The Demographic and Health Surveys Program

Service Provision Assessment Survey Final Report Tabulation Plan (2014)

ICF
Rockville, Maryland

September 2020

CONTENTS

PREFACE .... **vii**

CHAPTER 1 OVERVIEW OF THE HEALTH SYSTEM IN [COUNTRY] **1**
Section 1.1 Health Status in [Country]
Section 1.2 Enabling Policies and Strategies to Improve Health
Section 1.3 Organization of the Health Care System in [Country]

CHAPTER 2 SPA METHODOLOGY **2**

CHAPTER 3 FACILITY-LEVEL INFRASTRUCTURE AND GENERAL SERVICE READINESS **10**

CHAPTER 4 CHILD HEALTH SERVICES **22**

CHAPTER 5 FAMILY PLANNING **36**

CHAPTER 6 ANTENATAL CARE **51**

CHAPTER 7 DELIVERY AND NEWBORN CARE **71**

CHAPTER 8 HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS **81**

CHAPTER 9 NON-COMMUNICABLE DISEASES **93**

CHAPTER 10 TUBERCULOSIS **100**

CHAPTER 11 MALARIA **103**

TABLES

CHAPTER 1 OVERVIEW OF THE HEALTH SYSTEM IN [COUNTRY] 1

CHAPTER 2 SPA METHODOLOGY 2

Table 2.1 Distribution of facilities in sample frame and final sample selection, by region...... 3
Table 2.2 Result of facility contact, by background characteristics....................................... 4
Table 2.3 Distribution of surveyed facilities, by background characteristics 5
Table 2.4 Distribution of providers in facility provider sample frame and final provider sample selection 6
Table 2.5 Distribution of interviewed providers 7
Table 2.6 Distribution of observed and interviewed clients (unweighted) 8
Table 2.7 Distribution of observed consultations 9

CHAPTER 3 FACILITY LEVEL INFRASTRUCTURE AND GENERAL SERVICE READINESS 10

Table 3.1 Availability of specific services... 11
Table 3.2 Availability of basic client services 12
Table 3.3 Availability of basic amenities for client services.. 13
Table 3.4 Availability of basic equipment... 14
Table 3.5 Standard precautions for infection control 15
Table 3.6 Capacity for processing of equipment for reuse 16
Table 3.7 Laboratory diagnostic capacity 17
Table 3.8 Availability of essential medicines.. 18
Table 3.9 Management, quality assurance, and health management information systems... 19
Table 3.10 Supportive management practices at the facility level 20
Table 3.11 Staffing pattern in surveyed facilities 21

CHAPTER 4 CHILD HEALTH SERVICES 22

Table 4.1 Availability of child health services.. 23
Table 4.2 Frequency of availability of child health services – curative care and growth monitoring 24
Table 4.3 Frequency of availability of child health services – vaccination services 24
Table 4.4 Guidelines, trained staff, and equipment for child curative care services 25
Table 4.5 Infection control and laboratory diagnostic capacity 26
Table 4.6 Availability of essential and priority medicines and commodities......................... 27

Table 4.7 Guidelines, trained staff, and equipment for vaccination services 28
Table 4.8 Availability of vaccines 29
Table 4.9 Infection control for vaccination services 30
Table 4.10 Assessments, examinations, and treatments for sick children 31
Table 4.11 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms 32
Table 4.12 Feedback from caretakers of observed sick children on service problems 33
Table 4.13 Supportive management for providers of child health services 34
Table 4.14 Training for child health service providers 35

CHAPTER 5 FAMILY PLANNING 36

Table 5.1 Availability of family planning services 37
Table 5.2 Frequency of availability of family planning services 38
Table 5.3 Methods of family planning offered 39
Table 5.4 Methods of family planning provided 40
Table 5.5 Availability of family planning commodities 41
Table 5.6 Guidelines, trained staff, and basic equipment for family planning services 42
Table 5.7 Items for infection control during provision of family planning 43
Table 5.8 Client history and physical examinations for first-visit female family planning clients 44
Table 5.9 Components of counseling and discussions during consultations for female first-visit family planning clients 45
Table 5.10 Components of counseling and discussions during consultations for all female family planning clients 46
Table 5.11 Feedback from family planning clients on service problems 47
Table 5.12 Client knowledge about contraceptive method 48
Table 5.13 Supportive management for providers of family planning services 49
Table 5.14 Training for family planning service providers 50

CHAPTER 6 ANTENATAL CARE 51

Table 6.1 Availability of antenatal care services 52
Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services 53
Table 6.3 Items for infection control during provision of antenatal care 54
Table 6.4 Diagnostic capacity 55
Table 6.5 Availability of medicines for routine antenatal care 56
Table 6.6 Characteristics of observed antenatal care clients 57

Table 6.7 General assessment and client history for observed first-visit antenatal care clients 58
Table 6.8 Basic physical examinations and preventive interventions for antenatal care clients 59
Table 6.9 Content of antenatal care counseling related to risk symptoms........ 60
Table 6.10 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning........ 61
Table 6.11 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs........ 62
Table 6.12 Feedback from antenatal care clients........ 63
Table 6.13 Supportive management for providers of antenatal care services 64
Table 6.14 Training for antenatal care service providers........ 65
Table 6.15 Availability of services for prevention of mother-to-child transmission of HIV in facilities offering antenatal care services 66
Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV........ 67
Table 6.17 Malaria services in facilities offering antenatal care services........ 68
Table 6.18 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy 69
Table 6.19 Malaria training for antenatal care service providers 70

CHAPTER 7 DELIVERY AND NEWBORN CARE 71

Table 7.1 Availability of maternal health services........ 72
Table 7.2 Guidelines, trained staff, and equipment for delivery services........ 73
Table 7.3 Medicines and commodities for delivery and newborn care 74
Table 7.4 Items for infection control during provision of delivery care 75
Table 7.5 Signal functions for emergency obstetric care........ 76
Table 7.6 Newborn care practices........ 77
Table 7.7 Supportive management for providers of delivery care........ 78
Table 7.8 Training for providers of normal delivery services: delivery care 79
Table 7.9 Training for providers of normal delivery services: immediate newborn care 80

CHAPTER 8 HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS 81

Table 8.1 Availability of HIV testing and counseling services 82
Table 8.1.1 HIV testing integration in facilities........ 83
Table 8.2.1 Items for infection control during provision of HIV testing services........ 84
Table 8.2.2 Items for infection control during provision of HIV testing services........ 85
Table 8.2.3 Items for infection control during provision of HIV testing services........ 86

Table 8.2.4 Items for infection control during provision of HIV testing services 87
Table 8.3 Supportive management for providers of HIV testing services 88
Table 8.4 Guidelines, trained staff, and items for HIV/AIDS care and support services 89
Table 8.4.1 HIV care and support services offered... 90
Table 8.5 Guidelines, trained staff, and items for antiretroviral therapy services................. 91
Table 8.6 Guidelines, trained staff, and items for sexually transmitted infection services ... 92

CHAPTER 9 NON-COMMUNICABLE DISEASES.. 93

Table 9.1 Guidelines, trained staff, and equipment for diabetes services............................ 94
Table 9.2 Diagnostic capacity and essential medicines for diabetes 95
Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases 96
Table 9.4 Availability of essential medicines and commodities for cardiovascular diseases 97
Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases........... 98
Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases... 99

CHAPTER 10 TUBERCULOSIS 100

Table 10.1 Availability of tuberculosis services, guidelines, and trained staff for tuberculosis services 101
Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment 102

CHAPTER 11 MALARIA 103

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities offering malaria services 104
Table 11.2 Availability of malaria medicines and commodities in facilities offering malaria services.. 105
Table 11.3 Malaria diagnostic capacity in facilities offering curative care for sick children... 106
Table 11.4 Malaria treatment in facilities offering curative care for sick children 107
Table 11.5 Treatment of malaria in children 108

PREFACE

This document briefly describes the content of the main report of the Service Provision Assessment (SPA) survey. It provides model tables that set forth the major findings of the survey in a manner that will be useful to policymakers and program managers.

The level of analysis in the SPA survey report is descriptive. The data are particularly useful for assessing the general readiness of health facilities to provide quality client services, the availability of specific client services, and the readiness of facilities to provide these specific services. They also are useful for gauging the adherence of providers to accepted standards of care.

The indicators presented in this Guideline draw heavily on the service readiness indicators jointly developed by the United States Agency for International Development (USAID), the World Health Organization (WHO), the International Health Facility Assessment Network (IHFAN), and other stakeholders.[1]

Chapter 1 is intended to provide background information on the country's health system. This chapter does not present data from the survey.

Chapter 2 describes methodological aspects of the survey. It provides information on the sampling frame, the distribution of sampled facilities, and the outcome of visits to those facilities, as well as information on health care providers and clients who were observed and interviewed as part of the survey.

Chapter 3 focuses on providing information on the availability of resources and support systems at the facility level, including information on the general readiness of facilities to provide quality services

Chapter 4 presents information that is useful for assessing the availability of child health services, as well as the readiness of facilities that offer these specific child health services to provide quality services. In addition, the chapter assesses adherence to standards for service provision.

Chapter 5 covers family planning services. It describes the availability of a variety of contraceptive methods in health facilities. In addition, the chapter describes providers' adherence to standards for service provision.

Chapter 6 provides an overview of antenatal care (ANC) services and highlights key aspects of ANC, including the availability of services, the readiness of facilities to provide ANC services, and services for prevention of mother-to-child transmission of HIV.

Chapter 7 covers delivery and newborn care services, including the availability of signal functions for emergency obstetric care.

Chapter 8 provides an overview of HIV/AIDS and STI services, including HIV testing, antiretroviral therapy (ART), and HIV/AIDS care and support services.

Chapter 9 focuses on the availability of services for several non-communicable diseases and the readiness of facilities to provide these services.

---

[1] See World Health Organization. 2012. *Measuring service availability and readiness: a health facility assessment methodology for monitoring health system strengthening.*
http://www.who.int/healthinfo/systems/SARA_ServiceAvailabilityIndicators.pdf

Chapter 10 considers services for tuberculosis and covers the availability of diagnostic capacity, trained staff, and medicines.

Chapter 11 provides information on indicators of the readiness of malaria services.

The Guideline consists of 93 tables. However, it is not expected that every country report will include all of these tables.

CHAPTER 1: OVERVIEW OF THE HEALTH SYSTEM IN [COUNTRY]

SECTION 1.1 HEALTH STATUS IN [COUNTRY]

SECTION 1.2 ENABLING POLICIES AND STRATEGIES TO IMPROVE HEALTH

SECTION 1.3 ORGANIZATION OF THE HEALTH CARE SYSTEM IN [COUNTRY]

CHAPTER 2: SPA METHODOLOGY

The second chapter in the SPA report describes the methodological aspects of the survey and provides information on the sampling frame, the distribution of sampled facilities, and the outcome of visits to those facilities, as well as information on the health care providers and clients who were observed and interviewed as part of the survey.

The following is an illustrative outline of the contents for the chapter.

- Overview. This section provides a brief introduction to the SPA, highlighting the principal components and any special features of the survey.
- Institutional Framework and Objectives of the SPA. This section discusses the implementing partners for the SPA, the organizations providing financial support, and the overall objectives of the survey.
- SPA Content and Data Collection Methods. This section discusses the objectives of each of the components of the SPA in more detail and describes the various tools used for the SPA data collection.
- Survey Implementation. This section reviews key activities involved in the implementation of the SPA, including the adaptation and testing of the data collection instruments; the background, organization, training and supervision of the data collectors; the SPA fieldwork; data processing; and data analysis and report writing.
- Sampling. This section presents information on the approaches used for selecting the samples of facilities, health service providers, and clients. Tables provide breakdowns of the numbers of facilities, providers, and clients sampled and the numbers interviewed during the SPA data collection.

Table 2.1 provides information about the distribution of facilities in the sample frame, by type of facility and region. In addition, the table shows the number of facilities of each type that were selected for the survey from each region. It also provides information about the total number of facilities of each type in the frame, the total number selected, and the percentages of the different facility types that were selected.

The categorization of types of facilities will vary according to the country but typically includes hospital, health center, dispensary, and health post.

Table 2.1 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 survey sample, and percentages of eligible facilities of each type that were included in the sample, by region, [country] SPA, [year]

	Region								Percentage of total eligible facilities selected for [country] SPA sample
	Region 1		Region 2		Region 3		Total		
Facility type	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	
Type 1									
Type 2									
Type 3									
Type 4									
Total									

Often some of the sampled facilities will not be successfully surveyed. Some may be closed at the time that the survey team visits, while others may refuse to be surveyed. **Table 2.2** presents a breakdown of sampled facilities and the outcome of visits to those facilities—that is, the response rate.

This table also shows the sample coverage by the background characteristics for which SPA results are typically presented. In addition to type of facility, SPA results are often tabulated according to the type of managing authority (e.g., public or private) and the region in which the facilities are located.

Table 2.2 Result of facility contact, by background characteristics

Percent distribution of sampled facilities according to result of visit of the survey team to the facility, by background characteristics, [country] SPA, [year]

Background characteristics	Completed	Respondent not available	Refused	Found to be same as another sampled facility[1]	Closed	Unreachable	Total percent	Number of facilities in sample
Facility Type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

Note: some of the rows may not add up to 100 percent due to rounding
[1] For instance, where one facility appeared in the sample frame under two different names

Table 2.3 presents information on the weighted percent distribution of facilities that were selected for the survey, as well as the weighted and unweighted number of facilities selected. Hospitals and health centers typically exist in smaller numbers than lower level facilities, such as dispensaries. Hospitals and health centers are therefore usually oversampled, while the lower level facilities are under sampled for the survey. For analysis, the data are weighted in order to compensate for the disproportional representation of facility types in the SPA sample. The results presented in subsequent tables in this document will be based on the weighted data and, thus, are representative of the actual distribution of facilities by type in the country.

Table 2.3 Distribution of surveyed facilities, by background characteristics

Percent distribution and number of surveyed facilities, by background characteristics, [country] SPA, [year]

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility Type			
Type 1			
Type 2			
Type 3			
Type 4			
Managing authority			
Authority 1			
Authority 2			
Region			
Region 1			
Region 2			
Region 3			
Total	100.0		

The SPA obtains information on a sample of providers in the facilities surveyed. The selection of providers in a facility for interview with the health worker questionnaire depends on the total number of providers working in the facility and on duty on the day of the survey. In facilities with eight or fewer providers on duty, the survey team makes the effort to interview all the providers on duty at the time. In facilities where more than eight providers are on duty, a random sample is selected from among the providers on duty. A staff listing form is used to compile the list of providers on duty when the survey team is in the facility, and providers are selected from this list for the health worker interview.

Table 2.4 presents information on the distribution of providers, the qualification of the provider and the facility type. The categorization of providers by qualification will vary by country but typically includes medical doctor, clinical officer, registered nurse, and registered midwife.

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 survey (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, [country] SPA, [year]

	Facility Type										
	Type 1		Type 2		Type 3		Type 4		Total		Percentage of total for provider type included in [country] SPA sample
Qualifications of providers	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	
Provider type 1											
Provider type 2											
Provider type 3											
Provider type 4											
Total											

Table 2.5 shows both weighted and unweighted numbers of interviewed providers as well as the weighted percent distribution of interviewed providers by background characteristics.

Table 2.5 Distribution of interviewed providers

Percent distribution and number of interviewed providers, by background characteristics and provider qualification, [country] SPA, [year]

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Type 1			
Type 2			
Type 3			
Type 4			
Total	100		
Managing authority			
Authority 1			
Authority 2			
Total	100		
Region			
Region 1			
Region 2			
Region 3			
Total	100		
Qualification of provider			
Provider type 1			
Provider type 2			
Provider type 3			
Provider type 4			
Total	100		

Interviewers observe consultations for antenatal care, family planning services, and sick children. These clients (or their caretakers in the case of sick children) are later interviewed using the client exit interview questionnaires. Clients are systematically selected for observation based on the number of clients who visit the facility seeking services while the interviewers are in the facility. **Table 2.6** shows, for each of the services, the total number of clients who visited the facility on the day of the survey and were, thus, eligible for the observation component of the SPA. Table 1.6 also shows the actual number of clients who were observed for each of these services and later interviewed with the exit interview questionnaires. In addition, the percentages of all clients who were observed and interviewed are presented for the three services.

Table 2.6 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the survey 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, [country] SPA, [year]

Facility type	Total number of clients present on the day of survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Type 1			
Type 2			
Type 3			
Type 4			
Total			
FAMILY PLANNING			
Type 1			
Type 2			
Type 3			
Type 4			
Total			
ANTENATAL CARE			
Type 1			
Type 2			
Type 3			
Type 4			
Total			

Table 2.7 provides information on the weighted percent distribution of observed client consultations for the three services as well as the weighted and unweighted numbers of observed consultations. The table may be expanded to present similar information by region and by managing authority.

Table 2.7 Distribution of observed consultations

Percent distribution and number of observed consultations for, outpatient curative care for sick children, family planning, and antenatal care, by type of facility, [country] SPA, [year]

Facility type	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Type 1			
Type 2			
Type 3			
Type 4			
Total	100.0		
FAMILY PLANNING			
Type 1			
Type 2			
Type 3			
Type 4			
Total	100.0		
ANTENATAL CARE			
Type 1			
Type 2			
Type 3			
Type 4			
Total	100.0		

CHAPTER 3: FACILITY-LEVEL INFRASTRUCTURE AND GENERAL SERVICE READINESS

Health care services can be provided under a variety of conditions. However, some common elements of the health system ensure their quality, acceptability, and, ultimately, their utilization by clients. This chapter focuses on the availability of resources and support systems at the facility level.

The tables included in this chapter explore the following key issues relating to the provision of quality services at health facilities:

- Availability of services. Tables 3.1 and 3.2 examine the extent to which basic client services are provided at the country's health facilities.
- Service readiness indicators. Tables 3.3-3.8 provide information on a range of indicators designed to assess 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.
- Basic management and administrative systems. Tables 3.9 and 3.10 consider the extent to which essential management and administrative systems are in place to support quality services, including quality assurance monitoring and supportive management practices.
- Staffing patterns. Table 3.11 provides information to assess staffing patterns at the different facility levels.

Policymakers and program 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 numbers and percentages of all facilities that offer various client services.

Table 3.1 Availability of specific services

Among all facilities, the percentages and numbers that offer specific services, [country] SPA, [year]

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Curative care for sick children			
Child growth monitoring			
Child vaccination (EPI)[1]			
Any family planning[2]			
Antenatal care			
PMTCT[3]			
Delivery and newborn care			
Caesarean delivery[4]			
HIV testing[5]			
HIV care and support services[6]			
HIV treatment services (ART)[7]			
STI diagnosis or treatment			
TB diagnosis or treatment[8]			
Malaria diagnosis or treatment[9]			
Total			

[1] Routine series of DPT/Pentavalent, polio, and measles vaccinations offered at 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, IUCDs, male condoms, female condoms, CycleBeads for the Standard Days Method, female sterilization (tubal ligation) male sterilization (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 counseling for pregnant women or children born to HI-V-positive women, provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women, provision of infant and young child feeding for PMTCT, provision of nutritional counseling for HIV-positive pregnant women and their infants, or provision of family planning counseling to HIV-positive pregnant women.
[4] Facility reports that it provides caesarean delivery services in facility.
[5] Facility reports that is 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 survey, 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 pediatric HIV/AIDS patients;
- Preventive treatment for TB, i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such cotrimoxazole preventive treatment;
- General family planning counseling and/or services for HIV-positive clients;
- Condoms

[7] Facility reports that providers in the facility prescribe antiretroviral (ARV) treatment and/or provide clinical follow-up for clients on ARV treatment. Outreach ART facilities are included in this definition.
[8] Facility reports that providers assigned to the facility diagnose 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 RDT or that were found on the day of the survey visit to be conducting malaria rapid diagnostic tests at the ANC service site were counted as offering malaria diagnosis and/or treatment services.

The availability of a basic package of health services, in addition to supporting the overall ease of access to the health care system, contributes to the use of these services in a health facility. Table 3.2 presents information on the availability of basic maternal and child health services, family planning services, and services for adult sexually transmitted diseases, individually and as a package.

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, [country] SPA, [year]

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								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

[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 (STI).

While good-quality services can be provided in minimal service delivery settings, both clients and providers are more likely to be satisfied with a facility that has basic amenities and infrastructure components such as regular electricity, a regular supply of improved water, and sanitation facilities. **Table 3.3** presents information on the availability of basic amenities and infrastructure.

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages with indicated amenities considered basic for quality services, by background characteristics, [country] SPA, [year]

	Amenities							
Background characteristics	Regular electricity[1]	Improved water source[2]	Visual and auditory privacy[3]	Client latrine[4]	Communicatio n equipment[5]	Computer with Internet[6]	Emergency transport[7]	Number of facilities
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 survey, or facility has a functioning generator with fuel available on the day of the survey, or else facility has back-up solar power.
[2] Water is piped into facility or piped onto facility grounds, or bottled water, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain 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] 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 facility has access to the internet via a cellular phone inside the facility.
[7] Facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, 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.

In addition to the basic amenities, the availability of certain basic equipment enhances the provision of quality services. **Table 3.4** provides information on the availability of basic equipment in all facilities.

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, [country] SPA, [year]

	Equipment							
Background characteristics	Adult scale	Child scale[1]	Infant scale[2]	Thermometer	Stethoscope	Blood pressure apparatus[3]	Light source[4]	Number of facilities
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 gradations of 250 grams, or a digital standing scale with gradations of 250 grams or less, where an adult can hold a child to be weighed, available somewhere in the general outpatient area
[2] A scale with gradations of 100 grams, or a digital standing scale with gradations 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

Standard precautions are meant to reduce the risk of transmission of infections and are the basic level of infection control precautions that are to be used in the care of all patients. They include hand hygiene, appropriate disposal of waste, and the use of gloves and other personal protective equipment when necessary. **Table 3.5** presents information on the availability of standard items for infection control in health facilities.

Table 3.5 Standard precautions for infection control

Percentages of facilities with sterilization 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 survey, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Items	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Sterilization equipment[1]										
Equipment for high-level disinfection[2]										
Safe final disposal of sharps waste[3]										
Safe final disposal of infectious waste[4]										
Appropriate storage of sharps waste[5]										
Appropriate storage of infectious waste[6]										
Disinfectant[7]										
Syringes and needles[8]										
Soap										
Running water[9]										
Soap & running water										
Alcohol-based hand disinfectant										
Soap and running water or else alcohol-based hand disinfectant										
Latex gloves[10]										
Medical masks										
Gowns										
Eye protection										
Guidelines for standard precautions[11]										
Number of facilities										

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 2012).

[1] Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer, 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, or glutaraldehyde for chemical high-level disinfection available somewhere in the facility on the day of the survey.
[3] The process of sharps waste disposal is incineration, and the facility has a functioning incinerator with fuel on the day of survey, 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 survey, 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

The processing of instruments for reuse is handled differently at various levels of the health system. Some facilities have the necessary equipment and process all the instruments that they use. In other facilities soiled instruments are sent elsewhere for processing. **Table 3.6** provides detailed information on facilities' capacity to sterilize or high-level disinfect soiled instruments for reuse.

Table 3.6 Capacity for processing of equipment for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, [country] SPA, [year]

	Percentage of facilities having:				
Background characteristics	Equipment[1]	Equipment and knowledge of processing time[2]	Equipment, knowledge of processing time, and automatic timer[3]	Written guidelines for sterilization or HLD[4]	Number of facilities
Facility type					
Type 1					
Type 2					
Type 3					
Type 4					
Managing authority					
Authority 1					
Authority 2					
Region					
Region 1					
Region 2					
Region 3					
Total					

[1] Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat sterilizer, 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 somewhere in the facility or high level disinfectant that are used for sterilization or high-level disinfection (HLD) 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 sterilization: Temperature at 160°C - 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 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 sterilization process or the HLD equipment.

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

The capacity of a facility to conduct laboratory diagnostic tests greatly enhances the level of service provision. Not all levels of facilities can have sophisticated laboratories. Still, certain basic laboratory tests should be available in most facilities, including even the lowest level facilities. **Table 3.7** presents information on the availability of basic and advanced laboratory diagnostic test capacity.

Table 3.7 Laboratory diagnostic capacity

Among all facilities, the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Laboratory tests	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Basic tests										
Hemoglobin										
Blood glucose										
Malaria diagnostic test										
Urine protein										
Urine glucose										
HIV diagnostic test										
DBS collection										
TB microscopy										
Syphilis rapid diagnostic test										
General microscopy										
Urine pregnancy test										
Liver or renal function test (ALT or creatinine)										
Advanced diagnostic tests										
Serum electrolytes										
Full blood count with differentials										
Blood typing and cross matching										
CD4 count										
Syphilis serology										
Gram stain										
Stool microscopy										
CSF/body fluid counts										
TB culture										
TB rapid diagnostic test										
Equipment for diagnostic imaging										
X-ray machine										
Ultrasonogram										
CT scan										
Number of facilities										

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 3.8 presents information on the availability of 14 medicines from WHO's model list of essential medicines.

Table 3.8 Availability of essential medicines

Percentages of facilities having the 14 essential medicines available, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Essential medicines	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Amitriptyline tablets/capsules[1]										
Amoxicillin tablets/capsules[2]										
Atenolol tablets/capsules[3]										
Captopril tablets/capsules[4]										
Ceftriaxone injectable[5]										
Ciprofloxacin tablets/capsules[6]										
Cotrimoxazole oral suspension[7]										
Diazepam tablets/capsules[8]										
Diclofenac tablets/capsules[9]										
Glibenclamide tablets/capsules[10]										
Omeprazole tablets/capsules[11]										
Paracetamol oral suspension[12]										
Salbutamol inhaler[13]										
Simvastatin tablet/capsule[14]										
Number of facilities										

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 2012).

[1] For the management of depression in adults
[2] First-line antibiotic for adults
[3] Beta-blocker for management of angina/hypertension
[4] Vaso-dilator 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-esophageal reflux disease
[12] For 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

Basic management and administrative systems are necessary to ensure that health services are consistently provided at an acceptable level of quality. To function well, a health facility must have established systems for identifying and addressing management and administrative issues. In addition, there should be established quality assurance systems place for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems.

Table 3.9 presents summary information on the availability of systems for management meetings as well as for quality assurance. In addition, it presents information on the availability of systems for community participation in facility meetings as well as for eliciting client opinion.

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, [country] SPA, [year]

	Percentage of facilities with:				
Background characteristics	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	Number of facilities
Facility type					
Type 1					
Type 2					
Type 3					
Type 4					
Managing authority					
Authority 1					
Authority 2					
Region					
Region 1					
Region 2					
Region 3					
Total					

[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.

To maintain providers' levels of knowledge and technical competence, providers must be continually exposed to new information. Training is one way this is accomplished. Also, there should also be some form of individual-level supervision of providers. **Table 3.10** presents information on facilities where providers had received recent in-service training and personal supervision during specific time periods preceding the survey. It also reports the percentages of facilities that had received external supervision in the six months preceding the survey.

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 survey, 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, [country] SPA, [year]

Background characteristics	Percentage of facilities with supervisory visit during the 6 months before the survey[1]	Number of facilities	Percentage of facilities having routine:			Percentage of facilities with supportive management practices[4]	Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire[5]
			Staff training[2]	Personal supervision[3]	Training and personal supervision		
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

[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 survey.
[2] At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions; it does not include individual instruction that 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 survey. 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 survey, and staff has received routine training and supervision.
[5] Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Information is collected from facility administrators on the number of providers of the various cadres that are assigned to the facility, employed by the facility, or seconded to the facility. **Table 3.11** provides this information. These data shed light on staffing patterns in the different levels of health facilities.

Table 3.11 Staffing pattern in surveyed facilities

Median number[1] of providers, assigned to, employed by, or seconded to facility, by type of provider and type of facility, [country] SPA, [year]

	Median number of providers assigned to/ employed by/seconded to facility				
Facility type	Provider type 1	Provider type 2	Provider type 3	Provider type 4	Number of facilities
Type 1					
Type 2					
Type 3					
Type 4					

[1] Numbers provided by facility in-charge

CHAPTER 4: CHILD HEALTH SERVICES

This chapter presents information that is useful for assessing the availability of child health services as well as the readiness of facilities that offer these specific child health services to provide quality services.

It addresses four central questions:

- Availability of services. Tables 4.1-4.3 address the availability of curative care services for sick children, growth monitoring, and vaccination services and how frequently these services are available in the facility.

- Service readiness indicators: child curative care. Tables 4.4-4.6 address the extent to which facilities providing curative care for sick children have the capacity to support quality services, including the necessary service guidelines, trained staff, equipment, infection control items, and essential medicines and commodities.

- Service readiness indicators: vaccination services. Tables 4.7-4.9 provide information on the extent to which facilities offering vaccination services for children have the capacity to support quality vaccination services, including equipment, vaccines, service guidelines, and trained staff.

- Adherence to standards. To what extent do service providers adhere to standards for quality service provision, including adherence to Integrated Management of Childhood Illness (IMCI) guidelines? Tables 4.10-4.12 use information from observations of curative care consultations and from interviews with caretakers to examine a number of issues relating to the quality of care that children receive at facilities.

- Basic management and administrative systems. Tables 4.13 and 4.14 consider the extent to which essential management and administrative systems are in place to support quality services, including in-service training for providers of child health services.

Table 4.1 presents summary information on the availability of three basic child health services (curative care, growth monitoring, and child vaccination), individually, and as a package. In addition, the table provides information on the provision of routine vitamin A supplementation at 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, [country] SPA, [year]

	Percentage of facilities that offer:							
Background characteristics	Outpatient curative care for sick children	Growth monitoring	Child vaccination[1]	All three basic child health services	Child Vacc+	All xx basic child health services	Routine vitamin A supple-mentation	Number of facilities
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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

The frequency of availability of a service influences its utilization. **Tables 4.2** and **4.3** provide information on the frequency of availability of the basic child health services in the facilities that offer those services.

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 and growth monitoring, the percentages providing the service at the facility at specific frequencies, by background characteristics, [country] SPA, [year]

Background characteristics	Outpatient curative care for sick children				Growth monitoring			
	Days per week[1]			Number of facilities	Days per week[1]			Number of facilities
	1-2	3-4	5+		1-2	3-4	5+	
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

[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 routine child vaccination services, the percentages providing the service at the facility at specific frequencies, by background characteristics, [country] SPA, [year]

Background characteristics	Routine polio vaccination				Routine DPT/pentavalent vaccination				Routine measles vaccination				Routine BCG vaccination			
	Days per week[1]			Number of facilities	Days per week[1]			Number of facilities	Days per week[1]			Number of facilities	Days per week[1]			Number of facilities
	1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+	
Facility type																
Type 1																
Type 2																
Type 3																
Type 4																
Managing authority																
Authority 1																
Authority 2																
Region																
Region 1																
Region 2																
Region 3																
Total																

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.

The availability of treatment guidelines for easy reference contributes to the overall quality of services that clients receive. Similarly, staff with recent training in the services that they provide and some basic equipment are necessary for the assessment and proper examination of sick children. **Table 4.4** shows the availability of Integrated Management of Childhood Illness (IMCI) guidelines and guidelines for growth monitoring, as well as staff with recent in-service training and basic equipment for client assessment and examination among facilities that offer curative care services for sick children.

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, [country] SPA, [year]

	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							
Background characteristics	IMCI guidelines	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												
Type 1												
Type 2												
Type 3												
Type 4												
Managing authority												
Authority 1												
Authority 2												
Region												
Region 1												
Region 2												
Region 3												
Total												

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 2012).

[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 survey. 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 survey. 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 gradation of 250 grams, or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed
[4] A scale with gradation of 100 grams, or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed

Infection control is vital to the overall quality of services. **Table 4.5** presents information on the availability of items for infection control at the service site among facilities that offer curative care for sick children. The table also reports on the availability of basic laboratory test capacity at these facilities.

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 survey and the percentages having the indicated laboratory diagnostic capacity in the facility, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering curative care for sick children that have:											
	Items for infection control								Laboratory diagnostic capacity			
Background characteristics	Soap	Running water[1]	Soap and running water	Alcohol-based hand disin-fectant	Soap and running water or else alcohol-based hand disin-fectant	Latex gloves[2]	Sharps container	Waste receptacle[3]	Hemo-globin[4]	Malaria[5]	Stool micro-scopy[6]	Number of facilities offering outpatient curative care for sick children
Facility type												
Type 1												
Type 2												
Type 3												
Type 4												
Managing authority												
Authority 1												
Authority 2												
Region												
Region 1												
Region 2												
Region 3												
Total												

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 2012).

[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, hemoglobinometer, 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.

Table 4.6 presents information on the availability of essential and priority medicines for children, among facilities that offer curative care for sick children. These medicines appear on WHO's model list of essential medicines.

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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities offering outpatient curative care for sick children that have:												Number of facilities offering out-patient curative care for sick children
	Essential medicines								Priority medicines				
	ORS[1]	Amoxi-cillin syrup, suspen-sion, or disper-sible[1]	Co-trimox-azole syrup, suspen-sion, or disper-sible	Para-cetamol syrup or suspen-sion[1]	Vitamin A capsules[1]	Meben-dazole/ alben-dazole	Zinc tablets	Arte-misinin com-bination therapy	Ampi-cillin powder for injection	Ceftri-axone powder for injection	Genta-mycin injection	Benza-thine penicillin for injection	
Facility type													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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.

Table 4.7 presents information on the availability at the service site of guidelines on vaccination. The table also presents information on the availability of at least one provider of services who has received recent training relevant to child vaccination services, a functioning vaccine refrigerator, and basic equipment necessary for child vaccination services.

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, [country] SPA, [year]

	Percentage of facilities offering child vaccination services that have:						Number of facilities offering child vaccination services
			Equipment				
Background characteristics	Guidelines[1]	Trained staff[2]	Vaccine refrigerator	Vaccine carrier with ice pack[3]	Sharps container	Syringes and needles[4]	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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 2012).

[1] National guidelines for the Expanded Program on Immunization (EPI) or other guidelines for immunizations
[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 survey. 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] 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

Several factors influence the capacity of facilities that provide vaccination services to store vaccines, including, for example, the availability of refrigerators to store vaccine or of regular electricity or other fuel to power generators. **Table 4.8** presents information on the availability of unexpired vaccines in facilities that offer child vaccination services and also report that they routinely store vaccines. The results provide an assessment of the availability of the vaccines at the time of the survey visit. They offer an indirect measure of vaccine stock-outs, since facilities that report that they routinely store a particular vaccine should have the vaccine available.

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 survey, by background characteristics, [country] SPA, [year]

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
	Pentavalent[1]	Oral polio vaccine	Measles vaccine	All three vaccines Penta+Polio+ Measles[2]	BCG vaccine	All basic child vaccines[3]	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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 2012).

[1] Pentavalent = DPT + hepatitis B + haemophilus influenza B
[2] At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, and measles vaccine with relevant diluents available
[3] At least one unexpired vial or ampoule each of DPT/pentavalent vaccine, oral polio vaccine, measles vaccine, and BCG vaccine with relevant diluents available

Infection control is vital to the overall quality of services. **Table 4.9** presents information on the availability of items for infection control during the administration of vaccinations.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering child vaccination services that have indicated Items for infection control								
Background characteristics	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]	Number of facilities offering child vaccination services
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

According the WHO,[1] many sick children who are brought to health care providers do not receive adequate assessment and treatment. Providers tend to treat symptoms that are most evident without conducting a full assessment of a child's health status or acting to prevent further diseases. WHO developed the Integrated Management of Childhood Illness (IMCI) strategy to address these concerns. To assess whether providers adhere to accepted standards of care, interviewers observe consultations using checklists based on IMCI guidelines. **Table 4.10** presents information on assessments of general danger signs and main symptoms according to the IMCI strategy. The table also reports information obtained during the observations on the physical examinations that were conducted on the sick children as part of the consultation and on the extent to which caretakers received advice on the essential actions to take in caring for the sick child.

Table 4.10 Assessments, examinations, and treatments for sick children

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Qualification of provider										
Consultation conducted by generalist medical doctor, specialist medical doctor, or non-physician clinician										
Consultation conducted by nursing professional, including degree nurse or degree midwife										
Consultation conducted by enrolled nurse or enrolled midwife										
History: assessment of general danger sign										
Inability to eat or drink anything										
Vomiting everything										
Convulsions										
All general danger signs										
History: assessment of main symptoms										
Cough or difficulty breathing										
Diarrhea										
Fever										
All 3 main symptoms[1]										
Ear pain or discharge from ear										
All 3 main symptoms plus ear pain/discharge										
History: other assessment										
Asked about mother's HIV status										
Asked about TB disease in either parent in last 5 years										
Asked if 2 or more episodes of diarrhea in child										
Physical examination										
Took child's temperature with thermometer[2]										
Felt the child for fever or body hotness										
Any assessment of temperature										
Counted respiration (breaths) for 60 seconds										
Listened to chest with stethoscope or counted pulse										
Checked skin turgor for dehydration										
Checked for pallor by looking at palms										
Checked for pallor by looking at conjunctiva										
Looked into child's mouth										
Checked for neck stiffness										
Looked in child's ear										
Felt behind child's ears for tenderness										
Undressed child for examination										
Pressed both feet to check for edema										
Essential advice to caretaker										
Give extra fluids to child										
Continue feeding child										
Symptoms requiring immediate return										
Number of sick child observations										

[1] Cough or difficulty breathing, diarrhea, 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.

[1] World Health Organization (WHO). 1999. *Management of childhood illness in developing countries: Rationale for an integrated strategy*. WHO/CHS/CAH/98.1A (rev. 1 1999). Geneva: World Health Organization.

Table 4.11 also is based on the observation data. It provides detailed information on the types of assessments, examinations, and treatments that observed sick children received based on the specific disease condition that the observed child had.

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, [country] SPA, [year]

	Respiratory illness			Febrile illness			Gastro-intestinal			
Components of consultation	Pneumonia/ broncho-pneumonia	Bronchial spasm/ asthma	Cough or other upper respiratory illness	Fever	Measles	Malaria[4]	Any diarrhea without dehydration	Any diarrhea with dehydration	Ear infection	All observed children
IMCI assessment										
3 main symptoms[1]										
3 general danger signs[2]										
Current eating or drinking habits										
Caretaker advised to continue feeding and to increase fluid intake										
Physical exam										
Temperature										
Respiratory rate										
Dehydration										
Anemia										
Ear (looked in ear/felt behind ear)										
Edema										
Referred for any laboratory test										
Treatment										
Referred outside or admitted										
Any antibiotic										
Injectable antibiotic										
Oral antibiotic										
Any antimalarial										
ACT										
Oral non-ACT										
Injectable artesunate										
Quinine										
Oral bronchodilator										
Oral medication for symptomatic treatment										
Oral rehydration (ORS)										
Intravenous fluid										
Zinc										
Described signs or symptoms requiring immediate return										
Discussed follow-up visit										
Number of children[3]										

Note: ACT = artemisinin combination therapy

[1] The three IMCI main symptoms are cough/difficulty breathing, diarrhea, 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.

Before leaving a facility, caretakers of observed sick children are interviewed and asked about their experiences in the facility and with providers and about their perception of the quality of the services that they received that day. They are also asked if particular issues were major problems for them that day. **Table 4.12** presents information on the issues that the caretakers considered to be major problems.

Table 4.12 Feedback from caretakers of observed sick children on service problems

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 background characteristics, [country] SPA, [year]

	Facility type				Managing authority		Region			
Client service issue	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Poor behavior/attitude of provider										
Insufficient explanation about child's illness										
Long wait to see provider										
Not able to discuss problems										
Medicines not available in facility										
Facility open limited days										
Facility open limited hours										
Facility not clean										
Services costly										
Insufficient visual privacy										
Insufficient auditory privacy										
Number of interviewed caretakers of sick children										

Providers who have received recent training related to the services that they provide can be expected to be more knowledgeable about current trends in their particular service area. Personal supervision also may help sustain health worker capacity, since it should reveal individual health worker's strengths and areas of weakness that could be improved.

Table 4.13 reports the percentages of providers who have had recent in-service training and recent personal 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, [country] SPA, [year]

	Percentage of interviewed providers who received:			
Background characteristics	Training related to child health during the 24 months before the survey[1]	Personal supervision during the 6 months before the survey[2]	Training related to child health during the 24 months and personal supervision during the 6 months before the survey	Number of interviewed providers
Facility type				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

[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.

Table 4.14 provides detailed information on the specific trainings in child health that providers have received during the 24 months preceding the survey.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of providers of child health services who report receiving in-service training on:												
	EPI/cold chain		IMCI		Malaria diagnosis		Malaria treatment		ARI		Diarrhea diagnosis or treatment		Number of interviewed child health service providers
Background characteristics	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													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

Note: EPI = Expanded Program on Immunization; IMCI = Integrated Management of Childhood Illness; ARI= acute respiratory infection

CHAPTER 5: FAMILY PLANNING

Family planning is important for maternal and child health and is a key element in upholding reproductive rights.

The family planning chapter uses information obtained in the SPA inventory, interviews of health care providers, observations of family planning consultations, and exit interviews with family planning clients to assess:

- Availability of services. Tables 5.1-5.5 provide information on the availability in health facilities of a variety of contraceptive methods to address client preferences.

- Service readiness indicators. Tables 5.6 and 5.7 address 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. Tables 5.8-5.12 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 as well as clients' feedback and knowledge of the methods that they receive.

- Basic management and administrative systems. Tables 5.13 and 5.14 look at aspects of management, supervision, and training that are important to support the delivery of high-quality family planning services.

Table 5.1 provides information on the availability of temporary family planning methods and sterilization (male or female) and percentages of facilities offering any family planning services.

Table 5.1 Availability of family planning services

Among all facilities, the percentages offering temporary methods of family planning and male or female sterilization and the percentage offering any family planning, by background characteristics, [country] SPA, [year]

	Temporary methods of family planning (FP)						
Background characteristics	Percentage offering any modern method of FP[1]	Percentage offering counseling on periodic abstinence/ rhythm	Percentage offering any temporary method of FP[2]	Percentage offering male or female sterilization[3]	Percentage offering any modern FP[4]	Percentage offering any FP[5]	Number of facilities
Type of facility							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

[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 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 Standard Days Method, or periodic abstinence.
[3] Providers in the facility perform male or female sterilization or counsel clients on male or female sterilization.
[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 sterilization (tubal ligation) or male sterilization (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 sterilization (tubal ligation) or male sterilization (vasectomy), or periodic abstinence.

Along with a variety of contraceptive methods to address client preferences, the frequency that these methods are available influences the uptake of these methods. **Table 5.2** shows the frequency of the availability of family planning services among facilities that report that they offer any family planning services.

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, [country] SPA, [year]

	Percentage of facilities where family planning[1] services are offered:			Number of facilities offering any family planning services
Background characteristics	1-2 days per week	3-4 days per week	5 or more days per week	
Type of facility				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

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

A facility that offers a wide variety of family planning methods is best able to meet clients' needs. However, some variation is to be expected in the methods offered by facilities because of differences in provider qualification and training as well as the infrastructure required to provide certain methods safely. **Table 5.3** presents information on the various methods offered by facilities as well as on the availability of a contraceptive mix.

Table 5.3 Methods of family planning offered

Among facilities offering any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Type of facility				Managing authority		Region			
Methods provided, prescribed, or counseled	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total percentage
Combined oral contraceptive pills										
Progestin-only oral pill										
Progestin-only injectable (2- or 3-monthly)										
Combined injectable										
Male condom										
Female condom										
Intrauterine contraceptive device										
Implant										
CycleBeads (for Standard Day Method)										
Tubal ligation										
Vasectomy										
At least 2 temporary modern methods[1]										
At least 4 temporary modern methods[1]										
Emergency contraception										
Periodic abstinence/rhythm										
Number of facilities offering any family planning services										

[1] Any methods other than male or female sterilization

Note: Include row on CycleBeads only in countries with programs supporting the Standard Days Method.

Table 5.4 builds on information presented in preceding table. It looks at facilities that actually provide the specific methods, i.e., facilities where clients can expect to have their contraceptive needs met without having to go elsewhere.

Table 5.4 Methods of family planning provided[1]

Among facilities offering any family planning services, the percentages that provide clients with specific modern family planning methods, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Type of facility				Managing authority		Region			
Methods provided	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total percentage
Combined oral contraceptive pills										
Progestin-only oral pill										
Progestin-only injectable (2- or 3-monthly)										
Combined injectable										
Male condom										
Female condom										
Intrauterine contraceptive device										
Implant										
CycleBeads (for Standard Days Method)										
Tubal ligation										
Vasectomy										
At least 2 temporary modern methods[2]										
At least 4 temporary modern methods[2]										
Emergency contraception										
Number of facilities offering any family planning services										

[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 methods other than male or female sterilization

Note: Include row on CycleBeads only in countries with programs supporting the Standard Days Method.

Table 5.5 provides information on the availability of different contraceptive commodities in facilities that report that they stock those commodities. The results serve as an indirect measure of stock-outs, since facilities that say they stock a commodity are expected to have the supplies.

Table 5.5 Availability of family planning commodities

Among facilities that provide[1] the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Method	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Combined oral contraceptive pills										
Progestin-only oral pill										
Progestin-only injectable (2- or 3-monthly)										
Combined injectable										
Male condom										
Female condom										
Intrauterine contraceptive device										
Implant										
CycleBeads (for Standard Days Method)										
Every method provided by facility was available on day of survey										

Note: The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below in a working table for reference purposes.

Note: The combined oral contraceptive pills, injectable contraceptives, and the 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.

Note: Include row on CycleBeads only in countries with programs supporting the Standard Days Method.

Working Table – Denominators for Table 5.5 Availability of family planning commodities

The numbers of facilities reporting that they stock the indicated method and provide it to clients, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Method	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Combined oral contraceptive pills										
Progestin-only oral pill										
Progestin-only injectable (2- or 3-monthly)										
Combined injectable										
Male condom										
Female condom										
Intrauterine contraceptive device										
Implant										
CycleBeads (for Standard Days Method)										
Every method provided by facility was available on day of survey										

The availability of service guidelines for easy reference contributes to the overall quality of services. In addition to guidelines, recently trained staff and basic equipment are needed for the proper assessment and examination of clients. **Table 5.6** shows the availability of family planning guidelines as well as recently trained staff and basic equipment for client assessment and examination among facilities that offer family planning services. The table also reports the availability of models to demonstrate use of the commodities and also of other visual aids.

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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities offering any modern family planning methods that have:									Number of facilities offering any modern family planning methods
			Equipment							
	Guidelines on family planning[1]	Staff trained in family planning[2]	Blood pressure appara-tus[3]	Exami-nation light	Exami-nation 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										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

Note: The measures presented in the table concerning guidelines for family planning and staff trained in FP 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 (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 survey. 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

Infection control is vital to the overall quality of services. **Table 5.7** presents information on the availability at the service site of items for infection control among facilities that offer family planning services.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering any modern family planning methods that have items for infection control								
Background characteristics	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]	Number of facilities offering any modern family planning methods
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Table 5.8 provides further details on the assessments and examinations that took place during a family planning counseling session. For example, for a breastfeeding woman who wants a hormonal method, methods that contain little or no estrogen are preferable, since estrogen may decrease milk flow and so lead to early weaning.

Table 5.8 Client history and physical examinations for first-visit female family planning clients

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Client history										
Age										
Any history of pregnancy										
Current pregnancy status										
Breastfeeding status (if ever pregnant)[1]										
Desired timing for next child or desire for another child										
Regularity of menstrual cycle										
All elements of reproductive history[2]										
Client medical history										
Asked about smoking										
Asked about symptoms of sexually transmitted infections (STIs)										
Asked about any chronic illnesses										
All risk-history[3]										
Client examination										
Measured blood pressure[4]										
Measured weight[5]										
Number of first-visit FP clients										
Number of first-visit FP clients with prior pregnancy[6]										

[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"

A key aspect of family planning services is the information sharing that takes place during a counseling session. With the appropriate information, clients are more likely to adopt a method and continue using it. **Table 5.9** presents information on discussions between the provider and the family planning client pertaining to sexually transmitted infections and the attitude of the client's partner toward family planning.

Table 5.9 Components of counseling and discussions during consultations for female first-visit family planning clients

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Discussion related to partner										
Partner's attitude toward family planning										
Partner's status[1]										
Privacy and confidentiality										
Visual privacy assured										
Auditory privacy assured										
Confidentiality assured										
All three counseling conditions on privacy and confidentiality met[2]										
Discussion related to STIs and condoms										
Use of condoms to prevent STIs										
Use of condoms as dual method[3]										
Any discussion related to STIs[4]										
Individual client cards										
Individual client card reviewed during consultation										
Individual client card written on after consultation										
Visual aids and return visit										
Visual aids were used during consultation										
Return visit discussed										
Number of observed first-visit FP clients										

[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] 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 method or asked client about presence of any symptoms of STI, e.g., abnormal vaginal discharge

Table 5.10 presents information on the counseling components of all the consultations between female family planning clients and providers that were observed during the SPA. It builds on information presented in the preceding table, which covers first family planning consultations only. This table covers all family planning consultations.

Table 5.10 Components of counseling and discussions during consultations for all female family planning clients

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Privacy and confidentiality										
Visual privacy assured										
Auditory privacy assured										
Confidentiality assured										
All three counseling conditions on privacy and confidentiality met[1]										
Discussion related to STIs and condoms										
Use of condom to prevent STIs										
Use of condom as dual method[2]										
Any discussion related to STIs[3]										
Concerns, side effects, and individual client cards										
Concerns about methods discussed[4]										
Side effects discussed[5]										
Individual client card reviewed during consultation										
Individual client card written on after consultation										
Visual aid and return visit										
Visual aids used during consultation										
Return visit discussed										
Number of observed female FP clients										

[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 method
[4] Provider asked client about concerns with family planning method
[5] Method-specific side effect discussed with client, if client was provided or prescribed a method

Prior to leaving a facility, family planning clients whose consultations were observed are interviewed and asked questions pertaining to their experiences in the facility and about their perception of the quality of the services that they received that day. They are asked if they perceived certain issues as major problems for them that day. Their responses to this question form the basis for **Table 5.11**.

Table 5.11 Feedback from family planning clients on service problems

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Client service issues	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Poor behavior/attitude of provider										
Insufficient explanation about method										
Long wait to see provider										
Not able to discuss problems										
FP commodities not available in facility										
Facility open limited days										
Facility open limited hours										
Facility not clean										
Services costly										
Insufficient visual privacy										
Insufficient auditory privacy										
Number of interviewed family planning clients										

Table 5.12 presents information on clients' knowledge of the family planning method that they received or for which they received a prescription or referral.

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, [country] SPA, [year]

Background characteristics	Percentage who knew the correct response to the question pertaining to method										
	Any pill[1]	Male condom[2]	Female condom[3]	Progestin injectable[4]	Monthly injectable[4]	Intrauterine contra-ceptive device (IUCD)[5]	Implant[6]	Periodic absti-nence[7]	Vasec-tomy[8]	Tubal ligation[9]	Lactational amenorr-hea[10]
Facility type											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

Note: The denominator for each method is different and not shown in this table.

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 recognize the days on which you should not have sexual intercourse?
[8] Vasectomy: How long must you wait before you can rely on your vasectomy to prevent pregnancy?
[9] Tubal ligation: How long must you wait before you can rely on your tubal ligation to prevent pregnancy?
[10] Lactational amenorrhea method: Can you keep using this method once your menstrual cycle has returned?

Denominator table – T512W

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed or referred for the indicated method, the percentage who know the correct response to question pertaining to the method, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage who knew the correct response to the question pertaining to method										
	Any pill[1]	Male condom[2]	Female condom[3]	Progestin injectable[4]	Monthly injectable[4]	IUCD[5]	Implant[6]	Periodic absti-nence[7]	Vasec-tomy[8]	Tubal ligation[9]	Lacta-tional amenorr-hea[10]
Facility type											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

Providers who have received recent training related to the services that they provide can be expected to be more knowledgeable about current trends in their particular service area. Personal supervision also may help sustain health worker capacity, since it should reveal individual health worker's strengths and areas of weakness that can be improved.

Table 5.13 presents information on recent in-service training and recent supervision of family planning providers.

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, [country] SPA, [year]

	Percentage of interviewed providers who received:			
Background characteristics	Training related to family planning during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to family planning during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed providers of family planning service
Facility type				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

[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.

Table 5.14 provides detailed information on the specific trainings on family planning that providers received during the 24 months preceding the survey or at any 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 survey, by background characteristics, [country] SPA, [year]

	Percentage of providers of FP services who report receiving in-service training on:												
	Counseling on FP		FP-related clinical issues[1]		Insertion/removal of IUCD[2]		Insertion/removal of implant		FP for HIV+ clients		Post-partum FP		Number of interviewed FP service providers
Background characteristics	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													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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

CHAPTER 6: ANTENATAL CARE

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

This chapter provides an overview of antenatal care services in [country]. It highlights the key aspects of antenatal care, including the availability of ANC services, the readiness of facilities to provide ANC services, adherence of ANC providers to standards of care, staff training, and prevention of mother-to-child transmission (PMTCT) of HIV.

The tables included in this chapter explore the following key issues relating to the provision of quality antenatal care services at health facilities:

- Availability of services. Table 6.1 examines the availability of ANC services and the frequencies at which these services are available.
- Service readiness indicators. Tables 6.2-6.5 provide information on a range of measures designed to assess 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. Tables 6.6-6.12 examine the content of ANC consultations and feedback from ANC clients.
- Basic management and administrative systems. Tables 6.13 and 6.14 consider the extent to which essential management and administrative systems are in place to support quality services, including in-service training for ANC providers.
- Prevention of mother-to-child transmission of HIV. Tables 6.15 and 6.16 look at the availability of PMTCT services in facilities that offer antenatal care services.
- Malaria in pregnancy. Tables 6.17-6.19 provide information on malaria services specific to facilities offering ANC services.

Table 6.1 presents information on the availability of antenatal care (ANC) services among all facilities and the frequency of availability of ANC services at facilities offering ANC. For the latter facilities information is also presented on whether tetanus toxoid vaccine is available every day that ANC services are provided.

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, [country] SPA, [year]

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 every day ANC is offered	Number of facilities offering ANC
			1-2 days	3-4 days	5 or more days		
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

[1] Some facilities offer ANC services less often than one day per week, and so the percentages may add to less than 100 percent.

Table 6.2 reports the availability of ANC guidelines at service sites. Hand-written guidelines were acceptable, provided they clearly outlined relevant information.

The table also presents information on the availability of recently trained staff in the facility and basic equipment necessary for antenatal care.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering ANC that have:							
			Equipment					
Background characteristics	Guidelines on ANC[1]	Staff trained in ANC[2]	Blood pressure apparatus[3]	Stethoscope	Adult weighing scale	Fetal stethoscope	Measuring tape[4]	Number of facilities offering ANC
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

Note: For intermittent preventive treatment guidelines, see Chapter 11, on malaria.

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 (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 survey. 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

Infection control is vital to the overall quality of services. **Table 6.3** presents information on the availability of items for infection control at ANC service sites.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering ANC that have items for infection control								
Background characteristics	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]	Number of facilities offering ANC
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Having the capacity to perform basic laboratory tests saves time for both the client and the provider, and it enhances the overall quality of services. **Table 6.4** provides information on the availability of basic laboratory test capacity among facilities that offer ANC services. These tests must be available in the facility.

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, [country] SPA, [year]

	Percentage of facilities offering ANC that have the indicated tests						
Background characteristics	Hemoglobin[1]	Urine protein[2]	Urine glucose[3]	Blood grouping and Rhesus factor[4]	Syphilis[5]	HIV[6]	Number of facilities offering ANC
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

Note: The hemoglobin 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 (2012).

[1] Capacity to conduct any hemoglobin test in the facility
[2] Dip sticks for urine protein
[3] Dip sticks for urine
[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 survey, or other test capability was observed to be available in the facility on the day of the visit.

Table 6.5 reports on the availability of medicines and supplies essential for the provision of routine ANC services.

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 survey, by background characteristics, [country] SPA, [year]

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 tablets	Iron or folic acid tablets	Tetanus toxoid vaccine	
Facility type						
Type 1						
Type 2						
Type 3						
Type 4						
Managing authority						
Authority 1						
Authority 2						
Region						
Region 1						
Region 2						
Region 3						
Total						

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 (2012).

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

Table 6.6 presents information on the characteristics of observed ANC clients as well as information on the gestational age of the pregnancies.

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, [country] SPA, [year]

	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age					
Background characteristics	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	Total percent	Number of observed ANC clients
Facility type									
Type 1								100.0	
Type 2								100.0	
Type 3								100.0	
Type 4								100.0	
Managing authority									
Authority 1								100.0	
Authority 2								100.0	
Region									
Region 1								100.0	
Region 2								100.0	
Region 3								100.0	
Total								100.0	

To assess providers' adherence to accepted standards, interviewers observe ANC consultations using standardized observation protocols. They record the types of assessments and examinations that providers carry out as well as the types of information that they share with clients. **Table 6.7** presents detailed information on components of these consultations for first-visit ANC clients.

Table 6.7 General assessment and client history for observed first-visit antenatal care clients

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Client history										
Client's age										
Date of last menstrual period										
Any prior pregnancy[1]										
Medicines client currently taking										
All elements relevant to client history[2]										
Routine tests										
Urine protein or glucose test										
Hemoglobin test										
Number of first-visit ANC clients										
Prior pregnancy-related complications										
Stillbirth										
Death of infant during first week after birth										
Heavy bleeding during labor or postpartum										
Assisted delivery										
Previous abortion										
Multiple pregnancies										
Prolonged labor										
Pregnancy-induced hypertension										
Pregnancy-related convulsions										
Any aspect of complications during a prior pregnancy										
Number of first-visit ANC clients with prior pregnancy										

[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 6.8 builds on information provided in Table 6.7. It presents detailed information on the content of ANC consultations.

Table 6.8 Basic physical examinations and preventive interventions for antenatal care clients

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
First-visit ANC client						PANEL 1				
Basic physical examination										
Measured blood pressure										
Weighed client										
Checked fetal position (at least 8m pregnant)										
Checked uterine/fundal height[1]										
Listened to fetal heart (at least 5m pregnant)[2]										
Preventive interventions										
Provider gave or prescribed iron or folic acid tablets										
Provider explained purpose of iron or folic acid tablets										
Provider explained how to take tablets										
Provider gave or prescribed tetanus toxoid vaccine										
Provider explained purpose of tetanus toxoid vaccine										
Number of first-visit ANC clients										
Follow-up visit ANC client						PANEL 2				
Basic physical examination										
Measured blood pressure										
Weighed client										
Checked fetal position (at least 8m pregnant)										
Checked uterine/fundal height[1]										
Listened to fetal heart (at least 5m pregnant)[2]										
Preventive interventions										
Provider gave or prescribed iron or folic acid tablets										
Provider explained purpose of iron or folic acid tablets										
Provider explained how to take tablets										
Provider gave or prescribed tetanus toxoid vaccine										
Provider explained purpose of tetanus toxoid vaccine										
Number of follow-up visit ANC clients										
All observed ANC clients										
Basic physical examination						PANEL 3				
Measured blood pressure										
Weighed client										
Checked fetal position (at least 8m pregnant)										
Checked uterine/fundal height[1]										
Listened to fetal heart (at least 5m pregnant)[2]										
Preventive intervention										
Provider gave or prescribed iron or folic acid tablets										
Provider explained purpose of iron or folic acid tablets										
Provider explained how to take tablets										
Provider gave or prescribed tetanus toxoid vaccine										
Provider explained purpose of tetanus toxoid vaccine										
Number of all observed ANC clients										

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 fetal stethoscope or by using an ultrasound device

Table 6.9 provides detailed information concerning counseling on pregnancy-related risk symptoms during observed consultations for first-visit antenatal care (ANC) clients, for follow-up visit ANC clients, and for all clients combined.

Table 6.9 Content of antenatal care counseling related to risk symptoms

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of and/or counseling on topics related to indicated risk symptoms, according to ANC visit status, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Counseling topics	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
First-visit ANC client					**PANEL 1**					
Vaginal bleeding										
Fever										
Headache or blurred vision										
Swollen hands or face										
Excessive tiredness, shortness of breath										
Loss of, excessive or normal fetal movement										
Cough or difficulty breathing for 3 weeks or longer										
Any of the above risk symptoms										
Number of first-visit ANC clients										
Follow-up visit ANC client					**PANEL 2**					
Vaginal bleeding										
Fever										
Headache or blurred vision										
Swollen hands or face										
Excessive tiredness, shortness of breath										
Loss of, excessive or normal fetal movement										
Cough or difficulty breathing for 3 weeks or longer										
Any of the above risk symptoms										
Number of follow-up visit ANC clients										
All observed ANC clients					**PANEL 3**					
Vaginal bleeding										
Fever										
Headache or blurred vision										
Swollen hands or face										
Excessive tiredness, shortness of breath										
Loss of, excessive or normal fetal movement										
Cough or difficulty breathing for 3 weeks or longer										
Any of the above risk symptoms										
Number of all observed ANC clients										

Table 6.10 builds on information provided in Table 6.9. It reports the extent to which observed consultations for ANC clients addressed the topics of nutrition during pregnancy, care of the newborn, breastfeeding, post-partum family planning, and the importance of vaccination for newborn, separately for first-visit clients, follow-up visit clients, and for all clients combined.

Table 6.10 Content of antenatal care counseling related to nutrition, breastfeeding, and family planning

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counseling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Counseling topics	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
First-visit ANC client					**PANEL 1**					
Nutrition										
Progress of pregnancy										
Importance of at least 4 ANC visits										
Delivery plans										
Care for the newborn[1]										
Early initiation and prolonged breastfeeding										
Exclusive breastfeeding										
Importance of vaccination for newborn										
Family planning post-partum										
Provider used any visual aids										
Number of first-visit ANC clients										
Follow-up visit ANC client					**PANEL 2**					
Nutrition										
Progress of pregnancy										
Importance of at least 4 ANC visits										
Delivery plans										
Care for the newborn[1]										
Early initiation and prolonged breastfeeding										
Exclusive breastfeeding										
Importance of vaccination for newborn										
Family planning post-partum										
Provider used any visual aids										
Number of follow-up visit ANC clients										
All observed ANC clients					**PANEL 3**					
Nutrition										
Progress of pregnancy										
Importance of at least 4 ANC visits										
Delivery plans										
Care for the newborn[1]										
Early initiation and prolonged breastfeeding										
Exclusive breastfeeding										
Importance of vaccination for newborn										
Family planning post-partum										
Provider used any visual aids										
Number of all observed ANC clients										

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

ANC clients are interviewed as they leave the facility. They are asked questions pertaining to their experiences that day at the facility. **Table 6.11** presents information from the clients' perspective regarding what transpired during the consultation.

Table 6.11 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counseled 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 background characteristics, [country] SPA, [year]

Issues discussed during current or previous visit	Background characteristics									Total
	Facility type				Managing authority		Region			
	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	
Client reported provider discussed or counseled on any warning signs										
Warning signs discussed (named by client)										
Vaginal bleeding										
Fever										
Swollen face or hands										
Fatigue or breathlessness										
Headache or blurred vision										
Seizures/convulsion										
Reduced or absence of fetal movement										
Actions client told to take if warning signs occurred										
Seek care at facility										
Reduce physical activity										
Change diet										
No advice given by provider										
Client reported provider discussed										
Importance of exclusive breastfeeding and counseled to breastfeed exclusively for 6 months										
Planned place of delivery										
Supplies to prepare for delivery										
Using family planning after childbirth										
Number of interviewed ANC clients										

As part of the exit interview prior to leaving the facility, ANC clients are asked questions pertaining to their perceptions of the quality of the services that they received that day. They also are asked if they perceived certain issues to be major problems for them that day. **Table 6.12** presents this information.

Table 6.12 Feedback from antenatal care clients

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Client service issue	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Poor behavior/attitude of provider										
Insufficient explanation about pregnancy										
Long wait to see provider										
Not able to discuss problems										
Medicines not available in facility										
Facility open limited days										
Facility open limited hours										
Facility not clean										
Services costly										
Insufficient visual privacy										
Insufficient auditory privacy										
Number of interviewed ANC clients										

Providers who have received recent training related to the services that they provide can be expected to be more knowledgeable about current trends in their particular service area. Personal supervision also may help sustain health worker capacity, since it should reveal individual health worker's strengths and areas of weakness that could be improved. **Table 6.13** presents information on recent in-service training and recent personal supervision of ANC providers.

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, [country] SPA, [year]

	Percentage of interviewed providers who received:			
Background characteristics	Training[1] related to ANC during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training[1] related to ANC during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed ANC providers
Facility type				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

[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.

Table 6.14 provides detailed information on the specific training that interviewed providers of ANC services reported that they received during the 24 months preceding the survey.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of interviewed providers of ANC who reported receiving in-service training on:												
	ANC counseling		ANC screening		Complications of pregnancy		Family planning[1]		Sexually transmitted infections[2]		Intermittent preventive treatment of malaria in pregnancy		
Background characteristics	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	Number of interviewed ANC service providers
Facility type													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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 counseling 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.

Prevention of mother-to-child transmission (PMTCT) of HIV usually involves a 4-pronged approach: the primary prevention of HIV infection, prevention of unintended pregnancies in HIV-positive women, use of a comprehensive treatment package that includes antiretroviral (ARV) medicines for HIV-positive pregnant women, and 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 first provides a summary measure assessing the availability, among facilities that offer ANC services, of any PMTCT service. The table also presents information on the availability of the individual interventions or components of PMTCT at facilities offering ANC and of any PMTCT services.

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 program components, by background characteristics, [country] SPA, [year]

			Percentage of ANC facilities offering PMTCT that provide:							
Background characteristics	Percentage of facilities offering ANC that provide any PMTCT[1]	Number of facilities offering ANC	HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counseling	Nutritional counseling for HIV+ pregnant women and their infants	Family planning counseling for HIV+ women	Number of facilities offering ANC and any PMTCT services
Facility type										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

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 counseling 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 counseling for prevention of mother-to-child transmission, nutritional counseling for HIV-positive pregnant women and their infants, and family planning counseling for HIV-positive pregnant women.

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.

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 counseling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics, [country] SPA, [year]

	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			
Background characteristics	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											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

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 (2012).

[1] Guideline 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 survey. 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 survey. 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 so 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] AZT, NVP, and lamivudine (3TC) all available, or else AZT, 3TC, and lopinavir (LPV), or AZT, 3TC, and abacavir (ABC), or AZT, 3TC, and efavirenz (EFV) or tenofovir (TDF), 3TC (or emtricitabine (FTC)), and EFV available in facility for ARV prophylaxis for HIV-positive pregnant women

Table 6.17 presents information on the availability, in facilities offering ANC, of guidelines for intermittent preventive treatment of malaria during pregnancy (IPTp), recently trained staff, insecticide-treated bed nets (ITNs), and medicines for malaria, as well as supplies and equipment for diagnosis of malaria. Hand-written guidelines were acceptable, provided they clearly outlined relevant information.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering antenatal care services that have:											Number of facilities offering ANC services
				Medicines				Diagnostics				
Background characteristics	IPTp guidelines	Trained staff[1]	ITN[2]	ACT[3]	SP	Quinine	Iron or folic acid	Malaria RDT[4]	Malaria microscopy[5]	RDT or microscopy	Hemo-globin[6]	
Facility type												
Type 1												
Type 2												
Type 3												
Type 4												
Managing authority												
Authority 1												
Authority 2												
Region												
Region 1												
Region 2												
Region 3												
Total												

Note: See chapter 6 (Table 6.1) for information on proportion of all facilities offering antenatal care services

Note: 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 survey. 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 distributes insecticide-treated mosquito bed nets (ITNs) to ANC clients, and it had ITNs in storage in the facility on the day of the survey.
[3] Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria
[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 hemoglobin test using any of the following means: hematology analyzer, hemoglobinometer or colorimeter, HemoCue, or litmus paper.

Table 6.18 also is relevant in malaria endemic countries. It presents information on services for prevention of malaria in pregnant women. Information is presented separately for first-visit clients and for follow-up clients.

Table 6.18 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy

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 background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Components of consultation	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
First-visit ANC clients					**PANEL 1**					
Importance of using ITN explained										
Client given ITN or directed to obtain elsewhere in facility										
Provider gave or prescribed IPTp										
Provider explained purpose of IPTp										
Dose of SP ingested in presence of provider										
Number of first-visit ANC clients										
Follow-up visit ANC clients					**PANEL 2**					
Importance of using ITN explained										
Client given ITN or directed to obtain elsewhere in facility										
Provider gave or prescribed IPTp										
Provider explained purpose of IPTp										
Dose of SP ingested in presence of provider										
Number of follow-up visit ANC clients										
All ANC clients					**PANEL 3**					
Importance of using ITN explained										
Client given ITN or directed to obtain elsewhere in facility										
Provider gave or prescribed IPTp										
Provider explained purpose of IPTp										
Dose of SP ingested in presence of provider										
Number of all ANC clients										

Note: SP = sulfadoxine/pyrimethamine (Fansidar)

Table 6.19 provides detailed information on the specific malaria-related training that interviewed providers of ANC services reported receiving during the 24 months preceding the survey.

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, [country] SPA, [year]

Background characteristics	Percentage of interviewed ANC providers who report receiving in-service training on: Diagnosing malaria		How to perform malaria rapid diagnostic test		Case management/ treatment of malaria		Number of interviewed providers of ANC services[1]
	During past 24 months	At any time	During past 24 months	At any time	During past 24 months	At any time	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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.

CHAPTER 7: DELIVERY AND NEWBORN CARE

This chapter provides an overview of delivery and newborn care services in [country] and highlights the key aspects of delivery and newborn care, including the availability of signal functions for emergency obstetric care.

The tables in this chapter explore the following key issues relating to provision of quality delivery and newborn care services at health facilities:

- Availability of services. Table 7.1 examines the availability of maternal health services and the availability of providers of delivery and newborn care services.
- Service readiness indicators. Tables 7.2-7.4 provide 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.
- Signal functions and newborn care practices. Tables 7.5 and 7.6 examine the availability of signal functions for emergency obstetric care and newborn care practices.
- Basic management and administrative systems. Tables 7.7-7.9 consider 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.

Table 7.1 provides information on the availability of maternal health services and of providers of delivery and newborn care services.

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, [country] SPA, [year]

	Percentage of facilities offering:						Percentage of facilities offering normal delivery services that have:		
Background characteristics	Antenatal care (ANC)	Normal delivery service	Caesarean delivery	ANC and normal delivery services	ANC, normal delivery, and caesarean section	Number of facilities	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	Number of facilities offering normal delivery services
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

Table 7.2 presents information on the availability of items to support the provision of quality 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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering normal delivery services that have:											
			Equipment									
Background characteristics	Guide-lines on IMPAC[1]	Staff trained in IMPAC[2]	Emer-gency trans-port[3]	Exami-nation light[4]	Delivery pack[5]	Suction appa-ratus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit[6]	Neonatal bag and mask	Parto-graph[7]	Gloves[8]	Number of facilities offering normal delivery services
Facility type												
Type 1												
Type 2												
Type 3												
Type 4												
Managing authority												
Authority 1												
Authority 2												
Region												
Region 1												
Region 2												
Region 3												
Total												

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 (2012).

[1] IMPAC (Integrated Management of Pregnancy and Childbirth) guidelines or other, country-specific guideline
[2] Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC during the 24 months preceding the survey. 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 survey, 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 must be 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

Table 7.3 reports on the availability of medicines essential for the provision of quality delivery and newborn care services and of WHO's priority medicines for mothers.

Table 7.3 Medicines and commodities for delivery and newborn care

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 survey, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Medicines	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Essential medicines for delivery[1]										
Injectable uterotonic (oxytocin)[2]										
Injectable antibiotic[3]										
Injectable magnesium sulphate[2]										
Injectable diazepam										
Skin disinfectant										
Intravenous fluids with infusion set[4]										
Essential medicines for newborns										
Antibiotic eye ointment[1]										
4% chlorhexidine[1]										
Injectable gentamicin[2]										
Ceftriaxone powder for injection										
Amoxicillin suspension										
Priority medicines for mothers[5]										
Sodium chloride injectable solution										
Injectable calcium gluconate										
Ampicillin powder for injection										
Injectable metronidazole										
Misoprostol capsules or tablets										
Azithromycin capsules or tablets or oral liquid										
Cefixime capsules or tablets										
Benzathine benzyl penicillin powder for injection										
Injectable betamethasone/ dexamethasone										
Nifedipine capsules or tablets										
Number of facilities offering normal delivery services										

Note: The essential medicines and antibiotic eye ointment for children 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 (2012).

[1] All essential medicines for delivery, antibiotic eye ointment, and 4% chlorhexidine were assessed and must be 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
[5] The priority medicines for mothers are defined by WHO; the list is published at http://www.who.int/medicines/publications/A4prioritymedicines.pdf..

Infection control is vital to the overall quality of services. **Table 7.4** presents information on the availability of items for infection control at the service site among facilities that offer delivery and newborn care services.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering normal delivery services that have items for infection control								
Background characteristics	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]	Number of facilities offering normal delivery services
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

In recognition of the fact that outcome indicators of maternal health, such as the maternal mortality ratio, require large numbers of observations and also are amenable to change only in the long term, certain process indicators of the quality of maternal health services have been developed. **Table 7.5** presents information on the availability of these processes, which are referred to as signal functions.

Table 7.5 Signal functions for emergency obstetric 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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:							Number of facilities offering normal delivery services
	Antibiotics	Oxytocic	Anti-convulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of concep-tion (MVA)	Neonatal resus-citation	Blood trans-fusion	Caesarean section		
Facility type											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

Note: MVA = manual vacuum aspiration

Facilities were asked if newborns and mothers delivering there underwent some common practices, some of which are actually being discouraged—for example, suctioning newborns with a catheter to stimulate respiration. **Table 7.6** presents information on facilities that report such practices.

Table 7.6 Newborn care practices

Among facilities offering normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by background characteristics, [country] SPA, [year]

	Background characteristics									
	Facility type				Managing authority		Region			
Newborn care practices	Type 1	Type 2	Type 3	Type 4	Authority 1	Authority 2	Region 1	Region 2	Region 3	Total
Delivery to the abdomen (skin-to-skin)										
Drying and wrapping newborns to keep warm										
Kangaroo mother care										
Initiation of breastfeeding within the first hour										
Routine complete (head-to-toe) examination of newborns before discharge										
Suctioning the newborn with catheter										
Suctioning the newborn with suction bulb										
Weighing newborn immediately upon delivery										
Administration of vitamin K to newborn										
Applying tetracycline eye ointment to both eyes										
Giving full bath shortly after birth[1]										
Giving newborn oral polio vaccine prior to discharge										
Giving newborn BCG prior to discharge										
Number of facilities offering normal delivery services										

[1] Immersing newborn in water within minutes/hours after birth

Providers who have received recent training related to the services that they provide can be expected to be more knowledgeable about current trends in their particular service area. Personal supervision also may help sustain health worker capacity, since it should reveal individual health worker's strengths and areas of weakness that can be improved.

Table 7.7 presents information on recent in-service training as well as recent personal supervision of providers of delivery and newborn care services.

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, [country] SPA, [year]

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 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

[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.

Table 7.8 provides detailed information on the specific training related to delivery care that providers have received during the 24 months preceding the survey.

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 survey, by background characteristics, [country] SPA, [year]

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 labor and delivery		Active management of third stage of labor (AMTSL)		Emergency obstetric care/ lifesaving skills		Post-abortion care		Neonatal resuscitation		
	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													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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 provides detailed information on specific training related to newborn care that providers have received during the 24 months preceding the survey.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:										
	Early and exclusive breastfeeding		Newborn infection management		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		Number of interviewed providers of normal delivery or newborn care services
Background characteristics	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											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

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.

CHAPTER 8: HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

This chapter provides an overview of HIV/AIDS and STI services and highlights the key aspects of HIV/AIDS-related services, including the availability of diagnostic capacity, trained staff, and medicines.

The tables included in this chapter explore the following key issues relating to the provision of quality HIV/AIDS and STI services at health facilities:

- Availability of services. Table 8.1 examines the availability of HIV testing and counseling services. Tables 8.4 and 8.5 provide information on key aspects of care and support services and HIV treatment services available for people living with HIV/AIDS. Table 8.6 addresses the key aspects of the provision of services for sexually transmitted infections.

- Service readiness indicators. Tables 8.2.1 through 8.6 also provide information on a range of measures designed to assess the readiness of facilities to provide good-quality HIV/AIDS-related and STI services, including the availability of basic amenities and equipment, infection control processes, laboratory diagnostic capacity, and essential medicines.

- Basic management and administrative systems. Table 8.3 reports on the extent to which providers of these services received recent in-service training and supportive supervision.

HIV testing and counseling services can be offered to clients in a variety of settings. **Table 8.1** provides information on the availability of HIV testing services among all facilities and of items to support the provision of HIV counseling and testing services.

Table 8.1 Availability of HIV testing and counseling 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 counseling services, by background characteristics, [country] SPA, [year]

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 counseling guidelines	Trained provider[3]	Visual and auditory privacy[4]	Condoms[5]	
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 testing services within the health facility assessment methodology proposed by WHO and USAID (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 counseling 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 other HIV 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 counseling during the 24 months preceding the survey. 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 counseling 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 counseling site on the day of the survey

Table 8.1.1 HIV testing integration in facilities

Among all facilities, the percentage with HIV rapid testing integrated within specific services, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities that offer specific services and within those services have HIV RDT						Number of facilities
	FP Offer/With	ANC Offer/With	PMTCT Offer/With	Normal delivery Offer/With	STI Offer/With	TB Offer/With	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

Infection control is vital to the overall quality of services. **Table 8.2** presents information on the availability of items for infection control at the service site among facilities that offer HIV testing services.

Table 8.2.1 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 on the day of the survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities with HIV testing system that have items for infection control								
Background characteristics	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]	Number of facilities having HIV testing capacity
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Table 8.2.2 Items for infection control during provision of HIV testing services

Among facilities having laboratory HIV testing capacity, the percentages with indicated items for infection control observed to be available at the laboratory on the day of the survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities having laboratory 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									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Table 8.2.3 Items for infection control during provision of HIV testing services

Among facilities having laboratory and service site HIV testing capacity, the percentages with indicated items for infection control observed to be available at laboratory and at the service site on the day of the survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities having laboratory and service site 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									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Table 8.2.4 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 from all service sites and the laboratory on the day of the survey, by background characteristics, [country] SPA, [year]

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									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

[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

Providers who have received recent training related to the services that they provide can be expected to be more knowledgeable about current trends in their particular service area. Personal supervision also may help sustain health worker capacity, since it should reveal individual health worker's strengths and areas of weakness that can be improved. **Table 8.3** presents information on recent in-service training as well as recent personal supervision of providers of HIV testing and counseling services..

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, [country] SPA, [year]

	Percentage of interviewed providers who received:			
Background characteristics	Training related to HIV testing and counseling during the 24 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to HIV testing during the 24 months and personal supervision during the 6 months preceding the survey	Number of interviewed providers of HIV testing services
Facility type				
Type 1				
Type 2				
Type 3				
Type 4				
Managing authority				
Authority 1				
Authority 2				
Region				
Region 1				
Region 2				
Region 3				
Total				

[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.

As a result of their suppressed immune systems, people living with HIV/AIDS are at a higher risk of developing opportunistic infections. They are also likely to experience more severe forms of other diseases and infections. **Table 8.4** presents information on the availability of care and support services for people living with HIV/AIDS.

Table 8.4 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, [country] SPA, [year]

			Percentage of facilities offering HIV/AIDS care and support services that have:											
							Medicines						
Background characteristics	Percentage of facilities offering HIV/AIDS care and support services[1]	Number of facilities	Guidelines for 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	Flucanazole/ IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB[4]	Pain management	Male condoms	Number of facilities offering HIV/AIDS care and support services
Facility type													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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 pediatric HIV/AIDS patients
- Preventive treatment for tuberculosis (TB), i.e., isoniazid with pyridoxine
- Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment
- General family planning counseling and/or services for HIV-positive clients
- Condoms

[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 survey. 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.

Table 8.4.1 HIV care and support services offered

Among facilities offering care and support services for HIV clients, the percentage offering specific services by background characteristics, [country] SPA, [year]

	Percentage of facilities offering specific CSS services											
Background characteristics	Opportunistic disease tx[1]	Systemic IV treatment	TX for Kaposi's sarcoma	Palliative care	Nutritional rehab	Fortified protein supplementation	Pediatric HIV client care	Preventive treatment for TB	CPR	Micronutrient supplementation	FP counseling/ services	Number of facilities offering HIV CSS
Facility type												
Type 1												
Type 2												
Type 3												
Type 4												
Managing authority												
Authority 1												
Authority 2												
Region												
Region 1												
Region 2												
Region 3												
Total												

Table 8.5 presents information on the availability of antiretroviral therapy (ART) services and the components of good-quality ART services. Elements identified as important for the provision of good-quality ART services include the availability of staff with recent training, guidelines and protocols, and a consistent supply of antiretroviral medicines.

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, [country] SPA, [year]

			Percentage of facilities offering ART services that have:							
					Laboratory diagnostic capacity for:					
Background characteristics	Percentage of facilities offering ART services[1]	Number of facilities	ART guidelines	Trained staff[2]	Complete blood count[3]	CD4 cell count	RNA viral load	Renal or liver function test	First-line adult ART regimen available[4]	Number of facilities offering ART services
Facility type										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

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 (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 survey. 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 hematology analyzer or functioning hematological counter with the necessary reagents available in the facility.
[4] Facility had the three country-specific first-line antiretroviral medicines for adult treatment available in the facility.

Sexually transmitted infections (STIs) may lead to infertility, morbidity, and even death in some cases. Their presence is known to increase the risk of HIV infection. **Table 8.6** presents information on the availability of STI services and the components of good-quality STI service.

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, [country] SPA, [year]

			Percentage of facilities offering STI services that have:							
						Medicines and commodities[4]				
Background characteristics	Percentage of facilities offering STI services[1]	Number of facilities	STI guidelines	Trained staff[2]	Syphilis rapid diagnostic test capacity[3]	Male condoms	Metroni-dazole	Cipro-floxacin capsules or tablets	Injectable ceftriaxone	Number of facilities offering STI services
Facility type										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

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 (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 survey. 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.

CHAPTER 9: NON-COMMUNICABLE DISEASES

Non-communicable diseases are by far the leading cause of death in the world, according to the WHO. This chapter provides an overview of services for a number of the major non-communicable diseases and highlights the key aspects of these services, including availability of diagnostic capacity, trained staff, and medicines.

The tables in this chapter explore the following issues relating to the provision of quality services for non-communicable diseases at health facilities:

- Availability of services. Tables 9.1 and 9.2 look at services for diabetes. Tables 9.3 and 9.4 provide information on aspects of the care and support services available for people with cardiovascular diseases. Finally, Tables 9.5 and 9.6 address aspects of the provision of services for chronic respiratory diseases.

- Service readiness indicators. These tables also present information on a range of measures designed to assess the readiness of facilities to provide good-quality services for diabetes, cardiovascular diseases, and chronic respiratory diseases, including the availability of basic amenities and equipment, service guidelines, laboratory diagnostic capacity, essential medicines, and staff who have received recent training on the services that they provide.

Table 9.1 looks at the availability of services for diabetes, including the availability of service guidelines, trained staff, and basic equipment necessary for the provision of such 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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities offering services for diabetes[1]	Number of facilities	Percentage of facilities offering services for diabetes that have:		Equipment			Number of facilities offering services for diabetes
			Guidelines for diagnosis and management of diabetes	Trained staff[2]	Blood pressure apparatus[3]	Adult weighing scale	Height board or stadiometer	
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 (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 survey. 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

Table 9.2 builds on information provided in Table 9.1. It provides details on the availability of basic diagnostic capacity and of essential medicines in facilities offering services for diabetes.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering services for diabetes that have:						Number of facilities offering services for diabetes
	Diagnostic capacity		Medicines				
Background characteristics	Blood glucose[1]	Urine protein[2]	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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 (2012).

[1] Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey.
[2] Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

Table 9.3 reports on the availability of services for cardiovascular diseases as well as the availability of service guidelines, trained staff, and some basic equipment.

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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities offering services for cardiovascular diseases[1]	Number of facilities	Percentage of facilities offering services for cardiovascular diseases that have:					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 scale	
Facility type								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 (2012).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with cardiovascular diseases.
[2] At least one interviewed provider of cardiovascular diseases services reported receiving in-service training in cardiovascular diseases during the 24 months preceding the survey. 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 BP machine or manual sphygmomanometer with stethoscope

Building on information presented in **Table 9.3**, **Table 9.4** reports on the availability of essential medicines for the management of cardiovascular diseases.

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 survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering services for cardiovascular diseases that have the indicated medicines and commodities						
Background characteristics	ACE inhibitors (Enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (amlodipine)	Aspirin	Oxygen[1]	Number of facilities offering services for cardiovascular diseases
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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 (2012).

[1] In cylinders or concentrators or an oxygen distribution system

Table 9.5 reports on the availability of services for chronic respiratory diseases and the availability of trained staff and basic equipment for chronic respiratory diseases.

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 survey, by background characteristics,[country] SPA, [year]

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 have:					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								
Type 1								
Type 2								
Type 3								
Type 4								
Managing authority								
Authority 1								
Authority 2								
Region								
Region 1								
Region 2								
Region 3								
Total								

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 (2012).

[1] Providers in the facility diagnose, prescribe treatment for, or manage patients with chronic respiratory diseases.
[2] At least one interviewed provider of service for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

Table 9.6 reports on the availability of medicines and commodities that are essential for the provision of services for chronic respiratory diseases.

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 survey, by background characteristics, [country] SPA, [year]

Background characteristics	Percentage of facilities offering services for chronic respiratory diseases that have the indicated medicines and commodities						Number of facilities offering services for chronic respiratory diseases
	Salbutamol inhaler	Beclo-methasone inhaler	Predni-solone tablets	Hydro-cortisone tablets	Injectable epinephrine	Oxygen[1]	
Facility type							
Type 1							
Type 2							
Type 3							
Type 4							
Managing authority							
Authority 1							
Authority 2							
Region							
Region 1							
Region 2							
Region 3							
Total							

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 (2012).

[1] In cylinders or concentrators or an oxygen distribution system

CHAPTER 10: TUBERCULOSIS

Despite broad implementation of the directly observed treatment, short-course (DOTS) strategy to address tuberculosis (TB) as a public health challenge, TB remains one of the most common infectious diseases in the world. Further, as a common opportunistic infection, TB is one of the leading causes of death in people infected with HIV.

This chapter provides an overview of services for TB and highlights the key aspects of TB diagnosis and treatment, including diagnostic capacity, trained staff, and medicines.

- Availability of services. Table 10.1 presents information on the availability of TB diagnostic and/or treatment services, as well as the availability of TB service guidelines. Table 10.2 reports on aspects of TB and HIV diagnostic capacity and the availability of medicines for TB treatment.

- Service readiness indicators. These tables also shed light on the readiness of facilities to provide quality services, including the availability of basic equipment, infection control processes, and medicines to treat TB.

The provision of TB services varies at different levels of the health care system. Some facilities may only screen and refer people with TB symptoms for diagnosis, some may screen for and diagnose TB, others may provide only treatment, and, at higher levels of the health system, facilities may screen for, diagnosis, and treat TB. Table 10.1 presents information on the overall availability of diagnostic and/or treatment services and the availability of relevant TB guidelines.

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, [country] SPA, [year]

	Percentage of all facilities offering:					Percentage of facilities offering any TB services that have guidelines for:					
Background characteristics	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	Number of facilities	Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Management of HIV and TB co-infection	TB infection control	Trained staff[4]	Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
Facility type											
Type 1											
Type 2											
Type 3											
Type 4											
Managing authority											
Authority 1											
Authority 2											
Region											
Region 1											
Region 2											
Region 3											
Total											

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 (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 survey 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 who 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 survey: 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.

Table 10.2 reports on the availability of TB diagnosis and first-line treatment among facilities offering TB services.

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 medicines for TB treatment available in the facility on the day of the survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities that have the following TB diagnostic capacity				Percentage of facilities that have:		Percentage of facilities that have the following medicines for treating TB		Number of facilities offering any TB diagnostic, treatment, and/or treatment follow-up services
Background characteristics	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									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

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 (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 survey 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
[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

CHAPTER 11: MALARIA

This chapter provides an overview of malaria services, including information on the availability of diagnostic capacity, trained staff, and medicines.

The tables in this chapter explore the following key issues relating to the provision of quality malaria services:

- Availability of services. Tables 11.1 and 11.2 provide information on the overall availability of malaria services and the availability of service guidelines, trained personnel, diagnostic testing capacity, and malaria medicines in facilities that offer malaria diagnosis and/or treatment services.

- Service readiness indicators: child curative care. Tables 11.3-11.5 provide information on malaria services specific to facilities providing curative care for sick children. Information is provided on a range of measures designed to assess the readiness of facilities to provide good-quality malaria diagnosis and treatment services, including the availability of basic amenities and equipment, laboratory diagnostic capacity, and essential medicines.

Table 11.1 provides an overview of the availability of malaria services. In addition, the table provides information on the availability of service guidelines, recently trained staff, and diagnostic capacity.

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, [country] SPA, [year]

Background characteristics	Percentage of all facilities offering malaria diagnosis and/or treatment services[1]	Total 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 IPT[2]	Staff trained in malaria diagnosis and/or treatment[3]	Staff trained in IPT[4]	Malaria RDT[5]	Malaria microscopy[6]	Any malaria diagnostics[7]	
Facility type										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

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 (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 survey 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 survey to be making diagnosis of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.
[2] Guidelines on intermittent preventive treatment (IPT) of malaria
[3] Facility has at least one interviewed provider of malaria services who reports receiving in-service training on malaria diagnosis and/or treatment during the 24 months preceding the survey. 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 IPT during the 24 months preceding the survey. 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.

Table 11.2 builds on information presented in the Table 11.1. It offers information on the availability of malaria medicines at the facility.

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 have malaria medicines, sulfadoxine/pyrimethamine, Paracetamol, and insecticide-treated bed nets (ITN) available in the facility on the day of the survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering malaria diagnosis and/or treatment services that have:												
	Antimalarial medicines									Other medicines and commodities			
Background characteristics	First-line ACT anti-malarial medi-cine – pediatric formula-tion	First-line ACT anti-malarial medi-cine – adult formula-tion	Other ACT	Oral artesu-nate mono-therapy	Other non-artemi-sinin mono-therapy	Injectable artesunate	Rectal artesunate	Oral quinine	Inject-able quinine	SP[1]	Parace-tamol tablet	ITN[2]	Number of facilities offering malaria diagnosis and/or treatment services
Facility type													
Type 1													
Type 2													
Type 3													
Type 4													
Managing authority													
Authority 1													
Authority 2													
Region													
Region 1													
Region 2													
Region 3													
Total													

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 (2012).

Note: ACT = Artemisinin combination therapy; SP = sulfadoxine/pyrimethamine (Fansidar)

[1] Facility had SP for intermittent preventive treatment of malaria in pregnancy (IPTp).
[2] Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients.

Table 11.3 looks specifically at the availability of malaria diagnostic capacity and of recently trained staff in facilities that offer curative care services for sick children.

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 diagnostics capacity on the day of the survey, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering curative care for sick children that have:								Number of facilities offering curative care for sick children
	Malaria diagnostics			Personnel trained in:					
Background characteristics	Malaria RDT[1]	Microscopy[2]	Either RDT or microscopy	RDT[3]	Microscopy[4]	Either RDT or microscopy	Malaria RDT protocol[5]	Diagnostic capacity[6]	
Facility type									
Type 1									
Type 2									
Type 3									
Type 4									
Managing authority									
Authority 1									
Authority 2									
Region									
Region 1									
Region 2									
Region 3									
Total									

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 reports receiving in-service training on malaria RDT during the 24 months preceding the survey. 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 reports receiving in-service training on malaria microscopy during the 24 months preceding the survey. 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 a 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 malaria RDT protocol available in the facility.

Table 11.4 builds on information provided in Table 11.3. It presents data on the availability of malaria treatment guidelines, first-line treatment medicine, and trained personnel in facilities that offer curative care for sick children.

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 survey, and malaria service readiness index, by background characteristics, [country] SPA, [year]

	Percentage of facilities offering curative care for sick children that have:				
Background characteristics	Malaria treatment guidelines	First-line treatment medicine[1]	Trained personnel[2]	Malaria service readiness index[3]	Number of facilities offering curative care for sick children
Facility type					
Type 1					
Type 2					
Type 3					
Type 4					
Managing authority					
Authority 1					
Authority 2					
Region					
Region 1					
Region 2					
Region 3					
Total					

[1] Artemisinin combination therapy or other country-specific first-line treatment medication
[2] At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis and/or treatment during the 24 months preceding the survey. 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), malaria treatment guideline, first-line medicine, as well as personnel recently trained in malaria diagnosis and/or treatment available.

Table 11.5 provides information on diagnosis and treatment of malaria and fever for sick children whose consultations were observed and for whom the provider made these diagnoses.

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, the percentages diagnosed as having malaria, fever, or both and, among sick children who were diagnosed as having malaria, fever, or both, the percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, [country] SPA, [year]

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[1] or fever
	Malaria[1]	Fever	Malaria[1] or fever							
Facility type										
Type 1										
Type 2										
Type 3										
Type 4										
Managing authority										
Authority 1										
Authority 2										
Region										
Region 1										
Region 2										
Region 3										
Total										

[1] Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on rapid diagnostic test, microscopy, or clinical judgment. It was not verified by the interviewing team.