsules were the most widely available of these essential medicines (found in 81 percent of facilities). Diazepam tablets/capsules (77 percent) and paracetamol oral suspension (68 percent) also were widely available. With the exception of ciprofloxacin tablets (in 54 percent of facilities), all other essential medicines are available in less than half of facilities.

Generally, essential medicines were most available in hospitals. Clinics were often second only to hospitals in the availability of these medicines. It is appropriate that some medicines are found most often in hospitals. For example, medicines such as glibenclamide and atenolol tablets/capsules, for management of type 2 diabetes and hypertension, respectively, should be predominantly available at hospitals where these conditions are meant to be treated. However, paracetamol, for example, which should be widely available across all levels of health care delivery, was found at only half of dispensaries and 9 percent of health posts.

Table 3.8.1 Availability of essential medicines: facility type and managing authority

Percentages of facilities having the 14 essential medicines available, by facility type and managing authority, Malawi SPA 2013-14

Essential medicines	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health Post	Government	CHAM	Private	NGO	Company	
Essential medicines											
Amitriptyline tablets/capsules ¹	69	26	15	43	5	26	48	49	24	39	36
Amoxicillin tablets/capsules ²	91	86	70	77	19	80	92	80	75	73	81
Atenolol tablets/capsules ³	55	9	7	34	0	8	36	40	12	40	22
Captopril tablets/capsules ⁴	54	3	2	30	0	5	28	38	12	21	18
Ceftriaxone injectable ⁵	85	54	22	38	0	50	66	41	28	48	49
Ciprofloxacin tablets/capsules ⁶	73	45	23	67	5	39	69	68	88	49	54
Cotrimoxazole oral suspension ⁷	40	17	11	51	4	9	43	50	75	50	30
Diazepam tablets/capsules ⁸	92	90	65	59	9	84	91	60	63	61	77
Diclofenac tablets/capsules ⁹	68	17	13	73	0	11	61	79	74	49	41
Glibenclamide tablets/capsules ¹⁰	72	8	8	45	0	13	35	53	31	31	28
Omeprazole/cimetidine tablets/capsules ¹¹	75	14	11	64	0	12	52	72	58	45	37
Paracetamol oral suspension ¹²	84	72	51	64	9	67	77	67	68	59	68
Salbutamol inhaler ¹³	67	18	4	47	4	15	47	50	49	42	32
Simvastatin/atorvastatin tablet/capsules ¹⁴	6	1	0	4	0	0	3	6	2	7	2
Number of facilities	113	466	48	327	23	472	163	214	58	69	977

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010).

¹ For the management of depression in adults

² First-line antibiotics for adults

³ Beta-blocker for management of angina/hypertension

⁴ Vasodilator for management of hypertension

⁵ Second-line injectable antibiotic

⁶ Second-line oral antibiotic

⁷ Oral antibiotic for children

⁸ Muscle relaxant for management of anxiety, seizures

⁹ Oral analgesic

¹⁰ For management of type 2 diabetes

¹¹ Proton pump inhibitor for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease

¹² Fever-reduction and analgesic for children

¹³ For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease

¹⁴ For the control of elevated cholesterol

CHAM and private health facilities are more likely to have the majority of essential medicines than health facilities managed by other authorities. NGO facilities are much more likely to have ciprofloxacin (88 percent) and cotrimoxazole (75 percent) than facilities under other management; private facilities are much more likely than other facilities to have glibenclamide and omeprazole/cimetidine.

Nine of the 14 essential medicines are more available in the Central region than in the Northern or Southern regions (Table 3.8.2). For the most part regional differences are small, however.

Table 3.8.2 Availability of essential medicines: region

Percentages of facilities having the 14 essential medicines available, by region, Malawi SPA 2013-14

Essential medicines	Region			Total
	Northern	Central	Southern	
Essential medicines				
Amitriptyline tablets/capsules ¹	45	32	35	36
Amoxicillin tablets/capsules ²	87	84	77	81
Atenolol tablets/capsules ³	19	23	22	22
Captopril tablets/capsules ⁴	17	22	15	18
Ceftriaxone injectable ⁵	49	52	47	49
Ciprofloxacin tablets/capsules ⁶	54	56	52	54
Cotrimoxazole oral suspension ⁷	23	32	32	30
Diazepam tablets/capsules ⁸	85	80	72	77
Diclofenac tablets/capsules ⁹	32	44	42	41
Glibenclamide tablets/capsules ¹⁰	29	30	25	28
Omeprazole/cimetidine tablets capsules ¹¹	29	43	35	37
Paracetamol oral suspension ¹²	72	71	65	68
Salbutamol inhaler ¹³	27	37	30	32
Simvastatin/atorvastatin tablet/capsules ¹⁴	1	3	2	2
Number of facilities	165	362	450	977

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010).

¹ For the management of depression in adults

² First-line antibiotics for adults

³ Beta-blocker for management of angina/hypertension

⁴ Vasodilator for management of hypertension

⁵ Second-line injectable antibiotic

⁶ Second-line oral antibiotic

⁷ Oral antibiotic for children

⁸ Muscle relaxant for management of anxiety, seizures

⁹ Oral analgesic

¹⁰ For management of type 2 diabetes

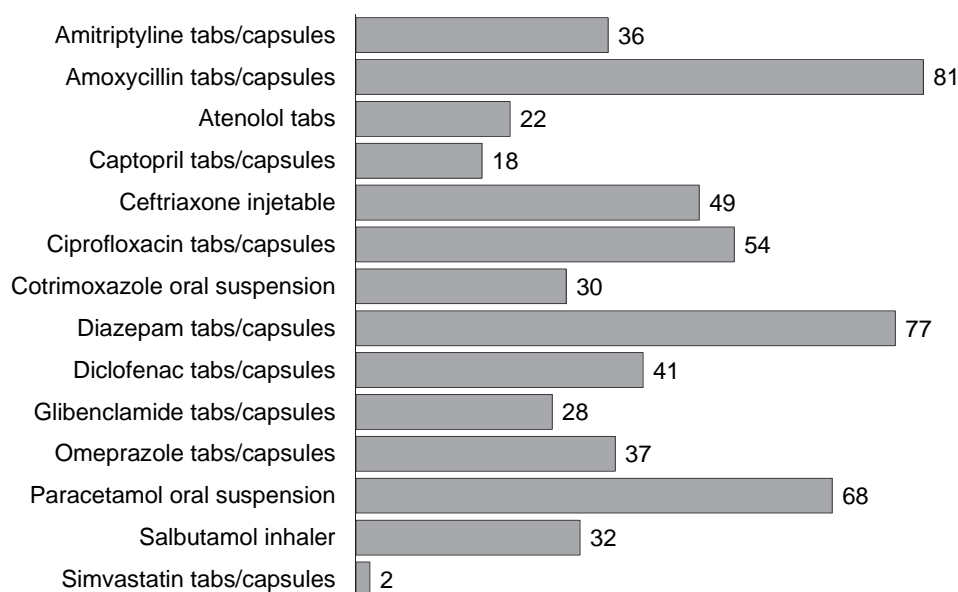
¹¹ Proton pump inhibitor for the treatment of peptic ulcer disease, dyspepsia, and gastro-oesophageal reflux disease

¹² Fever-reduction and analgesic for children

¹³ For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease

¹⁴ For the control of elevated cholesterol

Figure 3.4 Availability of essential medicines (N=977)



MSPA 2013-14

3.4 MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES AND APPROPRIATE CLIENT UTILISATION

Basic management and administrative systems are necessary to ensure that health services are consistently provided at an acceptable level of quality. The 2013-14 MSPA elicited information pertaining to management meetings, community participation, quality assurance, and structures to elicit clients' opinions on health service delivery.

3.4.1 Management Meetings, Quality Assurance, and Client Opinion

Management Meetings

To function well, a health facility must have a system in place for identifying and addressing management and administrative issues. This system may involve meetings to discuss day-to-day issues or broader management issues, such as financing, utilisation, or plans for health-related campaigns. The meetings must be regularly scheduled; also, specific staff members must have defined areas of responsibility. The 2013-14 MSPA enquired whether a functioning management committee met at least once every six months and asked for official documentation of proceedings. A health facility is considered to have a functioning management system if there is a record of committee meetings, with documented decisions and follow-up on issues discussed.

Overall, less than one-third of health facilities report having routine management committee meetings at least once every six months and showed documentation of a recent meeting (Table 3.9). Hospitals (59 percent) are more likely to be conducting meetings and have documentation than other types of facilities. Nearly half of NGO and CHAM facilities conduct such meetings and have documentation, as do somewhat more than one-third of government facilities. Few private facilities (8 percent) have such meetings and documentation.

Table 3.9 Management, quality assurance, and health management information systems

Among all facilities, the percentages with regular management meetings and having documentation of a recent meeting, the percentages of facilities with quality assurance activities and having documentation of quality assurance activities, and the percentages of facilities with a system for eliciting client opinion, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities with:				Number of facilities
	Management meeting at least once every 6 months, with observed documentation of a recent meeting	Management meeting with community participation at least once every 6 months, with documentation of a recent meeting	Regular quality assurance activities with observed documentation of quality assurance activity ¹	System for determining client opinion, procedure for reviewing client opinion, and report of recent review of client opinion ²	
Facility type					
Hospital	59	27	31	19	113
Health centre	38	21	10	7	466
Dispensary	30	13	8	9	48
Clinic	15	5	13	4	327
Health post	10	5	19	5	23
Managing authority					
Government	36	22	13	8	472
CHAM	48	19	15	10	163
Private	8	1	5	4	214
NGO	49	14	30	12	58
Company	18	12	24	8	69
Region					
Northern	31	16	16	2	165
Central	32	17	12	8	362
Southern	31	14	14	9	450
Total	31	15	14	8	977

¹ Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review, or an audit of records or registers

² The assessment asked about the following means for determining client opinion: suggestion box, client survey form, client interview form, official meeting with community leaders, informal discussion with clients or the community, email, facility's website, letters from clients/community, and ombudsman

Management Meetings with Community Participation

Community participation is critical to service delivery. A community that feels involved in management of the facility is likely to support and contribute to efforts aimed at improving service delivery. The 2013-14 MSPA found that only 15 percent of health facilities had conducted management meetings with the participation of the community in the six months preceding the assessment and had documentation of the meeting available (Table 3.9). Hospitals (27 percent) and health centres (21 percent) are more likely to hold management meetings with community participation than other facility types.

Government health facilities (22 percent) are most likely to hold management meetings with community participation. The emphasis on involvement of citizenry and deliberate establishment of a community governance structure such as Hospital Advisory Committees in the Malawi public health facilities may explain this. Still, in a health system that operates in the context of decentralisation and provision of various governance structures to promote community participation, 22 percent is a low percentage.

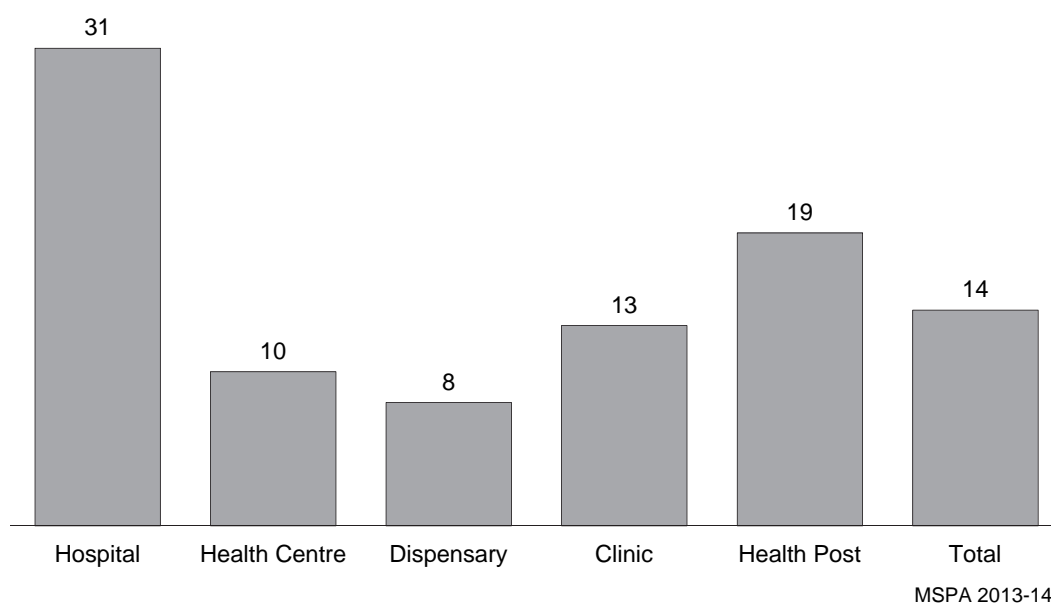
Quality Assurance

Quality assurance (QA) refers to a system for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems. Quality assurance systems require an established standard against which quality is measured. There must also be systematic methods to assess results and develop interventions. The following are examples of QA activities and approaches:

- *A supervisory checklist for health systems*, which looks for the presence of equipment and supplies, the completeness of health management information system (HMIS) accounts, and other process indicators.
- *A supervisory checklist for health service provision*, which verifies specific content in client assessments, treatments, or consultations. This list is often used to document the provision of care.
- *A facility-wide review of mortality*, which is a structured system to review the records of each client who dies. Usually, there is a committee established for this purpose.
- *Audits of medical records or registers*, which check medical records for specific items or information and may assess whether protocols were followed.

Overall, only 14 percent of health facilities report any QA activities (Table 3.9, Figure 3.5). Hospitals (31 percent) are the type of facility most likely to report QA activities and have documentation of them. By managing authority, NGO (30 percent) and company-owned facilities (24 percent) are the most likely to conduct QA activities and have documentation.

Figure 3.5 Quality assurance (N=977)



Client Feedback

Obtaining client feedback on health service delivery provides an opportunity for management to undertake remedial actions and to increase the satisfaction of health service users. It is critical to providing health services that meet people's expectations. The 2013-14 MSPA ascertained whether facilities have a system to elicit and review client opinion.

Overall, only 8 percent have such a system in place (Table 3.9). Hospitals (19 percent) are more likely than other types of facilities to have systems to elicit client opinion, review opinion, and provide feedback. Among the different management authorities, NGO facilities (12 percent) are the most likely to elicit and review client opinion. Systems to elicit, review and provide client feedback, whilst uncommon in all regions, are almost non-existent in the Northern region (2 percent).

3.4.2 Supportive Management for Providers

External Supervision

Supervision by external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organisational culture that expects such standards and protocols to be followed. It provides an opportunity to expose staff members to a wider scope of ideas and relevant experiences. It can also motivate service providers, especially if the supervisor is supportive.

Overall, four of every five health facilities reported that they received external supervision in the six months preceding the assessment (Table 3.10). Recent supervision is common across all types of facilities, ranging from 67 percent of clinics to 88 percent of health centres. Private facilities are less likely than facilities managed by other authorities to have external supervision (59 percent compared with 72 to 90 percent of the facilities of other managing authorities).

Staff Training

Staff trainings are essential for updating health workers with knowledge, skills, and technical competence to improve the quality of health care services. The 2013-14 MSPA assessed whether health care providers had received any formal or structured in-service training related to the services they offer in

the 24 months preceding the assessment. If more than half of providers had received such training, a health facility is deemed to have routine staff trainings.

Overall, the great majority of health facilities (95 percent) have routine staff training (Table 3.10). Clinics (87 percent) are slightly less likely than other facility types to have routine staff training. Private facilities (84 percent) and company facilities (85 percent) are a little less likely than facilities managed by other authorities to undertake staff trainings.

Table 3.10 Supportive management practices at the facility level

Among all facilities, the percentages that had an external supervisory visit during the six months before the assessment and the percentages of facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities with supervisory visit during the 6 months before the assessment ¹	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least 2 eligible providers were interviewed with health worker interview questionnaire ⁵
			Staff training ²	Personal supervision ³	Training and personal supervision	Percentage with supportive management practices ⁴	
Facility type							
Hospital	84	113	97	93	84	73	106
Health centre	88	466	98	94	88	82	378
Dispensary	77	48	96	92	87	80	25
Clinic	67	327	87	84	68	58	156
Health post	75	23	100	75	75	49	5
Managing authority							
Government	87	472	98	93	89	82	370
CHAM	88	163	96	94	85	78	135
Private	59	214	84	72	52	39	86
NGO	90	58	98	98	91	80	45
Company	72	69	85	97	79	66	34
Region							
Northern	81	165	97	90	81	75	106
Central	78	362	96	91	83	72	257
Southern	82	450	94	92	84	77	305
Total	80	977	95	91	83	75	669

¹ Facility reports that it received at least one external supervisory visit from the district, regional, or national office during the six months before the assessment

² At least half of all interviewed providers reported that they had received in-service training as part of their work in the facility during the 24 months before the assessment. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision

³ At least half of all interviewed providers reported that they had been personally supervised at least once during the six months before the assessment. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

⁴ Facility had an external supervisory visit during the six months before the assessment, and staff have received routine training and supervision

⁵ Interviewed providers who did not personally provide any clinical services assessed by the assessment, for example, administrators who might have been interviewed, are excluded

Supervision of Health Service Providers

Whilst facility-level supervision is critical to support facility-wide health service provision, personal supervision is essential to assess the work of individual staff members, noting each person's strengths and weaknesses and providing appropriate support. The 2013-14 MSPA defined a health facility as having personal supervision of health providers if at least half of the interviewed health service providers reported being personally supervised at least once during the six months preceding the assessment.

Nine of every ten facilities have routine staff supervision (Table 3.10). Health posts (75 percent) are least likely to have routine staff supervision. More than 90 percent of the facilities of the various management authorities provide routine staff supervision, with the exception of private facilities (72 percent).

Training and Personal Supervision

The combination of routine staff training and supervision is crucial to achieving competence and sustaining quality health service delivery. Overall, 83 percent of health facilities have both staff training and personal supervision of health workers (Table 3.10). Hospitals, health centres, and dispensaries are above this threshold, while clinics and health posts are below. Health facilities managed by NGOs (91 percent), government (89 percent), and CHAM (85 percent) are more likely to have health providers that have both recently undergone training and been personally supervised than company facilities (79 percent) and private facilities (52 percent).

Supportive Management Practices

Supportive management practices are defined as a facility that had external supervision during the six months before the assessment and also staff that received routine training and supervision. Overall, three of every four health facilities have all these supportive management practices (Table 3.10). There is considerable range in the extent of supportive management practices among the various facility types—from 49 percent of health posts to 82 percent of health centres. Supportive management practices are particularly uncommon in private health facilities (39 percent).

3.5 AVAILABILITY OF HUMAN RESOURCES FOR HEALTH

The health workforce is an integral part of the health system. WHO considers the health workforce to be one of the key building blocks of the health system. The 2013-14 MSPA assessed the availability of various cadres of health workers at different levels of health service delivery.

In general, the availability of the various cadres of health workers corresponds to the facility level as would be expected (Table 3.11). For example, medical doctors (a median of one), pharmacists (a median of one), and technicians (a median of five) are present only in hospitals. Health centres have no doctors, but a median of two other clinicians who are not doctors (clinical officers, clinical technicians, or medical assistants) and two nurses. Clinics have a median of two non-physician clinicians and one nurse.

Table 3.11 Staffing pattern in assessed facilities

Median number¹ of providers assigned to, employed by, or seconded to facility, by type of provider and type of facility, Malawi SPA 2013-14

Facility type	Median number of providers assigned to/employed by/seconed to facility						Number of facilities
	Doctor ²	Other clinician ³	Nurse ⁴	Pharmacist ⁵	Technician ⁶	Other ⁷	
Hospital	1	6	18	1	5	19	113
Health centre	-	2	2	-	-	13	466
Dispensary	-	1	-	-	-	8	48
Clinic	-	2	1	-	-	-	327
Health post	-	-	-	-	-	4	23

¹ Numbers provided by facility in-charge

² Includes generalist medical doctors and specialist medical doctors

³ Includes clinical officers, clinical technicians, and medical assistants

⁴ Includes registered nurse (BSN), registered nurse midwife (BSN), registered psychiatric nurse, registered nurse with diploma, enrolled nurse, community health nurse, enrolled midwife/nurse midwife technician, and enrolled nurse midwife

⁵ Includes pharmacist, pharmacy technologist, pharmacy technician, and pharmacy assistant

⁶ Includes anaesthetist, laboratory technologist/laboratory scientist, laboratory technician, laboratory assistant, radiographer, and dental therapist/technician

⁷ Includes environmental health officers, health surveillance assistants (HSA), and HIV testing and counselling (non-HSA) counsellors

Humphreys K. Nsona, Stephen E.H. Nkoka, and Chrispian T. Sambakunsi

Key Findings

- Out-patient curative care for sick children is one of the most widely available of all health services in Malawi, provided by 94 percent of facilities. This service is widely offered at least five days per week.
- Two-thirds of facilities offer the three basic child health interventions—out-patient curative care for sick children, routine growth monitoring, and routine childhood vaccination, including all six child vaccinations.
- Seven of every ten facilities provide vitamin A supplements for children less than one year.
- Most of the important medicines for curative care of sick children were in good supply on the day of the assessment visit in Malawi’s health facilities that offer such care.
- Most facilities that offer vaccination services were well-supplied with equipment, but only a little over one-third had adequate supplies for hand cleaning.
- Eight of every ten providers of child health services have received recent supervision, and seven of every ten have received recent in-service training.

4.1 BACKGROUND

An estimated 10 million children under five years of age die each year, largely from preventable causes. It is not uncommon for providers to treat a sick child’s most evident symptoms without conducting a full assessment of the child’s health status or acting to prevent further illness. For this reason the World Health Organization (WHO) and other agencies developed the Integrated Management of Childhood Illness (IMCI) strategy (WHO, 1997). This strategy advocates using every visit to a health care provider as an opportunity, not only to conduct a full assessment of the child’s current health and possible underlying problems, but also to provide interventions, such as vaccination, that can prevent illness or minimise its progression.

The IMCI strategy aims to reduce morbidity and mortality among children under five years of age through the following three activities:

- Improving health workers’ skills through training and supportive supervision
- Improving health systems, including equipment, supplies, organisation of work, and referral systems
- Improving child care at the community and household levels in line with key family practices

Training and supportive supervision, through a holistic approach, help health workers assess, classify and appropriately treat major childhood illnesses (including diarrhoea, malaria, pneumonia, measles, and other severe infections). At the time of the 2013-14 MSPA, the IMCI strategy was being implemented in all of Malawi’s 28 districts at the health facility and community/household levels. WHO recommends that at least 60 percent of service providers at the primary level be trained in IMCI case management to ensure proper management of sick children. The 2013-14 MSPA endeavours to provide

information that can be used to judge progress in the implementation of the IMCI strategy across primary health facilities. Therefore, this assessment uses IMCI protocols whenever possible in examining the delivery of child health services at the health facility level.

This chapter explores the following key issues relating to provision of quality child health services at health facilities:

- **Background.** Section 4.1 presents a brief overview of health situation of children in Malawi.
- **Availability of services.** Section 4.2, including Table 4.1 through 4.3 and Figure 4.2, examines the availability of child health services and the frequency of availability of curative care, growth monitoring, and vaccination services.
- **Service readiness.** Section 4.3, including Tables 4.4 through 4.9 and Figures 4.3 through 4.6, addresses the readiness of facilities to provide good-quality child health services, including the availability of trained staff, equipment, guidelines, medicines, vaccines, infection control, and laboratory diagnostic capacity.
- **Sick child care practices.** Section 4.4, including Tables 4.10 and 4.11, examines the assessments, examinations, and treatments provided for sick children.
- **Basic management and administrative systems.** Section 4.5, including Tables 4.12 through 4.14, considers certain aspects of management and administrative systems in support of quality services, including systems to obtain feedback from clients, personal supervision, and in-service training for providers of child health services.

4.1.1 Health Situation of Children in Malawi

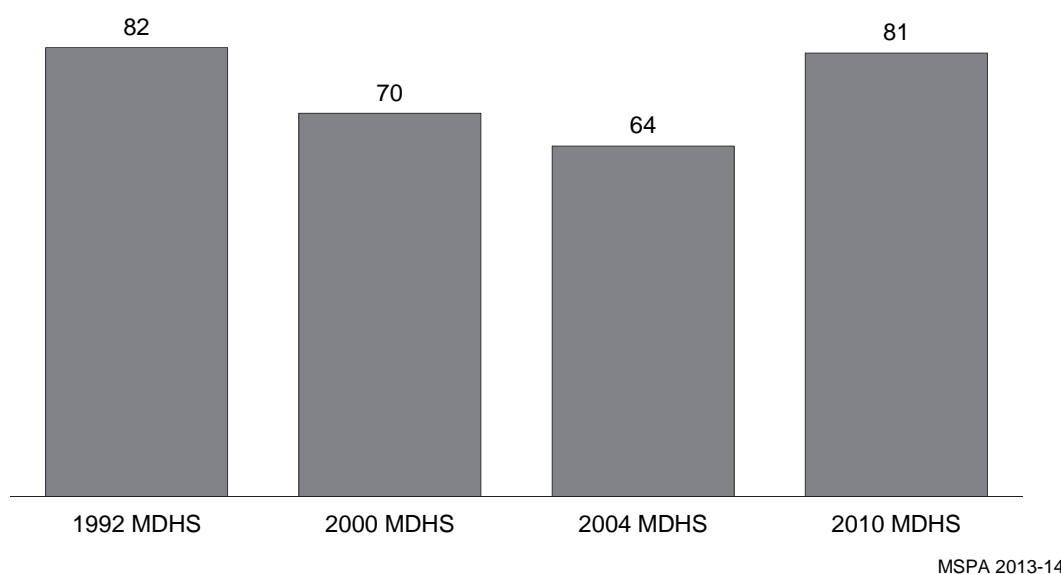
Vaccine Coverage

Immunisation against vaccine-preventable diseases is vital to reducing child morbidity and mortality. The Expanded Programme on Immunisation (EPI) under the Ministry of Health (MoH) seeks to ensure that all children are fully vaccinated by their first birthday. Children should receive one dose of tuberculosis vaccine (BCG); three doses of the vaccine against diphtheria, pertussis, tetanus, hepatitis B, and Haemophilus influenzae type b ([DPT-HepB + Hib] or pentavalent); four doses of oral polio vaccine (OPV); and one dose of measles vaccine. According to the 2010 Malawi Demographic and Health Survey (MDHS, 2010) (NSO and ICF Macro, 2010), 81 percent of children ages 12-23 months were fully immunised, in line with the EPI target of 86 percent in the Health Sector Strategic Plan (HSSP) for 2011-2016. This rate approximates the rate of 82 percent found in the 1992 MDHS and recovers from the decline to 64 percent observed in the 2004 MDHS (see Figure 4.1).

Nutritional Status

Malnutrition is an underlying factor in a large proportion of the illnesses that cause death among children less than five years of age. The 2010 MDHS found that 47 percent of children less than five years of age in Malawi are stunted (short for their age) and 20 percent are severely stunted. The prevalence of stunting is somewhat higher among rural children than among urban children (48 versus 41 percent).

Figure 4.1 Children 12-23 months who received all vaccinations, Malawi 1992-2010



Childhood Mortality and Morbidity

The 2010 MDHS provides household-based child mortality data as well as information on what illnesses children experienced, and whether they received health care, during the two weeks preceding the household survey visit (NSO and ICF Macro, 2010). Key findings include the following:

- There is a decline in each of the age-specific childhood mortality rates during the 18-year period the 1992 MDHS and 2010 MDHS. The infant mortality rate has declined from 134 deaths per 1,000 live births in 1992 to 66 deaths per 1,000 live births.
- The under-five mortality rate has declined from 234 deaths per 1,000 live births in 1992 to 112 deaths per 1,000 live births in 2010.
- Seven percent of children under age five years showed symptoms of acute respiratory infection (ARI) at some time in the two weeks preceding the survey. Among those with symptoms of ARI, parents or caregivers sought advice or treatment from a health facility or provider in 70 percent of cases. About 35 percent of children fewer than five years of age had fever during the two weeks preceding the survey. Of those children, 43 percent took antimalarial medicine.
- Some 18 percent of children under age five years had a diarrhoeal episode in the two weeks before the survey. The age group most affected by diarrhoea was age 6-23 months. Caregivers sought advice or treatment from a health facility or provider for 62 percent of all children who had diarrhoea during the two weeks preceding the survey.
- Fluid replacement is the recommended treatment for diarrhoeal diseases (except for dysentery, for which antibiotics are recommended). Seven of every ten children with diarrhoea were given oral rehydration salts (ORS); 22 percent received increased fluids; 25 percent received home-made fluids. Altogether, 74 percent of children with diarrhoea received some form of oral rehydration therapy (ORT) or increased fluids. One of every five children with diarrhoea during the two weeks preceding the survey received antibiotics.
- Some 45 percent of children under age five years had slept under a mosquito net (treated or untreated) the night before the survey; 38 percent had slept under an insecticide-treated net (ITN) the night before the survey.

- Overall, 13 percent of children under age 18 are orphans. Some 8 percent are paternal orphans (i.e., father is dead; mother is alive); 3 percent are maternal orphans (i.e., mother is dead; father is alive); and 3 percent are double orphans (i.e., both parents are dead).

4.2 AVAILABILITY OF CHILD HEALTH SERVICES

4.2.1 Outpatient Curative Care, Child Growth Monitoring, and Child Vaccination

The 2013-14 MSPA assessed the availability of three basic child health services: out-patient curative care for sick children, routine growth monitoring, and routine childhood vaccination services under EPI.

Child health services are widely available in Malawi's health facilities (Table 4.1, Figure 4.2). As an individual service, outpatient curative care for sick children is one of the most widely available of all health services in Malawi (information available also in Chapter 3), provided by 94 percent of facilities. Growth monitoring and child vaccination are each offered by seven of every ten facilities.

Curative care for sick children is almost universally available across all facility types except health posts. Growth monitoring and child vaccination are very widely available in all types of facilities except clinics.

The great majority of all types of facilities provide curative care for sick children, although NGO and company facilities are slightly less likely to do so than government, CHAM and private facilities. Growth monitoring and child vaccination services can be found in nearly all government and CHAM facilities but are available in only about half of company facilities and in about one-third or less of NGO and private facilities.

Table 4.1 Availability of child health services

Among all facilities, the percentages offering specific child health services at the facility, by background characteristics, Malawi SPA 2013-14

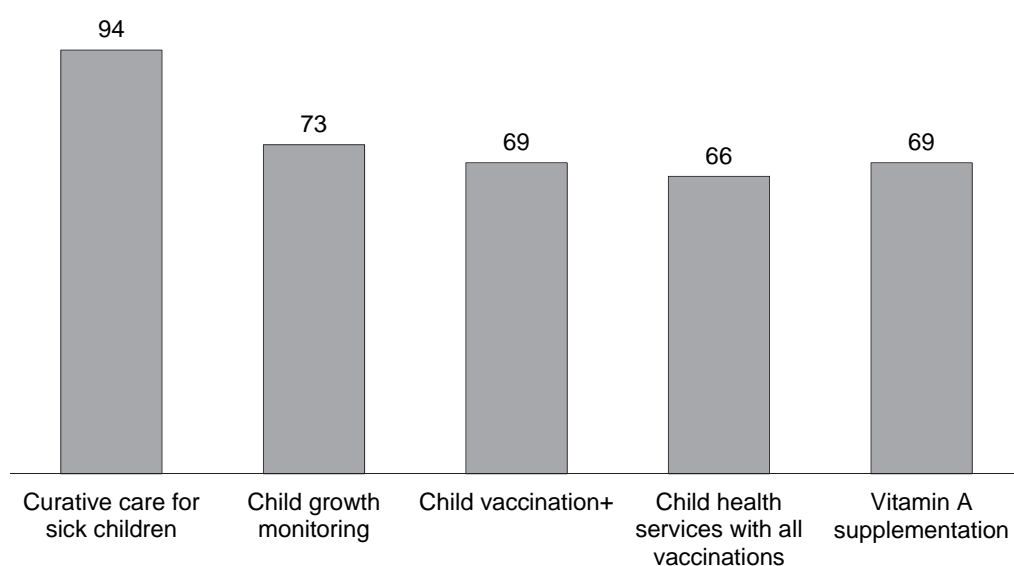
Background characteristics	Percentage of facilities that offer:						Number of facilities	
	Outpatient curative care for sick children	Growth monitoring	Child vaccination ¹	All three basic child health services	Child vaccination+ ²	Child health services with all vaccinations ³		Routine vitamin A supplementation
Facility type								
Hospital	95	83	83	81	80	78	85	113
Health centre	99	98	97	96	96	95	91	466
Dispensary	94	91	83	77	81	74	67	48
Clinic	90	30	24	22	23	21	35	327
Health post	45	100	100	45	95	45	35	23
Managing authority								
Government	95	96	95	91	94	90	87	472
CHAM	99	96	94	93	92	91	87	163
Private	93	22	17	14	16	13	36	214
NGO	83	36	31	31	28	28	31	58
Company	81	52	46	44	46	44	40	69
Region								
Northern	96	81	78	76	78	76	77	165
Central	94	72	69	67	67	65	74	362
Southern	93	71	69	65	67	63	62	450
Total	94	73	70	67	69	66	69	977

¹ Routine provision in the facility of DPT/pentavalent, polio, and measles vaccinations to children

² Routine provision in the facility of DPT/pentavalent, polio, measles, BCG, pneumococcal, and rotavirus vaccinations

³ Includes outpatient curative care for sick children, growth monitoring, and all six child vaccinations

Figure 4.2 Availability of child health services (N=977)



MSPA 2013-14

Package of Basic Services

Child health services are relatively well-integrated. More than two-thirds of all facilities provide all three basic child health services. Furthermore, virtually all facilities that offer these three services also offer all six child vaccinations. Thus, overall, 66 percent of facilities offer all three child health services with all vaccinations. The great majority of health centres (95 percent) offer all these services, as do 78 percent of hospitals and 74 percent of dispensaries. In contrast, only 45 percent of health posts and 21 percent of clinics offer all three child health services plus all vaccinations.

Government and CHAM facilities, at 90 percent and 91 percent, respectively, are very likely to provide the package of three services plus all vaccinations. The facilities of other managing authorities are far less likely to offer these services.

At the regional level, about two-thirds of facilities in the Central and Southern regions offer the package of three basic child health services plus all vaccinations, as do three-quarters of facilities in the Northern region.

4.2.2 Vitamin A Supplementation

The 2013-14 MSPA also assessed routine provision of vitamin A supplementation to children less than one year of age (Table 4.1, Figure 4.1). Overall, 69 percent of health facilities provide vitamin A supplementation to children less than one year. Health centres (91 percent) and hospitals (85 percent) are more likely to provide vitamin A supplementation than other types of facilities. Government and CHAM facilities (both 87 percent) are the most likely to provide vitamin A supplementation, while relatively low percentages of private, NGO, or company facilities do so. Among the regions, facilities in the Southern region (62 percent) are less likely to provide vitamin A supplementation than those in the Northern region (77 percent) or the Central region (74 percent).

4.2.3 Frequency of Availability

In real terms the availability of a service depends not only on whether a facility offers it but also how often it is offered. Curative care for children is available at least five days per week in nearly all Malawian health facilities that offer this service, regardless of facility type, managing authority, or region (Table 4.2). By comparison, growth monitoring is available five days or more per week at just 40 percent of facilities that offer growth monitoring, while another 40 percent offer growth monitoring only one or

two days per week. Similarly, the various child vaccinations are available five days or more per week at about 40 percent of all facilities (Table 4.3).

Even at hospitals, which offer growth monitoring most often, just two-thirds provide the service at least five days per week (Table 4.2). About four of every ten government, CHAM and NGO facilities offer growth monitoring this frequently. Facilities in the Southern region (51 percent) and the Central region (40 percent) are much more likely than those in the Northern region (13 percent) to offer growth monitoring at least five days per week.

Table 4.2 Frequency of availability of child health services—curative care and growth monitoring

Among all facilities offering outpatient curative care for sick children or growth monitoring, the percentages providing the service at the facility at specific frequencies, by background characteristics, Malawi SPA 2013-14

Background characteristics	Outpatient curative care for sick children			Number of facilities	Growth monitoring			Number of facilities
	Days per week ¹				Days per week ¹			
	1-2	3-4	5+		1-2	3-4	5+	
Facility type								
Hospital	2	0	98	107	28	3	64	94
Health centre	2	2	96	459	38	4	41	458
Dispensary	2	5	93	45	37	5	27	44
Clinic	4	1	95	293	48	3	25	97
Health post	12	0	88	10	57	0	9	23
Managing authority								
Government	2	2	95	449	37	5	41	455
CHAM	4	0	96	161	36	4	44	156
Private	2	1	96	200	57	2	34	48
NGO	2	0	98	48	48	0	43	21
Company	6	0	92	56	40	3	3	36
Region								
Northern	2	1	96	158	41	1	13	134
Central	3	1	96	338	45	3	40	261
Southern	3	2	95	418	32	6	51	321
Total	3	1	96	915	39	4	40	716

¹ Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent

Table 4.3 Frequency of availability of child health services—vaccination services

Among facilities offering various routine child vaccination services, the percentages providing each vaccination at the facility at specific frequencies, by background characteristics, Malawi SPA 2013-14

Background characteristics	Routine polio vaccination			Routine DPT/pentavalent vaccination				Routine measles vaccination				Routine BCG vaccination				Pneumococcal vaccination			Rotavirus vaccination					
	Days per week ¹			Days per week ¹		Days per week ¹		Days per week ¹		Days per week ¹		Days per week ¹			Days per week ¹									
	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities	1-2	3-4	5+	Number of facilities				
Facility type																								
Hospital	24	4	69	94	26	5	66	94	27	5	65	93	25	4	68	94	26	5	66	91	26	5	66	94
Health centre	34	6	46	454	36	6	42	454	40	5	38	453	39	6	42	454	35	6	43	449	36	5	42	454
Dispensary	42	5	29	41	42	5	29	41	43	5	24	40	46	5	24	40	45	5	28	39	42	5	29	41
Clinic	60	1	16	79	59	1	15	80	60	1	13	79	59	1	13	78	59	1	16	78	60	1	15	80
Health post	62	0	9	23	62	0	9	23	62	0	9	23	60	0	10	22	62	0	9	23	62	0	9	23
Managing authority																								
Government	34	5	47	451	36	5	43	451	39	5	40	449	37	6	43	449	36	5	43	444	36	5	43	451
CHAM	33	4	49	154	34	5	46	154	39	4	41	153	37	3	46	154	33	5	47	151	35	4	46	154
Private	70	0	22	37	70	0	22	37	77	0	14	35	74	0	17	35	70	0	22	37	70	0	22	37
NGO	67	0	28	18	67	0	28	18	72	0	22	18	76	0	18	17	65	0	29	17	67	0	28	18
Company	40	3	6	32	38	3	3	33	38	3	3	33	38	3	6	33	40	3	3	32	42	3	3	33
Region																								
Northern	36	2	22	129	40	2	15	129	41	2	14	129	37	2	18	129	40	2	15	129	40	2	15	129
Central	42	3	46	252	44	3	42	253	48	3	38	250	44	4	43	253	44	4	42	245	46	3	42	253
Southern	32	7	51	311	33	7	50	311	37	7	46	309	39	7	46	306	33	7	50	306	33	7	50	311
Total	37	5	44	692	38	5	40	693	42	5	37	689	40	5	40	688	38	5	41	681	39	5	40	693

Note: DPT = diphtheria, pertussis and tetanus; BCG = bacillus Calmette–Guérin

¹ Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent

As for vaccination services, at levels between 65 and 69 percent, hospitals are the most likely to offer each of the six vaccines on five or more days per week (Table 4.3). In general, the lower the facility type on the hierarchy of facilities, the less likely that vaccinations will be provided frequently. Among managing authorities, government and CHAM facilities are most likely to offer vaccinations five days or more per week, with percentages ranging between 40 and 49 percent. In contrast, private and NGO facilities are most likely to offer vaccinations just one or two days per week. Across the board, facilities in the Southern region are more likely to offer each of the six vaccinations five days a week or more than facilities in other regions.

4.3 SERVICE READINESS

4.3.1 Guidelines, Trained Staff, and Equipment for Sick Child Care

To support the quality of curative care for sick children, facilities need guidelines, staff trained to provide the specific child health services, and certain equipment.

Guidelines and Training

As Table 4.4 and Figure 4.3 show, both relevant guidelines and recent in-service training in IMCI and growth monitoring are found in less than half of facilities that offer outpatient curative care for sick children, regardless of facility type, managing authority, or region. Overall, 37 percent of all facilities have IMCI guidelines, and 26 percent have at least one interviewed provider of child health services who reported receiving training in IMCI within the 24 months before the assessment. As for growth monitoring, 29 percent have guidelines, and 30 percent have a recently trained provider.

In general, the higher in the hierarchy of facility levels, the more likely that a type of facility will have guidelines and trained staff. Still, at best, 51 percent of hospitals have a staff member recently trained in growth monitoring.

Table 4.4 Guidelines, trained staff, and equipment for child curative care services

Among all facilities offering outpatient curative care for sick children, the percentages having indicated guidelines, trained staff, and equipment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Among facilities offering curative care for sick children, percentage that have:											Number of facilities offering outpatient curative care for sick children
	Guidelines		Trained staff		Equipment							
	IMCI	Growth monitoring	IMCI ¹	Growth monitoring ²	Child scale ³	Infant scale ⁴	Length or height board	Thermo-meter	Stetho-scope	Growth chart	Timer	
Facility type												
Hospital	41	41	40	51	88	74	84	98	98	65	93	107
Health centre	45	39	31	36	86	72	93	83	92	62	92	459
Dispensary	34	22	20	28	73	36	76	72	86	48	81	45
Clinic	24	9	14	15	48	29	32	99	99	13	93	293
Health post	34	46	0	11	100	11	68	43	42	77	88	10
Managing authority												
Government	47	37	33	40	83	67	90	79	89	61	91	449
CHAM	38	43	28	35	90	73	87	99	99	63	90	161
Private	21	5	14	15	45	28	28	98	99	10	93	200
NGO	11	10	17	15	53	36	42	100	98	15	98	48
Company	41	21	13	15	72	42	55	100	94	37	91	56
Region												
Northern	38	35	27	26	68	57	74	89	90	52	90	158
Central	41	26	31	30	74	55	67	91	95	43	93	338
Southern	34	29	22	32	75	57	74	87	94	47	92	418
Total	37	29	26	30	74	56	71	89	94	46	92	915

Note: The indicators presented in this table comprise staff and training and equipment domains for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

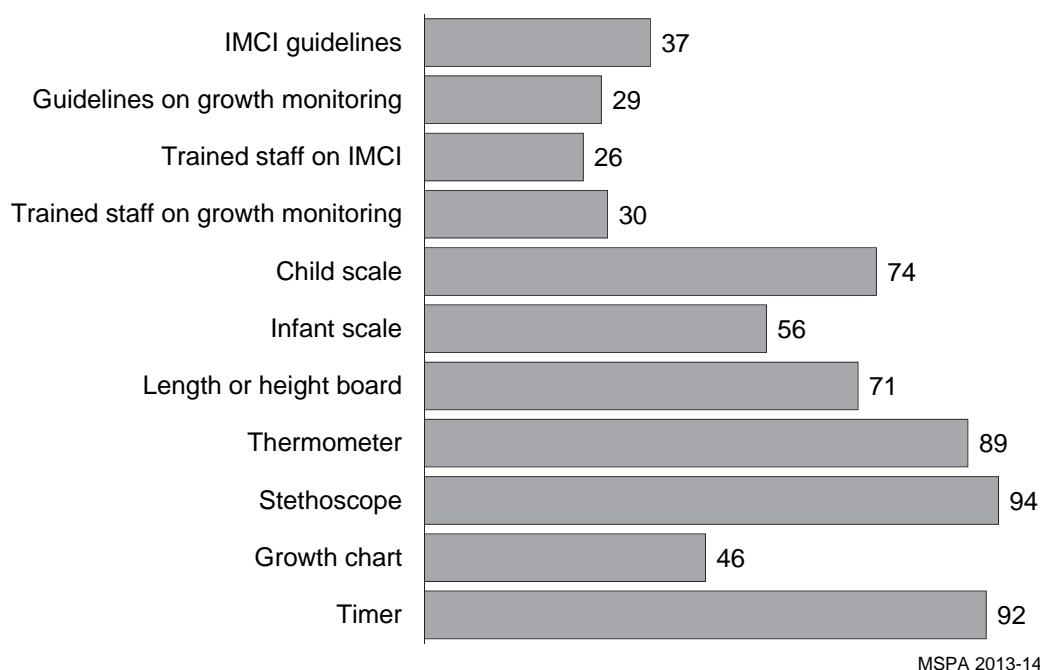
¹ At least one interviewed provider of child health services in the facility reported receiving in-service training in Integrated Management of Childhood Illness (IMCI) during the 24 months preceding the assessment. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² At least one interviewed provider of child health services in the facility reported receiving in-service training in growth monitoring during the 24 months preceding the assessment. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ A scale with gradations of 250 grams, or a digital standing scale with gradations of 250 grams or less on which an adult can hold a child to be weighed

⁴ A scale with gradations of 100 grams, or a digital standing scale with gradations of 100 grams on which an adult can hold an infant to be weighed

Figure 4.3 Items to support quality provision of curative care services for sick children (N=915)



Equipment

Malawian health facilities fare better in terms of equipment for sick child care. Close to 90 percent or more of facilities that offer outpatient curative care for sick children had a thermometer, a stethoscope, and a timer (Table 4.4, Figure 4.3). About seven of every ten had a child scale and a length or height board, while about half had an infant scale and a growth chart. In general, hospitals are the best supplied and clinics or health posts are the least likely to have various equipment.

4.3.2 Infection Control in Sick Child Services

Infection control is an important concern in most health services, including child health services. Infection control requires supplies for hand cleaning, gloves, and means for disposing of sharps waste and infectious waste. About two-thirds of facilities that provide outpatient curative care services for sick children had some means for hand cleaning—either soap and running water or else alcohol-based hand disinfectant—on the day of the assessment visit (Table 4.5, Figure 4.4). Nearly nine of every ten facilities had latex gloves and a sharps box, but less than half had a waste receptacle.

Hospitals and clinics are very likely to have some hand-cleaning supplies (80 percent and 78 percent, respectively). Only half of government facilities had hand-cleaning supplies, notably less than the facilities of other managing authorities.

Table 4.5 Infection control and laboratory diagnostic capacity

Among facilities offering outpatient curative care services for sick children, the percentages with indicated items for infection control observed to be available at the service site on the day of the assessment and the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering curative care for sick children that have:											Number of facilities offering outpatient curative care for sick children
	Items for infection control							Laboratory diagnostic capacity				
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	Haemoglobin ⁴	Malaria ⁵	Stool microscopy ⁶	
Facility type												
Hospital	78	94	77	32	80	87	83	51	85	99	58	107
Health centre	57	81	53	9	54	90	92	46	12	95	2	459
Dispensary	47	63	45	13	45	89	93	40	0	77	0	45
Clinic	75	86	73	33	78	88	79	49	17	78	6	293
Health post	9	23	0	0	0	66	100	12	0	42	0	10
Managing authority												
Government	52	78	48	9	50	90	94	47	14	93	8	449
CHAM	75	88	72	21	74	86	80	41	42	98	21	161
Private	72	83	70	34	76	86	77	41	24	78	9	200
NGO	85	98	85	60	87	90	83	70	17	91	6	48
Company	87	93	83	13	83	92	94	73	13	68	6	56
Region												
Northern	65	77	61	21	63	95	94	48	14	89	9	158
Central	64	82	60	19	63	86	83	46	24	91	10	338
Southern	64	85	62	20	64	89	88	48	22	87	10	418
Total	64	83	61	20	64	89	87	47	21	89	10	915

Note: The laboratory diagnostic capacity indicator measures presented in this table comprise the indicators in the diagnostics domain for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable

³ Waste receptacle with plastic bin liner

⁴ Facility had functioning equipment and reagents for colorimeter, haemoglobinometer, or HemoCue

⁵ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy

⁶ Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution

Figure 4.4 Items for infection control in child curative care service area (N=528)



MSPA 2013-14

4.3.3 Laboratory Diagnostic Capacity

Certain laboratory tests can be important to diagnosing conditions among children. In Malawi, the great majority of facilities that offer outpatient curative care for sick children can test for malaria (89 percent), but only small fractions can test haemoglobin level (21 percent) or conduct stool microscopy (10 percent) (Table 4.5). Few facilities other than hospitals can provide haemoglobin testing or stool microscopy. By managing authorities, CHAM facilities are far more likely than other facilities to conduct these two types of tests.

4.3.4 Medicines and Commodities for Sick Child Care

A range of medicines and commodities are needed to provide curative care for sick children. Most of the important medicines are in good supply in Malawi's health facilities that offer curative care for sick children (Table 4.6, Figure 4.5). Five of these 12 medicines and commodities were in stock on the day of the assessment visit in about 90 percent of such facilities: oral rehydration salts, mebendazole/albendazole, artemisinin combination therapy, gentamycin injection, and benzathine penicillin. Nine of these items were available in at least half of all facilities.

Generally, hospitals were the type of facility most likely to have each medicine in stock. Health posts were the most likely type of facility to have vitamin A capsules but the least likely to have any of the other medicines and commodities. For nine of the 12 items, CHAM facilities that offer curative care for sick children were the most likely to have the commodities.

Table 4.6 Availability of essential and priority medicines and commodities

Among facilities offering outpatient curative care services for sick children, the percentages where indicated essential and priority medicines to support care for the sick child were observed to be available in the facility on the day of the assessment, by background characteristics, Malawi SPA 2013-14

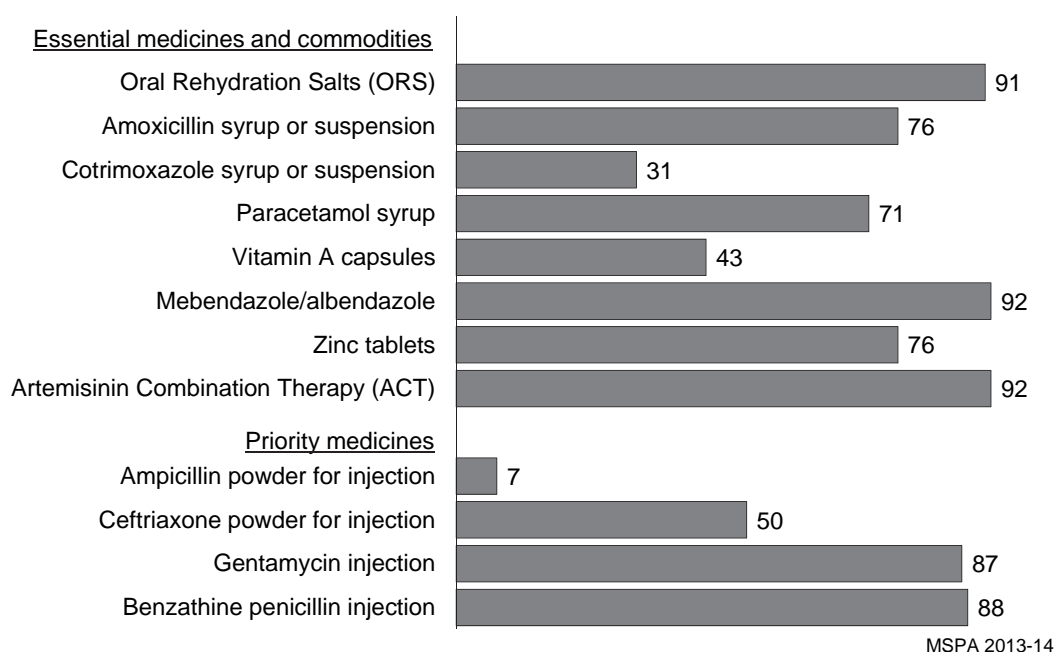
Background characteristics	Percentage of facilities offering curative care for sick children that have:												Number of facilities offering outpatient curative care for sick children
	Essential medicines						Priority medicines						
	ORS ¹	Amoxicillin syrup, suspension, or dispersible ¹	Cotrimoxazole syrup, suspension, or dispersible	Paracetamol syrup or suspension ¹	Vitamin A capsules ¹	Mebendazole/albendazole	Zinc tablets	Artemisinin combination therapy	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin injection	Benzathine penicillin for injection	
Facility type													
Hospital	97	85	40	86	55	98	92	100	22	87	93	99	107
Health centre	95	78	17	72	51	99	90	98	4	53	91	94	459
Dispensary	93	52	12	54	34	93	68	86	0	23	68	66	45
Clinic	84	73	54	69	27	80	52	81	9	37	83	79	293
Health post	54	42	9	20	65	54	43	42	0	0	22	31	10
Managing authority													
Government	93	75	9	70	46	97	86	96	1	51	86	91	449
CHAM	98	81	44	77	62	99	95	99	18	67	91	94	161
Private	79	78	52	69	26	78	55	78	8	41	84	76	200
NGO	94	89	83	76	23	87	57	98	23	27	91	91	48
Company	95	44	58	71	40	82	39	78	11	39	85	83	56
Region													
Northern	89	82	24	74	47	96	83	96	6	49	89	93	158
Central	92	81	33	74	47	92	81	94	8	53	85	91	338
Southern	91	69	33	68	38	90	70	89	8	47	87	84	418
Total	91	76	31	71	43	92	76	92	7	50	87	88	915

Note: The essential medicines comprise the medicines and commodities indicators for assessing readiness to provide preventative and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

Note: ORS = oral rehydration salts

¹ These medicines and commodities are also in the group of priority medicines for children

Figure 4.5 Availability of essential and priority medicines and commodities (N=915)



MSPA 2013-14

4.3.5 Guidelines, Trained Staff, and Equipment for Vaccination Services

Like services for sick children, vaccination services need guidelines, trained staff, and certain equipment to deliver good-quality services. Most facilities that offer vaccination services are well-supplied (Table 4.7). Three-quarters have guidelines. Nine of every ten have a vaccine carrier with ice pack, a sharps container, and syringes and needles. Two-thirds have a vaccine refrigerator. Their Achilles' heel is training; only one-quarter of facilities have at least one staff member recently trained in the Expanded Programme on Immunisation (EPI).

Close to 90 percent and more of all types of facilities that offer vaccination services have a vaccine carrier, a sharps container, and syringes and needles. Hospitals are most likely to have guidelines (82 percent) and—although the proportion is still low—to have recently trained staff (42 percent). There are differences in both indicators of about 20 percentage points between hospitals and health posts.

Government and CHAM facilities are considerably more likely than NGO and private facilities to have guidelines and to have recently trained staff. Company facilities are slightly more likely than others to have three of the four pieces of equipment that were assessed.

Table 4.7 Guidelines, trained staff, and equipment for vaccination services

Among facilities offering child vaccination services, the percentages having EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering child vaccination services that have:						Number of facilities offering child vaccination services
	Guidelines ¹	Trained staff ²	Equipment				
			Vaccine refrigerator	Vaccine carrier with ice pack ³	Sharps container	Syringes and needles ⁴	
Facility type							
Hospital	82	42	84	97	90	91	93
Health centre	77	25	66	95	91	87	453
Dispensary	72	31	54	90	92	88	40
Clinic	65	13	53	91	84	88	78
Health post	61	20	50	95	90	96	23
Managing authority							
Government	77	27	66	95	91	88	449
CHAM	81	29	70	94	89	89	153
Private	48	14	60	91	83	86	35
NGO	61	6	51	89	78	78	18
Company	78	22	52	97	91	94	32
Region							
Northern	79	17	68	93	93	86	129
Central	73	26	64	93	86	87	249
Southern	76	30	66	96	92	90	309
Total	76	26	66	95	90	88	688

Note: The indicators presented in this table comprise the indicators included as part of the staff and training and equipment domains for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

¹ National guidelines for the Expanded Programme on Immunisation (EPI) or other guidelines for vaccinations

² At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI during the 24 months preceding the assessment. Training refers here only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs

⁴ Single-use standard disposable syringes with needles or auto-disable syringes with needles

Availability of Vaccines

Among all facilities that offer vaccination services and routinely store vaccines on site, seven of every ten had all six child vaccines on the day of the assessment visit (Table 4.8, Figure 4.6). Eight of every ten hospitals had all vaccines, as did seven of every ten health centres and about six of every ten dispensaries and clinics. In contrast, only one-third of health posts had all vaccines.

By managing authority, about seven of every ten facilities under each management authority had all vaccines, with the exception of NGO facilities (46 percent). Among regions, facilities in the Central region (65 percent) were somewhat less likely to have had all six vaccines than facilities in the Northern region (74 percent) or the Southern region (72 percent).

The availability of individual vaccines is good, ranging from oral polio vaccine in 83 percent of these facilities to rotavirus vaccine in 90 percent. Vaccines are available in most facilities. Even among health posts, which are least likely to have each of the six vaccines, at least 33 percent have each vaccine. Among managing authorities, NGOs, although least likely to have any one vaccine, have all but oral polio vaccines (54 percent) in at least seven of every ten facilities.

Table 4.8 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentages having unexpired indicated vaccines observed on the day of the assessment, by background characteristics, Malawi SPA 2013-14

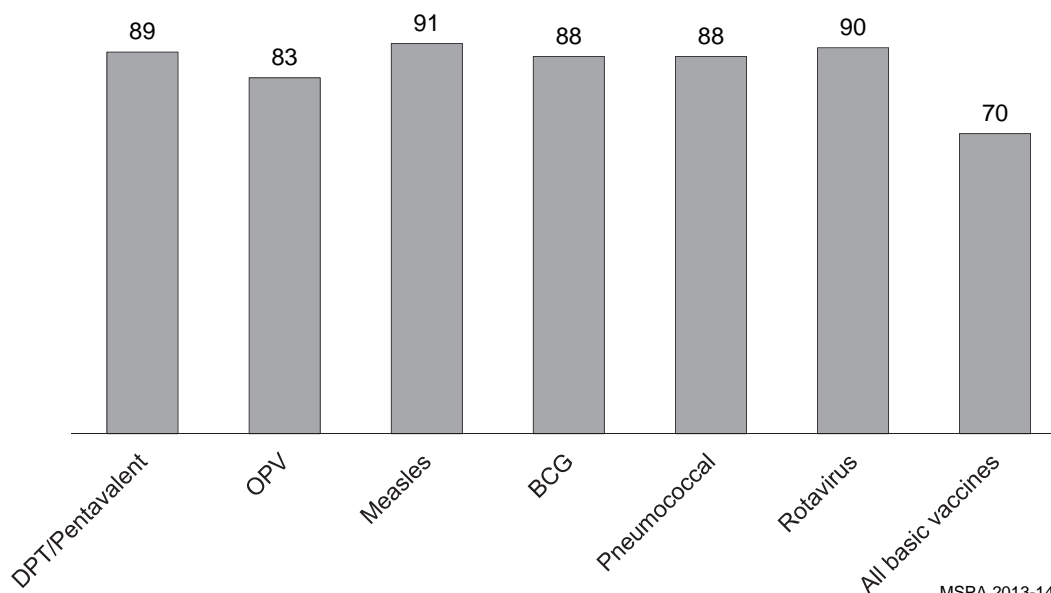
Background characteristics	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:								Number of facilities offering child vaccination services and storing vaccines
	DPT/Pentavalent ¹	Oral polio vaccine	Measles vaccine	Routine series of child immunisation without BCG	BCG vaccine	Pneumococcal vaccine	Rotavirus vaccine	All basic child vaccines ²	
Facility type									
Hospital	95	94	99	89	96	89	95	80	92
Health centre	89	81	91	76	89	88	90	71	404
Dispensary	84	85	94	74	91	84	87	61	32
Clinic	87	78	83	72	75	90	92	63	62
Health post	81	74	81	60	60	74	74	33	17
Managing authority									
Government	88	82	92	77	90	87	89	71	398
CHAM	92	89	91	79	87	89	92	70	141
Private	90	86	86	80	76	90	93	70	30
NGO	70	54	77	54	69	85	85	46	13
Company	91	79	92	75	83	92	96	67	24
Region									
Northern	93	86	91	83	89	91	89	74	106
Central	84	76	86	68	88	83	88	65	215
Southern	92	87	95	81	88	90	93	72	286
Total	89	83	91	77	88	88	90	70	607

Note: The measures presented in this table comprise the indicators included as part of the medicines and commodities domain for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2010)

¹ Pentavalent = DPT + hepatitis B + haemophilus influenza B

² At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, measles vaccine, BCG vaccine, pneumococcal conjugate vaccine, and rotavirus vaccine with relevant diluents available

Figure 4.6 Availability of vaccines among facilities offering child vaccination services and storing vaccines (N=607)



MSPA 2013-14

4.3.6 Infection Control in Vaccination Services

To avoid transmission of infections—and to retain the public’s trust in immunisation and vaccination services—health facilities must consistently follow infection prevention procedures. These procedures require certain supplies.

Unfortunately, among Malawian facilities that provide child vaccination services, only 35 percent had adequate supplies for hand cleaning on the day of the assessment visit (Table 4.9). For example, while 61 percent had running water, only 34 percent had both soap and running water. A small percentage (7 percent) had alcohol-based hand disinfectant. Clinics (61 percent) and hospitals (56 percent) were most likely to have adequate hand cleaning supplies. In contrast, just 30 percent of health centres had adequate hand cleaning supplies, and the percentages were even lower in dispensaries (16 percent) and health posts (5 percent). Just one-quarter of government facilities had adequate hand cleaning supplies, compared with about half or more of facilities under each of the other managing authorities. Among the regions, facilities in the Central region (39 percent) were more likely to have adequate hand cleaning supplies than facilities in the Southern region (35 percent) or the Northern region (28 percent).

Overall, facilities were well supplied with sharps containers (90 percent), but fewer had gloves (57 percent) or waste receptacles (32 percent).

Table 4.9 Infection control for vaccination services

Among facilities offering child vaccination services, the percentages with indicated items for infection control observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering child vaccination services that had indicated items for infection control								Number of facilities offering child vaccination services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Hospital	57	79	55	16	56	66	90	37	93
Health centre	31	57	29	4	30	54	91	30	453
Dispensary	15	41	13	6	16	38	92	17	40
Clinic	59	82	59	18	61	67	84	51	78
Health post	9	39	0	5	5	64	90	14	23
Managing authority									
Government	26	56	25	4	26	54	91	30	449
CHAM	48	65	45	11	47	57	89	32	153
Private	63	83	63	26	63	77	83	29	35
NGO	56	78	56	23	56	45	78	45	18
Company	71	84	68	7	68	75	91	59	32
Region									
Northern	32	49	28	5	28	59	93	35	129
Central	39	64	37	8	39	54	86	28	249
Southern	35	64	34	8	35	58	92	34	309
Total	36	61	34	7	35	57	90	32	688

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable

³ Waste receptacle with plastic bin liner

4.4 SICK CHILD CARE PRACTICES

To assess whether providers are offering good quality services, MSPA observers attended sick child consultations. Using checklists based on IMCI guidelines, the observers noted what information the provider gave and whether recommended procedures were carried out. The observers did not assess whether the information was correct or whether examination findings were interpreted appropriately.

In total, MSPA observers reported on 3,329 sick child consultations. In 85 percent of these, a clinical officer, clinical technician, or medical assistant conducted the consultation (Tables 4.10.1 and 4.10.2). An enrolled nurse or enrolled midwife conducted 13 percent of consultations. Doctors and nursing professionals conducted very few consultations.

4.4.1 Full Assessment

IMCI General Danger Signs

According to IMCI standards, providers should check every sick child for four danger signs: inability to eat or drink anything, vomiting everything, convulsions, and whether the child is lethargic or unconscious. (Assessment of lethargy is not part of the MSPA observation checklist because there is often no observable component of the consultation for this assessment.)

For the most part, providers in observed sick child consultations did not ask about these signs (Table 4.10.1 and 4.10.2). Of the three danger signs assessed, providers asked about vomiting in just over one-third of consultations and about inability to eat or drink in just over one-quarter of consultations. They asked about convulsions in only 9 percent of consultations. Among providers in the various types of facilities, providers in health centres and clinics (both 37 percent) were most likely to ask about vomiting, and providers in health centres (30 percent) were most likely to ask about inability to eat or drink. Among the facilities of the various managing authorities, providers in CHAM facilities were most likely to ask about vomiting (45 percent) and inability to eat or drink (36 percent). Providers in the Northern region (48 percent) were considerably more likely to ask about vomiting than providers in the Southern region (35 percent) or the Central region (31 percent) (Table 4.10.2).

Table 4.10.1 Assessments, examinations, and treatments for sick children: facility type and managing authority

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Qualification of provider											
Consultation conducted by generalist medical doctor or specialist medical doctor	2	0	0	5	0	0	1	10	15	0	1
Consultation conducted by clinical officer, clinical technician, or medical assistant	97	79	91	75	67	90	71	80	57	58	85
Consultation conducted by nursing professional, including degree nurse or degree midwife	1	0	0	2	0	1	0	1	2	0	1
Consultation conducted by enrolled nurse or enrolled midwife	0	21	9	18	33	9	28	8	26	42	13
History: assessment of general danger signs											
Inability to eat or drink anything	26	30	26	25	13	26	36	27	26	18	28
Vomiting everything	31	37	35	37	33	33	45	38	26	33	35
Convulsions	9	10	8	6	20	9	12	6	0	3	9
All general danger signs	3	3	2	2	13	3	4	1	0	2	3
History: assessment of main symptom											
Cough or difficulty breathing	76	74	62	68	47	74	74	69	67	62	74
Diarrhoea	36	41	43	41	40	38	44	41	37	29	39
Fever	72	80	81	81	73	76	82	83	74	82	77
All three main symptoms ¹	20	26	23	26	20	22	29	27	27	18	24
Ear pain or discharge from ear	5	5	2	6	7	4	5	9	10	6	5
All 3 main symptoms plus ear pain/discharge	1	2	0	3	0	2	2	3	4	2	2
History: other assessment											
Asked about mother's HIV status	9	7	3	4	0	6	12	3	16	2	7
Asked about TB disease in either parent in last 5 years	1	0	1	0	0	1	1	3	2	0	1
Asked about 2 or more episodes of diarrhoea in child	0	1	2	1	0	1	2	1	1	1	1
Physical examination											
Took child's temperature with thermometer ²	70	52	54	77	0	52	85	81	83	69	60
Felt the child for fever or body heat	43	42	45	39	27	43	43	38	32	43	42
Any assessment of temperature	86	75	78	86	27	75	92	88	86	86	79
Counted respiration (breaths) for 60 seconds	14	18	11	13	7	15	16	20	12	9	16
Listened to chest with stethoscope or counted pulse	21	15	17	41	13	14	30	49	34	28	18
Checked skin turgor for dehydration	12	10	8	9	0	9	16	8	6	7	10
Checked for pallor by looking at palms	19	28	18	26	7	23	31	24	11	27	24
Checked for pallor by looking at conjunctiva	31	38	35	40	27	32	51	38	26	50	36
Looked into child's mouth	10	9	12	14	13	8	13	20	16	6	10
Checked for neck stiffness	2	1	3	4	7	1	3	5	5	3	2
Looked in child's ear	3	4	3	10	7	3	4	14	18	9	4
Felt behind child's ears for tenderness	6	3	3	8	0	4	6	9	14	7	4
Undressed child for examination	29	30	22	33	20	27	36	41	32	25	29
Pressed both feet to check for oedema	6	9	9	6	13	8	10	5	1	4	8
Checked for enlarged lymph nodes in 2 or more sites	3	3	1	5	0	2	6	9	7	1	3
Essential advice to caretaker											
Give extra fluids to child	6	8	10	9	0	7	10	7	9	9	7
Continue feeding child	8	14	10	12	7	11	16	14	10	9	12
Symptoms requiring immediate return	9	13	8	16	20	10	17	18	12	13	11
Number of sick child observations	1,189	1,810	116	196	18	2,516	554	152	49	57	3,329

Note: Five children were provided services by a Health Surveillance Assistant and are excluded from the relevant panel of the table

¹ Cough or difficulty breathing, diarrhoea, and fever

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen

Table 4.10.2 Assessments, examinations, and treatments for sick children: region

Among sick children whose consultations with a provider were observed, the percentages for whom the indicated assessment, examination, or intervention was a component of the consultation, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
Qualification of provider				
Consultation conducted by generalist medical doctor or specialist medical doctor	0	2	1	1
Consultation conducted by clinical officer, clinical technician, or medical assistant	82	87	84	85
Consultation conducted by nursing professional, including degree nurse or degree midwife	0	0	1	1
Consultation conducted by enrolled nurse or enrolled midwife	18	11	14	13
History: assessment of general danger signs				
Inability to eat or drink anything	29	31	23	28
Vomiting everything	48	31	35	35
Convulsions	12	10	7	9
All general danger signs	3	4	2	3
History: assessment of main symptom				
Cough or difficulty breathing	77	77	69	74
Diarrhoea	45	37	39	39
Fever	84	74	79	77
All three main symptoms ¹	33	22	22	24
Ear pain or discharge from ear	5	6	3	5
All 3 main symptoms plus ear pain/discharge	2	2	1	2
History: other assessment				
Asked about mother's HIV status	6	5	11	7
Asked about TB disease in either parent in last 5 years	0	1	1	1
Asked about 2 or more episodes of diarrhoea in child	1	1	1	1
Physical examination				
Took child's temperature with thermometer ²	65	58	60	60
Felt the child for fever or body heat	45	44	38	42
Any assessment of temperature	84	78	79	79
Counted respiration (breaths) for 60 seconds	18	19	9	16
Listened to chest with stethoscope or counted pulse	16	19	19	18
Checked skin turgor for dehydration	9	11	9	10
Checked for pallor by looking at palms	33	24	21	24
Checked for pallor by looking at conjunctiva	36	36	35	36
Looked into child's mouth	8	9	11	10
Checked for neck stiffness	2	2	2	2
Looked in child's ear	4	5	3	4
Felt behind child's ears for tenderness	4	5	4	4
Undressed child for examination	31	33	23	29
Pressed both feet to check for oedema	7	8	8	8
Checked for enlarged lymph nodes in 2 or more sites	4	3	2	3
Essential advice to caretaker				
Give extra fluids to child	7	8	7	7
Continue feeding child	10	13	11	12
Symptoms requiring immediate return	9	15	7	11
Number of sick child observations	488	1,680	1,161	3,329

Note: Five children were provided services by a Health Surveillance Assistant and are excluded from the relevant panel of the table

¹ Cough or difficulty breathing, diarrhoea, and fever

² Either the provider or another health worker in the facility was observed measuring the child's temperature, or the facility had a system whereby all sick children have their temperatures measured before being seen

IMCI Main Signs and Symptoms

IMCI guidelines call for each child to be evaluated for three main symptoms regardless of the reason for the consultation: cough or difficulty breathing, diarrhoea, and fever. In Malawi, health providers assessed sick children for cough or difficulty breathing and for fever in about three-quarters of sick child

consultations (Table 4.10.1). They assessed for diarrhoea less often—in 39 percent of consultations. All other listed history-taking assessments took place in less than 10 percent of consultations.

Providers assessed sick children for all three main symptoms in about one-quarter of consultations. Providers were most likely to assess all three symptoms in health centres and clinics (both 26 percent). Providers in CHAM, private, and NGO facilities were slightly more likely to assess for all three symptoms than providers in government and company facilities. In the Northern region providers assessed for all three symptoms in 33 percent of consultations, compared with 22 percent in both the Central and Southern regions (Table 4.10.2).

Physical Examination

During physical examinations of sick children the only assessment made in the majority of consultations was of body temperature (79 percent). Providers in hospitals and clinics were the most likely to assess the child's temperature (both 86 percent). At the other extreme, only 27 percent of consultations in health posts included assessing body temperature.

Providers undressed child for physical examination in 29 percent of consultations, and checked for pallor by looking at the child's palms in 24 percent of consultations and by looking at conjunctiva in 36 percent of consultations.

Essential Advice

IMCI guidelines call on providers caring for sick children to provide some essential advice to the children's caregivers: to give the child extra fluids, to continue feeding the child, and what symptoms, if they appear, would require immediate return to the facility. Providers gave this advice in few consultations—just 7 percent concerning fluids, 12 percent concerning continued feeding, and 11 percent concerning symptoms.

4.4.2 Diagnosis-Specific Assessments and Treatment

At the end of each sick child consultation, providers were asked about the child's diagnosis or the major symptoms for which the child was seen and also about the treatment provided or prescribed, if any. Table 4.11 presents the components of sick child consultations according to the illness diagnosed or the symptoms. For example, among children ultimately diagnosed as having pneumonia or bronco-pneumonia, 81 percent had their body temperature checked, and 45 percent were checked for anaemia. Among children eventually diagnosed as having diarrhoea with dehydration, 85 percent were checked for anaemia, and 46 percent were checked for dehydration.

Referral for laboratory testing was fairly common across the range of diagnoses. For five of the nine conditions, half or more of consultations included referral for laboratory tests, and for two other conditions between 40 and 50 percent were referred for lab tests.

Treatments

Treatment with antibiotics is appropriate for some conditions and not for others. However, antibiotics were given in at least half of consultations for eight of the nine conditions assessed. This includes 44 percent of diagnoses of diarrhoea without dehydration and 60 percent of diagnoses of diarrhoea with dehydration. Antibiotics are not considered appropriate for treating most types of diarrhoea. Oral medications for symptomatic treatment are usually provided for all conditions, with the exception of diarrhoea with dehydration (68 percent).

Other treatments are clearly specific to the condition for which they were prescribed. For example, antimalarials were prescribed or provided in 97 percent of cases diagnosed as malaria (although an ACT

was prescribed or provided in only 67 percent of cases), and oral rehydration salts (ORS) were provided in 99 percent of cases diagnosed as diarrhoea with dehydration.

Regardless of the conditions, providers did not usually mention symptoms requiring immediate return to the facility or discuss a follow-up visit. Providers most often discussed symptoms requiring immediate return in cases of diarrhoea with dehydration (29 percent). Providers most often discussed follow-up visits in cases of fever (37 percent). Thirteen percent of observed children in hospitals who were diagnosed with pneumonia were either admitted or referred outside for further evaluation and/or management.

Table 4.11 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms

Among sick children whose consultations with a provider were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI assessment, physical examination, and/or treatment was provided, Malawi SPA 2013-14

Components of consultation	Respiratory illness			Febrile illness			Gastro-intestinal illness		Ear infection	All observed children
	Pneumonia /broncho-pneumonia	Bronchial spasm/ asthma	Cough or other upper respiratory illness	Fever	Measles	Malaria ⁴	Any diarrhoea without dehydration	Any diarrhoea with dehydration		
IMCI assessment										
3 main symptoms ¹	29	21	20	20	0	30	38	34	18	24
3 general danger signs ²	6	0	1	0	0	4	4	10	5	3
Current eating or drinking habits	23	10	15	22	0	18	17	35	10	16
Caretaker advised to continue feeding and to increase fluid intake	4	0	4	5	0	4	9	27	0	4
Physical exam										
Temperature	81	66	77	82	50	81	79	75	71	79
Respiratory rate	34	22	18	18	0	13	15	6	13	16
Dehydration	10	0	6	6	0	12	22	46	4	10
Anaemia	45	43	40	50	50	55	43	85	38	44
Ear (looked in ear/felt behind ear)	5	4	5	6	0	4	3	12	52	6
Oedema	8	5	6	3	0	10	5	11	9	8
Referred for any laboratory test	46	7	40	52	50	78	59	50	21	48
Treatment										
Referred outside or admitted	13	0	1	3	0	6	2	8	0	5
Any antibiotic	98	81	89	70	50	31	44	60	98	66
Injectable antibiotic	29	14	2	13	0	4	1	2	5	6
Oral antibiotic	85	78	88	63	50	30	44	58	98	63
Any antimalarial	16	4	12	13	0	97	17	8	8	26
ACT	11	4	8	7	0	67	11	5	3	18
Oral non-ACT	3	0	3	5	0	24	5	2	3	7
Injectable artesunate	0	0	0	0	0	0	0	0	0	0
Quinine	4	4	1	3	0	11	1	3	2	4
Oral bronchodilator	2	65	1	0	0	0	0	0	0	1
Oral medication for symptomatic treatment	86	80	90	87	100	96	82	68	88	87
Oral rehydration (ORS)	5	0	7	5	0	9	65	99	7	13
Home ORT (plan A) with zinc	2	0	3	2	0	3	24	45	4	5
Intravenous fluid	0	0	0	2	0	0	0	1	0	0
Zinc	3	0	6	1	0	6	48	79	2	10
Described signs or symptoms requiring immediate return	18	5	10	21	0	11	11	29	8	11
Discussed follow-up visit	28	32	19	37	0	18	20	22	23	21
Number of children³	386	27	1,263	51	2	677	295	50	73	3,329

Note: ACT = artemisinin combination therapy

¹ The three IMCI main symptoms are cough/difficulty breathing, diarrhoea, and fever

² The three IMCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion

³ A child may be classified under more than one diagnosis; therefore, the numbers in the individual columns may add to more than the total number of observed children

⁴ Malaria reflects the provider-reported diagnosis, which may have been based on rapid diagnostic test (RDT), microscopy, or clinical diagnosis. The interviewing team does not verify this information

4.5 CLIENT OPINION

Before leaving the facility, interviewers ask the caretakers of sick children about their opinions of the consultation process and the quality of services. Specifically, the interviewer read a list of issues that are common reasons for clients' dissatisfaction and asked if that issue had posed a major problem, a minor problem, or no problem at all in their child's consultation.

As in other services, the most commonly cited major problem for clients was long waits to see the provider, mentioned by 22 percent (Tables 4.12.1 and 4.12.2). This was the most common complaint in every type of facility except clinics. It was most frequent at health posts; 40 percent of the 18 clients interviewed cited this issue. In contrast, it was rarely a problem at clinics.

Clinic clients reported the fewest complaints of any kind. Around 15 percent of health centre and dispensary clients mentioned lack of medicines and limited hours. Health post clients also cited limited hours as a major problem.

Among managing authorities, clients at government facilities were most likely to find major problems; 25 percent objected to long waiting times and 16 percent cited the lack of medicines.

Table 4.12.1 Feedback on service problems from caretakers of observed sick children: facility type and managing authority

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Malawi SPA 2013-14

Client service issue	Facility type					Managing authority					Total
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Poor behaviour/attitude of provider	6	4	4	2	7	6	2	1	2	1	5
Insufficient explanation about child's illness	9	5	2	2	0	8	4	2	1	1	6
Long wait to see provider	17	27	20	7	40	25	15	5	10	16	22
Not able to discuss problems	9	6	7	3	0	8	3	2	1	2	7
Medicines not available in facility	9	16	14	3	13	16	4	4	2	8	13
Facility open limited days	3	10	11	4	7	8	3	2	7	1	7
Facility open limited hours	8	14	15	2	33	14	6	2	2	3	11
Facility not clean	4	4	8	1	0	5	1	1	2	0	4
Services costly	3	3	0	8	0	0	16	8	10	1	3
Insufficient visual privacy	8	2	3	1	0	5	1	1	3	0	4
Insufficient auditory privacy	8	2	4	1	0	6	1	1	2	0	4
Number of interviewed caretakers of sick children	1,189	1,810	116	196	18	2,516	554	152	49	57	3,329

Table 4.12.2 Feedback on service problems from caretakers of observed sick children: region

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by region, Malawi SPA 2013-14

Client service issue	Region			Total
	Northern	Central	Southern	
Poor behaviour/attitude of provider	4	5	5	5
Insufficient explanation about child's illness	4	7	7	6
Long wait to see provider	22	21	23	22
Not able to discuss problems	2	8	6	7
Medicines not available in facility	9	14	13	13
Facility open limited days	6	7	7	7
Facility open limited hours	9	11	13	11
Facility not clean	6	4	4	4
Services costly	2	3	4	3
Insufficient visual privacy	2	5	5	4
Insufficient auditory privacy	1	5	5	4
Number of interviewed caretakers of sick children	488	1,680	1,161	3,329

4.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

4.6.1 Supervision

Personal supervision can be an important source of support and direction for health facility staff members. Supervision of child health care providers is fairly common throughout Malawian health care facilities. Overall, nearly eight of every ten interviewed providers of child health care reported receiving personal supervision in the six months before the assessment (Table 4.13).

The level of supervision was highest—84 percent—in health centres. Even where the level of supervision was lowest, in clinics, 66 percent had received recent supervision. Among managing authorities, only private facilities, at 53 percent, fell substantially below the average. At all others, more than 80 percent of providers reported recent supervision.

Table 4.13 Supportive management for providers of child health services

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers
	Training related to child health during the 24 months preceding the assessment ¹	Personal supervision during the 6 months preceding the assessment ²	Training related to child health during the 24 months and personal supervision during the 6 months preceding the assessment	
Facility type				
Hospital	72	75	54	555
Health centre	71	84	60	1,219
Dispensary	63	78	56	91
Clinic	51	66	37	357
Health post	70	75	60	19
Managing authority				
Government	72	82	59	1,344
CHAM	68	81	58	520
Private	51	53	28	228
NGO	51	85	44	75
Company	57	89	55	74
Region				
Northern	63	80	51	333
Central	70	77	56	913
Southern	67	80	55	996
Total	68	79	55	2,242

¹ Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

4.6.2 Training

Training, too, is an important management function to support health care providers. Periodic in-service training in particular can keep providers up-to-date and help them refresh their knowledge and skills.

In Malawian health facilities, almost seven of every ten interviewed providers of child health services said they had received in-service training related to child health in the 24 months before the assessment (Table 4.13). Among facility types, dispensaries (63 percent) and especially clinics (51 percent) fell well below the average. Providers in government facilities were the most likely to have received recent training (72 percent), with providers in CHAM facilities not far behind, at 68 percent.

Overall, 55 percent of interviewed providers of child health services had recently received both personal supervision and in-service training. When compared with the relatively high percentage who had received either supervision or training, this figure implies that many providers had received only one of these supportive activities. Health centre and health post providers were the most likely to have recently received both training and supervision (both 60 percent). Among managing authorities, providers at government facilities and CHAM facilities, both at close to 60 percent, were the most likely to have recently received both training and supervision.

Interviewed providers of child health services specified the topics of in-service training that they had received within the preceding 24 months or at any time (Table 4.14). Malaria diagnosis was the most common topic of training, both recently (31 percent) and at any time (64 percent). This was true at every facility level except at health posts, where training in vaccination and cold chain maintenance was the most common topic. Malaria diagnosis was also the most common training topic in every type of managing authority.

Overall, after malaria diagnosis, the most common training topics were malaria treatment (20 percent in the 24 months before the assessment), vaccination (EPI) and the cold chain maintenance (18 percent in the 24 months before the assessment), and diarrhoea diagnosis or treatment (18 percent in the 24 months before the assessment).

Table 4.14 Training for child health service providers

Among interviewed child health service providers, the percentages who report receiving in-service training on topics related to child health during the specified period before the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of providers of child health services who reported that they received in-service training on:												Number of interviewed providers
	EPI/cold chain ¹		IMCI ²		Malaria diagnosis		Malaria treatment		Acute respiratory infection		Diarrhoea diagnosis or treatment		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Hospital	14	32	9	40	33	67	22	53	12	30	18	43	555
Health centre	22	45	15	49	31	60	19	51	9	27	18	50	1,219
Dispensary	22	56	13	47	23	54	11	39	6	28	15	52	91
Clinic	8	35	9	46	29	73	22	66	8	40	19	55	357
Health post	25	69	6	73	15	53	15	47	9	29	15	70	19
Managing authority													
Government	20	42	13	47	32	63	20	50	10	28	17	48	1,344
CHAM	18	43	12	48	29	64	21	56	8	27	21	51	520
Private	7	27	8	39	28	65	20	60	12	41	21	50	228
NGO	6	26	9	45	26	71	19	65	7	37	13	54	75
Company	14	54	7	47	25	72	18	62	6	38	14	53	74
Region													
Northern	19	39	14	47	25	59	17	47	8	29	17	48	333
Central	16	42	13	48	38	69	25	58	12	31	19	50	913
Southern	20	41	11	44	26	60	17	51	8	29	18	49	996
Total	18	41	12	46	31	64	20	53	10	30	18	49	2,242

Note: EPI = Expanded Programme on Immunisation; IMCI = Integrated Management of Childhood Illness

¹ For recent training in vaccination specifically among providers at facilities offering child vaccination services, see Table 4.7

² For recent training in IMCI specifically among providers at facilities offering sick child care, see Table 4.4

FAMILY PLANNING SERVICES

Hans Katengeza, Jean Mwalabu, Eneles Kachule, Pilirani Msambati, and Nancy Masache

Key Findings

- Eight of every ten Malawian health facilities offer some type of modern method of family planning. Government, private and NGO facilities are more likely than CHAM and company facilities to offer modern family planning methods.
- Nearly all hospitals and health centres that offer family planning services offer at least four temporary modern methods. Other than health posts, almost all facilities of every type offer at least two temporary modern methods.
- The most commonly offered temporary modern methods of family planning are progestin-only injectables, combined oral contraceptive pills, and male condoms. The temporary methods most likely to be offered through referral, rather than on-site, are IUCDs and implants.
- A little less than half of facilities that report providing family planning methods actually had every method that they provide available on the day of the assessment visit.
- Hand-washing supplies were seen in just over half of family planning facilities on the day of the assessment visit.
- Few clients have major complaints, but a long wait to see the provider is the most common.
- Providers at NGO facilities are by far the most likely to have received recent training on a family planning topic.

5.1 BACKGROUND

5.1.1 MSPA Approach to Collection of Family Planning Service Information

Family planning is profoundly important for maternal and child health and a key element in upholding reproductive rights. Therefore, wherever maternal health, reproductive health, or child health services are provided, facilities should strive to increase the appropriate use of family planning and contraceptive services and to provide client education.

This chapter provides detailed information on how family planning services are delivered—information that programmes can use to improve the availability and quality of these services. It explores five key areas relating to the provision of quality family planning services at health facilities in Malawi:

- **Background.** Section 5.1 provides an overview of MSPA approach to collection of family planning information during the assessment, and of family planning services in Malawi.
- **Availability of services.** Section 5.2, including Tables 5.1 through 5.5.2, examines the availability of family planning services and how frequently these services are available.
- **Service readiness.** Section 5.3, including Tables 5.6 and 5.7, addresses the extent to which facilities offering family planning services have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, infection control items, and commodities.

- **Adherence to standards.** Section 5.4, including Tables 5.6 through 5.10.2, use information from observations of family planning consultations and from interviews with family planning clients to examine issues relating to providers' adherence to accepted standards for service provision and the quality of family planning services.
- **Client opinion.** Section 5.5, including Tables 5.11 through 5.12, examines feedback from interviewed family planning clients and their knowledge of the methods that they received.
- **Basic management and administrative systems.** Section 5.6, including Tables 5.13 and 5.14, looks at aspects of management, supervision, and training that are important to support the delivery of high-quality family planning services.

5.1.2 Family Planning Services in Malawi

As a signatory to the 1994 International Conference on Population and Development (ICPD) in Cairo, the government of the Republic of Malawi recognises family planning as a human right. In 1997, the government developed the National Policy for Reproductive Health, which states that family planning services should be available, accessible, acceptable, and affordable to all women and men of reproductive age in all public health facilities (MoH, 1997).

Furthering its commitment to integrate the services, the government, through the National Reproductive Health Policy and other developmental policies, programmes were strengthened that sought to slow the rate of population growth by increasing the uptake of family planning and raising the status of women.

Nonetheless, one of every four married women in Malawi says that she would either like to space her next pregnancy by two years or more, or not have any more children, but she is not using family planning. This is the unmet need for family planning. High unmet need for family planning leads to women having multiple unplanned pregnancies. Consequences of unplanned pregnancies include unsafe abortions, high-risk births, maternal deaths, and high fertility.

According to the 2010 Malawi Demographic and Health Survey (MDHS, 2010), contraceptive prevalence rates (CPR) among all women are 35 percent using any method, 33 percent using any modern method, and 3 percent using any traditional method. Among currently married women, the CPR is 46 percent using any method of contraception, an increase from 33 percent reported in the 2004 MDHS. Among currently married women, 42 percent use a modern method of contraception, and 4 percent use traditional methods. The most widely used specific methods are injectables (26 percent) and female sterilisation (10 percent) (MDHS, 2010). The 2010 MDHS also indicates that, for users of modern contraceptive methods, the public sector is the most common source (74 percent). About half of current users of modern methods obtain their method from government health centres. In contrast, only 3 percent of users reported private hospitals or clinics as their source of modern methods.

5.2 AVAILABILITY OF FAMILY PLANNING SERVICES

This chapter uses the following definitions:

- A facility is said to *provide* a family planning method if the facility reports that it stocks the method and makes it available to clients when they visit the facility. In other words, these clients can obtain the method without leaving the facility.
- A facility is said to *offer* a family planning method if the facility reports that it provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without actually making that method available to the client in the facility.

5.2.1 Contraceptive Method Mix and Method Availability

Family planning methods differ in how they function and in their effectiveness, side effects, and mode of use. Thus, their acceptability and desirability also differ among users. To meet varying needs and demands for contraception, a variety of methods that meet common needs should be easily obtainable.

Thus, a facility that offers a wide variety of family planning methods is best able to meet clients' needs. However, some variation is expected in the methods offered because of differences in provider qualifications and training as well as the infrastructure required to provide certain methods safely. Methods that can be provided safely with minimal training are pills, injectables, and condoms as well as counselling on the Standard Days Method and periodic abstinence. Safely providing implants, intrauterine contraceptive devices (IUCDs), female sterilisation, and male sterilisation requires a higher level of skill and more developed infrastructure.

Table 5.1 Availability of family planning services

Among all facilities, the percentages offering temporary methods of family planning and male or female sterilisation and the percentage offering any family planning, by background characteristics, Malawi SPA 2013-14

Background characteristics	Temporary methods of family planning (FP)						Number of facilities
	Percentage offering any modern method of FP ¹	Percentage offering counselling on periodic abstinence/rhythm method	Percentage offering any temporary method of FP ²	Percentage offering male or female sterilisation ³	Percentage offering any modern FP ⁴	Percentage offering any FP ⁵	
Facility type							
Hospital	70	43	70	55	70	70	113
Health centre	89	45	89	40	89	89	466
Dispensary	85	42	85	47	85	85	48
Clinic	77	32	77	26	77	77	327
Health post	77	15	77	41	77	77	23
Managing authority							
Government	95	50	95	47	95	95	472
CHAM	57	24	57	26	57	57	163
Private	79	33	79	23	79	79	214
NGO	81	40	81	63	81	81	58
Company	68	27	68	21	68	68	69
Region							
Northern	85	50	85	43	85	85	165
Central	84	42	85	41	84	85	362
Southern	80	34	80	32	80	80	450
Total	82	40	82	38	82	82	977

¹ Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condom, female condom, CycleBeads for the Standard Days Method, or other modern methods such as the diaphragm or spermicides

² Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for the Standard Days Method, or periodic abstinence

³ Providers in the facility perform male sterilisation (vasectomy) or female sterilisation (tubal ligation) or counsel clients on male or female sterilisation

⁴ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation) or male sterilisation (vasectomy)

⁵ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation) or male sterilisation (vasectomy), or periodic abstinence

Some 82 percent of Malawian health facilities offer some type of family planning¹ (Table 5.1). There is some difference in the availability of any type of family planning by type of facility. Availability ranges from 70 percent of hospitals to 89 percent of health centres offering any type of family planning services.

¹ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for Standard Days Method, female sterilisation (tubal ligation), male sterilisation (vasectomy), any other modern methods such as the diaphragm or spermicides, or periodic abstinence.

From the perspective of managing authority, government facilities (95 percent), NGO facilities (81 percent), and private facilities (79 percent) are more likely than those of other managing authorities to offer family planning services.

5.2.2 Frequency of Family Planning Services

It is important that facilities offer family planning services regularly enough to meet clients' needs. More than four of every five hospitals and clinics that offer any family planning services do so five or more days per week (Table 5.2). NGO and private facilities are more likely to offer family planning services for five or more days per week (93 and 92 percent, respectively) than facilities managed by other authorities. Frequency of services varies somewhat regionally, with 59 percent of facilities in the Southern and Northern regions offering services five or more days a week compared with 68 percent in the Central region.

Table 5.2 Frequency of availability of family planning services

Among facilities offering any family planning services, the percentages offering any method on the indicated number of days per week, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities where family planning services are offered for the indicated number of days per week ¹			Number of facilities offering any family planning services
	1-2	3-4	5+	
Facility type				
Hospital	10	6	84	79
Health centre	43	8	47	416
Dispensary	37	7	56	41
Clinic	14	1	84	252
Health post	60	0	27	18
Managing authority				
Government	41	9	49	449
CHAM	32	2	63	93
Private	7	0	92	169
NGO	4	2	93	47
Company	43	0	54	47
Region				
Northern	35	5	59	139
Central	25	5	68	306
Southern	33	6	59	360
Total	31	5	62	806

¹ Includes services for contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUCDs, male condoms, female condoms, CycleBeads for the Standard Days Method, periodic abstinence, tubal ligation, vasectomy, or any other family planning method such as diaphragm or spermicides

5.2.3 Specific Methods Offered

The most commonly offered temporary modern methods of family planning in Malawian health facilities are the 2- or 3-month progestin-only injectables (98 percent of facilities offering any family planning services), combined oral contraceptive pills (94 percent), and the male condom (88 percent). Some 48 percent of family planning facilities offer counselling on the traditional periodic abstinence method (see Table 5.3.1).

Except for health posts, almost all facilities of every type offer at least two modern methods of temporary contraception. Even so, 87 percent of health posts offer at least two such methods (Table 5.3.1). Nearly all hospitals and health centres offer at least four temporary modern methods.

Findings from the 2010 MDHS indicated that few women (less than 1 percent of all women and less than 1 percent of currently married women) had ever used emergency contraception. Still, in 2013-14 some 71 percent of facilities that offer any family planning services report offering emergency contraception (Table 5.3.1).

Table 5.3.1 Methods of family planning offered: facility type and managing authority

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by facility type and managing authority, Malawi SPA 2013-14

Methods provided, prescribed, or counselled	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Combined oral contraceptive pills	99	96	90	90	73	96	95	89	98	87	94
Progestin-only oral pills	83	76	74	52	47	77	70	54	58	41	68
Progestin-only injectable (2- or 3- monthly)	99	99	95	97	100	99	99	98	100	96	98
Combined injectable	14	20	25	17	13	21	12	19	13	11	18
Male condom	94	89	88	84	87	92	81	79	96	91	88
Female condom	89	87	87	70	67	89	80	64	89	72	81
Intrauterine contraceptive device	74	33	34	44	41	39	33	43	80	26	41
Implant	96	90	65	63	60	91	73	62	93	45	80
Cyclebeads (for Standard Days Method)	36	18	13	17	7	21	14	12	44	11	19
Tubal ligation	79	44	55	34	54	50	45	29	78	31	45
Vasectomy	39	23	34	22	40	27	19	17	54	22	25
At least 2 temporary modern methods ¹	99	100	100	98	87	99	98	96	100	100	99
At least 4 temporary modern methods ¹	99	95	88	80	74	95	91	79	98	71	90
Emergency contraception	83	80	62	58	40	82	61	55	89	38	71
Periodic abstinence/ rhythm method	62	50	50	42	20	52	42	42	50	39	48
Number of facilities offering any family planning services	79	416	41	252	18	449	93	169	47	47	806

¹ Any modern methods other than male sterilisation (vasectomy) or female sterilisation (tubal ligation)

The great majority of facilities that offer a temporary contraceptive method in fact also provide that method rather than just refer for it or counsel about it. A comparison of Tables 5.3.1 and 5.4.1 shows that, for example, virtually all health centres, dispensaries, and health posts that offer 2- or 3-month progestin-only injectables are actually providing this method; only a small number of hospitals and clinics offer referral or counselling for progestin-only injectables but do not provide the method themselves. The difference is more pronounced when it comes to methods that require more skills. For example, 74 percent of hospitals offer IUCDs, but only 48 percent actually provide the method; 33 percent of health centres offer IUCDs, but only 7 percent actually provide them; 65 percent of dispensaries offer implants, but only 42 percent actually provide them. Tables 5.3.2 and 5.4.2 present similar information by region.

Table 5.3.2 Methods of family planning offered: region

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by region, Malawi SPA 2013-14

Methods provided, prescribed, or counselled	Region			Total
	Northern	Central	Southern	
Combined oral contraceptive pills	97	94	92	94
Progestin-only oral pills	84	67	63	68
Progestin-only injectable (2- or 3- monthly)	99	97	99	98
Combined injectable	22	24	12	18
Male condom	95	84	88	88
Female condom	94	81	77	81
Intrauterine contraceptive device	48	40	38	41
Implant	89	79	78	80
Cycle beads (for Standard Days Method)	18	20	18	19
Tubal ligation	50	48	41	45
Vasectomy	35	25	22	25
At least 2 temporary modern methods ¹	99	98	99	99
At least 4 temporary modern methods ¹	96	88	89	90
Emergency contraception	83	70	68	71
Periodic abstinence/ rhythm method	59	50	42	48
Number of facilities offering any family planning services	139	306	360	806

¹ Any modern methods other than male sterilisation (vasectomy) or female sterilisation (tubal ligation)

Table 5.4.1 Methods of family planning provided¹: facility type and managing authority

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, by facility type and managing authority, Malawi SPA 2013-14

Methods provided	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Combined oral contraceptive pills	96	94	88	86	39	92	93	85	96	83	90
Progestin-only oral pills	73	69	67	39	13	69	59	40	52	28	58
Progestin-only injectable (2- or 3- monthly)	95	99	95	95	100	98	97	95	100	96	97
Combined injectable	11	14	12	13	6	14	8	13	13	9	13
Male condom	89	88	88	79	73	90	78	70	93	91	85
Female condom	81	84	87	62	46	85	73	54	85	67	76
Intrauterine contraceptive device	48	7	2	29	0	12	9	27	70	4	17
Implant	90	82	42	50	13	82	57	50	85	26	69
Cyclebeads (for Standard Days Method)	23	7	0	9	0	10	5	4	29	2	9
Tubal ligation	43	7	2	14	0	10	15	4	67	4	12
Vasectomy	14	1	0	7	0	2	3	2	33	0	4
At least 2 temporary modern methods ²	98	100	98	95	80	99	98	92	100	98	97
At least 4 temporary modern methods ²	95	93	88	72	26	92	83	70	91	65	85
Emergency contraception	70	74	49	48	6	75	49	42	83	28	63
Number of facilities offering any family planning services	79	416	41	252	18	449	93	169	47	47	806

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures

² Any modern methods other than male sterilisation (vasectomy) or female sterilisation (tubal ligation)

Table 5.4.2 Methods of family planning provided¹: region

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, by region, Malawi SPA 2013-14

Methods provided	Region			Total
	Northern	Central	Southern	
Combined oral contraceptive pills	94	91	88	90
Progestin-only oral pills	73	57	54	58
Progestin-only injectable (2- or 3- monthly)	98	96	98	97
Combined injectable	15	17	8	13
Male condom	92	81	85	85
Female condom	89	77	71	76
Intrauterine contraceptive device	16	17	18	17
Implant	75	69	67	69
Cyclebeads (for Standard Days Method)	6	10	9	9
Tubal ligation	10	14	12	12
Vasectomy	5	4	4	4
At least 2 temporary modern methods ²	99	96	98	97
At least 4 temporary modern methods ²	92	84	82	85
Emergency contraception	74	62	58	63
Number of facilities offering any family planning services	139	306	360	806

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures

² Any modern methods other than male sterilisation (vasectomy) or female sterilisation (tubal ligation)

5.2.4 Availability of Family Planning Methods on the Day of the Assessment

Stock-outs of family planning methods can put a woman at risk of unintended pregnancy. The 2013-14 MSPA assessed the availability of contraceptive methods on the day of the assessment among facilities that report providing these methods. As Table 5.5.1 and Figure 5.1 show, the majority of facilities providing the most popular methods had them in stock on the day of the assessment.

There are some gaps, however, even among the methods most commonly provided in Malawian health facilities. Among the facilities that report providing combined oral contraceptives, 86 percent had the pills in stock—meaning that 14 percent did not. Similarly, 90 percent of facilities that provide the 2- or 3-month progestin-only injectables had the method on the day of the assessment (and 10 percent did not), while 77 percent of facilities that provide male condoms had them available on the day of the assessment (leaving a gap of 23 percent).

Nationwide, only 46 percent of facilities that report providing any family planning methods actually had every method that they provide available on the day of the visit (Table 5.5.1, Figure 5.1). Hospitals are less likely than any other facility type to have had available every method they report providing (36 percent). Regionally, the availability of all provided methods on the day of the assessment ranged from 36 percent of facilities that report providing family planning provision in the Central region to 57 percent of such facilities in the Northern region (Table 5.5.2).

Table 5.5.1 Availability of family planning commodities: facility type and managing authority

Among facilities that provide¹ the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the assessment, by facility type and managing authority, Malawi SPA 2013-14

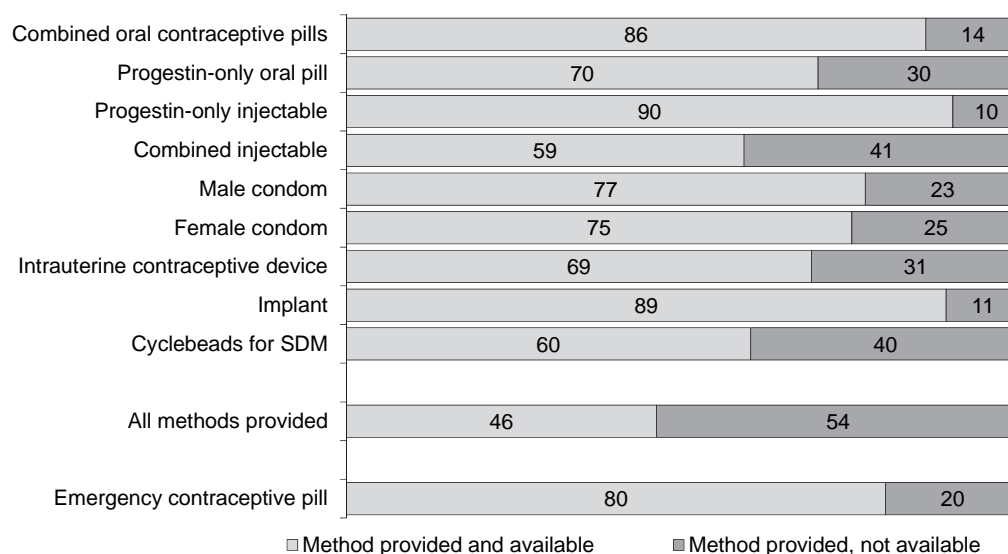
Method	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Combined oral contraceptive pills	88	90	80	79	100	90	80	76	95	79	86
Progestin-only oral pills	81	73	66	56	51	73	80	49	75	54	70
Progestin-only injectable (2- or 3- monthly)	96	89	92	89	80	91	89	87	98	89	90
Combined injectable	78	60	22	58	0	57	88	43	67	100	59
Male condom	76	76	80	81	54	77	73	70	98	88	77
Female condom	68	79	77	71	56	80	71	57	82	71	75
Intrauterine contraceptive device	69	42	0	80	-	55	37	71	94	100	69
Implant	92	91	94	84	100	92	89	77	97	75	89
Cyclebeads (for Standard Days Method)	74	56	-	52	-	63	60	58	53	0	60
Every method provided by facility was available on day of assessment	36	45	51	49	47	45	43	42	63	51	46
Emergency contraception	79	82	84	74	100	84	63	64	90	84	80

Note: The denominators for each characteristic/method combination are different and are not shown in the table. The denominators are shown in appendix A as a working table, Table A-5.1

Note: The combined oral contraceptive pills, injectable contraceptives, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, i.e., within expiration date

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it

Figure 5.1 Temporary methods of family planning provided and availability of method on day of visit



The denominator for each method is different. For example, the denominator for facilities providing combined oral contraceptive is 728 facilities.

MSPA 2013-14

Table 5.5.2 Availability of family planning commodities: region

Among facilities that provide¹ the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the assessment, by region, Malawi SPA 2013-14

Method	Region			Total
	Northern	Central	Southern	
Combined oral contraceptive pills	90	88	83	86
Progestin-only oral pills	78	67	68	70
Progestin-only injectable (2- or 3- monthly)	99	86	90	90
Combined injectable	62	58	57	59
Male condom	80	71	81	77
Female condom	87	68	76	75
Intrauterine contraceptive device	74	63	72	69
Implant	95	84	92	89
Cyclebeads (for Standard Days Method)	100	58	50	60
Every method provided by facility was available on day of assessment	57	36	49	46
Emergency contraception	85	77	80	80

Note: The denominators for each characteristic/method combination are different and are not shown in the table. For reference purposes, The denominators are shown in appendix A as a working table, Table A-5.2

Note: The combined oral contraceptive pills, injectable contraceptives, and male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (2012). Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid, i.e., within expiration date

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it

5.3 SERVICE READINESS

5.3.1 Service Guidelines, Trained Staff, and Equipment

To provide quality family planning services to clients, facilities should be able to ensure some level of privacy for consultations and have family planning guidelines, appropriately trained providers, and certain supplies and equipment. Table 5.6 and Figure 5.2 provide information on the availability of guidelines and basic equipment for family planning services.

Table 5.6 Guidelines, trained staff, and basic equipment for family planning services

Among facilities offering any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering any modern family planning and having:									Number of facilities offering any modern family planning methods
	Guidelines on family planning ¹	Staff trained in family planning ²	Equipment							
			Blood pressure apparatus ³	Examination light	Examination bed or couch	Samples of family planning methods	Pelvic model for IUCD ⁴	Model for showing condom use	Other family planning-specific visual aid ⁵	
Facility type										
Hospital	68	65	69	56	94	93	14	63	78	79
Health centre	61	54	58	17	87	89	3	53	70	416
Dispensary	37	35	41	12	59	78	7	38	50	41
Clinic	52	43	91	42	94	86	8	31	55	251
Health post	40	20	6	0	20	80	0	14	67	18
Managing authority										
Government	60	55	53	19	84	88	4	50	71	449
CHAM	57	45	67	23	80	85	5	62	62	93
Private	48	40	95	41	96	86	3	16	48	168
NGO	61	72	91	59	87	91	35	74	85	47
Company	57	23	85	39	94	85	2	41	52	47
Region										
Northern	67	45	67	28	89	90	6	55	73	139
Central	55	56	67	25	87	85	6	40	65	305
Southern	55	47	68	30	86	89	5	46	62	360
Total	57	50	68	28	87	88	6	45	65	805

Note: The measures presented in the table concerning guidelines for family planning and staff trained in family planning comprise the staff and training domains, and blood pressure apparatus comprises the equipment domain, for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ National guidelines or any other guidelines on family planning

² The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning during the 24 months preceding the assessment. The training must involve structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope

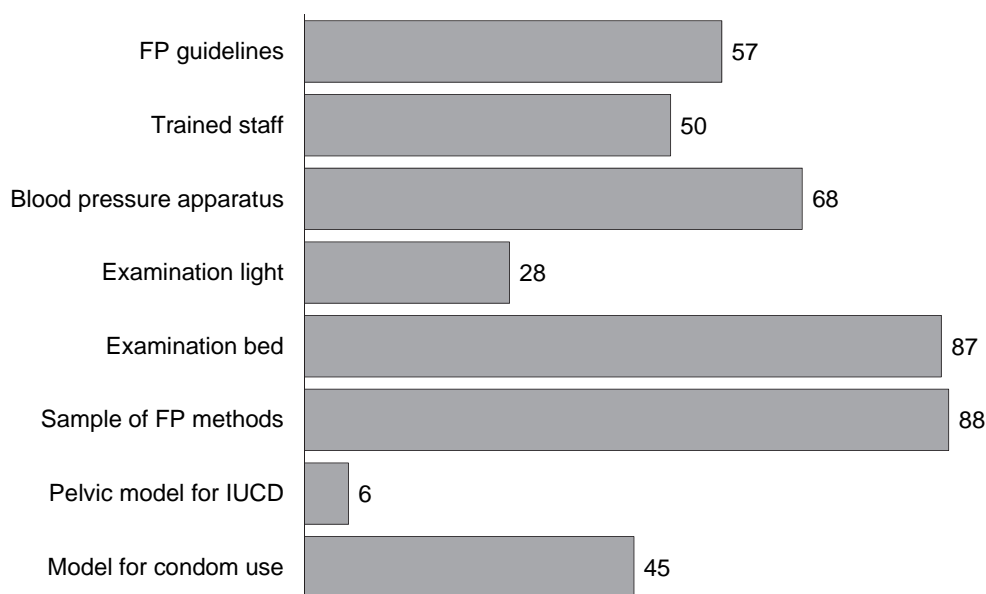
⁴ IUCD = intrauterine contraceptive device

⁵ Flip charts or leaflets

Family planning service guidelines were available in the bare majority of family planning facilities that offer any modern family planning methods; some 57 percent of facilities have family planning guidelines. Dispensaries (37 percent) are the type of facility least likely to have family planning guidelines, and private facilities (48 percent) are the least likely among the various managing authorities. The guidelines were considered available for use only if they were in the family planning service delivery area or an immediately adjacent area.

Half of facilities that offer any modern methods of family planning had at least one staff member present who had received training in family planning in the 24 months before assessment visit. Hospitals (65 percent) and health centres (54 percent) were the types of facilities most likely to have family planning staff members recently trained in family planning.

Figure 5.2 Items to support quality provision of family planning (N=805)



MSPA 2013-14

In addition to service guidelines and adequately trained staff, some basic equipment and items are necessary to provide quality services. These include blood pressure apparatus, examination bed, samples of family planning methods, and visual aids. Overall, close to seven of every ten family planning facilities had blood pressure apparatus available in the facility and at the service site on the day of the visit. About one of every 20 health posts had a blood pressure apparatus available. Private (95 percent), NGO (91 percent), and company facilities (85 percent) were more likely than government and CHAM facilities to have a blood pressure apparatus.

Uniquely among temporary family planning methods, the IUCD requires a pelvic examination before insertion. In addition, a physical examination may occasionally be helpful to evaluate problems with a method or simply for routine check-ups unrelated to the use of family planning methods. Such examinations require infrastructure and items needed to examine the client. The assessment assessed the presence of an examination bed or couch and an examination light, items needed to conduct a quality examination (particularly a pelvic examination) for family planning clients. Most facilities (87 percent) had an examination bed or couch, but only 28 percent had a light (Table 5.6). Health posts (20 percent) were least likely to have either an examination bed or an examination light (none). This may be because they are less likely to offer family planning methods that require client examination.

Visual aids also are important elements in good family planning counselling. Samples of family planning methods were available in the service delivery areas of 88 percent of facilities on the day of the assessment. Some 45 percent had a model for demonstrating how to use a condom.

5.3.2 Infection Control

The MSPA assessed the presence of items for infection control in areas where family planning procedures—such as pelvic examinations for IUCD insertions and provision of implants and injectables—most often take place. Items assessed for infection control were hand-washing supplies (running water and soap or else hand disinfectant), disinfecting solution, latex gloves, and a sharps box. Gloves and a sharps container were seen in the family planning service areas of the great majority of facilities (86 percent and 90 percent, respectively). In contrast, just over half of facilities had either soap and running water or else alcohol-based hand disinfectant (Table 5.7, Figure 5.3).

Table 5.7 Items for infection control during provision of family planning

Among facilities offering any modern family planning methods, the percentages with indicated items for infection control observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering any modern family planning services and having items for infection control								Number of facilities offering any modern family planning methods
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Hospital	82	89	80	20	80	96	93	48	79
Health centre	43	70	39	6	40	85	93	38	416
Dispensary	32	55	29	12	32	70	90	25	41
Clinic	72	84	69	34	75	89	84	51	251
Health post	6	33	0	0	0	67	94	26	18
Managing authority									
Government	42	69	38	5	39	84	93	38	449
CHAM	56	74	53	7	56	81	91	40	93
Private	68	82	65	32	73	91	81	37	168
NGO	91	96	91	70	94	94	89	83	47
Company	87	89	81	22	81	87	98	74	47
Region									
Northern	57	74	55	11	55	90	95	41	139
Central	56	74	51	15	55	84	87	44	305
Southern	52	76	50	19	52	86	91	42	360
Total	54	75	51	16	54	86	90	43	805

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable

³ Waste receptacle with plastic bin liner

Figure 5.3 Items for infection control in family planning service area (N=805)



5.4 ADHERENCE TO STANDARDS FOR QUALITY SERVICE PROVISION

To assess whether family planning providers adhere to service standards, MSPA personnel observed family planning client-provider interactions, using observation check-lists that are based on commonly accepted guidelines for screening, counselling, and conducting procedures for family planning clients. The observers collected information to answer the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed, and, where necessary, did they conduct the physical examination needed to screen clients for method eligibility?
- Did the conditions and procedures followed for provision of specific methods meet MSPA criteria for quality service provision?

The observers noted what information the provider shared with a client and whether an examination, where appropriate, was conducted prior to dispensing a method. They did not assess whether the information given was correct or whether the findings of the examination were appropriately interpreted.

Just over one-quarter of observed female family planning clients were making their first family planning-related visit. Tables 5.8.1 through 5.9.2 provide details on consultations for female clients on their first visit for family planning services. Tables 5.10.1 and 5.10.2 provide some of the same information for all female family planning clients.

5.4.1 Counselling and Client Assessment at First Family Planning Visits

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about the client's personal and health history to help them make an informed recommendation on contraceptive use and methods. This constitutes screening clients for the appropriateness of specific methods. Therefore, during observations of clients' first family planning visits, observers noted what information providers obtained about the client's history and what examinations were conducted. The observers made notes on six elements of a client's reproductive history, three elements of medical history and two examinations—specifically, blood pressure and weight (Tables 5.8.1 and 5.8.2).

The element of reproductive history most often asked was “any history of pregnancy,” followed by age. Providers asked about all six elements of reproductive history in only 4 percent of first visit consultations.

As for medical history, providers asked about history of sexually transmitted infections and about chronic illnesses in fewer than one in every five consultations. It was very rare that providers ever asked whether the woman smoked.

Table 5.8.1 Client history and physical examinations for first-visit female family planning clients: facility type and managing authority

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics									Total
	Facility type				Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Government	CHAM	Private	NGO	Company	
Client history										
Age	65	58	39	56	59	78	44	72	62	61
Any history of pregnancy	80	77	93	75	78	83	73	88	100	79
Current pregnancy status	44	46	40	57	44	53	49	64	38	46
Breastfeeding status (if ever pregnant) ¹	35	23	7	25	30	22	26	15	0	28
Desired timing for next child or desire for another child	32	30	47	38	33	30	34	30	0	32
Regularity of menstrual cycle	31	23	34	52	30	10	45	47	0	29
All elements of reproductive history ²	3	4	0	4	4	0	0	5	0	4
Client medical history										
Asked about smoking	1	1	0	3	1	0	0	7	0	1
Asked about symptoms of sexually transmitted infections (STIs)	21	17	0	14	19	14	7	21	0	18
Asked about any chronic illnesses	22	11	40	14	19	6	3	25	0	17
All risk history ³	0	1	0	3	0	0	0	7	0	0
Client examination										
Measure blood pressure ⁴	75	45	19	81	57	69	86	77	38	61
Measure weight ⁵	97	65	19	85	79	80	88	77	100	80
Number of observed first-visit FP clients	186	182	11	30	328	47	19	14	2	410
Number of observed first-visit FP clients with prior pregnancy ⁶	178	179	9	29	317	47	17	13	2	396

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle

³ The client was asked about smoking, symptoms of STIs, and any chronic illness

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation

⁵ Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation

⁶ Applies only to the indicator "breastfeeding status"

Table 5.8.2 Client history and physical examinations for first-visit female family planning clients: region

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
Client history				
Age	59	62	59	61
Any history of pregnancy	85	79	76	79
Current pregnancy status	51	52	33	46
Breastfeeding status (if ever pregnant) ¹	15	38	17	28
Desired timing for next child or desire for another child	26	30	37	32
Regularity of menstrual cycle	16	29	33	29
All elements of reproductive history ²	3	4	4	4
Client medical history				
Asked about smoking	1	1	1	1
Asked about symptoms of sexually transmitted infections (STIs)	7	22	16	18
Asked about any chronic illnesses	10	22	11	17
All risk history ³	1	0	1	0
Client examination				
Measure blood pressure ⁴	83	57	58	61
Measure weight ⁵	86	83	72	80
Number of observed first-visit FP clients	48	219	143	410
Number of observed first-visit FP clients with prior pregnancy ⁶	47	210	139	396

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. See also footnote 6

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle

³ The client was asked about smoking, symptoms of STIs, and any chronic illness

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation

⁵ Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation

⁶ Applies only to the indicator "breastfeeding status"

Observers also recorded various other information about these first-time family planning consultations: whether the provider and client discussed the woman's partner, STIs and condoms, and a return visit; aspects of privacy and confidentiality of the consultation; whether the provider made use of the client card; and whether the provider used visual aids (Tables 5.9.1 and 5.9.2).

Only during a small percentage of consultations were there discussions related to the clients' partner; about one-fifth involved discussion of the partner's attitude toward family planning, and only four percent of consultations involved the client's partner status, e.g., number of client's sexual partners, or if the client's partner had other sexual partners. About one-third of consultations involved some discussion of STIs (Table 5.9.1).

Client cards play an important role in making information recorded earlier, e.g., blood pressure and weight, available to providers during consultations. Client cards are also crucial for monitoring clients over time. In nearly all observed first-visit consultations, the provider reviewed the client card and wrote on it (Table 5.9.1).

Overall, in about four of every five consultations, first-time family planning clients had visual privacy and/or auditory privacy. Visual and auditory privacy were much less common in the Northern region than in the Central and Southern regions, however (Table 5.9.2). The provider assured the client of confidentiality in only one of every five consultations.

Eight of every ten consultations with first-time family planning clients included discussion about a return visit.

Table 5.9.1 Components of counselling and discussions during consultations for female first-visit family planning clients: facility type and managing authority

Among female first-visit family planning clients whose consultations were observed, the percentage whose consultations included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Facility type				Managing authority					Total
	Hospital	Health centre	Dispensary	Clinic	Government	CHAM	Private	NGO	Company	
Discussion related to partner										
Partner's attitude toward family planning	32	14	13	12	23	25	12	9	0	22
Partner's status ¹	7	3	0	2	3	19	0	5	0	4
Privacy and confidentiality										
Visual privacy assured	88	80	66	96	88	55	91	95	100	84
Auditory privacy assured	78	79	66	96	82	50	91	100	100	80
Confidentiality assured	15	27	7	28	23	2	20	40	0	21
All three counselling conditions on privacy and confidentiality met ²	12	26	7	26	21	2	20	35	0	19
Discussion related to STIs and condoms										
Use of condoms to prevent STIs	5	14	0	17	9	6	10	34	0	10
Use of condoms as dual method ³	13	15	6	18	15	8	13	24	0	14
Any discussion related to STIs ⁴	33	32	6	29	33	23	20	45	0	31
Individual client cards										
Individual client card reviewed during consultation	92	95	94	91	93	100	91	93	100	94
Individual client card written on after consultation	95	96	94	93	94	100	91	98	100	95
Visual aids and return visit										
Visual aids used during consultation	45	39	19	37	43	41	24	47	0	41
Return visit discussed	71	85	94	88	76	94	92	86	100	79
Number of observed first-visit FP clients	186	182	11	30	328	47	19	14	2	410

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner

² Visual and auditory privacy and confidentiality assured during consultation

³ Discussed use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual protection, or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table 5.9.2 Components of counselling and discussions during consultations for female first-visit family planning clients: region

Among female first-visit family planning clients whose consultations were observed, the percentage whose consultations included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
Discussion related to partner				
Partner's attitude toward family planning	44	22	14	22
Partner's status ¹	14	3	3	4
Privacy and confidentiality				
Visual privacy assured	50	91	87	84
Auditory privacy assured	44	82	88	80
Confidentiality assured	28	17	24	21
All three counselling conditions on privacy and confidentiality met ²	16	17	24	19
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	11	6	15	10
Use of condoms as dual method ³	11	13	16	14
Any discussion related to STIs ⁴	28	33	30	31
Individual client cards				
Individual client card reviewed during consultation	99	91	95	94
Individual client card written on after consultation	95	94	96	95
Visual aids and return visit				
Visual aids used during consultation	26	54	27	41
Return visit discussed	78	72	90	79
Number of observed first-visit FP clients	48	219	143	410

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner

² Visual and auditory privacy and confidentiality assured during consultation

³ Discussed use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual protection, or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

5.4.2 Counselling at All Family Planning Visits

When all women's family planning visits, both first visits and return visits, are considered at once, the observations concerning counselling were similar to those specifically for first visits (Tables 5.10.1 and 5.10.2). STIs were discussed less often in all consultations than in first visits—23 percent compared with 31 percent. Not surprisingly, there was less use of visual aids in all consultations (25 percent) than in first visits (41 percent.) Provider and client were somewhat more likely to discuss return visits in all consultations than in first visits alone—88 percent compared with 79 percent.

In three-quarters of all consultations, the provider asked the client about her concerns with family planning methods. Provider and client discussed method-specific side effects in 44 percent of all consultations. (These data are not shown for first visits.)

Table 5.10.1 Components of counselling and discussions during consultations for all female family planning clients: facility type and managing authority

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultations included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics									Total
	Facility type				Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Government	CHAM	Private	NGO	Company	
Privacy and confidentiality										
Visual privacy assured	92	85	87	92	90	67	86	97	100	88
Auditory privacy assured	87	82	84	88	86	68	85	97	100	85
Confidentiality assured	20	23	17	31	22	18	22	48	18	22
All three counselling conditions on privacy and confidentiality met ¹	18	21	17	31	20	16	22	47	18	20
Discussion related to STIs and condoms										
Use of condoms to prevent STIs	6	12	2	11	9	3	4	29	16	9
Use of condoms as dual protection ²	8	11	3	11	10	6	5	21	3	10
Any discussion related to STIs ³	25	22	11	19	24	13	11	39	23	23
Concerns, side effects, and individual client cards										
Concerns about methods discussed ⁴	76	74	78	74	77	64	65	91	58	75
Side effects discussed ⁵	49	40	66	41	45	39	35	57	26	44
Individual client card reviewed during consultation	96	95	97	88	95	97	84	94	100	95
Individual client card written on after consultation	98	97	98	93	98	100	94	93	100	98
Visual aids and return visit										
Visual aids used during consultation	25	26	18	19	26	23	13	29	1	25
Return visit discussed	86	89	92	92	86	95	95	89	99	88
Number of observed female FP clients	682	692	27	97	1,238	137	55	38	32	1,499

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual protection

⁴ Provider asked client about concerns with family planning method

⁵ Method-specific side effects discussed with client, if client was provided or prescribed a method

Table 5.10.2 Components of counselling and discussions during consultations for all female family planning clients: region

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultations included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
Privacy and confidentiality				
Visual privacy assured	72	90	90	88
Auditory privacy assured	64	85	89	85
Confidentiality assured	29	18	26	22
All three counselling conditions on privacy and confidentiality met ¹	24	17	24	20
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	5	8	12	9
Use of condoms as dual protection ²	6	11	9	10
Any discussion related to STIs ³	14	26	20	23
Concerns, side effects, and individual client cards				
Concerns about methods discussed ⁴	80	74	76	75
Side effects discussed ⁵	45	43	46	44
Individual client card reviewed during consultation	97	94	95	95
Individual client card written on after consultation	97	97	98	98
Visual aids and return visit				
Visual aids used during consultation	17	33	17	25
Return visit discussed	84	86	91	88
Number of observed female FP clients	141	782	577	1,499

¹ Visual and auditory privacy and confidentiality assured during consultation

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs)

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual protection

⁴ Provider asked client about concerns with family planning method

⁵ Method-specific side effects discussed with client, if client was provided or prescribed a method

5.5 CLIENT OPINION AND KNOWLEDGE

5.5.1 Major Problems

After their consultations were observed, all family planning clients were interviewed about issues commonly related to client satisfaction. These exit interviews also probed clients' opinions of the services that they had received that day. Clients were asked to rate whether specific issues posed a major problem, a minor problem, or no problem at all for them during the visit.

Clients considered few issues to be major problems. Long waits to see the provider were the major problem most often mentioned, cited by 15 percent overall (Tables 5.11.1 and 5.11.2). Complaints about long waits were more common at health centres and dispensaries than at hospitals and were almost non-existent at clinics. Clients at company facilities were most likely to complain of long waits (22 percent), followed by clients of government facilities (16 percent). Very few clients (less than 10 percent in each case) complained about provider's poor behaviour or attitudes, insufficient explanation of methods, that the facility was not clean, that services were costly, or that privacy was lacking.

Table 5.11.1 Feedback from family planning clients on service problems: facility type and managing authority

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Malawi SPA 2013-14

Client service issues	Background characteristics									Total
	Facility type				Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Government	CHAM	Private	NGO	Company	
Poor behaviour/attitude of provider	3	4	0	0	4	1	0	3	0	3
Insufficient explanation about method	5	4	8	4	4	7	4	5	2	4
Long wait to see provider	11	20	21	2	16	7	2	10	22	15
Not able to discuss problems	5	6	10	3	6	6	4	5	2	6
FP commodities not available in facility	5	10	5	2	7	7	0	1	16	7
Facility open limited days	3	7	4	2	5	8	0	1	0	5
Facility open limited hours	4	12	8	4	9	4	1	5	0	8
Facility not clean	5	4	3	1	5	0	1	5	0	4
Services costly	1	1	0	3	0	8	3	4	2	1
Insufficient visual privacy	1	3	1	1	2	2	1	0	0	2
Insufficient auditory privacy	1	3	1	1	2	3	2	0	0	2
Number of interviewed family planning clients	682	692	27	97	1,238	137	55	38	32	1,499

Table 5.11.2 Feedback from family planning clients on service problems: region

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by region, Malawi SPA 2013-14

Client service issues	Region			Total
	Northern	Central	Southern	
Poor behaviour/attitude of provider	1	5	1	3
Insufficient explanation about method	3	6	3	4
Long wait to see provider	13	15	15	15
Not able to discuss problems	5	7	4	6
FP commodities not available in facility	4	8	7	7
Facility open limited days	5	6	3	5
Facility open limited hours	6	9	7	8
Facility not clean	3	5	4	4
Services costly	0	2	0	1
Insufficient visual privacy	3	2	1	2
Insufficient auditory privacy	2	2	2	2
Number of interviewed family planning clients	141	782	577	1,499

5.5.2 Clients' Knowledge About Methods

All observed family planning clients also were asked a key factual question to ascertain their understanding of the family planning method that they had received or had been prescribed. For example, those receiving pills were asked, "How often do you take the pill?" When two methods were prescribed or received, the client was asked about both methods.

As Table 5.12 reports, clients gave a high percentage of correct answers to the questions about pills, male condoms, progestin-only injectables, IUCDs, implants, and periodic abstinence. They were less successful in answering the questions about female condoms, monthly injectables and tubal ligation, and the lactational amenorrhoea method.

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, the percentages who knew the correct response to a question pertaining to the method, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage who knew the correct response to the question pertaining to the method									
	Any pill ¹	Male condom ²	Female condom ³	Progestin injectable ⁴	Monthly injectable ⁴	Intrauterine contraceptive device (IUCD) ⁵	Implant ⁶	Periodic abstinence ⁷	Tubal ligation ⁸	Lactational amenorrhoea ⁹
Facility type										
Hospital	93	88	0	96	-	100	98	-	50	-
Health centre	97	86	18	94	80	73	94	100	72	0
Dispensary	100	100	-	97	-	-	-	-	-	100
Clinic	97	75	-	98	0	100	90	-	0	-
Managing authority										
Government	96	85	23	95	80	85	96	100	65	49
CHAM	100	100	0	97	-	-	96	-	-	-
Private	92	50	-	97	0	-	85	-	0	-
NGO	100	100	-	99	-	100	100	-	-	-
Company	-	100	0	98	-	-	-	-	-	-
Region										
Northern	100	100	-	97	-	100	80	-	100	-
Central	97	87	33	94	69	0	97	100	52	0
Southern	92	83	0	96	-	100	97	-	55	100
Total	96	86	14	95	69	87	96	100	61	49

Note: The denominator for each method is different and not shown in this table. For reference purposes, the denominators are shown in a working table as Table A-5.3.

The questions asked for each of the methods are as follows:

¹ Any pill: How often do you take the pill?

² Male condom: How many times can you use one condom?

³ Female condom: What type of lubricant can you use with the female condom?

⁴ Progestin or monthly injectable: For how long does the injection provide protection from pregnancy?

⁵ IUCD: What can you do to make sure that your IUCD is in place?

⁶ Implant: For how long will your implant provide protection from pregnancy?

⁷ Periodic abstinence: How do you recognise the days on which you should not have sexual intercourse? (Periodic abstinence and Standard Days Method are included.)

⁸ Tubal ligation: After you have been sterilised, could you ever become pregnant again?

⁹ Lactational amenorrhoea method: Can you keep using this method once your menstrual cycle has returned?

5.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

5.6.1 Supervision

Supervision of individual staff members helps to promote adherence to standards and to identify problems that contribute to poor services. Supervision of family planning providers is common, with 77 percent of interviewed providers receiving personal supervision in the six months before the assessment (Table 5.13). With the exception of private facilities, at least four of every five providers had received recent supervision regardless of managing authority. Providers at health posts and health centres were more likely to have received recent supervision.

5.6.2 Training

Continual training for providers aims to improve and sustain the quality of counselling, the management of complications or side effects, and providers' judgment and skills in assessing which contraceptive methods are most suitable for individual clients.

Overall, one-third of interviewed providers reported that they had received in-service training related to family planning in the 24 months before the assessment (Table 5.13). Providers at clinics, health centres, and hospitals were more likely to have been trained recently than providers at dispensaries and health posts.

As for the topics of training, one of every four providers had received recent in-service training on family planning counselling (Table 5.14). About one in every five had received recent in-service training

on clinical management of family planning methods, on implant insertion and removal, on family planning for clients living with HIV, or on postpartum family planning.

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during past 24 months ¹	Personal supervision during past 6 months ²	Training related to family planning during past 24 months and personal supervision during past 6 months	
Facility type				
Hospital	32	75	24	315
Health centre	34	82	29	815
Dispensary	19	76	18	70
Clinic	36	68	28	277
Health post	23	80	23	15
Managing authority				
Government	33	80	28	980
CHAM	29	78	25	213
Private	30	55	18	178
NGO	61	85	51	72
Company	23	88	23	48
Region				
Northern	34	80	30	232
Central	35	76	28	599
Southern	31	78	25	661
Total	33	77	27	1,492

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

Providers at NGO facilities were markedly more likely to have received recent training than providers at facilities of other management authorities. Roughly four or five of every ten NGO providers had received training in each of the indicated topics in the preceding 24 months (Table 5.14).

More than half of all providers had never received in-service training in any topic, with the exception of counselling on family planning, on which 43 percent of interviewed providers had never received in-service training. Again, providers at NGO facilities were by far most likely to have received in-service training at some time.

Table 5.14 Training for family planning service providers

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of providers of FP services who report receiving in-service training on:												Number of interviewed providers of family planning services
	Counselling on FP		FP-related clinical issues ¹		Insertion/removal of IUCD ²		Insertion/removal of implant		FP for HIV+ clients		Post-partum FP		
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type													
Hospital	23	43	19	38	12	25	21	32	20	32	18	31	315
Health centre	25	60	18	38	9	18	17	28	20	34	17	32	815
Dispensary	14	58	9	32	5	8	8	15	10	32	8	29	70
Clinic	29	65	25	57	21	45	24	44	23	50	20	44	277
Health post	23	92	7	46	0	12	0	16	7	12	15	47	15
Managing authority													
Government	24	56	18	39	10	20	19	30	20	35	17	33	980
CHAM	21	53	15	33	6	15	9	17	13	24	12	27	213
Private	25	58	20	49	16	40	18	38	18	41	16	37	178
NGO	55	82	47	75	43	63	47	66	41	66	38	56	72
Company	7	58	7	46	3	30	8	33	16	53	11	43	48
Region													
Northern	25	57	18	42	9	20	17	30	21	40	16	33	232
Central	27	58	22	42	15	27	21	33	21	36	19	33	599
Southern	23	57	17	40	10	22	16	30	18	35	16	35	661
Total	25	57	19	41	12	24	18	31	20	36	17	34	1,492

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

¹ Any training on the clinical management of family planning methods, including managing side effects

² IUCD = intrauterine contraceptive device

Eneles Kachule, Nancy Masache, and Pilirani Msambati

Key Findings

- About two-thirds of health facilities in Malawi offer antenatal care (ANC) services. Nine of every ten hospitals and nine of every ten health centres offer ANC.
- Among facilities that offer ANC, nearly nine of every ten offer tetanus toxoid vaccine whenever ANC services are offered.
- Seven of every ten facilities offering ANC had at least one staff member who had received in-service training in ANC in the 24 months before the assessment.
- Only about half of facilities offering ANC had hand-washing supplies for infection prevention available at the service site on the day of the assessment visit.
- ANC providers gave or prescribed iron or folic acid tablets to 91 percent of first-visit ANC clients.
- The provider discussed the progress of pregnancy in three-quarters of all observed ANC consultations and discussed delivery plans in two-thirds, but such topics as infant care, breastfeeding, and vaccination were seldom discussed.
- Half of ANC providers had received in-service training in ANC in the preceding 24 months, and four of every five had received personal supervision in the preceding six months.
- Nine of every ten facilities that offer ANC services also provide some PMTCT services. These facilities are generally well-equipped to offer PMTCT services.
- On the day of the assessment about three-quarters of Malawian health facilities that offer ANC had insecticide-treated nets for malaria prevention available.

6.1 BACKGROUND

Antenatal care (ANC) is intended to promote healthy behaviours and preparedness during pregnancy, childbirth, and the postpartum period. ANC is also important for the early detection and treatment of pregnancy complications.

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality for the women of Malawi. A recent estimate suggests that there are 675 maternal deaths per 100,000 live births¹ in Malawi (MDHS, 2010).

This chapter explores six key areas relating to the provision of quality ANC services at health facilities in Malawi:

¹ This is the maternal mortality ratio (MMR) during the 7-year period before the 2010 Malawi Demographic and Health Survey.

- **Background.** Section 6.1 provides a brief introduction to the chapter.
- **Availability of services.** Section 6.2, including Table 6.1, examines the availability of ANC services and how frequently these services are available at health facilities.
- **Service readiness.** Section 6.3, including Tables 6.2 through 6.5 and Figures 6.1 and 6.2, addresses the readiness of facilities to provide good-quality client services, including the availability of basic amenities and equipment, infection control processes, diagnostic capacity, and essential medicines.
- **Adherence to standards.** Section 6.4, including Tables 6.6 through 6.10.2 and Figure 6.3, examines the content of observed ANC consultations and feedback from ANC clients.
- **Client opinion.** Section 6.5, including Tables 6.11 through 6.12.2, examines feedback from interviewed ANC clients.
- **Basic management and administrative systems.** Section 6.6, including Tables 6.13 and 6.14, considers the extent to which essential management and administrative systems, including in-service training, are in place to support quality services.
- **Prevention of mother-to-child transmission (PMTCT) of HIV.** Section 6.7, including Tables 6.15 and 6.16, looks at the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy.** Section 6.8, including Tables 6.17 through 6.19, provides information on malaria services in facilities offering ANC services.

6.2 AVAILABILITY OF ANC SERVICES

6.2.1 Use of ANC Services

The 2010 Malawi Demographic and Health Survey (MDHS, 2010) found that 95 percent of women age 15-49 who had a live birth in the five years before the survey received ANC from a skilled provider during their last pregnancy. However, only 46 percent made the recommended four or more ANC visits during the last pregnancy. There is only a slight urban-rural difference; about 49 percent of urban women made four or more ANC visits during the last pregnancy compared with 45 percent of rural women.

Most women do not receive antenatal care early in pregnancy. Only 12 percent of women who had a live birth in the five years before the survey made their first antenatal care visit in the first trimester of pregnancy. Nearly half made their first ANC visit between the fourth and fifth months of pregnancy (MDHS, 2010).

Tetanus toxoid injection is given to mothers to prevent neonatal tetanus, which previously was a major cause of infant mortality. The 2010 MDHS found that 69 percent of women ages 15-49 were protected against tetanus during the most recent birth of a live child born in the last 5 years.

6.2.2 Service Provision

As Table 6.1 of this report shows, 65 percent of health facilities in Malawi offer ANC services. More than nine of every ten health centres and hospitals offer ANC services. By managing authority, CHAM facilities (91 percent) are slightly more likely to offer ANC than government facilities (85 percent), while others are much less likely to offer ANC.

As to the frequency with which ANC services are offered, 37 percent of facilities that offer ANC do so five or more days per week. Hospitals are the facilities most likely to offer ANC this often, but, still,

only 63 percent do so. While nearly all health centres (96 percent) offer ANC, almost half of them (48 percent) do so just one or two days a week. The few NGO facilities that offer ANC are much more likely to offer ANC five days or more a week (90 percent) than the facilities of any other managing authority.

Among facilities offering ANC services, 82 percent offer tetanus toxoid vaccine (TTV) every day that ANC is offered. Health posts and clinics are the facilities least likely to offer TTV consistently along with ANC services.

Table 6.1 Availability of antenatal care services

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentages offering the service on the indicated number of days per week, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week ¹			Tetanus toxoid vaccine available every day ANC is offered	Number of facilities offering ANC
			1-2	3-4	5+		
Facility type							
Hospital	91	113	24	12	63	91	103
Health centre	96	466	48	20	31	82	445
Dispensary	37	48	52	0	19	88	18
Clinic	20	327	50	2	40	66	64
Health post	10	23	50	0	0	50	2
Managing authority							
Government	85	472	44	19	34	83	399
CHAM	91	163	47	16	37	89	149
Private	21	214	35	2	54	64	45
NGO	17	58	10	0	90	50	10
Company	41	69	65	0	28	79	28
Region							
Northern	71	165	66	10	20	80	118
Central	65	362	32	17	48	83	235
Southern	62	450	46	18	34	83	280
Total	65	977	45	16	37	82	632

¹ Some facilities offer ANC services less often than one day per week, and so the total percentage may be less than 100 percent

6.3 SERVICE READINESS

6.3.1 Service Guidelines, Trained Staff, and Equipment

To provide quality care, ANC services need guidelines, appropriately trained providers, and certain supplies and equipment, including those for infection control. ANC services also need the capacity to perform basic diagnostic tests and supplies of medicines that are routinely dispensed.

Six of every ten facilities offering ANC had guidelines on ANC available on the day of the assessment visit (Table 6.2, Figure 6.1). Seven of every ten hospitals had guidelines on ANC. In contrast, only four of every ten clinics had ANC guidelines. Among managing authorities government facilities were most likely to have ANC guidelines (63 percent) and private facilities were least likely (35 percent). The facilities most likely to have ANC guidelines were in the Northern region.

Seven of every ten facilities offering ANC had at least one staff member present who had received in-service training in ANC in the 24 months before the assessment visit. Hospitals were most likely to have staff members recently trained in ANC (85 percent). Among managing authorities, government facilities were the most likely to have recently trained staff (74 percent), while company-owned facilities were the least likely (43 percent).

As for equipment that might be used during a physical examination, the great majority of facilities had an examination bed or couch (97 percent), a foetal stethoscope (93 percent), and an adult scale (88 percent), but fewer had a stethoscope, measuring tape, blood pressure apparatus, or height board. In general, NGO facilities appear to be the best equipped.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities offering antenatal care (ANC) services, the percentage having guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have:									Number of facilities offering ANC
	Guidelines on ANC ¹	Staff trained for ANC ²	Equipment							
			Blood pressure apparatus ³	Stethoscope	Adult weighing scale	Foetal stethoscope	Measuring tape ⁴	Height board	Examination bed or couch	
Facility type										
Hospital	69	85	77	75	92	98	82	67	100	103
Health centre	60	70	64	72	87	94	71	58	96	445
Dispensary	46	47	59	76	82	81	64	53	94	18
Clinic	41	50	89	90	95	83	63	60	100	64
Health post	100	0	50	50	100	100	100	100	100	2
Managing authority										
Government	63	74	59	68	85	95	70	58	96	399
CHAM	59	65	80	82	94	94	77	64	99	149
Private	35	60	93	96	98	80	71	56	100	45
NGO	40	69	100	100	100	80	80	70	100	10
Company	51	43	86	90	90	89	72	72	100	28
Region										
Northern	66	72	70	70	87	94	68	61	97	118
Central	56	72	65	78	86	92	67	53	97	235
Southern	59	66	70	74	91	93	78	65	98	280
Total	59	69	68	75	88	93	72	60	97	632

Note: For intermittent preventive treatment guidelines, see Table 6.17

Note: The guidelines for ANC and staff trained in ANC comprise the training domain, and the blood pressure apparatus indicator comprises the equipment domain, for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

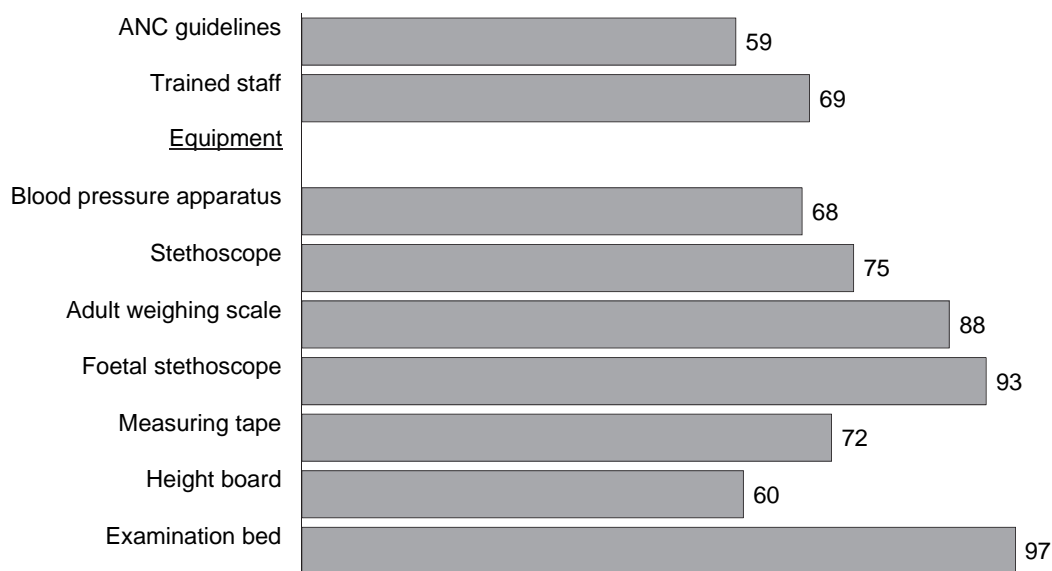
¹ National ANC guidelines or other guidelines relevant to antenatal care

² Facility has at least one interviewed staff member providing ANC services who reports receiving in-service training in some aspect of antenatal care during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope

⁴ For measuring fundal height

Figure 6.1 Items to support quality provision of antenatal care services (N=632)



MSPA 2013-14

6.3.2 Infection Control

Infection control is vital to the overall quality of services, and it requires certain supplies. More than eight of every ten facilities that offer ANC services had latex gloves and a sharps container available at the ANC service site on the day of the assessment visit. Only about five of every ten had hand-washing supplies, however (Table 6.3, Figure 6.2). In general, hospitals are the facility type most likely to have the important items for infection prevention.

Table 6.3 Items for infection control during provision of antenatal care

Among facilities offering antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have items for infection control								Number of facilities offering ANC
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Hospital	83	91	81	27	83	88	88	53	103
Health centre	47	74	43	7	45	85	88	39	445
Dispensary	46	64	46	22	46	82	94	30	18
Clinic	66	84	64	19	66	79	84	58	64
Health post	50	50	50	0	50	50	100	0	2
Managing authority									
Government	46	75	43	6	44	87	92	41	399
CHAM	64	79	61	17	65	76	76	42	149
Private	73	84	71	31	73	86	80	44	45
NGO	70	80	70	30	70	90	79	60	10
Company	86	97	82	22	82	89	100	72	28
Region									
Northern	58	79	56	5	56	92	94	44	118
Central	57	77	52	15	55	86	87	46	235
Southern	51	77	49	12	50	80	85	41	280
Total	55	77	52	12	53	85	87	43	632

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable

³ Waste receptacle with plastic bin liner

Figure 6.2 Items for infection control in antenatal care service area (N=632)



MSPA 2013-14

6.3.3 Laboratory Tests

Having the capacity to perform basic laboratory tests on-site saves time for both the client and the provider. It also makes it much more likely that the client receives the test results and the provider can act on them.

With the exception of HIV testing, the basic laboratory tests important to ANC are lacking in most facilities that offer ANC, ranging from 29 percent having the capacity for syphilis testing to just 4 percent able to test for blood grouping and Rhesus factor (Table 6.4). In contrast, HIV testing is available in 95 percent of facilities that offer ANC services—appropriately, for a country with an HIV prevalence of 10.6 percent according to the 2010 MDHS. Better than nine of every ten hospitals, health centres and health posts offering ANC can test for HIV, while somewhat better than eight of every ten dispensaries and clinics can do so.

Table 6.4 Diagnostic capacity

Among facilities offering antenatal care (ANC) services, the percentages having the capacity to conduct the indicated tests in the facility, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have the indicated tests						Number of facilities offering ANC
	Haemoglobin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	
Facility type							
Hospital	86	75	67	23	85	98	103
Health centre	13	7	5	0	16	96	445
Dispensary	0	0	6	0	6	83	18
Clinic	26	32	32	2	31	82	64
Health post	0	0	0	0	0	100	2
Managing authority							
Government	16	12	9	3	21	97	399
CHAM	44	33	32	7	42	97	149
Private	55	53	51	9	55	78	45
NGO	39	29	20	10	19	90	10
Company	11	11	15	0	28	82	28
Region							
Northern	18	15	12	2	26	92	118
Central	27	21	20	6	30	95	235
Southern	27	21	19	4	29	95	280
Total	25	20	18	4	29	95	632

Note: The haemoglobin and urine protein measures presented in the table comprise the diagnostics domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012).

¹ Capacity to conduct any haemoglobin test in the facility

² Dip sticks for urine protein

³ Dip sticks for urine glucose

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides all present

⁵ Rapid test for syphilis or Venereal Disease Research Laboratory (VDRL) test or polymerase chain reaction (PCR) or rapid plasma reagin (RPR)

⁶ Facility reported that it had the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit was observed to be available in the facility on the day of the assessment, or Dynabeads test with vortex mixer was observed to be available in the facility on the day of the visit, or western blot test was observed to be available in the facility on the day of the visit

6.3.4 Medicines

Some pregnant women should take iron supplements and/or folic acid to combat anaemia and improve pregnancy outcomes, and all should receive tetanus toxoid vaccine (TTV). The great majority of facilities offering ANC had iron tablets, folic acid tablets, and combined iron and folic acid tablets available on the day that the assessment team visited. Fewer (77 percent) had TTV (Table 6.5).

Table 6.5 Availability of medicines for routine antenatal care

Among facilities offering antenatal care (ANC) services, percentages with essential medicines and tetanus toxoid vaccine for ANC observed to be available on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that have indicated medicines					Number of facilities offering ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets ¹	Tetanus toxoid vaccine	
Facility type						
Hospital	100	100	96	100	85	103
Health centre	97	93	93	97	77	445
Dispensary	94	88	82	94	76	18
Clinic	97	90	84	97	68	64
Health post	100	100	100	100	50	2
Managing authority						
Government	96	94	93	96	77	399
CHAM	100	98	94	100	84	149
Private	98	87	80	98	62	45
NGO	100	90	90	100	40	10
Company	93	89	89	93	79	28
Region						
Northern	99	98	97	99	68	118
Central	100	95	92	100	81	235
Southern	94	92	90	94	78	280
Total	97	94	92	97	77	632

Note: The medicines and vaccine presented in the table comprise the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

Note: Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17

¹ Includes facilities that have combined iron and folic acid tablets

6.4 ADHERENCE TO STANDARDS

6.4.1 Characteristics of ANC Clients

For pregnant women to have better pregnancy outcomes, they need access to antenatal care services beginning in the first trimester, for early identification of complications and to allow pregnant women who test positive for HIV to obtain antiretroviral therapy (ART) early so as to promote prevention of mother-to-child transmission of HIV. Also, pregnant women are expected to make at least four antenatal visits to the health facility so that the health of the mother and fetus are monitored throughout pregnancy.

Table 6.6 describes the ANC clients whose visits were observed on the day of the assessment visit. Less than half (42 percent) were making their first visit for ANC. Very few—just 4 percent—were in the first trimester of pregnancy. This low figure suggests that few women make their first ANC visit in the first trimester, as is advised. This finding is also consistent with the finding of the 2010 MDHS that only 12 percent of women who had a live birth in the five years before the assessment had their first antenatal care visit in the first trimester of their last pregnancy (see Section 6.2.1).

The 2013-14 MSPA found that women making their first ANC visit were more likely to go to a hospital, health centre, or dispensary than to a clinic or health post. Among facilities managed by various authorities, NGO facilities attracted the highest proportion of first-visit ANC clients. Women who were pregnant for the first time were most likely to go to private facilities for their antenatal care.

Table 6.6 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages making a first or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age				Total percent	Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy		First trimester (<13 weeks)	Second trimester (13-26 weeks)	Third trimester (27-42 weeks)	Missing		
Facility type									
Hospital	44	56	23	5	42	53	1	100	861
Health centre	42	58	26	3	45	52	1	100	1,152
Dispensary	48	52	19	3	55	41	0	100	20
Clinic	35	65	19	4	46	50	0	100	26
Health post	0	100	0	0	20	80	0	100	9
Managing authority									
Government	43	57	24	5	44	51	1	100	1,534
CHAM	43	57	24	2	42	55	1	100	478
Private	7	93	38	1	37	62	0	100	17
NGO	64	36	29	11	51	37	0	100	16
Company	26	74	20	0	38	62	0	100	24
Region									
Northern	38	62	26	3	40	56	1	100	236
Central	42	58	21	4	44	51	0	100	912
Southern	44	56	27	4	43	52	1	100	919
Total	42	58	24	4	43	52	1	100	2,068

6.4.2 Components of ANC Consultations

To assess providers' adherence to accepted standards, interviewers observed ANC consultations, using standardised observation protocols. They recorded the types of assessments and examinations that providers carried out as well as the types of information that they shared with clients. Tables 6.7.1 and 6.7.2 and Figure 6.3 present data on components of these consultations for first-visit ANC clients.

Table 6.7.1 General assessment and client history for observed first-visit antenatal care clients: facility type and managing authority

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics									Total
	Facility type				Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Government	CHAM	Private	NGO	Company	
Client history										
Client's age	75	83	83	100	82	71	100	90	97	80
Date of last menstrual period	73	78	82	54	78	67	100	84	80	76
Any prior pregnancy ¹	86	90	93	100	90	84	100	63	100	88
Medicines client currently taking	13	11	7	23	12	10	36	16	32	12
All elements relevant to client history ²	7	7	7	14	7	6	36	8	16	7
Routine tests										
Urine protein or glucose test	20	0	0	4	6	18	0	0	0	9
Haemoglobin test	30	1	0	4	7	35	0	0	0	14
Number of first-visit ANC clients	375	480	9	9	652	204	1	10	6	874
Prior pregnancy-related complications										
Stillbirth	53	59	73	65	56	59	40	59	20	56
Death of infant during first week after birth	22	37	45	49	29	36	60	59	0	31
Heavy bleeding during labor or postpartum	48	51	64	24	52	45	40	0	40	49
Assisted delivery	69	56	100	55	66	51	40	72	60	62
Previous abortion	63	60	73	76	66	47	100	56	40	62
Multiple pregnancies	26	32	37	10	30	28	40	28	0	29
Prolonged labor	7	14	26	10	12	10	0	13	20	11
Pregnancy-induced hypertension	33	42	90	41	41	33	40	59	0	39
Pregnancy-related convulsions	27	41	52	0	37	28	0	15	20	35
Any aspect of complications during a prior pregnancy	81	86	100	100	87	77	100	85	60	84
Number of first-visit ANC clients with prior pregnancy	279	357	8	8	487	152	1	6	5	652

¹ This includes any questions that would indicate whether the client has had a prior pregnancy

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Table 6.7.2 General assessment and client history for observed first-visit antenatal care clients: region

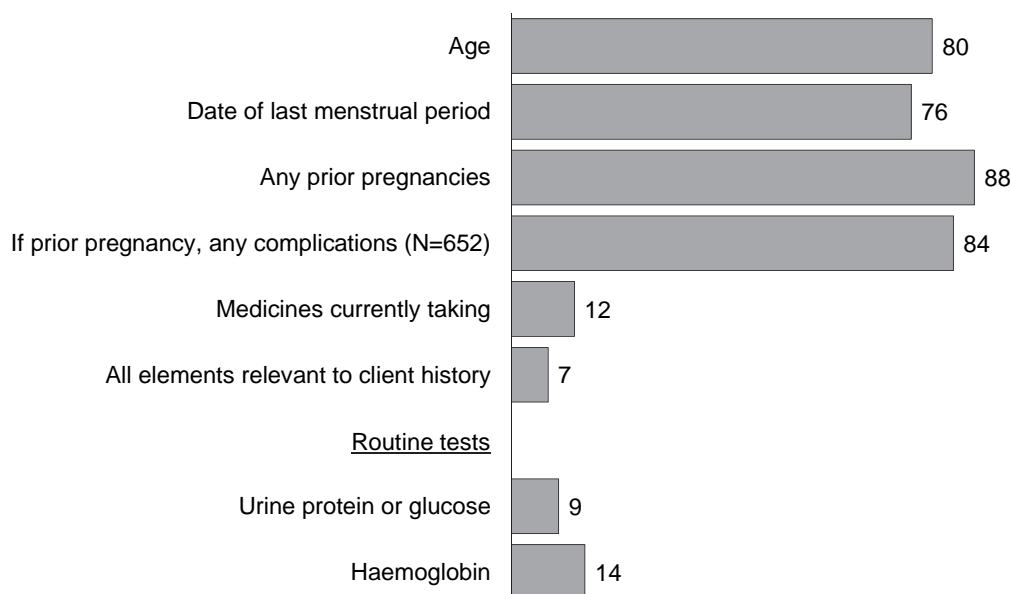
Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
Client history				
Client's age	74	78	83	80
Date of last menstrual period	86	80	69	76
Any prior pregnancy ¹	76	92	87	88
Medicines client currently taking	13	13	11	12
All elements relevant to client history ²	7	8	6	7
Routine tests				
Urine protein or glucose test	16	8	8	9
Haemoglobin test	23	10	15	14
Number of first-visit ANC clients	90	383	400	874
Prior pregnancy-related complications				
Stillbirth	48	56	59	56
Death of infant during first week after birth	36	29	31	31
Heavy bleeding during labor or postpartum	46	57	42	49
Assisted delivery	55	68	58	62
Previous abortion	44	66	61	62
Multiple pregnancies	27	33	25	29
Prolonged labor	18	11	10	11
Pregnancy-induced hypertension	31	41	38	39
Pregnancy-related convulsions	24	38	34	35
Any aspect of complications during a prior pregnancy	75	87	83	84
Number of first-visit ANC clients with prior pregnancy	69	297	286	652

¹ This includes any questions that would indicate whether the client has had a prior pregnancy

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy

Figure 6.3 Content of client history assessed and routine tests for first-visit ANC clients (N=874)



MSPA 2013-14

Tests and Counselling

Determining the gestational age of the pregnancy is very important because it forms the basis of other components of care for a pregnant woman. On the day of the assessment visit, 76 percent of clients making their first ANC visit were asked about date of last menstrual period (Tables 6.7.1 and 6.7.2, Figure 6.3). Providers asked somewhat higher percentages of first-visit clients about their age (80 percent) and whether they had been pregnant previously (88 percent). Just 12 percent were asked what medicines they might be taking.

In Malawi, eclampsia is one of the major causes of maternal mortality. Yet, when it came to laboratory tests for urine protein, only 9 percent of first-visit ANC clients had this test done. Only 14 percent had their haemoglobin level tested. In fact, as shown in Table 6.4, only a small percentage of facilities have the capacity to do any of these tests.

Some 84 percent of first-visit ANC clients who had been pregnant previously were asked some questions about complications during a previous pregnancy. The most common questions concerned assisted delivery and previous abortion, each asked in 62 percent of consultations. Providers asked about history of stillbirth in 56 percent of consultations with women with previous pregnancies.

Physical Examinations and Preventive Interventions

Tables 6.8.1 and 6.8.2 present details on physical examinations and preventive interventions undertaken during first and during follow-up ANC consultations. Close to 90 percent or more of all ANC clients were examined as appropriate for each of four of the five documented examination items. Less than three-quarters, however, had their blood pressure measured.

As for preventive interventions, providers gave or prescribed iron or folic acid tablets to 91 percent of first-visit ANC clients. In contrast, they gave tetanus toxoid vaccine (TTV) to 46 percent of first-visit clients. A similar pattern was also observed for follow-up ANC clients. TTV was infrequently provided or prescribed in all types of facilities except clinics, where providers gave or prescribed TTV to 85 percent of first-visit clients. About six of every ten first-visit clients to CHAM and NGO facilities received TTV, compared with about four of every ten at government facilities. It is worth noting that the TTV status of a client will determine whether or not she is eligible to be given the vaccine. It is possible that the percentage of ANC clients who were given TTV is low because the vaccination status of most ANC clients was up-to-date.

Table 6.8.1 Basic physical examinations and preventive interventions for antenatal care clients: facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
FIRST-VISIT ANC CLIENTS											
Basic physical examination											
Measured blood pressure	79	68	5	45	-	65	89	100	100	84	72
Weighed client	94	87	100	100	-	88	98	100	100	100	90
Checked foetal position (at least 8 months pregnant)	24	100	100	-	-	74	77	-	100	100	77
Checked uterine/fundal height ¹	96	94	78	73	-	95	93	100	100	100	95
Listened to foetal heart (at least 5 months pregnant) ²	90	77	80	45	-	81	85	100	73	100	82
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	93	89	100	100	-	91	93	100	90	84	91
Provider explained purpose of iron or folic acid tablets	64	67	38	75	-	65	63	73	100	64	65
Provider explained how to take tablets	65	66	26	48	-	66	60	82	81	84	65
Provider gave or prescribed tetanus toxoid vaccine	49	44	2	85	-	42	60	54	63	16	46
Provider explained purpose of tetanus toxoid vaccine	34	27	18	32	-	28	35	54	63	16	30
Number of ANC clients	375	480	9	9	0	652	204	1	10	6	874
Number of ANC clients at least 8 months pregnant	4	9	0	0	0	8	5	0	1	0	13
Number of ANC clients at least 5 months pregnant	258	328	7	8	0	442	148	1	7	3	600
FOLLOW-UP VISIT ANC CLIENTS											
Basic physical examination											
Measured blood pressure	74	70	50	80	100	65	91	67	100	89	72
Weighed client	95	91	100	98	100	91	98	86	100	100	93
Checked foetal position (at least 8 months pregnant)	95	98	100	100	-	97	98	67	100	100	97
Checked uterine/fundal height ¹	99	96	86	93	40	96	97	100	100	93	97
Listened to foetal heart (at least 5 months pregnant) ²	91	90	64	87	40	89	92	92	100	94	90
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	83	85	88	80	100	87	77	63	100	47	84
Provider explained purpose of iron or folic acid tablets	55	56	27	60	100	57	52	56	100	43	56
Provider explained how to take tablets	57	59	0	51	0	59	54	35	57	38	57
Provider gave or prescribed tetanus toxoid vaccine	18	16	36	22	0	15	21	41	29	12	17
Provider explained purpose of tetanus toxoid vaccine	11	15	14	11	0	14	11	51	14	7	13
Number of ANC clients	487	672	10	17	9	882	274	16	6	17	1,194
Number of ANC clients at least 8 months pregnant	182	209	2	5	0	279	103	6	2	8	399
Number of ANC clients at least 5 months pregnant	479	660	10	17	9	865	272	16	5	17	1,175

Continued...

Table 6.8.1—Continued

Components of consultation	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
ALL OBSERVED ANC CLIENTS											
Basic physical examination											
Measured blood pressure	76	69	28	68	100	65	90	69	100	87	72
Weighed client	95	89	100	99	100	90	98	87	100	100	92
Checked foetal position (at least 8 months pregnant)	93	98	100	100	-	96	97	67	100	100	96
Checked uterine/fundal height ¹	98	95	83	86	40	96	96	100	100	95	96
Listened to foetal heart (at least 5 months pregnant) ²	90	86	70	74	40	86	90	92	84	95	87
Preventive interventions											
Provider gave or prescribed iron or folic acid tablets	87	87	94	87	100	89	84	65	94	57	87
Provider explained purpose of iron or folic acid tablets	59	60	33	65	100	60	57	57	100	49	60
Provider explained how to take tablets	61	62	13	50	0	62	56	39	72	50	61
Provider gave or prescribed tetanus toxoid vaccine	31	28	20	44	0	26	38	42	50	13	29
Provider explained purpose of tetanus toxoid vaccine	21	20	16	18	0	20	21	51	45	9	20
Number of ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068
Number of ANC clients at least 8 months pregnant	186	218	3	5	0	286	108	6	3	8	412
Number of ANC clients at least 5 months pregnant	737	988	17	24	9	1,307	420	16	12	21	1,776

Note: See Table 6.18 for information on insecticide-treated mosquito bed nets (ITNs)

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure the fundal height

² Either with a foetal stethoscope or by using an ultrasound device

Table 6.8.2 Basic physical examinations and preventive interventions for antenatal care clients: region

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
FIRST-VISIT ANC CLIENTS				
Basic physical examination				
Measured blood pressure	85	62	77	72
Weighed client	92	89	91	90
Checked foetal position (at least 8 months pregnant)	10	80	100	77
Checked uterine/fundal height ¹	93	95	95	95
Listened to foetal heart (at least 5 months pregnant) ²	90	88	74	82
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	98	95	86	91
Provider explained purpose of iron or folic acid tablets	78	62	65	65
Provider explained how to take tablets	64	67	63	65
Provider gave or prescribed tetanus toxoid vaccine	52	38	52	46
Provider explained purpose of tetanus toxoid vaccine	41	24	33	30
Number of ANC clients	90	383	400	874
Number of ANC clients at least 8 months pregnant	2	5	6	13
Number of ANC clients at least 5 months pregnant	64	280	256	600

Continued...

Table 6.8.2—Continued

Components of consultation	Region			Total
	Northern	Central	Southern	
FOLLOW-UP VISIT ANC CLIENTS				
Basic physical examination				
Measured blood pressure	89	64	74	72
Weighed client	99	91	93	93
Checked foetal position (at least 8 months pregnant)	90	97	99	97
Checked uterine/fundal height ¹	96	95	98	97
Listened to foetal heart (at least 5 months pregnant) ²	87	90	90	90
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	76	89	82	84
Provider explained purpose of iron or folic acid tablets	59	54	56	56
Provider explained how to take tablets	53	59	57	57
Provider gave or prescribed tetanus toxoid vaccine	17	19	15	17
Provider explained purpose of tetanus toxoid vaccine	21	14	10	13
Number of ANC clients	146	529	519	1,194
Number of ANC clients at least 8 months pregnant	58	167	173	399
Number of ANC clients at least 5 months pregnant	145	514	516	1,175
ALL OBSERVED ANC CLIENTS				
Basic physical examination				
Measured blood pressure	87	63	76	72
Weighed client	96	90	92	92
Checked foetal position (at least 8 months pregnant)	87	97	99	96
Checked uterine/fundal height ¹	95	95	97	96
Listened to foetal heart (at least 5 months pregnant) ²	88	89	84	87
Preventive interventions				
Provider gave or prescribed iron or folic acid tablets	84	92	83	87
Provider explained purpose of iron or folic acid tablets	67	58	60	60
Provider explained how to take tablets	57	62	60	61
Provider gave or prescribed tetanus toxoid vaccine	30	27	31	29
Provider explained purpose of tetanus toxoid vaccine	28	18	20	20
Number of ANC clients	236	912	919	2,068
Number of ANC clients at least 8 months pregnant	61	172	179	412
Number of ANC clients at least 5 months pregnant	210	794	772	1,776

Note: See Table 6.18 for information on insecticide-treated mosquito bed nets (ITNs).

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of fetus, or by using a tape measure to measure the fundal height

² Either with a foetal stethoscope or by using an ultrasound device

Counselling on Risks

Tables 6.9.1 and 6.9.2 describe the counselling that ANC clients received on pregnancy-related symptoms of risks. Just over half of clients received counselling on some risk symptoms. About one-third were alerted to vaginal bleeding. Any other risk symptom was mentioned less often.

Table 6.9.1 Content of antenatal care counselling related to risk symptoms: facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, according to ANC visit status, by facility type and managing authority, Malawi SPA 2013-14

Counselling topics	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
FIRST-VISIT ANC CLIENTS											
Vaginal bleeding	38	33	37	20	-	35	38	54	29	16	35
Fever	15	14	7	7	-	14	13	54	10	0	14
Headache or blurred vision	30	21	32	6	-	25	28	18	0	3	25
Swollen hands or face	14	19	31	6	-	17	15	46	19	20	16
Excessive tiredness, shortness of breath	6	8	14	0	-	8	3	0	39	16	7
Loss of, excessive, or normal foetal movement	21	30	14	11	-	25	30	54	0	16	26
Cough or difficulty breathing for 3 weeks or longer	9	9	8	0	-	11	3	0	0	16	9
Any of the above risk symptoms	49	59	54	23	-	54	55	82	48	20	54
Number of ANC clients	375	480	9	9	0	652	204	1	10	6	874
FOLLOW-UP ANC CLIENTS											
Vaginal bleeding	36	31	9	30	0	34	30	15	0	31	33
Fever	16	13	0	5	0	14	15	22	0	6	14
Headache or blurred vision	28	24	9	1	0	26	23	15	0	7	25
Swollen hands or face	17	19	9	8	0	17	22	28	14	7	18
Excessive tiredness, shortness of breath	8	6	0	5	0	6	9	19	0	6	7
Loss of, excessive or normal foetal movement	22	27	53	35	0	22	29	60	14	46	25
Cough or difficulty breathing for 3 weeks or longer	4	5	0	0	0	5	3	5	0	6	5
Any of the above risk symptoms	54	51	60	39	0	51	53	67	14	46	52
Number of ANC clients	487	672	10	17	9	882	274	16	6	17	1,194
ALL OBSERVED ANC CLIENTS											
Vaginal bleeding	37	32	22	26	0	34	34	18	18	27	34
Fever	16	13	3	6	0	14	14	24	6	4	14
Headache or blurred vision	29	23	20	3	0	26	25	15	0	6	25
Swollen hands or face	16	19	20	7	0	17	19	29	17	10	17
Excessive tiredness, shortness of breath	7	7	7	3	0	7	6	18	25	8	7
Loss of, excessive or normal foetal movement	21	28	34	26	0	23	30	60	5	38	25
Cough or difficulty breathing for 3 weeks or longer	6	7	4	0	0	8	3	5	0	8	6
Any of the above risk symptoms	52	54	57	33	0	53	54	68	36	39	53
Number of ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068

Table 6.9.2 Content of antenatal care counselling related to risk symptoms: region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counselling on topics related to indicated risk symptoms, according to ANC visit status, by region, Malawi SPA 2013-14

Counselling topics	Region			Total
	Northern	Central	Southern	
FIRST-VISIT ANC CLIENTS				
Vaginal bleeding	43	34	35	35
Fever	18	16	11	14
Headache or blurred vision	38	24	23	25
Swollen hands or face	21	16	16	16
Excessive tiredness, shortness of breath	10	5	9	7
Loss of, excessive or normal foetal movement	22	23	30	26
Cough or difficulty breathing for 3 weeks or longer	15	9	8	9
Any of the above risk symptoms	61	52	54	54
Number of ANC clients	90	383	400	874
FOLLOW-UP VISIT ANC CLIENTS				
Vaginal bleeding	42	29	33	33
Fever	18	12	14	14
Headache or blurred vision	35	22	25	25
Swollen hands or face	25	15	19	18
Excessive tiredness, shortness of breath	2	5	10	7
Loss of, excessive or normal foetal movement	19	20	31	25
Cough or difficulty breathing for 3 weeks or longer	4	3	6	5
Any of the above risk symptoms	59	47	54	52
Number of ANC clients	146	529	519	1,194
ALL OBSERVED ANC CLIENTS				
Vaginal bleeding	43	31	34	34
Fever	18	14	13	14
Headache or blurred vision	36	23	24	25
Swollen hands or face	23	15	18	17
Excessive tiredness, shortness of breath	5	5	10	7
Loss of, excessive or normal foetal movement	20	21	30	25
Cough or difficulty breathing for 3 weeks or longer	8	5	7	6
Any of the above risk symptoms	60	49	54	53
Number of ANC clients	236	912	919	2,068

Tables 6.10.1 and 6.10.2 address further aspects of antenatal counselling. They report the extent to which observed consultations for ANC clients addressed the topics of nutrition during pregnancy, care of the newborn, breastfeeding, postpartum family planning, and the importance of vaccination for the newborn. Three-quarters of all ANC clients were counselled on delivery plans, and two-thirds received counselling related to the progress of pregnancy. All other topics were covered with less than half of clients, and such topics as infant care, breastfeeding, and vaccination were seldom discussed. This pattern applies regardless of facility type or managing authority and for both first-visit and follow-up clients.

Table 6.10.1 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after delivery, according to ANC visit status, by facility type and managing authority, Malawi SPA 2013-14

Counselling topics	Background characteristics										Total
	Facility type					Facility type					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
FIRST-VISIT ANC CLIENTS											
Nutrition	49	44	37	9	-	49	35	0	19	80	46
Progress of pregnancy	56	60	44	53	-	60	50	27	73	64	58
Importance of at least 4 ANC visits	16	22	15	21	-	18	26	18	16	16	19
Delivery plans	81	82	91	96	-	83	81	82	61	100	82
Care of newborn ¹	11	8	8	0	-	10	8	0	0	32	9
Early initiation and prolonged breastfeeding	11	3	0	0	-	6	6	0	0	0	6
Exclusive breastfeeding	14	7	17	4	-	12	6	46	0	0	10
Importance of vaccination for newborn	4	1	0	27	-	2	1	0	16	0	2
Family planning postpartum	24	9	2	31	-	15	16	27	24	36	16
Provider used any visual aids	6	10	0	9	-	7	8	0	10	16	8
Number of ANC clients	375	480	9	9	0	652	204	1	10	6	874
FOLLOW-UP VISIT ANC CLIENTS											
Nutrition	39	34	22	31	0	35	39	28	0	51	36
Progress of pregnancy	70	66	75	63	80	68	68	90	71	44	68
Importance of at least 4 ANC visits	17	18	38	31	0	18	15	52	43	6	18
Delivery plans	71	69	87	85	0	68	76	82	71	72	70
Care of newborn ¹	8	8	0	15	0	8	8	4	0	11	8
Early initiation and prolonged breastfeeding	4	3	0	5	0	3	5	0	0	0	4
Exclusive breastfeeding	5	4	13	7	0	4	6	4	0	0	5
Importance of vaccination for newborn	4	1	0	26	0	1	5	0	43	6	3
Family planning postpartum	9	9	13	22	0	9	9	9	43	21	9
Provider used any visual aids	6	9	8	10	0	9	6	19	0	0	8
Number of ANC clients	487	672	10	17	9	882	274	16	6	17	1,194
ALL OBSERVED ANC CLIENTS											
Nutrition	44	38	29	23	0	41	37	26	12	59	40
Progress of pregnancy	64	64	60	60	80	65	60	85	72	49	64
Importance of at least 4 ANC visits	16	20	27	27	0	18	20	50	26	8	18
Delivery plans	76	75	89	89	0	74	78	82	65	79	75
Care of newborn ¹	9	8	4	9	0	9	8	4	0	17	9
Early initiation and prolonged breastfeeding	7	3	0	3	0	5	6	0	0	0	5
Exclusive breastfeeding	9	5	15	6	0	7	6	7	0	0	7
Importance of vaccination for newborn	4	1	0	26	0	2	4	0	26	4	2
Family planning postpartum	16	9	8	25	0	12	12	10	31	25	12
Provider used any visual aids	6	9	4	10	0	8	7	18	6	4	8
Number of ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068

¹ Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care.

Table 6.10.2 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning: region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after delivery, according to ANC visit status, by region, Malawi SPA 2013-14

Counselling topics	Region			Total
	Northern	Central	Southern	
FIRST-VISIT ANC CLIENTS				
Nutrition	51	50	40	46
Progress of pregnancy	52	60	57	58
Importance of at least 4 ANC visits	21	15	23	19
Delivery plans	82	80	84	82
Care of newborn ¹	12	11	7	9
Early initiation and prolonged breastfeeding	5	11	1	6
Exclusive breastfeeding	5	14	7	10
Importance of vaccination for newborn	2	3	1	2
Family planning postpartum	18	15	16	16
Provider used any visual aids	8	7	9	8
Number of ANC clients	90	383	400	874
FOLLOW-UP VISIT ANC CLIENTS				
Nutrition	40	36	34	36
Progress of pregnancy	65	68	69	68
Importance of at least 4 ANC visits	21	16	18	18
Delivery plans	74	69	70	70
Care of newborn ¹	12	8	7	8
Early initiation and prolonged breastfeeding	2	5	2	4
Exclusive breastfeeding	4	6	3	5
Importance of vaccination for newborn	4	3	2	3
Family planning postpartum	18	10	6	9
Provider used any visual aids	7	7	9	8
Number of ANC clients	146	529	519	1,194
ALL OBSERVED ANC CLIENTS				
Nutrition	44	42	37	40
Progress of pregnancy	60	65	64	64
Importance of at least 4 ANC visits	21	16	20	18
Delivery plans	77	74	76	75
Care of newborn ¹	12	10	7	9
Early initiation and prolonged breastfeeding	3	8	2	5
Exclusive breastfeeding	4	10	5	7
Importance of vaccination for newborn	4	3	2	2
Family planning postpartum	18	12	10	12
Provider used any visual aids	7	7	9	8
Number of ANC clients	236	912	919	2,068

¹ Care for the newborn includes any discussion with the ANC client on keeping the newborn warm, general hygiene, or cord care

6.5 CLIENT OPINION

6.5.1 Health Education

ANC clients were interviewed as they left the facility. They were asked about their experiences that day at the facility. Tables 6.11.1 and 6.11.2 present the clients' perceptions of what the provider had discussed at this visit or a previous visit. Overall, 61 percent of ANC clients reported that the provider had discussed or counselled on any warning signs. At government, CHAM, and company-owned facilities, 60 percent or more said that they had been counselled on some risk signs. At private and NGO facilities, however, the percentages fell just below 50 percent. Six of every ten clients reported that the provider had told them to seek care at the facility if a warning sign occurred, but nearly all the rest (39 percent) said the provider had given no advice on what to do. Just over one-third of clients (36 percent) said that providers discussed the importance of exclusive breastfeeding, and not quite half (43 percent) said that they were informed about using a family planning method after childbirth.

Table 6.11.1 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: facility type and managing authority

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by facility type and managing authority, Malawi SPA 2013-14

Issues discussed during current or previous visit	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Client reported provider discussed or counselled on any warning signs	60	62	55	72	80	60	66	48	48	67	61
Warning signs discussed (named by client)											
Vaginal bleeding	47	45	38	60	60	46	49	32	37	41	46
Fever	10	11	7	7	40	10	13	0	5	6	11
Swollen face or hands	15	15	14	7	40	15	18	7	11	19	15
Fatigue or breathlessness	8	6	0	8	0	7	6	7	6	8	7
Headache or blurred vision	15	14	17	7	20	16	13	10	0	4	15
Seizures/convulsions	6	11	0	3	20	10	7	0	0	8	9
Reduced or absence of foetal movement	4	6	0	2	0	4	6	3	5	8	5
Actions client told to take if warning signs occurred											
Seek care at facility	59	61	55	71	80	59	66	48	48	63	60
Reduce physical activity	0	0	0	0	0	0	0	0	0	0	0
Change diet	1	0	0	0	0	0	0	0	0	0	0
No advice given by provider	40	38	45	28	20	40	34	52	52	33	39
Client reported provider discussed:											
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	38	34	33	31	100	37	32	38	32	45	36
Planned place of delivery	72	65	70	84	100	69	68	62	54	87	69
Supplies to prepare for delivery	85	87	78	96	100	86	88	66	64	96	86
Using family planning after childbirth	42	44	33	59	60	44	40	27	37	71	43
Number of interviewed ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068

Table 6.11.2 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs: region

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by region, Malawi SPA 2013-14

Issues discussed during current or previous visit	Region			Total
	Northern	Central	Southern	
Client reported provider discussed or counseled on any warning signs	67	61	60	61
Warning signs discussed (named by client)				
Vaginal bleeding	54	47	43	46
Fever	11	12	10	11
Swollen face or hands	23	15	14	15
Fatigue or breathlessness	12	6	6	7
Headache or blurred vision	24	16	12	15
Seizures/convulsions	10	9	9	9
Reduced or absence of foetal movement	6	5	4	5
Actions client told to take if warning signs occurred				
Seek care at facility	67	59	59	60
Reduce physical activity	0	0	0	0
Change diet	0	0	0	0
No advice given by provider	33	39	40	39
Client reported provider discussed				
Importance of exclusive breastfeeding and counseled to exclusively breastfeed for 6 months	39	37	34	36
Planned place of delivery	84	68	66	69
Supplies to prepare for delivery	86	83	89	86
Using family planning after childbirth	54	41	42	43
Number of interviewed ANC clients	236	912	919	2,068

6.5.2 Complaints

ANC clients were asked about their perceptions of the quality of the services that they received that day. They also were asked if they perceived certain issues to be major problems for them that day. Tables 6.12.1 and 6.12.2 present this information. Few clients reported negatively on the quality of care that they received. Almost one ANC client in every five reported that she had to wait a long time to see the provider, but no more than 8 percent had any other complaint.

Table 6.12.1 Feedback from antenatal care clients: facility type and managing authority

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by facility type and managing authority, Malawi SPA 2013-14

Client service issues	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Poor behaviour/attitude of provider	1	2	0	0	0	2	2	0	0	4	2
Insufficient explanation about pregnancy	1	3	3	1	0	2	2	0	0	0	2
Long wait to see provider	17	18	17	7	60	19	13	21	0	15	18
Not able to discuss problems	3	4	7	3	0	4	4	2	0	0	4
Medicines not available in facility	2	9	10	3	0	7	4	7	0	4	6
Facility open limited days	2	5	3	0	0	4	2	0	0	0	4
Facility open limited hours	7	9	7	0	20	9	5	18	0	4	8
Facility not clean	3	3	0	0	0	3	1	0	0	0	3
Services costly	2	3	0	4	0	0	11	6	0	7	3
Insufficient visual privacy	0	1	0	0	0	1	0	0	0	0	1
Insufficient auditory privacy	0	1	0	0	0	1	1	0	0	0	1
Number of interviewed ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068

Table 6.12.2 Feedback from antenatal care clients: region

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by region, Malawi SPA 2013-14

Client service issues	Region			Total
	Northern	Central	Southern	
Poor behaviour/attitude of provider	0	2	3	2
Insufficient explanation about pregnancy	1	2	3	2
Long wait to see provider	18	17	18	18
Not able to discuss problems	2	4	4	4
Medicines not available in facility	4	6	7	6
Facility open limited days	4	4	3	4
Facility open limited hours	6	8	8	8
Facility not clean	2	3	2	3
Services costly	2	3	3	3
Insufficient visual privacy	0	1	1	1
Insufficient auditory privacy	1	1	1	1
Number of interviewed ANC clients	236	912	919	2,068

6.6 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

6.6.1 Supervision

Personal supervision may help sustain health worker capacity, since it should identify a provider's strengths and weaknesses. Table 6.13 presents information on recent in-service training and recent personal supervision of ANC providers. Eight out of every ten reported receiving personal supervision during the six months before the assessment.

Table 6.13 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed ANC service providers
	Training related to ANC during the past 24 months ¹	Personal supervision during the past 6 months ²	Training related to ANC during the past 24 months and personal supervision during the past 6 months	
Facility type				
Hospital	54	76	42	414
Health centre	50	81	42	654
Dispensary	38	81	35	17
Clinic	40	71	33	61
Health post	0	0	0	1
Managing authority				
Government	52	79	42	753
CHAM	48	80	40	296
Private	46	66	35	56
NGO	60	83	54	11
Company	44	86	40	32
Region				
Northern	52	79	42	181
Central	51	79	41	483
Southern	50	78	41	483
Total	51	79	41	1,147

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

6.6.2 Training

Providers who have received recent training can be expected to have more up-to-date knowledge about their particular service area. Five of every ten providers reported receiving training related to ANC during the 24 months before the assessment. With the exception of private facilities, at least four of every five providers had received recent supervision regardless of managing authority.

Four in every ten reported receiving both training related to ANC during the 24 months and personal supervision during the six months before the assessment.

Table 6.14 details the specific topic of the training that interviewed providers of ANC services reported receiving during the 24 months before the assessment. Less than 30 percent of providers reported receiving recent training in any one topic in this time. The two most common topics of recent training were family planning (27 percent of interviewed providers) and intermittent preventive treatment of malaria in pregnancy (26 percent of interviewed providers).

Table 6.14 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers of ANC who reported receiving in-service training on:												Number of interviewed ANC service providers
	ANC counselling		ANC screening		Complications of pregnancy		Family planning ¹		Sexually transmitted infections ²		Intermittent preventive treatment of malaria in pregnancy		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Hospital	14	33	13	29	15	33	21	36	8	31	29	63	414
Health centre	13	36	9	28	13	34	31	50	6	28	23	57	654
Dispensary	19	34	16	31	16	39	29	67	8	24	23	57	17
Clinic	5	37	5	32	6	32	23	57	17	63	25	77	61
Health post	0	100	0	100	0	100	0	100	0	100	0	100	1
Managing authority													
Government	14	36	11	29	14	34	32	51	8	29	26	60	753
CHAM	12	32	11	25	13	32	15	31	4	28	24	57	296
Private	10	35	10	35	10	33	15	50	19	53	22	64	56
NGO	0	37	0	37	6	37	23	53	12	66	43	65	11
Company	2	36	7	33	5	37	29	65	4	61	23	79	32
Region													
Northern	14	35	11	31	13	35	28	48	9	34	29	70	181
Central	14	37	12	32	15	35	28	46	7	31	30	63	483
Southern	12	33	9	25	11	32	25	44	8	29	20	54	483
Total	13	35	11	29	13	34	27	46	8	31	26	60	1,147

Note: Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

¹ Includes training in any of the following: general counselling for family planning, insertion and/or removal of intrauterine contraceptive device (IUCD), insertion and/or removal of implants, performing vasectomy, performing tubal ligation, clinical management of family planning methods including managing side effects, family planning for HIV-positive women, post-partum family planning

² Includes training in any of the following: diagnosing and treating sexually transmitted infections (STIs), the syndromic approach to diagnosing and managing STIs, and treatment of drug-resistant STIs

6.7 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The strategy for prevention of mother-to-child transmission (PMTCT) of HIV involves a 4-pronged approach:

- Primary prevention of HIV infection in parents
- Prevention of unintended pregnancies in HIV-positive women
- Lifelong ART for HIV-infected pregnant and breastfeeding women, regardless of CD4 count and/or clinical stage (“Option B+”)
- Provision of comprehensive care to the mother, the newborn, and other family members

PMTCT services are often offered in conjunction with antenatal and delivery services. They may include a variety of interventions. The degree to which a facility offers the total package often reflects the level of staffing and whether the facility offers either antenatal care or delivery services or both.

Table 6.15 provides a summary measure assessing the availability, among facilities that offer ANC services, of any PMTCT service. The table also reports on the availability of the individual interventions or components of PMTCT at facilities offering ANC and any PMTCT services.

Nine of every ten facilities in Malawi that offer ANC services also provide some PMTCT services. Almost all hospitals and health centres that offer ANC also provide some PMTCT services, compared with

just over half of dispensaries, clinics, and health posts. Among ANC facilities that offer PMTCT services the great majority have each of the seven components of PMTCT services.

Among all ANC facilities that provide PMTCT services, eight of every ten offer comprehensive PMTCT services—that is, all seven services that the MSPA assessed. At 84 percent, health centres are the most likely to offer all PMTCT services. Just over three-quarters of hospitals and dispensaries provide all seven services. Among managing authorities, Government (87 percent) and NGO facilities (85 percent) are the most likely to provide all PMTCT services; CHAM facilities are the least likely (71 percent). Facilities in the Northern region are more likely to provide all seven PMTCT services (87 percent) than facilities in the Central region (79 percent) or the Southern region (80 percent).

Table 6.15 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages offering services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities offering PMTCT services, the percentages with specific PMTCT programme components, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC that provide any PMTCT ¹	Number of facilities offering ANC	Percentage of ANC facilities offering PMTCT that provide							Number of facilities offering ANC and any PMTCT services	
			HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ pregnant women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counselling	Nutritional counselling for HIV+ pregnant women and their infants	Family planning counselling for HIV+ pregnant women		All 7 services
Facility type											
Hospital	97	103	95	84	97	99	97	97	94	76	100
Health centre	97	445	96	95	95	99	97	99	98	84	433
Dispensary	54	18	89	89	100	89	89	89	100	77	10
Clinic	57	64	97	74	89	80	100	97	100	54	36
Health post	50	2	100	100	100	100	100	100	100	100	1
Managing authority											
Government	96	399	96	94	97	98	98	98	100	87	382
CHAM	95	149	96	91	92	99	97	99	90	71	142
Private	62	45	96	61	89	86	90	90	93	50	28
NGO	69	10	100	100	100	85	100	100	100	85	7
Company	71	28	100	95	85	90	95	100	100	75	20
Region											
Northern	92	118	96	94	95	99	99	99	99	87	108
Central	90	235	98	89	94	98	98	98	95	79	211
Southern	93	280	94	92	96	96	96	98	98	80	261
Total	92	632	96	92	95	97	97	98	97	81	579

Note: ARV = antiretroviral

¹ Facility provides any of the following services for the prevention of transmission of HIV from an HIV-positive pregnant woman to her child: HIV testing and counselling for pregnant women, HIV testing for infants born to HIV-positive women, ARV prophylaxis for HIV-positive pregnant women, ARV prophylaxis for infants born to HIV-positive women, infant and young child feeding counselling for prevention of mother-to-child transmission, nutritional counselling for HIV-positive pregnant women and their infants, and family planning counselling for HIV-positive pregnant women

In general, facilities in Malawi that offer ANC and PMTCT services are well-equipped to provide PMTCT services. Table 6.16 presents information on the availability of the necessary elements for the provision of quality PMTCT services, including service guidelines, HIV testing capacity, and antiretroviral medicines for pregnant women and infants born to HIV-positive women, at facilities that offer ANC and PMTCT services. About two-thirds of these facilities have guidelines on PMTCT; about one-third have guidelines on infant and young child feeding. Seven of every ten of these facilities have at least one staff member recently trained in PMTCT, while half have at least one staff member recently trained in infant and young child feeding. Hospitals are much more likely than other types of facilities to have staff members recently trained in PMTCT or infant and young child feeding. Nearly all these facilities can test women for HIV infection. The capability to collect blood (using dried blood spots (DBS)) to test infants for HIV is less widely available, found at 70 percent of facilities that offer ANC and PMTCT services. DBS capability is lacking particularly in clinics and in privately managed facilities. Both nevirapine syrup for prophylactic treatment of infants born to HIV-positive mothers and antiretroviral medicines (Regiment 5A for PMTCT “Option B+”) for HIV-positive mothers are widely available.

Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV

Among facilities offering antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages having relevant guidelines, at least one staff member recently trained on PMTCT and infant and young child feeding, visual and auditory privacy for quality PMTCT counselling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ANC and any PMTCT services that have:										Number of facilities offering ANC and any PMTCT services
	Guidelines		Staff trained in:			HIV testing		Antiretroviral medicines			
	PMTCT ¹	Infant and young child feeding	PMTCT ²	Infant and young child feeding ³	Visual and auditory privacy ⁴	Adult HIV testing capacity ⁵	DBS ⁶	AZT syrup ⁷	NVP syrup ⁸	ARV for maternal prophylaxis ⁹	
Facility type											
Hospital	72	36	87	72	91	99	67	7	97	99	100
Health centre	67	32	67	48	96	98	74	8	95	98	433
Dispensary	56	21	67	56	100	100	77	0	77	100	10
Clinic	55	38	51	43	97	97	29	9	83	92	36
Health post	100	0	0	0	100	100	100	0	100	100	1
Managing authority											
Government	69	37	72	54	95	98	74	7	95	99	382
CHAM	65	23	66	46	95	99	71	9	98	98	142
Private	47	18	72	54	100	96	28	3	78	89	28
NGO	58	0	71	71	85	86	57	14	70	100	7
Company	80	65	40	40	100	100	65	10	95	95	20
Region											
Northern	77	38	72	56	95	97	66	4	89	99	108
Central	61	26	70	50	94	100	71	13	95	97	211
Southern	68	36	68	52	97	98	71	5	96	99	261
Total	67	33	69	52	96	98	70	8	94	98	579

Note: The indicators presented in the table comprise the staff and training, equipment, diagnostics, and medicines and commodities domains for assessing readiness to provide PMTCT services within the health facility assessment methodology proposed by WHO and USAID (USAID, 2012).

¹ Guidelines for PMTCT: Hand-written guidelines pasted on a wall are acceptable

² Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of PMTCT during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of infant and young child feeding during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁴ A private room or screened-off area is available in the ANC service area that is a sufficient distance from other clients that a normal conversation could be held without the client being seen or heard by others

⁵ HIV rapid testing or other HIV testing capacity available in the facility

⁶ Facility reports that they perform HIV testing for infants and have dried blood spot (DBS) filter paper available for collection of blood samples from infants for HIV testing

⁷ Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women

⁸ Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women

⁹ Regimen 5A for PMTCT "option B+" (TDF/3TC/EFV) available in facility for ARV prophylaxis for HIV-positive pregnant women

6.8 MALARIA IN PREGNANCY

Malaria can be fatal or cause poor outcomes in pregnancy. Therefore, measures must be taken to prevent its occurrence during pregnancy and to treat it promptly if it occurs. The ability to do this depends on the availability of proper medicines and diagnostics and appropriate interventions during ANC visits.

6.8.1 Availability of Guidelines, Trained Staff, Medicines, and Diagnostics

Generally, IPTp guidelines are not widely available. Hospitals are the facilities most likely to have these guidelines; still, only 57 percent of hospitals that offer ANC have them.

Among facilities that offer ANC, hospitals are much more likely than other types of facilities to have a staff member recently trained on malaria in pregnancy; 78 percent of hospitals have such a staff member. Government facilities, at 64 percent, are markedly more likely to have a recently trained staff member than facilities under other management.

The first line of defence against malaria is to avoid the bites of the mosquitoes that carry the disease-causing parasite. Therefore, pregnant women are advised to sleep under an insecticide-treated bed net (ITN). About three-quarters of Malawian health facilities that offer ANC had ITNs available on the day of the assessment (Table 6.17). The availability of ITNs varied among types of facilities, from 84 percent of health

centres to 45 percent of clinics. Among facilities managed by the various authorities, government, CHAM, and company facilities that offer ANC were very likely to have had ITNs on the day of the assessment, but few private or NGO facilities had them.

As for medications, on the day of the assessment, most facilities that offer ANC were well-supplied with both sulfadoxine/pyrimethamine (Fansidar) for intermittent preventive treatment of malaria during pregnancy (IPTp) and an artemisinin combination therapy (ACT) drug for treating active malaria (Table 6.17). The exception was private ANC facilities, which were markedly less likely to have ACT than facilities managed by other authorities.

Rapid diagnostic tests (RDTs) for malaria are available in the great majority of facilities that offer ANC (94 percent overall). In contrast, malaria microscopy and haemoglobin testing are readily available only in hospitals.

Table 6.17 Malaria services in facilities offering antenatal care services

Among facilities offering antenatal care (ANC) services, the percentages having indicated items for the provision of malaria services available on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering antenatal care services that have:											Number of facilities offering ANC
	IPTp guide-lines	Trained staff ¹	ITN ²	Medicines				Diagnostics				
				ACT ³	SP	Quinine	Iron or folic acid	Malaria RDT ⁴	Malaria microscopy ⁵	RDT or microscopy	Haemoglobin ⁶	
Facility type												
Hospital	57	78	75	98	99	98	100	97	62	98	86	103
Health centre	49	58	84	98	99	98	97	95	6	95	13	445
Dispensary	53	36	58	83	94	83	94	82	0	82	0	18
Clinic	36	47	45	87	97	92	97	85	21	87	26	64
Health post	100	0	100	100	100	100	100	100	0	100	0	2
Managing authority												
Government	50	64	82	99	99	99	96	95	11	95	16	399
CHAM	51	56	85	99	100	99	100	99	26	99	44	149
Private	31	40	22	73	91	82	98	76	36	80	55	45
NGO	29	50	39	100	90	90	100	100	19	100	39	10
Company	57	39	93	90	100	90	93	82	7	82	11	28
Region												
Northern	53	54	78	98	100	99	99	96	16	96	18	118
Central	47	66	78	97	100	97	100	92	17	92	27	235
Southern	49	56	79	96	97	96	94	95	16	95	27	280
Total	49	59	78	97	99	97	97	94	17	94	25	632

Note: ITN = insecticide-treated net; IPTp = Intermittent preventive treatment of malaria during pregnancy; SP = sulfadoxine/pyrimethamine (Fansidar)

¹ At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Facility reports that it had ITNs in storage in the facility on the day of the assessment

³ Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria: artemeter–lumefantrine (LA) or artemeter–amodiaquine (ASAQ)

⁴ Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility

⁶ Facility has capacity to conduct haemoglobin test using any of the following means: haematology analyser, haemoglobinometer or colorimeter, HemoCue, or litmus paper

6.8.2 MALARIA-RELATED INTERVENTIONS DURING ANC VISITS

Pregnant women need to know the importance of preventing malaria and how to do so, by sleeping under an ITN, taking IPTp, and to be given the net and the medication for IPTp (sulfadoxine/pyrimethamine). Tables 6.18.1 and 6.18.2 report how often these aspects of malaria prevention took place in observed ANC consultations.

Nearly six of every ten first-visit ANC clients received an ITN during her observed consultation. Health centres and hospitals, which serve the great majority of first-visit ANC clients, were most likely to provide them. CHAM facilities were more likely than facilities of other managing authorities to provide ITNs to first-visit ANC clients. Only about one-third of first-visit ANC clients were told the importance of

using the ITNs; the importance of the ITN was brought up in only 17 percent of follow-up visits, when a reminder could have encouraged those who had received nets on the first visit to keep using them.

In about three-quarters of first-visit ANC consultations, the provider gave or prescribed IPTp. At dispensaries and clinics providers gave or prescribed IPTp in over 90 percent of first-visit ANC consultations. In hospitals and health centres, first-visit ANC clients were less likely to be given or prescribed IPTp. In half of consultations the first-visit ANC client actually took a dose of SP in the provider's presence—the directly observed therapy approach to assuring compliance with a medication regimen. At follow-up visits this approach was less likely, seen in 38 percent of observed consultations.

Table 6.18.1 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: Facility type and managing authority

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated mosquito bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by facility type and managing authority, Malawi SPA 2013-14

Components of consultation	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
FIRST-VISIT ANC CLIENTS											
Importance of using ITN explained	31	39	9	7	-	36	32	73	18	48	35
Client given ITN or directed to obtain elsewhere in facility	57	60	24	18	-	53	74	18	56	32	58
Provider gave or prescribed IPTp	69	77	98	91	-	73	78	100	82	32	74
Provider explained purpose of IPTp	52	53	61	52	-	54	47	36	64	32	53
Dose of SP ingested in presence of provider	53	47	18	84	-	51	47	73	24	16	50
Number of ANC clients	375	480	9	9	0	652	204	1	10	6	874
FOLLOW-UP VISIT ANC CLIENTS											
Importance of using ITN explained	16	17	30	31	0	17	16	17	0	41	17
Client given ITN or directed to obtain elsewhere in facility	10	11	0	0	0	12	5	21	0	0	10
Provider gave or prescribed IPTp	52	55	70	47	0	53	54	44	43	59	53
Provider explained purpose of IPTp	32	33	16	37	0	34	26	55	14	36	32
Dose of SP ingested in presence of provider	43	34	19	30	0	39	32	28	43	51	38
Number of ANC clients	487	672	10	17	9	882	274	16	6	17	1,194
ALL OBSERVED ANC CLIENTS											
Importance of using ITN explained	23	26	20	23	0	25	23	21	11	43	24
Client given ITN or directed to obtain elsewhere in facility	30	31	12	6	0	29	34	21	36	8	30
Provider gave or prescribed IPTp	59	65	83	62	0	62	64	48	68	52	62
Provider explained purpose of IPTp	41	41	38	42	0	43	35	53	46	35	41
Dose of SP ingested in presence of provider	47	40	19	49	0	44	38	31	31	42	43
Number of ANC clients	861	1,152	20	26	9	1,534	478	17	16	24	2,068

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table 6.18.2 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy: Region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated mosquito bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by region, Malawi SPA 2013-14

Components of consultation	Region			Total
	Northern	Central	Southern	
FIRST-VISIT ANC CLIENTS				
Importance of using ITN explained	48	28	38	35
Client given ITN or directed to obtain elsewhere in facility	66	52	62	58
Provider gave or prescribed IPTp	80	75	72	74
Provider explained purpose of IPTp	61	52	51	53
Dose of SP ingested in presence of provider	56	55	43	50
Number of ANC clients	90	383	400	874
FOLLOW-UP VISIT ANC CLIENTS				
Importance of using ITN explained	20	17	16	17
Client given ITN or directed to obtain elsewhere in facility	11	13	7	10
Provider gave or prescribed IPTp	53	54	53	53
Provider explained purpose of IPTp	46	30	31	32
Dose of SP ingested in presence of provider	38	38	37	38
Number of ANC clients	146	529	519	1,194
ALL OBSERVED ANC CLIENTS				
Importance of using ITN explained	31	22	26	24
Client given ITN or directed to obtain elsewhere in facility	32	29	31	30
Provider gave or prescribed IPTp	63	63	61	62
Provider explained purpose of IPTp	52	39	40	41
Dose of SP ingested in presence of provider	45	45	40	43
Number of ANC clients	236	912	919	2,068

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

6.8.3 Malaria-related Training

The majority of ANC providers had received training at some point on some aspect of malaria in pregnancy—diagnosis, how to perform an RDT, or case management and treatment of malaria (Table 6.19). However, at most slightly over one-third of interviewed ANC providers had received training recently (that is, within the preceding 24 months) in each of these areas. Only 21 percent of interviewed ANC providers had trained recently in case management and treatment. There was little variation in levels of in-service training on malaria across types of facilities, managing authorities, or regions.

Table 6.19 Malaria training for antenatal care service providers

Among interviewed providers of ANC services, the percentages who report receiving in-service training on topics related to malaria during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers of malaria services who reported they received in-service training on:						Number of interviewed ANC service providers ¹
	Diagnosing malaria		How to perform malaria rapid diagnostic test		Case management/treatment of malaria		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type							
Hospital	37	70	35	66	23	59	414
Health centre	37	65	36	62	19	51	652
Dispensary	27	61	27	58	20	53	17
Clinic	34	84	34	80	17	78	60
Health post	0	100	0	100	0	100	1
Managing authority							
Government	38	67	37	64	21	53	752
CHAM	33	67	32	63	20	54	296
Private	28	70	28	64	17	68	53
NGO	42	83	42	77	37	71	11
Company	40	87	40	83	24	83	32
Region							
Northern	33	68	30	63	20	62	181
Central	43	72	43	69	25	59	480
Southern	31	63	30	60	17	49	482
Total	37	68	36	64	21	55	1,144

Note: Training refers to in-service training only. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

¹ Includes only providers of ANC services in facilities that offer both ANC services and malaria diagnosis and/or treatment services

Eneles Kachule, Nancy Masache, and Pilirani Msambati

Key Findings

- Just over half (54 percent) of all health facilities provide normal delivery services. These services are almost exclusively in hospitals and health centres.
- Less than one-third of facilities that offer normal delivery care had at least one interviewed staff member who had received relevant in-service training in the preceding 24 months. Providers' reports suggest that in-service training in delivery care and immediate newborn care has not been widely conducted.
- About nine of every ten facilities that offer normal delivery care have emergency transport available.
- Among priority medicines for mothers, benzathine benzyl penicillin and sodium chloride injectable solution were the only medicines widely available on the day of the assessment. Most other priority medicines were largely lacking.
- In terms of emergency obstetric and newborn care, nearly all facilities that offer normal delivery care had administered parenteral oxytocic in the three months before the assessment. Nearly nine of every ten had carried out neonatal resuscitation. In contrast, few had given blood transfusions or performed caesarean deliveries.
- Very high percentages of facilities routinely carry out a number of beneficial newborn care functions such as keeping infants warm, starting breastfeeding soon after birth, and putting the baby skin-to-skin on the mother's abdomen.

7.1 BACKGROUND

This chapter provides an overview of maternal and newborn health services in Malawi. It highlights the key aspects of maternal and newborn care, including the availability of staff and services for safe delivery, postnatal care (PNC), management of obstetric complications, and newborn care practices in the facilities assessed.

The chapter explores the following key issues relating to provision of quality delivery and newborn care services at health facilities:

- **Background.** Section 7.1 presents a brief overview of status of maternal health in Malawi.
- **Availability of services.** Section 7.2, including Table 7.1 and Figure 7.1, examines the availability of maternal health services as well as the availability of providers of delivery and newborn care services.
- **Service readiness.** Section 7.3, including Tables 7.2 through 7.4 and Figures 7.2 through 7.4, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality delivery and newborn care services, including the availability of basic amenities and equipment, infection control processes, transport for emergencies, and essential medicines.

- **Newborn care practices.** Section 7.4, including Tables 7.5 through 7.6.2, examines signal functions for emergency obstetric and newborn care, and newborn care practices in health facilities.
- **Basic management and administrative systems.** Section 7.5, including Tables 7.7 through 7.9, considers the extent to which essential management and administrative systems are in place to support quality services, including in-service training for providers of delivery and newborn care.

7.1.1 Maternal Health Status and Health Care Utilisation

Maternal mortality—the death of a woman during pregnancy, childbirth, or in the 42 days after delivery due to causes directly or indirectly associated with the pregnancy—remains a major challenge to health systems worldwide. According to a publication on behalf of the Maternal Mortality Working Group, some regions of the world have reduced maternal mortality somewhat since 1990, but maternal mortality ratios in sub-Saharan Africa have remained very high, with little evidence of improvement (Hill et al., 2007).

According to the 2010 Malawi Demographic and Health Survey (MDHS), the maternal mortality ratio (MMR) during the seven-year period before the survey is estimated to have been 675 maternal deaths per 100,000 live births (MDHS, 2010). Although this is a substantial decline from the estimate by the 2004 MDHS of 984 maternal deaths per 100,000 live births, the figure is still unacceptably high. The leading direct causes of maternal deaths in Malawi are hemorrhage, hypertension, sepsis, and abortion. Major indirect causes are severe anaemia, malaria, HIV/AIDS, and tuberculosis (EmONC Assessment Report, 2010). The tragedy is that almost all of these deaths could be prevented.

Institutional delivery is important to reducing maternal and newborn deaths. There is definitive global evidence that the availability of emergency obstetric and neonatal care (EmONC) and skilled attendance at childbirth are crucial. Institutional delivery care saves lives because, if a complication arises during labour and delivery, in a health facility a skilled birth attendant can manage the complication or refer the mother to the next level of care.

According to the 2010 MDHS, the neonatal mortality rate for the five-year period preceding the survey was 31 deaths per 1,000 births. The 2010 MDHS also found that 73 percent of all live births in the five years preceding the survey took place in a health facility (57 percent took place in the public sector and 16 percent in the private sector). About 24 percent took place at home (MDHS, 2010).

7.2 AVAILABILITY OF DELIVERY AND NEWBORN CARE SERVICES

As Table 7.1 and Figure 7.1 show, just over half (54 percent) of all health facilities in Malawi provide normal delivery services. These services are almost exclusively in hospitals and health centres, better than eight of every ten of which offer normal delivery services. Government and CHAM facilities, which together account for 81 percent of the country's hospitals and 96 percent of health centres (see Table 2.1.2), are the predominant managing authorities offering normal delivery services.

Caesarean delivery services are available almost exclusively in hospitals. Nearly six of every ten hospitals provide services for caesarean delivery.

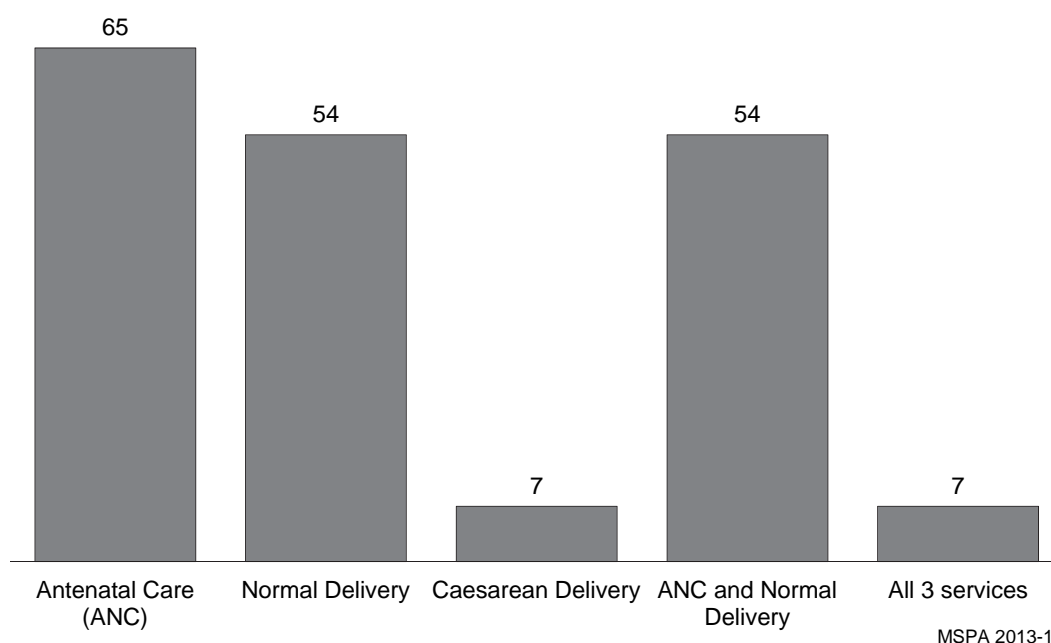
Virtually all facilities that offer normal delivery services report that they have a provider of delivery care available on-site or on-call 24 hours a day. However, only about half of facilities that offer delivery services had an observed duty schedule. Hospitals are the facilities most likely to have a provider always available and a duty schedule as evidence.

Table 7.1 Availability of maternal health services

Among all facilities, the percentages offering specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering:					Number of facilities	Percentage of facilities offering normal delivery services that have:		Number of facilities offering normal delivery services
	Antenatal care (ANC)	Normal delivery services	Caesarean delivery	ANC and normal delivery service	ANC, normal delivery, and caesarean delivery		Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	
Facility type									
Hospital	91	84	57	84	56	113	87	100	95
Health centre	96	89	0	89	0	466	47	99	414
Dispensary	37	0	0	0	0	48	-	-	0
Clinic	20	6	1	6	1	327	33	100	19
Health post	10	0	0	0	0	23	-	-	0
Managing authority									
Government	85	73	7	73	7	472	50	99	347
CHAM	91	87	16	87	16	163	66	100	141
Private	21	11	5	11	4	214	41	100	24
NGO	17	5	0	5	0	58	67	100	3
Company	41	19	0	19	0	69	46	100	13
Region									
Northern	71	62	7	62	7	165	37	99	102
Central	65	55	8	55	7	362	53	99	198
Southern	62	50	7	50	6	450	62	100	227
Total	65	54	7	54	7	977	54	99	528

Figure 7.1 Availability of maternal health services (N=977)



7.3 SERVICE READINESS

7.3.1 Service Guidelines, Trained Staff, and Equipment for Delivery Services

The quality of delivery services depends partly on the availability of service guidelines, staff with up-to-date training, and certain basic equipment. Two-thirds of health facilities that offer normal delivery care had guidelines related to delivery and newborn care available on the day of the assessment visit (Table 7.2, Figure 7.2). Less than one-third of facilities that offer normal delivery care had at least one interviewed

staff member who had received in-service training in delivery care in the preceding 24 months. (For details on training see section 7.5.)

On the positive side, about nine of every ten facilities that offer normal delivery care have emergency transport available—a crucial factor in responding to unexpected complications of labour and delivery with the necessary speed. Also, about nine of every ten facilities providing normal delivery care had a delivery pack available on the day of the assessment visit. A similar proportion had a bag and mask for neonatal resuscitation. Overall, hospitals are the facilities with delivery services that were most likely to have each of the nine pieces of equipment for normal delivery services.

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities offering normal delivery services, the percentages having guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering normal delivery service that have:											Number of facilities offering normal delivery services
	Guide-lines on IMPAC ¹	Staff trained in IMPAC ²	Emer-gency transport ³	Examina-tion light ⁴	Delivery pack ⁵	Equipment						
						Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit ⁶	Neonatal bag and mask	Parto-graph ⁷	Latex gloves ⁸	
Facility type												
Hospital	69	49	96	62	97	88	82	55	96	95	100	95
Health centre	65	26	88	23	91	58	32	17	89	87	97	414
Clinic	56	11	94	61	89	50	22	16	66	83	94	19
Managing authority												
Government	68	32	89	26	89	62	42	26	92	87	98	347
CHAM	64	28	90	39	99	64	43	23	88	92	96	141
Private	46	17	84	63	91	66	33	25	83	83	96	24
NGO	67	0	100	33	100	100	0	0	67	100	100	3
Company	62	15	100	46	100	61	7	0	61	85	100	13
Region												
Northern	70	26	89	43	86	65	35	18	93	86	100	102
Central	65	37	89	26	91	65	45	25	92	87	97	198
Southern	65	25	90	31	96	60	40	26	86	90	97	227
Total	66	30	89	32	92	63	41	24	89	88	97	528

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ IMPAC (Integrated Management of Pregnancy and Childbirth) guidelines or BEmOC (Basic Emergency Obstetric Care) guidelines or CEmOC (Comprehensive Emergency Obstetric Care) guidelines

² Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC or CEmOC during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the assessment, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility

⁴ A functioning flashlight is acceptable

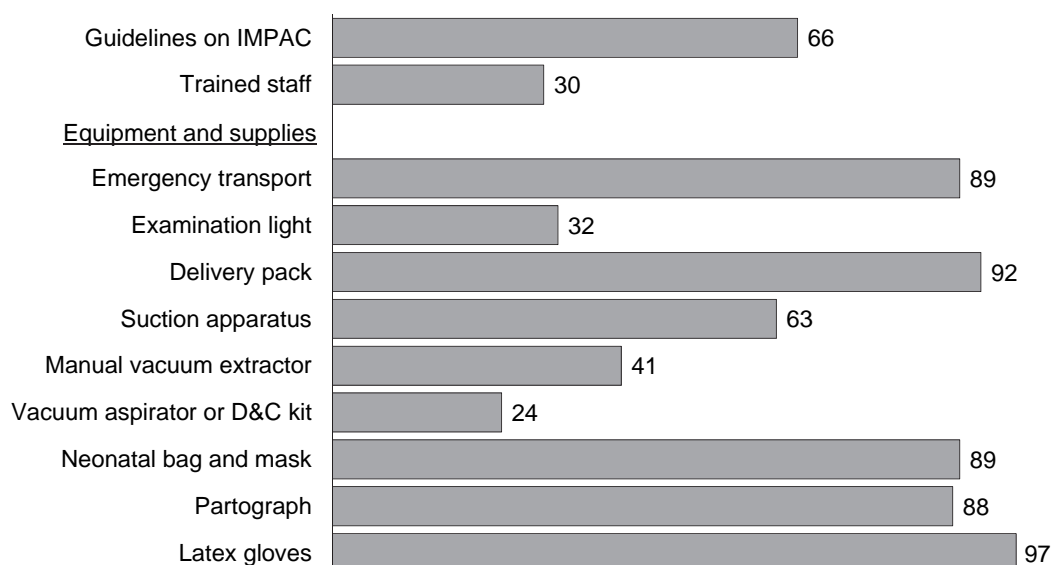
⁵ Either the facility had a sterile delivery pack available at the delivery site or else all the following individual equipment was present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, suture material with needle, and needle holder

⁶ Facility had a functioning vacuum aspirator or else a dilatation and curettage (D&C) kit available

⁷ A blank partograph at the service site

⁸ Disposable latex gloves or equivalent available at the service site

Figure 7.2 Items to support quality provision of delivery services (N=528)



MSPA 2013-14

7.3.2 Medicines and Commodities for Delivery and Newborn Care

Tables 7.3.1 and 7.3.2 and Figure 7.3 provide information on the availability of essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers.

Medicines for Delivery Care

Among essential medicines for delivery care, injectable oxytocin was available in almost all facilities offering normal delivery services (95 percent) (Tables 7.3.1 and 7.3.2, Figure 7.3). Injectable magnesium sulfate and injectable diazepam also were widely available on the day of the assessment visit (85 and 80 percent, respectively, of all facilities offering normal delivery care). In contrast, just over half had an injectable antibiotic. Injectable antibiotics are much more likely to be available in hospitals (77 percent) than in health centres (51 percent) or clinics (56 percent). Intravenous fluids with infusion set were most available in clinics (78 percent), whereas they were found in about two-thirds of hospitals and of health centres.

Table 7.3.1 Medicines and commodities for delivery and newborn care: facility type and managing authority

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the assessment, by facility type and managing authority, Malawi SPA 2013-14

Medicines	Background characteristics								Total
	Facility type			Managing authority					
	Hospital	Health centre	Clinic	Government	CHAM	Private	NGO	Company	
Essential medicines for delivery¹									
Injectable uteronic (oxytocin) ²	95	95	95	95	97	92	100	93	95
Injectable antibiotic ³	77	51	56	53	61	58	33	77	55
Injectable magnesium sulphate ²	91	86	28	88	89	45	33	38	85
Injectable diazepam	88	79	61	79	86	62	67	77	80
Skin disinfectant	74	51	50	49	72	58	33	46	55
Intravenous fluids with infusion set ⁴	65	67	78	69	61	67	33	77	67
Essential medicines for newborns									
Antibiotic eye ointment for newborn ¹	92	94	94	94	92	88	100	100	93
4% chlorhexidine ¹	51	32	39	31	47	37	0	39	36
Injectable gentamicin ²	92	91	94	91	92	84	100	100	91
Ceftriaxone powder for injection	90	56	62	58	70	62	100	78	62
Amoxicillin suspension	86	79	78	80	82	80	100	54	80
Priority medicines for mothers⁵									
Sodium chloride injectable solution	90	83	78	85	85	75	67	63	84
Injectable calcium gluconate	19	2	22	4	7	21	0	8	6
Ampicillin powder for injection	23	4	0	2	21	4	0	15	7
Injectable metronidazole	58	4	16	8	25	37	0	0	14
Misoprostol capsules or tablets	33	5	33	7	16	33	33	16	11
Azithromycin capsules or tablets or oral liquid	55	38	50	37	50	50	67	77	42
Cefixime capsules or tablets	9	2	17	4	3	8	0	16	4
Benzathine benzyl penicillin powder for injection	100	94	94	96	94	84	100	93	95
Injectable betamethasone/dexamethasone	58	6	28	6	36	38	33	8	16
Nifedipine capsules or tablets	62	5	44	7	33	50	0	46	17
Number of facilities offering normal delivery services	95	414	19	347	141	24	3	13	528

Note: The essential medicines and antibiotic eye ointment for newborns presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and were available at the service delivery site

² Injectable uteronic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers

³ Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone

⁴ Normal saline solution, lactated Ringer's solution, or 5% dextrose solution

⁵The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>

Table 7.3.2 Medicines and commodities for delivery and newborn care: region

Among facilities offering normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the assessment, by region, Malawi SPA 2013-14

Medicines	Region			Total
	Northern	Central	Southern	
Essential medicines for delivery¹				
Injectable uterotonic (oxytocin) ²	90	97	96	95
Injectable antibiotic ³	57	53	56	55
Injectable magnesium sulphate ²	83	83	86	85
Injectable diazepam	82	79	80	80
Skin disinfectant	63	48	58	55
Intravenous fluids with infusion set ⁴	69	65	68	67
Essential medicines for newborns				
Antibiotic eye ointment for newborn ¹	98	91	94	93
4% chlorhexidine ¹	35	31	41	36
Injectable gentamicin ²	94	89	91	91
Ceftriaxone powder for injection	58	65	61	62
Amoxicillin suspension	85	82	76	80
Priority medicines for mothers⁵				
Sodium chloride injectable solution	83	87	82	84
Injectable calcium gluconate	8	4	6	6
Ampicillin powder for injection	5	8	8	7
Injectable metronidazole	14	17	11	14
Misoprostol capsules or tablets	12	12	10	11
Azithromycin capsules or tablets or oral liquid	51	35	43	42
Cefixime capsules or tablets	4	4	4	4
Benzathine benzyl penicillin powder for injection	97	97	93	95
Injectable betamethasone/ dexamethasone	17	17	15	16
Nifedipine capsules or tablets	20	16	16	17
Number of facilities offering normal delivery services	102	198	227	528

Note: The essential medicines and antibiotic eye ointment for newborns presented in this table comprise the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and were available at the service delivery site

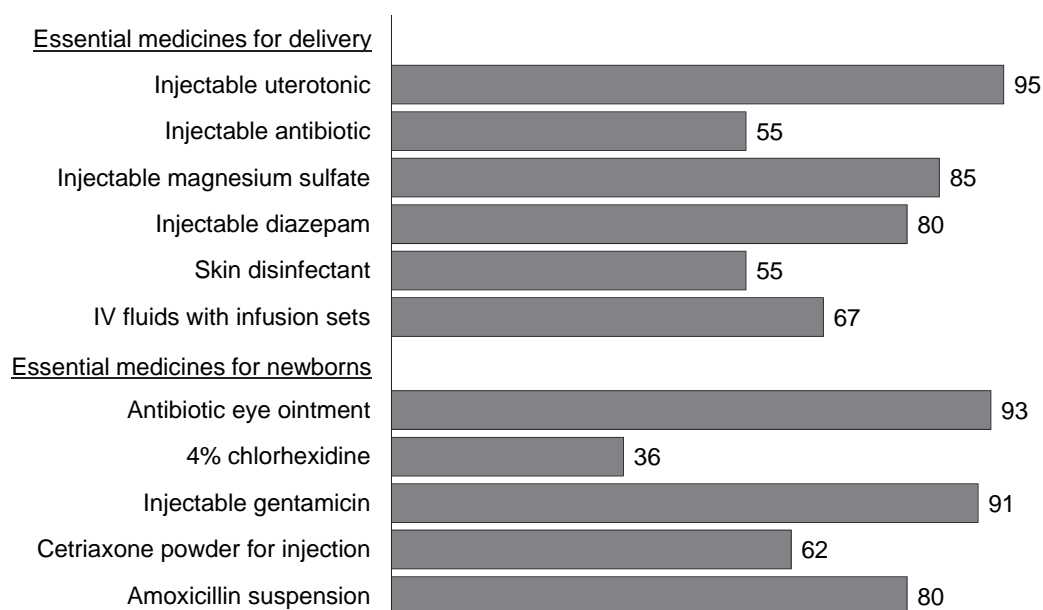
² Injectable uterotonic (e.g., oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers

³ Injectable penicillin, injectable gentamycin, injectable ampicillin, or injectable ceftriaxone

⁴ Normal saline solution, lactated Ringer's solution, or 5% dextrose solution

⁵The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>

Figure 7.3 Medicines and commodities for delivery and newborn care (N=528)



MSPA 2013-14

Essential Medicines for Newborns

On the day of the assessment visit, more than 90 percent of all facilities that offer normal delivery care had antibiotic eye ointment, and more than 90 percent had injectable gentamicin (Tables 7.3.1. and 7.3.2, Figure 7.3). Amoxicillin syrup or suspension also was widely available, found in 80 percent of facilities that offer normal delivery services. Less available were ceftriaxone powder and 4 percent chlorhexidine. CHAM facilities are more likely than government facilities to have these two medicines.

In general, hospitals were somewhat better supplied with the range of essential medicines for newborns than health centres or clinics.

Priority Medicines for Mothers

Among priority medicines for mothers, benzathine benzyl penicillin and sodium chloride injectable solution were the only medicines widely available (Tables 7.3.1 and 7.3.2). Azithromycin was available in about four of every ten facilities that offer normal delivery care. Other priority medicines were largely lacking; none were available in more than 17 percent of these facilities. Overall, health centres were less likely than hospitals or clinics to have a number of the priority medicines.

7.3.3 Infection Control

Infection control is vital during delivery care. Nearly all facilities that offer normal delivery care had gloves and a sharps container available on the day of the assessment visit, but only three-quarters had adequate hand-washing supplies—soap and running water or else alcohol-based disinfectant (Table 7.4, Figure 7.4). CHAM facilities were somewhat more likely than facilities of managing authorities to have adequate hand-washing supplies—87 percent compared with, say 67 percent of NGO facilities.

Table 7.4 Items for infection control during provision of delivery care

Among facilities offering normal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering normal delivery services that have items for infection control								Number of facilities offering normal delivery services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Hospital	88	100	88	30	88	100	97	57	95
Health centre	76	93	72	9	73	97	97	45	414
Clinic	67	84	67	0	67	94	94	51	19
Managing authority									
Government	72	94	70	8	71	98	98	46	347
CHAM	90	94	86	21	87	96	95	48	141
Private	79	87	79	20	79	96	88	37	24
NGO	67	67	67	33	67	100	100	33	3
Company	77	93	70	15	70	100	100	85	13
Region									
Northern	79	92	76	7	77	100	100	54	102
Central	79	93	75	15	76	97	96	45	198
Southern	75	95	74	12	74	97	97	46	227
Total	77	94	75	12	75	97	97	47	528

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

Figure 7.4 Items for infection control in delivery service area (N=528)



MSPA 2013-14

7.4 NEWBORN CARE PRACTICES

7.4.1 Signal Functions for Emergency Obstetric and Newborn Care

Complications of labour and delivery can be expected to occur in a certain percentage of deliveries. It is usually not possible to predict which women will experience complications, however. Therefore, facilities that offer normal delivery care should be prepared to provide the most important interventions—EmONC signal functions—to manage complications when they occur. These signal functions reflect the responsiveness of the health services to the main obstetric complications at basic and comprehensive level, which correspond roughly to the health centre level and the level of the first-referral hospital. The *availability*

and *density* of facilities capable of providing EmONC are proposed as useful health system output indicators for monitoring progress towards full availability of services to reduce maternal mortality (WHO, 2009). Table 7.5 reports on the performance of the signal functions in facilities that offer normal delivery services. Facilities are considered BEmONC facilities if they provide the first seven signal functions¹ over a designated three-month period and are considered CEmONC if they provide all nine signal functions over a designated three-month period.

Table 7.5 Signal functions for emergency obstetric and newborn care

Among facilities offering normal delivery services, percentages reporting that they performed the signal functions for emergency obstetric care at least once during the three months before the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:						Number of facilities offering normal delivery services
	Antibiotics	Oxytocic	Anticonvulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation	Blood transfusion	Caesarean delivery	
Facility type										
Hospital	98	99	80	82	65	67	93	72	60	95
Health centre	78	98	44	45	39	33	88	0	0	414
Clinic	78	89	22	34	22	16	66	11	16	19
Managing authority										
Government	80	98	49	52	44	42	90	9	9	347
CHAM	90	100	56	52	47	35	90	24	17	141
Private	71	96	21	54	21	29	71	21	29	24
NGO	100	100	67	33	33	33	100	0	0	3
Company	62	84	31	16	23	15	46	0	0	13
Region										
Northern	76	98	46	57	36	42	93	11	11	102
Central	85	97	50	54	46	40	91	16	12	198
Southern	81	99	50	47	44	37	83	12	11	227
Total	82	98	49	51	43	39	88	14	12	528

Note: MVA = manual vacuum aspiration

Nearly all facilities that offer normal delivery care had administered parenteral oxytocics in the three months before the assessment. Nearly nine of every ten had carried out neonatal resuscitation, and more than eight in every ten had administered parenteral antibiotics. Less common—carried out by about 40 to 50 percent of facilities—were administration of anticonvulsants, assisted vaginal delivery, manual removal of the placenta, and manual vacuum aspiration (MVA).

Blood transfusion and caesarean delivery, as expected, are rare. Among facility types, hospitals were most likely to perform each of these nine signal functions.

7.4.2 Routine Newborn Care

To ensure the survival of newborns, it is crucial to follow appropriate newborn care practices routinely, for every newborn. Facilities were asked if newborns and mothers delivering in their facilities underwent several routine practices. High proportions of Malawian facilities that offer normal delivery services reported that they perform a number of beneficial practices.

All Malawian facilities that offer normal delivery services reported that it is routine practice to keep the newborn warm by drying and wrapping them (Tables 7.6.1 and 7.6.2). Almost all (98 percent) of the facilities reported that they put the baby skin-to-skin on the mother's abdomen soon after delivery. Starting breastfeeding within the first hour and weighing the infant also are nearly universal practices (both 99

¹ Previously, BEmONC was defined as six signal functions. Recently, newborn resuscitation has been added. The signal functions are listed in order, left to right, in the column headings of Table 7.5.

percent). Over 90 percent of facilities routinely apply tetracycline ointment to both the baby's eyes and conduct a head-to-toe examination of the baby before discharge from the facility.

Table 7.6.1 Newborn care practices: facility type and managing authority

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by facility type and managing authority, Malawi SPA 2013-14

Newborn care practices	Background characteristics								Total
	Facility type			Managing authority					
	Hospital	Health centre	Clinic	Government	CHAM	Private	NGO	Company	
Delivery to the abdomen (skin-to-skin)	98	99	89	98	99	87	100	100	98
Drying and wrapping newborns to keep warm	100	100	100	100	100	100	100	100	100
Kangaroo mother care	85	50	44	55	65	34	33	30	56
Initiation of breastfeeding within the first hour	99	99	100	99	99	100	100	100	99
Routine complete (head-to-toe) examination of newborn before discharge	91	94	83	92	95	91	100	92	93
Suctioning the newborn with catheter	47	30	44	32	34	54	0	39	33
Suctioning the newborn with suction bulb	49	51	72	49	56	62	0	62	52
Weighing the newborn immediately upon delivery	100	98	100	99	99	100	100	100	99
Administration of vitamin K to newborn	17	7	28	8	8	33	0	16	9
Applying tetracycline eye ointment to both eyes	91	92	72	93	90	75	100	84	91
Giving full bath shortly after birth ¹	7	6	5	6	6	8	0	8	6
Giving the newborn oral polio vaccine prior to discharge	89	71	56	75	75	50	33	62	73
Giving the newborn BCG prior to discharge	88	72	44	75	79	41	33	54	74
Giving the newborn prelacteal liquids	3	4	0	5	3	0	0	0	4
Number of facilities offering normal delivery services	95	414	19	347	141	24	3	13	528

¹ Immersing newborn in water within minutes/hours after birth

About three-quarters of facilities reported that they practice giving the newborn oral polio vaccine and giving BCG vaccine before discharge from the facility. About half said that they practice kangaroo mother care.

Table 7.6.2 Newborn care practices: region

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by region, Malawi SPA 2013-14

Newborn care practices	Region			Total
	Northern	Central	Southern	
Delivery to the abdomen (skin-to-skin)	100	97	99	98
Drying and wrapping newborns to keep warm	100	100	100	100
Kangaroo mother care	56	51	61	56
Initiation of breastfeeding within the first hour	100	99	99	99
Routine complete (head-to-toe) examination of newborn before discharge	97	92	93	93
Suctioning the newborn with catheter	39	39	27	33
Suctioning the newborn with suction bulb	70	51	44	52
Weighing the newborn immediately upon delivery	98	99	99	99
Administration of vitamin K to newborn	13	8	9	9
Applying tetracycline eye ointment to both eyes	97	88	92	91
Giving full bath shortly after birth ¹	7	6	6	6
Giving the newborn oral polio vaccine prior to discharge	66	75	75	73
Giving the newborn BCG prior to discharge	66	75	76	74
Giving the newborn prelacteal liquids	2	5	4	4
Number of facilities offering normal delivery services	102	198	227	528

¹ Immersing newborn in water within minutes/hours after birth

Unnecessary or undesirable practices are still carried out in some facilities. About one-third of facilities report that they routinely suction the newborn with a catheter, a practice that may cause injury to the newborn and also may risk mother-to-child transmission of HIV. Several other undesirable practices are rare—giving the baby a full bath shortly after birth (6 percent of facilities offering normal delivery care) and giving pre-lacteal fluids (4 percent of facilities offering normal delivery care).

In general, there is little variation in the frequency of various newborn care practices across facility types, management authorities, or regions.

7.5 BASIC MANAGEMENT AND ADMINISTRATIVE SYSTEMS

Table 7.7 presents aggregate information on supervision and training received by interviewed health providers. Tables 7.8 and 7.9 report how often providers received in-service training in various specific topics. The total number of providers interviewed was 1,081. Hospitals contributed 38 percent of the total; health centres, 61 percent; and clinics, less than 2 percent.

7.5.1 Supervision

Supportive supervision helps to support and sustain providers' knowledge and skills. Supervision of providers of delivery care is common, with 78 percent of interviewed providers receiving personal supervision in the six months before the assessment (Table 7.7). With the exception of private facilities, at least three out of every four providers had received recent supervision regardless of managing authority. Providers at health centres were more likely to have received recent supervision.

7.5.2 Training

In-service trainings in maternal and newborn health care services not only improve the knowledge of skilled birth attendants but also improve their skills. About six of every ten interviewed providers in all types of facilities reported that they had received in-service training during the 24 months preceding the assessment (Table 7.7). Providers in private facilities are least likely to have received recent training.

Table 7.7 Supportive management for providers of delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the past 24 months ¹	Personal supervision during the past 6 months ²	Training related to delivery and/or newborn care during the past 24 months and personal supervision during the past 6 months	
Facility type				
Hospital	61	74	47	408
Health centre	62	82	53	656
Clinic	51	64	34	17
Managing authority				
Government	65	78	52	730
CHAM	57	81	47	294
Private	39	50	19	35
NGO	63	75	50	5
Company	66	93	62	17
Region				
Northern	65	79	54	179
Central	60	79	48	455
Southern	62	77	50	448
Total	62	78	50	1,081

¹ Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

Half of providers had received both training and supervision recently. Health providers at health centres were most likely to have received both in-service training and supervision recently.

Regarding the specific in-service training received, providers' reports suggest that in-service training in delivery care has not been widely conducted. One-third of interviewed providers had been recently trained in neonatal resuscitation (Table 7.8). Less than one in every five providers had received recent training in any other topic related to delivery care, however.

Almost half had received in-service training at some time in neonatal resuscitation, but less than one-third had in-service training at any time in any other topic related to delivery (Table 7.8). In general, providers working in hospitals were most likely to have received recent training, but clinic health providers were most likely to have had relevant in-service training at some time in the past.

As for in-service training in immediate newborn care, no more than 28 percent of providers had received recent training in any one topic. Between 31 and 44 percent had ever received in-service training in any one topic (Table 7.9)—somewhat more commonly than training in delivery care but still low.

Overall, providers at government facilities were more likely to have trained, both recently and at any time in the past, on immediate newborn care than providers at other types of facilities.

In general, providers from the Northern region were more likely to have trained on immediate newborn care, both recently and at any time, than those in other regions.

Table 7.8 Training for providers of normal delivery services: delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery and newborn care during the 24 months preceding the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	IMPAC		Routine care for labour and delivery		Active management of third stage of labour (AMTSL)		Emergency obstetric care/lifesaving skills		Post-abortion care		Neonatal resuscitation		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type													
Hospital	12	20	20	31	22	32	19	29	14	28	34	47	408
Health centre	9	19	17	30	18	32	16	29	13	27	33	46	656
Clinic	8	32	19	43	19	39	17	24	21	32	32	54	17
Managing authority													
Government	11	19	19	31	21	33	19	30	14	28	36	48	730
CHAM	11	21	17	32	18	32	15	27	13	28	28	43	294
Private	6	25	14	33	14	30	15	30	11	26	26	44	35
NGO	0	12	0	12	0	12	13	25	0	12	50	50	5
Company	4	12	8	23	4	19	4	15	4	15	27	55	17
Region													
Northern	10	21	20	37	20	38	17	31	13	32	41	57	179
Central	14	24	21	33	23	34	21	33	17	30	31	45	455
Southern	7	14	14	26	16	28	13	24	11	24	32	44	448
Total	11	19	18	31	19	32	17	29	14	28	33	47	1,081

Note: IMPAC = Integrated Management of Pregnancy and Childbirth

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

Table 7.9 Training for providers of normal delivery services: immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months preceding the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:										Number of interviewed providers of normal delivery or newborn care services
	Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		
	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	During the past 24 months	At any time	
Facility type											
Hospital	22	38	18	29	26	38	26	39	17	30	408
Health centre	25	47	18	32	29	44	27	40	22	39	656
Clinic	36	58	14	39	25	46	28	46	25	39	17
Managing authority											
Government	26	46	19	32	30	44	28	41	23	38	730
CHAM	19	39	17	29	25	39	24	38	14	30	294
Private	15	38	11	29	23	39	23	37	18	30	35
NGO	24	24	24	24	24	24	24	24	12	12	5
Company	16	34	7	19	11	30	11	26	11	39	17
Region											
Northern	29	51	23	38	31	49	31	47	21	43	179
Central	22	44	18	32	27	43	24	39	22	37	455
Southern	24	41	16	27	28	38	27	38	18	30	448
Total	24	44	18	31	28	42	27	40	20	35	1,081

Note: Training here refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

Eustice Mhango and Dalitso Midiani

Key Findings

- About eight of every ten health facilities in Malawi have an HIV testing system. However, opportunities for HIV testing are being missed, as HIV testing is not widely integrated into specific services.
- Only about six of every ten facilities that have an HIV testing capacity had adequate hand cleaning supplies—either running water and soap or else alcohol-based hand disinfectant—at the HIV testing location.
- Two-thirds of all facilities offer HIV care and support services.
- Two-thirds of all facilities offer ART services. Among facilities offering ART services, 80 percent had the first-line ART regimen available in the facility on the day of the assessment.
- Nearly all facilities offer STI and RTI services. However, only one of every five facilities has at least one provider with recent training, and only one of every five facilities has the capacity to screen for syphilis infection.

8.1 BACKGROUND

This chapter provides an overview of HIV/AIDS and STI services in Malawi. It highlights the key aspects of HIV/AIDS-related services, including the availability of diagnostic capacity, trained staff, and medicines.

The tables presented in this chapter explore key issues relating to the provision of quality HIV/AIDS and STI services in health facilities in Malawi. The chapter is organised as follows:

- **Background.** Section 8.1 provides background information on HIV/AIDS in Malawi.
- **HIV testing services.** Section 8.2, including Tables 8.1 through 8.3 and Figure 8.1, explores HIV/AIDS testing and counselling services in Malawi and looks at service availability and the readiness of health facilities to provide quality HIV/AIDS testing services. This part also discusses supportive management practices in the provision of HIV testing and counselling services.
- **HIV care and support services.** Section 8.3, including Tables 8.4.1 and 8.4.2 and Figure 8.2, addresses the availability of HIV care and support services in Malawi's health facilities and the readiness of facilities to provide quality services.
- **Antiretroviral therapy services.** Section 8.4, including Table 8.5 and Figure 8.3, examines the availability of antiretroviral therapy (ART) services.
- **Services for sexually transmitted infections.** Section 8.5, including Table 8.6, presents information on the availability of STI services and the readiness of facilities to provide those services.

8.1.1 The HIV/AIDS Situation in Malawi

Given the high prevalence of HIV infection in sub-Saharan Africa, various initiatives have been undertaken to ensure appropriate prevention of new HIV infections and to treat people already living with HIV and AIDS.

Malawi is one of the sub-Saharan African countries most affected by HIV. Since the HIV epidemic started in the early 1980s and was reported and confirmed in 1985, the spread of HIV has continued unabated. The 2010 Malawi Demographic and Health Survey (MDHS) found that the prevalence of HIV among adults age 15-49 was 10.6 percent; prevalence was higher among women, at 12.9 percent, than among men, at 8.1 percent (MDHS, 2010). The 2013 national HIV prevalence, according to UNAIDS, was 10.3 percent (UNAIDS, 2014).

The annual number of deaths in Malawi attributable to HIV peaked at 99,000 in 2004. About 57,000 of those who died were adults, thus leaving behind many orphans. The remainder, about 42,000, were children. Almost all paediatric AIDS cases result from HIV infection acquired through mother-to-child transmission. Thus, the need to scale up PMTCT services rapidly was critical (PMTCT services are covered in Chapter 6).

According to UNAIDS, the annual number of HIV-related deaths in 2013 was 48,000 (UNAIDS, 2014). The decline since 2004 is largely due to the very successful public-sector ART programme that began in that year.

By UNAIDS estimates, the total number of people living with HIV in 2013 was 1,000,000, of whom 170,000 were children age 14 and younger. By the end of 2013 the number of HIV patients alive and on ART was approximately 473,000, with more than 102,500 initiated in the year 2013 alone (GOM, 2014).

8.1.2 Definitions of HIV/AIDS Services

The 2013-14 MSPA assessed the following HIV/AIDS-related services:

HIV testing system¹: The MSPA defines a facility as having an HIV testing system if clients are offered an HIV test conducted within the facility or in an affiliated laboratory, or the facility has a system for referring clients to an external testing site and receives test results back from that external site to follow up with clients after testing. A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not defined as having an HIV testing system or offering HIV counselling and testing.

HIV care and support services (CSS): Care and support services include any services that are directed towards improving the life of a person living with HIV. These most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), sexually transmitted infections (STIs), and malaria. Care and support services also may include palliative care and nutritional rehabilitation services.

Antiretroviral therapy (ART): This refers to providing antiretroviral (ARV) medicines to treat HIV-positive persons.

¹ This definition assumes that the facility counsels clients, before and after the HIV testing, on the prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition.

8.2 HIV TESTING AND COUNSELLING

HIV testing and counselling is one of the essential interventions in HIV prevention and care. It both promotes the prevention of HIV infection and is an entry point to care and support, including ART. According to the 2010 Malawi DHS, 27 percent of women and 48 percent of men had never tested for HIV (MDHS, 2010). The Government of Malawi recognises the importance of HIV testing and counselling and promotes it to enable all Malawians to know their HIV status and so to prevent HIV, to improve the quality of life, and, as needed, to obtain HIV treatment and care.

8.2.1 Service Availability

HIV testing and counselling services may be provided in a specialised testing and counselling unit. However, testing and counselling may be provided in almost any setting, wherever a client or provider determines that the service is necessary. Therefore, the 2013-14 MSPA gathered information from all types of health facilities, namely, hospitals, health centres, dispensaries, clinics, and health posts. In these facilities information pertaining to testing and counselling was collected from the primary location where these services are offered.

Overall, about eight of every ten health facilities in Malawi have an HIV testing system, including 95 percent of hospitals and of health centres and about two-thirds of dispensaries (Table 8.1, Figure 8.1). Almost all CHAM facilities and nine of every 10 government facilities have an HIV testing system, but only about four of every ten private facilities do. By region, the availability of HIV testing systems ranges from 75 percent of facilities in the Southern region to 82 percent in the Northern region. Looked at another way, one-quarter of facilities in the Southern region do not have an HIV testing system in place despite the region's high HIV prevalence of 15 percent, according to the 2010 MDHS.

Table 8.1.1 Availability of HIV testing and counselling services

Among all facilities, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counselling services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of all facilities with HIV testing system ¹	Number of facilities	Percentage of facilities with HIV testing system that have:					Number of facilities having HIV testing system
			HIV testing capacity ²	HIV testing and counselling guidelines	Trained provider ³	Visual and auditory privacy ⁴	Condoms ⁵	
Facility type								
Hospital	95	113	100	80	80	97	68	107
Health centre	95	466	100	80	60	97	71	444
Dispensary	65	48	100	90	44	96	73	31
Clinic	52	327	100	66	43	97	69	171
Health post	28	23	100	82	18	85	82	7
Managing authority								
Government	90	472	100	82	62	97	75	424
CHAM	97	163	100	83	61	97	58	158
Private	39	214	100	39	37	94	58	85
NGO	84	58	100	92	50	98	79	49
Company	64	69	100	74	56	100	86	44
Region								
Northern	82	165	100	80	52	98	78	135
Central	79	362	100	74	59	97	66	286
Southern	75	450	100	79	59	97	71	339
Total	78	977	100	77	58	97	70	760

Note: The guidelines and trained staff indicators presented in this table correspond to the staff and training domain for assessing readiness to provide HIV testing and counselling services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012). Similarly, the visual and auditory privacy items comprise the equipment domain, the HIV testing capacity comprises the diagnostic domain, and condoms comprise the medicines and commodities domain for assessing readiness to provide HIV testing and counselling services within the WHO-USAID framework

¹ Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility

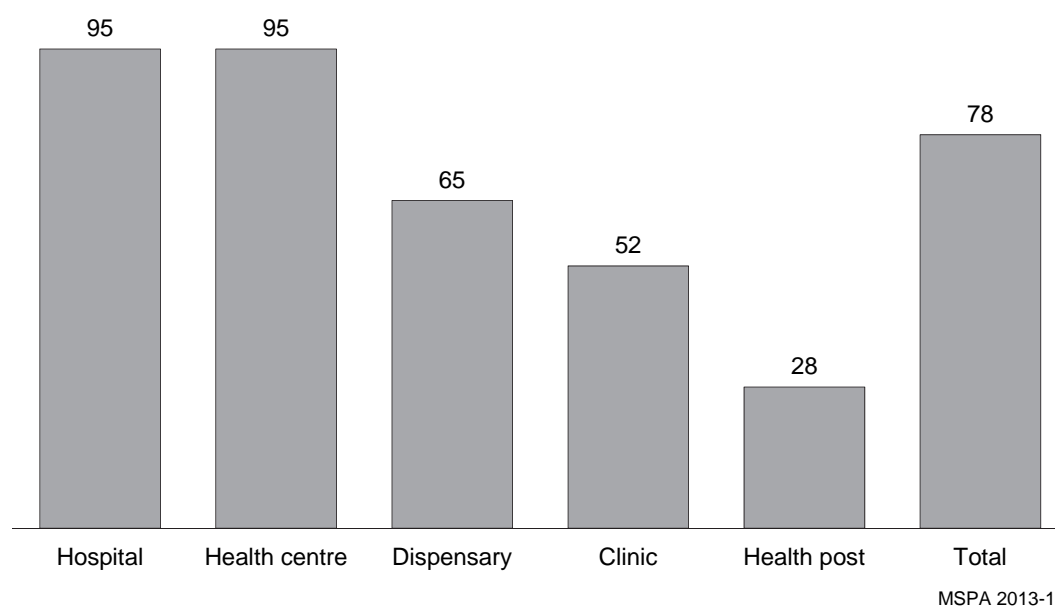
² Facility reports conducting HIV testing in the facility and had HIV rapid diagnostic test kits or ELISA testing capacity or Dynabeads testing capacity or western blot testing capacity observed in the facility

³ Facility had at least one interviewed staff member providing HIV testing services who reported receiving in-service training in some aspect of HIV/AIDS testing and counselling during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁴ Private room or screened-off space available in HIV testing and counselling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard, and the client could not be observed by others

⁵ Condoms available at the HIV testing and counselling site on the day of the assessment

Figure 8.1 Availability of HIV testing system (N=977)



Integration of HIV Rapid Diagnosis into Specific Services

To maximise opportunities for people to learn their HIV status, HIV testing and counselling should be available in combination with a wide variety of services that people seek for reasons other than HIV testing. Table 8.1.2 shows the percentages of facilities offering various services and, in those services, the percentage offering HIV rapid diagnostic testing (RDT). Availability of HIV testing in these service delivery points was defined by the observed presence of HIV RDT kits in these services.

Table 8.1.2 HIV testing integration in facilities

Among all facilities, the percentage with HIV rapid diagnosis testing integrated within specific services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that offer specific services and within those services have HIV RDT												Number of facilities
	Family planning		ANC		PMTCT		Normal delivery		STIs		TB		
	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	
Facility type													
Hospital	70	23	91	61	89	48	84	45	96	28	83	46	113
Health centre	89	27	96	57	93	45	89	41	98	32	60	23	466
Dispensary	87	17	37	19	20	0	0	0	85	15	36	7	48
Clinic	77	17	20	11	11	4	6	4	96	21	17	3	327
Health post	81	14	10	10	5	0	0	0	20	10	10	0	23
Managing authority													
Government	95	28	85	53	81	39	73	36	94	31	63	24	472
CHAM	57	20	91	56	87	45	87	39	96	27	58	27	163
Private	80	14	21	9	13	4	11	4	95	14	20	2	214
NGO	81	12	17	7	12	2	5	2	93	28	14	5	58
Company	68	24	41	28	29	15	19	13	97	33	12	3	69
Region													
Northern	85	28	71	36	65	31	62	28	95	23	36	12	165
Central	85	25	65	43	58	30	55	27	96	31	46	19	362
Southern	80	18	62	38	58	26	50	24	93	24	50	18	450
Total	83	22	65	39	59	28	54	26	95	27	46	17	977

Note: RDT = HIV rapid diagnostic testing; ANC = antenatal care; PMTCT = prevention of mother-to-child transmission of HIV; STI = sexually transmitted infection; TB = tuberculosis

HIV RDT kits were most often seen in ANC services. Still, only about four of every ten ANC services had a test kit. HIV RDT kits were found in about one-quarter or less of other services on the day of the assessment visit. Even in the three-fifths of facilities that offer PMTCT services, HIV RDT capacity was available in only 28 percent of service sites. Among facilities offering STI services, only 27 percent had HIV RDT kits on the day of the assessment visit. The best chances of finding HIV RDT kits—61 percent—were in ANC services offered by hospitals.

8.2.2 Service Readiness

While a high proportion of facilities have HIV testing systems, only some of these facilities—about six of every ten—have a staff member who recently received training on HIV testing and counselling (Table 8.1.1).

As for supplies and guidelines, all facilities had test kits available on the day of the assessment visit (Table 8.1.1). Only 70 percent had condoms on hand, however, and 77 percent had HIV testing and counselling guidelines. Nearly all facilities can provide visual and auditory privacy for clients during testing and counselling.

8.2.3 Infection Control

All service providers who perform HIV tests must follow infection control procedures to protect themselves and their clients. The 2013-14 MSPA assessed the availability, in facilities that provide HIV testing, of items for infection control at the location where HIV testing is done. Overall, eight of every ten of these facilities had running water at the main HIV testing site (Table 8.2). However, only about six of every ten had adequate hand cleaning supplies—either running water and soap or else alcohol-based hand disinfectant. Hospitals were the type of facility most likely to have adequate hand cleaning supplies. Better than nine of every ten facilities had gloves and had sharps containers, but relatively few (35 percent) had waste receptacles.

Table 8.2 Items for infection control during provision of HIV testing services

Among facilities having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the service site or laboratory on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities having HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Hospital	82	96	81	18	81	98	94	42	107
Health centre	48	78	47	4	48	90	93	33	444
Dispensary	40	64	37	4	37	97	97	24	31
Clinic	78	87	75	30	75	90	89	55	171
Health post	15	47	15	32	32	82	100	32	7
Managing authority									
Government	45	76	43	5	44	92	94	35	424
CHAM	72	86	70	7	71	90	92	34	158
Private	72	84	72	24	72	85	81	40	85
NGO	92	96	90	56	90	94	94	67	49
Company	86	95	81	21	81	98	98	65	44
Region									
Northern	59	80	58	9	60	96	96	40	135
Central	61	80	59	12	60	90	89	39	286
Southern	57	83	56	13	56	91	94	39	339
Total	59	81	57	12	58	92	92	39	760

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable

³ Waste receptacle with plastic bin liner

8.2.4 Basic Management and Administrative Systems for HIV Testing and Counselling

Providers of HIV testing services may experience burn-out as they support clients experiencing different emotions. As a result, they need a lot of support through training as well as personal support through supervision. With increasing public access to information through the Internet and mass media, clients of testing services are prone to ask questions. To answer correctly, providers need to be knowledgeable and up-to-date about HIV. The 2013-14 MSPA assessed capacity building for HIV testing providers through training and personal supervision.

Supervision

Table 8.3 presents information on recent in-service training and recent personal supervision of providers of HIV testing services. Supervision refers to any form of technical support or supervision from a supervisor. Eight of every ten providers reported receiving supervision during the six months before the assessment.

Training

Training refers only to structured in-service training. Only 41 percent of the providers interviewed had received training related to HIV testing and counselling during the 24 months before the assessment.

At 54 percent, staff members at company facilities were the most likely to have received both recent training and recent supervision.

Table 8.3 Supportive management for providers of HIV testing services

Among HIV testing service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of HIV testing services
	Training related to HIV testing and counselling during the 24 months preceding the assessment ¹	Personal supervision during the 6 months preceding the assessment ²	Training related to HIV testing and counselling during the 24 months and personal supervision during the 6 months preceding the assessment	
Facility type				
Hospital	44	79	36	580
Health centre	40	85	35	844
Dispensary	36	70	33	40
Clinic	40	78	35	241
Health post	11	70	0	6
Managing authority				
Government	43	82	37	1,011
CHAM	37	82	31	422
Private	35	60	25	128
NGO	42	91	41	79
Company	56	91	54	70
Region				
Northern	36	80	31	267
Central	44	81	36	686
Southern	41	82	36	757
Total	41	81	35	1,711

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker

8.3 HIV Care and Support Services

A facility is defined as providing HIV/AIDS care and support services if it reports that providers in the facility prescribe or provide a variety of services ranging from treatment of opportunistic infections to palliative treatment to nutrition and family planning (see Table 8.4, footnote 1). Overall, two-thirds of health facilities in Malawi offer HIV/AIDS care and support services (Table 8.4, Figure 8.2). Nearly nine of every ten hospitals and health centres, but only about one-third of clinics, offer these services. In the Northern region 74 percent of facilities offer HIV/AIDS care and support services—slightly more than in the Central and Southern regions, where 65 percent offer these services.

On the day of the assessment visit, about two-thirds of facilities that offer HIV/AIDS care and support services had guidelines for the clinical management of HIV/AIDS. In contrast, only one in every hundred had palliative care guidelines. Almost 70 percent of facilities that offer HIV/AIDS care and support services had at least one provider who had received training recently in the provision of HIV/AIDS care and support services. Government (77 percent) and CHAM (68 percent) facilities were most likely to have providers with recent training.

Screening and testing of HIV-positive clients for TB is not a common practice in Malawian health facilities. Only 30 percent of facilities offering HIV care and support services have records or a register of HIV-positive clients who have had TB tests; availability of records or a register were considered evidence of a system for routinely screening and testing HIV-positive clients for TB. Hospitals offering HIV care and support are most likely to have such records of TB testing (45 percent).

Among medicines for TB prevention and treatment, cotrimoxazole was found in nearly all facilities that offer HIV/AIDS care and support services. Condoms and intravenous solution also were widely available. In contrast, less than one-third of these facilities had first-line treatment for TB. Not surprisingly, hospitals were most likely to have first-line treatment for TB (66 percent).

Table 8.4.1 Guidelines, trained staff, and items for HIV/AIDS care and support services

Among all facilities, the percentages offering HIV/AIDS care and support services and, among facilities offering HIV care and support services, the percentages having indicated items to support the provision of quality HIV/AIDS care and support services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering HIV/AIDS care and support services ¹	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:					Medicines					Number of facilities offering HIV/AIDS care and support services
			Guidelines for the clinical management of HIV/AIDS	Guidelines for palliative care	Trained staff ²	System for screening and testing HIV+ clients for TB ³	IV solution with infusion set	Fluconazole/IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB ⁴	Pain management	Male condoms	
Facility type													
Hospital	89	113	69	2	88	45	88	82	99	66	86	81	100
Health centre	88	466	67	2	73	29	84	64	97	31	18	86	412
Dispensary	43	48	60	0	70	24	64	30	100	15	20	95	21
Clinic	36	327	57	1	38	20	48	48	89	5	75	81	117
Health post	5	23	100	0	0	100	100	100	100	0	0	100	1
Managing authority													
Government	83	472	67	2	77	33	85	66	97	38	17	90	390
CHAM	83	163	68	1	68	28	80	62	98	37	68	74	135
Private	28	214	38	0	33	12	53	41	86	2	83	67	61
NGO	45	58	73	4	61	31	50	58	92	19	65	92	26
Company	56	69	71	0	52	32	58	66	95	0	69	92	39
Region													
Northern	74	165	64	2	67	30	77	64	98	21	33	90	122
Central	65	362	64	2	71	26	81	63	95	30	41	78	236
Southern	65	450	66	1	68	33	75	62	95	36	39	88	293
Total	67	977	65	1	69	30	78	63	96	31	39	85	652

Note: The indicators presented in this table correspond to staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide HIV care and support services within the health facility assessment methodology proposed by WHO and USAID (2012)

¹ Facility reports that providers in the facility prescribe or provide any of the following:

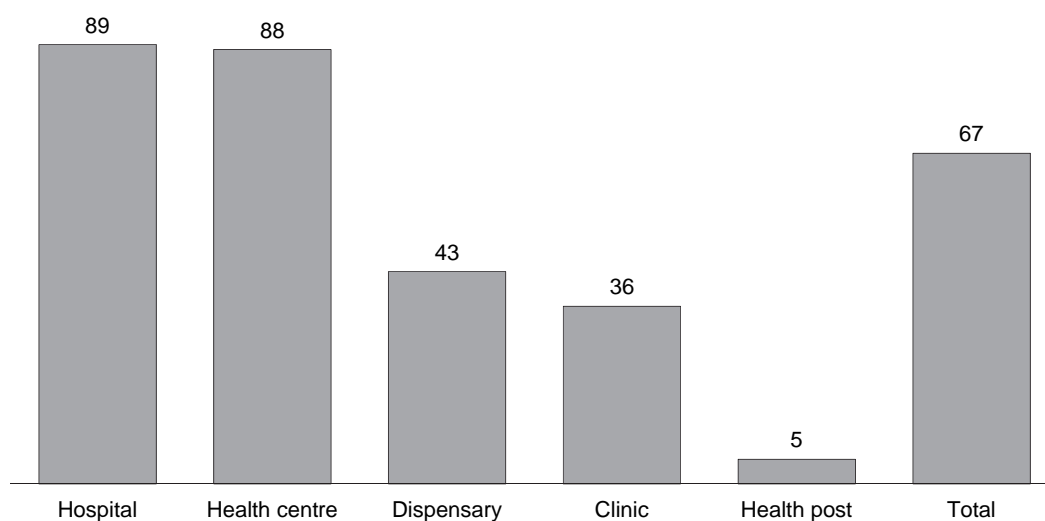
- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis
- Treatment for Kaposi's sarcoma
- Palliative care, such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation
- Fortified protein supplementation
- Care for paediatric HIV/AIDS patients
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine
- Micronutrient supplementation, such as vitamins or iron
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment
- General family planning counselling and/or services for HIV-positive clients
- Condoms
- Injectable progestin-only contraception as an integrated family planning service

² Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months preceding the assessment. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Record or register indicating HIV-positive clients who have been screened and tested for TB

⁴ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin, and ethambutol are all available, or a combination of these medicines, to provide first-line treatment

Figure 8.2 Availability of HIV/AIDS care and support services (N=977)



MSPA 2013-14

8.3.1 Specific Care and Support Services

As a result of their suppressed immune systems, people living with HIV are at risk of developing opportunistic infections such as TB. Also, if they contract malaria, people living with HIV are likely to experience more severe forms of the disease. Thus, one of the important HIV/AIDS care and support strategies is the immediate treatment of opportunistic infections. Facilities that offer care and support services for HIV/AIDS clients should also be able to offer services for TB, STIs, and malaria. The 2013-14 MSPA assessed the availability of specific services among facilities that offer HIV/AIDS care and support services, including treatment and prevention of opportunistic infections (Table 8.4.1).

Table 8.4.2 HIV care and support services offered

Among facilities offering care and support services for HIV clients, the percentage offering specific services by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering specific CSS services												Number of facilities offering HIV/AIDS care and support services	
	Treatment for opportunistic infections	Systemic IV treatment for fungal diseases	Treatment for Kaposi's sarcoma	Palliative care	Nutritional rehabilitation	Fortified protein supplementation	Paediatric HIV client care	Preventive treatment for TB	Opportunistic diseases prevention	Micro-nutrient supplementation	FP counselling or services	Condoms to prevent further transmission of HIV		Depo-Provera as integrated FP service
Facility type														
Hospital	100	63	63	86	82	75	96	85	99	83	85	85	63	100
Health centre	98	22	13	52	69	62	93	79	99	71	94	95	84	412
Dispensary	100	5	11	45	65	51	81	70	100	65	100	100	91	21
Clinic	96	19	19	49	45	32	60	56	85	66	82	89	75	117
Health post	100	0	0	0	0	100	100	100	100	100	100	100	100	1
Managing authority														
Government	98	26	21	56	73	67	94	82	100	73	95	98	87	390
CHAM	98	34	24	63	70	60	89	76	97	71	86	79	63	135
Private	97	26	25	53	35	18	65	42	80	67	82	80	77	61
NGO	92	27	19	58	50	54	69	57	88	81	84	92	65	26
Company	97	16	16	42	42	34	58	77	95	66	87	100	71	39
Region														
Northern	100	31	20	69	72	65	93	86	98	79	95	98	88	122
Central	96	28	24	53	67	56	83	70	95	72	87	88	77	236
Southern	99	26	21	53	63	57	88	76	97	68	92	94	78	293
Total	98	28	22	56	66	58	87	76	96	72	91	92	79	652

Nearly all (98 percent) of Malawian health facilities that offer care and support services for HIV treat opportunistic infections. Almost as many (96 percent) offer preventive treatment for opportunistic infections, which usually involves cotrimoxazole prophylaxis. (As Table 8.4 shows, 96 percent of these facilities had cotrimoxazole tablets on the day of the assessment visit.) Preventive treatment for TB is somewhat less available, found in about three-quarters of facilities.

Other HIV and AIDS care and support services that are commonly available include provision of condoms (92 percent), family planning counselling or services (91 percent), and paediatric HIV care (87 percent). In general, hospitals appear to offer the broadest range of services. Services offered by less than 30 percent of facilities are systemic intravenous treatment for fungal diseases (28 percent) and treatment for Kaposi's sarcoma (22 percent). Just over half of facilities provide palliative care.

8.4 ANTIRETROVIRAL THERAPY

Antiretroviral drugs inhibit the replication of HIV and thus can substantially prolong and improve the quality of life of HIV-positive people. It is estimated that in Malawi close to half a million people living with HIV are receiving ART. Still, 25 percent of those eligible for ART are not yet receiving it. (GoM, 2014)

The Ministry of Health, together with partners, has embarked on improvements to the quality of ART programmes in Malawi. The national ART programme guidelines call for the prescription and provision of ART by trained health personnel, who should regularly monitor the condition of their clients to ensure that an effective ARV regimen is being implemented and that side effects are properly managed.

Elements identified as important for providing good quality ART services include the following:

- Staff trained in the provision of relevant services
- Protocols and guidelines for relevant care and support services
- A consistent supply of ARVs and good storage practices to maintain their quality and security
- A system for making client appointments for routine follow-up services
- An individual client record to assure continuity of care for the client
- Good record-keeping systems to track ART compliance

8.4.1 Service Availability

Overall, two-thirds of all facilities offer ART services; 90 percent of hospitals and 95 percent of health centres offer ART services (Table 8.5). Few dispensaries and clinics and very few health posts offer ART. Close to nine of every ten government facilities (86 percent) and CHAM facilities (88 percent) offer ART services.

8.4.2 Service Readiness

Among facilities offering ART services, 79 percent had the first-line ART regimen available in the facility on the day of the assessment (Table 8.5, Figure 8.3). This included 89 percent of hospitals, 80 percent of health centres, and 78 percent of dispensaries. Eight of every ten government facilities and CHAM facilities had the first-line regimen available. Facilities in the Central region were more likely to have the first-line regimen in stock (89 percent) than facilities in the Northern region (75 percent) or the Southern region (74 percent).

ART guidelines were available in eight of every ten facilities offering ART services (Table 8.5, Figure 8.3). Private facilities that offer ART services were markedly less likely to have ART guidelines than other facilities (62 percent compared with over 80 percent of others' facilities).

Table 8.5 Guidelines, trained staff, and items for antiretroviral therapy services

Among all facilities, the percentages offering antiretroviral therapy (ART) services and, among facilities offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:							Number of facilities offering ART services
			ART guidelines	Trained staff ²	Laboratory diagnostic capacity for:				First-line adult ART regimen available ⁴	
					Complete blood count ³	CD4 cell count	RNA viral load	Renal or liver function test		
Facility type										
Hospital	90	113	82	88	44	48	7	44	89	102
Health centre	95	466	83	71	1	3	1	1	80	441
Dispensary	41	48	79	68	0	0	0	0	78	20
Clinic	28	327	81	49	18	3	0	12	68	93
Health post	5	23	100	0	0	0	0	0	0	1
Managing authority										
Government	86	472	84	75	6	11	1	5	82	406
CHAM	88	163	81	68	12	10	1	12	82	144
Private	21	214	62	50	41	9	0	32	68	44
NGO	36	58	95	71	18	18	14	14	62	21
Company	58	69	85	54	8	0	0	10	64	40
Region										
Northern	73	165	87	66	6	14	1	6	75	121
Central	65	362	78	73	10	10	1	10	89	236
Southern	67	450	84	70	11	9	2	10	74	300
Total	67	977	82	70	10	10	1	9	79	656

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines, and commodities domains for assessing readiness to provide ART services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

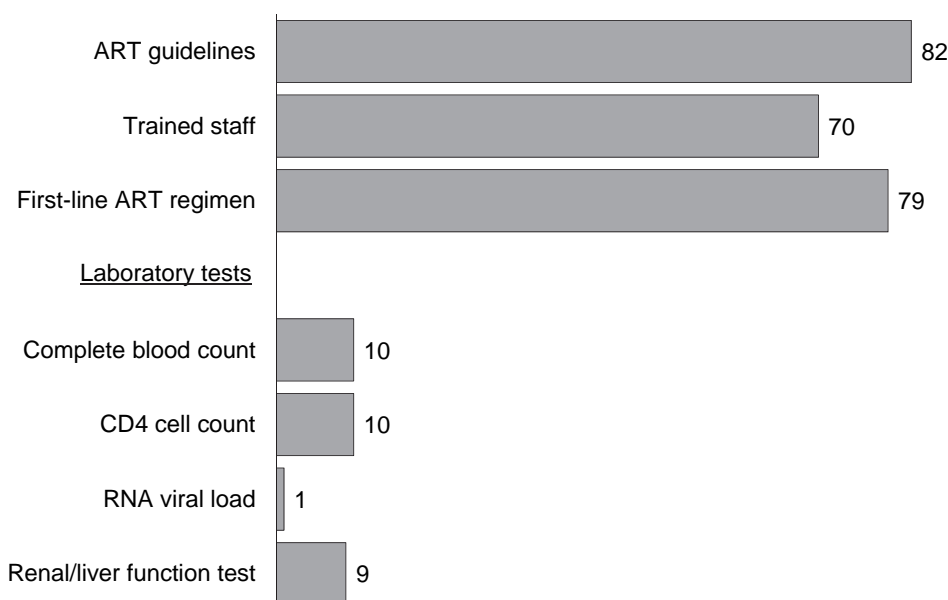
¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services

² Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Facility had a functioning haematology analyser or functioning haematological counter with the necessary reagents available in the facility

⁴ Facility had the Malawi-specific first-line antiretroviral medicines for adult treatment available in the facility

Figure 8.3 Items to support quality provision of ART services (N=656)



MSPA 2013-14

As part of the 2013-14 MSPA, providers were asked about training that they had received as part of their jobs. Seven of every ten ART facilities had at least one staff member who received training in ART services recently. Among facility types, hospitals are most likely to have at least one recently trained staff member (88 percent). Among managing authorities, government, CHAM and NGO facilities are more likely than private and company facilities to have a recently trained staff member.

The assessment also assessed the availability of laboratory services for monitoring ART clients. Only one in every ten ART facilities had the laboratory capacity to do a complete blood count, a CD4 cell count, or a renal or liver function test. As expected, hospitals are the facility type most likely to have these capacities. Among managing authorities, private facilities are most likely to have the capacity to do complete blood count.

8.5 SERVICES FOR SEXUALLY TRANSMITTED INFECTIONS

8.5.1 MSPA Approach to Collection of Information on Sexually Transmitted Infections

Sexually transmitted infections (STIs), including HIV/AIDS, and reproductive tract infections (RTIs) cause major health problems the world over. STIs and RTIs affect high proportions of the population and lead to infertility, morbidity, and even mortality in some cases. The presence of certain STIs increases the risk of HIV infection. The effects of STIs and RTIs on reproductive health are sometimes severe and life-threatening, and more so in women than in men. Complications include pelvic inflammatory disease (PID), infertility (in men and women), and ectopic pregnancy. Pregnant women with STIs are more likely to have low birth weight babies, premature babies, and stillborn births. Moreover, certain STIs, such as HIV infection and syphilis, can be transmitted congenitally.

Sexual contact is the most common route of HIV transmission. Hence, preventive measures for STIs are equally relevant to the control of HIV. Also, treating common STIs may reduce transmission of HIV in a population.

This section uses data from the 2013-14 MSPA to address the following questions:

- To what extent are STI services available?
- To what extent do facilities offering STI services have the capacity to support quality services for STI?

8.5.2 Health Situation Regarding STIs and RTIs in Malawi

STIs and RTIs remain among the leading causes of disease burden in Malawi today. Despite their public health importance, however, they have been overshadowed in the last 10 to 15 years by the focus on HIV/AIDS.

In the 2010 Malawi DHS, respondents who had had sexual intercourse were asked if, in the 12 months preceding the survey, they had experienced an infection acquired through sexual contact or if they had experienced either of two symptoms associated with STIs or RTIs: a bad-smelling, abnormal discharge from the vagina or penis or a genital sore or ulcer. Twelve percent of women and 7 percent of men reported having had an STI or experiencing STI/RTI symptoms during the 12 months preceding the survey.

Studies in Lilongwe Central Hospital found that the most common STIs/RTIs in women were HIV (34 percent), trichomoniasis (13 percent), bacterial vaginosis (8 percent), genital ulcer disease (7 percent), syphilis (3 percent), gonorrhoea (1 percent) and chlamydial infection (1 percent) (MoH 2008). Further research has shown that genital ulcers in Malawi are due predominantly to herpes virus infection, followed by chancroid and syphilis. In terms of treatment, evidence suggests that 50 to 60 percent of men presenting with STIs at a health facility have been ineffectively treated elsewhere, most often by a traditional healer.

It is in view of this evidence that the National AIDS and STI Control Programme (NAS COP) and various partners have embarked on a programme to revitalise the STI/RTI programme at all service provision levels in Malawi.

8.5.3 Service Availability

STI services are widely available in Malawi. Overall, more than nine of every ten facilities have in place services for management of STIs (Table 8.6). Except health posts, nearly all facilities of all types and of all management authorities provide STI services.

Table 8.6 Guidelines, trained staff, and items for sexually transmitted infection services

Among all facilities, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:							Number of facilities offering STI services
			STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Medicines and commodities				
						Male condoms	Metronidazole	Ciprofloxacin capsules or tablets	Injectable ceftriaxone	
Facility type										
Hospital	96	113	77	33	76	78	99	75	88	108
Health centre	98	466	79	17	12	85	92	46	54	458
Dispensary	87	48	71	14	5	86	81	24	25	42
Clinic	96	327	64	26	17	69	90	69	39	313
Health post	20	23	50	0	0	100	50	25	0	5
Managing authority										
Government	94	472	79	21	16	88	89	41	53	444
CHAM	96	163	78	14	35	72	99	71	68	157
Private	95	214	54	23	25	55	91	70	42	203
NGO	93	58	79	53	17	92	89	90	28	54
Company	97	69	78	15	17	94	89	50	49	67
Region										
Northern	95	165	79	20	18	85	91	56	51	156
Central	96	362	69	20	22	73	94	57	54	349
Southern	93	450	75	23	21	81	89	55	49	421
Total	95	977	73	21	21	79	91	56	51	925

Note: The indicators presented in this table comprise the staff and training, diagnostics, and medicines and commodities domains for assessing readiness to provide STI services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ Providers in the facility diagnose STIs or prescribe treatment for STIs or both

² At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and treatment during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Facility had unexpired syphilis rapid test kit available in the facility

8.5.4 Service Readiness

Seven of every ten facilities had STI guidelines available on the day of the assessment visit. However, only two in every ten facilities had a provider recently trained in STI management, and few facilities (21 percent) had syphilis rapid diagnostic test kits available.

As for medicines to treat STIs and RTIs, nine of every ten facilities offering STI services had metronidazole on the day of the assessment visit. Half of facilities that treat STIs and RTIs had ciprofloxacin, and half had ceftriaxone. The facility type best supplied with these two medicines was hospitals.

Michael Udedi and Hastings Chiumia

Key Findings

- As a group, non-communicable diseases are the second leading cause of death among adults in Malawi, after HIV/AIDS.
- Overall, less than half of Malawi health facilities offer services for diabetes; hospitals and clinics are most likely to offer services for diabetes.
- With the exception of health posts, services for cardiovascular diseases and for chronic respiratory diseases are widely available in nearly all types of health facilities.
- A large majority of the facilities have most of the equipment needed to care for diabetes, chronic respiratory diseases and cardiovascular diseases; however, some key medicines for these conditions are lacking in most facilities.
- About 85 percent of health facilities do not have staff recently trained to provide services for diabetes, for cardiovascular diseases, or for chronic respiratory diseases.

9.1 BACKGROUND

Non-communicable diseases (NCDs), sometimes also referred to as chronic diseases, make the largest contribution to mortality both globally and in the majority of low- and middle-income countries. Worldwide, NCDs kill more than 36 million people each year. Cardiovascular diseases (CVDs) account for most NCD deaths, followed by cancers, respiratory diseases and diabetes. Nearly eight of every ten deaths attributable to NCDs—about 29 million—occur in low- and middle-income countries (WHO 2013). These NCDs also share four risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. NCDs are a major contributor to poverty and an urgent development issue (WHO, 2008).

Using the information collected in the 2013-14 MSPA, this chapter addresses key questions focusing on three major NCDs—diabetes, cardiovascular diseases, and chronic respiratory diseases. The chapter is organised as follows:

- **Background.** Section 9.1 provides a brief background on the burden of non-communicable diseases globally.
- **Malawi situation.** Section 9.2 describes the health situation in Malawi regarding diabetes, cardiovascular diseases (CVDs), and chronic respiratory diseases.
- **Diabetes.** Section 9.3, including Tables 9.1 and 9.2 and Figures 9.1 and 9.2 focuses on the availability of services for diabetes and the extent to which facilities are prepared to provide quality services for diabetes.
- **Cardiovascular diseases.** Section 9.4, including Tables 9.3 and 9.4 and Figures 9.3 and 9.4, describes the availability of services for cardiovascular diseases and the preparedness of facilities to provide quality services.

- **Chronic respiratory diseases.** Section 9.5, including Tables 9.5 and 9.6 and Figures 9.5 and 9.6, explores the availability of chronic respiratory diseases in Malawian health facilities and the readiness of facilities to provide these services.

9.2 HEALTH SITUATION REGARDING MAJOR NON-COMMUNICABLE DISEASES IN MALAWI

As in many other countries, in Malawi NCDs and their risk factors constitute a public health problem (Msyamboza et al., 2011).

Despite their public health importance, in Malawi, NCDs have been overshadowed in the last 10 to 15 years by the focus on HIV/AIDS. In fact, NCDs as a group are probably the second leading cause of deaths in adults after HIV/AIDS. They account for 16 percent of all deaths—17 percent in males and 14 percent in females (Bowie, 2006). In Malawi, NCDs rank fourth as a cause of Disability Adjusted Life Years (DALYs)¹, after HIV/AIDS, other infectious and parasitic diseases, and respiratory diseases. Therefore, it is extremely important that the Malawi health care system have the capacity to appropriately diagnose and treat non-communicable diseases. This chapter assesses how well Malawi's health care system is addressing that need.

The risk factors for various non-communicable diseases in Malawi are gender-related: tobacco smoking, alcohol consumption and elevated blood pressure are more common in males than in females, while overweight, obesity, and raised cholesterol are more common in females than males (Msyamboza et al., 2011).

To address the growing burden of NCDs, in 2011, the country established the Non-communicable Diseases and Mental Health Unit in the MoH to coordinate NCD control activities. NCD control services are decentralised from the central and district levels down to the community level to increase access to services. Some of the key strategies for the management of NCDs in Malawi include prevention through awareness-raising and advocacy for policies that minimise exposure to risk factors for cardiovascular diseases; early diagnosis, for example via hypertension screening; appropriate patient management through follow-up care in chronic care clinics; and improved availability of diagnostic and medical supplies.

9.2.1 Diabetes

Diabetes is defined by a fasting blood glucose level ≥ 7.0 mmol/L (WHO, 2006). The 2009 Malawi National STEPS survey revealed a prevalence of diabetes in the general population (age 25-64 years) of 6 percent. Prevalence was almost the same in rural and urban populations (MoH, 2010). Responding to this finding, the Non-Communicable Diseases and Mental Health Unit and partners have embarked on a programme at all service provision levels to reduce the burden of morbidity, disability, and avoidable mortality due to diabetes.

9.2.2 Cardiovascular Diseases

In Malawi, cardiovascular diseases (hypertension, heart diseases, and stroke) are a major national health problem, among the top ten causes of morbidity and mortality (Bowie, 2006). Cardiovascular diseases (CVDs) are the third leading cause of death amongst Malawians of all ages and rank sixth in males and fourth in females amongst causes of disability as measured by DALYs. CVDs can affect individuals of all ages, but in Malawi, they take their greatest toll on those 60-80 years of age. The 2009 Malawi National

¹ DALY is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability

STEPS survey identified the following risk factors for CVDs: tobacco smoking, alcohol consumption, physical inactivity and being overweight.

Also according to the STEPS survey, 33 percent of the adult population age 25-64 years had elevated blood pressure or were on antihypertensive medication. Despite these numbers, the great majority of hypertension goes untreated or even undetected. The STEPS survey revealed that 95 percent of those with elevated blood pressure were not on medication or were not aware that they had elevated blood pressure.

In Kasungu district in 2012, the NCDs and Mental Health Unit began to implement the World Health Organization (WHO) Package for Essential Non-communicable Diseases. Through this programme, the number of hypertensive patients identified increased tenfold between 2012 and 2014, from 100 cases to about 1,200 cases. Plans to improve the CVD situation include sustained public health promotion campaigns, training for health care workers, and promotion of early care-seeking and adherence to treatment at the community level.

9.2.3 Chronic Respiratory Diseases

According to the 2003 World Health Survey Malawi Report, 5 percent of the country's population age 25-64 years have asthma. Asthma ranks ninth among the top causes of disability among Malawians of all ages (Bowie, 2006).

9.3 DIABETES: SERVICE AVAILABILITY AND READINESS

9.3.1 Availability of Services for Diabetes

Integrating diabetes diagnosis and treatment into relevant health services increases opportunities for case detection and treatment follow-up. The 2013-14 MSPA assessed diabetes service availability and delivery conditions. Mostly, clients seeking health care specifically for symptoms of diabetes are seen in a general outpatient department (OPD). Also, there are specific diabetic clinics or service areas in some health facilities. Table 9.1 provides information on the availability of diabetes services.

Table 9.1 Guidelines, trained staff, and equipment for diabetes services

Among all facilities, the percentages offering services for diabetes and, among facilities offering services for diabetes, the percentages having guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering services for diabetes ¹	Number of facilities	Percentage of facilities offering services for diabetes that had:					Number of facilities offering services for diabetes
			Guidelines for the diagnosis and management of diabetes	Equipment				
				Trained staff ²	Blood pressure apparatus ³	Adult weighing scale	Height board	
Facility type								
Hospital	87	113	56	34	86	87	62	98
Health centre	33	466	33	6	71	74	64	151
Dispensary	38	48	27	5	77	68	73	18
Clinic	57	327	39	15	98	93	37	185
Health post	0	23	-	-	-	-	-	0
Managing authority								
Government	36	472	40	12	70	70	63	172
CHAM	56	163	46	17	88	92	65	92
Private	62	214	38	19	98	93	33	132
NGO	46	58	34	15	100	100	38	27
Company	45	69	43	16	97	93	66	31
Region								
Northern	56	165	49	7	86	80	56	91
Central	50	362	38	19	85	87	49	180
Southern	40	450	39	17	86	84	55	182
Total	46	977	40	16	85	84	53	453

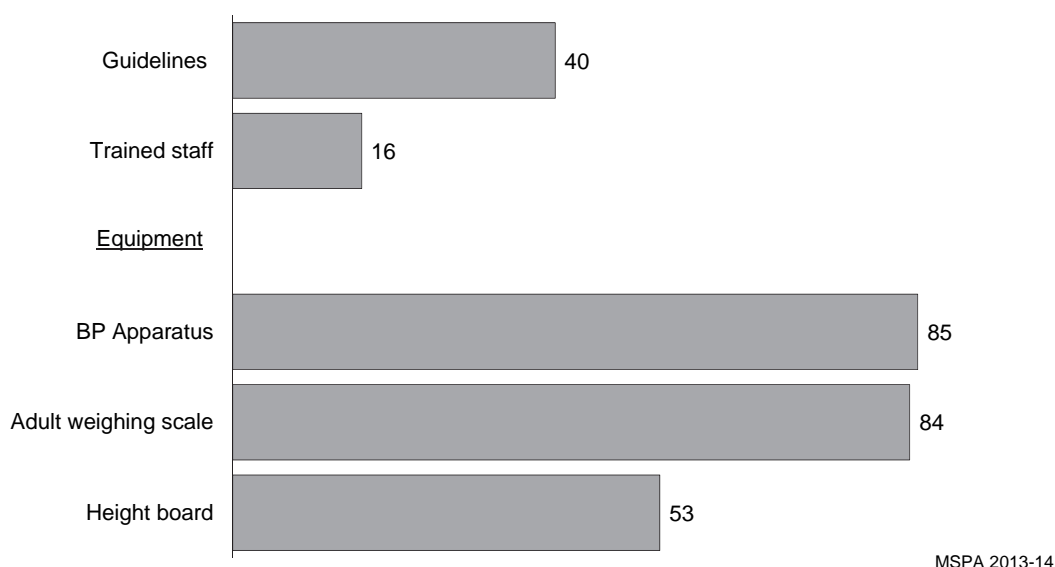
Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with diabetes

² At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instructions that a provider might have received during routine supervision

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Figure 9.1 Items to support quality provision of diabetes services (N=453)



Less than half (46 percent) of facilities in Malawi offer services for the diagnosis and/or management of diabetes. As expected, hospitals are more likely than other facility types to offer services for diabetes, with approximately nine of every ten hospitals reporting that they offer the service. No health posts offer diabetes services.

Private facilities (62 percent) and CHAM facilities (56 percent) are somewhat more likely to offer diabetes services than facilities under other managing authorities. Government facilities are the least likely to offer services for diabetes; this is expected, since government facilities are mostly the lower-level facilities that are not intended to provide these services.

Facilities in the Northern region, at 56 percent, are the most likely to offer diabetes services. Facilities in the Southern region, at 40 percent, are the least likely.

9.3.2 Service Readiness for Diabetes

The 2013-14 MSPA assessed readiness of facilities to provide quality diabetes services. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment and medicines. Although diabetes services are provided in multiple sites in large facilities, information on whether facilities have the capacity to provide quality diabetes services comes only from the general OPD, which is the main diabetes service area.

Tables 9.1 and 9.2 and Figures 9.1 and 9.2 provide information on whether facilities have the infrastructure and resources to support diabetes diagnostic and treatment services.

Table 9.2 Diagnostic capacity and essential medicines for diabetes

Among facilities offering services for diabetes, the percentages having indicated diagnostic capacity and essential medicines observed at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering services for diabetes that had:							Number of facilities offering services for diabetes
	Diagnostic capacity			Medicines				
	Blood glucose ¹	Urine protein ²	Urine glucose ³	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
Facility type								
Hospital	69	70	68	62	81	58	95	98
Health centre	19	10	10	10	17	5	92	151
Dispensary	11	0	0	12	17	0	83	18
Clinic	44	25	24	59	67	11	62	185
Managing authority								
Government	25	20	17	18	30	20	92	172
CHAM	52	47	47	43	54	24	88	92
Private	48	28	28	66	74	15	63	132
NGO	54	34	30	27	57	7	80	27
Company	36	27	27	70	60	20	60	31
Region								
Northern	32	21	18	30	46	18	87	91
Central	44	30	29	43	54	20	81	180
Southern	39	32	32	45	51	18	75	182
Total	40	29	28	41	51	19	80	453

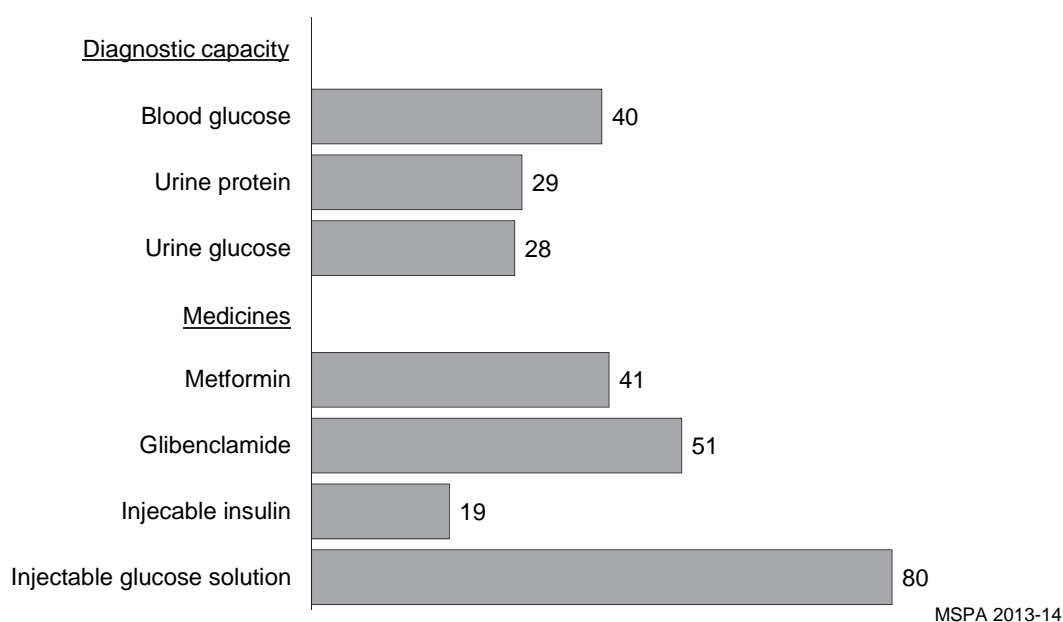
Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the assessment

² Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the assessment

³ Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the assessment

Figure 9.2 Diagnostic capacity and medicines to support quality provision of diabetes services (N=453)



Service Guidelines

Availability of service guidelines does not necessarily translate into the use of such guidelines. However, it at least assures that, if needed, they will be available for easy reference. Among facilities offering diabetes services, 40 percent had the guidelines for the diagnosis and management of diabetes (Table 9.1 and Figure 9.1).

Trained Staff

Among facilities reporting that they offer diabetes services, only 16 percent had any staff member recently trained in provision of the diabetes services (Table 9.1 and Figure 9.1). One-third of hospitals had at least one provider of diabetes services with recent training compared to 15 percent or less in other facilities.

Equipment

Among facilities that offer diabetes services, 85 percent had blood pressure apparatus, 84 percent had an adult weighing scale, and 53 percent had a height board available in the relevant service areas (Table 9.1 and Figure 9.1). Government facilities were least likely to have blood pressure apparatus or scale (each at 70 percent) compared to facilities managed by other authorities.

Diagnostic Capacity

Among facilities offering diabetes services, 40 percent had blood glucose diagnostic capacity, 29 percent had urine protein diagnostic tests, and 28 percent had urine glucose tests (Table 9.2 and Figure 9.2).

Medicines

Less than half (41 percent) of the facilities offering diabetes services had metformin available on the day of the visit, while half (51 percent) had glibenclamide. Only 19 percent had injectable insulin (Table 9.2 and Figure 9.2). The medicine most widely available in all the facilities was injectable glucose solution (80 percent). Among facilities that offer diabetes services, hospitals were more likely to have medicines for management of diabetes than other facilities. In general, CHAM and private for-profit facilities were more likely to have medicines for treatment of diabetes than government facilities.

9.4 CARDIOVASCULAR DISEASES: SERVICE AVAILABILITY AND READINESS

9.4.1 Service Availability for Cardiovascular Diseases

Table 9.3 provides information on the availability of services for cardiovascular diseases. Overall, eighty-five percent of health facilities offer such services. About nine in ten hospitals, health centres and clinics offer these services, while only 15 percent of health posts offer them.

9.4.2 Services Readiness for Cardiovascular Diseases

The 2013-14 MSPA assessed systems and supplies for supporting quality services for cardiovascular diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Tables 9.3 and 9.4 and Figures 9.3 and 9.4 provide information on whether facilities have the resources to support diagnosis and/or treatment services for cardiovascular diseases.

Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases

Among all facilities, the percentages offering services for cardiovascular diseases and, among facilities offering services for cardiovascular diseases, the percentages having guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering services for cardiovascular diseases ¹	Number of facilities	Percentage of facilities offering services for cardiovascular diseases that had:					Number of facilities offering services for cardiovascular diseases
			Guidelines for diagnosis and management of cardiovascular diseases	Trained staff ²	Equipment			
					Stethoscope	Blood pressure apparatus ³	Adult weighing scale	
Facility type								
Hospital	94	113	56	36	95	86	84	106
Health centre	89	466	45	9	89	70	78	412
Dispensary	68	48	40	13	94	65	60	33
Clinic	86	327	39	16	97	97	93	281
Health post	15	23	33	0	100	67	67	3
Managing authority								
Government	86	472	46	12	88	67	73	406
CHAM	89	163	51	15	96	89	91	144
Private	86	214	37	21	98	97	92	185
NGO	77	58	36	16	96	96	98	45
Company	79	69	39	11	94	94	95	55
Region								
Northern	88	165	49	8	89	82	78	145
Central	87	362	43	16	93	79	83	313
Southern	84	450	44	16	94	82	85	377
Total	85	977	44	15	93	81	83	835

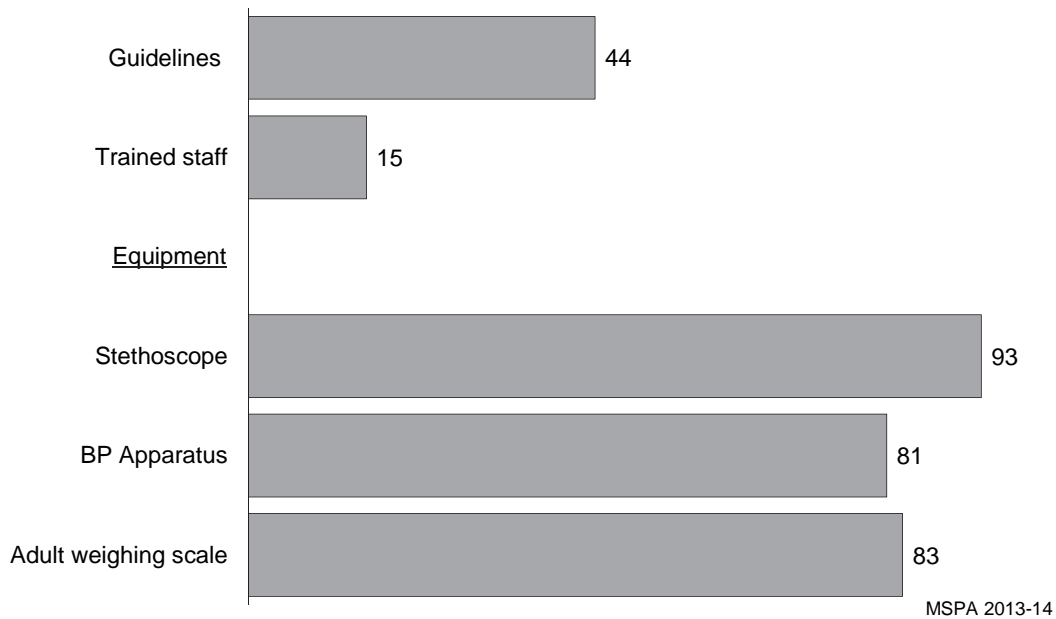
Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases

² At least one interviewed provider of cardiovascular disease services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Functioning digital blood pressure machine or manual sphygmomanometer with stethoscope

Figure 9.3 Items to support quality provision of services for cardiovascular diseases (CVDs) (N=835)



Service Guidelines

Fewer than half (44 percent) of facilities that offer services for cardiovascular diseases had guidelines for diagnosis and management of these diseases (Table 9.3 and Figure 9.3). CHAM and government facilities were most likely to have guidelines.

Trained Staff

Among facilities offering services for cardiovascular diseases, 15 percent had at least one staff member trained to provide the services (Table 9.3 and Figure 9.3). Over one-third of hospitals had trained staff.

Equipment

Overall, 93 percent of all facilities that offer services for cardiovascular diseases had a stethoscope, 81 percent had a blood pressure apparatus, and 83 percent had an adult weighing scale available in the relevant service sites (Table 9.3 and Figure 9.3).

Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases

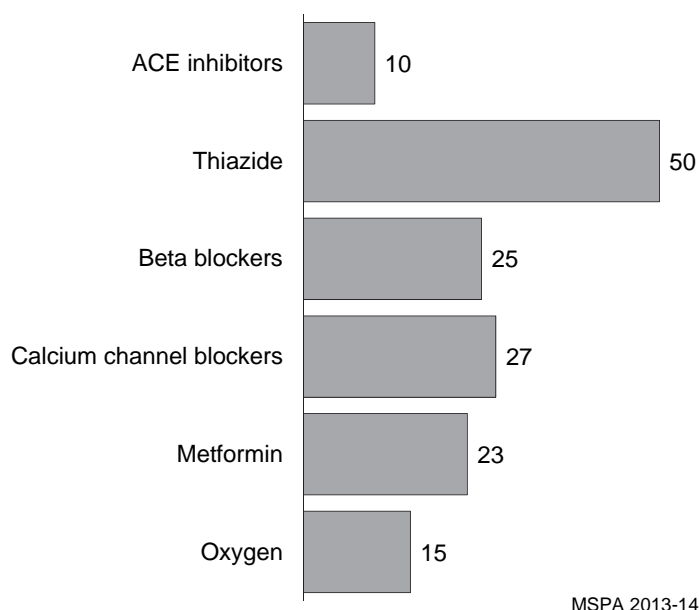
Among facilities offering services for cardiovascular diseases, the percentages having indicated essential medicines and commodities observed at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering services for cardiovascular diseases that had the indicated medicines and commodities						Number of facilities offering services for cardiovascular diseases
	ACE inhibitors (enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (amlodipine/nifedipine)	Metformin capsules or tablets	Oxygen ¹	
Facility type							
Hospital	27	68	57	68	57	56	106
Health centre	2	50	9	6	4	9	412
Dispensary	6	46	10	6	7	0	33
Clinic	15	45	37	44	41	11	281
Health post	0	0	0	33	0	0	3
Managing authority							
Government	4	49	9	9	8	12	406
CHAM	12	59	39	38	28	22	144
Private	20	50	44	54	51	11	185
NGO	11	50	16	11	16	34	45
Company	11	38	47	47	41	15	55
Region							
Northern	5	56	20	23	18	13	145
Central	10	54	27	30	26	16	313
Southern	11	45	25	26	24	16	377
Total	10	50	25	27	23	15	835

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ In cylinders or concentrators or an oxygen distribution system

Figure 9.4 Medicines and commodities to support quality provision of services for CVDs (N=835)



Medicines

Among all facilities offering services for cardiovascular diseases, thiazide is the most widely available medicine (50 percent). By comparison, only 10 percent had angiotensin-converting enzyme (ACE) inhibitors (enalapril) available on the day of the visit, and one-quarter had beta blockers (atenolol). About one-quarter (27 percent) had calcium channel blockers (amlodipine/nifedipine); another one-quarter (23 percent) had metformin capsules or tablets; only 15 percent of these facilities had oxygen (Table 9.4 and Figure 9.4).

Hospitals were more likely than other facilities to have medicines for management of cardiovascular diseases (Table 9.4).

9.5 CHRONIC RESPIRATORY DISEASES: SERVICE AVAILABILITY AND READINESS

The 2013-14 MSPA assessed the availability and service readiness of services in health care facilities for chronic respiratory disease. Table 9.5 provides information on the availability of chronic respiratory disease services.

9.5.1 Service Availability for Chronic Respiratory Diseases

Among all facilities, 75 percent offer services for chronic respiratory disease. At least two-thirds of each type of facility, except health posts, offer these services (Table 9.5). CHAM facilities are more likely to offer services for chronic respiratory diseases than facilities managed by other authorities. Among the three regions, facilities in the Southern region are least likely to offer services for chronic respiratory diseases (Table 9.5).

Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases

Among all facilities, the percentages offering services for chronic respiratory diseases and, among the facilities offering services for chronic respiratory diseases, the percentages having guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

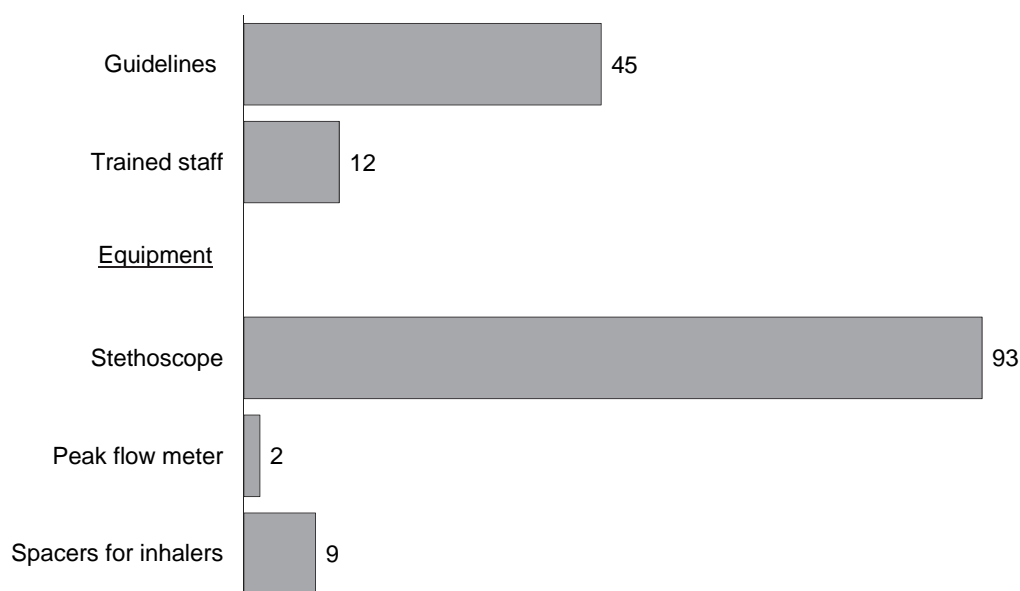
Background characteristics	Percentage of facilities offering services for chronic respiratory diseases ¹	Number of facilities	Percentage of facilities offering services for chronic respiratory diseases that had:					Number of facilities offering services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff ²	Equipment			
					Stethoscope	Peak flow meter	Spacers for inhalers	
Facility type								
Hospital	92	113	50	25	94	8	28	104
Health centre	74	466	47	7	88	1	4	345
Dispensary	66	48	51	7	93	0	0	32
Clinic	75	327	40	15	98	3	11	244
Health post	15	23	33	0	100	0	0	3
Managing authority								
Government	73	472	48	9	88	1	4	346
CHAM	83	163	49	12	95	2	13	136
Private	76	214	39	16	98	4	15	163
NGO	65	58	32	19	97	8	22	38
Company	67	69	44	11	98	0	11	47
Region								
Northern	84	165	50	9	89	1	6	138
Central	77	362	44	15	93	2	12	278
Southern	69	450	43	11	93	3	8	313
Total	75	977	45	12	93	2	9	729

Note: The indicators presented in this table comprise the staff and training and equipment domains for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases

² At least one interviewed provider of services for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

Figure 9.5 Items to support quality provision of services for chronic respiratory diseases (N=729)



MSPA 2013-14

9.5.2 Services Readiness for Chronic Respiratory Diseases

The 2013-14 MSPA assessed systems and supplies for supporting quality services for chronic respiratory diseases. Readiness to provide quality services is defined by the availability of service guidelines, trained staff, equipment, and medicines. Tables 9.5 and 9.6 and Figures 9.5 and 9.6 provide information on whether facilities have the resources to support diagnosis and/or treatment services of chronic respiratory diseases.

Service Guidelines

Guidelines for diagnosis and management of chronic respiratory diseases were available in only 45 percent of the facilities that offer service of chronic respiratory diseases (Table 9.5). The guidelines were observed most often in dispensaries and hospitals (51 percent and 50 percent, respectively) and least often found in health posts (33 percent).

Trained Staff

Among facilities offering services for chronic respiratory diseases, only 12 percent have staff trained in provision of the services. Hospitals, at 25 percent, were most likely to have a trained staff member, compared with 15 percent of clinics and only 7 percent of health centres and of dispensaries.

Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

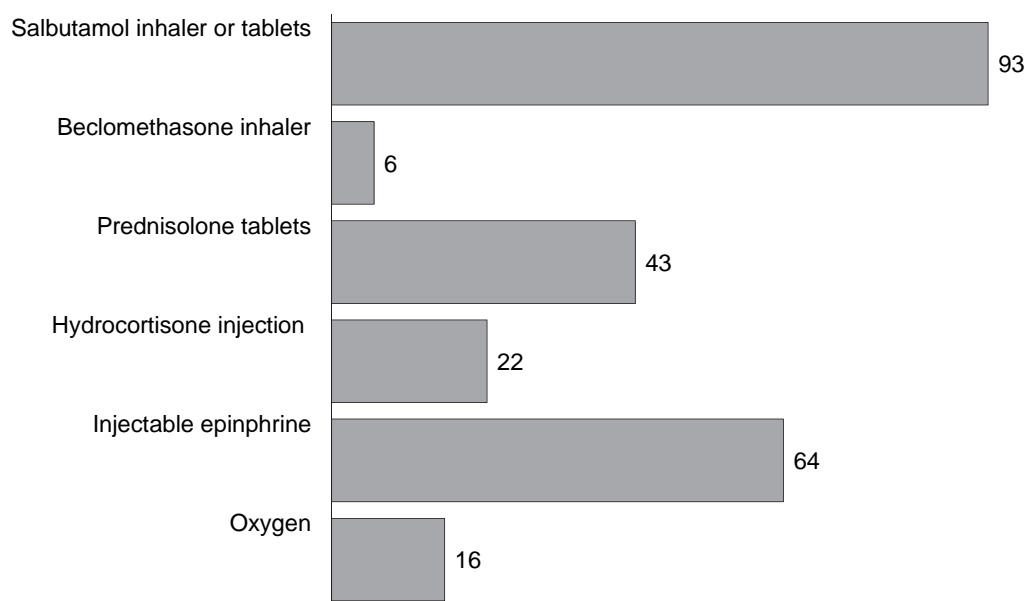
Among facilities offering services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases that had the indicated medications and commodities						Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler or tablets	Beclomethasone inhaler	Prednisolone tablets	Hydro-cortisone injection	Injectable epinephrine	Oxygen ¹	
Facility type							
Hospital	98	18	82	51	82	58	104
Health centre	91	1	17	5	78	9	345
Dispensary	90	0	10	13	68	0	32
Clinic	92	8	68	34	36	11	244
Health post	100	0	0	0	0	0	3
Managing authority							
Government	90	2	18	8	78	13	346
CHAM	96	9	58	29	74	24	136
Private	94	10	71	34	33	12	163
NGO	97	8	78	60	65	35	38
Company	93	7	60	29	40	13	47
Region							
Northern	91	1	37	18	72	13	138
Central	90	8	47	21	62	17	278
Southern	95	5	42	24	62	17	313
Total	93	6	43	22	64	16	729

Note: The indicators presented in this table comprise the medicines and commodities domain for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ In cylinders or concentrators or an oxygen distribution system

Figure 9.6 Medicines and commodities to support quality provision of services for chronic respiratory diseases (N=729)



MSPA 2013-14

Equipment

Over 90 percent of all facilities that offer services for chronic respiratory diseases have a stethoscope, including 100 percent of health posts, although they are very few in number (Table 9.5 and Figure 9.5). In contrast, peak flow meters are available in only 2 percent of the facilities that offer chronic respiratory diseases, and only 9 percent of the facilities have spacers for inhalers.

Medicines

Among the facilities offering services for chronic respiratory diseases, only 6 percent had beclomethasone inhalers available on the day of the assessment visit, but almost all facilities (93 percent) had salbutamol inhalers or tablets, while about half (43 percent) had prednisolone tablets and about one-quarter (22 percent) had hydrocortisone injections. Nearly two-thirds (64 percent) had injectable epinephrine, but only 16 percent of these facilities had oxygen (Table 9.6 and Figure 9.6).

Andrew C. Dimba and Kuzani Mbendera

Key Findings

- A large proportion of hospitals and health centres offer TB diagnostic and/or treatment services, while dispensaries, clinics, and health posts are less likely to do so.
- In most facilities that offer TB services, no diagnostic capacity was observed on the day of the assessment visit; however, among hospitals, 50 percent had X-ray and 46 percent had TB smear microscopy available.
- First-line medicines for treating TB were available in over two-thirds of facilities that offer TB treatment services.
- TB guidelines were seldom found in facilities that offer TB services. The one exception was 70 percent of hospitals had guidelines for TB diagnosis and treatment.
- Nearly two-thirds of hospitals that offer TB services have systems for diagnosing HIV among TB patients; less than one-third of other types of facilities do.
- In 45 percent of facilities offering TB services, a staff member had received relevant training in the 24 months before the assessment.
- Only 28 percent of the facilities in Malawi had TB infection control guidelines available on the day of the assessment visit.

10.1 BACKGROUND

This chapter provides an overview of services for tuberculosis (TB) in Malawian health facilities. It highlights the key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines.

The chapter is organised as follows:

- **Background.** Section 10.1 provides background information on tuberculosis, both globally and in Malawi.
- **Availability of services.** Section 10.2, including Table 10.1, presents information on the availability of TB diagnostic and/or treatment services in Malawi.
- **Service readiness.** Section 10.2, including Tables 10.1 and 10.2, provides information on a range of measures designed to assess the readiness of facilities to provide good-quality TB services, including the availability of TB service guidelines, trained staff, diagnostic capacity and medicines.

10.1.1 Global Burden of Tuberculosis

The global burden of TB remains high. An estimated 8.6 million people developed tuberculosis in 2012 and 1.3 million died from the disease, including 320,000 deaths among HIV-positive people (WHO, 2013).

Although the number of TB cases and deaths remain high, there has been significant progress towards global targets for reductions in the burden of disease. For example, the 2015 MDG target of halting and reversing TB incidence has been achieved, with TB incidence falling globally for several years (2 percent per year in 2012) (WHO, 2013). TB mortality rate has fallen by 45 percent since 1990 and the Stop TB Partnership target of a 50 percent reduction by 2015 is within reach. Mortality and incidence rates are falling in all six WHO regions and in most of the 22 high burden countries that account for over 80 percent of the world's TB cases.

However, the African and European regions are currently not on track to achieve mortality and prevalence targets, and progress towards targets for diagnosis and treatment of multidrug-resistance TB (MDR-TB) is far off-track (WHO, 2013). More than 2.8 million new cases of tuberculosis (TB) still occur in Africa each year. Fueled by the HIV epidemic, the number of new cases each year in sub-Saharan Africa has more than doubled since 1990. The most productive age group is highly affected, reducing their contribution to socio-economic development

10.1.2 Health Situation Regarding Tuberculosis in Malawi

Tuberculosis remains one of the major public health problems in Malawi and is among the top ten causes of death. Therefore, TB is one of the priority diseases addressed by the Malawi Essential Health Package (EHP). The National Tuberculosis Control Programme (NTP) strives to help Malawi achieve the targets of the TB-related Millennium Development Goal (MDG): a 50 percent reduction in TB prevalence and deaths by 2015.

In Malawi, the annual number of new TB cases began to increase rapidly around 1985 as a result of the growing HIV epidemic. There were approximately 5,000 new cases that year. Ten years later, in 1995, there were around 20,000 new cases, increasing to about 27,000 new cases in 2000, and around 29,000 new cases in 2005.

After Malawi introduced the directly observed treatment, short-course (DOTS) strategy in 1995 case notification steadily improved up until 2003, and so did favourable treatment outcomes. Since 2005 the annual number of new cases has declined, reaching about 20,000 in 2013. The case fatality rate under DOTS of all forms of TB remains high, at 8 percent. The estimated case detection rate is 63 percent (against the target of 70 percent set by the World Health Assembly for 2005) (WHO, 2007)

Reasons for lower than expected case detection include low levels of community awareness, challenges with intensified case finding among people living with HIV, and limited access to sensitive diagnostic tools for smear-negative and extra-pulmonary disease. These challenges notwithstanding, rapid scale-up of antiretroviral therapy (ART) may have contributed to the decline in the number of case notifications. According to UNAIDS estimates, the total number of people living with HIV in Malawi was 1 million, and by the end of that year, close to 50 percent (approximately 473,000) were on ART (see Chapter 8 (HIV)).

MDR-TB survey to assess the prevalence of MDR-TB cases found a 4.8 percent prevalence of MDR-TB among retreatment cases and 0.4 percent prevalence among new sputum smear-positive cases (MOH, 2011). This translates to an annual MDR-TB case load of between 32 and 72 cases. However, annual notifications have been below 30 cases a year, indicating under-detection of MDR-TB using conventional methods (MoH, 2007).

10.1.3 Response of the Malawi National Tuberculosis Control Programme (NTP)

The NTP has a vision of a tuberculosis-free Malawi and a mission to ensure effective, equitable and accessible prevention, diagnosis, treatment and care for tuberculosis in Malawi. The programme's goal is to reduce the morbidity, mortality, and transmission of tuberculosis until the disease is no longer a public health

problem in Malawi. To achieve this, the programme has developed a strategic approach aligned with the Global STOP TB Partnership Strategy. This strategy involves the following seven components:

- To expand and enhance high-quality DOTS
- To address TB-HIV, MDR-TB, and the needs of poor and vulnerable populations
- To contribute to health system strengthening based on primary health care
- To engage all care providers
- To empower people with TB and communities through partnership
- To facilitate and promote research.
- To strengthen TB programme monitoring and evaluation.

In 2007 the Ministry of Health declared TB a national emergency in order to raise awareness and advocate for more action by all stakeholders as a way of containing the TB problem.

Directly Observed Treatment, Short-course (DOTS)

The current NTP TB treatment guideline calls for standardised treatment (using fixed-dose combination (FDC) therapy for six months) for all new cases in all health facilities, whether public or private. The exception is TB meningitis, which is treated for nine months. All re-treatment cases must be treated for eight months. At the community level, Health Surveillance Assistants coordinate TB control activities. Several NGOs and community-based organisations operate community-based TB control interventions involving community volunteers¹ and community health workers, who provide important linkages with health facilities.

Multi-drug Resistant TB

Malawi introduced community-based MDR-TB management following a successful Green Light Committee (GLC) application for second-line anti-TB drugs in 2007. The NTP has built up capacity at the central and district levels in MDR-TB management through a DOTS-Plus Coordinating Committee and MDR-TB clinical management teams.

MDR-TB cases are treated for 24 months, using second-line TB treatment. This is done through treatment supporters in the community and health workers of all cadres at the health facility level. The NTP has strengthened its community-based approach by involving community sputum volunteers and community nurses in DOTS, providing nutritional support and enablers to patients, and briefing community leaders on MDR-TB.

Records Management of Tuberculosis Services

Monitoring and evaluation is an integral part in TB control to track the programme's performance and impact on all aspects of DOTS. The NTP continues to monitor progress of programme implementation through monthly, quarterly, bi-annual, and annual reports and reviews at district and zonal as well as national levels. All TB suspects, TB cases, and TB/HIV co-infected cases are entered into the TB programme recording and reporting system through pre-designed data collection tools (forms and registers). The NTP reports treatment outcomes for all forms of TB in line with WHO recommendations.

10.2 AVAILABILITY OF TB SERVICES

Achieving effective TB control requires concerted efforts at all levels. As shown in Table 10.1, on average, 50 percent of all facilities offer TB diagnostic services. Hospitals (89 percent) and health centres

¹ Community volunteers help detect people who have TB symptoms in their communities. They provide counselling and coordinate testing and return of test results. These volunteers make regular trips, mostly on foot, to TB microscopy centres miles away from their villages carrying TB test samples for testing.

(65 percent) are much more likely than other facility types to offer TB diagnostic services. About two-thirds of government and CHAM facilities (66 percent and 63 percent, respectively) offer TB diagnostic services.

Only a quarter of health facilities in Malawi offer TB treatment and/or TB treatment follow-up services. As with TB diagnostic services, hospitals and health centres (67 percent and 34 percent, respectively) as well as Government and CHAM facilities (40 percent and 33 percent, respectively), are more likely than others to offer TB treatment and/or treatment follow-up services.

Just over half (52 percent) of all facilities in Malawi offer some form of TB services, i.e., TB diagnosis, treatment or treatment follow-up services (Table 10.1). A large proportion of hospitals (89 percent) and health centres (68 percent) offer TB diagnosis, treatment and/or follow-up services. In contrast, only 38 percent of dispensaries, 21 percent of clinics, and 20 percent of health posts do so. Government and CHAM facilities (69 percent and 65 percent, respectively) are much more likely to offer TB diagnosis, treatment and/or treatment follow-up services; NGO, company, and private institutions make a relative small contribution.

10.3 SERVICE READINESS

10.3.1 Guidelines and Trained Staff

Guidelines

TB treatment protocols for all indicators in TB treatment services are expected to be available at all of the diagnostic and treatment sites. However, most did not have them on the day of the assessment visit. Guidelines for the diagnosis and treatment of susceptible TB were present in 39 percent of health facilities that offer any TB diagnostic, treatment and/or treatment follow-up services. Guidelines for the diagnosis and treatment of MDR-TB were available in 22 percent of facilities, while three of every ten facilities that offer any TB services had guidelines for the management of HIV-TB co-infection. In all cases, hospitals were more likely to have these guidelines compared with other facility types. By managing authority, Government, CHAM and NGO facilities were more likely to have these guidelines.

About three of every ten facilities that offer any TB services had guidelines for TB infection control available on the day of assessment visit (Table 10.1). Among hospitals offering TB services, 48 percent had such guidelines. Among other types of facilities, the availability of infection control guidelines ranged from 25 percent in health centres to none in health posts.

Trained Staff

Some 45 percent of facilities that offer TB services had at least one staff member trained in that service in the 24 months before the assessment (Table 10.1). Among facility types, hospitals are most likely to have a recently trained staff member. There are few NGO facilities offering TB services, but among managing authorities, NGOs are most likely to have a recently trained staff member.

10.3.2 Diagnostic Capacity

Early case detection and diagnosis are critical for TB control. Sputum microscopy remains the mainstay of diagnosis for pulmonary tuberculosis. The MSPA assessed availability of TB diagnostic capacity in facilities that offer any TB diagnostic, treatment and/or follow-up services.

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services

Among all facilities, the percentages offering any tuberculosis (TB) diagnostic services or any treatment and/or treatment follow-up services and, among facilities offering any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of all facilities offering:				Number of facilities	Percentage of facilities offering any TB services that have guidelines for:					Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
	Screening and referral for TB diagnosis ¹	Any TB diagnostic services ²	Any TB treatment and/or treatment follow-up services ³	Any TB diagnostic, treatment, and/or treatment follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Management of HIV and TB co-infection	TB infection control	Trained staff ⁴	
Facility type											
Hospital	41	89	67	89	113	70	47	50	48	61	100
Health centre	52	65	34	68	466	35	17	27	25	43	317
Dispensary	34	38	11	38	48	11	0	17	6	17	18
Clinic	17	21	3	21	327	22	12	21	16	37	69
Health post	15	15	10	20	23	26	0	0	0	0	5
Managing authority											
Government	49	66	40	69	472	42	23	33	28	47	326
CHAM	44	63	33	65	163	43	27	30	34	45	106
Private	19	27	1	27	214	24	9	14	17	33	58
NGO	10	14	9	14	58	25	12	38	25	63	8
Company	15	16	0	16	69	18	9	19	19	27	11
Region											
Northern	36	45	26	47	165	47	34	32	28	41	77
Central	34	51	24	52	362	37	18	28	27	51	188
Southern	40	52	27	54	450	39	20	31	28	40	244
Total	37	50	26	52	977	39	22	30	28	45	509

Note: The guidelines and trained staff indicators presented in this table comprise the staff and training domain for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

Note: MDR-TB = multi-drug resistance tuberculosis

¹ Facility reports that it refers clients outside the facility for TB diagnosis, and there is documentation on the day of the assessment visit to support the contention

² Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, or based on clinical symptoms only; or else the facility reports that they refer clients outside the facility for TB diagnosis, and a register was observed indicating clients had been referred for TB diagnosis.

³ Facility reports that they follow one of the following TB treatment regimens or approaches:

- Directly observe for two months and follow up for four months
- Directly observe for six months
- Follow up clients only after the first two months of direct observation elsewhere
- Diagnose and treat clients while in the facility as inpatients and then discharge elsewhere for follow-up
- Provide clients with the full treatment with no routine direct observation phase
- Diagnose, prescribe, or provide medicines with no follow-up

⁴ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months preceding the assessment: TB diagnosis and treatment; management of HIV and TB co-infection; MDR-TB treatment, identification of need for referral; or TB infection control. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

TB Diagnostic Capacity

Except for hospitals, few facilities had the supplies and equipment for any method of TB diagnosis on the day of the assessment visit (Table 10.2). The most common systems for TB diagnosis seen were X-ray (available in 50 percent of hospitals offering any TB diagnostic, treatment and/or follow-up services) and TB smear microscopy (available in 46 percent of hospitals offering any TB diagnostic, treatment and/or follow-up services). Overall, only 2 percent of facilities have culture medium for diagnosing TB. Even hospitals seldom have such capacity (6 percent).

HIV Diagnostic Capacity

Nine of every ten facilities that offer TB diagnostic, treatment and/or follow-up services had the capacity to do HIV testing on the day of visit (Table 10.2). Among facility types, hospitals and health centres that offer any TB services are most likely to have HIV testing capacity (97 percent). At 60 percent, clinics are least likely.

Although there are few NGO facilities offering TB services, among managing authorities, NGO facilities, followed by Government and CHAM facilities, are most likely to have HIV testing capacity. Private facilities are least likely to do so, at 52 percent.

TB—HIV/AIDS Collaboration

In Malawi, as in most of the developing world, the problems of TB and HIV are so intertwined that they are referred to as a twin epidemic, or co-epidemic. With a compromised immune system brought on by HIV infection, TB infection is re-activated in individuals who may have latent TB infection. At the same time, active TB increases the HIV viral load while decreasing the CD4 count, thus causing faster HIV disease progression. Treating TB, therefore, leads to increases in CD4 counts and better outcomes even though the viral load does not necessarily improve.

HIV infection is associated with several morbidities, known as opportunistic infections (OIs). Common OIs in Malawi are diarrhoeal diseases, certain cancers, various fungal infections, and various bacterial infections, including tuberculosis. All forms of tuberculosis are seen in HIV patients at varying levels of immune suppression; however, there has been a disproportionate rise among those living with HIV in smear-negative tuberculosis and extra-pulmonary tuberculosis.

Findings from the 2013-14 MSPA show that, although HIV diagnostic capacity is high among facilities that offer TB services, only a third (34 percent) have a system in place for diagnosing HIV among TB clients (Table 10.2). At 64 percent, hospitals are more likely among facility types to have such a system. Among managing authorities, NGO facilities are more likely than facilities managed by other institutions to have such a system.

10.3.3 Treatment and Availability of Medicines

The NTP continues to address challenges to maintain an uninterrupted supply of anti-TB drugs by working to improve stock status at the district level, to train staff on proper anti-TB drug stock management, and to lobby the MoH to improve and expand storage conditions for anti-TB drugs at all levels. Drug and logistics management is key to ensuring uninterrupted supply of quality assured anti-TB drugs in order to help prevent emergence of drug-resistant TB. TB drug monitoring mechanisms have been put in place at different levels of the system.

On the day of the MSPA visit, about two-thirds of all facilities that offer TB treatment and/or treatment follow-up services had first-line medicines for treating TB (any combination of pyrazinamide, rifampicin, ethambutol, and isoniazid); only a fourth had injectable streptomycin (Table 10.2). Hospitals were the best supplied with medicines; close to 90 percent of hospitals that offer TB treatment and/or treatment follow-up services had first-line medicines, and six of every ten had injectable streptomycin. Among the regions facilities in Central and Southern regions were slightly more likely to have had first-line TB medicines.

Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment

Among facilities offering any tuberculosis (TB) diagnostic, treatment and/or treatment follow-up services, the percentages that have TB and HIV diagnostic capacity, and among facilities offering any TB treatment and/or treatment follow-up services, the percentages that had medicines for TB treatment available in the facility on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have		Number of facilities offering any TB diagnostic, treatment and/or treatment follow-up services	Percentage of facilities that have the following medicines for treating TB		Any TB treatment and/or treatment follow-up services
	TB smear microscopy ¹	Culture medium ²	TB rapid diagnostic test kits	TB X-ray	HIV diagnostic capacity ³	System for diagnosing HIV among TB clients ⁴		First-line treatment for TB ⁵	Injectable streptomycin	
Facility type										
Hospital	46	6	8	50	97	64	100	89	62	75
Health centre	7	0	4	1	97	31	317	54	7	159
Dispensary	0	0	0	0	78	23	18	61	0	5
Clinic	15	1	0	1	60	9	69	68	23	9
Health Post	0	0	0	0	74	0	5	0	0	2
Managing authority										
Government	13	1	4	8	96	38	326	63	20	189
CHAM	21	2	3	19	98	36	106	69	37	53
Private	14	2	2	7	52	7	58	66	33	3
NGO	37	24	24	24	100	62	8	81	40	5
Company	19	0	9	9	81	9	11	-	-	0
Region										
Northern	17	1	4	11	100	31	77	52	29	43
Central	15	2	5	10	88	30	188	67	23	87
Southern	15	1	4	11	91	38	244	67	23	121
Total	15	2	4	10	91	34	509	64	24	251

Note: The indicators presented in this table comprise the diagnostics and medicines and commodities domains for assessing readiness to provide services for TB within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012).

¹ Functioning microscope, slides, and all stains for Ziehl-Neelson test (carbol-fuchsin, Sulphuric acid and methyl blue) all were available in the facility on the day of the assessment visit

² Solid or liquid culture medium, e.g., MGIT 960

³ HIV rapid diagnostic test kits available, or ELISA with reader, incubator, and specific assay; or Dynabeads with vortex mixer; or western blot

⁴ Record or register indicating TB clients who had been tested for HIV

⁵ Four-drug fix-dose combination (4FDC) available, or else isoniazid, pyrazinamide, rifampicin, and Ethambutol are all available, or a combination of these medicines, to provide first-line treatment

John Zoya and Ferdinand Khunga

Key Findings

- Nearly all Malawian health facilities offer diagnosis or treatment for malaria.
- About six of every ten health facilities have at least one staff member recently trained in malaria diagnosis and/or treatment. Only about three of every ten have a staff member recently trained in IPTp.
- More than nine of every ten facilities that offer malaria diagnosis and/or treatment services had the first-line artemisinin combination therapy on hand the day of the assessment visit.
- Sulfadoxine/pyrimethamine for IPTp also is widely available at health facilities that provide malaria services.
- Despite the policy promoting free distribution of bed nets to antenatal care clients, only four of every ten health facilities that provide malaria services had insecticide-treated mosquito nets.
- Only one-quarter of health facilities that treat sick children can be considered fully ready to treat malaria.
- Three of every ten sick children were diagnosed with malaria. Of these, six of every ten received the first-line treatment.

11.1 BACKGROUND

Worldwide, malaria ranks fifth among causes of death from infectious diseases. It is estimated that as many as 3.4 billion people live in areas at risk of malaria in 109 countries or territories. WHO estimates that 207 million cases of malaria occurred globally in 2012 with 627,000 deaths. Most of the cases (80 percent) and deaths (90 percent) occurred in sub-Saharan Africa, and most of the deaths (77 percent) were in children under age five.

This chapter explores the following key issues relating to provision of quality malaria prevention and treatment services in Malawi:

- **Background.** Section 11.1 provides a brief background on malaria.
- **Availability of services.** Section 11.2, including Table 11.1, examines the availability of malaria diagnosis and treatment services.
- **Service readiness.** Section 11.3, including Tables 11.1 through 11.4, addresses the readiness of facilities to provide good-quality malaria treatment and diagnosis, including the availability of trained staff, guidelines, medicines, and laboratory diagnostic capacity.
- **Malaria services practices.** Section 11.4, including Table 11.5, reports on the frequency of diagnosis of malaria in sick children and on the care provided to those cases.

11.1.1 Health Situation Regarding Malaria in Malawi

Malaria poses a major health burden for Malawi. The disease ranks fourth among causes of death, accounting for 8 percent of mortality (Bowie, 2011). It is the leading cause of morbidity and mortality in

children under age 5 and among pregnant women. In 2012/13 financial year more than 3.7 million cases of malaria were reported (HMIS, 2013). The disease accounts for 34 percent of all outpatient visits and is estimated to be responsible for about 40 percent of all admissions of children under five years old and 40 percent of all deaths in hospitals. The incidence of malaria (suspected cases) declined by about 30 percent between 2010 and 2012, from 488 cases per 1,000 population to 337 per 1,000.

Malaria is hyper-endemic in Malawi, and transmission occurs throughout the year in most places, except in the mountainous areas in the North and South. Transmission is greatest during the rainy season and in low-lying areas. The entire population of Malawi is at risk of malaria. Pregnant women and people living with HIV, as a result of their compromised immunity, and children from age three months to about five years, due to their low immunity, are at the greatest risk.

Plasmodium falciparum is the most common malaria parasite species in Malawi. Other species include *P. malariae* and *P. ovale*, which sometimes are found as mixed infections with *P. falciparum*. *P. vivax* is very rare. According to an efficacy study conducted in 2012, the parasites' susceptibility to the first-line antimalarial medicine stands at 96 percent.

11.1.2 The Malaria Control Strategy

The vision for malaria control in Malawi is to keep all people free from the burden of malaria; the mission is to reduce malaria burden to a level at which it has no public health significance. The following strategies are used in scaling up malaria control activities:

- Improved case management at health facility and community levels
- Integrated vector management, including use of long-lasting insecticide-treated bed nets (LLINs), indoor residual spraying (IRS), and related measures
- Intermittent preventive treatment of malaria in pregnancy (IPTp)
- Surveillance, operations research, and monitoring and evaluation
- Strengthened advocacy, behaviour change communication, and social mobilisation.

The Current Malaria Policy

Malaria prevention and treatment services are integrated into the routine health service delivery structure. Malaria treatment is the most common treatment provided by the health system, with nine million doses of malaria medicines issued in 2013 in the public and Christian Health Association of Malawi (CHAM) health care systems.

Lumefantrine–artemether (LA) is the current first-line treatment for uncomplicated malaria. LA is provided free of charge to all patients in public and CHAM and some private health facilities nationwide. The second line treatment is artesunate amodiaquine (ASAQ). ASAQ is prescribed only when there is proven treatment failure of LA.

Parenteral artesunate is the recommended treatment for severe malaria. Parenteral quinine should be used when injectable artesunate is not available or the patient has contraindications to artesunate. At the community level, rectal artesunate is the recommended pre-referral treatment, while at the health facility level, intramuscular artesunate is recommended.

Malaria commodities—LA, ASAQ, malaria Rapid Diagnostic Tests (mRDTs), LLINs—are distributed monthly to all health facilities and community clinics. Quantities distributed are determined based on health facility reports on consumption of malaria medicines. LA is delivered in four different weight-specific packages (6, 12, 18, and 24 tablets), each one with specific pictorial descriptions of appropriate LA

use. In the absence of particular LA packs, treatment with LA is still possible but subject to improvisations in dispensing, either by cutting or combining different packs.

All malaria prevention services are free of charge in Malawi. These services include the distribution of LLINs through antenatal clinics, post-natal care to the newborn, and mass distribution in the community. Policy calls for health care facilities to issue LLINs to pregnant women at the first contact during antenatal care (ANC) and to the families of all newborns at discharge. Also, IPTp, using sulphadoxine–pyrimethamine (SP), is provided as part of ANC services.

Malaria Diagnosis Policy

Accurate diagnosis of malaria is based on good history-taking, a thorough clinical examination, and laboratory investigations. Malaria RDTs are performed at all levels of health services delivery when uncomplicated malaria is suspected. Malaria microscopy is done to confirm treatment failure and in severe malaria cases.

Following recommendations from the Roll Back Malaria partnership, Malawi in 2010 adopted a policy of diagnosis-based treatment for all suspected cases of malaria. Parasitological confirmation of malaria is now recommended for all age groups in all epidemiological settings.

11.2 AVAILABILITY OF SERVICES FOR MALARIA

Findings from the 2013-14 MSPA show that malaria services are widely available in Malawian health facilities. Practically all facilities (96 percent) offer malaria diagnosis and/or treatment services (Table 11.1). In fact, 99 percent of health centres and 97 percent of clinics, which are the most numerous health facilities in Malawi, offer these services. Only the few health posts, at 40 percent, are not likely to offer malaria services. Similarly, more than 90 percent of the facilities of each managing authority offer malaria services.

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services

Among all facilities, the percentages offering malaria diagnosis and/or treatment services and, among facilities offering malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality service for malaria, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of all facilities offering malaria diagnosis and/or treatment services ¹	Number of facilities	Percentage of facilities offering malaria diagnosis and/or treatment services that have:							Number of facilities offering malaria diagnosis and/or treatment services
			Guidelines		Trained staff		Diagnostics			
			Guidelines for diagnosis and/or treatment of malaria	Guidelines for IPTp ²	Staff trained in malaria diagnosis and/or treatment ³	Staff trained in IPTp ⁴	Malaria RDT ⁵	Malaria microscopy ⁶	Any malaria diagnostics ⁷	
Facility type										
Hospital	96	113	73	53	86	58	97	62	98	109
Health centre	99	466	71	47	68	39	95	6	95	461
Dispensary	87	48	79	20	54	15	83	0	83	42
Clinic	97	327	51	7	44	7	77	11	78	319
Health post	40	23	36	25	26	0	48	0	48	9
Managing authority										
Government	95	472	72	45	72	40	94	10	94	450
CHAM	99	163	70	47	66	37	98	25	98	162
Private	96	214	49	6	43	8	76	15	78	205
NGO	93	58	57	5	54	9	89	11	89	54
Company	98	69	53	24	37	12	65	6	65	68
Region										
Northern	96	165	64	39	60	31	89	13	89	159
Central	97	362	64	31	68	35	90	15	91	351
Southern	96	450	65	32	56	23	87	13	87	431
Total	96	977	64	33	61	29	88	14	89	940

Note: The indicators presented in this table comprise the staff and training and diagnostic domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

¹ This is based on facilities self-reporting that they offer malaria diagnosis and/or treatment services. Facilities offering antenatal care services that reported that they provide malaria rapid diagnosis tests (RDT) or were found on the day of the assessment visit to be conducting such tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services. Also, facilities offering curative care for sick children where providers of sick child services were found on the day of the assessment to be making diagnoses of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services

² Guidelines on intermittent preventive treatment (IPTp) of malaria in pregnancy

³ Facility had at least one interviewed provider of malaria services who reported receiving in-service training on malaria diagnosis and/or treatment during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁴ Facility had at least one interviewed provider of ANC services who reports receiving in-service training on some aspects of IPTp during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁵ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility

⁶ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility

⁷ Facility had either malaria RDT capacity or malaria microscopy capacity

11.3 SERVICE READINESS

11.3.1 Guidelines, Trained Staff, and Diagnostics

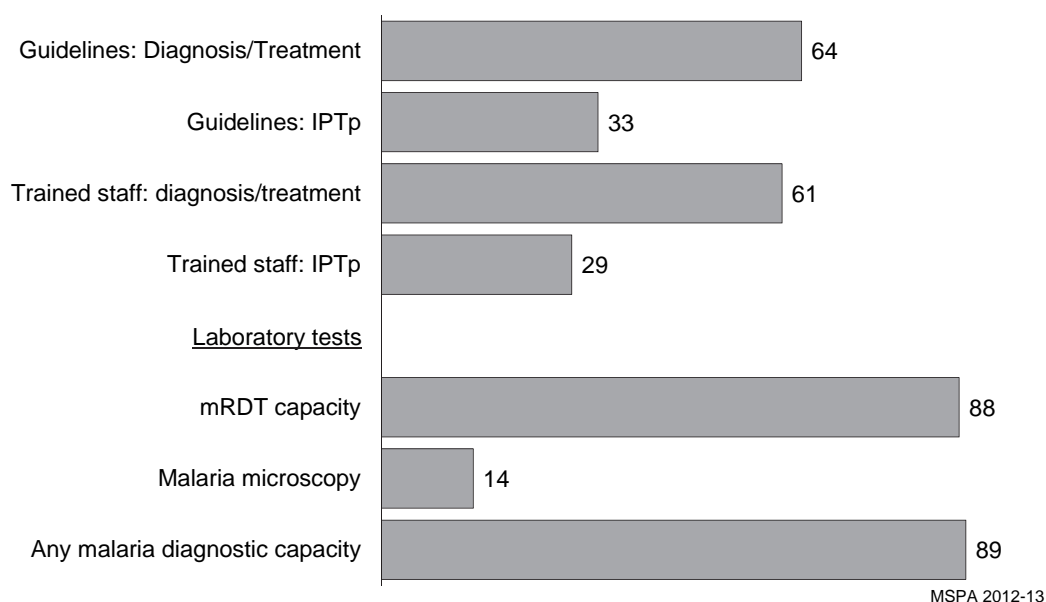
Guidelines and Training

Among facilities that offer malaria diagnosis and/or treatment services, two-thirds had guidelines for the diagnosis and treatment of malaria available in the facility on the day of the assessment (Table 11.1, Figure 11.1). Only one-third had guidelines for intermittent preventive treatment of malaria in pregnancy (IPTp). Hospitals and health centres are most likely to have each of the guidelines, and dispensaries are likely to have diagnosis and/or treatment guidelines but not IPTp guidelines. Among the facilities of the various managing authorities, government and CHAM facilities are the most likely to have these guidelines.

As for staff training, about six of every ten facilities that offer malaria services have at least one staff member who received in-service training in malaria diagnosis and/or treatment in the 24 months before the assessment. Only about three of every ten have staff recently trained in IPTp. Hospitals are markedly more likely than other types of facilities to have staff recently trained in each topic. Among managing authorities, government facilities are the most likely to have recently trained staff. Among the regions, the

highest proportion of facilities with trained staff is in the Central Region, while the lowest proportion is in the Southern region.

Figure 11.1 Items to support quality provision of malaria services (N=940)



Diagnostics

Nearly nine of every ten facilities that offer malaria services had mRDTs available on the day of the assessment visit (Table 11.1 and Figure 11.1). By comparison, only 14 percent had the equipment for malaria microscopy. Malaria RDTs are available in a large percentage of each type of facility, although availability drops off as one moves down the hierarchy of facilities. Government facilities (94 percent) and CHAM facilities (98 percent) are well supplied with mRDTs. Effectively, only hospitals have malarial microscopy.

11.3.2 Medicines and Commodities for Malaria Services

Given the widespread and frequent occurrence of malaria in Malawi, appropriate medicines need to be widely available. The 2013-14 MSPA finds that more than nine of every ten facilities that offer malaria diagnosis and/or treatment services had the first-line artemisinin combination therapy (ACT), lumefantrine–artemether, on hand the day of the assessment visit (Table 11.2, Figure 11.2). A similar proportion had injectable quinine.

Upwards of 97 percent of government, CHAM, and NGO facilities had the first-line treatment, but only 77 percent of private health facilities did. As noted, LA procured for the government is supplied only to government, CHAM, and some but not all private facilities. Virtually all hospitals and health centres (98 percent each) had the first-line medicine available, compared with eight of every ten clinics and only half of health posts. About two of every ten facilities had other ACT medicines available.

Paracetamol, a common fever reducing medicine, was available in 87 percent of facilities. Health posts were the least likely to have paracetamol.

Table 11.2 Availability of malaria medicines and commodities in facilities offering malaria services

Among facilities offering malaria diagnosis and/or treatment services, the percentages that had malaria medicines, sulfadoxine/pyrimethamine (SP), paracetamol, and insecticide-treated bed nets (ITN) available in the facility on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering malaria diagnosis and/or treatment services that have:									Number of facilities offering malaria diagnosis and/or treatment services
	Antimalarial medicines						Other medicines and commodities			
	Lumefantrine e-artemether (LA) ¹	Other ACT	Injectable artesunate	Artesunate suppository (Rectal)	Oral quinine	Injectable quinine	SP ²	Paracetamol tablet	ITN ³	
Facility type										
Hospital	98	62	7	2	90	96	95	100	44	109
Health centre	98	16	2	1	69	98	97	85	61	461
Dispensary	88	5	0	0	63	83	88	75	20	42
Clinic	82	8	5	3	73	78	67	90	12	319
Health post	48	0	10	0	23	48	48	35	25	9
Managing authority										
Government	97	24	2	0	67	95	93	80	52	450
CHAM	99	23	4	1	83	95	97	99	59	162
Private	77	9	7	2	70	81	67	95	6	205
NGO	98	8	6	10	83	73	64	94	16	54
Company	80	6	1	1	79	79	83	80	39	68
Region										
Northern	96	16	6	1	75	93	94	91	42	159
Central	93	21	4	2	74	92	87	90	40	351
Southern	89	17	2	1	70	86	82	84	40	431
Total	92	18	4	1	72	90	86	87	40	940

Note: The indicators for first-line anti-malaria medicines, sulfadoxine/pyrimethamine, paracetamol, and ITNs presented in this table correspond to the medicines and commodities domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID (WHO, 2012)

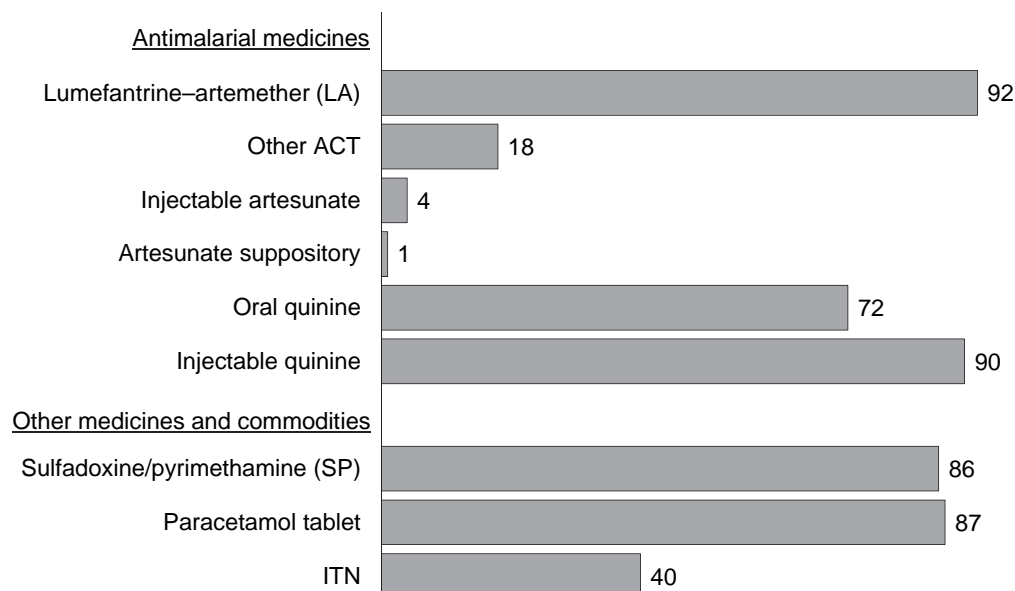
Note: ACT = artemisinin combination therapy; SP = sulfadoxine/pyrimethamine (Fansidar)

¹ Lumefantrine-artemether is the first-line artemisinin-combination therapy (ACT) antimalarial medicine in Malawi

² Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp)

³ Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients

Figure 11.2 Availability of antimalarial medicines and other medicines and commodities (N=940)



MSPA 2013-14

Malaria Prophylaxis in Pregnancy

Sulfadoxine/pyrimethamine (SP, or Fansidar) is used for IPTp. This, too, is widely available at health facilities that provide malaria services. Overall, 86 percent of facilities had SP on the day of the assessment visit. Health centres and hospitals were most likely to have SP (97 and 95 percent, respectively). In contrast, only about half of health posts had SP. CHAM and government facilities were very likely to have SP (97 percent and 93 percent, respectively); other facilities were less so. Some 94 percent of facilities in the Northern region had SP, while, in contrast, 82 percent of Southern facilities did.

Insecticide-Treated Mosquito Nets

Despite the policy promoting the free distribution of bed nets to ANC clients, only four of every ten health facilities that provides malaria services had insecticide-treated mosquito nets (ITNs) available for distribution to clients. Health centres were the best supplied with nets (61 percent), while clinics were the worst supplied (12 percent). Government and CHAM facilities, at 52 percent and 59 percent, respectively, were more likely to have had nets available than facilities managed by other authorities.

11.4 MALARIA SERVICES IN FACILITIES OFFERING CURATIVE CARE FOR SICK CHILDREN

Since children under age five are the most vulnerable to malaria, it is important for health services that serve sick children be able to diagnose and treat malaria.

11.4.1 Readiness for Diagnosis

Among facilities that offer curative care for sick children, 88 percent had mRDTs on the day of the assessment visit, while 14 percent had malaria microscopy capability (Table 11.3)—the same percentages as for all facilities offering malaria services (Table 11.1). Facilities that care for sick children were less likely to have staff members recently trained in mRDTs than were all facilities offering malaria services—51 percent versus 61 percent.

Only 35 percent of facilities that care for sick children had full diagnostic capacity—that is, mRDT kits or microscopy plus a recently trained staff member plus a protocol for use of mRDTs. At 73 percent, hospitals that offer sick child services were far more likely than other types of facilities to have full diagnostic capacity.

Table 11.3 Malaria diagnostic capacity in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having malaria diagnostic capacity on the day of the assessment, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering curative care for sick children and having:								Number of facilities offering curative care for sick children
	Malaria diagnostics			Personnel trained in:					
	Malaria RDT ¹	Microscopy ²	Either mRDT or microscopy	Malaria RDT ³	Microscopy ⁴	Either mRDT or microscopy	Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
Facility type									
Hospital	98	62	99	77	63	79	83	73	107
Health centre	95	6	95	57	46	61	67	39	459
Dispensary	77	0	77	37	32	41	54	18	45
Clinic	77	11	78	35	27	39	46	18	293
Health post	42	0	42	11	23	23	42	11	10
Managing authority									
Government	93	10	93	60	48	63	69	42	449
CHAM	98	25	98	55	44	58	68	44	161
Private	76	15	78	35	29	38	42	17	200
NGO	91	12	91	47	34	53	58	29	48
Company	68	6	68	29	28	35	49	22	56
Region									
Northern	89	13	89	44	35	49	68	32	158
Central	90	15	91	59	51	63	58	38	338
Southern	87	13	87	47	35	50	61	34	418
Total	88	14	89	51	41	55	61	35	915

Note: See chapter 4 (Table 4.1) for information on the proportion of all facilities offering curative care for sick children

¹ Facility had unexpired malaria rapid diagnostic test (RDT) kit available somewhere in the facility

² Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

³ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria RDT during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁴ Facility had at least one interviewed provider of child curative care services who reported receiving in-service training on malaria microscopy during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

⁵ RDT protocol refers to any written instruction on how to perform malaria RDT

⁶ Facility had unexpired malaria RDT kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and a malaria RDT protocol available in the facility

11.4.2 Treatment

Readiness to Treat

Among facilities that provide curative care of sick children, 92 percent had first-line treatment medicine available on the day of the assessment—the same percentages as for all facilities offering malaria services (Table 11.1)—but only 64 percent had malaria treatment guidelines and only 55 percent had at least one recently trained staff member (Table 11.4). When these three components of care are considered along with diagnostic capacity (see Table 11.3), only one-quarter had all components of service readiness in place to treat malaria.

More than half of hospitals that care for sick children had all these components of service readiness, as did 30 percent of health centres. Other types of facilities were even less likely to have all components. One-third of both government facilities and CHAM facilities that care for sick children had all components.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having indicated items for the provision of malaria services available on the day of the assessment, and malaria service readiness index, by background characteristics, Malawi SPA 2013-14

Background characteristics	Percentage of facilities offering curative care for sick children that have:				Number of facilities offering curative care for sick children
	Malaria treatment guidelines	First-line treatment medicine ¹	Trained personnel ²	Malaria service readiness index ³	
Facility type					
Hospital	74	100	79	54	107
Health centre	71	98	62	30	459
Dispensary	73	86	41	18	45
Clinic	51	81	40	11	293
Health post	32	42	23	0	10
Managing authority					
Government	71	96	65	33	449
CHAM	70	99	58	33	161
Private	49	78	39	9	200
NGO	55	98	53	17	48
Company	58	78	35	18	56
Region					
Northern	64	96	51	25	158
Central	65	94	64	28	338
Southern	64	89	50	24	418
Total	64	92	55	26	915

¹ Artemisinin combination therapy or other country-specific first-line treatment medication

² At least one interviewed provider of child curative care services reported receiving in-service training in malaria diagnosis and/or treatment during the 24 months preceding the assessment. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision

³ Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or else a functioning microscope with relevant stains and glass slides; staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in facility; see Table 11.3), malaria treatment guideline, first-line medicine, and personnel recently trained in malaria diagnosis and/or treatment available

Diagnosis and Treatment

Among all observed sick children, 20 percent were diagnosed with malaria (Table 11.5). An additional 2 percent were diagnosed with other fever. Health posts (53 percent) and dispensaries (30 percent) were most likely to diagnose malaria; clinics (15 percent) and hospitals (16 percent) were least likely. Among the facilities of the various managing authorities, government and CHAM facilities (each at 21 percent) were most likely to diagnose malaria, while company facilities (11 percent) were least likely. There was little difference among the three regions in the percentage of sick children diagnosed with malaria.

Providers gave or prescribed ACT for only two of every three children diagnosed with malaria. Children diagnosed at health posts (88 percent) and dispensaries (83 percent) were the most likely to receive ACT. Children diagnosed at clinics (54 percent) were least likely. About seven of every ten children diagnosed with malaria at government facilities received ACT, but a smaller proportion at NGO facilities (56 percent), private facilities (55 percent) and CHAM facilities (47 percent) did so, even though 99 percent of CHAM facilities that treat sick children had first line treatment medicine available (see Table 11.4).

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, the percentage diagnosed as having malaria and percentage diagnosed as having fever; and among sick children who were diagnosed as having malaria or fever, the percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, Malawi SPA 2013-14

Background characteristics	Among all observed sick children, percentage diagnosed as having:			Total number of observed sick children	Percentage of sick children diagnosed as having malaria for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria ¹	Percentage of sick children diagnosed as having fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having fever	Percentage of sick children diagnosed as having malaria or fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria or fever
	Malaria ¹	Fever	Malaria ¹ or fever							
Facility type										
Hospital	16	1	17	1,189	78	194	10	12	74	206
Health centre	23	2	24	1,810	61	409	0	32	56	440
Dispensary	30	1	31	116	83	35	0	1	82	36
Clinic	15	3	18	196	54	29	32	7	50	35
Health Post	53	0	53	18	88	10	-	0	88	10
Managing authority										
Government	21	1	22	2,516	72	522	1	30	68	551
CHAM	21	1	22	554	47	117	0	8	44	125
Private	17	2	18	152	55	25	36	3	53	28
NGO	14	4	18	49	56	7	52	2	58	9
Company	11	13	24	57	61	6	9	7	34	14
Region										
Northern	22	3	25	488	66	107	0	14	58	122
Central	20	2	21	1,680	68	333	7	28	63	360
Southern	20	1	21	1,161	66	236	15	9	65	244
Total	20	2	22	3,329	67	677	7	51	63	726

¹ Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on rapid diagnostic test or microscopy. The interviewing team did not try to verify the diagnosis

REFERENCES

- Bowie, C. 2006. "The Burden of Diseases in Malawi." *Malawi Medical Journal* 18(3):103-110.
- Bowie, C. 2011. *Burden of Disease Estimates for 2011 and the Potential Effects of the Essential Health Package on Malawi's Health Burden*. Miami, Florida, USA: University of Malawi.
- Government of Malawi. 2014. *Global AIDS Response Progress Report (GARPR), Malawi Progress Report for 2013*. Zomba, Malawi: Government of Malawi.
- Health Management Information System (HMIS). 2013. *HMIS Annual Bulletin: July 2012-June 2013*. Lilongwe, Malawi: Ministry of Health [Malawi].
- Hill, K. K. Thomas, C. AbouZahr, N. Walker, L. Say, M. Inoue, and E. Suzuki, on behalf of the Maternal Mortality Working Group. 2007. "Estimates of Maternal Mortality Worldwide between 1990 and 2005: An Assessment of Available Data." *Lancet* 370(9595):1311-1319.
- MOH. 1997. *Ministry of Health-Family Planning Policy, 1997*. Lilongwe, Malawi: MOH.
- MOH. 2007. *NTP Report 2007*. Lilongwe, Malawi: Ministry of Health.
- MOH. 2008. *Management of Sexually Transmitted Infections Using Syndromic Management Approach-Service Providers Hand Book*. 3rd ed. Lilongwe, Malawi. MOH.
- MOH and WHO. 2010. *Malawi National STEPS Survey for Chronic Non-Communicable Diseases and Their Risk Factors*. Lilongwe, Malawi. Ministry of Health and WHO.
- MOH. 2011. *MDR-TB Survey Report 2011*. Lilongwe, Malawi: MOH/NTP.
- Ministry of Health [Malawi], UNICEF, UNFPA, WHO, AMDD. 2010. *Malawi 2010 Emergency Obstetric & Newborn Care Needs Assessment*. Lilongwe: MoH, UNICEF, UNFPA, WHO, and AMDD.
- Msyamboza, K. P., B. Ngwira, T. Dzowela, C. Mvula, and D. Kathyola, A. D. Harries, and C. Bowie. 2011. "The Burden of Selected Chronic Non-communicable Diseases and Their Risk Factors in Malawi: Nationwide STEPS Survey." *PLoS ONE* 6(5): e20316. doi:10.1371/journal.pone.0020316.
- National Statistical Office (NSO) and ICF Macro, Calverton, Maryland, USA. 2011. *Malawi Demographic and Health Survey, 2010*. Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.
- National Statistical Office. 2005. *Malawi Demographic and Health Survey 2004*. Zomba, Malawi, and Calverton, Maryland, USA: Malawi National Statistical Office and ORC Macro.
- National Statistical Office and MEASURE DHS. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: Malawi National Statistical Office and ICF Macro.
- National Statistical Office and MEASURE DHS. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, Maryland, USA: Malawi National Statistical Office and ICF Macro.

Nigel, U., P. Setel, S. Rashid, F. Mugusi, J.C. Mbanya, H. Kitange, L. Hayes, R. Edwards, T. Aspray, and K. G. M. M. Alberti. 2001. "Non-communicable Diseases in Sub-Saharan Africa: Where Do They Feature in Health Research Agenda? Policy and Practice." *Bulletin of the World Health Organization* 79(10): 947-953.

United Nations Joint Programme on HIV/AIDS. 2014. Countries: Malawi. 05 March 2015. Available at <http://www.unaids.org/en/Regionscountries/Countries/Malawi>. Retrieved on September 9, 2014.

World Health Organization (WHO). 1997. *Integrated Management of Childhood Illness: IMCI Chart Booklet*. Geneva: Department of Child and Adolescent Health and Development. Available at http://www.who.int/child-adolescent-health/New_Publications/IMCI/Chartbooklet.pdf.

World Health Organization (WHO). 2005. "WHO World Health Survey." Geneva: WHO. Available at <http://www.who.int/healthinfo/survey/en/>.

World Health Organization (WHO). 2006. *Definition and Diagnosis of Diabetes Mellitus and Intermediate Hyperglycemia: Report of a WHO/IDF Consultation*. Geneva: WHO.

World Health Organization (WHO). 2007. *Global Tuberculosis Control: Surveillance, Planning, Financing*. Geneva: WHO.

World Health Organization (WHO). 2008. *Prevention and Control of Non-communicable Diseases: Implementation of the Global Strategy*. Geneva: WHO.

WHO, UNFPA, UNICEF, AMDD (2009) *Monitoring Emergency Obstetric Care, a Handbook*. Geneva: WHO. Available at World Health Organization (WHO).

World Health Organization (WHO). *Global Tuberculosis Report 2012*. Geneva: WHO.

World Health Organization (WHO) and United States Agency for International Development (USAID). *Measuring Service Availability and Readiness: A Health Facility Assessment Methodology for Monitoring Health System Strengthening*. Geneva, WHO, 2012.

World Health Organization (WHO). 2013. *WHO Global Tuberculosis Report 2013*. Geneva: WHO.

WHO 2013. WHO Fact Sheet on Noncommunicable Diseases. Available at <http://www.who.int/mediacentre/factsheets/fs355/en/>. Retrieved 09/12/2014.

Table A-5.1 Denominators for Table 5.5.1 Availability of family planning commodities: facility type and managing authority

The numbers of facilities reporting that they stock the indicated method and provide it to clients, Malawi SPA 2013-14

Method	Background characteristics										Total
	Facility type					Managing authority					
	Hospital	Health centre	Dispensary	Clinic	Health post	Government	CHAM	Private	NGO	Company	
Combined oral contraceptive pills	76	392	36	218	7	413	86	145	45	39	728
Progestin-only oral pill	57	286	27	98	2	310	55	69	25	13	471
Progestin-only injectable (2- or 3- monthly)	75	413	39	240	18	441	90	160	47	45	783
Combined injectable	9	57	5	32	1	64	8	21	6	4	103
Male condom	70	366	36	198	13	405	73	118	44	43	683
Female condom	64	349	36	157	8	382	68	92	40	32	614
Intrauterine contraceptive device	38	28	1	73	0	52	8	45	33	2	140
Implant	71	340	17	127	2	368	53	85	40	12	558
Cycle beads (Standard Days Method)	18	31	0	22	0	45	5	7	13	1	71
Every method provided by facility was available on day of survey	77	416	40	247	18	449	92	163	47	46	798
Emergency contraception	55	306	20	121	1	336	45	71	39	13	504

Table A-5.2 Denominators for Table 5.5.2 Availability of family planning commodities: region

The numbers of facilities reporting that they stock the indicated method and provide it to clients, Malawi SPA 2013-14

Method	Region			Total
	Northern	Central	Southern	
Combined oral contraceptive pills	131	280	317	728
Progestin-only oral pill	102	176	193	471
Progestin-only injectable (2- or 3- monthly)	136	296	352	783
Combined injectable	21	53	30	103
Male condom	128	249	305	683
Female condom	123	236	254	614
Intrauterine contraceptive device	23	53	65	140
Implant	105	212	240	558
Cycle beads (Standard Days Method)	9	31	32	71
Every method provided by facility was available on day of survey	137	302	358	798
Emergency contraception	103	191	209	504

Table A-5.3 Denominators for Table 5.12 - Client knowledge about contraceptive method

Number of interviewed family planning clients who received, were prescribed or referred for the indicated method, by background characteristics, Malawi SPA 2013-14

Background characteristics	Number of interviewed family planning clients who received, were prescribed or referred for the indicated method									
	Any pill	Male condom	Female condom	Progestin injectable	Monthly injectable	Intrauterine contraceptive device (IUCD)	Implant	Periodic abstinence	Tubal ligation	Lactational amenorrhoea
Facility type										
Hospital	31	18	1	567	0	2	65	0	3	0
Health centre	79	31	4	541	4	3	54	2	6	1
Dispensary	2	1	0	25	0	0	0	0	0	1
Clinic	10	3	0	73	1	1	10	0	1	0
Managing authority										
Government	105	45	3	1,001	4	5	104	2	9	2
CHAM	10	2	1	103	0	0	14	0	0	0
Private	5	1	0	44	1	0	7	0	1	0
NGO	2	1	0	26	0	1	5	0	0	0
Company	0	2	1	32	0	0	0	0	0	0
Region										
Northern	16	3	0	107	0	1	10	0	1	0
Central	73	23	2	607	5	1	67	2	3	1
Southern	33	26	3	492	0	4	51	0	6	1
Total	122	52	5	1,206	5	6	129	2	10	2

MoH MSPA 2013-14 Management Team

Dr. Dalitso Kabambe – Dir., Dept. of Policy Planning
Mr. Chis Moyo – Deputy Director, Dept. of Policy Planning
Dr. Ann Phoya, SWAp Secretariat
Mr. Rhino Mchenga
Mr. Macleod Mwale

TRAINERS

Dr. Paul Ametepi
Christopher Mlotha
Linda Kachigamba
Tamanda Chipeta
Patricia Nkhoma
Samuel Gamah
Robert Milazi

DATA PROCESSING TEAM

Vincent Masoo – Supervisor
Hacque Twaibo – Supervisor
Samuel Gamah – Office Editor
Peter Ntulumbwa – Data Entry Clerk
Edna Bonga – Data Entry Clerk

INTERVIEWERS (BY TEAM)

1
Christopher D Mwaungulu
Philimon Kashanga
Catherine Temani
Leah Kuyokwa
Monica Meleke

2
Brian Sindani
Sulemani Issah
Mary Juma
Ennipher Kalengamaliro
Innocentia Makina
Noria Chinkunda

3
Shyreen Chithambo
Dalitso Mzanga
Maggie Mphande
Frederick Kasanga
Rose Kanyangalazi
Gloria Ng'ambi Mtegha

4
Rajab Shareef
Steady Vinkhumbo
Prisca Kaunda
Taonga Eneless Sibande
Samuel Kapondera
Paul Moyala

5
Lawrence Kasenda
Sylvester Musasa
Wezzie Nyirongo
Dawira Phiri
Memory Silungwe
Maryt Machisa

6
Khumbo Nyirenda
Chrissie Maulidi Kamanula
Billy Mzikuola
Ellen Mphapo
Tamanda Jumbe
Gladys Ntonya Banda

7
Salile Nakanga
Grant Kalua
Elton Dzimbiri
Evelyn Kalinde Pasulani
Joseph Yusufu
Albert Kamanga

8
Jimmy Njiragoma
Vincent Idana
Rita Soko Luhanga
Lizzie Mzumara
Webster Zgambo
Mphatso Nkosi

9
Sailesi Chikwana
Fimothy Grey Nkhanga
Memory Mhango
Elizabeth Katunga
Henry Harrison Tembo
Chikondi Ntaja

10

David Mulepa
Joyce Mtete
Edward Donsa
Adrica Mwale
Precious Zimba
Youngson Ngonya

11

Grace Mwase
Hazel Rachel Amos
Bright Kadyremwana
Eliciano Mkomaludzu
Angellina Kang'oma
Cecillia Tenesi Mphika

12

Lloyd Wela
Tinamwabi Msiska
Ruth Gondwe
Maurice Mponda
Tuwepo Mwitha

13

Solomon Julius Obet
Lighwamba Chauluka
Shadreck Mkupila
Charles Chimbalinga
Justice Kachitsa

14

Andrew Chikwakwa
Fredson Mulewa
Chicco Manyozo
Andrew Kamkwamba
Gilbert Kapu

15

Frank Magagula
Chrispin Kainja
Bornaventure Dzanjalimodzi
Joseph Kamuikeni
Kennedy Nkhani

DRIVERS

Mr. Kunyanja
Mr. S.K. Mwalilino
Mr. Moses Balalika
Mr. Emmanuel Kaisi
Mr. Enerst Kamowa
Mr. White Kalua
Mr. Mabvuto Phiri
Mr. Lumumba Kachina
Mr. O. Luwembe
Mr. Kennedy Matecheta
Mr. N.B. Nkochera
Mr. Cosby Tsamwa Kalembe
Mr. John Kalepa
Mr. P.D. Phiri
Mr. Joseph Phiri
Mr. John Manda
Mr. Godfrey Isaiah Zomba
Mr. DE Nyirenda
Mr. Alfonso Luwizi
Mr. Anderson Chakanika
Mr. Yohane Malenga
Mr Mwenelupembe
Mr. James Chandale
Mr. Chiweza

REPORT WRITING WORKSHOP PARTICIPANTS

Pakwanja Desire Twea - MoH
Rhino Mchenga - MoH
Macleod Mwale - MoH
Dr. Edgar Lungu - MoH
Dr. Lovemore Mkujuma - MoH
Harold Chimphepo - MoH
Mr. Steven Nkoka - CHAM
Chrispian T. Sambakunsi - MoH
Mr. H. Nsona - MoH
Mr. Samuel Gamah - MoH
Nancy Masache - MoH
Pilirani Msambati - MoH
Eneles Kachule - MoH
Hans Katengeza - MoH
Dalitso Midiani - MoH
Eustice Mhango - MoH
Michael Udedi - MoH
Hastings Chiumia - MoH
Andrew Dimba - MoH
DR. Kuzani Mbendera - MoH
John Zoya – MoH
Ferdinand Khunga – MoH

ICF MACRO

Dr. Paul Ametepi
Dr. Hamdy Moussa
Prof. Ronald Mataya
Rajendra Dangol
Claudia Marchena
Jeanne Cushing
Dr. Ruilin Ren
Sally Zweimueller
Natalie La Roche
Christopher Gramer
Nancy Johnson

JURA EDITORIAL SERVICES SARL

Ward Rinehart
Sarah Johnson

Inventory Questionnaire

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

2013 MALAWI SERVICE PROVISION ASSESSMENT SURVEY

INVENTORY QUESTIONNAIRE

FACILITY IDENTIFICATION

001	NAME OF FACILITY _____		
002	LOCATION OF FACILITY (TOWN/CITY/VILLAGE) _____		
003	REGION		□ □
003A	ZONE		□ □
004	DISTRICT		□ □ □
005	FACILITY NUMBER		□ □ □ □ □
006	TYPE OF FACILITY (COUNTRY SPECIFIC)		
	CENTRAL HOSPITAL		01
	DISTRICT HOSPITAL		02
	RURAL / COMMUNITY HOSPITAL		03
	OTHER HOSPITAL		04
	HEALTH CENTRE		05
	MATERNITY		06
	DISPENSARY		07
	CLINIC		08
	HEALTH POST		09
007	MANAGING AUTHORITY (OWNERSHIP)		
	GOVERNMENT/PUBLIC		1
	CHRISTIAN HEALTH ASSOCIATION OF MALAWI (CHAM)		2
	PRIVATE-FOR-PROFIT		3
	MISSION/FAITH-BASED (OTHER THAN CHAM)		4
	NGO		5
	COMPANY		6
008	URBAN/RURAL		
	URBAN		1
	RURAL		2
009	INPATIENT ONLY		
	YES		1
	NO		2

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY □ □
				MONTH □ □
				YEAR □ □ □ □
INTERVIEWER NAME	_____	_____	_____	INT. CODE □ □ □ □
RESULT	_____	_____	_____	RESULT □ □ □ □

RESULT CODES (LAST VISIT):
 1 = FACILITY COMPLETED
 2 = FACILITY RESPONDENTS NOT AVAILABLE
 3 = POSTPONED / PARTIALLY COMPLETED
 4 = FACILITY REFUSED
 5= FACILITY CLOSED / NOT YET OPERATIONAL
 6 = OTHER _____
 (SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS, TOTAL # OF CLIENT VISITS

<p>TOTAL NUMBER OF PROVIDERS INTERVIEWED.....</p> <p>TOTAL NUMBER OF ANC OBSERVATIONS.....</p> <p>TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS.....</p> <p>TOTAL NUMBER OF SICK CHILD OBSERVATIONS.....</p> <p>TOTAL NUMBER OF DELIVERY OBSERVATIONS.....</p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											<p>TOTAL # CLIENT VISITS</p> <table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>															

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

- SET COORDINATE SYSTEM TO LATITUDE / LONGITUDE
- SET COORDINATE FORMAT TO DECIMAL DEGREE
- SET DATUM TO WGS84

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

- 1 TURN GPS MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"
- 2 WAIT 5 MINUTES
- 3 PRESS "MARK"
- 4 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"
- 5 ENTER X-DIGIT FACILITY CODE / FACILITY NUMBER
- 6 HIGHLIGHT "SAVE" AND PRESS "ENTER"
- 7 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"
- 8 HIGHLIGHT YOUR WAYPOINT
- 9 COPY INFORMATION FROM WAYPOINT LIST PAGE
- 10 WRITE ELEVATION [ALTITUDE]

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

<p>010 WAYPOINT NAME (FACILITY NUMBER)</p> <p>011 ELEVATION</p> <p>012 LATITUDE</p>	<p>WAYPOINT NAME <input style="width: 100px;" type="text"/></p> <p>ELEVATION <input style="width: 100px;" type="text"/></p> <p>N/S a <input style="width: 20px;" type="text"/></p> <p>DEGREES/DECIM b <input style="width: 40px;" type="text"/> . c <input style="width: 100px;" type="text"/></p>
<p>013 LONGITUDE</p>	<p>E/W a <input style="width: 20px;" type="text"/></p> <p>DEGREES/DECIM b <input style="width: 40px;" type="text"/> . c <input style="width: 100px;" type="text"/></p>

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of the Ministry of Health conducting a survey of health facilities to assist the government in knowing more about health services in Malawi

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by the [MOH], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED				2	0	1
	DAY	MONTH		YEAR		

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="font-size: 10px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 8px;">HOURS</td> <td></td> <td colspan="2" style="text-align: center; font-size: 8px;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV. Services may be with ANC or with delivery services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
08	Diagnosis or treatment of malaria	1	2	<input type="checkbox"/>
09	Diagnosis or treatment of STIs, excluding HIV	1	2	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
11	HIV testing and counseling (HTC) services	1	2	<input type="checkbox"/>
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	<input type="checkbox"/>
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	<input type="checkbox"/>
14	Diagnosis or management of non-communicable diseases, specifically as diabetes cardiovascular diseases, and chronic respiratory conditions in adults.	1	2	<input type="checkbox"/>
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	<input type="checkbox"/>
16	Cesarean section	1	2	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	<input type="checkbox"/>
18	Blood typing services	1	2	<input type="checkbox"/>
19	Blood transfusion services	1	2	<input type="checkbox"/>

INPATIENT SERVICES

110	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many (overnight or (in-patient)) beds in total does this facility have, both for adults and children?	# OF OVERNIGHT/ INPATIENT BEDS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF EQUIPMENT

200	I have a few questions about how medical equipment, such as speculums, forceps, and other metal equipment are processed for re-use in this facility. Are equipment that are used in the facility processed (i.e., sterilized or high level disinfected) for re-use?	YES..... 1 NO..... 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY..... 1 BOTH IN THIS FACILITY AND OUTSIDE..... 2 ONLY AT AN OUTSIDE FACILITY..... 3	

STORAGE OF MEDICINES

210	Does this facility store any medicines (including ARVs), vaccines or family planning commodities? PROBE	YES..... 1 FACILITIES STOCKS NO MEDICINES... 2	→ 300
211	CHECK Q102.04 FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/>	→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 FP COMMODITIES NOT STOCKED.... 3	
213	CHECK Q102.10 TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/>	NO TUBERCULOSIS SERVICES <input type="checkbox"/>	→ 215
214	Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?	STORED IN TB SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 TB MEDICINES NOT STOCKED..... 3	
215	CHECK Q102.12 AND Q102.06 ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/>	NEITHER ARV TREATMENT NOR PMTCT SERVICES <input type="checkbox"/>	→ 300
216	Are antiretroviral (ARV) medicines generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?	STORED IN ART SERVICE AREA..... 1 STORED WITH OTHER MEDICINES..... 2 ARV MEDICINES NOT STOCKED..... 3 STORED IN PMTCT SERVICE AREA..... 4 STORED IN ART AND PMTCT SERVICE AREA 5	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies?	YES, 24-HR STAFF..... 1 NO 24-HOUR STAFF..... 2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES.....1 DUTY SCHEDULE NOT MAINTAINED... 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED NOT SEEN. ... 2	

COMMUNICATION

310	Does this facility have a <u>land line telephone</u> that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES.....1 NO..... 2	→ 313
311	May I see the land line telephone?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	→ 319
313	Does this facility have a <u>cellular telephone or a private cellular phone</u> that is supported by the facility?	YES.....1 NO..... 2	→ 316
314	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	→ 319
316	Does this facility have a <u>short-wave radio</u> for radio calls?	YES.....1 NO..... 2	→ 319
317	May I see the short-wave radio?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
318	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
319	Does this facility have a <u>computer?</u>	YES..... 1 NO..... 2	→ 322
320	May I see the computer?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	→ 330
323	Is the email or internet routinely available for <u>at least 2 hours</u> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	

SOURCE OF WATER

330	<p>What is the <i>most commonly used</i> source of water for the facility <i>at this time</i>?</p> <p>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.</p>	<p>PIPED INTO FACILITY. 01 PIPED ONTO FACILITY GROUNDS. 02 PUBLIC TAP/STANDPIPE. 03 TUBEWELL/BOREHOLE 04 PROTECTED DUG WELL. 05 UNPROTECTED DUG WELL. 06 PROTECTED SPRING 07 UNPROTECTED SPRING. 08 RAINWATER 09 BOTTLED WATER 10 CART W/SMALL TANK/DRUM 11 TANKER TRUCK 12 SURFACE WATER (RIVER/DAM/LAKE/POND). 13 OTHER (SPECIFY) 96 DON'T KNOW 98 NO WATER SOURCE 00</p>	<p>→ 332 → 332 → 332 → 340</p>
331	<p>Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility? REPORTED RESPONSE IS ACCEPTABLE</p>	<p>ONSITE. 1 WITHIN 500M OF FACILITY. 2 BEYOND 500M OF FACILITY. 3</p>	
332	<p>Is there routinely a time of year when the facility has a severe shortage or lack of water?</p>	<p>YES. 1 NO. 2</p>	

POWER SUPPLY

340	<p>Is this facility connected to the central supply electricity grid?</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>	<p>→ 342</p>
341	<p>During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted for more than 2 hours at a time?</p> <p>CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERRUPTED FOR LESS THAN 2 HOURS AT A TIME.</p>	<p>ALWAYS AVAILABLE. 1 SOMETIMES INTERRUPTED. 2 DON'T KNOW. 8</p>	
342	<p>Does this facility have other sources of electricity, such as a generator or solar system?</p>	<p>YES. 1 NO OTHER SOURCE. 2</p>	<p>→ 350</p>
343	<p>What other sources of electricity does this facility have? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY</p>	<p>FUEL-OPERATED GENERATOR. A BATTERY-OPERATED GENERATOR. B SOLAR SYSTEM. C BATTERY-OPERATED INVERTOR. D</p>	
344	<p>CHECK Q343 GENERATOR OR INVERTOR USED (EITHER "A" OR "B" OR "D" CIRCLED) <input type="checkbox"/></p>	<p>GENERATOR NOT USED (NEITHER "A" NOR "B" NOR "D" CIRCLED) <input type="checkbox"/></p>	<p>→ 350</p>
345	<p>Is the generator functional?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>	<p>→ 350</p>
346	<p>Is fuel (or a charged battery) available today for the generator?</p> <p>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>	

EXTERNAL SUPERVISION

350	Does this facility receive any external supervision, e.g., from the district, zonal, regional or national office?	YES..... 1 NO..... 2	→ 360
351	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 3 months, within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 3 MONTHS 1 WITHIN THE PAST 6 MONTHS 2 MORE THAN 6 MONTHS AGO. 3	→ 360
352	The last time during the past 3 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	
03A	Provide any type of feedback, written or verbal?	1 2 8	

USER FEES

360	Does this facility have any <i>routine user-fees or charges</i> for client services, including charges for health passports or registration?	YES..... 1 NO..... 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES 1 NO, CHARGE FEE FOR SEPARATE ITEMS... 2	→ 363
362	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO	
01	CLIENT HEALTH PASSPORT	1 2	
02	REGISTRATION	1 2	
03	CONSULTATION.....	1 2	
04	MEDICINES OTHER THAN ANTIRETROVIRAL MEDICINES (ARVs) .	1 2	
05	VACCINES	1 2	
06	CONTRACEPTIVE COMMODITIES.	1 2	
07	NORMAL DELIVERIES	1 2	
08	SYRINGES AND NEEDLES.....	1 2	
09	CESAREAN SECTION	1 2	
10	HIV DIAGNOSTIC TEST	1 2	
11	MALARIA RAPID DIAGNOSTIC TEST	1 2	
12	MALARIA MICROSCOPY	1 2	
13	OTHER LABORATORY TESTS	1 2	
14	ARV FOR TREATMENT	1 2	
15	ARV FOR PMTCT.....	1 2	
16	MINOR SURGICAL PROCEDURES.....	1 2	
16A	BLOOD TRANSFUSION SERVICES	1 2	
16B	CATERING SERVICES (FOOD FOR PATIENTS)	1 2	
16C	WARD ACCOMODATION (INPATIENT STAY)	1 2	
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 365
364	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q632 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES. 2	
365	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED..... A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER..... B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY.. C ACCEPT PAYMENT IN-KIND..... D OTHER..... X	

SOURCES OF REVENUE

370	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the 2012-2013 financial year. If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person. CIRCLE ALL THAT APPLY. PROBE FOR EACH. [will be country-specific list]	MINISTRY OF HEALTH..... A OTHER PUBLIC MINISTRIES..... B MEDICAL SCHEMES (INSURANCE).... C SOCIAL SECURITY FUND..... D REIMBURSEMENT BY EMPLOYER..... E GOVT. CONTRIBUTION TO PRIVATE... F DONOR AGENCIES/NGOs..... G FAITH-BASED..... H COMMUNITY PROGRAMS..... I NONE..... Y OTHER..... X	
-----	---	---	--

**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

STAFFING

400	Please tell me how many staff in each of the following <i>occupational categories</i> are currently <i>assigned to, employed by, or seconded to</i> this facility, whether full time or part-time. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.		(a)	(b)	
		OCCUPATIONAL CATEGORIES	ASSIGNED, EMPLOYED, OR SECONDED	PART TIME	
01	GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
02	SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS & PATHOLOGISTS]		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
03	CLINICAL OFFICER (DEGREE LEVEL)		<input type="text"/> <input type="text"/> <input type="text"/>		
04	CLINICAL TECHNICIAN (DIPLOMA)		<input type="text"/> <input type="text"/> <input type="text"/>		
05	MEDICAL ASSISTANT		<input type="text"/> <input type="text"/> <input type="text"/>		
06	ANESTHETIST		<input type="text"/> <input type="text"/> <input type="text"/>		
07	REGISTERED NURSE (BSN)		<input type="text"/> <input type="text"/> <input type="text"/>		
08	REGISTERED NURSE MIDWIFE (BSN)		<input type="text"/> <input type="text"/> <input type="text"/>		
09	REGISTERED PSYCHIATRIC NURSE		<input type="text"/> <input type="text"/> <input type="text"/>		
10	REGISTERED NURSE WITH DIPLOMA		<input type="text"/> <input type="text"/> <input type="text"/>		
11	ENROLLED NURSE		<input type="text"/> <input type="text"/> <input type="text"/>		
12	COMMUNITY HEALTH NURSE		<input type="text"/> <input type="text"/> <input type="text"/>		
13	ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN		<input type="text"/> <input type="text"/> <input type="text"/>		
14	ENROLLED NURSE MIDWIFE		<input type="text"/> <input type="text"/> <input type="text"/>		
15	PHARMACIST		<input type="text"/> <input type="text"/> <input type="text"/>		
16	PHARMACY TECHNOLOGIST		<input type="text"/> <input type="text"/> <input type="text"/>		
17	PHARMACY TECHNICIAN		<input type="text"/> <input type="text"/> <input type="text"/>		
18	PHARMACY ASSISTANT		<input type="text"/> <input type="text"/> <input type="text"/>		
19	LABORATORY TECHNOLOGIST / SCIENTIST		<input type="text"/> <input type="text"/> <input type="text"/>		
20	LABORATORY TECHNICIAN		<input type="text"/> <input type="text"/> <input type="text"/>		
21	LABORATORY ASSISTANT		<input type="text"/> <input type="text"/> <input type="text"/>		
22	RADIOGRAPHER		<input type="text"/> <input type="text"/> <input type="text"/>		
23	DENTAL THERAPIST / TECHNICIAN		<input type="text"/> <input type="text"/> <input type="text"/>		
24	ENVIRONMENTAL HEALTH OFFICER		<input type="text"/> <input type="text"/> <input type="text"/>		
25	HEALTH SURVEILLANCE ASSISTANTS (HSA)		<input type="text"/> <input type="text"/> <input type="text"/>		
26	HTC COUNSELORS (NON-HSA)		<input type="text"/> <input type="text"/> <input type="text"/>		
27	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS.		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

410	Does this facility have routine facility management meetings?	YES..... 1 NO..... 2	→417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY..... 1 ONCE EVERY 2-3 MONTHS..... 2 ONCE EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8]→417
412	Does the facility maintain official records of facility management meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY..... A RHIS REPORTING..... B TIMELINESS OF RHIS REPORTING..... C QUALITY OF SERVICES..... D CLIENT UTILIZATION..... E DISEASE DATA..... F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES)..... G FINANCES OR BUDGET..... H OTHER..... X NONE OF THE ABOVE..... Y	→417
415	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES..... 1 NO..... 2 DON'T KNOW..... 8]→417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
417	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community members?	YES..... 1 NO..... 2 DON'T KNOW..... 8]→430
418	How frequently are routine meetings held with both facility staff and community members?	MONTHLY OR LESS FREQUENTLY..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8]→430
419	Is an official record of the meetings with both facility staff and community members maintained?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→430
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES..... 1 NO..... 2	→440
431	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 MEETING WITH COMMUNITY LEADERS..... D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY..... E EMAIL..... F FACILITY'S WEBSITE..... G LETTERS FROM CLIENTS/COMMUNITY..... H OMBUDSMAN..... I OTHER..... X DON'T KNOW..... Z	→440
432	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES..... 1 NO PROCEDURE..... 2 DON'T KNOW..... 8	→ 440
433	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 REPORTS NOT COMPILED..... 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→450
441	Is there an official record of any quality assurance activities carried out during the past year?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→450
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES..... 1 NO..... 2	→452
451	May I see the ambulance (or other vehicle)?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 453
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES..... 1 NO..... 2	→ 460
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460	Does this facility have a system in place to regularly collect health services data?	YES. 1 NO. 2	
461	Does this facility regularly compile any reports containing health services information?	YES. 1 NO. 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN. 1 EVERY 2-3 MONTHS. 2 EVERY 4-6 MONTHS. 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
463	May I see a copy of the most recent report?	RECORD OBSERVED. 1 REPORTED, NOT SEEN. 2	
463A	Are any of the compiled reports submitted to someone or to an office outside of this facility?	YES. 1 NO. 2	→464
463B	How frequently are any of the compiled reports submitted to someone or to an office outside of this facility?	MONTHLY OR MORE OFTEN. 1 EVERY 2-3 MONTHS. 2 EVERY 4-6 MONTHS. 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
463C	To whom are the reports sent?	DISTRICT LEVEL. A ZONAL LEVEL. B REGIONAL LEVEL. C NATIONAL LEVEL. D DONOR AGENCY. E OTHER: _____ X (SPECIFY)	
463D	When you send the reports to the [DISTRICT / ZONAL / NATIONAL / DONOR AGENCY] do you receive any feedback?	YES. 1 NEVER RECEIVE. 2	
464	Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility?	YES. 1 NO DEDICATED PERSON. 2	→470
465	Who is responsible for health services data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON. 1 FACILITY IN-CHARGE. 2 OTHER SERVICE PROVIDER. 3	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	CHECK Q110 INPATIENT CARE SERVICES AVAILABLE <input type="checkbox"/>	NO INPATIENT CARE SERVICES <input type="checkbox"/>	→ 472
471	How many <i>live</i> discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children?	# OF DISCHARGES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW. 9998	
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW. 9998	

SECTION 5: PROCESSING OF EQUIPMENT FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE EQUIPMENT ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF EQUIPMENT IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	CHECK Q201	ARE ANY EQUIPMENT PROCESSED IN THE FACILITY? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES (CODES 1 or 2 CIRCLED) </div> <div style="text-align: center;"> NO (CODE 3 CIRCLED) </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div> <p style="text-align: center; margin-top: 10px;">GO TO NEXT SECTION OR SERVICE SITE</p>	
501	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"		
	ITEM	(A) USE AND AVAILABILITY	(B) FUNCTIONING
		OBSERVED	REPORTED NOT SEEN
		NOT USED	YES
			NO
			DON'T KNOW
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b
		3	2
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b	2 → b
		3	3
03	ELECTRIC DRY HEAT STERILIZER	1 → b	2 → b
		3	4
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b	2 → b
		3	5
05	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1	2
		3	7
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → b	2 → b
		3	7
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b	2 → b
		3	8
08	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE	1	2
		3	
09	ANY CHEMICALS FOR CHEMICAL HLD	1	2
		3	
502	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.		
	(1) AUTOCLAVE (steam with pressure)	(2) DRY HEAT STERILIZATION	(3) BOILING (HLD)
	(4) STEAM HIGH LEVEL DISINFECTION (HLD)	(5) CHEMICAL HIGH LEVEL DISINFECTION (HLD)	
A	Method	USED 1 NOT USED .. 2 → 2	USED 1 NOT USED 2 → 3
			USED 1 NOT USED 2 → 4
			USED 1 NOT USED .. 2 → 5
			USED 1 NOT USED... 2 → 503
B	Temperature (centigrade)	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998	TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998
C	Pressure	PRESS- URE <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998 → 1E	
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM 1 ATM PRESSURE .. 2 KILOPASCAL 3 MILLIMETER HG .. 4 DON'T KNOW 8	
E	What is the duration in minutes when equipment is not wrapped in cloth for [METHOD]?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 DON'T KNOW 998
			MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
			MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
			MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998
F	What is the duration in minutes when equipment is wrapped in cloth for autoclave?	MINUTES WRAPPED <input type="text"/> <input type="text"/> <input type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	
G	Chemical disinfectant used	ALCOHOL 01 BETADINE 02 CHLORINE 03 CIDEX 04 FORMALDEHYDE... 05 GLUTERALDEHYDE 06 DON'T KNOW 98	
503	Does this facility have any guidelines on final processing or sterilization of equipment?	YES 1 NO 2	→ NEXT SECTION
504	May I see the guidelines on processing or sterilization of equipment? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE	OBSERVED 1 REPORTED NOT SEEN 2	

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility <i>finally</i> dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+°C) 02 1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING FLAT GROUND-NO PROTECTION. 04 PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION. 06 COVERED PIT OR PIT LATRINE. 07 OPEN PIT-NO PROTECTION. 08 PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE STORED IN COVERED CONTAINER. 10 STORED IN OTHER PROTECTED ENVIRONMENT. 11 STORED UNPROTECTED. 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE 95</p>	
601	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages</p> <p>How does this facility <i>finally</i> dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>SAME AS FOR SHARP ITEMS. 01</p> <p>BURN IN INCINERATOR: 2-CHAMBER INDUSTRIAL (800-1000+°C) 02 1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING FLAT GROUND-NO PROTECTION. 04 PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING FLAT GROUND-NO PROTECTION. 06 COVERED PIT OR PIT LATRINE. 07 OPEN PIT-NO PROTECTION. 08 PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE STORED IN COVERED CONTAINER. 10 STORED IN OTHER PROTECTED ENVIRONMENT. 11 STORED UNPROTECTED. 12</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>NEVER HAVE OTHER MEDICAL WASTE. 95</p>	
602	<p>CHECK Q600</p> <p style="text-align: center;"> FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) <input type="checkbox"/> NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) <input type="checkbox"/> </p> <p style="text-align: right; margin-right: 50px;">→ 604</p>		
603	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1 WASTE VISIBLE, BUT PROTECTED AREA. 2 WASTE VISIBLE, NOT PROTECTED. 3 WASTE SITE NOT INSPECTED. 8</p>	
604	<p>CHECK Q601.</p> <p style="text-align: center;"> FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) <input type="checkbox"/> NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) <input type="checkbox"/> </p> <p style="text-align: right; margin-right: 50px;">→ 606</p>		
605	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1 WASTE VISIBLE, BUT PROTECTED AREA. 2 WASTE VISIBLE, NOT PROTECTED. 3 WASTE SITE NOT INSPECTED. 8</p>	

606	CHECK Q600 AND Q601 INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	→ 610
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED. 1 INCINERATOR REPORTED NOT SEEN. 2	
608	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES 1 NO. 2 DON'T KNOW. 8	→ 610
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES 1 NO. 2 DON'T KNOW. 8	
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES. 1 NO GUIDELINE AVAILABLE. 2	→ 620
611	May I see the guidelines on health care waste management?	OBSERVED. 1 REPORTED NOT SEEN. 2	

CLIENT LATRINE

620	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use? IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM. 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE. 13 FLUSH TO SOMEWHERE ELSE. 14 FLUSH, DON'T KNOW WHERE. 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE. 21 PIT LATRINE WITH SLAB. 22 PIT LATRINE WITHOUT SLAB / OPEN PIT. 23 COMPOSTING TOILET 31 BUCKET TOILET. 41 HANGING TOILET / HANGING LATRINE. 51 NO FUNCTIONING FACILITY / BUSH / FIELD. 61	
-----	--	---	--

SECTION 7: BASIC SUPPLIES - CLIENT EXAMINATION ROOM CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

BASIC SUPPLIES AND EQUIPMENT

700	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
21A	TROLLEY	1 → b	2 → b	3	1	2	8
21B	WHEEL CHAIR	1 → b	2 → b	3	1	2	8

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.

710	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4		

CLIENT WAITING AREA

720	<p>Is there a waiting area for clients where they <i>are protected from the sun and rain?</i></p> <p>ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITING AREA IN THE MAIN OUTPATIENT SERVICE AREA.</p>	YES..... 1 NO PROTECTED CLIENT WAITING AREA..... 2	
-----	---	---	--

SECTION 8: DIAGNOSTICS

800	CHECK Q102.17	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.			

HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES 1 NO 2	→ 803						
802	Please tell me if: a) Any of the following hemoglobin test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER/UNEXPIRED		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b 2 ↘ 02 ↙	1 → c 2 → c 3 ↘ 02 ↙	1 2 8				
	02	HemoCue	1 → b 2 ↘ 04 ↙	1 → c 2 → c 3 ↘ 04 ↙	1 2 8				
	03	Microcuvette (with valid expiration date)		1 2 3					
	04	Colorimeter or hemoglobinometer	1 → b 2 ↘ 07 ↙	1 → c 2 → c 3 ↘ 07 ↙	1 2 8				
	05	Drabkin's solution (for colorimeter and hemoglobinometer)		1 2 3					
	06	Pipette (for measuring blood volume)	1 → b 2 ↘ 07 ↙	1 2 3					
07	Litmus paper for hemoglobin test (with valid expiration date)	1 → b 2 ↘ 803 ↙	1 2 3	1 2 8					
803	Does this facility do CD4 testing?	YES 1 NO 2	→ 806						
804	Please tell me if: a) Any of the following CD4 test equipment or assay is used in this facility, b) Equipment or items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER/UNEXPIRED		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	01	Flow cytometer analyzer e.g., FACS count machine	1 → b 2 ↘ 03 ↙	1 → c 2 → c 3 ↘ 03 ↙	1 2 8				
	02	Reagent kits for flow cytometer analyzer		1 2 3					
	03	Fluorescent cartridge / PIMA analyzer	1 → b 2 ↘ 05 ↙	1 → c 2 → c 3 ↘ 05 ↙	1 2 8				
04	Cartridges for fluorescent cartridge analyzer		1 2 3						
05	Rapid CD4 test strips	1 → b 2 ↘ 806 ↙	1 → c 2 → c 3 ↘ 806 ↙	1 2 8					

HIV TESTING

806	Does this facility conduct any HIV tests, including HIV RDT, either in the facility or through referral?	YES..... 1 NO..... 2	→ 827			
807	Is HIV rapid diagnostic testing available from this service site?	YES..... 1 NO..... 2	→ 809			
808	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4				
809	Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis?	YES..... 1 NO..... 2	→ 811			
810	May I see a sample DBS filter paper card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4				
811	Please tell me if: a) Any of the following HIV test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) EQUIPMENT USED/ TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?		
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW		
		01	ELISA/EIA scanner/reader	1 ▶ b 2] 03 ←	1 ▶ c 2 ▶ c 3] 02 ←	1 2 8
		02	Washer for ELISA scanner/reader	1 ▶ b 2] 03 ←	1 ▶ c 2 ▶ c 3] 03 ←	1 2 8
		03	Dynabeads with vortex mixer	1 ▶ b 2] 04 ←	1 ▶ c 2 ▶ c 3] 04 ←	1 2 8
		04	Western Blot test assay	1 ▶ b 2] 05 ←	1 2 3	
		05	PCR for viral load	1 ▶ b 2] 06 ←	1 ▶ c 2 ▶ c 3] 06 ←	1 2 8
		06	PCR for DNA-EID	1 ▶ b 2] 812 ←	1 ▶ c 2 ▶ c 3] 812 ←	1 2 8
812	Do you have any written guidelines on how to conduct HIV test (may be manufacturers instructions, SOP, etc.)	YES..... 1 NO..... 2	→ 814			
813	May I see the guidelines, instructions or SOP?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				
814	Do you have written guidelines on confidentiality and disclosure of HIV test results MAY BE PART OF ANOTHER GUIDELINE	YES..... 1 NO..... 2	→ 816			
815	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				
816	Do you have other guidelines relevant to HIV/AIDS or related services	YES..... 1 NO..... 2	→ 818			
817	May I see the other HIV/AIDS-related guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2				

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES..... 1 NO..... 2	→823		
819	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL..... A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE..... B BLOOD SENT OUTSIDE FOR RETESTING.. C OTHER..... X			
820	Is there a record of the results from the external quality check?	YES..... 1 NO..... 2	→823		
821	May I see the records or results from the external quality check?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→823		
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOT AVAILABLE..... 95			
823	Do you send blood outside the facility for HIV diagnostic testing?	YES..... 1 NO..... 2	→827		
824	For which HIV diagnostic test do you send blood outside? PROBE	ELISA/EIA..... A WESTERN BLOT..... B PCR FOR EID..... C RAPID TESTING..... D OTHER..... X			
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES..... 1 NO..... 2	→826A		
826	May I see records of recent HIV tests conducted outside this facility?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2			
826A	Do you send blood outside the facility for viral load testing?	YES..... 1 NO..... 2	→827		
826B	Do you maintain records of viral load tests that are conducted outside of this facility?	YES..... 1 NO..... 2	→827		
826C	May I see records of recent viral load tests conducted outside this facility?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2			

STANDARD PRECAUTIONS

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.				
827	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3

CLINICAL CHEMISTRY

830	Does this facility do any blood glucose testing in the facility?	YES 1 NO 2	→ 832					
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	(a)	(b)	(c)				
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		IS THE ITEM IN WORKING ORDER/UNEXPIRED		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO
01	Glucometer	1 → b 2 ↘ 832 ←	1 → c 2 → c 3 ↘ 02 ←	1 2 8				
02	Glucometer test strips	1 → c 2 → c 3 ↘ 832 ←	1 2 8	1 2 8				
832	Does this facility do any liver function tests (such as ALT & AST) or renal function tests (such as serum creatinine) on site?	YES 1 NO 2			→ 836			
833	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES 1 NO 2			→ 836			
834	May I see the blood chemistry analyzer?	OBSERVED 1 REPORTED, NOT SEEN 2						
835	Is the blood chemistry analyzer functioning? ACCEPT REPORTED RESPONSE	YES 1 NO 2						
836	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES 1 NO 2			→ 838			
837	Please tell me if any of the following dipstick is used in this location. If used, I will like to see one. IF USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	(A) USED		(B) OBSERVED AVAILABLE				
		Yes	No	AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Dip sticks for urine protein	1 → b 2 ↘ 02 ←	1 2 3 4				
	02	Dip sticks for urine glucose	1 → b 2 ↘ 03 ←	1 2 3 4				
03	Urine pregnancy test	1 → b 2 ↘ 838 ←	1 2 3 4					
838	Do you ever send blood or urine outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?	YES 1 NO 2			→ 840			
839	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED				
		YES	NO	YES	NO			
	01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1 → b 2 ↘ 02 ←	1 2				
	02	Liver Function Test (LFT)	1 → b 2 ↘ 03 ←	1 2				
	03	Urinalysis	1 → b 2 ↘ 04 ←	1 2				
04	Pregnancy test	1 → b 2 ↘ 840 ←	1 2					

PARASITOLOGY/BACTERIOLOGY

840	Please tell me if: a) Any of the following EQUIPMENT is used in the facility b) Is available, and c) Equipment is functioning	(a)		(b)			(c)		
		EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	LIGHT MICROSCOPE	1 → b	2 ↵ 02 ↵	1 → c	2 → c	3 ↵ 02 ↵	1	2	8
02	ELECTRON MICROSCOPE	1 → b	2 ↵ 03 ↵	1 → c	2 → c	3 ↵ 03 ↵	1	2	8
03	REFRIGERATOR IN LAB AREA	1 → b	2 ↵ 04 ↵	1 → c	2 → c	3 ↵ 04 ↵	1	2	8
04	INCUBATOR	1 → b	2 ↵ 05 ↵	1 → c	2 → c	3 ↵ 05 ↵	1	2	8
05	TEST TUBES	1 → b	2 ↵ 06 ↵	1	2	3			
06	CENTRIFUGE FOR CSF MICROSCOPY	1 → b	2 ↵ 07 ↵	1 → c	2 → c	3 ↵ 7 ↵	1	2	8
07	CULTURE MEDIUM	1 → b	2 ↵ 08 ↵	1	2	3			
08	GLASS SLIDES AND COVERS	1 → b	2 ↵ 841 ↵	1	2	3			
841	Does this facility do any MALARIA tests (microscopy or RDT) on site, i.e., in this facility?				YES..... 1	NO..... 2	→848		
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?				YES..... 1	NO..... 2	→847		
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID				OBSERVED, AT LEAST 1 VALID..... 1	OBSERVED, NONE VALID..... 2	REPORTED AVAILABLE, NOT SEEN..... 3	NONE AVAILABLE TODAY..... 4	
844	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC				PARACHECK..... A	CARE START..... B	FIRST RESPONSE..... C	SD BIOLINE..... D	
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?				YES..... 1	NO..... 2	▶ 847		
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?				OBSERVED..... 1	REPORTED, NOT SEEN..... 2			
847	Please tell me if: a) Any of the following malaria tests or equipment is used in the facility b) All items needed for the test are available	(a)		(b)					
EQUIPMENT/ TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?							
Yes		No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY				
01		GIEMSA STAIN	1 → b	2 ↵ 02 ↵	1	2			
02	FIELD STAIN	1 → b	2 ↵ 03 ↵	1	2	3			
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → b	2 ↵ 848 ↵	1	2	3			

848	Does this facility do any GRAM STAINING ?		YES..... 1 NO..... 2			→ 850	
849	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Crystal violet or Gentian violet	1 → b	2 ↘ 02 ←	1	2	3
	02	Lugol's iodine / Lugol's solution	1 → b	2 ↘ 03 ←	1	2	3
03	Acetone or Acetone alcohol	1 → b	2 ↘ 04 ←	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b	2 ↘ 850 ←	1	2	3	
850	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?		YES..... 1 NO..... 2			→ 852	
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED		
			YES	NO	YES	NO	
	01	Gram stain	1 → b	2 ↘ 02 ←	1	2	
	02	India ink stain	1 → b	2 ↘ 03 ←	1	2	
	03	Malaria	1 → b	2 ↘ 04 ←	1	2	
04	Specimen for culture	1 → b	2 ↘ 852 ←	1	2		
852	Does this facility do STOOL MICROSCOPY ?		YES..... 1 NO..... 2			→ 854	
853	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Formal saline (for concentration method)	1 → b	2 ↘ 02 ←	1	2	3
02	Normal saline (for direct microscopy)	1 → b	2 ↘ 03 ←	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b	2 ↘ 854 ←	1	2	3	

SYPHILIS

854	Does this facility do any syphilis testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 859	
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES..... 1 NO..... 2	→ 857	
856	May I see a sample syphilis rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES..... 1 NO..... 2	→ 859	
858	Please tell me if: a) Any of the following syphilis test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW
		1 → b 2] 02 ←	1 2 3	
		1 → b 2] 03 ←	1 2 3	
		1 → c 2 → c 3] 04 ←	1 2 3	
1 → b 2] 859 ←	1 2 3] 859 ←			

CHLAMYDIA

859	Does this facility do any chlamydia testing on site, i.e., in the facility?	YES..... 1 NO..... 2	→ 861
860	Please tell me if: a) Any of the following chlamydia test, test equipment, or stain is used in the facility; b) All items needed for the test are available, and	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE
		1 → b 2] 02 ←	1 2 3
1 → b 2] 861 ←	1 2 3		

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES..... 1 NO..... 2	→ 865	
862	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a)	(b)	(c)
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	Ziehl-Neelson test for AFB	1 2 05 ↙		
02	Carbol-Fuchsin	1 → b 2 03 ↙	1 2 3	
03	Sulphuric Acid (20 - 25% concentration) or Acid Alcohol	1 → b 2 04 ↙	1 2 3	
04	Methylene Blue	1 → b 2 05 ↙	1 2 3	
05	Fluorescence Microscope (FM)	1 → b 2 06 ↙	1 → c 2 → c 3 06 ↙	1 2 8
06	Culture / growth medium (e.g., MGIT 960)	1 → b 2 07 ↙	1 2 3	
07	Biosafety hood / cabinet	1 → b 2 863 ↙	1 2 3	
863	Do you use TB rapid diagnostic test to diagnose TB at this laboratory/service site?	YES..... 1 NO..... 2	→ 865	
864	May I see a sample TB rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→ 867	
866	May I see a sample sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
867	Does this laboratory send sputum outside the facility for TB testing?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 870	
868	Do you maintain records of result of sputum tests conducted elsewhere?	YES..... 1 NO..... 2	→ 870	
869	May I see the record or register?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2		
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?	YES..... 1 NO..... 2	→ 880	
871	Please tell me which type of Quality Control practice is followed by this facility. PROBE TO DETERMINE WHICH TYPE OF QUALTY CONTROL IS USED	INTERNAL QC ONLY..... 1 EXTERNAL QC ONLY..... 2 INTERNAL & EXTERNAL QC..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER..... 6 (SPECIFY)		
872	Are records maintained of the results from the quality control (internal or external) procedures?	YES..... 1 NO..... 2	→ 880	
873	Are records maintained for the internal QC procedures, the external QC procedures, or for both internal and external QC procedures?	RECORDS FOR IQC ONLY..... 1 RECORDS FOR EQC ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC PROCEDURES..... 3		

DIAGNOSTIC IMAGING

880	Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON.	YES..... 1 NO..... 2	SKIP TO NEXT SECTION	
881	Please tell me if: a) If any of the following imaging equipment is used in the facility b) if it is available today, and c) if it is functioning today	(a) EQUIPMENT USED	(b) EQUIPMENT AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	DIGITAL X-RAY MACHINE NOT REQUIRING FILM	1→ b 2] 02 ←	1→ c 2→ c 3] 02 ←	1 2 8
02	X-RAY MACHINE	1→ b 2] 04 ←	1→ c 2→ c 3] 03 ←	1 2 8
03	UNEXPIRED FILM FOR X-RAY		1 2 3] 04 ←	
04	ULTRASOUND SYSTEM / MACHINE	1→ b 2] 05 ←	1→ c 2→ c 3] 05 ←	1 2 8
05	CT SCAN	1→ b 2] NEXT SECTION	1→ c 2→ c 3] SKIP TO NEXT SECTION	1] 2] 8] ALL SKIP TO NEXT SECTION
THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE				

SECTION 9: MEDICINES AND COMMODITIES

900	CHECK Q210	FACILITY STORES MEDICINES <input type="checkbox"/>	FACILITY STORES NO MEDICINES <input type="checkbox"/> GO TO NEXT SECTION ←
-----	-------------------	--	---

SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES
 IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901	Are any of the following antibiotics available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION (Oral antibiotics for children)	1	2	3	4	5
03	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS (broad spectrum antibiotics)	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17	METRONIDAZOLE TABLETS [antibiotic/amebecide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
22	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5
22A	AMOXICILLIN DISPERSIBLE PEDIATRIC-DOSED TABLETS	1	2	3	4	5
22B	CO-TRIMOXAZOLE DISPERSIBLE PEDIATRIC-DOSED	1	2	3	4	5
22C	PENICILLIN TABLETS	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5
02A	PRAZIQUANTEL	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL / LISINOPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE INJECTION	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	OTHER A.C.E INHIBITOR	1	2	3	4	5
11	EPINEPHRINE / ADRENALINE INJECTION	1	2	3	4	5
12	FUROSEMIDE (DIURETIC)	1	2	3	4	5
13	THIAZIDE DIURETIC	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION, 10% OR 50%	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE INJECTION	1	2	3	4	5
18	INSULIN INJECTIONS - LENTE [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE / CIMETIDINE (Gastro-esophageal reflux)	1	2	3	4	5
23	PREDNISOLONE	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN / ATOVASTATIN (High cholesterol)	1	2	3	4	5
25A	INSULIN INJECTIONS - ACTRAPID [DIABETES]	1	2	3	4	5
25B	SALBUTAMOL TABLETS (Bronchospasms/Chronic asthma)	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904	Are any of the following anti-fungal medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE	1	2	3	4	5
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5
05A	GRISEOFULVIN TABS	1	2	3	4	5
05B	KETAKONAZOL INJECTABLE	1	2	3	4	5

ANTIMALARIAL MEDICINES

905	Are any of the following antimalarial medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ARTEMETHER LUMEFANTRINE (LA): 6 TABLETS/PACK	1	2	3	4	5
02	ARTEMETHER LUMEFANTRINE (LA): 12 TABLETS/PACK	1	2	3	4	5
03	ARTEMETHER LUMEFANTRINE (LA): 18 TABLETS/PACK	1	2	3	4	5
04	ARTEMETHER LUMEFANTRINE (LA): 24 TABLETS/PACK	1	2	3	4	5
05	FANSIDAR / SP [SULFADOXINE + PRIMETHAMINE] TABS	1	2	3	4	5
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
09	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
10	OTHER ANTI-MALARIAL MEDICINE	1	2	3	4	5
10A	ARTEMETER - AMODIAQUINE (ASAQ) 25mg/67.5mg	1	2	3	4	5
10B	ARTEMETER - AMODIAQUINE (ASAQ) 50mg/135mg	1	2	3	4	5
10C	ARTEMETER - AMODIAQUINE (ASAQ) 100mg/270mg	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906	Are any of the following medicines for maternal health available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SUPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS	1	2	3	4	5
11A	HYDRALIZINE INJECTION	1	2	3	4	5

INTRAVENOUS FLUIDS

907	Are any of the following intravenous fluids available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5
03A	HALF-STRENGTH DARROWS	1	2	3	4	5

FEVER REDUCING AND PAIN MEDICINES

908	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
03	PARACETAMOL SYRUP	1	2	3	4	5
03A	DICLOFENAC SUPPOSITORIES (Strong pain medicine)	1	2	3	4	5
03B	ASPIRIN TABLETS	1	2	3	4	5
03C	BRUFEN TABLETS	1	2	3	4	5
03D	CODEINE TABLETS (Strong oral pain medicine)	1	2	3	4	5
03E	INDOMETHACIN CAPSULES (NSAID, fever reducer, pain medicine)	1	2	3	4	5
03F	MORPHINE TABLETS	1	2	3	4	5
03G	MORPHINE INJECTION	1	2	3	4	5
03H	LIQUID MORPHINE OR MORPHINE SYRUP/SUSPENSION	1	2	3	4	5
03I	PARACETAMOL SUPPOSITORIES	1	2	3	4	5
03J	PETHIDINE INJECTION	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
911	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	

SUPPLY ITEMS

912	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS (24G)	1	2	3
04	LATEX GLOVES	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS (ITNs) OR LONG LASTING INSECTICIDE NETS (LLINs)	1	2	3
08A	GAUZE	1	2	3
08B	CANULA FOR ADMINISTERING IV FLUIDS (23G)	1	2	3
08C	CANULA FOR ADMINISTERING IV FLUIDS (22G)	1	2	3
08D	CANULA FOR ADMINISTERING IV FLUIDS (21G)	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (TB MEDS?) <input type="checkbox"/>	
921	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE AT LEAST ONE VALID AVAILABLE NONE VALID	(B) NOT OBSERVED REPORTED AVAILABLE NOT SEEN NOT AVAILABLE TODAY/DK NEVER AVAILABLE
01	COMBINED ORAL CONTRACEPTIVE PILLS	1 2	3 4 5
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1 2	3 4 5
03	COMBINED INJECTABLE CONTRACEPTIVES	1 2	3 4 5
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO-PROVERA)	1 2	3 4 5
05	MALE CONDOMS	1 2	3 4 5
06	FEMALE CONDOMS	1 2	3 4 5
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1 2	3 4 5
08	IMPLANT (JADELLE OR IMPLANON)	1 2	3 4 5
09	EMERGENCY CONTRACEPTIVE PILLS (PROSTINOL 2)	1 2	3 4 5
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1 2	3 4 5

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

922	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES. 1 NOT ALL COMMODITIES. 2 NO. 3	
924	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
925	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	

SECTION 9.3: ANTI-TB DRUGS

930	<p>CHECK Q214</p> <p>ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/></p>	<p>ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/></p> <p>PROCEED TO NEXT SECTION (ARV MEDS?) ←</p>
-----	--	--

931	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ETHAMBUTOL TABS	1	2	3	4	5
02	ISONIAZID TABS	1	2	3	4	5
03	PYRAZINAMIDE	1	2	3	4	5
04	RIFAMPICIN	1	2	3	4	5
05	ISONIAZID + RIFAMPICIN	1	2	3	4	5
06	ISONIAZID + ETHAMBUTOL (EH) (2FDC)	1	2	3	4	5
07	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC)	1	2	3	4	5
08	ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE) (3FDC)	1	2	3	4	5
09	ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	1	2	3	4	5
10	STREPTOMYCIN INJECTABLE	1	2	3	4	5

STORAGE CONDITION: ANTI-TB MEDICINES

932	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
934	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	<p>CHECK Q216</p> <p>ARV MEDICINES STORED WITH OTHER MEDICINES <input type="checkbox"/> IN COMMON LOCATION (RESPONSE 2 CIRCLED)</p>	<p>ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/></p> <p>PROCEED TO NEXT SECTION (ARV MEDS?) ←</p>										
941	<p>Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs available in the facility/location today?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	ZIDOVUDINE (ZDV, AZT) TABLETS	1	2	3	4	5						
02	ZIDOVUDINE (ZDV, AZT) SYRUP / DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5						
03	ABACAVIR (ABC) TABLETS	1	2	3	4	5						
04	DIDANOSINE (ddI) TABLETS	1	2	3	4	5						
05	LAMIVUDINE (3TC) TABLETS	1	2	3	4	5						
06	LAMIVUDINE (3TC) SYRUP	1	2	3	4	5						
07	STAVUDINE 30 (D4T)	1	2	3	4	5						
08	STAVUDINE SYRUP	1	2	3	4	5						
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1	2	3	4	5						
10	EMTRICITABINE (FTC)	1	2	3	4	5						
942	<p>Are any of the following Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs available in the facility/location today?</p> <p>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
(A) OBSERVED AVAILABLE		(B) NOT OBSERVED										
AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE								
01	NEVIRAPINE (NVP) TABLETS	1	2	3	4	5						
02	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5						
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1	2	3	4	5						
04	EFAVIRENZ (EFV) SYRUP	1	2	3	4	5						
05	DELAVIRDINE (DLV)	1	2	3	4	5						

943	Are any of the following Protease Inhibitor ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIER (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
944	Are any of the following Fusion Inhibitor or Combined ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ENFUVIDITE (T-20)	1	2	3	4	5
02	STAVUDINE + LAMIVUDINE [D4T + 3TC]	1	2	3	4	5
03	STAVUDINE + LAMIVUDINE + NEVIRAPINE [D4T + 3TC + NVP]	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
06	ZIDOVUDINE + LAMIVUDINE + NEVIRAPINE [AZT + 3TC + NVP]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5
11	LOPINAVIR + RITONAVIR [LPV + RTV]	1	2	3	4	5
12	ATAZANIVIR + RITONAVIR [ATV + RTV]	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

946	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
947	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 4 OTHER SYSTEM _____ 6 (SPECIFY)	
948	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN ART SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

MODULE 3: SERVICE-SPECIFIC READINESS

CHILD HEALTH SERVICES

SECTION 10: CHILD VACCINATION

1000	CHECK Q102.01	CHILD VACCINATION SERVICES AVAILABLE <input type="checkbox"/>	NO CHILD VACCINATION SERVICES <input type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1001	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.		
	CHILD VACCINATION SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH
01	Routine DPT+HepB+HiB (i.e., pentavalent)	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
02	Routine polio vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
03	Routine measles vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
04	BCG vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
04A	Pneumococcal vaccination (pneumonia vaccine)	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
04B	Rotavirus vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE
1002	Do you have the <i>national guidelines</i> for child vaccinations available in this service area today? i.e., the poster, booklet, or the child health passport?	YES 1 NO 2	→ 1004
1003	May I see the guidelines / booklet, or child health passport?	OBSERVED 1 REPORTED NOT SEEN 2	→ 1006
1004	Do you have <i>any other guidelines</i> for child vaccinations available in this service area today?	YES 1 NO 2	→ 1006
1005	May I see the other guidelines?	OBSERVED 1 REPORTED NOT SEEN 2	
1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	
01	Blank/unused individual child vaccination card or health passport	1 2 3	
02	Under-1 registers	1 2 3	
03	Monthly vaccination performance forms	1 2 3	
03A	Daily temperature recording and stock management tool	1 2 3	
03B	Adverse events following immunization reporting form	1 2 3	

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES. 1 STORES NO VACCINES. 2	→ 1014				
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR OR FREEZER.	REFRIGERATOR OBSERVED. 1 REFRIGERATOR NOT OBSERVED. 2	→ 1014				
1009	Do you maintain a cold-chain temperature-monitoring chart?	YES. 1 NO 2	→ 1012				
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1012				
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2					
1012	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
	01	DPT+HepB+HiB [PENTAVALENT]	1	2	3	4	5
	02	ORAL POLIO VACCINE	1	2	3	4	5
	03	MEASLES VACCINE AND DILUENT	1	2	3	4	5
	04	BCG VACCINE AND DILUENT	1	2	3	4	5
	04A	PNEUMOCOCCAL CONJUGATE VACCINE (PCV 13)	1	2	3	4	5
	04B	ROTAVIRUS VACCINE	1	2	3	4	5
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES. 1 ABOVE +8 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4					
1014	How many vaccine carriers do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE. 1 TWO OR MORE SETS. 2 NONE. 3	→ 1015A				
1015	How many sets of ice packs do you have? ASK TO SEE THE ICE PACKS. REPORTED RESPONSEACCEPTABLE NOTE: 4-5 ICE PACKS MAKE ONE SET	ONE SET. 1 TWO OR MORE SETS. 2 NO ICE PACKS, USE PURCHASED ICE. 3 NO ICE PACKS. 4					
1015A	How many cold boxes do you have? ASK TO SEE THE COLD BOXES. REPORTED RESPONSEACCEPTABLE	# OF COLD BOXES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW. 998					

STANDARD PRECAUTIONS

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1051	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		NEXT SECTION OR SERVICE SITE ←					
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 FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS <input style="width: 30px; height: 20px;" type="text"/> 00=NO SERVICE				
1102	Do you have any guidelines for growth monitoring available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 1103A			
1103	May I see the guidelines for growth monitoring?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1103A	Do you have any guidelines for diagnosing and/or managing malnutrition? This may be part of another guideline.	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 1104			
1103B	May I see the guidelines for diagnosing and/or managing malnutrition?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 →b	2 →b	3 <input type="checkbox"/> 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 →b	2 →b	3 <input type="checkbox"/> 03 ←	1	2	8
03	HEIGHT OR LENGTH BOARD	1 →b	2 →b	3 <input type="checkbox"/> 04 ←	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
05A	TALLY SHEET	1	2	3			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	CHECK Q102.03	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/>		
		↓ NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES		
01	Consultation or curative care services for sick children	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>	# OF DAYS 00=NO SERVICE <input type="text"/> <input type="text"/>		
1202	Please tell me if providers of child health services in this facility provide the following services	YES	NO		
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2		
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2		
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2		
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2		
1203	Do providers of services for sick children in this facility follow the IMCI strategy in the provision of services to children under 5 years?	YES..... 1 NO 2			
1204	Do you have the IMCI guidelines for the diagnosis and management of childhood illnesses available in this service area today? i.e., the IMCI chart booklet?	YES..... 1 NO 2	→ 1206		
1205	May I see the IMCI chart booklet?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1208		
1206	Do you have any (other) guidelines for the diagnosis and management of childhood illnesses available in this service site today?	YES..... 1 NO 2	→ 1208		
1207	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2			
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES..... 1 NO 2	→ 1210		
1209	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's vaccination status	1	2	3	8
05	Providing group health education	1	2	3	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	8
07A	Routine malaria rapid diagnostic testing for children under 5 years presenting with fever before they are seen by the clinician	1	2	3	8

1210	I would like to know if the following items are available in this service area and are functioning. I would like to see them THESE ITEMS MAY BE IN AN ORT CORNER	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 →b	2 →b	3 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 →b	2 →b	3 03 ←	1	2	8
03	THERMOMETER	1 →b	2 →b	3 04 ←	1	2	8
04	STETHOSCOPE	1 →b	2 →b	3 05 ←	1	2	8
05	Timer or watch with seconds hand	1 →b	2 →b	3 06 ←	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination Table/Bed	1	2	3			
1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
02	IMCI mother's cards or health passport	1	2	3			
03	Other visual aids for teaching caretakers	1	2	3			
1212	Are individual health records (i.e., health passport, child welfare card or other) for sick children maintained at this service site?				YES..... 1	NO..... 2	→ 1250
1213	May I see an unused copy of the individual records or health passport?				OBSERVED..... 1	REPORTED NOT SEEN..... 2	

STANDARD PRECAUTIONS

1250	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1251	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 13: FAMILY PLANNING

1300	CHECK Q102.04	FAMILY PLANNING SERVICES <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>	NO FAMILY PLANNING SERVICES <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
1302	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3
05	MALE CONDOMS	1	2	3
06	FEMALE CONDOMS	1	2	3
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3
08	IMPLANT (JADELLE OR IMPLANON)	1	2	3
09	EMERGENCY CONTRACEPTIVE PILLS (PROSTINOL 2)	1	2	3
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3
12	VASECTOMY (MALE STERILIZATION)	1	2	3
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3
14	OTHER METHODS (E.G., SPERMICIDE OR DIAGPHRAGM)	1	2	3
1303	Do you have the sexual and reproductive health (SRH) guidelines available at this service area today?	YES..... 1 NO..... 2		→ 1305
1304	May I see the SRH guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		→ 1307
1305	Do you have any other guidelines on family planning available at this service area today?	YES..... 1 NO..... 2		→ 1307
1306	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		
1307	Are individual records or cards maintained at this service site for family planning clients?	YES..... 1 NO..... 2		→ 1309
1308	May I see a blank copy of the individual records or card?	OBSERVED..... 1 REPORTED NOT SEEN..... 2		

1309	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES..... 1 NO..... 2	→ 1311
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED ACTIVITY REPORTED NOT SEEN ACTIVITY NOT ROUTINELY DONE DON'T KNOW	
01	Weighing of clients	1 2 3 8	
02	Taking blood pressure	1 2 3 8	
03	Conducting group health education sessions	1 2 3 8	
1311	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs..... 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATM 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TRE 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMEN 4 NO DIAGNOSIS / TREATMENT / REFERRAL..... 5	
1312	Do providers of family planning conduct HIV testing from this service site?	YES..... 1 NO..... 2	→ 1314
1313	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4	

EQUIPMENT AND SUPPLIES

1314	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 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING MALE CONDOM USE	1	2	3			
09A	MODEL FOR SHOWING FEMALE CONDOM USE	1	2	3			

1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1321	
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED					
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	STERILE GLOVES	1	2	3	
02	ANTISEPTIC SOLUTION	1	2	3	
03	SPONGE HOLDING FORCEPS	1	2	3	
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3	
1317	CHECK Q1302.07	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1319	
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	VAGINAL SPECULUM - SMALL	1	2	3	
02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	→ 1321	
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., ARTERY FORCEPS)	1	2	3	
1321	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE.....	1		
		CENTRAL LOCATION IN FACILITY.....	2		→ 1350
		BOTH LOCATIONS.....	3		
		NO EQUIPMENT PROCESSED IN FACILITY.....	4		→ 1350
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE.....	A		
		DRY HEAT STERILIZATION.....	B		
		SOAK IN CHLORINE SOLUTION.....	C		
		BOIL OR STEAM.....	D		
		WASH WITH SOAP AND WATER.....	E		
		SOAK IN OTHER CHEMICAL SOLUTION....	F		

STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→1353	
1351	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	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
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1353	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>		→ 921
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 14: ANTENATAL CARE

1400	CHECK Q102.05	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS <input style="width: 30px; height: 20px;" type="text"/>					
1402	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO				
01	IRON SUPPLEMENTATION	1	2				
02	FOLIC ACID SUPPLEMENTATION	1	2				
03	INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA	1	2				
04	TETANUS TOXOID VACCINATION	1	2				
1403	CHECK Q1402.04	TT VACCINATION PROVIDED <input type="checkbox"/>	TT VACCINATION NOT PROVIDED <input type="checkbox"/> → 1406				
1404	Is tetanus toxoid vaccination available on all days that ANC services are available in this facility?	YES..... 1 NOT ALL ANC DAYS..... 2	→ 1406				
1405	How many days each week are tetanus toxoid vaccinations available at this facility?	DAYS PER WEEK..... <input style="width: 30px; height: 20px;" type="text"/> LESS OFTEN THAN ONCE/WEEK..... 0					
1406	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABL E NONE VALID	REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6

1407	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05	COUNSELING ABOUT USE OF ITNs TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2
1408	Do ANC providers in this facility routinely diagnose and treat STIs, or are STI clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATME 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREA' 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409	Do you have the <i>Sexual and Reproductive Health (SRH) guidelines</i> available in this service area today?	YES. 1 NO. 2	→ 1411
1410	May I see the SRH guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1413
1411	Do you have any other ANC guidelines available in this service area today?	YES. 1 NO. 2	→ 1413
1412	May I see the other guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1413	Do you have IPT guidelines available in this service area? This may be part of another guideline	YES. 1 NO. 2	→ 1415
1414	May I see the IPT guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1417	Are individual client health passports, health cards or records for ANC and PNC clients maintained at this service site?	YES. 1 NO. 2	→ 1419
1418	May I see a blank copy of the client health passport, health card or records?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1419	Does this facility have a system whereby observation or parameters for ANC clients are routinely carried out before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1421

1420	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
		01	Weighing of clients	1	2
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Urine test for protein	1	2	3	8
05	Blood test for anemia	1	2	3	8
06	Malaria rapid diagnostic testing	1	2	3	8
07	HIV testing and counseling (HTC) for pregnant women	1	2	3	8
07A	Syphilis RDT	1	2	3	8
07B	Collection of blood sample for syphilis testing (VDRL) in laboratory	1	2	3	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area 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 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05	FETAL STETHOSCOPE	1 → b	2 → b	3 } 06 ←	1	2	
06	ADULT WEIGHING SCALE	1 → b	2 → b	3 } 07 ←	1	2	8
07	EXAMINATION BED OR COUCH	1	2	3			
07A	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
07B	HEIGHT BOARD	1	2	3			
1422	Please tell me if any of the following medicines or commodities are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
04	SP / FANSIDAR FOR IPTp	1	2	3	4	5	
05	TETANUS TOXOID VACCINE	1	2	3	4	5	
06	INSECTICIDE-TREATED MOSQUITO BED NET (ITN) / LLINs	1	2	3	4	5	
06A	ALBENDAZOLE TABLETS	1	2	3	4	5	

STANDARD PRECAUTIONS

1450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI SERVICES [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	PMTCT [Q1551].	16	DELIVERY [Q1651].	17	STI SERVICES [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
GENERAL INFORMATION [Q710].	11																										
CHILD VACCINATION [Q1051].	12																										
CHILD CURATIVE CARE [Q1251].	13																										
FAMILY PLANNING [Q1351].	14																										
PMTCT [Q1551].	16																										
DELIVERY [Q1651].	17																										
STI SERVICES [Q1851].	18																										
TUBERCULOSIS [Q1951].	19																										
HIV TESTING [Q2051].	21																										
NCD [Q2351].	22																										
MINOR SURGERY [Q2451].	23																										
NOT PREVIOUSLY SEEN.	31																										
1451	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	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																							
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS OR DISPOSABLE APRONS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
13A	EXAMINATION BED OR COUCH	1	2	3																							
1452	<p>DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																	
PRIVATE ROOM.	1																										
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																										
VISUAL PRIVACY ONLY.	3																										
NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 15: PMTCT OF HIV INFECTION

1500	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE →	
CAUTION!!! THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO
01	PROVIDE HIV TESTING AND COUNSELING (HTC) SERVICES TO PREGNANT WOMEN INCLUDES TESTING DONE OUTSIDE THIS FACILITY BUT RESULTS PROVIDED TO CLIENT HERE	1	2
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2
03	PROVIDE ARV PROPHYLAXIS TO HIV POSITIVE PREGNANT WOMEN	1	2
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT	1	2
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2
1502	CHECK Q1501.01 HIV TESTING AND COUNSELING FOR PREGNANT WOMEN <input type="checkbox"/>	NO HIV TESTING AND COUNSELING FOR PREGNANT WOMEN <input type="checkbox"/>	→ 1506
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. 1 NO, DIFFERENT LOCATION. 2	→ 1506
1504	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2	→ 1506
1505	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4	
1506	CHECK Q1501.02 INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	NO INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	→ 1508A
1507	Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site?	YES. 1 NO. 2	→ 1508A
1508	May I see sample DBS filter paper cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4	
1508A	CHECK Q1501.03 ARV PROPHYLAXIS FOR HIV POSITIVE PREGNANT WOMEN <input type="checkbox"/>	NO ARV PROPHYLAXIS FOR HIV POSITIVE PREGNANT WOMEN <input type="checkbox"/>	→ 1509
1508B	What PMTCT prophylaxis regimen does this facility use in the provision of ARV prophylaxis to HIV positive pregnant women?	REGIMEN 5A (OPTION B+). 1 REGIMEN 1A. 2 REGIMEN 2A. 3 REGIMEN 3A. 4 REGIMEN 4A. 5	

1509	Do you have the Malawi Integrated Guidelines for providing HIV services available in this service area?	YES..... 1 NO..... 2	→ 1511					
1510	May I see the guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1513					
1511	Do you have any other guidelines for PMTCT available in this service area?	YES..... 1 NO..... 2	→ 1513					
1512	May I see the other guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1513	Do you have guidelines for infant and young child feeding counseling available in this service area? NOTE: THIS IS COVERED IN THE MALAWI INTEGRATED GUIDELINES FOR PROVIDING HIV SERVICES	YES..... 1 NO..... 2	→ 1515					
1514	May I see the guidelines for infant and young child feeding and counseling? THIS IS PART OF THE INTEGRATED GUIDELINE FOR PROVIDING HIV SERVICES	OBSERVED..... 1 REPORTED NOT SEEN..... 2						
1515	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1550					
1516	Please tell me if any of the following antiretroviral medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED					
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE		
		01	ZIDOVDINE (AZT) TABS	1	2	3	4	5
		02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
		03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
		04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
		05	ABACAVIR (ABC) TABS	1	2	3	4	5
		06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
		07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
		08	EMTRICITABINE (FTC)	1	2	3	4	5
		09	ZIDOVDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
		10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
		11	ZIDOVDINE (AZT) SYRUP / PEDIATRIC DISPERSIBLE TABS	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF) [5A]	1	2	3	4	5		

STANDARD PRECAUTIONS

1550	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710] 11 CHILD VACCINATION [Q1051] 12 CHILD CURATIVE CARE [Q1251] 13 FAMILY PLANNING [Q1351] 14 ANTENATAL CARE [Q1451] 15 DELIVERY [Q1651] 17 STI SERVICES [Q1851] 18 TUBERCULOSIS [Q1951] 19 HIV TESTING [Q2051] 21 NCD [Q2351] 22 MINOR SURGERY [Q2451] 23 NOT PREVIOUSLY SEEN 31	NEXT SECTION / SERVICE SITE 	
1551	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
1552	ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED DESCRIBE THE SETTING OF THE ROOM OR AREA.	PRIVATE ROOM 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY 3 NO PRIVACY 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 16: DELIVERY AND NEWBORN CARE

1600	CHECK Q102.07	NORMAL DELIVERY SERVICES AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY SERVICES NOT AVAILABLE <input type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1601	Is a person skilled in conducting deliveries present at the facility or on call at all times (24 hours a day), including weekends, to provide delivery care?	YES 1 NO 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr 24-hr staff assignment?	YES 1 NO 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED 1 REPORTED, NOT SEEN 2	

SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → b	2 ↘ 02 ←	8 ↘ 02 ←	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b	2 ↘ 03 ←	8 ↘ 03 ←	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → b	2 ↘ 04 ←	8 ↘ 04 ←	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 → b	2 ↘ 05 ←	8 ↘ 05 ←	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → b	2 ↘ 06 ←	8 ↘ 06 ←	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTION	1 → b	2 ↘ 07 ←	8 ↘ 07 ←	1	2	8
07	NEONATAL RESUSCITATION	1 → b	2 ↘ 08 ←	8 ↘ 08 ←	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR (NOT SIGNAL FUNCTION)	1 → b	2 ↘ 1605 ←	8 ↘ 1605 ←	1	2	8
1605	Do you have the national guidelines for Integrated Management of pregnancy and childbirth (IMPAC) available in this service site?				YES 1 NO 2	→ 1606A	
1606	May I see the guidelines for Integrated Management of pregnancy and childbirth?				OBSERVED 1 REPORTED NOT SEEN 2		
1606A	Do you have the national guidelines for Basic emergency obstetric care (BEmOC)? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES 1 NO 2	→ 1607	
1606B	May I see the national guidelines on BEmOC?				OBSERVED 1 REPORTED NOT SEEN 2		
1607	Do you have the national guidelines for comprehensive emergency obstetric care (CEmOC)? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES 1 NO 2	→ 1609	
1608	May I see the national guidelines on CEmOC?				OBSERVED 1 REPORTED NOT SEEN 2		

1609	Do you have guidelines or protocols on management of pre-term labor? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES..... 1 NO..... 2	→ 1611
1610	May I see the guidelines or protocols on management of pre-term labor?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES..... 1 NO..... 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM..... 1 YES, INTEGRATED..... 2	
1613	Do providers of delivery services in this facility use partographs to monitor labor and delivery?	YES..... 1 NO USE OF PARTOGRAPH..... 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY..... 1 SELECTIVELY..... 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. . . . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS. . . . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or "near-misses"?	YES..... 1 NO, DOES NOT PARTICIPATE..... 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY..... 1 FOR NEWBORNS ONLY..... 2 FOR BOTH MOTHERS AND NEWBORNS. . . . 3	→ 1621
1619	How often are reviews of <u>maternal deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 DON'T KNOW..... 98	
1620	CHECK Q1618: RESPONSE "3" CIRCLED <input type="checkbox"/> RESPONSE "3" NOT CIRCLED <input type="checkbox"/>		→ 1622
1621	How often are reviews of <u>newborn deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 ALWAYS WITH MATERNAL REVIEWS..... 95 DON'T KNOW..... 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → b	2 → b	3 } 02 ←	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → b	2 → b	3 } 03 ←	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 04 ←	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 → b	2 → b	3 } 05 ←	1	2	8
05	SUCTION BULB	1 → b	2 → b	3 } 06 ←	1	2	8
06	MANUAL VACUUM EXTRACTOR	1 → b	2 → b	3 } 07 ←	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 → b	2 → b	3 } 08 ←	1	2	8
08	NEWBORN BAG & MASK	1 → b	2 → b	3 } 09 ←	1	2	8
09	THERMOMETER	1 → b	2 → b	3 } 10 ←	1	2	8
10	THERMOMETER FOR LOW-BODY TEMPERATURE	1 → b	2 → b	3 } 11 ←	1	2	8
11	INFANT SCALE	1 → b	2 → b	3 } 12 ←	1	2	8
12	FETAL STETHOSCOPE	1 → b	2 → b	3 } 12A ←	1	2	8
13	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 13 ←	1	2	8
14	MANUAL BP APPARATUS	1 → b	2 → b	3 } 14 ←	1	2	8
15	STETHOSCOPE	1 → b	2 → b	3 } 14A ←	1	2	8
15A	OXYGEN CONCENTRATOR	1 → b	2 → b	3 } 1623 ←	1	2	8
1623	Do you have any of the following items? If yes, I would like to see them				OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	DELIVERY BED				1	2	3
02	DELIVERY PACK				1	2	3
03	CORD CLAMP				1	2	3
04	SPECULUM				1	2	3
05	EPISIOTOMY SCISSORS				1	2	3
06	SCISSORS OR BLADE TO CUT CORD				1	2	3
07	SUTURE MATERIAL WITH NEEDLE				1	2	3
08	NEEDLE HOLDER				1	2	3
09	FORCEPS (LARGE)				1	2	3
10	FORCEPS (MEDIUM)				1	2	3
11	SWAB HOLDER				1	2	3
12	BLANK PARTOGRAPH				1	2	3

1624	Does this facility <i>routinely</i> observe any of the following practices postpartum or related to newborns?	YES	NO	DON'T KNOW			
01	Delivery to the abdomen (Skin to Skin)	1	2	8			
02	Drying and wrapping newborns to keep them warm	1	2	8			
03	Initiation of breastfeeding within the first hour	1	2	8			
04	Routine, complete (head-to-toe) examination of newborn before discharge	1	2	8			
05	Suction the newborn by means of catheter	1	2	8			
06	Suction the newborn by means of a suction bulb	1	2	8			
07	Weigh the newborn immediately	1	2	8			
08	Administer Vitamin K to newborn	1	2	8			
09	Apply Tetracycline eye ointment to both eyes	1	2	8			
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth	1	2	8			
11	Give the newborn prelacteal liquids	1	2	8			
12	Give the newborn OPV prior to discharge	1	2	8			
13	Give the newborn BCG prior to discharge	1	2	8			
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
	01	TETRACYCLINE EYE OINTMENT FOR NEWBORN	1	2	3	4	5
	02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAXONE)	1	2	3	4	5
	03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)	1	2	3	4	5
	04	MAGNESIUM SULPHATE	1	2	3	4	5
	05	INJECTABLE DIAZEPAM	1	2	3	4	5
	06	IV SOLUTION (PLASMA EXPANDERS) WITH INFUSION SET	1	2	3	4	5
	07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)	1	2	3	4	5
	08	4% CHORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)	1	2	3	4	5
09	HYDRALAZINE INJECTION	1	2	3	4	5	

PMTCT DURING LABOR AND DELIVERY

1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES..... 1 NO..... 2				
1627	Do providers of delivery services conduct HIV testing from this service site?	YES..... 1 NO..... 2	→ 1629			
1628	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4				
1629	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1650			
1630	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN		
01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
02	NEVIRAPINE (NVP) TABS	1	2	3	4	5
03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05	ABACAVIR (ABC) TABS	1	2	3	4	5
06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
08	EMTRICITABINE (FTC)	1	2	3	4	5
09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
11	ZIDOVUDINE (AZT) SYRUP	1	2	3	4	5
12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5

STANDARD PRECAUTIONS

1650	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]..... 11 CHILD VACCINATION [Q1051]..... 12 CHILD CURATIVE CARE [Q1251]..... 13 FAMILY PLANNING [Q1351]..... 14 ANTENATAL CARE [Q1451]..... 15 PMTCT [Q1551]..... 16 STI SERVICES [Q1851]..... 18 TUBERCULOSIS [Q1951]..... 19 HIV TESTING [Q2051]..... 21 NCD [Q2351]..... 22 MINOR SURGERY [Q2451]..... 23 NOT PREVIOUSLY SEEN..... 31	NEXT SECTION / SERVICE SITE	
1651	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	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
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
13A	EXAMINATION BED OR COUCH	1	2	3
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	PRIVATE ROOM..... 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY..... 2 VISUAL PRIVACY ONLY..... 3 NO PRIVACY..... 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 17: MALARIA

1700	<p>CHECK Q102.08:</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>MALARIA SERVICES AVAILABLE <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>NO MALARIA SERVICES <input type="checkbox"/></p> <p>←</p> <p>NEXT SECTION OR SERVICE SITE</p> </div> </div>	
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>		
1701	<p>How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]</p>	<p>DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
1702	<p>Do providers in this facility diagnose malaria?</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">→ 1710</p>
1703	<p>Do providers in this facility use blood tests (i.e., microscopy or RDT) to verify the diagnosis of malaria?</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">→ 1710</p>
1704	<p>Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?</p>	<p>ALWAYS 1 ONLY SOMETIMES 2</p>
1705	<p>Do providers use malaria rapid diagnostic test to diagnose malaria at this service site?</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">→ 1710</p>
1706	<p>May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID</p>	<p>OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY 4</p>
1707	<p>OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT</p>	<p>PARACHECK A CARE START B FIRST RESPONSE C SD BIOLINE D</p>
1708	<p>Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">→ 1710</p>
1709	<p>May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>
1710	<p>Do providers in this facility prescribe treatment for malaria?</p>	<p>YES 1 NO 2</p>
1711	<p>Do you have the national guidelines for the diagnosis and treatment of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">→ 1713</p>
1712	<p>May I see the national guidelines for the diagnosis and treatment of malaria?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p> <p style="text-align: right;">NEXT SECTION OR SERVICE SITE ←</p>
1713	<p>Do you have any other guidelines for the diagnosis and treatment of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.</p>	<p>YES 1 NO 2</p> <p style="text-align: right;">NEXT SECTION OR SERVICE SITE ←</p>
1714	<p>May I see the other guidelines for the diagnosis and treatment of malaria?</p>	<p>OBSERVED 1 REPORTED, NOT SEEN 2</p>
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>		

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	CHECK Q102.09	STI SERVICE OFFERED <input type="checkbox"/> STI SERVICE NOT OFFERED <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES. 1 NO. 2 → 1804
1803	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY. 1 ETIOLOGIC (LAB) ONLY. 2 BOTH SYNDROMIC AND ETIOLOGIC. 3
1804	Do providers in this facility prescribe treatment for STIs?	YES. 1 NO. 2
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH	RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
1806	Are STI clients seen by this service ever referred for HIV testing and counseling (HTC) services, or offered the service from this service site?	YES. 1 NO. 2 → 1810
1807	Are STI clients seen by this service routinely referred for, or offered HIV testing and counseling (HTC) services, or they are referred/offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE. 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED. 2
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES. 1 NO. 2 → 1810
1809	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4
1810	Do you have the <i>national guidelines</i> for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2 → 1812
1811	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2 → 1814
1812	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2 → 1814
1813	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED. 1 REPORTED NOT SEEN. 2
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES. 1 NO PARTNER NOTIFICATION. 2 → 1816
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE. 1 SOMETIMES ACTIVE. 2 ONLY PASSIVE. 3
1816	Are individual client health passports or booklets used?	YES. 1 NO. 2 → 1818
1817	May I see a copy of the client health passport? It could either be a used or and unused copy.	OBSERVED. 1 REPORTED NOT SEEN. 2

1818	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.				
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	About STIs	1	2	3	8
02	About HIV/AIDS	1	2	3	8
03	About cervical cancer	1	2	3	8
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
05	Posters on HIV/AIDS	1	2	3	8
06	Model to demonstrate use of male condom	1	2	3	8
07	Model to demonstrate use of female condom	1	2	3	8
	INFORMATION FOR CLIENT TO TAKE HOME				
08	About STIs	1	2	3	8
09	About HIV/AIDS	1	2	3	8
10	About cervical cancer	1	2	3	8
11	IEC materials on male condoms	1	2	3	8
12	IEC materials on female condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8
14	Female condoms that can be given to the client	1	2	3	8

STANDARD PRECAUTIONS

1850	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051].</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px; text-align: center;"> NEXT SECTION / SERVICE SITE </div>																																				
GENERAL INFORMATION [Q710].	11																																																														
CHILD VACCINATION [Q1051].	12																																																														
CHILD CURATIVE CARE [Q1251].	13																																																														
FAMILY PLANNING [Q1351].	14																																																														
ANTENATAL CARE [Q1451].	15																																																														
PMTCT [Q1551].	16																																																														
DELIVERY SERVICES [Q1651].	17																																																														
TUBERCULOSIS [Q1951].	19																																																														
HIV TESTING [Q2051].	21																																																														
NCD [Q2351].	22																																																														
MINOR SURGERY [Q2451].	23																																																														
NOT PREVIOUSLY SEEN.	31																																																														
1851	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">OBSERVED</th> <th style="width: 15%;">REPORTED, NOT SEEN</th> <th style="width: 15%;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>01</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>02</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>03</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>04</td> <td style="text-align: center;">1 06 ↙</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>05</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>06</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>07</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>08</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>09</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>11</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>12</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>13</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>13A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	01	1	2	3	02	1	2	3	03	1	2	3	04	1 06 ↙	2	3	05	1	2	3	06	1	2	3	07	1	2	3	08	1	2	3	09	1	2	3	10	1	2	3	11	1	2	3	12	1	2	3	13	1	2	3	13A	1	2	3	
	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																																																												
01	1	2	3																																																												
02	1	2	3																																																												
03	1	2	3																																																												
04	1 06 ↙	2	3																																																												
05	1	2	3																																																												
06	1	2	3																																																												
07	1	2	3																																																												
08	1	2	3																																																												
09	1	2	3																																																												
10	1	2	3																																																												
11	1	2	3																																																												
12	1	2	3																																																												
13	1	2	3																																																												
13A	1	2	3																																																												
1852	DESCRIBE THE SETTING OF THE ROOM OR AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																																																					
PRIVATE ROOM.	1																																																														
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																																																														
VISUAL PRIVACY ONLY.	3																																																														
NO PRIVACY.	4																																																														
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																															

SECTION 19: TUBERCULOSIS

1900	CHECK Q102.10	TB SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO TB SERVICES IN FACILITY <input type="checkbox"/>
		↓	←
NEXT SECTION OR SERVICE SITE			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has tuberculosis?	YES..... 1 NO..... 2	→1904
1903	What is the most common method used by providers in this facility for diagnosing TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY..... 1 X-RAY ONLY..... 2 EITHER SPUTUM OR X-RAY..... 3 BOTH SPUTUM AND X-RAY..... 4 CLINICAL SYMPTOMS ONLY..... 5	
1904	Do providers in this facility ever refer clients outside this facility for TB diagnosis?	YES..... 1 NO..... 2	→1908
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES..... 1 NO..... 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES..... 1 REGISTER NOT KEPT..... 2	→1908
1907	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER)..... 1 REGISTER SEEN (ELECTRONIC)..... 2 REGISTER SEEN, BOTH PAPER AND ELECTRONIC..... 3 REGISTER REPORTED, NOT SEEN..... 4	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES..... 1 NO..... 2	→1910
1909	What treatment regimen or approach is followed by providers in this facility for <u>newly diagnosed</u> TB? PROBE TO ARRIVE AT CORRECT RESPONSE	DIRECT OBSERVE 2M, FU 4M..... 1 DIRECT OBSERVE 6M..... 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE..... 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP..... 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE..... 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP..... 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE..... 7	
1910	CHECK Q1902 AND Q1908	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	←
		↓	←
NEXT SECTION OR SERVICE SITE			
1911	Does this facility have a system for testing TB patients for HIV infection?	YES..... 1 NO SYSTEM..... 2	→1913
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

1950	ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY SERVICES [Q1651]. 17 STI [Q1851]. 18 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	1953
1951	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	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	
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1 2 3	
10	MEDICAL MASKS	1 2 3	
11	GOWNS OR DISPOSABLE APRONS	1 2 3	
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1 2 3	
13	GUIDELINES FOR STANDARD PRECAUTIONS	1 2 3	
13A	EXAMINATION BED OR COUCH	1 2 3	
1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4	
1953	CHECK Q214 TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>	931
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 20: HIV TESTING

2000	CHECK Q102.11 HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING & TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2001	How many days in a month are HIV testing services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
2002	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	HIV RAPID TEST THIS SERVICE SITE. A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY. B CLIENT SENT TO OTHER SITE IN FACILITY. C CLIENT SENT TO LAB IN FACILITY. D CLIENT SENT TO EXTERNAL SITE. E BLOOD DRAWN HERE SENT TO EXTERNAL SITE F	
2003	CHECK Q2002 HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) <input type="checkbox"/>	NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) <input type="checkbox"/>	→2005
2004	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4	
2005	Is an individual client chart/record/card maintained for clients who receive services through this service site? (e.g., health passport) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?	YES. 1 NO INDIVIDUAL CLIENT CHART/RECORD. 2	→2007
2006	May I see a copy of the individual client chart or record?	OBSERVED. 1 REPORTED, NOT SEEN. 2	
2007	Do you have the national HIV testing and counseling (HTC) guidelines available in this service area?	YES. 1 NO 2	→2009
2008	May I see the national guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→2011
2009	Do you have any other guidelines on HIV testing available in this service area?	YES. 1 NO 2	→2011
2010	May I see the other guidelines?	OBSERVED. 1 REPORTED, NOT SEEN. 2	
2011	Do staff working in this facility have access to HIV post-exposure prophylaxis?	YES. 1 NO. 2	
2012	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? MAY BE PART OF ANOTHER DOCUMENT	YES. 1 NO. 2	→2014
2013	May I see the protocols or guidelines on PEP?	OBSERVED. 1 REPORTED, NOT SEEN. 2	
2014	CHECK Q2002 BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) <input type="checkbox"/>	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/>	→ 2052

STANDARD PRECAUTIONS

2050	<p>ASSESS THE HIV COUNSELING AND TESTING ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	→2053																																				
GENERAL INFORMATION [Q710].	11																																																														
CHILD VACCINATION [Q1051].	12																																																														
CHILD CURATIVE CARE [Q1251].	13																																																														
FAMILY PLANNING [Q1351].	14																																																														
ANTENATAL CARE [Q1451].	15																																																														
PMTCT [Q1551].	16																																																														
DELIVERY SERVICES [Q1651].	17																																																														
STI [Q1851].	18																																																														
TUBERCULOSIS [Q1951].	19																																																														
NCD [Q2351].	22																																																														
MINOR SURGERY [Q2451].	23																																																														
NOT PREVIOUSLY SEEN.	31																																																														
2051	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">OBSERVED</th> <th style="width: 15%; text-align: center;">REPORTED, NOT SEEN</th> <th style="width: 10%; text-align: center;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td>01 RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>02 HAND-WASHING SOAP (MAY BE LIQUID SOAP)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>03 ALCOHOL-BASED HAND RUB</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>04 WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.</td> <td style="text-align: center;">1 06 ↙</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>05 OTHER WASTE RECEPTACLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>06 SHARPS CONTAINER ("SAFETY BOX")</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>07 DISPOSABLE LATEX GLOVES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>08 DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>10 MEDICAL MASKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>11 GOWNS OR DISPOSABLE APRONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>13 GUIDELINES FOR STANDARD PRECAUTIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>13A EXAMINATION BED OR COUCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		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	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	09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3	10 MEDICAL MASKS	1	2	3	11 GOWNS OR DISPOSABLE APRONS	1	2	3	12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3	13 GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3	13A EXAMINATION BED OR COUCH	1	2	3	
	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	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																																																												
09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																																																												
10 MEDICAL MASKS	1	2	3																																																												
11 GOWNS OR DISPOSABLE APRONS	1	2	3																																																												
12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																																																												
13 GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																																																												
13A EXAMINATION BED OR COUCH	1	2	3																																																												
2052	<p>DESCRIBE THE SETTING OF THE ROOM OR AREA</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																																																					
PRIVATE ROOM.	1																																																														
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																																																														
VISUAL PRIVACY ONLY.	3																																																														
NO PRIVACY.	4																																																														
2053	<p>Do you have condoms available in this service site to give to clients receiving HIV testing and counseling (HTC) services?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	YES.	1	NO	2	→2055																																																								
YES.	1																																																														
NO	2																																																														
2054	<p>May I see some of the condoms?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED, AT LEAST ONE VALID.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OBSERVED, NONE VALID.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NONE AVAILABLE TODAY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	OBSERVED, AT LEAST ONE VALID.	1	OBSERVED, NONE VALID.	2	REPORTED, NOT SEEN.	3	NONE AVAILABLE TODAY.	4																																																					
OBSERVED, AT LEAST ONE VALID.	1																																																														
OBSERVED, NONE VALID.	2																																																														
REPORTED, NOT SEEN.	3																																																														
NONE AVAILABLE TODAY.	4																																																														
2055	<p>CHECK Q2002</p> <p style="text-align: center;">EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) <input type="checkbox"/></p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>																																																														
2056	<p>Does this facility have an agreement with the referral site for HIV tests that test results will be returned to the facility, usually directly or through the client?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO AGREEMENT</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	YES.	1	NO AGREEMENT	2																																																									
YES.	1																																																														
NO AGREEMENT	2																																																														
2057	<p>May I see some evidence of the agreement?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	OBSERVED.	1	REPORTED, NOT SEEN.	2																																																									
OBSERVED.	1																																																														
REPORTED, NOT SEEN.	2																																																														
<p>THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.</p>																																																															

SECTION 21: HIV TREATMENT

2100	CHECK Q102.12 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HIV TREATMENT SERVICES OFFERED IN FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> NO HIV TREATMENT SERVICES IN FACILITY <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> NEXT SECTION OR SERVICE SITE <input type="checkbox"/> </div> </div>		
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
2101	Do providers in this facility prescribe ART?	YES..... 1 NO..... 2	
2102	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based services?	YES..... 1 NO..... 2	
2102A	Do providers from another facility use this facility as an outreach site for antiretroviral therapy (ART), including ART prescription and/or ART follow-up services?	YES..... 1 NO..... 2	
2103	CHECK Q2101 AND Q2102 AND Q2102A RESPONSE "1" CIRCLED IN Q2101 OR Q2102 OR Q2102A <input type="checkbox"/> RESPONSE "1" NOT CIRCLED IN Q2101 OR Q2102 OR Q2102A <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
2104	Do you have the <i>National ART guidelines</i> available in this service area? i.e., the Malawi Integrated Guidelines for providing HIV services, 2011?	YES..... 1 NO..... 2	→2106
2105	May I see the guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→2108
2106	Do you have <i>any other ART guidelines</i> available in this service area?	YES..... 1 NO..... 2	→2108
2107	May I see the other ART guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

PRE-ART BASELINE TESTS

2108	For each of the following tests, please tell me if it is conducted as baseline routinely, selectively, or never, before starting a client on ART.				
		BASELINE TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109	For each of the following tests, please tell me if a <u>follow-up test</u> is conducted routinely, selectively, or never <u>while the client is on</u> ART (i.e., for monitoring).				
		FOLLOW-UP TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other routine tests _____ (SPECIFY)	1	2	3	8
2110	CHECK Q216 ARV MEDICINES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 OR 5 NOT CIRCLED) <input type="checkbox"/>			ARV MEDICINES STORED IN ART SERVICE AREA (RESPONSE 1 OR 5 CIRCLED) <input type="checkbox"/> → 941	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 22: HIV CARE AND SUPPORT

2200	CHECK Q102.13 HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←																																													
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS																																															
2201	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8
YES	NO	DON'T KNOW																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
1	2	8																																													
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.																																														
02	Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis																																														
03	Provide treatment for Kaposi's sarcoma																																														
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients																																														
05	Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements																																														
06	Prescribe or provide fortified protein supplementation (FPS / RUTF), e.g., Chiponde																																														
07	Care for pediatric HIV/AIDS patients																																														
08	Prescribe or provide preventive treatment for TB (INH + Pyridoxine)																																														
09	Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT)																																														
10	Provide or prescribe micronutrient supplementation, such as vitamins or iron																																														
11	General family planning counseling and/or services																																														
12	Provide condoms for preventing further transmission of HIV																																														
12A	Depo-Provera as integrated family planning services																																														
2202	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES..... 1 NO SYSTEM..... 2 →2204																																													
2203	May I see the system, or evidence of such a system?	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2																																													
2204	Do you have the national guidelines for the clinical management of HIV in children and adults available in this service area?	YES..... 1 NO..... 2 →2206																																													
2205	May I see the national guidelines for the clinical management of HIV in children and adults?	OBSERVED..... 1 →2208 REPORTED, NOT SEEN..... 2																																													
2206	Do you have any guidelines for palliative care available in this service area?	YES..... 1 NO..... 2 →2208																																													
2207	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2																																													
2208	Do you have condoms available in this service site to give to clients receiving services?	YES..... 1 NO..... 2 NEXT SECTION ←																																													
2209	May I see some condoms?	OBSERVED, AT LEAST ONE VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4																																													
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																															

SECTION 23: NON-COMMUNICABLE DISEASES

2300	CHECK Q102.14	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/>	
		NEXT SECTION OR SERVICE SITE ←		

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

DIABETES

2301	Do providers in this facility diagnose and/or manage diabetes .	YES..... 1 NO..... 2	→ 2310
2302	Do you have the national guidelines for the diagnosis and management of diabetes available in this service area?	YES..... 1 NO..... 2	→ 2304
2303	May I see the national guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2310
2304	Do you have any other guidelines for the diagnosis and management of diabetes available in this service area?	YES..... 1 NO..... 2	→ 2310
2305	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES..... 1 NO..... 2	→ 2320
2311	Do you have the national guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES..... 1 NO..... 2	→ 2313
2312	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2320
2313	Do you have any other guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES..... 1 NO..... 2	→ 2320
2314	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD in patients?	YES..... 1 NO..... 2	→ 2330
2321	Do you have the national guidelines for the diagnosis and management of chronic respiratory diseases available in this service area?	YES..... 1 NO..... 2	→ 2323
2322	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2330
2323	Do you have any other guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES..... 1 NO..... 2	→ 2330
2324	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700) 1 NOT PREVIOUSLY SEEN 2	→ 2350				
2331	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 02 ↙	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 03 ↙	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 04 ↙	1	2	8
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 05 ↙	1	2	8
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 07 ↙	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 08 ↙	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 09 ↙	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 10 ↙	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3 11 ↙	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 12 ↙	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 13 ↙	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3 14 ↙	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3 16 ↙	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 17 ↙	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 18 ↙	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 19 ↙	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 20 ↙	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			

CLIENT EXAMINATION ROOM

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710]</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051]</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251]</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351]</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451]</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551]</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651]</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851]</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951]</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">HIV TESTING [Q2051]</td> <td style="text-align: right; padding: 2px;">21</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451]</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710]	11	CHILD VACCINATION [Q1051]	12	CHILD CURATIVE CARE [Q1251]	13	FAMILY PLANNING [Q1351]	14	ANTENATAL CARE [Q1451]	15	PMTCT [Q1551]	16	DELIVERY SERVICES [Q1651]	17	STI [Q1851]	18	TUBERCULOSIS [Q1951]	19	HIV TESTING [Q2051]	21	MINOR SURGERY [Q2451]	23	NOT PREVIOUSLY SEEN	31	NEXT SECTION / SERVICE SITE 																																			
GENERAL INFORMATION [Q710]	11																																																													
CHILD VACCINATION [Q1051]	12																																																													
CHILD CURATIVE CARE [Q1251]	13																																																													
FAMILY PLANNING [Q1351]	14																																																													
ANTENATAL CARE [Q1451]	15																																																													
PMTCT [Q1551]	16																																																													
DELIVERY SERVICES [Q1651]	17																																																													
STI [Q1851]	18																																																													
TUBERCULOSIS [Q1951]	19																																																													
HIV TESTING [Q2051]	21																																																													
MINOR SURGERY [Q2451]	23																																																													
NOT PREVIOUSLY SEEN	31																																																													
2351	<p>STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center;">OBSERVED</th> <th style="width: 15%; text-align: center;">REPORTED, NOT SEEN</th> <th style="width: 10%; text-align: center;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">01 RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">02 HAND-WASHING SOAP (MAY BE LIQUID SOAP)</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">03 ALCOHOL-BASED HAND RUB</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">04 WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER</td> <td style="text-align: center; padding: 2px;">1 06 ↙</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">05 OTHER WASTE RECEPTACLE</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">06 SHARPS CONTAINER ("SAFETY BOX")</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">07 DISPOSABLE LATEX GLOVES</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">08 DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DESTRUCT SYRINGES WITH NEEDLES</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">10 MEDICAL MASKS</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">11 GOWNS OR DISPOSABLE APRONS</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">13 GUIDELINES FOR STANDARD PRECAUTIONS</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">13A EXAMINATION BED OR COUCH</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">3</td> </tr> </tbody> </table>		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	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	09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3	10 MEDICAL MASKS	1	2	3	11 GOWNS OR DISPOSABLE APRONS	1	2	3	12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3	13 GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3	13A EXAMINATION BED OR COUCH	1	2	3
	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	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																																																											
09 SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																																																											
10 MEDICAL MASKS	1	2	3																																																											
11 GOWNS OR DISPOSABLE APRONS	1	2	3																																																											
12 EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																																																											
13 GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																																																											
13A EXAMINATION BED OR COUCH	1	2	3																																																											
2352	<p>DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">PRIVATE ROOM</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">VISUAL PRIVACY ONLY</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NO PRIVACY</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	PRIVATE ROOM	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY	2	VISUAL PRIVACY ONLY	3	NO PRIVACY	4																																																				
PRIVATE ROOM	1																																																													
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY	2																																																													
VISUAL PRIVACY ONLY	3																																																													
NO PRIVACY	4																																																													
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																														

SECTION 24: MINOR SURGICAL SERVICES

2400	CHECK Q102.15	MINOR SURGERY AVAILABLE	MINOR SURGERY NOT AVAILABLE	NEXT SECTION OR SERVICE SITE			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW							
2401	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING/UNEXPIRED		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01		1 → b	2 → b	3 02	1	2	8
02		1 → b	2 → b	3 03	1	2	8
03		1 → b	2 → b	3 04	1	2	8
04		1 → b	2 → b	3 05	1	2	8
05		1 → b	2 → b	3 06	1	2	8
06		1 → b	2 → b	3 2402	1	2	8
2402	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
01		1	2	3	4	5	
02		1	2	3	4	5	
03		1	2	3	4	5	
04		1	2	3	4	5	
05	1	2	3	4	5		
2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?	YES 1 NO 2			→ 2450		
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					

STANDARD PRECAUTIONS

2450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY SERVICES [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">NEXT SECTION / SERVICE SITE</p> </div>
GENERAL INFORMATION [Q710].	11																										
CHILD VACCINATION [Q1051].	12																										
CHILD CURATIVE CARE [Q1251].	13																										
FAMILY PLANNING [Q1351].	14																										
ANTENATAL CARE [Q1451].	15																										
PMTCT [Q1551].	16																										
DELIVERY SERVICES [Q1651].	17																										
STI [Q1851].	18																										
TUBERCULOSIS [Q1951].	19																										
HIV TESTING [Q2051].	21																										
NCD [Q2351].	22																										
NOT PREVIOUSLY SEEN.	31																										
2451	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	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																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS OR DISPOSABLE APRONS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
13A	EXAMINATION BED OR COUCH	1	2	3																							
2452	DESCRIBE THE SETTING OF THE ROOM OR AREA	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>		PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
PRIVATE ROOM.	1																										
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																										
VISUAL PRIVACY ONLY.	3																										
NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 25: CESAREAN SECTION

2500	CHECK Q102.16	CESAREAN SECTION DONE IN FACILITY } ↓	CESAREAN SECTION NOT DONE IN FACILITY } ← NEXT SECTION OR SERVICE SITE
------	----------------------	--	---

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN SECTION ARE DONE.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2501	Does the facility have a health worker who can perform Cesarean section present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES. 1 NO. 2	→ 2504
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 2504
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2	
2504	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES. 1 NO. 2	→ 2507
2505	Is there a duty schedule or call list?	YES. 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED. . . 2	→ 2507
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED. 1 SCHEDULE REPORTED, NOT SEEN. 2	
2507	Has Cesarean section been performed in this facility during the past 3 months?	YES. 1 NO. 2	

ASK TO SEE THE ROOM OR AREA WHERE CESAREAN SECTIONS ARE DONE AND ASK TO SEE THE ITEMS BELOW

2510	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING/UNEXPIRED		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 → b	2 → b	3 } 02 ←	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3 } 03 ←	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3 } 04 ←	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 → b	2 → b	3 } 05 ←	1	2	8
05	MAGILLS FORCEPS - ADULT	1 → b	2 → b	3 } 06 ←	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 → b	2 → b	3 } 07 ←	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 → b	2 → b	3 } 08 ←	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 → b	2 → b	3 } 09 ←	1	2	8
09	INTUBATING STYLET	1 → b	2 → b	3 } 10 ←	1	2	8
10	SPINAL NEEDLE	1 → b	2 → b	3 } NEXT SECTION / SERVICE SITE ←	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	CHECK Q102.18	BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←			
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent (with valid expiration date)	1	2	3	4	5
02	Anti-B Reagent (with valid expiration date)	1	2	3	4	5
03	Anti-D Reagent (with valid expiration date)	1	2	3	4	5
04	COOMB'S REAGENT (valid expiration date)	1	2	3	4	5

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	CHECK Q102.19 BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
------	--	--	--

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

2701	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK (MBTS) A RELATIVES DONATING DIRECTLY C OTHER _____ X (SPECIFY)	
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES 1 NO 2	

SCREENING FOR INFECTIOUS DISEASES

2710	Is blood that is transfused in this facility screened, <i>either in this facility or externally</i> , for any infectious diseases prior to transfusion?	YES 1 NO 2	→ 2720								
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY 1 ONLY AT AN EXTERNAL FACILITY 2 BOTH INTERNALLY AND EXTERNALLY 3									
2712	Is the blood that is transfused in the facility screened, <i>either in this facility or externally</i> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", or "rarely" screened?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">ALWAYS</td> <td style="width: 25%; text-align: center;">SOMETIMES</td> <td style="width: 25%; text-align: center;">RARELY</td> <td style="width: 25%; text-align: center;">NO</td> </tr> </table>	ALWAYS	SOMETIMES	RARELY	NO					
ALWAYS	SOMETIMES	RARELY	NO								
01	HIV	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4					
1	2	3	4								
02	SYPHILIS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4					
1	2	3	4								
03	HEPATITIS B	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4					
1	2	3	4								
04	HEPATITIS C	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4					
1	2	3	4								
05	MALARIA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> </tr> </table>	1	2	3	4					
1	2	3	4								
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES 1 NO 2	→ 2720								
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">(A) SEND SPECIMEN OUT</th> <th colspan="2" style="text-align: center;">(B) RECORD OF OUTSIDE TEST</th> </tr> <tr> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </table>	(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST		YES	NO	YES	NO	
(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST									
YES	NO	YES	NO								
01	HIV	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 → b</td> <td style="width: 50%; text-align: center;">2 02 ←</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	1 → b	2 02 ←	1	2					
1 → b	2 02 ←	1	2								
02	SYPHILIS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 → b</td> <td style="width: 50%; text-align: center;">2 03 ←</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	1 → b	2 03 ←	1	2					
1 → b	2 03 ←	1	2								
03	HEPATITIS B	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 → b</td> <td style="width: 50%; text-align: center;">2 04 ←</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	1 → b	2 04 ←	1	2					
1 → b	2 04 ←	1	2								
04	HEPATITIS C	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 → b</td> <td style="width: 50%; text-align: center;">2 05 ←</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	1 → b	2 05 ←	1	2					
1 → b	2 05 ←	1	2								
05	MALARIA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 → b</td> <td style="width: 50%; text-align: center;">2 2720 ←</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	1 → b	2 2720 ←	1	2					
1 → b	2 2720 ←	1	2								

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES..... 1 NO..... 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES..... 1 NO..... 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 2724
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES..... 1 ABOVE +6 DEGREES..... 2 BELOW +2 DEGREES..... 3 THERMOMETER NOT FUNCTIONAL..... 4	
2724	Do you have any guidelines on the appropriate use of blood and safe transfusion practices?	YES..... 1 NO..... 2 NEXT SECTION OR SERVICE SITE ←	←
2725	May I see the guidelines on appropriate use of blood and safe blood transfusion?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WALLS: SIGNIFICANT DAMAGE	1	2
07	DOORS: SIGNIFICANT DAMAGE	1	2
08	CEILING: WATER STAINS OR DAMAGE	1	2
	INTERVIEW END TIME	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> : <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

Health Worker Interview Questionnaire

MEASURE DHS SERVICE PROVISION ASSESSMENT SURVEY

HEALTH WORKER INTERVIEW

Facility Number:

Provider SERIAL Number: [FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

Provider Status: (1=Assigned; 2=Seconded)

Interviewer Code:

Number of ANC Observations Associated with Provider.

Number of FP Observations Associated with Provider.

Number of Sick Child Observations Associated with Provider.

Number of Delivery Observations Associated with Provider.

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED 1

NAME & NUMBER OF FACILITY → END

NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of the Ministry of Health conducting a study to assist the government in knowing more about health services in Malawi.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by the MOH, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Do you have any questions about the study? Do I have your agreement to proceed?

Interviewer's signature

		2	0	1	
DAY	MONTH	YEAR			

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES..... 1	
		NO..... 2	→ END

1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	<p>What is your current occupational category or qualification? For example, are you a registered nurse, or generalist medical doctor or a specialist medical doctor?</p>	GENERALIST MEDICAL DOCTOR 01 SPECIALIST MEDICAL DOCTOR 02 CLINICAL OFFICER (DEGREE LEVEL) 03 CLINICAL TECHNICIAN (DIPLOMA) 04 MEDICAL ASSISTANT 05 REGISTERED NURSE (BSN) 07 REGISTERED NURSE MIDWIFE (BSN) 08 REGISTERED PSYCHIATRIC NURSE 09 REGISTERED NURSE WITH DIPLOMA 10 ENROLLED NURSE 11 COMMUNITY HEALTH NURSE 12 ENROLLED MIDWIFE/NURSE MIDWIFE TECHNICIAN 13 ENROLLED NURSE MIDWIFE 14 LABORATORY TECHNOLOGIST / SCIENTIST 19 LABORATORY TECHNICIAN 20 LABORATORY ASSISTANT 21 ENVIRONMENTAL HEALTH OFFICER 24 HEALTH SURVEILLANCE ASSISTANT 25 HIV TESTING AND COUNSELING (HTC) COUNSELORS 26 NO TECHNICAL QUALIFICATION / ATTENDANT 95 OTHER 96	
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (103=95), ASK: What year did you complete any basic training for your current occupational category?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	<p>In what year did you start working in this facility?</p>	YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
106	<p>Have you received any dose of Hepatitis B vaccine?</p> <p>IF YES, ASK: How many doses have you received so far?</p>	NO 0 YES, 1 DOSE 1 YES, 2 DOSES 2 YES, 3 OR MORE DOSES 3 CAN'T REMEMBER/DK 8	→ 108
107	<p>Did you receive any of the vaccination as part of your services in this facility?</p>	YES 1 NO 2	
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES 1 NO 2	

2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

200	<p>First I want to ask you about some general training courses.</p> <p>Have you received any <i>in-service training, training update or refresher</i> in any of the following topics [READ TOPIC]. The training or training update, or refresher may have been a component of another training.</p> <p>IF YES, ASK: Was the <i>in-service training, training update or refresher</i> within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	<p>Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?</p>	1	2	3
02	<p>Any specific training related to injection safety practices?</p>	1	2	3
03	<p>Health Management Information Systems (HMIS) or reporting requirements for any service?</p>	1	2	3
04	<p>Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS</p>	1	2	3

201	<p>CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</p> <p>CODE 19, 20 OR 21 (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700</p> <p>CODE 19, 20 OR 21 NOT CIRCLED <input type="checkbox"/></p>	
<p>I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training or training updates you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility.</p>		
202	<p>In your current position, and as a part of your work for this facility, do you personally provide any services that are designed to be youth friendly or adolescent friendly? i.e., designed with the specific aim to encourage youth or adolescent utilization?</p>	<p>YES..... 1</p> <p>NO..... 2</p>
203	<p>Have you received any in-service training or training updates on topics specific to youth or adolescent friendly services? The training or training update may have been a component of another training.</p> <p>IF YES: Was the training or training update within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS..... 1</p> <p>YES, OVER 24 MONTHS AGO..... 2</p> <p>NO TRAINING OR UPDATES..... 3</p>

MALARIA

204	<p>In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?</p>	<p>YES..... 1</p> <p>NO..... 2</p>		
205	<p>Have you received any in-service training or training updates on topics related to diagnosis and/or treatment of malaria?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→207	
206	<p>Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training</p> <p>IF YES: Was the training or training update within the past 24 months or more than 24 months ago?</p>	<p>YES, WITHIN PAST 24 MONTHS</p>	<p>YES, OVER 24 MONTHS AGO</p>	<p>NO IN-SERVICE TRAINING OR UPDATES</p>
01	DIAGNOSING MALARIA IN ADULTS	1	2	3
02	DIAGNOSING MALARIA IN CHILDREN	1	2	3
03	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2	3
04	CASE MANAGEMENT / TREATMENT OF MALARIA IN ADULTS	1	2	3
05	CASE MANAGEMENT / TREATMENT OF MALARIA DURING PREGNANCY	1	2	3
06	INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY	1	2	3
07	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3

DIABETES

207	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes ?	YES..... 1 NO..... 2	
208	Have you received any in-service training or training updates on topics specific to the diagnosis and/or management of diabetes? The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3	

CARDIO-VASCULAR DISEASES

209	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES..... 1 NO..... 2	
210	Have you received any in-service training or training updates on the diagnosis and/or management of cardio-vascular diseases? The training or training update may have been a component of another training. IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3	

CHRONIC RESPIRATORY DISEASES

211	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES..... 1 NO..... 2	
212	Have you received any in-service training or training updates on the diagnosis and/or management of chronic respiratory diseases? The training or training update may have been a component of another training. IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS..... 1 YES, OVER 24 MONTHS AGO..... 2 NO TRAINING OR UPDATES..... 3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES..... 1 NO..... 2		
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES..... 1 NO..... 2		
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services?	YES..... 1 NO..... 2		
303	Have you received any in-service training or training updates on topics related to child health or childhood illness?	YES..... 1 NO..... 2		→ 400
304	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	EPI OR COLD CHAIN MONITORING	1	2	3
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2	3
03	DIAGNOSIS OF MALARIA IN CHILDREN	1	2	3
04	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST			
05	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2	3
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA			
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2	3
09	BREASTFEEDING	1	2	3
10	COMPLIMENTARY FEEDING IN INFANTS	1	2	3
11	PEDIATRIC HIV/AIDS	1	2	3
12	PEDIATRIC ART	1	2	3
13	OTHER ON CHILD HEALTH (SPECIFY) _____	1	2	3

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES..... 1 NO..... 2		
401	Have you received any in-service training or training updates on topics related to family planning?	YES..... 1 NO..... 2		→ 500
403	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2	3
02	IUCD INSERTION AND/OR REMOVAL	1	2	3
03	IMPLANT INSERTION AND/OR REMOVAL	1	2	3
04	PERFORMING VASECTOMY	1	2	3
05	PERFORMING TUBAL LIGATION	1	2	3
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2	3
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2	3
08	POST-PARTUM FAMILY PLANNING	1	2	3
09	OTHER ON FAMILY PLANNING (SPECIFY) _____	1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	<p>In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services?</p> <p>IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED</p>	YES, ANTENATAL 1 YES, POSTNATAL 2 YES, BOTH 3 NO, NEITHER 4		
501	<p>Have you received any in-service training or training updates on topics related to antenatal care or postnatal care?</p>	YES 1 NO 2	→503	
502	<p>Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training</p> <p>IF YES: Was the training or training update within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)?	1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)?	1	2	3
03	Complications of pregnancy and their management?	1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2	3
05	Intermittent preventive treatment of malaria in pregnancy (IPTp)	1	2	3
503	<p>Do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV?</p> <p>IF YES, ASK: Which specific services do you provide?</p> <p>INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?</p>	PREVENTIVE COUNSELING A HIV TEST COUNSELING B CONDUCT HIV TEST C PROVIDE ARV TO MOTHER D PROVIDE ARV TO INFANT E NO PMTCT SERVICES Y		
504	<p>Have you received any in-service training or training updates on topics related to maternal and/or newborn health and HIV/AIDS?</p>	YES 1 NO 2	→506	
505	<p>Have you received any in-service training or training updates in any of the following topics [READ TOPIC]? The training or training update may have been a component of another training</p> <p>IF YES: Was the training or training update within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV?	1	2	3
02	Newborn nutrition counseling of mother with HIV?	1	2	3
03	Infant and young child feeding?	1	2	3
04	Modified obstetric practices as relates to HIV? (e.g., not rupturing membrane during labor)	1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV?	1	2	3

DELIVERY SERVICES

506	In your current position, and as a part of your work for this facility, do you personally provide delivery services ? By that I mean conducting the actual delivery of newborns?	YES..... 1 NO..... 2	→ 509			
507	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility) ?	TOTAL DELIVERIES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
508	When was the last time you used a partograph?	NEVER..... 0 WITHIN PAST WEEK..... 1 WITHIN PAST MONTH..... 2 WITHIN PAST 6 MONTHS..... 3 OVER 6 MONTHS AGO..... 4				
509	Have you received any in-service training or training updates on topics related to delivery care?	YES..... 1 NO..... 2	→ 511			
510	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES		
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3		
02	Comprehensive Emergency Obstetric Care (CEmOC)?	1	2	3		
03	Routine care for labor and normal vaginal delivery?	1	2	3		
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3		
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3		
06	Post abortion care?	1	2	3		
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3		

NEWBORN CARE SERVICES

511	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES..... 1 NO..... 2		
512	Have you received any in-service training or training updates on topics related to newborn care?	YES..... 1 NO..... 2	→ 600	
513	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02	Early and exclusive breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1	NO..... 2	
601	Have you received any <i>in-service training or training updates</i> on topics related to STI services?	YES..... 1	NO..... 2	→603
602	Have you received any <i>in-service training or training updates</i> in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the <i>training or training update</i> within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2	3
02	The syndromic management for STIs	1	2	3
03	Drug resistance to STI treatment medications	1	2	3

TUBERCULOSIS

603	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training or training updates</i> . Remember, the training or training update may have been a component of another training. READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over?		
		(a)		(b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests or analysis	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification of need for referral	1	2	1	2	3

HIV/AIDS SERVICES

604	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training or training updates</i> . Remember, the training or training update may have been a component of another training. READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]? IF YES, within 24 months or over?		
		(a)		(b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3
09A	Early Infant Diagnosis (EID) of HIV	1	2	1	2	3
09B	STI and voluntary male circumcision	1	2	1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800	
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO	
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	
02	HIV rapid testing	1	2	
03	Any other HIV test, such as PCR, ELISA, or Western Blot	1	2	
04	Hematology testing, such as hemoglobin testing	1	2	
05	CD4 testing	1	2	
06	Malaria microscopy	1	2	
07	Malaria rapid diagnostic test (RDT)	1	2	
702	Have you received any in-service training or training updates on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800	
703	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] The training or training update may have been a component of another training IF YES: Was the training or training update within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3
02	HIV testing	1	2	3
03	CD4 testing	1	2	3
04	Blood screening for HIV prior to transfusion?	1	2	3
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3
07	Malaria microscopy	1	2	3
08	Malaria rapid diagnostic test (RDT)	1	2	3

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="text-align: right; border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div>																												
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS..... 1 YES, IN THE PAST 4-6 MONTHS..... 2 YES, IN THE PAST 7-12 MONTHS..... 3 YES, MORE THAN 12 MONTHS AGO..... 4 NO..... 5</p>	<p>→ 804</p>																											
802	<p>How many times in the past six months has your work been supervised?</p>	<p>NUMBER OF TIMES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></p> <p>EVERY DAY..... '96</p>																												
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Check your records or reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Observe your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide any feedback (either positive or negative) on your performance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 05 ←</td> <td style="text-align: center;">8 05 ←</td> </tr> <tr> <td>04 Give you verbal or written feedback that you were doing your work well?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide updates on administrative or technical issues related to your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Discuss problems you have encountered?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01 Check your records or reports?	1	2	8	02 Observe your work?	1	2	8	03 Provide any feedback (either positive or negative) on your performance?	1	2 05 ←	8 05 ←	04 Give you verbal or written feedback that you were doing your work well?	1	2	8	05 Provide updates on administrative or technical issues related to your work?	1	2	8	06 Discuss problems you have encountered?	1	2	8
	YES	NO	DK																											
01 Check your records or reports?	1	2	8																											
02 Observe your work?	1	2	8																											
03 Provide any feedback (either positive or negative) on your performance?	1	2 05 ←	8 05 ←																											
04 Give you verbal or written feedback that you were doing your work well?	1	2	8																											
05 Provide updates on administrative or technical issues related to your work?	1	2	8																											
06 Discuss problems you have encountered?	1	2	8																											
804	<p>Do you have a written job description of your current job or position in this facility?</p> <p>IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN .. 2 NO 3</p>																												
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES..... 1 NO..... 2 UNCERTAIN/DON'T KNOW..... 8</p>																												
806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p>	<p>MONTHLY OR DAILY SALARY SUPPLEMENT..... A PERDIEM WHEN ATTENDING TRAINING..... B DUTY ALLOWANCE..... C PAYMENT FOR EXTRA ACTIVITIES / OVERTIME (NOT ROUTINELY PROVIDED)..... D OTHER..... X (SPECIFY) NONE..... Y</p>																												
807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p> <p style="text-align: center;">(SPECIFY)</p>	<p>TIME OFF / VACATIONS..... A UNIFORMS, BACKPACKS, CAPS, etc..... B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc..... C TRAINING..... D FOOD RATION / MEALS..... E SUBSIDIZED HOUSING..... F OTHER..... X (SPECIFY) NONE..... Y</p>																												

808	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.</p> <p>ENTER THE LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN LEAVE THE REMAINING BOX/ES EMPTY. THERE MUST BE AT LEAST ONE ENTRY.</p> <p>DO NOT READ CHOICES TO RESPONDENT</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">MORE SUPPORT FROM SUPERVISOR.....</td> <td style="width: 5%; text-align: right;">A</td> <td style="width: 15%;"></td> </tr> <tr> <td>MORE KNOWLEDGE / UPDATES TRAINING.....</td> <td style="text-align: right;">B</td> <td></td> </tr> <tr> <td>MORE SUPPLIES/STOCK.....</td> <td style="text-align: right;">C</td> <td></td> </tr> <tr> <td>BETTER QUALITY EQUIPMENT/ SUPPLIES.....</td> <td style="text-align: right;">D</td> <td></td> </tr> <tr> <td>LESS WORKLOAD (i.e. MORE STAFF).....</td> <td style="text-align: right;">E</td> <td></td> </tr> <tr> <td>BETTER WORKING HOURS / FLEXIBLE TIMES.....</td> <td style="text-align: right;">F</td> <td></td> </tr> <tr> <td>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS).....</td> <td style="text-align: right;">G</td> <td></td> </tr> <tr> <td>TRANSPORTATION FOR REFERRAL PATIENTS.....</td> <td style="text-align: right;">H</td> <td></td> </tr> <tr> <td>PROVIDING ART.....</td> <td style="text-align: right;">I</td> <td></td> </tr> <tr> <td>PROVIDING PEP.....</td> <td style="text-align: right;">J</td> <td></td> </tr> <tr> <td>INCREASED SECURITY.....</td> <td style="text-align: right;">K</td> <td></td> </tr> <tr> <td>BETTER FACILITY INFRASTRUCTURE.....</td> <td style="text-align: right;">L</td> <td></td> </tr> <tr> <td>MORE AUTONOMY / INDEPENDENCE.....</td> <td style="text-align: right;">M</td> <td></td> </tr> <tr> <td>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES).....</td> <td style="text-align: right;">N</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">X</td> <td></td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 2px;">RANKING</th> </tr> <tr> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> <td style="width: 33px; height: 30px;"></td> </tr> </table> </div>	MORE SUPPORT FROM SUPERVISOR.....	A		MORE KNOWLEDGE / UPDATES TRAINING.....	B		MORE SUPPLIES/STOCK.....	C		BETTER QUALITY EQUIPMENT/ SUPPLIES.....	D		LESS WORKLOAD (i.e. MORE STAFF).....	E		BETTER WORKING HOURS / FLEXIBLE TIMES.....	F		MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS).....	G		TRANSPORTATION FOR REFERRAL PATIENTS.....	H		PROVIDING ART.....	I		PROVIDING PEP.....	J		INCREASED SECURITY.....	K		BETTER FACILITY INFRASTRUCTURE.....	L		MORE AUTONOMY / INDEPENDENCE.....	M		EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES).....	N		OTHER.....	X		RANKING					
MORE SUPPORT FROM SUPERVISOR.....	A																																																				
MORE KNOWLEDGE / UPDATES TRAINING.....	B																																																				
MORE SUPPLIES/STOCK.....	C																																																				
BETTER QUALITY EQUIPMENT/ SUPPLIES.....	D																																																				
LESS WORKLOAD (i.e. MORE STAFF).....	E																																																				
BETTER WORKING HOURS / FLEXIBLE TIMES.....	F																																																				
MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS).....	G																																																				
TRANSPORTATION FOR REFERRAL PATIENTS.....	H																																																				
PROVIDING ART.....	I																																																				
PROVIDING PEP.....	J																																																				
INCREASED SECURITY.....	K																																																				
BETTER FACILITY INFRASTRUCTURE.....	L																																																				
MORE AUTONOMY / INDEPENDENCE.....	M																																																				
EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES).....	N																																																				
OTHER.....	X																																																				
RANKING																																																					

THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT

Observation and Exit Interview Questionnaires

Sample List for ANTENATAL CARE Observation			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DAY	MONTH	YEAR
	2	0	1
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FACILITY #		
TOTAL # OF ANC CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS		<input type="text"/>	<input type="text"/>
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">2</td> <td style="text-align: center; font-size: 8px;">0 1</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>					DAY	MONTH	2	0 1			YEAR		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 8px;">FACILITY #</td> </tr> </table>					FACILITY #			
DAY	MONTH	2	0 1																			
		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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">2</td> <td style="text-align: center; font-size: 8px;">0 1</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>					DAY	MONTH	2	0 1			YEAR		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 8px;">FACILITY #</td> </tr> </table>					FACILITY #			
DAY	MONTH	2	0 1																			
		YEAR																				
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																						
159																						
160																						
161																						
162																						
163																						
164																						
165																						
166																						
167																						
168																						
169																						
170																						
171																						
172																						
173																						
174																						
175																						

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

	QTYPE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">A</td> <td style="width: 20px; height: 20px; text-align: center;">N</td> </tr> </table>	O	A	N		
O	A	N					
Name of the facility: _____							
Location of the facility: _____							
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

2. Provider Information

<p><u>Provider Qualification Category:</u></p> GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR..... 01 SPECIALISTS MEDICAL DOCTOR..... 02 CLINICAL OFFICER (DEGREE LEVEL)..... 03 CLINICAL TECHNICIAN (DIPLOMA)..... 04 MEDICAL ASSISTANT..... 05 REGISTERED NURSE (BSN)..... 07 REGISTERED NURSE MIDWIFE (BSN)..... 08 REGISTERED PSYCHIATRIC NURSE..... 09 REGISTERED NURSE WITH DIPLOMA..... 10 ENROLLED NURSE..... 11 COMMUNITY HEALTH NURSE..... 12 ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN..... 13 ENROLLED NURSE MIDWIFE..... 14 ENVIRONMENTAL HEALTH OFFICER..... 24 HEALTH SURVEILLANCE ASSISTANTS (HSA)..... 25 HTC COUNSELORS (NON-HSA)..... 26	PROVIDER QUALIF. CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	PROVIDER SL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

3. Information About Observation

Date: Name of the observer: _____ Client code:	DAY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> INTERVIEWER/OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> CLIENT CODE <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					2	0	1							
2	0	1													

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
-----	-----------	-----------------------	-------

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the Ministry of Health We are conducting a study of health facilities in Malawi with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="3" style="font-size: 8px;">YEAR</td> </tr> </table>			2	0	1	DAY	MONTH	YEAR			
		2	0	1									
DAY	MONTH	YEAR											
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END										

	<p>READ TO CLIENT: Hello, I am _____. I am representing the Ministry of Health We are conducting a study of health services in Malawi. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>							
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END					
102	RECORD THE TIME THE OBSERVATION STARTED	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:			
		:						
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2						

NO.	QUESTION / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.		

CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02	Infant(s) who died in the first week of life	B
03	Heavy bleeding, during or after delivery	C
04	Previous assisted delivery (caesarean section, ventouse, or forceps)	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08	Previous pregnancy-induced hypertension	H
09	Previous pregnancy related convulsions	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	None of the above	Y

DANGER SIGNS OF CURRENT PREGNANCY

106	IN COLUMN A , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN COLUMN B , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09	None of the above	Y	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
12A	Check the client's height	M
13	None of the above	Y

ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Anemia test	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test	A	B	C	Y

HIV TESTING AND COUNSELING (HTC)

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status or discussed with the client her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	None of the above	Y

MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

IRON PROPHYLAXIS

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid (IFA) or both	A
02	Explained the purpose of iron or folic acid	B
03	Explained how to take iron or folic-acid pills	C
04	Explained side effects of iron pills	D
05	None of the above	Y

TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	None of the above	Y

DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole/Albendazole	A
02	Explained the purpose of Mebendazole/Albendazole	B
03	None of the above	Y

MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave (or offered) malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN to client as part of consultation or instructed client to obtain ITN elsewhere in facility	F
07	Explicitly explained importance of using ITN to client	G
	DIRECT OBSERVATION:	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Discussed with client what items to have on hand at home for emergencies (e.g., blade)	D
05	None of the above	Y

NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
05A	Discussed post-natal care and importance of post-natal care	F
06	None of the above	Y

OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S HEALTH CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. 1 NO, DID NOT LOOK AT CARD. 2 NO HEALTH CARD USED. 3	→ 121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES. 1 NO 2 DON'T KNOW 8	
121	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. 1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. 2 CLIENT ADMITTED TO SAME FACILITY. 3 CLIENT REFERRED TO OTHER FACILITY. 4	

NO.	QUESTION / OBSERVATIONS	CODES
-----	-------------------------	-------

QUESTIONS TO ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD		
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY <input type="text"/> <input type="text"/>
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care at this facility for this pregnancy?	FIRST VISIT. 1 SECOND VISIT. 2 THIRD VISIT. 3 FOURTH VISIT. 4 FIFTH OR MORE VISIT. 5 DON'T KNOW. 8
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY. 1 NOT FIRST PREGNANCY. 2 DON'T KNOW. 8
124A	CHECK Q.123: NOT CLIENT'S FIRST VISIT (RESPONSE "1" NOT CIRCLED) <input type="checkbox"/>	CLIENT'S FIRST VISIT (RESPONSE "1" CIRCLED) <input type="checkbox"/> 125 ←
124B	What is the date of this clients last ANC visit for this pregnancy?	DAY. <input type="text"/> <input type="text"/> DON'T KNOW 98 MONTH. <input type="text"/> <input type="text"/> DON'T KNOW 98 YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998
125	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Observer's comments:		

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER

--	--	--	--	--

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM].

--	--

INFORMATION ABOUT INTERVIEW

DATE: _____

DAY

--	--

MONTH

--	--

YEAR

2	0	1	
---	---	---	--

Name of the interviewer: _____

INTERVIEWER CODE.

--	--	--

CLIENT CODE.

--	--	--

1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO												
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the Ministry of Health. We are conducting a study of health facilities in Malawi in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> </tr> </table>			2	0	1		DAY	MONTH	YEAR				
		2	0	1											
DAY	MONTH	YEAR													
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>														
100	May I begin the interview now?	AGREES 1 CLIENT REFUSES 2	→ END												
101	RECORD THE TIME THE INTERVIEW STARTED.	<table border="1" style="display: inline-table; margin: 0 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin: 0 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>													
102	Do you have an antenatal care card/book, or a vaccination card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO CARD/BOOK USED 3	<input type="checkbox"/> → 106												
103	CHECK THE ANC CARD, HEALTH PASSPORT OR VACCINATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME. 1 YES, 2 TIMES. 2 YES, 3 OR MORE TIMES. 3 NO RECORD. 4													
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD, BOOK, OR VACCINATION CARD?	# OF WEEKS. <table border="1" style="display: inline-table; margin: 0 10px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOT AVAILABLE.95													
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT? IF YES INDICATE NUMBER OF DOSES	YES, 1 DOSE. 1 YES, 2 DOSES. 2 YES, 3 DOSES. 3 YES, 4 DOSES. 4 NO 5													
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY. 1 NOT FIRST PREGNANCY. 2													
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5													

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→112
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pill?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→112
111	Please tell me any side effects of the iron pill that you know of. PROBE: ANY OTHER?	NAUSEA A BLACK STOOLS B CONSTIPATION C OTHER _____ X DON'T KNOW Z	
112	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria? SHOW THE CLIENT TABLET OF SP-BASED DRUGS	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→114
113	Were you asked to swallow the pills while still in the facility and in the presence of a provider?	YES. 1 NO. 2	
114	During this visit (or a previous visit) did a provider advice you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide free of charge?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→117
116	During this visit (or a previous visit) did a provider offer to sell you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	→121
119	Please tell me any signs of complications (danger signs) that you know of. CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	VAGINAL BLEEDING. A FEVER. B SWOLLEN FACE OR HAND. . . . C TIREDNESS OR BREATHLESSNESS. D HEADACHE OR BLURRED VISION. E SEIZURES/CONVULSIONS. F REDUCED OR NO FETAL MOVEMENT. G OTHER. X DON'T KNOW ANY. Z	
120	What did the provider advise you to do if you experienced any of the signs of complications? CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.	SEEK CARE AT A FACILITY. A REDUCE PHYSICAL ACTIVITY. . . . B CHANGE DIET. C OTHER _____ X (SPECIFY) PROVIDER DID NOT ADVISE. . . . Y	
121	During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW ANY. 8	→123
122	Please tell me some of the things you know of that you should have in preparation for the delivery. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")	EMERGENCY TRANSPORT. . . . A MONEY. B DISINFECTANT. C STERILE BLADE OR SCISSORS TO CUT CORD. . . . D OTHER _____ X DON'T KNOW Z	
123	Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?	YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
125	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY. 1 OTHER HEALTH FACILITY. 2 AT HOME. 3 AT TBA's HOME. 4 OTHER LOCATION _____ 6 NO/DON'T KNOW. 8	
126	Do you know any complications during or immediately following childbirth? IF YES: What danger signs do you know?	EXCESSIVE BLEEDING. A FEVER. B GENITAL INJURIES. C NO. Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	→129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS. 1 6 MONTHS. 2 OTHER. 6 DON'T KNOW 8	
129	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8	→201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	<u>MAJOR</u>	<u>MINOR</u>			
		NO PROB- LEM	DK								
<u>MAJOR</u>	<u>MINOR</u>										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about your pregnancy	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW. 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. 1 SECONDARY. 2 HIGHER. 3	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!</p>			
<p>Interviewer's comments:</p>			

Sample List for FAMILY PLANNING Observation			
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	DAY	MONTH	YEAR
			FACILITY #
TOTAL # OF FP CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS			<input type="text"/> <input type="text"/> <input type="text"/>
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #1			
	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
201			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
216			
217			
218			
219			
220			
221			
222			
223			
224			
225			

Sample List for FAMILY PLANNING Observation																			
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px; text-align: center;">2</td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">YEAR</td> <td style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table>			2		DAY	MONTH	YEAR	YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: 8px;">FACILITY #</td> </tr> </table>					FACILITY #				
		2																	
DAY	MONTH	YEAR	YEAR																
FACILITY #																			
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #2																			
	NAME/INITIALS	FIRST VISIT	FOLLOW-UP																
226																			
227																			
228																			
229																			
230																			
231																			
232																			
233																			
234																			
235																			
236																			
237																			
238																			
239																			
240																			
241																			
242																			
243																			
244																			
245																			
246																			
247																			
248																			
249																			
250																			

Sample List for FAMILY PLANNING Observation																			
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">2</td> <td style="width: 25%; text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> <td style="text-align: center;">YEAR</td> </tr> </table>			2	0	DAY	MONTH	YEAR	YEAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">FACILITY #</td> </tr> </table>					FACILITY #				
		2	0																
DAY	MONTH	YEAR	YEAR																
FACILITY #																			
USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #3																			
	NAME/INITIALS	FIRST VISIT	FOLLOW-UP																
251																			
252																			
253																			
254																			
255																			
256																			
257																			
258																			
259																			
260																			
261																			
262																			
263																			
264																			
265																			
266																			
267																			
268																			
269																			
270																			
271																			
272																			
273																			
274																			
275																			

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">O</td> <td style="width: 20px; height: 20px; text-align: center;">F</td> <td style="width: 20px; height: 20px; text-align: center;">P</td> </tr> </table>	O	F	P		
O	F	P					
Name of the facility: _____							
Location of the facility: _____							
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

2. Provider Information

<p><u>Provider Qualification Category:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR.....</td><td style="text-align: right;">01</td></tr> <tr><td>SPECIALISTS MEDICAL DOCTOR</td><td style="text-align: right;">02</td></tr> <tr><td>CLINICAL OFFICER (DEGREE LEVEL).....</td><td style="text-align: right;">03</td></tr> <tr><td>CLINICAL TECHNICIAN (DIPLOMA).....</td><td style="text-align: right;">04</td></tr> <tr><td>MEDICAL ASSISTANT.....</td><td style="text-align: right;">05</td></tr> <tr><td>REGISTERED NURSE (BSN).....</td><td style="text-align: right;">07</td></tr> <tr><td>REGISTERED NURSE MIDWIFE (BSN).....</td><td style="text-align: right;">08</td></tr> <tr><td>REGISTERED PSYCHIATRIC NURSE</td><td style="text-align: right;">09</td></tr> <tr><td>REGISTERED NURSE WITH DIPLOMA.....</td><td style="text-align: right;">10</td></tr> <tr><td>ENROLLED NURSE.....</td><td style="text-align: right;">11</td></tr> <tr><td>COMMUNITY HEALTH NURSE.....</td><td style="text-align: right;">12</td></tr> <tr><td>ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN.....</td><td style="text-align: right;">13</td></tr> <tr><td>ENROLLED NURSE MIDWIFE</td><td style="text-align: right;">14</td></tr> <tr><td>ENVIRONMENTAL HEALTH OFFICER.....</td><td style="text-align: right;">24</td></tr> <tr><td>HEALTH SURVEILLANCE ASSISTANTS (HSA)</td><td style="text-align: right;">25</td></tr> <tr><td>HTC COUNSELORS (NON-HSA).....</td><td style="text-align: right;">26</td></tr> </table>	GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR.....	01	SPECIALISTS MEDICAL DOCTOR	02	CLINICAL OFFICER (DEGREE LEVEL).....	03	CLINICAL TECHNICIAN (DIPLOMA).....	04	MEDICAL ASSISTANT.....	05	REGISTERED NURSE (BSN).....	07	REGISTERED NURSE MIDWIFE (BSN).....	08	REGISTERED PSYCHIATRIC NURSE	09	REGISTERED NURSE WITH DIPLOMA.....	10	ENROLLED NURSE.....	11	COMMUNITY HEALTH NURSE.....	12	ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN.....	13	ENROLLED NURSE MIDWIFE	14	ENVIRONMENTAL HEALTH OFFICER.....	24	HEALTH SURVEILLANCE ASSISTANTS (HSA)	25	HTC COUNSELORS (NON-HSA).....	26	<p>PROVIDER CATEGORY</p> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR.....	01																																		
SPECIALISTS MEDICAL DOCTOR	02																																		
CLINICAL OFFICER (DEGREE LEVEL).....	03																																		
CLINICAL TECHNICIAN (DIPLOMA).....	04																																		
MEDICAL ASSISTANT.....	05																																		
REGISTERED NURSE (BSN).....	07																																		
REGISTERED NURSE MIDWIFE (BSN).....	08																																		
REGISTERED PSYCHIATRIC NURSE	09																																		
REGISTERED NURSE WITH DIPLOMA.....	10																																		
ENROLLED NURSE.....	11																																		
COMMUNITY HEALTH NURSE.....	12																																		
ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN.....	13																																		
ENROLLED NURSE MIDWIFE	14																																		
ENVIRONMENTAL HEALTH OFFICER.....	24																																		
HEALTH SURVEILLANCE ASSISTANTS (HSA)	25																																		
HTC COUNSELORS (NON-HSA).....	26																																		
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>																																		
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	PROVIDER SL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																		

3. Information About Observation

<p>Date:</p> <p>Name of the observer: _____</p> <p>Client code:</p>	<p>DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>INTERVIEWER/OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>CLIENT CODE <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>					2	0	1							
2	0	1													

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO										
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>													
	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the Ministry of Health. We are conducting a study of health facilities in Malawi with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="text-align: right; margin-right: 50px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="3" style="font-size: 8px;">YEAR</td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>					2	0	1	DAY	MONTH	YEAR		
		2	0	1									
DAY	MONTH	YEAR											
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END										
	<p>READ TO CLIENT: Hello, I am _____. I am representing the Ministry of Health. We are conducting a study of health services in Malawi. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility.</p> <p>We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>												
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END										
102	RECORD THE TIME THE OBSERVATION STARTED.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2											
104	RECORD THE SEX OF CLIENT.	MALE 1 FEMALE 2											

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
06	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.		
112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/> →	114
113	PILLS OR INJECTIONS 01 When to take (pill daily; injection either every month or every 2 or 3 months) 02 Changes that may occur with menstruation (decreased flow or amenorrhea, spotting) 03 Initial side effects that may occur (such as nausea, weight gain, and breast tenderness) 04 What to do if forget pill or do not get injection on time 05 Method does not protect against STIs, including HIV 06 Should return to clinic if side effects appear or persist 07 None of the above	A B C D E F Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/> →	116
115	CONDOMS 01 Client cannot use if allergic to latex 02 Each condom can be used only one time 03 Some lubricants may be used (male condom— water soluble only; female condom —any lubricant) 04 Can be used as backup method if client fears other method will fail 05 Dual protection (from pregnancy and against STIs, including HIV) 06 None of the above	A B C D E Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/> →	118
117	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) 01 Good for up to 5 years or 12 years 02 Should return to the clinic 3-6 weeks post insertion or after first menses 03 Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps) 04 Should return to clinic if side effects continue 05 User should regularly check strings after each menstruation 06 Method does not protect against STIs, including HIV 07 None of the above	A B C D E F Y

NO.	QUESTIONS / OBSERVATIONS	CODES
118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	120
119	IMPLANTS	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	122
121	EMERGENCY CONTRACEPTION	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	124
123	PERIODIC ABSTINENCE OR STANDARD DAYS METHOD	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	126
125	VASECTOMY	
01	Partner is protected from pregnancy after 3 months	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	128

127	FEMALE STERILIZATION	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	130
-----	---	-----

129	LACTATIONAL AMENORRHEA (LAM)	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
05	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
02	Has this client ever been pregnant?	YES..... 1 NO..... 2 MALE CLIENT..... 3 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT																
01	PELVIC EXAMINATION	A															
02	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B															
03	INJECTABLE GIVEN	C															
04	IMPLANT INSERTION AND/OR REMOVAL	D															
05	NONE OF THE ABOVE	Y → 301															
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES 1 NO 2	→ 206														
<p>READ TO PROVIDER: Hello, I am representing the Ministry of Health. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ____] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ____] will help us to better understand how health services are provided.</p> <p>Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.</p> <p>Do you have any questions for me? Do I have your permission to be present during this procedure?</p> <div style="text-align: right; margin-right: 100px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="5" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>								2	0	1	DAY	MONTH	YEAR				
				2	0	1											
DAY	MONTH	YEAR															
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ 301														
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	<u>Provider Qualification Category:</u> GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR..... 01 SPECIALISTS MEDICAL DOCTOR 02 CLINICAL OFFICER (DEGREE LEVEL)..... 03 CLINICAL TECHNICIAN (DIPLOMA)..... 04 MEDICAL ASSISTANT..... 05 REGISTERED NURSE (BSN)..... 07 REGISTERED NURSE MIDWIFE (BSN)..... 08 REGISTERED PSYCHIATRIC NURSE 09 REGISTERED NURSE WITH DIPLOMA..... 10 ENROLLED NURSE..... 11 COMMUNITY HEALTH NURSE..... 12 ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN..... 13 ENROLLED NURSE MIDWIFE..... 14 ENVIRONMENTAL HEALTH OFFICER..... 24 HEALTH SURVEILLANCE ASSISTANTS (HSA)..... 25 HTC COUNSELORS (NON-HSA)..... 26															
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE 1 FEMALE 2															

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES..... 1 NO..... 2	→ 210
-----	---	-------------------------	-------

BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE		
01	Ensured that client had visual privacy	A	
02	Ensured that client had auditory privacy	B	
03	Explained procedure to client before starting	C	
04	Prepared all instruments before starting procedure	D	
05	Washed hands with soap and water or disinfected hands before starting procedure	E	
06	Put on latex gloves before starting procedure	F	
07	NONE OF THE ABOVE	Y	

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	Used sterilized or high level disinfected (HLD) instruments	A	
02	Asked the client to take slow deep breaths and to relax muscles	B	
03	Inspected the external genitalia	C	
04	Explained speculum procedure to client (if speculum used)	D	
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E	
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F	
07	NONE OF THE ABOVE	Y	

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Removed gloves	A	
02	Washed or disinfected hands after removing gloves	B	
03	Wiped contaminated surfaces with disinfectant	C	
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D	
05	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION A IUCD REMOVAL B IUCD CHECKUP C NONE OF THE ABOVE..... Y	→ 215
-----	---	--	-------

BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	(FOR NEW CLIENT) Reconfirmed client choice of method	D
05	(FOR NEW CLIENT) Confirmed client is not pregnant	E
06	Prepared all instruments before starting procedure	F
07	Washed or disinfected hands before starting procedure	G
08	Put on latex gloves before starting procedure	H
09	Clean cervix and vagina with antiseptic	I
10	None of the above	Y

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A
02	Conducted a speculum examination before performing bimanual examination	B
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C
04	Used a tenaculum	D
05	Sounded the uterus before inserting IUCD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUCD insertion	G
08	Used sterilized or high level disinfected (HLD) instruments	H
09	None of the above	Y

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E
06	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	(IF IUCD REMOVED): Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

8. INJECTABLE CONTRACEPTIVES

215	CHECK Q201: WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES 1 NO 2	→ 220
-----	--	---------------------------	-------

BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method	A	
02	(With a new client) Verified that client was not pregnant	B	
03	(Continuing client) Checked the client's card to ensure giving injection at correct time	C	
04	Ensured visual privacy	D	
05	Ensured auditory privacy	E	
06	Washed/disinfected hands before giving the injection	F	
07	Prepared injection in area with clean table or tray to set items on	G	
08	None of the above	Y	

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	(If using disposables) Used new syringe and needle from a sterile sealed pack	A	
02	Opened new packet of syringe and needle	B	
03	Removed needle from multiple dose vial each time	C	
04	Stirred or mixed the bottle <i>before</i> drawing dose (Depo)	D	
05	Cleaned and air-dried the injection site <i>before injection</i>	E	
06	Drew back plunger <i>before</i> giving injection	F	
07	Allowed dose to self-disperse instead of massaging the site	G	
08	None of the above	Y	

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)	A	
02	Tell client not to massage injection site	B	
03	Tell the client when to come back for her next injection	C	
04	None of the above	Y	
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION..... A IMPLANT REMOVAL..... B NONE OF THE ABOVE..... Y	→ 301
-----	--	--	-------

BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method	A	
02	(With a new client) Verified that client was not pregnant	B	
03	Ensured visual privacy	C	
04	Ensured auditory privacy	D	
05	Explained the procedure to client before starting	E	
06	Prepared all instruments before the procedure	F	
07	Used sterilized or high-level disinfected instruments	G	
08	Washed/disinfected hands <i>before</i> the procedure	H	
09	Put on sterile gloves and maintain sterility during insertion	I	
10	None of the above	Y	

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Cleaned skin where incision was made with antiseptic	A	
02	Used sterile towel to protect area	B	
03	Used new or sterilized needle and syringe for local anesthetic	C	
04	Allowed time for local anesthetic to take effect prior to making incision	D	
05	None of the above	Y	

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Disposed of sharps in puncture-resistant containers	A	
02	Wiped contaminated surfaces with disinfectant	B	
03	Placed instruments in a chlorine solution immediately after completing the procedure	C	
04	Removed gloves	D	
05	Washed/disinfected hands <i>after</i> removing gloves	E	
06	Explained care of incision area and removal of the bandage	F	
07	Discussed return visit to remove plaster	G	
08	Provided client with card or health passport stating date implant was inserted and date when the lifespan of the implant will be completed (3 or 5 years later)	H	
08A	Provider asked client to palpate or feel area where implant was inserted	I	
09	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	(IN THE CASE OF REMOVAL): Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	
-----	--	---	--

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

**10. CLIENT'S FAMILY PLANNING STATUS
TO BE ASKED OF PROVIDER AFTER CONSULTATION**

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS							
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NONUSER, USED IN PAST ... 2 → 304 NONUSER, NO PAST USE ... 3 → 304 NOT DETERMINED 8 → 304					
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD..... 2 DESIRE TO CHANGE METHOD (NO PROBLEM)..... 3 DESIRE TO DISCONTINUE FP (NO PROBLEM)..... 4 DISCUSS OTHER PROBLEM. 5					
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 → 305 SWITCHED METHOD 2 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD 3 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD 4 → 305 DECIDED TO STOP USING FAMILY PLANNING 5 → 306					
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2 → 306					
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD ... 1 NO, METHOD NOT IN STOCK ... 2 NO, REQUIRES APPOINTMENT 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM ... 4 NO, PREGNANCY STATUS UNCERTAIN 5 OTHER..... 6					
306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES 1 NO 2 NO INDIVIDUAL CARD USED ... 3 DON'T KNOW 8					
307	RECORD THE TIME THE OBSERVATION ENDED. <table border="1" data-bbox="1050 1608 1267 1664" style="float: right; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 10px; height: 20px;">:</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>			:			
		:					
308	Observer's comments:						

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER

--	--	--	--	--

PROVIDER SERIAL # [FROM STAFF LISTING FORM]

--	--

INFORMATION ABOUT INTERVIEW

DATE: _____

DAY

--	--

MONTH

--	--

YEAR

2	0	1	
---	---	---	--

Name of the interviewer: _____

INTERVIEWER CODE

--	--	--

CLIENT CODE.....

--	--	--

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the Ministry of Health. We are conducting a study of health facilities in Malawi in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p> <div style="text-align: right; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="2"></td> <td colspan="3" style="font-size: 8px;">YEAR</td> <td></td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>							2	0	1		DAY	MONTH			YEAR			
				2	0	1													
DAY	MONTH			YEAR															
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																	
102	RECORD THE SEX OF THE CLIENT	MALE 1 FEMALE 2																	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES 1 NO 2	→ 105																
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES 1 NO 2	→ 112																
105	What method were you (last) using? BROBE TO OBTAIN INFORMATION ON ALL METHODS THE CLIENT WAS LAST USING. IF THE CLIENT SIMPLY SAYS "CONDOMS" PROBE TO CLARIFY IF MALE OR FEMALE CONDOMS	COMBINED ORAL PILL A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C COMBINED INJECTABLE (MONTHLY) D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) E MALE CONDOM F FEMALE CONDOM G IUCD H IMPLANT I EMERGENCY CONTRACEPTION J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM) K NATURAL METHODS (PERIODIC ABSTINENCE) L MALE STERILIZATION (VASECTOMY) M FEMALE STERILIZATION (TUBAL LIGATION) N LACTATIONAL AMENORRHEA O OTHER _____ X																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. 1 NO, DID NOT ASK 2	
107	Have you been having (did you have) any problems with the method?	YES 1 NO 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES 1 NO 2	→ 110
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES 1 NO 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. 1 SWITCH METHOD. 2 STOP USING METHOD (DUE TO PROBLEMS). 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES 1 NO 2	→ 115
113	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																									
115	What (other) family planning methods did the provider talk with you about? CIRCLE ALL METHODS MENTIONED.	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X																																																										
116	What family planning method did you either receive or get a prescription or referral for? CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC). IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y" CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>PRES/REF</u></th> <th style="text-align: center;"><u>REC</u></th> </tr> </thead> <tbody> <tr><td>COMBINED ORAL PILL.</td><td style="text-align: center;">A</td><td style="text-align: center;">A</td></tr> <tr><td>PROGESTIN-ONLY PILL.</td><td style="text-align: center;">B</td><td style="text-align: center;">B</td></tr> <tr><td>PILL (TYPE UNSPECIFIED).</td><td style="text-align: center;">C</td><td style="text-align: center;">C</td></tr> <tr><td>COMBINED INJECTABLE (MONTHLY).</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> <tr><td>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY).</td><td style="text-align: center;">E</td><td style="text-align: center;">E</td></tr> <tr><td>MALE CONDOM.</td><td style="text-align: center;">F</td><td style="text-align: center;">F</td></tr> <tr><td>FEMALE CONDOM.</td><td style="text-align: center;">G</td><td style="text-align: center;">G</td></tr> <tr><td>IUCD.</td><td style="text-align: center;">H</td><td style="text-align: center;">H</td></tr> <tr><td>IMPLANT.</td><td style="text-align: center;">I</td><td style="text-align: center;">I</td></tr> <tr><td>EMERGENCY CONTRACEPTION.</td><td style="text-align: center;">J</td><td style="text-align: center;">J</td></tr> <tr><td>CYCLE BEADS FOR STANDARD DAYS METHOD (SDM).</td><td style="text-align: center;">K</td><td style="text-align: center;">K</td></tr> <tr><td>NATURAL METHODS (PERIODIC ABSTINENCE).</td><td style="text-align: center;">L</td><td style="text-align: center;">L</td></tr> <tr><td>MALE STERILIZATION (VASECTOMY).</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> <tr><td>FEMALE STERILIZATION (TUBAL LIGATION).</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> <tr><td>LACTATIONAL AMENORRHEA.</td><td style="text-align: center;">O</td><td style="text-align: center;">O</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td></tr> <tr><td>CONTINUING WITH METHOD IN Q105.</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> <tr><td>NO METHOD.</td><td style="text-align: center;">Z</td><td style="text-align: center;">Z</td></tr> </tbody> </table> <p style="text-align: right;">↓ 201</p> <p>[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117</p>		<u>PRES/REF</u>	<u>REC</u>	COMBINED ORAL PILL.	A	A	PROGESTIN-ONLY PILL.	B	B	PILL (TYPE UNSPECIFIED).	C	C	COMBINED INJECTABLE (MONTHLY).	D	D	PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY).	E	E	MALE CONDOM.	F	F	FEMALE CONDOM.	G	G	IUCD.	H	H	IMPLANT.	I	I	EMERGENCY CONTRACEPTION.	J	J	CYCLE BEADS FOR STANDARD DAYS METHOD (SDM).	K	K	NATURAL METHODS (PERIODIC ABSTINENCE).	L	L	MALE STERILIZATION (VASECTOMY).	M	M	FEMALE STERILIZATION (TUBAL LIGATION).	N	N	LACTATIONAL AMENORRHEA.	O	O	OTHER _____	X	X	CONTINUING WITH METHOD IN Q105.	Y	Y	NO METHOD.	Z	Z	
	<u>PRES/REF</u>	<u>REC</u>																																																										
COMBINED ORAL PILL.	A	A																																																										
PROGESTIN-ONLY PILL.	B	B																																																										
PILL (TYPE UNSPECIFIED).	C	C																																																										
COMBINED INJECTABLE (MONTHLY).	D	D																																																										
PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY).	E	E																																																										
MALE CONDOM.	F	F																																																										
FEMALE CONDOM.	G	G																																																										
IUCD.	H	H																																																										
IMPLANT.	I	I																																																										
EMERGENCY CONTRACEPTION.	J	J																																																										
CYCLE BEADS FOR STANDARD DAYS METHOD (SDM).	K	K																																																										
NATURAL METHODS (PERIODIC ABSTINENCE).	L	L																																																										
MALE STERILIZATION (VASECTOMY).	M	M																																																										
FEMALE STERILIZATION (TUBAL LIGATION).	N	N																																																										
LACTATIONAL AMENORRHEA.	O	O																																																										
OTHER _____	X	X																																																										
CONTINUING WITH METHOD IN Q105.	Y	Y																																																										
NO METHOD.	Z	Z																																																										
117	During your consultation today, did the provider 01 Explain how to use the method? 02 Talk about possible side effects? 03 Tell you what to do if you have any problems? 04 Tell you when to return for follow-up?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HOW TO USE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL SIDE EFFECTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TELL WHEN RETURN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	HOW TO USE	1	2	8	TELL SIDE EFFECTS	1	2	8	TELL PROBLEMS	1	2	8	TELL WHEN RETURN	1	2	8																																						
	YES	NO	DK																																																									
HOW TO USE	1	2	8																																																									
TELL SIDE EFFECTS	1	2	8																																																									
TELL PROBLEMS	1	2	8																																																									
TELL WHEN RETURN	1	2	8																																																									

NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
118	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
A	PILL (ANY PILL)	How often do you take the pill?	ONCE A DAY. 1 OTHER. 2 DON'T KNOW 8	
B	CONDOM (MALE)	How many times can you use one condom?	ONCE 1 OTHER. 2 DON'T KNOW 8	
C	CONDOM (FEMALE) [country-specific, depends on type of female condom available]	What type of lubricant can you use with the female condom?	ANY OIL OR LUBRICANT 1 OTHER. 2 DON'T KNOW 8	
D	IUCD	What should you do to make sure that your IUCD is in place?	CHECK STRING 1 OTHER. 2 DON'T KNOW 8	
E	PROGESTIN INJECTABLE (e.g. DEPO-PROVERA) 2-3 MONTHS)	How long does the injection provide protection from pregnancy?	2-3 MONTHS 1 OTHER. 2 DON'T KNOW 8	
F	MONTHLY INJECTABLE	How long does the injection provide protection from pregnancy?	1 MONTH. 1 OTHER. 2 DON'T KNOW 8	
G	IMPLANT [country-specific, depends on type of implant available?]	How long does your implant provide protection against pregnancy?	3-5 YEARS 1 OTHER. 2 DON'T KNOW 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA B DAYS 12-16 OF THE MENSTRUAL CYCLE. C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. D OTHER X DON'T KNOW Z	
I	VASECTOMY [obvs. section asks if provider counsels on slight risk]	After you have been sterilized (and after the first 3 months), can you make a woman pregnant again?	YES, DEFINITELY. 1 YES, ONLY SLIGHT RISK 2 NO. 3 DON'T KNOW. 8	
J	TUBAL LIGATION [obvs. section asks if provider counsels on slight risk]	After you have been sterilized, could you ever become pregnant again?	YES, DEFINITELY. 1 YES, ONLY SLIGHT RISK. 2 NO. 3 DON'T KNOW. 8	
K	LAM	Can you use this method if your menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?		YES 1 NO 2 DON'T KNOW 8	→ 201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;">MAJOR</td> <td style="text-align: center;">MINOR</td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	MAJOR	MINOR			
		NO PROB- LEM	DK								
MAJOR	MINOR										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about your method	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of family planning commodities at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW. 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY. 1 SECONDARY. 2 HIGHER. 3	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!</p>			
<p>Interviewer's comments:</p>			

Sample List for SICK CHILD Observation																												
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 5%; text-align: center;">0</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">DAY</td> <td colspan="2" style="text-align: center;">MONTH</td> <td colspan="4" style="text-align: center;">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="5" style="text-align: center;">FACILITY #</td> </tr> </table>						FACILITY #				
				2	0	1																						
DAY		MONTH		YEAR																								
FACILITY #																												
TOTAL # OF SICK CHILDREN ON DAY OF VISIT FOR ALL PROVIDERS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>																										
USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #1																												
	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN MONTHS																										
301																												
302																												
303																												
304																												
305																												
306																												
307																												
308																												
309																												
310																												
311																												
312																												
313																												
314																												
315																												
316																												
317																												
318																												
319																												
320																												
321																												
322																												
323																												
324																												
325																												

Sample List for SICK CHILD Observation																												
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px; text-align: center;">2</td> <td style="width: 10%; height: 20px; text-align: center;">0</td> <td style="width: 10%; height: 20px; text-align: center;">1</td> <td style="width: 10%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">DAY</td> <td colspan="2" style="text-align: center; font-size: small;">MONTH</td> <td colspan="5" style="text-align: center; font-size: small;">YEAR</td> </tr> </table>					2	0	1		DAY	MONTH		YEAR					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> </tr> <tr> <td colspan="5" style="text-align: center; font-size: small;">FACILITY #</td> </tr> </table>						FACILITY #				
				2	0	1																						
DAY	MONTH		YEAR																									
FACILITY #																												
USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #2																												
	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN MONTHS																										
326																												
327																												
328																												
329																												
330																												
331																												
332																												
333																												
334																												
335																												
336																												
337																												
338																												
339																												
340																												
341																												
342																												
343																												
344																												
345																												
346																												
347																												
348																												
349																												
350																												

Sample List for SICK CHILD Observation																										
Date	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;">2</td> <td style="width: 25px; height: 20px;">0</td> <td style="width: 25px; height: 20px;">1</td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4">FACILITY #</td> </tr> </table>					FACILITY #			
				2	0	1																				
DAY		MONTH		YEAR																						
FACILITY #																										
USE THIS FORM TO LIST SICK CHILDREN SELECTED FOR OBSERVATION FOR PROVIDER #3																										
	NAME/INITIALS OF SAMPLED SICK CHILDREN	FOLLOW-UP																								
351																										
352																										
353																										
354																										
355																										
356																										
357																										
358																										
359																										
360																										
361																										
362																										
363																										
364																										
365																										
366																										
367																										
368																										
369																										
370																										
371																										
372																										
373																										
374																										
375																										

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">S</td> <td style="width: 20px; height: 20px; text-align: center;">C</td> <td style="width: 20px; height: 20px; text-align: center;">O</td> </tr> </table>	S	C	O		
S	C	O					
Name of the facility: _____							
Location of the facility: _____							
FACILITY NUMBER		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

2. Provider Information

<p><u>Provider Qualification Category:</u></p> GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR..... 01 SPECIALISTS MEDICAL DOCTOR 02 CLINICAL OFFICER (DEGREE LEVEL)..... 03 CLINICAL TECHNICIAN (DIPLOMA)..... 04 MEDICAL ASSISTANT..... 05 REGISTERED NURSE (BSN)..... 07 REGISTERED NURSE MIDWIFE (BSN)..... 08 REGISTERED PSYCHIATRIC NURSE 09 REGISTERED NURSE WITH DIPLOMA..... 10 ENROLLED NURSE..... 11 COMMUNITY HEALTH NURSE..... 12 ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN..... 13 ENROLLED NURSE MIDWIFE 14 ENVIRONMENTAL HEALTH OFFICER..... 24 HEALTH SURVEILLANCE ASSISTANTS (HSA) 25 HTC COUNSELORS (NON-HSA)..... 26	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse; width: 20px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	PROVIDER SL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

3. Information About Observation

Date: Name of the observer: _____ Client code:	DAY <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table> MONTH <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table> YEAR <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> OBSERVER CODE..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> CLIENT CODE <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					2	0	1							
2	0	1													

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO												
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>															
	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the Ministry of Health. We are conducting a study of health facilities in Malawi with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div style="width: 35%; text-align: center;"> <table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: 8px;">DAY</td> <td colspan="2" style="font-size: 8px;">MONTH</td> <td colspan="2" style="font-size: 8px;">YEAR</td> </tr> </table> </div> </div>					2	0	1		DAY		MONTH		YEAR	
		2	0	1											
DAY		MONTH		YEAR											
100	<p>RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.</p>	<p>YES 1 NO 2</p>	→ END												
	<p>READ TO CLIENT: Hello, I am _____. I am representing the Ministry of Health. We are conducting a study of health services in Malawi. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <div style="margin-top: 20px;"> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p> </div>														
101	<p>RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.</p>	<p>YES 1 NO 2</p>	→ END												
102	<p>RECORD THE TIME THE OBSERVATION STARTED</p>	<table border="1" style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:										
		:													
103	<p>IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?</p>	<p>YES 1 NO 2</p>													
104	<p>RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER</p>	<p>MALE 1 FEMALE 2</p>													

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	
01	Mother's HIV status	A
02	TB disease in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y

PHYSICAL EXAMS

108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child's ear	J
11	Felt behind child's ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's immunization card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card	I
10	Asked if child received any de-worming medication in last 6 months	J
11	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B	
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C	
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D	
05	GAVE REFERRAL SLIP TO CARETAKER	E	
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F	
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G	
07A	NOTIFY CARETAKER SPECIFICALLY OF A MALARIA RDT OR BF RESULT	H	
08	NONE OF THE ABOVE	Y	
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. 1 CHILD REFERRED TO PROVIDER, SAME FACILITY. 2 CHILD ADMITTED, SAME FACILITY. 3 CHILD SENT TO LAB. 4 CHILD REFERRED TO OTHER FACILITY. 5	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

6. DIAGNOSIS

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.

DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201	DEHYDRATION	
	SEVERE DEHYDRATION.....	1
	MODERATE DEHYDRATION.....	2
	MILD DEHYDRATION.....	3
	NONE OF THE ABOVE.....	4
202	RESPIRATORY SYSTEM	
	PNEUMONIA / BRONCHOPNEUMONIA.....	A
	BRONCHIAL SPASM / ASTHMA.....	B
	UPPER RESPIRATORY INFECTION (URI).....	C
	RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN.....	D
	COUGH, DIAGNOSIS UNCERTAIN.....	E
203	DIGESTIVE SYSTEM / INTESTINAL	
	DIARRHOEA.....	A
	DYSENTERY.....	B
	AMEBIASIS.....	C
	OTHER DIGESTIVE / INTESTINAL (SPECIFY).....	X
204	MALARIA	
	MALARIA (CLINICAL DIAGNOSIS).....	1
	MALARIA (BLOOD SMEAR).....	2
	MALARIA (RAPID DIAGNOSTIC TEST).....	3
205	FEVER/MEASLES	
	FEVER OF UNKNOWN ORIGIN.....	1
	MEASLES WITH NO COMPLICATIONS.....	2
	MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE).....	3
206	EAR	
	MASTOIDITIS.....	A
	ACUTE EAR INFECTION.....	B
	CHRONIC EAR INFECTION.....	C
	OTHER EAR INFECTION.....	X
206A	MALNUTRITION	
	SEVERE MALNUTRITION.....	1
	MODERATE MALNUTRITION.....	2
	MILD MALNUTRITION.....	3
207	THROAT	
	SORE THROAT.....	1
	OTHER THROAT DIAGNOSIS (SPECIFY).....	2
208	OTHER DIAGNOSIS	
	ANY OTHER DIAGNOSIS.....	1
NO OTHER DIAGNOSIS.....	2	

NO.	QUESTIONS / OBSERVATIONS	CODES
-----	--------------------------	-------

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.		
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES. 1 NO. 2 → 215
210	GENERAL TREATMENT	
01	BENZYL PENICILLIN INJECTION	A
02	OTHER ANTIBIOTIC INJECTION	B
03	OTHER INJECTION	C
04	CO-TRIMOXAZOLE TABLETS	D
05	CO-TRIMOXAZOLE SYRUP	E
06	AMOXICILLIN CAPSULES	F
07	AMOXICILLIN SYRUP	G
08	OTHER ANTIBIOTIC TABLET/SYRUP	H
09	PARACETAMOL	I
10	OTHER FEVER REDUCING MEDICINE	J
11	ZINC	K
12	VITAMINS (OTHER THAN VITAMIN A)	L
13	COUGH SYRUPS/OTHER MEDICATION	M
14	NONE OF THE ABOVE	Y
211	RESPIRATORY	
01	NEBULISER OR INHALER	A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)	B
03	ORAL BRONCHODILATOR	C
04	DRY EAR BY WICKING	D
05	NONE OF THE ABOVE	Y
212	MALARIA	
01	INJECTABLE QUININE	A
02	INJECTABLE ARTEMETHER / ARTESUNATE	B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)	C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE	D
05	ORAL ACT/AL (E.G., COARTEM)	E
06	ORAL ARTEMETER / ARTESUNATE	F
07	ORAL AMODIAQUINE	G
08	ORAL FANSIDAR (SP)	H
09	ORAL QUININE	I
10	OTHER ORAL ANTIMALARIAL	J
11	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
213	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
03A	HOME ORT (PLAN A) WITH ZINC	D
04	NONE OF THE ABOVE	Y
213A	MALNUTRITION	
01	CHILD ADMITTED OR REFERRED TO ANOTHER FACILITY (SEVERE MALNUTRITION).	1
02	MOTHER COUNSELED ACCORDING TO FEEDING RECOMMENDATION (MODERATE MAL). . .	2
03	MOTHER ADVISED ON WHEN TO RETURN TO FACILITY (MILD MALNUTRITION).	3
04	NONE OF THE ABOVE	4
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW. 8	
215A	Did [NAME] have a malaria RDT done anywhere in this facility before coming into this consultation room to see you today?	YES 1 NO 2	→216
215B	Did you see, or did the client show you the malaria RDT result as part of this consultation?	YES 1 NO 2	→216
215C	What was the malaria RDT result?	RDT POSITIVE. 1 RDT NEGATIVE. 2	
216	Did you vaccinate the child during this visit or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. . . . 1 YES, REFERRED 2 NOT DUE FOR, OR COMPLETED VACCINATION. . 3 VACCINE NOT AVAILABLE. . . . 4 CHILD TOO SICK. 5 NOT DAY FOR VACCINATION. 6 DID NOT CHECK FOR VACCINATION. 7	
217	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> : <input type="text"/>	
Observer's comments:			

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER

--	--	--	--	--

PROVIDER SERIAL # [FROM STAFF LISTING FORM]

--	--

INFORMATION ABOUT INTERVIEW

DATE: _____

DAY

--	--

MONTH

--	--

YEAR

2	0	1	
---	---	---	--

Name of the interviewer: _____

INTERVIEWER CODE

--	--	--

CLIENT CODE

--	--	--

1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the Ministry of Health. We are conducting a study of health facilities in Malawi in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td>DAY</td><td>MONTH</td><td>YEAR</td><td></td> </tr> </table>					2	0	1						DAY	MONTH	YEAR		
				2	0	1													
				DAY	MONTH	YEAR													
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table>			:														
		:																	
102	What is the name of the sick child?	NAME _____																	

CLIENT AGE

103	What month and year was [NAME] born?	MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							
104	How old is [NAME] in completed months?	AGE IN MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98							

SIGNS AND SYMPTOMS OF CURRENT ILLNESS

105	Has [NAME] had fever with this illness or any time in the past two days?	YES. 1 NO. 2 DON'T KNOW. 8	
106	Has [NAME] had a convulsion with this illness?	YES. 1 NO. 2 DON'T KNOW. 8	
107	Does [NAME] have cough or difficulty breathing with this illness?	YES. 1 NO. 2 DON'T KNOW. 8	
108	Can [NAME] drink, eat or breastfeed?	YES. 1 NO. 2 DON'T KNOW. 8	
109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES. 1 NO. 2 DON'T KNOW. 8	

110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
111	Has [HE/SHE] been excessively sleepy or lethargic during this illness?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
112	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS..... A SKIN SORE/PROBLEMS..... B INJURY..... C EYE PROBLEM..... D OTHER _____ X (SPECIFY) NO OTHER REASON Y	
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK..... 1 WITHIN THE PAST 2-4 WEEKS.... 2 MORE THAN 4 WEEKS AGO..... 3 NO..... 4 DON'T KNOW..... 8	
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98	

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
116	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY..... 1 GO TO OTHER FACILITY..... 2 GO TO OTHER HEALTH WORKER OR /PHARMACY..... 3 GO TO TRADITIONAL HEALER.... 4 NOTHING, JUST WAIT..... 5 DON'T KNOW..... 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING F POOR/NOT DRINKING G OTHER _____ X (SPECIFY) NO, NONE Y DON'T KNOW Z	
118	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES A IF SYMPTOMS INCREASE OR BECOME WORSE B FOLLOW-UP APPOINTMENT..... C VIT. A SUPPLEMENTATION..... D LAB TEST RESULTS..... E CHILD ADMITTED..... F ROUTINE IMMUNISATION G OTHER _____ X (SPECIFY) NO..... Y DON'T KNOW Z	

TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. 1 YES, GAVE PRESCRIPTION. 2 GAVE MEDS AND PRESCRIPTION. 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. 1 NO. 2 DON'T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. 2 NO 3 DON'T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES 1 NO 2	
126	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES 1 NO 2 CANNOT REMEMBER 8	
128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 NOT CERTAIN 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 DON'T KNOW 8	

130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED. 1 REPORTED, NOT SEEN. 2 NO. 3 DON'T KNOW. 8	
-----	---	---	--

REFERRAL

130A	Before [NAME] was seen by the health care provider who treated [HIM/HER] today, was a finger or heel stick done anywhere in this facility for blood to be taken for a test?	YES. 1 NO. 2	
131	Did the health care provider who treated [NAME] today instruct you to take [HIM/HER] to see another provider, or to go to the laboratory in this facility for a finger or heel stick for blood to be taken for a tes?	YES. 1 NO. 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES. 1 NO. 2	→ 134
133	Were you told the result of the test that was done?	YES. 1 NO. 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES. 1 NO. 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told where to go for the referral?	2 2 8	
03	Were you told who to see for the referral?	1 2 8	
04	Were you told why you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY. A YES, OTHER PROVIDER DIFFERENT FACILITY. B YES, TRADITIONAL HEALER. C SAW NO ONE Y	

CLIENT RE-EXAMINATION

	<p>READ TO CLIENT: As part of this interview, and in order to improve services that this and other facilities provide, I will like to take a few measurements on [CHILD]. It will only take a few minutes</p> <p>As with the rest of the interview, whether you decide to let me take these measurements on [CHILD] is completely voluntary and will not affect services you receive during this or future visits. However, we are counting on your cooperation to obtain information to help improve service provision in general.</p> <p>Do you have any questions at this time? Do I have your permission to proceed?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td colspan="6" style="text-align: center;">YEAR</td> </tr> </table>					2	0	1		DAY	MONTH	YEAR					
				2	0	1												
DAY	MONTH	YEAR																
	Interviewer's signature (Indicates respondent's willingness to participate)																	
150	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ 201															
151	CHECK Q107 ABOVE DOES THE CHILD HAVE COUGH OR DIFFICULTY BREATHING WITH THIS CURRENT ILLNESS?	YES..... 1 NO..... 2	→ 153															
152	PERFORM A 60-SECOND RESPIRATORY RATE COUNT ON THE CHILD ENSURE THAT THE CHILD IS CALM DURING THE 60-SECOND COUNT	RESPIRATORY RATE/MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																
153	EXAMINE THE CHILD FOR THE FOLLOWING SIGNS OF ANEMIA. CIRCLE ALL SIGNS THAT YOU SEE.	PALE PALM..... A PALE EYELIDS..... B PALE TONGUE..... C NONE OF THE ABOVE..... Y																
154	MEASURE THE CHILD'S TEMPERATURE	TEMPERATURE IN °CELCIUS..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																
155	ASSESS THE CONSCIOUSNESS LEVEL OF CHILD. IS HE/SHE CONSCIOUS, LETHARGIC OR UNCONSCIOUS? GENTLY AROUSE CHILD IF HE/SHE APPEARS TO BE SLEEPING NOTE: CONTACT A HEALTH CARE PROVIDER IF YOU FIND THE SICK CHILD TO BE EITHER LETHARGIC OR UNCONSCIOUS	CONSCIOUS..... 1 LETHARGIC/UNCONSCIOUS..... 2																

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB- LEM</td> <td style="text-align: center;">DK</td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td></td> <td></td> </tr> </table>			NO PROB- LEM	DK	<u>MAJOR</u>	<u>MINOR</u>			
		NO PROB- LEM	DK								
<u>MAJOR</u>	<u>MINOR</u>										
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about [CHILD'S] illness	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>								

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ... 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

3. Client Personal Characteristics			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.			
301	What is your relationship to [SICK CHILD]?	MOTHER 1 FATHER 2 SIBLING 3 AUNT OR UNCLE 4 GRAND MOM/GRAND DAD.... 5 OTHER _____ 6 (SPECIFY)	
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY..... 1 SECONDARY..... 2 HIGHER..... 3	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY 2 NO 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

Sample List for NORMAL DELIVERY Observation																												
Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">2</td> <td style="width: 5%; text-align: center;">0</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 5%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">DAY</td> <td colspan="2" style="text-align: center;">MONTH</td> <td colspan="4" style="text-align: center;">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="5" style="text-align: center;">FACILITY #</td> </tr> </table>						FACILITY #				
				2	0	1																						
DAY		MONTH		YEAR																								
FACILITY #																												
TOTAL # OF DELIVERIES ON DAY OF VISIT FOR ALL PROVIDERS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>																										
USE THIS FORM TO LIST PREGNANT WOMEN SELECTED FOR OBSERVATION FOR <u>INTERVIEWER #1</u>																												
	NAME/INITIALS OF SELECTED PREGNANT WOMAN	AGE IN YEARS																										
501																												
502																												
503																												
504																												
505																												
506																												
507																												
508																												
509																												
510																												
511																												
512																												
513																												
514																												
515																												
516																												
517																												
518																												
519																												
520																												
521																												
522																												
523																												
524																												
525																												

Sample List for NORMAL DELIVERY Observation

Date

				2	0	1	
DAY		MONTH		YEAR			

FACILITY #				

USE THIS FORM TO LIST PREGNANT WOMEN SELECTED FOR OBSERVATION FOR INTERVIEWER #2

	NAME/INITIALS OF SELECTED PREGNANT WOMAN	AGE IN YEARS
526		
527		
528		
529		
530		
531		
532		
533		
534		
535		
536		
537		
538		
539		
540		
541		
542		
543		
544		
545		
546		
547		
548		
549		
550		

MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF LABOR & DELIVERY AND NEONATAL RESUSCITATION

1. Facility Identification

QTYPE

L	D	O
---	---	---

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER

--	--	--	--	--

2. Provider Information

Provider Qualification Category:

- GENERALIST [NON-SPECIALIST] MEDICAL DOCTOR 01
- SPECIALISTS MEDICAL DOCTOR 02
- CLINICAL OFFICER (DEGREE LEVEL) 03
- CLINICAL TECHNICIAN (DIPLOMA) 04
- MEDICAL ASSISTANT 05
- REGISTERED NURSE (BSN) 07
- REGISTERED NURSE MIDWIFE (BSN) 08
- REGISTERED PSYCHIATRIC NURSE 09
- REGISTERED NURSE WITH DIPLOMA 10
- ENROLLED NURSE 11
- COMMUNITY HEALTH NURSE 12
- ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN 13
- ENROLLED NURSE MIDWIFE 14
- ENVIRONMENTAL HEALTH OFFICER 24
- HEALTH SURVEILLANCE ASSISTANTS (HSA) 25
- HTC COUNSELORS (NON-HSA) 26

PROVIDER QUALIF. CATEGORY

--	--

SEX OF PROVIDER: (1=Male; 2=Female)

SEX OF PROVIDER

--

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

PROVIDER SL NUMBER

--	--

3. Information About Observation

Date:

DAY

MONTH

YEAR 2 0 1

2	0
1	

Name of the observer: _____

INTERVIEWER/OBSERVER CODE

--	--	--

Client code:

CLIENT CODE

--	--	--

4. Observation of Labor and Delivery and Neonatal Resuscitation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
-----	-----------	-----------------------	-------

BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the Ministry of Health. We are conducting a study of health facilities in Malawi with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how normal delivery services are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.

Do I have your permission to be present at this consultation?

 Interviewer's signature
 (Indicates respondent's willingness to participate)

				2	0	1	
DAY		MONTH		YEAR			

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END
-----	---	---------------------------	-------

READ TO CLIENT: Hello, I am _____. I am representing the Ministry of Health. We are conducting a study of health services in Malawi. I would like to be present while you are receiving services today in order to understand how normal delivery services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.

 Interviewer's signature
 (Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END
-----	---	---------------------------	-------

102	RECORD THE TIME THE OBSERVATION STARTED	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2	
-----	---	---------------------------	--

SECTION 1: INITIAL CLIENT ASSESSMENT

Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT ANY OF THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
INTRODUCTION AND HISTORY TAKING				
Q104:				
01) Respectfully greets the pregnant woman	1	2	8	
02) Encourages the woman to have a support person present during labor and birth	1	2	8	
03) Asks women (and support person) if she has any questions	1	2	8	
04) Checks client card OR asks client her age, length of pregnancy, and parity	1	2	8	
Q105: Asks whether she has experienced any of the following for current pregnancy:				
01) Vaginal bleeding	1	2	8	
02) Fever	1	2	8	
03) Severe headaches and/or blurred vision	1	2	8	
04) Swollen face or hands	1	2	8	
05) Convulsions or loss of consciousness	1	2	8	
06) Severe difficulty breathing	1	2	8	
07) Persistent cough for 2 weeks or longer	1	2	8	
08) Severe abdominal pain	1	2	8	
09) Foul smelling vaginal discharge	1	2	8	
10) Frequent or painful urination	1	2	8	
11) Whether the client has felt a decrease or stop in fetal movement	1	2	8	
12) If there are any other problems the client is concerned about	1	2	8	
Q106: Checks woman's HIV status (checks card or asks woman)	1	2	8	
Q107: Offers woman HIV test	1	2	8	
Q108: Is woman HIV positive? <i>(OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE DON'T KNOW IF STATUS IS UNKNOWN OR NOT DISCUSSED)</i>	1	2	8	No/DK → Q110
Q109: Asks about or counsels on the following topics for HIV positive mothers:				
01) Asks if client is currently taking ARVS	1	2	8	No/DK → Q109_02
01a) Asks client when she took last dose ARVs	1	2	8	
02) Explains why the mother should take ARVs	1	2	8	
03) Explains when and how the mother should take ARVs	1	2	8	
04) Administers ARVs to mother	1	2	8	
05) Explains why the newborn should take ARVs	1	2	8	
06) Explains when and how newborn should take ARVs	1	2	8	
Q110: Client has any previous pregnancies? <i>(OBSERVER: LISTEN AND RECORD ANSWER)</i>	1	2	8	No/DK → Q112
Q111: Asks about complications during previous pregnancies:				
01) Heavy bleeding during or after delivery	1	2	8	
02) Anemia	1	2	8	
03) High blood pressure	1	2	8	
04) Convulsions	1	2	8	
05) Multiple pregnancies (twins or above)	1	2	8	
06) Prolonged labor	1	2	8	
07) C-section	1	2	8	
08) Assisted delivery (forceps, ventouse)	1	2	8	
09) Prior neonatal death (death of baby less than 1 month old)	1	2	8	
10) Prior stillbirth (baby born dead that does not breathe or cry)	1	2	8	
11) Prior abortion/miscarriage (loss of pregnancy)	1	2	8	

EXAMINATION			
Q112: Washes his/her hands with soap and water or uses hand disinfectant before any initial examination	1	2	8
Q113: Explains procedures to woman (support person) before proceeding	1	2	8
Q114: Takes temperature	1	2	8
Q115: Takes pulse	1	2	8
Q116: Takes blood pressure	1	2	8
			No/DK → Q117
01) Take client's blood pressure in sitting or lateral position	1	2	8
02) Take blood pressure with arm at heart level	1	2	8
Q117: Asks/notes amount of urine output	1	2	8
Q118: Tests urine for presence of protein	1	2	8
Q119: Performs general examination (e.g. for anemia, edema)	1	2	8
Q120: Performs the following steps for abdominal examination:			
01) Checks fundal height with measuring tape	1	2	8
02) Checks fetal presentation by palpation of abdomen	1	2	8
03) Checks fetal heart rate with fetoscope/Doppler/ultrasound	1	2	8
Q121: Performs vaginal examination	1	2	8
Q122: Wears high-level disinfected or sterile gloves for vaginal examination	1	2	8
Q123: Informs pregnant woman of findings	1	2	8
END OF SECTION 1			

SECTION 2: INTERMITTENT OBSERVATION OF FIRST STAGE OF LABOR				
Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
PROGRESS OF LABOR				
Q201: At least once, explains what will happen in labor to woman (support person)	1	2	8	
Q202: At least once, encourages woman to consume fluids/food during labor	1	2	8	
Q203: At least once, encourages/assists woman to ambulate and assume different positions during labor	1	2	8	
Q204: OBSERVER: IS THE SUPPORT PERSON PRESENT AT SOME POINT DURING LABOR?	1	2	8	
Q205: Drapes woman (one drape under buttocks, one over abdomen)	1	2	8	
Q206: Partograph used to monitor labor	1	2		No→Q212
Q207: Action line on partograph reached	1	2	8	No/DK→Q212
Q208: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>			
Q209: If action line reached on partograph, was any <u>definitive</u> action taken?	1	2	8	No/DK→Q212
Q210: RECORD TIME ACTION WAS TAKEN (USE 24-HR CLOCK FORMAT)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>			
Q211: WHAT DEFINITIVE ACTION WAS TAKEN? (CIRCLE ALL THAT APPLY):	Code			
Consult with specialist	A			
Refer to other facility for specialist	B			
Prepare for assisted delivery	C			
Prepare for C-section	D			
Other (specify _____)	X			
EXAMINATION & PROCEDURES				
Question	Yes	No	DK	Go to
Q212: Washes his/her hands with soap and water or uses antiseptic prior to any examination of woman	1	2	8	
Q213: Wears high-level disinfected or sterile surgical gloves	1	2	8	
Q214: Puts on clean protective clothing in preparation for birth (goggles, gown or apron)	1	2	8	
Q215: Explains procedures to woman (support person) before proceeding	1	2	8	
Q216: Number of vaginal examinations (TO THE BEST OF YOUR ABILITY, UPDATE THE ANSWER TO THIS QUESTION DURING INTERMITTENT OBSERVATION OF THE FIRST STAGE OF LABOR)	<input type="text"/> <input type="text"/>			
Q217: Augments labor with oxytocin	1	2	8	No/DK → Q219
Q218: Oxytocin administered intravenously (IV)	1	2	8	
Q219: Performs artificial rupture of membrane	1	2	8	
Q220: Administers antibiotics	1	2	8	No/DK → Q223
Q221: Why were antibiotics administered (CIRCLE ALL THAT APPLY)?	Code			
Treatment for chorioamnionitis	A			
Management of pre-labor rupture of membranes	B			
Preparation for C-section	C			
Routine/prophylactic	D			
Don't know	Z			

Q222: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)					
	Penicillin	A			
	Ampicillin	B			
	Gentamicin	C			
	Metronidazole	D			
	Cephalosporin	E			
	Other (Specify) _____	X			
	Don't know	Z			
PREPARATION FOR DELIVERY					
<i>CHECK TO SEE IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE LAID OUT IN PREPARATION FOR DELIVERY. IF SOME SUPPLIES ARE IN A BIRTH KIT, LOOK/ASK TO DETERMINE WHICH ITEMS ARE INCLUDED.</i>					
Question		Yes	No	DK	Go to
Q223: Prepares uterotonic drug to use for AMTSL		1	2	8	No/DK → Q225
Q224: Which drug		Code			
	Oxytocin	1			
	Ergometrine	2			
	Syntometrine	3			
	Misoprostol	4			
Question		Yes	No	DK	Go to
Q225: Timer (clock or watch with seconds hand)		1	2	8	
Q226: Self-inflating ventilation bag (250 or 500 mL)		1	2	8	
Q227: Newborn face mask size 0		1	2	8	
Q228: Newborn face mask size 1		1	2	8	
Q229: Suction bulb		1	2	8	
Q230: Catheter		1	2	8	
Q231: Suction machine		1	2	8	
Q232: At least two cloths/blankets (one to dry; one to cover)		1	2	8	
Q233: Cap/hat for the newborn		1	2	8	
Q234: Disposable cord ties or clamps		1	2	8	
Q235: Sterile scissors or blade		1	2	8	
Q236: Has the woman completed the first stage of labor?		1	2		Yes → Q300
Q237: Was the woman referred to another facility for care before she went into active labor/second stage of labor?		1	2		Yes → Q547
<i>IF FIRST STAGE OF LABOR IS NOT COMPLETE, CHECK ANSWERS IN THIS SECTION AGAIN 15-30 MINUTES LATER</i>					
END OF SECTION 2					

SECTION 3: CONTINUOUS OBSERVATION OF SECOND & THIRD STAGE OF LABOR

Question	Yes	No	DK	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER).</i>				
PREPARATION FOR DELIVERY				
Q301: Washes his/her hands with soap and water or uses antiseptic before any examination of woman <i>(OBSERVER: CIRCLE "YES" IF DONE PREVIOUSLY AND NO CONTAMINATION)</i>	1	2	8	
Q302: Wears high-level disinfected or sterile surgical gloves <i>(OBSERVER: CIRCLE "YES" IF NO CONTAMINATION)</i>	1	2	8	
Q303: Puts on clean protective clothing (goggles, gown or apron) in preparation for birth <i>(OBSERVER: CIRCLE "YES" IF NO CONTAMINATION)</i>	1	2	8	
Q304: Performs episiotomy	1	2		
Q305: Presentation of baby is cephalic (head first)	1	2	8	
DELIVERY AND UTEROTONIC				
Q306: As baby's head is delivered, supports perineum	1	2	8	
Q307: Record time of the delivery of the baby (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q308: Checks for another baby prior to administering the uterotonic	1	2	8	
Q309: Second baby present? <i>(CIRCLE "1" IF MULTIPLE BABIES)</i>	1	2		
Q310: Administers uterotonic?	1	2		No → Q317
Q311: Record time uterotonic given (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q312: Timing of administration of uterotonic	Code			
At delivery of anterior shoulder	1			
Within 1 min of delivery of baby	2			
Within 3 min of delivery of baby	3			
More than 3 min after delivery of baby AND before delivery of the placenta	4			
More than 3 min of delivery of baby and after delivery of placenta	5			
Q313: Which uterotonic given				
Oxytocin	1			
Ergometrine	2			
Syntometrine	3			
Misoprostol	4			
Q314: Record dose of uterotonic given (OBSERVER: IF NOT SURE, ASK)	<input type="text"/>	<input type="text"/>		
Q315: Units of medication (OBSERVER: IF NOT SURE, ASK)				
IU	1			
mg	2			
mL	3			
mcg	4			
Q316: Route uterotonic given:				
IM	1			
IV	2			
Oral	3			
Other (specify _____)	6			
Q317: Record time the cord was clamped (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Question	Yes	No	DK	
Q318: Applies traction to the cord while applying supra-pubic counter traction	1	2	8	
Q319: Performs uterine massage immediately following delivery of placenta	1	2	8	
Q320: Administers uterotonic only after placenta is delivered <i>(OBSERVER: CIRCLE "DON'T KNOW" IF NO UTEROTONIC WAS GIVEN)</i>	1	2	8	
Q321: Assesses completeness of the placenta and membranes	1	2	8	
Q322: Assesses for perineal and vaginal lacerations	1	2	8	
Q323: OBSERVER: DID MORE THAN ONE HEALTH WORKER ASSIST WITH THE BIRTH?	1	2		
Q324: OBSERVER DID MOTHER GIVE BIRTH IN LITHOTOMY POSITION?	1	2		
Q325: OBSERVER: WAS A SUPPORT PERSON FOR MOTHER PRESENT AT BIRTH?	1	2		
END OF SECTION 3				

SECTION 4: IMMEDIATE NEWBORN AND POSTPARTUM CARE

Question	Yes	No	Go to
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
IMMEDIATE CARE			
Q401: Immediately dries baby with towel	1	2	8
Q402: Discards the wet towel	1	2	8
Q403: IS THE BABY BREATHING OR CRYING? IF BABY IS NOT BREATHING OR CRYING, GO TO RESUSCITATION CHECKLIST STARTING Q501	1	2	No → Q500
Q404: Places baby on mother's abdomen "skin-to-skin"	1	2	8
Q405: Covers baby with dry towel	1	2	8
Q406: If not placed skin to skin, wraps baby in dry towel	1	2	8
Q407: Ties or clamps cord when pulsations stop, or by 2-3 minutes after birth (not immediately after birth)	1	2	8
Q408: Cuts cord with clean blade or clean scissors	1	2	8
Q409: OBSERVER: IS A SUPPORT PERSON FOR MOTHER PRESENT?	1	2	
HEALTH CHECK			
Q410: Checks baby's temperature 15 minutes after birth	1	2	8
Q411: Checks baby's skin color 15 minutes after birth	1	2	8
Q412: Takes mother's vital signs 15 minutes after birth	1	2	8
Q413: Palpates uterus 15 minutes after delivery of placenta	1	2	8
FIRST HOUR AFTER BIRTH			
Q414: Mother and newborn kept in same room after delivery (rooming-in)	1	2	8
Q415: Baby bathed within the first hour after birth	1	2	8
Q416: Baby kept skin-to-skin with mother for the first hour after birth	1	2	8
Q417: Breastfeeding initiated within the first 30 minutes after birth	1	2	8
Q417a: Breastfeeding initiated within the first hour after birth	1	2	8
Q418: Applies tetracycline eye ointment to newborn's eyes for prophylaxis	1	2	8
Q419: Administers Vitamin K to newborn	1	2	8
Q420: IS THE MOTHER HIV POSITIVE? (OBSERVER: LISTEN AND RECORD ANSWER; CIRCLE "DON'T KNOW" IF STATUS OF WOMAN IS UNKNOWN OR IS NOT DISCUSSED.)	1	2	8 No/DK → Q422
Q421: Administers ARVs to newborn	1	2	8
Q422: Administers antibiotics to mother postpartum	1	2	8 No/DK → Q425
Q423: Why were antibiotics administered?	Code		
Treatment for chorioamnionitis	1		
Routine/prophylactic	2		
Third stage/postpartum procedure	3		
Don't know	8		
Q424: Which antibiotic was administered? (CIRCLE ALL THAT APPLY)			
Penicillin	A		
Ampicillin	B		
Gentamicin	C		
Metronidazole	D		
Cephalosporin	E		
Other (specify _____)	X		
Don't know	Z		

CLEAN-UP AFTER BIRTH			
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>			
Question	Yes	No	Go to
Q425: Disposes of all sharps in a puncture-proof container immediately after use	1	2	8
Q426: Decontaminates all reusable instruments in 0.5% chlorine solution	1	2	8
Q427: Sterilizes or uses high-level disinfection for all reusable instruments	1	2	8
Q428: Disposes of all contaminated waste in leak-proof containers	1	2	8
Q429: Removes apron and wipe with chlorine solution	1	2	8
Q430: Washes his/her hands with soap and water or uses antiseptic	1	2	8
<i>REMEMBER TO THANK CLIENT AND PROVIDER FOR THEIR PARTICIPATION IN THE STUDY</i>			
<i>END OF SECTION 4 –IF NEWBORN RESUSCITATION IS NOT OBSERVED, COMPLETE Q500 AND Q547 THEN GO TO SECTION 6 TO COMPLETE OUTCOME AND REVIEW OF DOCUMENTATION SECTION</i>			

SECTION 5: CKECKLIST FOR NEWBORN RESUSCITATION (TOOL 5)

Question	Yes	No	DK	Go to
Q500: WAS THERE A NEWBORN RESUSCITATION?	1	2	8	No/DK → Q547
<i>RECORD WHETHER THE PROVIDER CARRIED OUT THE FOLLOWING STEPS AND/OR EXAMINATIONS: (SOME OF THE FOLLOWING STEPS MAY BE PERFORMED SIMULTANEOUSLY OR BY MORE THAN ONE PROVIDER)</i>				
Q501: RECORD TIME RESUSCITATION STARTED (USE 24-HR CLOCK FORMAT)	□	□	□	□
Q502: Clears the airway by suctioning the mouth first and then the nose	1	2	8	
Q503: Stimulates baby with back rubbing	1	2	8	
Q504: OBSERVER: DOES NEWBORN START TO BREATHE OR CRY SPONTANEOUSLY?	1	2		Yes→Q531
Q506: Ties or clamps cord immediately	1	2	8	
Q507: Cuts cord with clean blade or clean scissors	1	2	8	
Q508: Places the newborn on his/her back on a clean, warm surface or towel	1	2	8	
Q509: Places the head in a slightly extended position to open the airway	1	2	8	
Q510: Tells the woman (and her support person) what is going to be done	1	2	8	
Q511: Listens to woman and provides support and reassurance	1	2	8	
Q512: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q513: Places the correct-sized mask on the newborn's face so that it covers the chin, mouth and nose (but not eyes)	1	2	8	
Q514: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q515: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
Q515a: Calls for help	1	2	8	
Q516: Checks the position of the newborn's head to make sure that the neck is in a slightly extended position (not blocking the airway)	1	2	8	
Q517: Checks mouth, back of throat and nose for secretions, and clears if necessary	1	2	8	
Q518: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q519: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
Q520: Checks the position of the newborn's head again to make sure that the neck is in slightly extended position	1	2	8	
Q521: Repeats suction of mouth and nose to clear secretions, if necessary	1	2	8	
Q522: Checks the seal by ventilating two times and observing the rise of the chest	1	2	8	
Q523: OBSERVER: IS NEWBORN'S CHEST RISING IN RESPONSE TO VENTILATION?	1	2		Yes→Q524
<i>IF NEWBORN'S CHEST IS NOT RISING AFTER TWO ATTEMPTS TO READJUST, OBSERVER SHOULD CALL FOR SUPERVISOR TO INTERVENE. IF A HEALTH WORKER COMPETENT IN RESUSCITATION IS NOT AVAILABLE, OBSERVER MAY CHOOSE TO INTERVENE.</i>				
Q524: Ventilates at a rate of 30 to 50 breaths/minute	1	2	8	
Q525: Conducts assessment of newborn breathing after 1 minute of ventilation	1	2		No→Q527
Q526: Condition of newborn at assessment	Code			
Respiration rate 30-50 breaths/minute and no chest in-drawing	1			→Q531
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Q526a: Checks for heart rate	1	2	8	
	Yes	No	DK	Go to
Q527: Continues Ventilation and baby cries before 10 minutes	1	2		Yes→Q529

Q528: Conducts assessment of newborn breathing after prolonged ventilation (10 minutes)	1	2	No→Q530	
Q529: Condition of newborn at assessment	Code			
Respiration rate 30-50 breaths/minute and no chest in-drawing	1	→Q531		
Respiration rate <30 breaths/minute with severe in-drawing	2			
No spontaneous breathing	3			
Question	Yes	No	DK	Go to
Q530: Continues Ventilation	1	2		
Q531: OBSERVER: RECORD TIME THAT RESUSCITATION ACTIONS ENDED (OR TIME OF DEATH IF BABY DOES NOT SURVIVE) (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		
Q532: Was the resuscitation successful? (OBSERVER: CIRCLE "No" IF NEWBORN DIED)	1	2		
Q533: Arranges transfer to special care either in facility or to outside facility	1	2	8	
Q534: Explains to the mother (and her support person if available) what happened	1	2	8	
Q535: Listens to mother and responds attentively to her questions and concerns	1	2	8	
Q536: OBSERVER: DID YOU CALL FOR HELP OR INTERVENE DURING THE RESUSCITATION TO SAVE THE LIFE OF NEWBORN?	1	2		
CLEANUP AFTER NEWBORN RESUSCITATION				
Question: DID THE PROVIDER DO ANY OF THE FOLLOWING	Yes	No	DK	Go to
540: disposes of disposable suction catheters and mucus extractors in a leak-proof container or plastic bag	1	2	8	
541: Takes the bag and mask apart and inspects for cracks and tears	1	2	8	
542: Decontaminates the bag and mask in 0.5% chlorine solution	1	2	8	
543: Sterilizes or uses high-level disinfection for bag, valve and mask	1	2	8	
544: Decontaminates reusable suction device in 0.5% chlorine solution	1	2	8	
545: Sterilizes or uses high-level disinfection for reusable suction devices	1	2	8	
546: Washes his/her hands with soap and water or uses antiseptic	1	2	8	
547: OBSERVER: RECORD TIME THAT LABOR & DELIVERY OBSERVATION ENDED (USE 24-HR CLOCK FORMAT)	<input type="text"/>	<input type="text"/>		

SECTION 6: OUTCOME & REVIEW OF DOCUMENTATION				
Question	Code			
<i>COMPLETE THIS SECTION FOR ALL CLIENTS</i>				
CONDITION OF MOTHER & NEWBORN AT END OF OBSERVATION				
Q600: Was the woman referred to another facility for care before she went into active labor/second stage of labor?	Yes 1	No 2	DK	Go to IF YES → Q603
<i>RECORD THE STATUS OF MOTHER AND NEWBORN AT THE END OF FIRST HOUR AFTER BIRTH.</i>				
Q601: RECORD OUTCOME FOR THE MOTHER				
Goes to recuperation ward	1			
Referred to specialist, same facility	2			
Goes to surgery, same facility	3			
Referred, other facility	4			
Death of mother	5			
Don't know	8			
Q602: RECORD OUTCOME FOR THE NEWBORN OR FETUS				
Goes to normal nursery	01			
Referred to specialist, same facility	02			
Referred, other facility	03			
Goes to ward with mother	04			
Newborn death	05			
Fresh stillbirth	06			
Macerated stillbirth	07			
Don't know	98			
POTENTIALLY HARMFUL PRACTICES				
Q603: DID YOU SEE ANY OF THE FOLLOWING HARMFUL OR INAPPROPRIATE PRACTICES BY HEALTH WORKERS? CIRCLE ALL THAT APPLY				
Use of enema	A			
Pubic shaving	B			
Apply fundal pressure to hasten delivery of baby or placenta	C			
Lavage of uterus after delivery	D			
Slap newborn	E			
Hold newborn upside down	F			
Milking the newborn's chest	G			
Excessive stretching of the perineum	H			
Shout, insult or threaten the woman during labor or after	I			
Slap, hit or pinch the woman during labor or after	J			
None of the above	Y			
Q604: DID YOU SEE ANY OF THE FOLLOWING PRACTICES DONE WITHOUT AN APPROPRIATE INDICATION? CIRCLE ALL THAT APPLY				
Manual exploration of the uterus after delivery	A			
Use of episiotomy	B			
Aspiration of newborn's mouth and nose as soon as head is born	C			
Restrict food and fluids in labor	D			
None of the above	Y			
REVIEW OF PARTOGRAPH AND/OR CHART FOR COMPLETENESS				
Question	Yes	No	DK	Go to
Q605: OBSERVER: CHECK Q500. WAS THERE NEWBORN RESUSCITATION?	1	2		No → Q611
<i>EXAMINE CHART TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION:</i>				
Q606: Condition of the newborn at birth	1	2	8	
Q607: Procedures necessary to initiate breathing	1	2	8	
Q608: Time from birth to initiation of spontaneous breathing or time of death if unsuccessful	1	2	8	
Q609: Any clinical observations during resuscitation, including baby vital signs	1	2	8	
Q610: Final outcome of resuscitation measures	1	2	8	
<i>EXAMINE PARTOGRAPH IF AVAILABLE</i>				
Q611: Partograph used to monitor labor	1	2		No → Q630

Q612: Which partograph used		Code			
Old WHO partograph (latent phase)		1			
New WHO partograph (at 4cm dilatation)		2			
Other partograph		3			
Question	Yes	No	DK	Go to	
Q613: Initiated use of partograph at the appropriate time according to partograph used (New WHO partograph starts at 4 cm; old version starts at 3 cm)	1	2	8		
<i>EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION WHILE THE WOMAN WAS IN ACTIVE LABOR:</i>					
Q614: Fetal heart rate plotted at least every half hour	1	2	8		
Q615: Cervical dilatation plotted at least every four hours	1	2	8		
Q616: Descent of head plotted at least every one hour	1	2	8		
Q617: Frequency and duration of contractions plotted at least every one hour	1	2	8		
Q618: Maternal pulse plotted at least every one hour	1	2	8		
Q619: BP recorded at least every one hour	1	2	8		
Q620: Temperature recorded at least every two hours	1	2	8		
Q621: OBSERVER: DID YOU SEE PROVIDER FILL OUT PARTOGRAPH AFTER DELIVERY, WITH INFORMATION THAT SHOULD BE ENTERED DURING LABOR? (CIRCLE "DON'T KNOW" IF PARTOGRAPH USE WAS NOT OBSERVED)	1	2	8		
<i>EXAMINE PARTOGRAPH TO DETERMINE WHETHER THE HEALTH WORKER RECORDED THE FOLLOWING INFORMATION ABOUT THE DELIVERY</i>					
Q622: Birth time	1	2	8		
Q623: Delivery method	1	2	8		
Q624: Birth weight	1	2	8		
DATA EXTRACTION FROM PARTOGRAPH AND/OR CHART					
Q625: OBSERVER: WAS ACTION LINE ON PARTOGRAPH REACHED?	1	2	8	No/DK → Q630	
Q626: OBSERVER: RECORD TIME ACTION LINE WAS REACHED (USE 24-HR CLOCK FORMAT)	.				
Q627: OBSERVER: IF ACTION LINE WAS REACHED ON PARTOGRAPH, WAS ANY DEFINITIVE ACTION TAKEN?	1	2	8	No/DK → Q630	
Q628: OBSERVER: RECORD TIME ACTION WAS TAKEN. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	.				
Q629: OBSERVER: WHAT DEFINITIVE ACTION WAS TAKEN?	Code				
Consult with clinician	1				
Consult with senior nurse or midwife	2				
Refer to other facility for care	3				
Prepare for assisted delivery	4				
Prepare for C-section	5				
Other (specify _____)	6				
<i>FOR THE FOLLOWING QUESTIONS: EXAMINE PARTOGRAPH AND/OR CHART TO DETERMINE THE FOLLOWING INFORMATION. IF THE INFORMATION IS NOT IN THE CHART OR PARTOGRAPH, BUT THE OBSERVER KNOWS THE INFORMATION OR PREVIOUSLY RECORDED THE INFORMATION IN ANOTHER SECTION, HE OR SHE SHOULD FILL IN THEIR OWN ANSWER. IF THE INFORMATION IN THE CHART OR PARTOGRAPH DIFFER FROM OBSERVER'S INFORMATION, USE OBSERVER'S INFORMATION.</i>					
Q630: RECORD AGE OF WOMAN					
Q631: RECORD THE GRAVIDITY OF THE WOMAN					
Q632: RECORD THE PARITY OF THE WOMAN <u>PRIOR TO THIS DELIVERY</u>					
Q633: RECORD TIME OF ADMISSION TO LABOR WARD. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	.				
Q634: RECORD CENTIMETERS DILATED UPON ADMISSION TO LABOR WARD. ENTER 98 IF UNKNOWN					
Q635: RECORD TIME MEMBRANES RUPTURED. ENTER 98:98 IF UNKNOWN (USE 24-HR CLOCK FORMAT)	.				

Q636: HOW DID THE MEMBRANES RUPTURE?	Code			
Spontaneous	1			
Artificial	2			
Don't know	8			
Q637: RECORD TYPE OF DELIVERY				
Spontaneous vaginal	1			
Assisted (instrumented)	2			
Caesarean	3			
Don't know	8			
Q638: RECORD TIME OF BIRTH. ENTER 98:98 IF UNKNOWN. USE 24-HR CLOCK FORMAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q639: RECORD BIRTH WEIGHT IN GRAMS. ENTER 9998 IF UNKNOWN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q640: RECORD GESTATIONAL AGE IN WEEKS AT BIRTH. ENTER 98 IF UNKNOWN.	<input type="text"/>	<input type="text"/>		
Question	Yes	No	DK	Go to
Q641: WAS WOMAN DIAGNOSED WITH SEVERE PE/E?	1	2	8	No/DK → Q643
Q642: WAS BABY DELIVERED WITHIN 24 HOURS OF PE/E DIAGNOSIS?	1	2	8	
Q643: DID THE MOTHER HAVE BLOOD LOSS OF MORE THAN 500ML?	1	2	8	No/DK → Q645
Q644: WAS SHE DIAGNOSED WITH POSTPARTUM HEMORRHAGE?	1	2	8	
Q645: DID THE MOHTER DEVELOP A FEVER OF 38° C OR HIGHER DURING LABOR?	1	2	8	No/DK → Q647
Q646: WAS SHE DIAGNOSED WITH CHORIOAMNIONITIS DURING LABOR?	1	2	8	
Q647: WERE ANTIBIOTICS ADMINISTERED TO MOTHER AT ANY TIME?	1	2	8	No/DK → Q651
Q648: WHEN WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code			
1st stage	A			
2nd stage	B			
3rd stage	C			
Postpartum	D			
Q649: WHY WERE ANTIBIOTICS ADMINISTERED? CIRCLE ALL THAT APPLY	Code			
Treatment for chorioamnionitis	A			
After pre-labor rupture of membranes	B			
Preparation for C-section	C			
Routine/prophylactic	D			
Third stage/postpartum procedure	E			
Don't know	Z			
Q650: WHICH ANTIBIOTICS WAS ADMINISTERED? CIRCLE ALL THAT APPLY				
Penicillin	A			
Ampicillin	B			
Gentamicin	C			
Metronidazole	D			
Cephalosporin	E			
Other (specify _____)	X			
Don't know	Z			
Question	Yes	No	DK	Go to
Q651: IS MOTHER HIV POSITIVE? CIRCLE "DON'T KNOW" IF HIV STATUS IS UNKNOWN OR WAS NOT DISCUSSED	1	2	8	No/DK → Q654
Q652: WAS NEWBORN GIVEN ARV(s)?	1	2	8	No/DK → Q654
Q653: RECORD TYPE OF ARV(s) GIVEN TO NEWBORN	Code			
NVP	1			
AZT	2			
3TC	3			
Don't know	8			

Q654: PLEASE COMMENT ON THE QUALITY OF CARE PROVIDED:

Was mother treated respectfully? Informed of procedures to herself and her baby? Was the situation chaotic or calm? Were there any major delays in needed treatment? If so, for what drugs/procedures and why? Were multiple health workers involved? Who? If maternal or newborn/fetal death occurred, describe the circumstances. Was the mother counseled about the death of newborn/fetus?

Facility Summary Sheet

FACILITY SUMMARY SHEET

Facility No.: _____

Team No.: _____

Facility Name: _____

Closing Date: _____

TOTAL NUMBER OF HEALTH WORKERS INTERVIEWED	TOTAL NUMBER OF OBSERVATIONS/EXITS ADMINISTERED			
	ANC	FAMILY PLANNING	SICK CHILD	L&D
TOTAL (FROM INVENTORY QUESTIONNAIRE) →				
HEALTH WORKER SERIAL NUMBER (Staff Listing Form)	TOTAL NUMBER OF OBSERVATIONS/EXITS ASSOCIATED WITH LISTED HEALTH WORKERS			
	ANC	FAMILY PLANNING	SICK CHILD	L&D

Provider Listing Form

STAFF LISTING FORM

--	--	--	--

INTERVIEWER CODE

--	--

TOTAL NUMBER OF PROVIDERS LISTED

--	--	--	--

FACILITY NUMBER

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE 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 QUALIFN CODE	SERVICES PROVIDED IN FACILITY																INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW				
			PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCI	ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES							
01																					01	01		
02																						02	02	
03																						03	03	
04																						04	04	
05																						05	05	
06																						06	06	
07																						07	07	
08																						08	08	
09																						09	09	
10																						10	10	
11																						11	11	
12																						12	12	
13																						13	13	
14																						14	14	
15																						15	15	
16																						16	16	
17																						17	17	
18																						18	18	
19																						19	19	
20																						20	20	
01	GENERALIST MEDICAL DOCTOR		08	REGISTERED NURSE MIDWIFE (BSN)		14	ENROLLED NURSE MIDWIFE		21	LABORATORY ASSISTANT														
02	SPECIALIST MEDICAL DOCTOR		09	REGISTERED PSYCHIATRIC NURSE		15	PHARMACIST		22	RADIOGRAPHER														
03	CLINICAL OFFICER (DEGREE LEVEL)		10	REGISTERED NURSE WITH DIPLOMA		16	PHARMACY TECHNOLOGIST		23	DENTAL THERAPIST / TECHNICIAN														
04	CLINICAL TECHNICIAN (DIPLOMA)		11	ENROLLED NURSE		17	PHARMACY TECHNICIAN		24	ENVIRONMENTAL HEALTH OFFICER														
05	MEDICAL ASSISTANT		12	COMMUNITY HEALTH NURSE		18	PHARMACY ASSISTANT		25	HEALTH SURVEILLANCE ASSISTANTS (HSA)														
06	ANESTHETIST		13	ENROLLED MIDWIFE / NURSE		19	LABORATORY TECHNOLOGIST / SCIENTIST		26	HTC COUNSELORS (NON-HSA)														
07	REGISTERED NURSE (BSN)			MIDWIFE TECHNICIAN		20	LABORATORY TECHNICIAN		95	NO TECHNICAL QUALIFICATION														
									96	OTHER														

STAFF LISTING FORM

--	--	--	--

FACILITY NUMBER

--	--

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE 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 QUALIFN CODE	SERVICES PROVIDED IN FACILITY															INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW			
			PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES					
21																				21	21	
22																					22	22
23																					23	23
24																					24	24
25																					25	25
26																					26	26
27																					27	27
28																					28	28
29																					29	29
30																					30	30
31																					31	31
32																					32	32
33																					33	33
34																					34	34
35																					35	35
36																					36	36
37																					37	37
38																					38	38
39																					39	39
40																					40	40

01 GENERALIST MEDICAL DOCTOR 02 SPECIALIST MEDICAL DOCTOR 03 CLINICAL OFFICER (DEGREE LEVEL) 04 CLINICAL TECHNICIAN (DIPLOMA) 05 MEDICAL ASSISTANT 06 ANESTHETIST 07 REGISTERED NURSE (BSN)	08 REGISTERED NURSE MIDWIFE (BSN) 09 REGISTERED PSYCHIATRIC NURSE 10 REGISTERED NURSE WITH DIPLOMA 11 ENROLLED NURSE 12 COMMUNITY HEALTH NURSE 13 ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN	14 ENROLLED NURSE MIDWIFE 15 PHARMACIST 16 PHARMACY TECHNOLOGIST 17 PHARMACY TECHNICIAN 18 PHARMACY ASSISTANT 19 LABORATORY TECHNOLOGIST / SCIENTIST 20 LABORATORY TECHNICIAN	21 LABORATORY ASSISTANT 22 RADIOGRAPHER 23 DENTAL THERAPIST / TECHNICIAN 24 ENVIRONMENTAL HEALTH OFFICER 25 HEALTH SURVEILLANCE ASSISTANTS (HSA) 26 HTC COUNSELLORS (NON-HSA) 95 NO TECHNICAL QUALIFICATION 96 OTHER
---	--	---	---

STAFF LISTING FORM

--	--	--	--

INTERVIEWER CODE

--	--	--	--

FACILITY NUMBER

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE 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 QUALIFN CODE	SERVICES PROVIDED IN FACILITY																	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW							
			PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES											
41																									41	41		
42																											42	42
43																											43	43
44																											44	44
45																											45	45
46																											46	46
47																											47	47
48																											48	48
49																											49	49
50																											50	50
51																											51	51
52																											52	52
53																											53	53
54																											54	54
55																											55	55
56																											56	56
57																											57	57
58																											58	58
59																											59	59
60																											60	60

<p>01 GENERALIST MEDICAL DOCTOR</p> <p>02 SPECIALIST MEDICAL DOCTOR</p> <p>03 CLINICAL OFFICER (DEGREE LEVEL)</p> <p>04 CLINICAL TECHNICIAN (DIPLOMA)</p> <p>05 MEDICAL ASSISTANT</p> <p>06 ANESTHETIST</p> <p>07 REGISTERED NURSE (BSN)</p>	<p>08 REGISTERED NURSE MIDWIFE (BSN)</p> <p>09 REGISTERED PSYCHIATRIC NURSE</p> <p>10 REGISTERED NURSE WITH DIPLOMA</p> <p>11 ENROLLED NURSE</p> <p>12 COMMUNITY HEALTH NURSE</p> <p>13 ENROLLED MIDWIFE / NURSE MIDWIFE TECHNICIAN</p>	<p>14 ENROLLED NURSE MIDWIFE</p> <p>15 PHARMACIST</p> <p>16 PHARMACY TECHNOLOGIST</p> <p>17 PHARMACY TECHNICIAN</p> <p>18 PHARMACY ASSISTANT</p> <p>19 LABORATORY TECHNOLOGIST / SCIENTIST</p> <p>20 LABORATORY TECHNICIAN</p>	<p>21 LABORATORY ASSISTANT</p> <p>22 RADIOGRAPHER</p> <p>23 DENTAL THERAPIST / TECHNICIAN</p> <p>24 ENVIRONMENTAL HEALTH OFFICER</p> <p>25 HEALTH SURVEILLANCE ASSISTANTS (HSA)</p> <p>26 HTC COUNSELORS (NON-HSA)</p> <p>95 NO TECHNICAL QUALIFICATION</p> <p>96 OTHER</p>
--	---	--	---

STAFF LISTING FORM

--	--	--	--

INTERVIEWER CODE

--	--	--	--

FACILITY NUMBER

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE 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 QUALIFN CODE	SERVICES PROVIDED IN FACILITY												INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW				
			PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				FAM PLANNING				DELIVERY	CONDUCT LABORATORY TESTS			OTHER CLIENT SERVICES			
					HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES			
61																		61	61	
62																			62	62
63																			63	63
64																			64	64
65																			65	65
66																			66	66
67																			67	67
68																			68	68
69																			69	69
70																			70	70
71																			71	71
72																			72	72
73																			73	73
74																			74	74
75																			75	75
76																			76	76
77																			77	77
78																			78	78
79																			79	79
80																			80	80

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	95	96
GENERALIST MEDICAL DOCTOR	SPECIALIST MEDICAL DOCTOR	CLINICAL OFFICER (DEGREE LEVEL)	CLINICAL TECHNICIAN (DIPLOMA)	MEDICAL ASSISTANT	ANESTHETIST	REGISTERED NURSE (BSN)	REGISTERED NURSE MIDWIFE (BSN)	REGISTERED PSYCHIATRIC NURSE	REGISTERED NURSE WITH DIPLOMA	ENROLLED NURSE	COMMUNITY HEALTH NURSE	ENROLLED MIDWIFE / NURSE	ENROLLED NURSE MIDWIFE (BSN)	PHARMACIST	PHARMACY TECHNOLOGIST	PHARMACY TECHNICIAN	PHARMACY ASSISTANT	LABORATORY TECHNOLOGIST / SCIENTIST	LABORATORY TECHNICIAN	LABORATORY ASSISTANT	RADIOGRAPHER	DENTAL THERAPIST / TECHNICIAN	ENVIRONMENTAL HEALTH OFFICER	HEALTH SURVEILLANCE ASSISTANTS (HSA)	HTC COUNSELORS (NON-HSA)	NO TECHNICAL QUALIFICATION	OTHER

STAFF LISTING FORM

--	--	--	--

FACILITY NUMBER

--	--

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE 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 QUALIFN CODE	SERVICES PROVIDED IN FACILITY														INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW									
			PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	DIAGNOSIS/TREATMENT			ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY			CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES							
81																									81	81	
82																										82	82
83																										83	83
84																										84	84
85																										85	85
86																										86	86
87																										87	87
88																										88	88
89																										89	89
90																										90	90
91																										91	91
92																										92	92
93																										93	93
94																										94	94
95																										95	95
96																										96	96
97																										97	97
98																										98	98
99																										99	99

01 GENERALIST MEDICAL DOCTOR	08 REGISTERED NURSE MIDWIFE (BSN)	14 ENROLLED NURSE MIDWIFE	21 LABORATORY ASSISTANT
02 SPECIALIST MEDICAL DOCTOR	09 REGISTERED PSYCHIATRIC NURSE	15 PHARMACIST	22 RADIOGRAPHER
03 CLINICAL OFFICER (DEGREE LEVEL)	10 REGISTERED NURSE WITH DIPLOMA	16 PHARMACY TECHNOLOGIST	23 DENTAL THERAPIST / TECHNICIAN
04 CLINICAL TECHNICIAN (DIPLOMA)	11 ENROLLED NURSE	17 PHARMACY TECHNICIAN	24 ENVIRONMENTAL HEALTH OFFICER
05 MEDICAL ASSISTANT	12 COMMUNITY HEALTH NURSE	18 PHARMACY ASSISTANT	25 HEALTH SURVEILLANCE ASSISTANTS (HSA)
06 ANESTHETIST	13 ENROLLED MIDWIFE / NURSE	19 LABORATORY TECHNICIAN / SCIENTIST	26 HTC COUNSELORS (NON-HSA)
07 REGISTERED NURSE (BSN)	MIDWIFE TECHNICIAN	20 LABORATORY TECHNICIAN	95 NO TECHNICAL QUALIFICATION
			96 OTHER

