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# THE PHC MAP SERIES OF MODULES, GUIDES AND REFERENCE MATERIALS

Each module includes:

- a User's guide
- a Facilitator's guide
- computer programs
- Module 1 Assessing information needs

Module 2 Assessing community health needs and coverage Module 3 Planning and assessing health worker activities Module 4 Surveillance of morbidity and mortality Module 5 Monitoring and evaluating programmes Module 6 Assessing the quality of service Module 7 Assessing the quality of management Module 8 Cost analysis Module 9 Sustainability analysis

Manager's guides and references

- Better management: 100 tips
- Problem-solving
- Computers
- The computerised PRICOR thesaurus

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Desktop Publishing: Margaret M. Growe, Byte Type Services, Chapel Hill, North Carolina, USA; Michael S. Sunggiardi, Batutulis Computer, Bogor, Indonesia Printing: Thai Wattana Panich, Bangkok, Thailand

Published in 1993 by the Aga Khan Foundation USA, Suite 700, 1901 L Street N.W., Washington DC and the Aga Khan Foundation, P.O. Box 435, 1211 Geneva 6, Switzerland. Additional copies are available at the Aga Khan Foundation Canada in Toronto; Aga Khan Foundation United Kingdom in London; and AKF offices in Dhaka, Bangladesh; Delhi, India; Nairobi, Kenya; Karachi, Pakistan; Lisbon, Portugal; and Dar-es-Salaam, Tanzania; the Aga Khan University Faculty of Health Science in Karachi, Pakistan; the Somboon Vacharotai Foundation and the ASEAN Institute for Health Development in Thailand

Cover Photo: A community health nurse of the Aga Khan Community Health Programme in Dhaka measures the blood pressure of a healthy pregnant mother during a prenatal home visit Photo by Jean-Luc Ray for AKF



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Primary Health Care Management Advancement Programme

# ASSESSING THE QUALITY OF SERVICE

Lori DiPrete Brown University Research Corporation

MODULE 6 USER'S GUIDE





University Hesearch Corporation Center for Human Services



Malnutrition in a land of plenty is not rare. A balanced diet is essential to good health

Photo by P. Almasy for WHO

# **Quick start**

### **Basic PHC service quality assessment**

If you would like to conduct an assessment quickly, follow these guidelines. If you are using a computer, load this file (MOD6 QS) into Lotus 1-2-3 or Quattro Pro after you have collected your data. It will help you analyse it quickly. The Quick Start option assumes that you want to examine one of the PHC services listed below, and that you will use the checklists in Appendix A (short) or B (long).

### Instructions:

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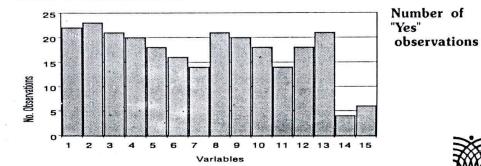
1. Select a PHC service to assess.

Overall PHC assessment Health education Antenatal care Safe delivery Postnatal care	Family planning Breast feeding GM/Nut ed Immunization ARI DDC/ORT	Child disabilities Accidents & injuries STD/HIV/AIDS Malaria	Minor ailments Chronic, non-com- municable diseases Hypertension Diabetes Anaemia
Postnatal care	DDC/ORT	Tuberculosis	Anaemia

- 2. Go to Appendix A or B and select the checklist for that service. Revise it as you wish. Select a maximum of 15 variables.
- 3. Determine, and list, the number of health centres, facilities, or individuals that will be observed: \_\_\_\_\_
- 4. Determine the number of observations that you will make of each centre, facility, individual:
- 5. Select your observers and let them test the checklists with 2-3 similar centres/facilities/individuals.
- 6. Schedule the observations.
- 7. Photocopy or duplicate the number of checklists needed.
- 8. Conduct the observations.
- 9. Tabulate the resulting data on a blank checklist; enter the total number of "yes" and "no" observations.
- 10.Enter those data in the following table. If you use the computer program, it will automatically compute percentage distributions for you and make a graph.
- 11. Identify problem areas and discuss with your staff and others to see if you can identify causes of the problem as well as possible solutions.

12. Develop a plan of action to deal with the most important problems.

Question/Variable No.				Number of observations = 25											
Q/V	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Yes =	22	23	21	20	18	16	14	21	20	18	14	18	21	4	6
Percent	88	92	84	80	72	64	56	84	80	72	56	72	84	16	24





### Acknowledgements

The prototype of this module was first presented to participants at a PHC MAP workshop in Dhaka in May, 1990. Their feedback and suggestions were invaluable. Special thanks go to the staff of the Aga Khan Community Health Programme for their help in field testing draft materials.

The first draft of this module was reviewed and tested in 1991 by a number of PHC specialists and field managers. The module was also reviewed and critiqued by the Project's Technical Advisory Committee at a PHC MAP meeting in Bangkok in September 1991. The module was completely restructured and tested again. Feedback from those tests led to two more revisions. The module was reviewed again by participants at the International Conference on Management and Sustainability of PHC Programmes, held in Bangkok in May 1992. Minor changes resulted in this final version. Special thanks are due to Jack Reynolds for his help in conceptualising the module, preparing the Quick start and developing the analysis procedures; to Paul Richardson, who participated in several field tests and summarized the field test results, and Mary Millar, who developed the facilitator's guide for the module, which was very helpful in preparing this revised draft. All of these contributions were invaluable and greatly appreciated.

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The following clinicians and specialists provided technical inputs to the PHC checklists in their area of expertise:

- STDs, HIV, AIDS: Gilbert M. Bernham, Department of International Health, Johns Hopkins School of Public Health; William Brady, Division of STD/HIV Prevention, Centers for Disease Control (CDC); Maryanne Neill, Training and Materials Development Specialist, CDC.
- Childhood disabilities: David Marsh, Salma Alam, Ghazala Parveen, Shafiq-ur-Rab, Mohammad Zahid, Aga Khan University, Pakistan; Pasquale Accardo, Chair, Section on Children with Disabilities, American Academy of Pediatrics
- Chronic, non-communicable diseases: Marilyn Hartsell, Education Specialist, National Heart, Lung and Blood Institute, Bethesda, MD, USA





The Primary Health Care Management Advancement Programme has been funded by the Aga Khan Foundation Canada, the Commission of the European Communities, the Aga Khan Foundation U.S.A., the Aga Khan Foundation's head office in Geneva, the Rockefeller Foundation, the Canadian International Development Agency, Alberta Aid, and the United States Agency for International Development under two matching grants to AKF USA. The first of these grants was "Strengthening the Management, Monitoring and Evaluation of PHC Programs in Selected Countries of Asia and Africa" (cooperative agreement no. OTR-0158-A-00-8161-00, 1988-1991); and the second was "Strengthening the Effectiveness, Management and Sustainability of PHC/Mother and Child Survival Programs in Asia and Africa" (cooperative agreement no. PCD-0158-A-00-1102-00, 1991-1994). The development of Modules 6 and 7 was partially funded through in-kind contributions from the Primary Health Care Operations Research project (PRICOR) of the Center for Human Services under its cooperative agreement with USAID (DSPE-6920-A-00-1048-00).

This support is gratefully acknowledged. The views and opinions expressed in the PHC MAP materials are those of the authors and do not necessarily reflect those of the donors.

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Managers can easily adapt these tools to fit local conditions. Both new and experienced programmers can use them. Government and NGO managers, management teams, and communities can all use the modules to gather information that fits their needs. Each module explains how to collect, process and interpret PHC-specific information that managers can use to improve planning and monitoring. The modules include user's guides, sample data collecting and data processing instruments, optional computer programs, and facilitator's guides, for those who want to hold training workshops.

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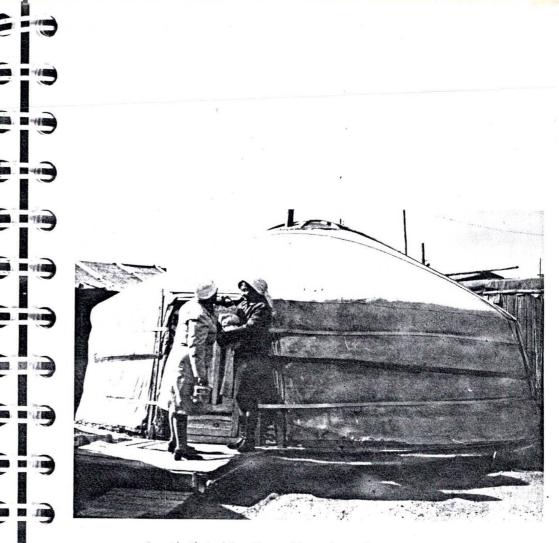
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The health and management services included in PHC MAP are listed below.

HEALTH SERVICES MANAGEMEN SERVICES				
GENERAL PHC household visits Health education MATERNAL CARE Antenatal care Safe delivery Postnatal care Family planning CHILD CARE	OTHER HEALTH CARE Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments	Planning Personnel management Training Supervision Financial management Logistics management Information management Community organisation		
Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy	Chronic, non-communicable diseases			

Several manager's guides supplement these modules. These are: Better management: 100 tips, a helpful hints book describing effective ways to help managers improve what they do; Problem-solving, a guide to help managers deal with common problems; Computers, a guidebook providing useful hints on buying and operating computers, printers, other hardware and software; and The computerised PRICOR thesaurus, a compendium of PHC indicators.

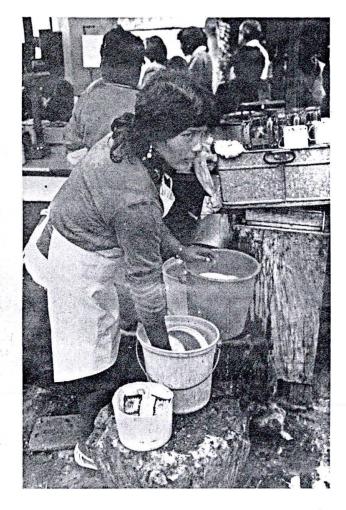


A midwife in Ulan Bator, Mongolia, calls at a "yurt" to see how mother and child are doing

Photo by D. Henrioud for WHO







A PHC concern: the preparation of food by street vendors Photo by Ph. Merchez for WHO

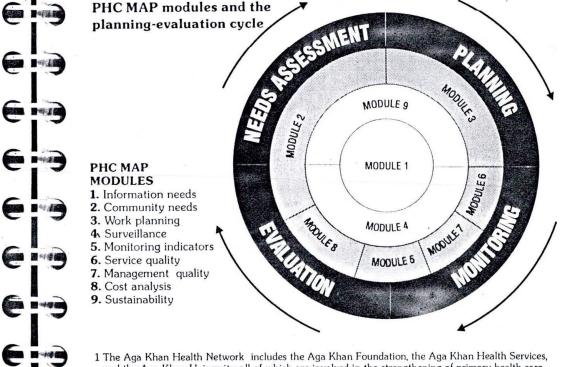
## An overview of PHC MAP

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The main purpose of the Primary Health Care Management Advancement Programme (PHC MAP) is to help PHC management teams collect, process and analyse useful management information.

Initiated by the Aga Khan Foundation, PHC MAP is a collaborative programme of the Aga Khan Health Network<sup>1</sup> and PRICOR<sup>2</sup>. An experienced design team and equally experienced PHC practitioner teams in several countries, including Bangladesh, Chile, Colombia, the Dominican Republic, Guatemala, Haiti, India, Indonesia, Kenya, Pakistan, Senegal, Thailand and Zaire, have worked together to develop, test and refine the PHC MAP materials to make sure that they are understandable, easy to use and helpful.

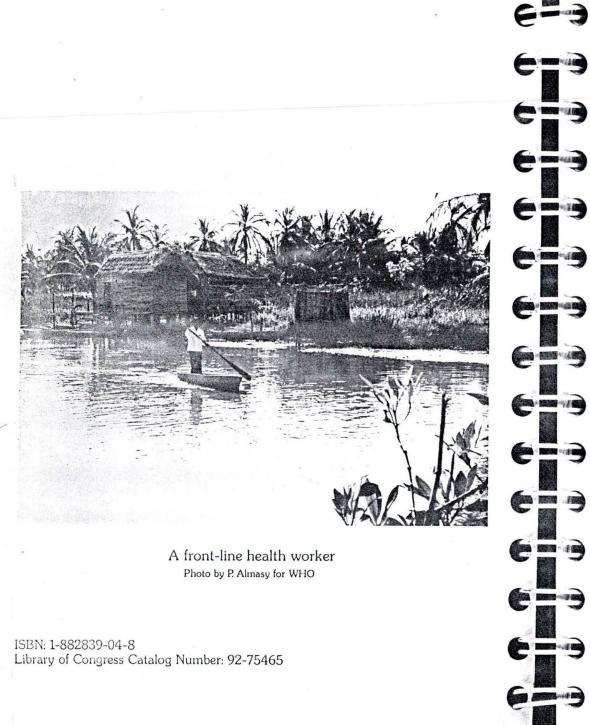
PHC MAP includes nine units called modules. These modules focus on essential information that is needed in the traditional management cycle of planning-doingevaluating. The relationship between the modules and this cycle is illustrated below.



and the Aga Khan University, all of which are involved in the strengthening of primary health care 2 Primary Health Care Operations Research is a worldwide project of the Center for Human Services, funded by the United States Agency for International Development







Dedicated to Dr. Duane L. Smith (1939-1992), Dr. William B. Steeler (1948-1992) and all other health leaders, managers and workers who follow their example in the effort to bring quality health care to all in need.





Enjoying good health and a long life: three happy musicians in a Beijing park

Photo by Jean-Luc Ray for AKF

## Introduction

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### What is service quality assessment?

This module puts forth methods to assess the quality of PHC services. This type of assessment is different from an ordinary evaluation of programme performance. Evaluations often focus on resources (supplies, personnel, equipment) or inputs, and service delivery outputs (number of children vaccinated, number of people treated). The tools and methods in this module are designed to assess the process of service delivery in order to assess the quality of the services provided. Quality health care has been defined by Roemer and Aguilar (WHO, 1988) as follows:

"Proper performance [according to standards] of interventions that are known to be safe, that are affordable to the society in question and that have the ability to produce an impact on mortality, morbidity, disability, and malnutrition."

Service quality assessment is the process of determining whether PHC services are provided according to established norms for quality care.

By using explicit process criteria, in the form of observation checklists, the service quality assessment tools and methods presented here can help managers determine whether specified procedures are being carried out, how well they are being carried out, and which tasks need improvement.

This module concentrates on the quality of **PHC services**. A companion module, Module 7, follows a similar pro-



cess to examine **management support services**. Another module (2: Assessing community health needs and coverage) can be used to assess the effects and impacts of these processes on the knowledge, behaviour, and health status of the target population.

### How you can use this module

You can use service quality assessment to monitor and strengthen the quality of care in your PHC programme. This module is designed to help managers and supervisors assess the quality of all or part of each PHC service by using simple checklists. The module also includes instructions and worksheets to aid in the planning and implementation of service quality assessment. Guidelines analysis, interpretation, feedback, and corrective action are also included.

Service quality checklists can be used in a variety of ways. Examples include:

• A framework for supervision. Supervisors can use

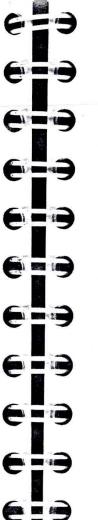
Many uses

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these checklists during regular supervisory visits to identify specific deficiencies in the quality of services, counselling, and health education. Afterwards, the completed checklist can serve as a discussion guide to give feedback to the service provider on the strengths and weaknesses of the service. Because of the way the checklists are structured, they also make it easier to identify solutions to the most common problems. For more complex problems, the checklists provide the basis for a discussion of the causes of problems and their solutions. Each checklist includes a space for comments and actions taken so that supervisors can use the forms to record supervisory activities.

• A self-assessment tool. Programme staff can use these checklists to assess their own strengths and weaknesses. For example, a service provider could use a checklist to assess a given service and to identify areas for improvement. Based on the results, the service provider might revise technical norms, ask a supervisor to provide technical support, or request additional training.

• A job aid for service providers. A job aid is a set of written or pictorial instructions that prompt action and



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guide decision-making during service delivery. Checklists can be modified for use during service delivery or while carrying out a management activity.

• An instrument for area-wide assessment of service quality. Supervisors or other observers can use these checklists to conduct a study of service quality in an administrative area, such as a district or province. The results would identify system-wide strengths and problems that need to be addressed. Although these results would usually be of most interest to local managers, such studies could be carried out at regional and national levels as well.

• As guidelines for training. Service quality checklists can serve as a framework for training. The checklists make a convenient reference for trainers because they organise and summarise the essential knowledge and skills that must be addressed during training.

Tools for pre-test and post-test assessments of service enhancing efforts. Service quality checklists can be used to measure changes in service quality that result from training efforts, improved supervision, or other management improvements. If action is taken to correct problems discovered during an initial assessment, a second assessment can be done to determine the effectiveness of the actions taken.

Aids and tools

A combination of the above methods. For example, supervisors could use checklists during regular supervision, and, at periodic intervals, compile the observations into a data set to assess area-wide service quality. Or, supervisors could distribute checklists to health workers as a self-assessment tool to reinforce points made during their visits.

The frequency with which supervisors use the checklists can vary widely, depending on the time and resources available. They can be used routinely or on an *ad hoc* basis. Problems identified during community assessments (see Module 2), activity monitoring (Module 5), personnel perfor-



mance assessments (Module 3), or cost analysis (Module 8), can be explored in more detail using quality assessment checklists so that appropriate action may be taken.

### Checklists

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The service quality checklists provided in this module are designed to record the observation of service delivery encounters between providers and clients. The checklists are made up largely of lists of tasks that providers are expected to carry out in clinical assessment, treatment, and health education. The checklists also include a few key questions to ask providers and clients to check their knowledge of important bits of information. The items that make up each checklist for some services are based on more detailed lists taken from the PRICOR thesaurus. For services not covered in the thesaurus, checklists were developed based on the format of the thesaurus. They represent key tasks that should be carried out in providing quality care. The thesaurus was developed and tested over a three-year period in consultation with experts in PHC service delivery and are consistent with WHO norms. Checklists have been developed so far for 21 PHC services. They can be used individually or in various combinations according to the needs of the user, and they can be easily adapted to fit different programme norms.

In addition to using service quality checklists to assess the clinical performance of providers, it is useful to assess provider performance from the patient or client perspective. This module includes a client satisfaction questionnaire which will allow managers to assess whether clients' needs and expectations are being met, and will enable managers to identify opportunities to improve the quality of care as it relates to patient satisfaction. Client satisfaction is important because it enhances the likelihood of compliance with the treatment regimen and follow-up visits. Also, it may be an important determinant of whether or not patients seek future care for themselves or their family members. Finally, client satisfaction contributes to overall programme sustainability, having implications for utilisation as well as client willingness to pay in cost-recovery efforts. This module includes short and long checklists for the following:

### GENERAL

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PHC household visits Health education

### MATERNAL CARE

Antenatal care Safe delivery Postnatal care Family planning

### **CHILD CARE**

Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy

### **OTHER HEALTH CARE**

Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases

### **CLIENT SATISFACTION**

These service quality checklists are made up of "yes" and "no" questions that can be answered by observation of the interaction between health workers and their clients, inspection of the health facility, supplies and equipment, review of health records, and brief interviews with providers and/or clients. The questions are phrased so that all "no" responses indicate potential problems. These potential problem areas should be evaluated further by the manager and the service provider. The checklists can, in many instances, be used as they are. But most managers will want to modify them to fit their own needs and programme norms. Also, it will be necessary to determine the requirements of each question in operational terms. What conditions must be in place for a "yes" response? What precisely is a "no"? Through discussion with staff and by referring to programme norms, managers should be able to clarify these issues. In some cases it may be desirable to create an instruction sheet which explains the purpose of questions when it is not obvious. and give guidelines about what constitutes a "yes" and "no" response.



Client

satisfac-

tion also

Four types of quality assessment tools are included in the module: short checklists for rapid service quality assessment; longer checklists for more detailed assessment; multiple observation checklists for assessing one or more units one or more times; and discussion guidelines, which permit a more qualitative assessment.

• When to use the short checklists. Checklists which include only essential tasks for a PHC service have been developed for rapid assessment of service quality. Each includes 10-15 key items which can be easily observed during service delivery or included in an interview. The short form is recommended for the following uses:

→ This form may be used when the observer is an expert who can make reliable implicit judgments about clinical performance. For example, the rapid form for growth monitoring asks, "Did the service provider correctly calculate the age?" An expert observer could make a judgment about this, while a non-expert observer might prefer to use the more detailed checklist, which lists all the components of correct age calculation.

### Short form

→This form may be used when the observer has a great deal of practice with the detailed checklist, and prefers to use the short checklist simply as a memory aide.

→This form may be used if the purpose of the assessment is to screen for problems which will be studied in more detail at a later stage. Rather than providing the precision of the detailed checklist, this tool gives a guick overview of service quality so that priority areas can be identified.

→This form may also be used when there is a need for rapid data analysis. Because of the small number of items. documentation and data analysis are quicker, and results can be summarised rapidly.

→Exhibit 1, a short rapid service quality checklist for immunization, provides an example. Short checklists for all 21 services are included in Appendix A.



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### Exhibit 1: Rapid service quality assessment checklist -Short form

**IMMUNIZATION** 

This checklist is intended for rapid assessment of service quality in the observation of service delivery. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you w like to assess this service in more detail, please refer to the appropriate service quality check t The checklist item numbers below correspond to that list.

1	Health facility
3	Observer/supervisor
4.	Date

### Did the service provider:

13. YES	NO	Use a sterile needle for each injection?
14. YES	NO	Use a sterile syringe for each injection?
17. YES	NO	Give the child all vaccinations needed today?
19. YES	NO	Record the vaccination on the child's health card?
Ask the ser	vice provider :	
36. YES	NO	Was the registered temperature between 0 and 8 degree
		(C) at all times during the last month?

#### (For outreach sessions) : 41 YFC

YESNO	Were	vaccines	transported	in col	d boxes	with ic	e packs?
-------	------	----------	-------------	--------	---------	---------	----------

Ask mother

43. YES NO When should you return for the next immunization?



A child is given rice ORT in a Dhaka hospital. Bangladesh

Photo by Jean-Luc Ray for AKF



Module 6: Service quality; introduction

• When to use the long checklists. More detailed service quality checklists, which include about 50 tasks each, have also been developed. These detailed checklists are recommended for the following uses:

→When the observers are not familiar with the technical norms being applied it is advisable to use the detailed checklists. Because the checklists include only explicit observable criteria, the resulting information will have a high level of reliability. CORE I

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→The detailed checklists may be preferred for peer review because the service provider being evaluated may feel more comfortable being judged by explicit, objective criteria. This is less important if the observer has expert status, because expert judgments are often more easily accepted.

→These detailed checklists may be preferred for pre-test and post-test assessments during training, for self-assessment and job aids, or for in-depth supervision. In all these situations, specificity is preferred because it leads to specific, focused action for improvement.

→Detailed checklists could also be used to follow up on problems identified by the rapid assessment tools, or other problem identification methods. For example, if a rapid assessment revealed that health workers were not performing a complete physical exam, further study might be needed to determine which tasks were being performed and which ones were omitted. The detailed checklist, or the relevant portion of it, could be used for this purpose.

→Some managers may prefer to start with a detailed checklist initially, since it would make it unnecessary to do two assessments. This is especially important if supervision or assessment takes place over large distances or time intervals.

Exhibit 2, a long checklist for growth monitoring, illustrates this second type of checklist. Detailed service quality checklists for all 21 services are included in Appendix B.

### **Exhibit 2: Rapid service quality assessment checklist - Long form** GROWTH MONITORING

This checklist is intended for use in the observation of service delivery. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

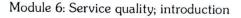
denvery. 1 01	interview que:	shons, mark yes in the respondent answers correctly.
1	Health	facility
2	Service	provider
3	Observ	er/supervisor
4	Date	
Age calcul	ation	
Did the serv	ice provider:	
5. YES	NO	Base calculation on a reliable date of birth? <sup>1</sup>
6. YES	NO	Correctly calculate date of birth? <sup>2</sup>
7. YES	NO	Correctly record age?
Weighing		
Did the servi	ice provider:	
8. YES	NO	Set scale to 0?
9. YES	NO	Remove child's clothing?
10. YES	NO	Place child correctly on scale?
11. YES	NO	Correctly read scale? <sup>3</sup>
12. YES	NO	Correctly record weight?
Locating th	he child's gro	wth on chart
Did the servi		
13. YES	NO	Plot or locate the child's age at correct age?
14. YES	NO	Plot or locate the child's weight at correct weight?
15. YES	NO	Connect to previous growth point?
Referral an	nd follow-up	
16. YES	NO	Refer sick/malnourished child for medical attention?
17. YES	NO	Refer malnourished child for nutritional
		rehabilitation?
Growth mo	nitoring and	nutritional education
Did the servi	ce provider do	the following for all children weighed:
10 VEC	NIC	

Diu	the service p	brovider do li	ne lollowing for all children weighed:
18.	YES	NO	Tell mother whether child has gained, lost, stayed the same
			since last weighing?
19.	YES	NO	Tell mother the nutritional status of the child?

1 Reliable sources for date of birth: growth chart health record or birth certificate. Rely on mother's memory only when these are not available.

2 The accuracy of age calculation and weight reading should be determined by comparing the health worker's reading with the supervisor's reading.

3 Reliable sources for date of birth: growth chart health record or birth certificate. Rely on mother's memory only when these are not available.





20. YES	NO	Use growth card to explain to mother how her child is
		growing?

Did the service provider do the following for malnourished children and for children who have not gained weight since the last session:

21. YES	NO	Ask if the child has had any health problems since last
	10 million -	weighing?
22. YES	NO	Make recommendations regarding child feeding and care?
23. YES	NO	Explain importance of good breast feeding and weaning
		practices?
24. YES	NO	Explain which locally available foods constitute a balanced
		diet for children?
25. YES	NO	Explain how to feed children during illness?
26. YES	NO	Tell mother when to take child for next weighing?
27. YES	NO	Verify that mother understands key messages?
28. YES	NO	Ask mother if she has any questions?

For outreach education session, did the service provider: 29. YES NO Explain the importance of gaining weight for health? NO Explain the purpose of growth monitoring? 30. YES 31. YES\_ NO\_ Explain when and where to go for growth monitoring services? 32. YES NO Use appropriate health education techniques and materials? 33. YES NO Demonstrate preparation of weaning foods? NO Verify that attendees understand key messages? 34. YES NO Use visual aids in transmitting key messages? 35. YES

### Supplies

Ask the servi	ce provider at	bout the following supplies:
36. YES	NO	Working scale
37. YES	NO	Growth charts
		at answers correctly:
38. YES	NO	How much does your child weigh?
DO VEC	NIC	Did you a hild as is suriable lass, an eters the a

00. 120	110	How much does your child weight
39. YES	NO	Did your child gain weight, lose, or stay the same since the
		last weighing?
40. YES	NO	When will you return for growth monitoring?

The exhibit continues with five more questions on interviewing the service provider

• When to use discussion guidelines. Some service quality issues are difficult to understand fully with a ves/no question. Discussion is a good way to open a dialogue with service providers and engage them in the quality improvement process. Discussion guidelines complement the checklists by helping managers to explore the complexity and diversity of service quality issues and to study the problems in more depth.

Exhibit 3 is an example of a discussion guideline for acute respiratory infection. Discussion guidelines for all 21 services are included in Appendix C.

• Multiple observation checklists. Checklists for multiple observations have been developed for selected PHC services. This form is designed to record up to ten observations for each task or health worker. It also includes space for comments and actions taken. This checklist can be used. for example, to record ten observations of the same worker or 2-3 observations of several workers at one facility. It can be used to follow a worker over time, recording 2-3 observations during an initial visit, and 2-3 more during follow-up visits. With minor modifications these checklists can be used to observe group sessions. For example, the form could be enlarged (or several copies made) to observe all of the children immunized or weighed in a clinic session. Exhibit 4 is an abbreviated example of a multiple observation checklist for a general PHC visit. Multiple observation checklists for five of the 21 services are included in Appendix D.

### Some limitations

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Service quality checklists aid supervisors by making the assessment more specific and objective. However, proper use of the checklists requires sound technical judgement and such supervisory skills as problem-solving and giving constructive feedback. Programme managers may find it advisable, in some cases, to combine the introduction of quality assessment activities with additional training for supervisors.

Such training might include a refresher course on technical service norms and basic supervisory skills. Some of the potential uses of the checklists imply a participatory team

### Discussion quides



approach to service quality improvement. If such approaches are to be used, managers, supervisors and health workers will need to complement their technical and managerial skills with team-building and group facilitation skills.

Exhibit 3: Service quality assessment discussion guidelines

### ACUTE RESPIRATORY INFECTION

**ntroduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules** : Explain the following ground rules to the group:

### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

.'articipants should feel free to disagree with one another so that all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for Acute respiratory infection. You may also refer to the detailed ersion of the PHC service quality checklist (Appendix B) as a resource for the discussion. **)iscussion** :

- What works well in the way we provide ARI services? Guidelines :
- What does not work well in the way we provide ARI services?
- What standards, guidelines or protocols are used for providing ARI services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history? What activities do you carry out during a physical exam? What treatments do you prescribe for what types of ARI?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients? ey questions
- Are at least two medical history questions asked?
- Did the service provider ask about any treatment administered?
- Is the respiratory rate counted?
- Is the child classified by severity of illness?
- Are antibiotics for pneumonia, strep throat or otitis given?
- Did the service provider refrain from using antibiotics for colds?
- Are consts told about at least three signs of pneumonia?<sup>1</sup>
- If antibiotics are prescribed, is the client asked, "How will you administer the medicine, how much, how often, for how long?"

1 Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, and weakness or lethargy



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### Exhibit 4:

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Rapid quality assessment checklist PHC household visit (abbreviated)

Health facility

Observer

Observer/supervisor Date

Instructions: Mark "yes" (Y) if the service provider carries out these activities during observation. For interview questions, mark "yes" (Y) if the client responds correctly

						-		and the same of the	-						
~	Obse	rvation number	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
	Regi	stration and documentation				•				,					1
	5.	Are all children under 5 registered on the family health card?													
	6.	Are all women over 16 registered on the family health card?			•							Ve.			
9	MCH	en e													
-	11.	Vaccinate or arrange for vaccination of children who need to be immunized?													
	18.	If there are any malnourished children in the house did the health worker check to be sure that nutritional counselling, food supplementation and/or medical attention are being received as indicated?				2.					а.				
	20.	If yes, recommend ORT and help the mother to prepare and administer it?													
6	31.	Refer interested women or couples for family planning services?													
2	Wate	er & sanitation												-	
9	35.	Ask about access to water and provide information on community efforts to address problems (if necessary)?													
	36.	Ask about water storage practices and give appropriate advice?			l is										
-	37.	Ask about latrine maintenance and use and give appropriate advice?													
	38.	Ask about refuse and excreta disposal and give appropriate advice?													
-	Gene	eral											-	•	
	41.	Verify that the client(s) understands key information from today's visit?													
2	42.	Establish a good rapport with the mother?													
E DEPL								-							



# Service quality assessment procedures

This section describes the process of designing and carrying out quality assessment activities. The process, consisting of seven steps, can be followed by managers and supervisors at all levels.

**Step 1**: Specify the scope and objectives Step 2: Select the unit of observation and data collection techniques Step 3: Select and adapt the appropriate service quality checklist(s) Step 4: Develop the sampling procedures and select sample (optional) Step 5: Carry out the assessment Step 6: Compile and analyse the data

Step 7: Report the findings, provide feedback, and take corrective action

A worksheet for developing quality assessment procedures has been developed and appears in its complete form in Appendix D. Portions of the worksheet are included in the steps described below.

### Step 1: Specify the scope and objectives

The usual objective of quality assessment is to identify strengths and weaknesses in service delivery and to make subsequent corrections in order to improve overall service quality. The first step in developing quality assessment procedures, therefore, is for the manager or management team to define specific objectives and the scope of the assess-

ment. This is important because they have implications for design, analysis, and documentation. The following questions may help you define what you want to assess and why.

• What is the purpose of the assessment? The purpose of the assessment may be to monitor individual performance, to assess service quality in a group of health centres within a district, or to establish a baseline in order to monitor improvement over time. The purpose will have important implications for the design of the assessment.

What services will be included? As noted previously, the assessment can be of one or more PHC services (immunization, antenatal care, etc.). It can also focus on a specific set of service tasks, e.g., weighing sessions, ANC counselling. Managers may want to do a quick assessment of priority PHC services and then follow up with a more detailed assessment of those that are the most problematic.
 Who will use the information gathered? The information resulting from a quality assessment can be used by

local managers, the board of directors, regional or national directors, and/or donors. It can also be used by health workers themselves and the communities. Who will use the information will affect decisions about what information to collect, how much to collect, and how to report it.

• How will the information be used? The information can be used in a variety of ways. For example, it might be used to identify problems so that plans can be made for training, supervision, or technical assistance. The specific use of the information will have implications for what is collected and how it is analysed.

• What geographic area will be covered? Quality assessment can be carried out at any level, from a single health centre to a province, state, or nation. Some managers may want to pick a pilot area to start out and expand to other areas.

• Over what period of time will the assessment take place? When will the information be needed? That will help answer this scheduling question. How often will the assessment be done: once, twice, on a regular basis? Short, rapid assessments may be appropriate if time is short.

Also, some assessments may be carried out on an ongoing basis, while others may be done once or on an *ad hoc* basis. • What additional resources, if any, are available? Ideally, quality assessment should be carried out with resources that have been allocated to management and supervision. However, if a special QA study is planned, it might involve additional costs for transportation, per diem, and supplies. In designing studies, managers should assess whether additional resources are available and keep in mind the importance of financial feasibility and sustainability.

Part 1 of the worksheet for planning quality assessment procedures is presented below. A manager could use this worksheet to specify the scope and objectives of the assessment.

### WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

### Step 1: Specify the scope and objectives

- A. What is the purpose of the assessment? Assess service quality
- B. What services will be included? <u>Health ed (imm, ORT, GM)</u>
- C. Who will use the information gathered? <u>PHC management team</u>
- D. How will the information be used? *Identify quality needs*
- E. What geographic area will be covered? <u>All 4 facilities</u>
- F. Over what period of time will the assessment take place? 1 month
- G. What additional resources, if any, are available?

# Step 2: Select the unit of observation and data collection techniques

The next step in planning the assessment is to determine the unit of observation and data collection techniques.

• Unit of observation. Quality can be assessed by following clients through the system, by observing health workers provide services to different clients, and by observing a specific procedure multiple times. In addition, the quality of an entire clinic session or health centre can be assessed.



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List

**Client/patient.** If the client is the unit of observation, managers should design data collection instruments so that they can follow clients through the service delivery process. This may be appropriate in cases where different providers carry out different parts of the same service. For example, if one provider gives injections while another health worker documents the case and provides health education, it would be important to describe the main steps in the process, often called "patient flow," so that each can be individually assessed.

**Health worker**. If individual health workers are the units of observation, their routines to be observed. In such a case, the instruments should be designed to follow individual health workers rather than clients. For example, a supervisor might accompany a Community Health Worker (CHW) on several home visits to observe how he or she carries out his or her tasks.

Which unit of observation?

**Service elements.** If the unit of observation is a service, or specific tasks, then multiple observations of that service or those tasks need to be made. This can be done in many ways. For example, an observer can watch the well-child clinic registration routine for several clients to determine what tasks are normally performed and how well they are done.

**Clinic session**. A variation of this is observation of an entire clinic session, which will require assessments of each of the major components of a typical session. A well-child clinic might include registration, health education, physical examinations, immunizations, growth monitoring, and so forth. Observations could be done by following a number of clients through the clinic session or by observing each station in the clinic.

**Health centre**. The health centre may also be the unit of observation. This is particularly appropriate if the objective is to conduct an overall assessment of health centre operations, or if there are health centre-specific

issues of concern, such as the adequacy of supplies. It might also be appropriate if the manager has reason to believe that variations in service quality relate to differences among health centres rather than differences among individual workers.

• **Data collection techniques**. Service quality data can be collected from direct observations, interviews, or a review of medical records. A brief explanation of each type of data source follows.

Direct observation by supervisor or peer. Observing service providers during service delivery directly assesses how well they apply their knowledge, and how well the patient responds to clinical treatment and counselling. It permits a supervisor, manager, or peer observer to help the health worker to evaluate service quality, identify problems, and measure improvement in performance. If actual service delivery cannot be observed, health workers can be asked to do a role play of a client encounter. While observation is a good way to determine whether service providers can do their assigned tasks, the observer has to be unobtrusive so as not to interfere with or distract the health worker and client. There is also a possibility that people will behave differently when being observed. This can usually be overcome with multiple observations. After awhile, people tend to ignore the observer and behave normally.

**Self-assessment**. Service providers can use the checklist to assess their own performance by reviewing or filling out the checklist after a service delivery encounter. This type of information can support self-improvement efforts and can be used effectively when a system of participatory and supportive management is in place. However, if the self-assessments are to be turned in for review by superiors, the results may be biased, especially if the health workers are afraid that the assessments may be used against them.

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Structured interviews. The checklists can also be used as a guide for interviews with providers by asking whether or not they carry out each activity on the checklist. Since most of the items are designed to code "no" responses as problems, the questions should be phrased so that they are not "leading" questions. For example, the supervisors could ask, "How do you assess a child with diarrhoea?" The supervisor would check off all items mentioned by the service provider. The supervisor would subsequently then ask about those items not mentioned and record the answers.

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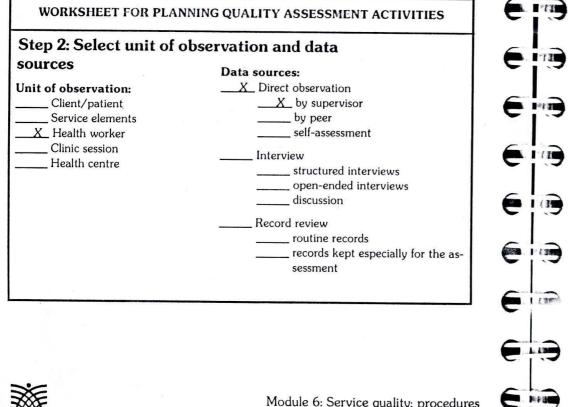
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Open-ended interviews and discussions. The checklists can also be used more informally to identify topics for individual or group discussion. For example, a supervisor who discovers a persistent problem with accurate recording of children's weights in growth monitoring might use the checklist as a reference guide in a participatory problemsolving session.



Record review. Service quality assessments can also be based on review of records, especially health records. While a record review has limited value for assessing the service delivery process, such important information as whether a treatment was given or whether a required laboratory test was done can often be collected from records. If health records in a given health centre are not adequate, the checklists could serve as a guide for deciding what information should be collected during the observation period. For example, health workers might be asked to fill out a form covering a 2-3 week period about each ARI case contacted. The data generated could be used as part of a service quality assessment. The worksheet for Step 2 can be used to help determine the unit of observation and data sources

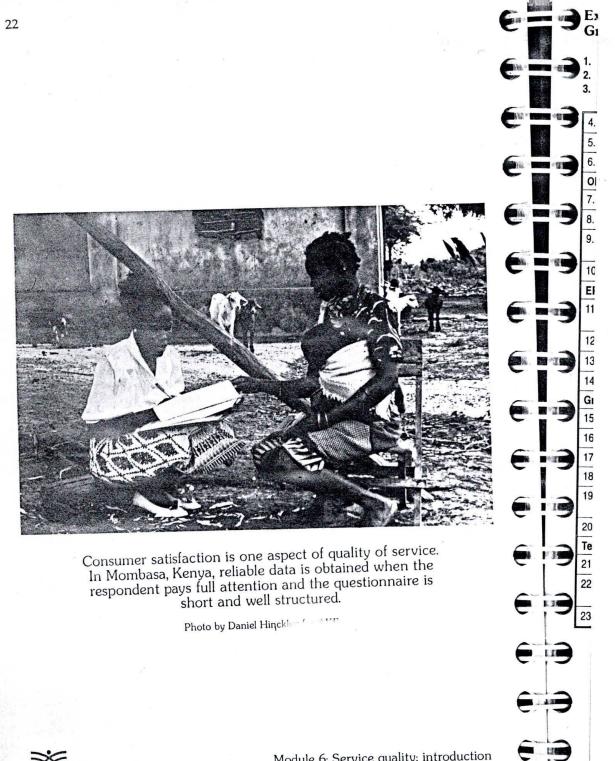
### Step 3: Select and adapt the appropriate service quality checklist(s)

Managers may select the long or short version of the appropriate service quality checklist. While the checklists may be used as they are in some cases, the checklists will usually require some adaptation to each programme. Field tests have shown that it should take no more than 2-3 hours to revise the checklists. Adaptation can include omitting items that are not relevant, revising, rearranging and rephrasing items to fit local conditions, and adding items that are important to your programme. In certain cases you may wish to combine items or sections from several checklists to form a new one. The format and layout may also be modified, of course.

Several managers have found it useful to make these changes in a group session involving the users who are usually supervisors and administrative staff. Group work helps to ensure that the key users become familiar with the instruments and the procedures and to develop a sense of "ownership" of the quality assessment. It is also quicker. When an instrument is prepared by one person it is often circulated for comment, revised, recirculated, etc. A form has been developed for managers who want to make up their own checklists. Exhibit 5 on the following page shows how the form might be used. A blank form is included in Appendix E.



Module 6: Service quality; procedures





Group health education session, EPI, ORT, growth monitoring

Northwest Center, South Centre

Regular supervisor 3' Observer

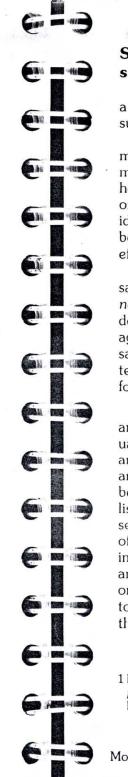
Health Facility

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	Problems identified	101	10	6	8	2	9	S	4	3	5	l	
		YES	NAL										
			-	-	•	•	סר	ЯM	тя	KB	าย	го	
l				I	I				^_	^_			
		9					1	1	1	1	1 1		
		3							~		∧		

Actions taken	Problems identified	101	10	6	8	L	9	S	Þ	3	2	L	4. Observation number:	]6
		YES	NAL	NAL	NAL	NAL	NAL	NAL	NAL	NAL	NAL	NAL	5. Date:	
			-	-	•	-	סר	ЯM	ТЯ	KB	าย	۲۵	5. Service provider (initials):	
			1				~					^	DRT: Did health worker discuss:	
		9					<u> </u>	X	X	<u>×</u>		<u> </u>	<ol> <li>Extra fluid?</li> <li>How to make oral rehydration solution?</li> </ol>	6
Review messages and tech-	TAO to truomA	3 9					λ	N	N	X	N	X	How much oral rehydration solution to give?	
PER next meeting (PEE	Sign of dehydration	2					N	N	٨	٨	N	N	<ol> <li>Sign of dehydration?</li> </ol>	6
													EPI: Did health worker discuss:	ī ī
	Must explain benefits of vaccination	Þ					٨	٨	٨	N	N	٨	<ol> <li>Diseases prevented by vaccination?</li> </ol>	
		9					Y	٨	Y	7	X	7	2. Age for vaccination?	
		9					7	X	X	7	<u>х</u>	7		6
		9		Í			٨	X	X	7	X	X	<ul> <li>The importance of completing the series?</li> </ul>	-
	1		I		I			^	^			^	Stowth monitoring: Did health worker discuss:	_ 633
		9					<u>х</u>					<u>х</u>	<ul> <li>5. Importance of gaining weight?</li> <li>6. Purpose of growth monitoring?</li> </ul>	
		9						<u> </u>	×			×	<ul> <li>Time and place for growth monitoring session?</li> </ul>	
		9					<u>۸</u>	<u> </u>	×	<u>۸</u>	<u>۸</u>	λ.	8. Advice about child nutrition 5	-16
Follow-up on training session in March	Not enough emphasis on weaning						N	N	٨	N	N	٨	Sprinsew tuods eoivbA 6	-
		9					X	X	X	Y	X	٨	0. The importance of breast feediing?	Z
										1		1	echnique: Did health worker discuss:	
		9					X	X	X	X	7	X	<ol> <li>Did the health worker ask participants if they had any questions?</li> </ol>	
Individual review of AM & TA diw seupintost	Techniques such as repetition and summary are not used	£						N	N	X	N	X	<ol> <li>Did the health worker repeat key messages?</li> </ol>	
	Some health workers fail to						X	N	N	۸ I	۲.		3. Did the health worker establish a good rapport with participants?	



# Step 4: Develop the sampling procedures and select sample (optional)

This step is only necessary if the objective is to conduct a study or evaluation of quality in an administrative area, such as a district or province.

The purpose of sampling is to make an objective assessment of a large group without having to assess every member of that group. For example, if there are only ten health centres it might be best to do an assessment of each one. But if there are 100 and the manager wants to have an idea of the overall quality of the group, then a sample would be appropriate. It would also require much less time and effort to gather the needed information.

Detailed instructions for drawing random and cluster samples can be found in *Module 2: Assessing community needs.* The Appendices of Module 2 include instructions for determining sample sizes and computer programs that managers can use to calculate sample sizes, generate random samples, and select clusters. An excellent discussion of the technical issues surrounding sampling techniques can be found in an article by Lemeshow and Stroh.<sup>1</sup>

• When is sampling unnecessary? When checklists are used to structure the performance evaluation of individual workers, sampling is not necessary. The purpose of such an evaluation should be to identify strengths and weaknesses and to support the service provider so that performance can be improved. For example, supervisors could use the checklists with each health worker, each health centre, and/or at selected PHC sessions in order to conduct quick assessments of the quality of each one. The results could be analysed immediately and discussed with the local staff or managers, and recommendations for immediate action could be made on the basis of these discussions. It would not be necessary to select a sample of workers, health centres, or sessions in this case.

1 Lemeshow, S. and Stroh, G. Sampling techniques for evaluating health parameters in developing countries, Washington, DC, National Academy Press, 1988.

### Sampling optional



The following discussion summarises procedures that might be appropriate for drawing a sample for quality assessment, when sampling is required.

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• Developing the sampling frame. The sampling frame is the complete list of all the potential units of study. This could be a list of health centres, health workers, PHC sessions, or scheduled PHC services. For example, if the objective is to assess the quality of services provided by CHWs, then a list of all of the CHWs would be needed. If the objective is to assess the quality of immunization services, then a list of scheduled immunization sessions would be required. In most cases managers will have such lists readily available. However, they should be reviewed to be sure that they are complete and up-to-date.

In some cases, such as where services will be provided by different individuals in different locations, lists of each will be needed. For example, prenatal care could involve CHWs who identify pregnant women, provide prenatal education, and make referrals; TBAs who do initial examinations, home deliveries, and make referrals; and nurse-midwives at health centres who see referred cases and make deliveries. A sampling frame would be made up of a list of all CHWs, TBAs and nurse-midwives.

• **Determining sample size.** When choosing the sample size, managers should consider how much precision is required as well as the resources and time available. Larger samples are more likely to be statistically valid and generalisable than smaller ones. But if the manager would be satisfied with a rough estimate, then a small sample may be adequate.

For the purpose of service quality assessment, these issues are only important when the number of units is very large (say 100 CHWs) and high levels of precision are needed. For example, if a baseline study of a service is to be carried out, and a manager would like to be able to detect small changes in performance during a follow-up assessment, the precision of the sampling would be very important.

Most managers will be satisfied with rough estimates. A suggested rule of thumb is: if the number of units is very

large (say 500-1,000), take a ten percent sample; if it is of medium size (100-500), take a 15-20 percent sample; if it is small (50- 100), take a 20-30 percent sample; and if it is very small (less than 50), take a 30-50 percent sample.

• **Sampling procedures.** The most important principle of sampling is that the units selected for observation be representative of all of the units. For example, if there are 20 health centres and ten are going to be selected for the assessment, those ten should not be the best or worst of the 20. They should include the same proportion of good and poor centres as exists overall so that they represent the entire group.

There are four main sampling procedures that are appropriate for quality assessment.

→Random sample. A simple random sample can be drawn by first assigning a number to each unit included in the sampling frame. Second, the units should be selected randomly until you reach the required sample size. For example, if the sampling frame includes 200 TBAs, each TBA would be assigned a number from one to 200. If the sample size chosen is 20, 20 numbers from one to 200 would be chosen randomly, and the corresponding TBAs would constitute the sample. The random selection could be done by pulling numbers from a hat, consulting a random number table, or by using a computerised random number generator.

A **stratified** random sample may be more appropriate if there are significant differences in the units to be observed; for example, if there are rural and urban health centres, if the health workers are made up of TBAs, auxiliary midwives, and CHWs, or if the immunization sessions are held in different sites (hospitals, health centres, schools). In this case the group should be divided into these categories and the samples should be drawn randomly from each subgroup. The number drawn from each subgroup should be in proportion to its size. For example, if 20 percent of the health workers are TBAs, then 20 percent of the sample should be TBAs.

### Sampling choices



Sample size

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→ Systematic sample. A systematic sample of size (n) may be drawn from the sampling frame by choosing a random starting point and selecting a unit at regular intervals (k). To determine (k), divide the total number of units on the list by the desired sample size (n). For example, if a programme has 100 service providers and the manager decides to select a sample of 33 then the manager would make a complete list of the 100 health workers, choose a random starting point, and then select every third health worker (100/33=3) until 33 have been selected.

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→Lot quality assurance sampling. Lot Quality Assurance Sampling (LQAS) is a type of random sampling that uses very small samples, say six to 30 observations, to determine whether the specific batch or "lot" of finished products produced by a specific production unit meets a specified threshold of quality. This method was developed for industrial production but has recently been applied to health services. The "production unit" in PHC may be an individual health worker, a service delivery group, an encounter, a session, or a health centre. Examples are: all CHWs in a project area; all growth monitoring sessions conducted in January; all health centres operating in the city. Managers can use this technique to determine, for example, whether children are being weighed properly. LQAS does not tell a manager what proportion is weighed properly, just whether the proportion weighed properly is above or below a designated level.

The procedure requires the manager to specify a goal that the "batch" is expected to achieve and a "minimal acceptable" level of achievement. The manager must also specify the level of precision needed and the time and resources available for data collection.

With this information, the manager can use an LQAS table to determine the required sample size. For example, if the goal of a growth monitoring programme is to weigh 85% of children correctly with a minimum acceptable level of 65%, the required sample size would be 29 random obser-vations. The table shows that 23 of 29 observed weighings would have to be done correctly to conclude that the programme is meeting its goal.

A table of sample sizes and acceptance thresholds is included in Appendix E. This table is taken from a manual on lot quality assessments by Wolff and Black, and is recommended for managers who wish to use this method.<sup>1</sup> It is important to note that LQAS results should never be presented as a percentage because they would be very imprecise. Instead, the method should be used only to determine whether or not performance is meeting a given standard.

→Convenience sampling. If a manager wants to gather information quickly, minimise the amount of time invested in data collection, and is not too concerned about statistical precision, then a convenience sample may be an attractive option. A convenience sample is made up of units that are convenient to observe, usually because they are close by or scheduled to occur at a convenient time. To choose a convenience sample the manager selects a time and site for the assessment and makes as many observable observations as possible during the visit. For example, a supervisor might decide to spend one day in each of three nearby clinics to observe scheduled MCH sessions. The health facilities, MCH sessions, and service providers are not chosen randomly, and therefore the MCH sessions observed may not be representative of all MCH sessions. Nevertheless, many managers know their programmes well enough to spot extreme discrepancies and to interpret the results realistically.

Two common variations of convenience sampling are purposive and quota sampling. The former involves selecting each unit "on purpose", i.e., not randomly or systematically. For example, a manager may decide to examine three of the best, three of the worst, and three average health centres.

A quota sample involves deciding how many observations will be made and then observing those that occur

1 Wolff, M. C., and Black, R. Manual for conducting lot quality assessments in oral rehydration therapy clinics. Baltimore, MD. The Johns Hopkins University School of Hygiene and Public Health, Institute for International Programs, 1989.

LQAS

a simple

method



Easily

units

first until the "quota" of observations is met. For example, a supervisor might decide to make ten observations, and then observes the first ten women who come into an ANC session.

None of the convenience sampling techniques produce **probability** samples. This means that it is not possible to determine the probability that the results obtained are correct.

Following is a worksheet for planning the sampling procedures.

### WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

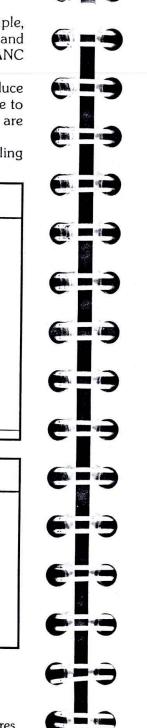
Step 4. Develop the sampling procedures and select sample (optional)

Number of units in sampling frame:	4	
Sample size (%) =	(N)	
Sampling method:		
Census (100 percent sample)	X all 4 centres	
Random sample		
Systematic sample		
LQAS sample		
Convenience sample		
Purposive sample		
Quota sample		
What is the minimum number of obser	rvations that should be made for each unit? 10	)

### WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES

### Step 5. Carry out the assessment

8/10	Preparation for the visit
8/16	Select and train observers
8/14	Produce data collection forms
8/16	Conduct a pretest of the checklists
	Select dates for the assessment
8/14	Inform health centres and service providers (optional)
	Arrange for transportation for data collection



### Step 5 : Carry out the assessment

The preceding worksheet for planning quality assessment lists several important tasks that the manager or supervisor should do in preparation for the assessment visit.

Appendix E of Module 2 includes some guidelines for training and supervising field interviewers, which also apply to field observers.

**Data collection with service quality checklists**. Before the assessment, the manager and/or observers should review the service quality checklists to be sure that they are comfortable with the format, procedures, and content. Most managers and supervisors may want to use the checklists as a part of routine supervision, but some may also want to use them periodically to do scheduled, formal assessments. Some may want to make unannounced visits so that staff do not make special preparations for the assessments.

### Using checklists

It is usually a good idea to explain what the observer will be doing and why, thus avoiding misunderstanding and anxiety. Experience has shown that most workers want to improve their performance and welcome help and advice that is constructive. But they will also resist cooperating when they suspect that the information will be used against them. Ideally, quality assessment should be carried out in a supportive, constructive manner to help staff improve the way services are delivered.

Exhibit 6 shows a hypothetical example of a completed checklist. Each item requires a response of "yes" (Y), "no" (N), or "don't know/didn't observe/not applicable" (DK), and (NA, leave blank). The supervisor used the immunization quality assessment checklist during a routine supervisory visit. It shows that three health workers were observed at North West Health Center as they gave vaccinations. KB was observed three times, LD was observed three times, and SF was observed four times. It also records the responses of mothers, who were interviewed after the immunization, as well as the response of service providers who were interviewed at the end of the day. The cold chain and supplies were also inspected with the aid of the checklist.



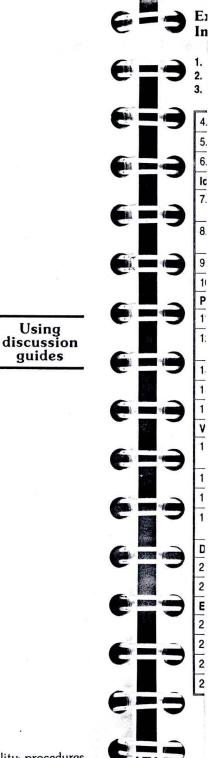
Based on these observations, the supervisor noted the following problems: health workers were missing opportunities to identify women and children who need vaccinations, health education about side effects and what to do about them was not adequate; but mothers did not know what vaccine their children had received and when to come back for the next shots. Also, the administration of the vaccine was done very well.

The checklist also shows that the supervisor addressed some problems immediately by pointing out errors and reminding health workers of vaccination norms. He then planned an in-service training session to review educational messages and techniques that go along with immunization. He also decided to check on the educational component of ORT and growth monitoring because he suspected that the problems identified were not limited to immunization.

**Gathering information with discussion guidelines.** If group discussions are to be held, the manager should give participants as much notice as possible and provide them with a brief description of the purpose of the meeting and the kind of information they will be asked to provide. This will allow staff to prepare by thinking about the topic beforehand and conferring among themselves. Also, this will afford participants time to gather information to illustrate their points of view, if they so desire. The ideal size for a group discussion is 5-10 people.

Each group discussion should begin with a brief introduction and explanation of the purpose of the discussion. Also, the person who leads the discussion should explain the ground rules to the group before the session. This is especially important if the group members normally work together. They should be reminded that this meeting has a different purpose and structure. The ground rules on the next page will help the group stay on course.

After the ground rules have been presented, the leader can use the guidelines to lead the discussion on a given service delivery topic. The leader of the group discussion can refer to the key questions included in the guidelines if there is a need to probe the issue in more detail.



	ervation number:	1	2	
EPI	education (cont'd)		- <b>-</b>	
26.	Explain the importance of completing the vaccination series?	Y	Y	1
27.	If DPT #3 has been administered stress the importance of returning for measles vaccination.		•	F
28.	Explain that the child can be immunized even if she/he is ill?	N	Y	1
29.	Tell mother when to come back for next immunization for herself or one of her children?	Y	Y	١
30.	Ask mother to encourage other women to be vaccinated and have their children vaccinated?	N	N	١
31.	Ask mother to repeat key messages?	N	N	٢
32.	Ask mother if she has any questions?	Y	Y	Y
Mair	tenance of cold chain and supplies	<b>k</b>		-
33.	Is the refrigerator working today?	Y		Γ
34.	Is there a thermometer or cold chain monitor in the refrigerator?	Y		
35.	Is there a temperature log?	Y		
36.	Is temperature recorded regularly according to the local schedule?	Y		1
37.	Was the registered temperature betwen 0 and 8 degrees (C) at all times during the last month?	Y		
38.	Are all vials in storage unopened?			
For	putreach session	No.	1	
39.	Were vaccines transported in cold boxes with ice packs?			
40.	Were vaccines sufficient?			
41.	Were needles and syringes sufficient?			1
Exit	Interview with mother			1
42.	What immunization(s) did your child receive today?	Y	Y	Y
43.	When should you return to the health centre for your next immunization?	Y	Y	Y
Inter	view with service provider			I
	At what age should a child receive the following vaccines:	KB	LD	SE
44.	BCG	Y	Y	Y
45.	DPT	Y	Y	Y
46.	Measles	Y	Y	Y
47.	OPV	Y	Y	Y
48.	Should you vaccinate a child if she/he is ill?	Y	Y	Y



# Exhibit 6: Example of a completed quality assessment checklist Immunization

1.	Observation number:	1	2	3	4	5	6	7	8	9	10	тот	Problems identified	Actions taken
5.	Date:	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	8/28	YES		
5.	Service provider (initials):	KB	КВ	КВ	LD	LD	LD	SF	SF	SF	SF			
	ification of needed vaccinations				•									1
7.	Review health records to determine which immunizations are needed today?	N	N	N	N	N	N	N	N	N	N	0	missed opportunities to identify needed immunization	in-service training session cover this topic
В.	Review mother's health record or ask whether she has received Tetanus Toxoid immunization?	N	Y	N	N	Y	N	N	N	N	N	2	communication for women and children	
9.	Review vaccination status of other children in the family?	Y	Y	Y	N	Y	N	N	N	N	N	4		
10.	Recommend vaccination even if the child is sick?													
Prep	aration and care of vaccine										T			
11.	Check the label for the correct vaccine and be sure the vaccine has not expired?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	carried out well	
12.	Load the syringe without contamination?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		reviewed sterilization procedure with LD.
13.	Use a sterile needle for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y.	Y	9	in one case LD used	
14.	Use a sterile syringe for each injection?	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	9	needle and syringe twice	
15.	Keep the vaccine on ice and covered during the session?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
	cination techniques		-J											
16.	Apply the vaccine at the right level (BCG=dermal layer,measles=subcutaneous layer,DTP/TT=muscle)?	DK	Y	DK	DK	Y	Y	DK	DK	Y	Y	5		
17.	Dispose of the needle and syringe properly?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
18.	Was the child given all vaccinations needed today?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
19.	If the mother required TT did the service provider vaccinate or arrange for vaccination?	N	Y	N	N	Y	N	N	N	N	N	2	problem relates to failure to ID mothers.	
Doc	umentation							1	1	1	1	1	T	
20.	Record the vaccination on the child's health card?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	well done	
21.	Record the vaccination in health centre records?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		
EPI	education		_				1	1	T	1	1	1	1	
22.	Tell the mother which vaccinations were given during this visit?	Y	Y	Y	Y	N	Y	Y	N	N	Y	7	should explain each time	review educational mess
23.	Inform the mother of possible side effects (i.e. fever and pain)?	N	N	N	N	N	N	N	N	N	N	0	side effects were not discussed,	
24.	For BCG vaccination explain that a scab will form?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10		•
25.	Tell mother where to go if there is a severe reaction to the vaccination?	N	N	N	N	N	N	N	N	N	N	0	severe reactions not discussed	

V

you vaccinate a child if she/he is ill?	7	1	1		1								÷
	7	λ	1									1	
	1	X	7		1							knowledge is adequate	
	7	7	7		1	1							
A	X	7	7	1			(						
age should a child receive the following vaccines: KI	KB	ГО	SE										
service provider		1	1	1		1	Эr			-			
	٨	X	X	1	X	X	X	٨		Å	10		
munization(s) did your child receive today؟	*				N	*	٨	N	N	Å	L	work blot erew othe statiom	remind health workers to tell mothers what immunizations are given
with mother		1	· · · · ·	- <b>T</b>	1						1		
edles and syringes sufficient?				_									
ccines sufficient?													
rccines transported in cold boxes with ice packs?													
uoissas	1	1	1	-	-	1							
ials in storage unopened?													
r registered temperature betwen 0 and 8 degrees (C) at all times during	٨												
stature recorded regularly according to the local schedule?	٨						L						
a temperature log?	٨												
a thermometer or cold chain monitor in the refrigerator?	Υ.											cold chain is operating well	
	X												2
of cold chain and supplies		1	1	-	r								
		λ	λ	<u> </u>	×	X	X	<u> </u>	*	٨	01	bnststehn	
ther to repeat key messages?	N	N	N	N	N	N	N	N	N	N	0	must be sure that mothers	2014100
ther to encourage other women to be vaccinated and have their children ted?	N	N.	N	N	N	N	N	N	N	N	0	missed opportunity to promote vaccinations	assess education for other services.
her when to come back for next immunization for herself or one of her ?		٨	X			٨	X	Y	٨	٨	01		
	N	٨	N	N	N	N	N	N	N	N	L	vaccination in cases of illness	review educational technique
43 has been administered stress the importance of returning for measles tion.			N				X	-		-	L	time time	ทดเระอะ ถูกเกเรา อวเงาอะ-ท่
	X	X	X	7	٨	٨	*	٨	٨.	٨	10	ок	
(p,juoz) (										I			
	L	5	3	1	S	9	L	8	6	01	101	Problems identified	Actions taken

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome. Participants should feel free to disagree with one another so that all points of view are heard Don't wait to be called on; it's a group discussion. Please speak one at a time.

-

The group leader should keep track of the time and guide the group to new topics when it seems that enough information in a specific area has been shared. Before moving to a new topic or question, the leader should ask the group if anyone has any final comments to add. At the end of the discussion, the leader should thank the group for participating and give everyone in the group one last opportunity to comment on the overall topic.

The leader should write a summary of the discussion, organised by topic, soon after the discussion so that key issues will not be forgotten. This information will be useful for identifying management problems, their causes, and possible solutions.

### Step 6: Compile and analyse the data

The rapid data analysis plan outlined here allows managers to compile, analyse, and interpret results of quality assessment quickly and easily. Supervisors and managers can hand tabulate the results depending on the number of observations.

The information gathered during a service quality assessment may be tabulated using a simple matrix. Data is transferred from observation checklists to the matrix, and can be summed easily. If multiple observation checklists are used, the tabulation can be done on the checklist, eliminating the need to transfer the information to the tally sheet.

Exhibit 7 shows how a tally sheet was used to record and tabulate 30 observations of the quality of the PHC household visit. The question numbers correspond to those of the rapid service quality checklist in Appendix B. Note that the results show inadequate performance in nutrition counsel-



### Exhibit 7: Example of a rapid quality assessment

Observation	Facility ID	Observer	Date				Quest	tion nur	nber :			
No.		ID		5	6	11	18	20	27	31	37	41
1	A	LM	12-1	Y	Y				•	Y	N	Y
2	A	LM	12-1	Y	Y	( <b>•</b> 0		•		N	N	Y
3	A	LM	12-1	Y	Y	Y	Y		•	N	N	Y
4	A	LM	12-1	Y	Y	Y	-	-	-	Y	N	Y
5	A	LIM	12-1	8	Y		-			N	Y	Y
6	A	LM	12-1	Y	Y		•	Y	Y	Y	N	Y
7	A	WS	12-1	Y	Y	N	N			Y	N	Y
8	Α	WS	12-1	Y	Y					N	N	Y
9	A	WS	12-1	Y	Y				Y	Y	N	N
10	A	WS	12-1	Y	Y			N		Y	N	N
11	A	WS	12-1	Y	N		Y			Y	Y	Y
12	В	DN	12-8	Y	Y					Y	N	Y
13	В	DN	12-8	Y	Y	1				N	N	Y
14	В	DN	12-8	Y	Y	Y	N	Y		Y	N	N
15	В	DN	12-8	Y	Y				Y	Y	N	Y
16	В	DN	12-8	Y	Y			N		Ý	N	Υ Y
17	В	DN	12-8	N	N	Y	Y	1.		N	N	Y
18	В	JR	12-8	Y	Y		1.			Y	N	Y
19	B	JR	12-8	Y	Y			N	1.	Y	N	Y
20	B	JR	12-8	Y	Y		N	Y	Y	N	N	Y
21	В	JR	12-8	Y	Y		-		<u> </u>	Y	N	N
22	С	LD	12-15	N	N	Y	-			Y	N	Y
23	С	LD	12-15	Y	Y	-		Y		N	N	Y
24	С	LD	12-15	Y.	Y	Y		100	Y	Y	N	Y
25	С	LD	12-15	Y	Y		-	N		Y	N	Y
26	D	TM	12-15	Y	N		N	Y		Y	N	Y
27	D	TM	12-15	N	Y			N		Y	N	Y
28	D	TM	12-15	Y	Y		-			N	N	Y
29	D	TM	12-15	Y	Y		Y			N	N	N
30	D	TM	12-15	Y	Y			1.		Y	N	Y

Total observations	30	30	7	8	10	5	30	30	30
Total correct	27	26	6	4	5	5	20	2	25
Percent correct	90	87	86	50	50	100	67	7	83

ling, recommending ORT, referral for family planning, and discussing sanitation (items 18, 20, 31 and 37).

**Rapid data analysis plan.** The data analysis plan suggested here provides managers with a model for data analysis that provides essential service quality information. We recommend that you do these basic calculations for all quality assessments. Additional calculations can be carried out in accordance with the purposes of the study.

**Total**: Sum the number of observations for each variable (service delivery task). For example, question number 6 in Exhibit 7 resulted in 30 responses.

**Frequency distributions or counts**: Add up the number of "yes" and "no" responses for each service delivery task. For example, question number 6 in Exhibit 7 resulted in 26 "yes" responses and four "no" responses.

**Percentage distributions**: Take the number of each count ("yes" and "no") divided by the total number of observations x 100. The percentage distribution for question 6 would be yes=87% and no=13%.

**Threshold analysis:** This procedures allows the manager to set a minimal acceptable level for each item to spot problems quickly. Those which exceed that level are identified as problems. For example, if the threshold is set at 80%, then question 6 would be classified as acceptable, while question 31, with only 67% correct performance would be a problem.

**Scoring:** In addition to analysing data by specific service delivery tasks, a scoring system can be developed to assess overall quality. For example, each task that was carried out could receive a score of one point. The total "quality score" would be the total number of points for a set of tasks compared with the maximum possible score. If some tasks are much more important than others, they can be given added weight (e.g., 1.5 or 2 points). If each question in Exhibit 7 were worth one point, the maximum possible score would be nine. Variable number 20 (performed by health worker TR) would receive a score of eight, while variable number 1 (performed by health worker LM) would receive a score of five.

**Breakdown by site:** Compare one site or session with another. Totals, counts and percentages can be calculated for each site. This will help managers to identify strengths and weaknesses at different sites. For example, assessment of facility A included 11 observations for questions 5 and 6. Correct performance of question 5 was 100% while question 6 was 91%.

**Graphs**: Results can be plotted on a graph to give a manager or supervisor a summary of the data. This is a useful visual aid for presenting information. A graph could be made manually by plotting the variables on the horizontal axis and the percent on the vertical axis.



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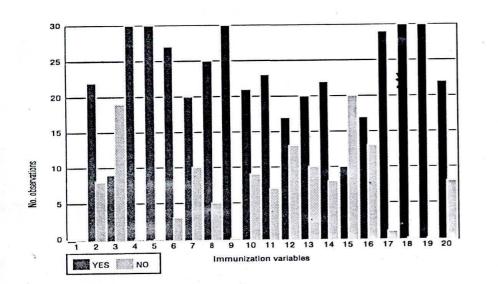


Exhibit 8 shows an example of such a graph, depicting r ults from 30 observations for immunization services, broken down into 20 service delivery tasks.

E hibit 8: Observation of immunization services

### 3. observations

3



# Step 7: Report the findings, provide feedback, $\epsilon$ -d take corrective action

Quality assessment is the first step in quality improvement. It should be followed by steps designed to maintain the quality of those tasks that are done well while identifying a limplementing ways to improve the quality of those tasks that are not.

The following are some guidelines for providing feedback d taking corrective action.

• Which activities were carried out well? Supervisors should begin by reviewing what the service provider did well.

• Which activities need improvement? Supervisors should then review the areas that need improvement, providing as much specific information as possible about what was incorrect, and how it should be done correctly.

• Which can be corrected easily? Some problems are easy to correct, have obvious solutions, and require little extra effort to do correctly. Supervisors should begin with these, exploring with the health worker and manager ways that corrections can be made. Experience has shown that those changes will be more acceptable and will more likely be implemented if they are suggested by the providers. The supervisor should encourage the health workers to take the initiative to make the corrections.

• Which problems will be more difficult to correct? These problems may need to be analysed more formally, either by a problem-solving group or through a formal study. The PHC MAP *Problem-solving* guide provides some guidelines and experiences that may be helpful. Also, the PRICOR Operations Research manuals describe procedures for setting priorities and designing and conducting studies to develop and test solutions to operational problems in PHC<sup>1</sup>.



Volunteers in "Action iodine" campaign, Chitral, Northwest Frontier Province, Pakistan.

Photo by Jean-Luc Ray for AKF

1 Blumenfeld, S. PRICOR Monograph series: Methods Paper 1. Operations research methods: A general approach in primary health care. Bethesda, MD: Center for Human Services, 1991.



# Appendix A: Rapid service quality assessment checklists

# Short form

**GENERAL** PHC household visits Health education

### MATERNAL CARE

Antenatal care Safe delivery Postnatal care Family planning

### CHILD CARE

Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy

### OTHER HEALTH CARE

Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases

### **CLIENT SATISFACTION**



### Rapid quality assessment 1. Community assessment of primary health care (overall)

This checklist is intended for rapid assessment of service quality in the observation of service delivery during primary care visits in the household or health centre. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

Sin HI

6 9

6

6.22

	1 3 4		Health facil Observer/s Date	
	Didtha	carula	e provider:	
	5.		NO	
	6.		_NO	Register all women over 16 on the family health card?
	11.	YES	_NO	Vaccinate or arrange for vaccination of children who need to be immunized?
	(If there	are main	ourished ch	ildren in the house):
	18.			Check to be sure that nutritional counselling, food supplemen-
1	ank (b) (a			tation and/or medical attention are being received?
H.	(If any ch	hildren h	nave diarrho	ea):
	20.	Yes	_No	Recommend ORT and help the mother to prepare and admin- ister it?
	(For each	n pregna	int woman):	
	27.			Ask if she is receiving prenatal care and arrange for a prena-
il.	27.			tal visit if necessary?
	(For all h	ousehol	ds):	
	31.	YES	_NO	Refer interested women or couples for family planning ser-
				vices?
	35-38.	YES	_NO	Discuss water, hygiene, and sanitation, if indicated?
	41.	YES	_NO	Establish a good rapport with the mother?

### Rapid quality assessment 2. Health education

This checklist is intended for rapid assessment of service quality in the observation of service delivery of health education. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 3 4		Health fa Observer Date	acility r/supervisor
Did the	e servic	e provide	
5.	YES_	_NO	Determine participants' knowledge, attitudes, practices, about
			topic?
6.	YES	NO	Determine participants' general level of knowledge?
7-9.	YES	NO	Explain the topic and focus the discussion?
10-17.	YES	NO	Discuss all relevant aspects of the topic?
18-41.	YES_	_NO	Use appropriate discussion techniques to encourage active participation?
42-43.	YES_	NO	Use appropriate educational materials during the presenta- tion?
44.	YES	NO	Distribute any available educational materials?

### Rapid quality assessment 3. Antenatal care

This checklist is intended for rapid assessment of service quality in the observation of service delivery of antenatal care. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1.	Health facility
3.	Observer/supervisor
4.	Date

### Did the service provider:

Diathe	SCIVICE	provider		
5.	YES	_NO	Review and update obstetric record or family health card?	
6-12.	YES	_NO	Ask at least two questions about reproductive history risk fac-	
			tors?	
13-25.	YES	_NO	Ask at least two questions about risk factors associated with	
			this pregnancy?	
29-34.	YES	NO	Perform at least 1 physical exam activity?	
35.	YES	NO	Immunize or arrange for immunization against tetanus?	
43.	YES	NO	Do a blood test (glucose, haemoglobin/haematocrit and malaria)	
	2 10 10 10		if medically indicated?	
52.	YES	_NO	Discuss the importance of having the delivery attended by a	
			trained health worker?	
54.	Yes	No	Explain danger signs which require immediate attention?	
56.	Yes	No	Tell pregnant woman when and where to go for next prena-	
			tal visit?	

### Rapid quality assessment 4. Safe delivery

1

Bill.

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This checklist is intended for use in rapid assessment of service quality in the observation of service delivery. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

		Health fac Observer/ Date	
<b>Did the</b> Before b		e provider	:
5.	YES	NO	Sterilise needles, syringes, cord ties, scissors/razor blade?
6.	YES	NO	Prepare a clean birthing place?
8-16.	YES	NO	Take labour history?
17.	YES	NO	Review reproductive history for high-risk factors if necessary?
During b		<i>P</i>	
18-31.	YES	_NO	Conduct physical exam and monitor woman throughout lab-
39-43.	YES_	NO	our?
44-50.	YES	_NO NO	Assist the progress of labour?
51-59.	YES	_NO	Assist with delivery?
61-62.	YES_	NO	Seek help for obstetric problems and emergencies?
01 02.	1 20		Tie the umbilical cord with thread in three places and cut with blade/scissors?
64.	YES	NO	Determine APGAR score at 1 minute and 5 minutes after
			birth?
70-72.	YES	_NO	Deliver placenta?
			£2
After bir			
73-76.	YES	_NO	Monitor mother and provide needed care immediately after birth?
77-96.	YES_	NO	Examine infant?
66.	YES	_NO	Insert antibiotic eye ointment or silver nitrate drops into eyes
			within one hour after birth?
67.	YES	_NO	Give BCG vaccination?
68.	YES	_NO	Administer vitamin K?
97.	YES	_NO	Discuss postnatal cleanliness and provide related instruction?
104-114.		_NO	Give advice about breast feeding?
115-119.	YES	_NO	Give advice about well-child care?



#### 42

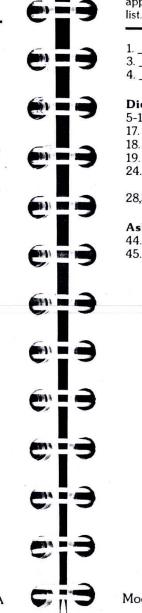
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### **Rapid quality assessment** 5. Postnatal care

This checklist is intended for rapid assessment of service quality in the observation of postnatal care. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 3	3	Health facili Observer/si	
3 4		Date	
Did the	e servic	e provider:	
5-14.	YES	NO	Ask the mother at least two medical history questions?
15-21.	YES	NO	Examine the mother?
22-37.	YES	NO	Examine the new-born child?
38.	YES_	_NO	Record findings of history and physical examination health re- cord?
43.	YES	NO	Refer mother for special treatment if necessary?
47.	YES_	_NO	Refer infant for all physical conditions which need medical at- tention?
44	YES	NO	Give BCG or verify that child received vaccination at birth?

YESNO	Give first DPT and OPV?
YESNO	Tell mother to feed the infant with breast milk only, for the
	first 4-6 months?
YES NO	Discuss family planning with the mother and tell her how she
	can obtain family planning services?
YESNO	Encourage mother to enrol child in well-child clinic?
	YESNO YESNO



C" = 3

### **Rapid quality assessment** 6. Family planning

This checklist is intended for rapid assessment of service quality in the observation of service delivery for family planning services. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

Health facility
Observer/superviso
Date

### Did the service provider:

5-16.	YES_	NO	Ask at least three medical and reproductive history questions?
17.	YES_	NO	Take blood pressure?
18.	YES_	_NO	Examine breast for lumps?
19.	YES_	NO	Examine patient for signs of anaemia?
24.	YES_	NO	Recommend a method that was free of contra-indications for
			this client?
28,31-33	3 YES_	_NO	Discuss side effects?
1.51			
Ask cli	ent:		

44.	YE
45.	YE

How do you use the contraceptive you received today? NO What are the possible side effects? ES\_\_\_NO\_\_\_\_



#### Rapid quality assessment 7. Breast feeding

This checklist is intended for rapid assessment of service quality in the observation of service delivery for promotion of breast feeding. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1	Health facility Observer/supervisor	141		
4	Date			
			2	
Did the s	ervice provider:			

12-19.       YESNO       Recommend how long to breast feed and encourage breast feeding during illness?         20-23.       YESNO       Instruct mother on method of breast feeding?         24,29.       YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO       Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO       Provide appropriate counselling on diet during lacta trition supplements, and important locally available	YESNO Ask about mother's knowledge and practice concerning
i2-19.       YESNO       Recommend how long to breast feed and encourage breast feeding during illness?         20-23.       YESNO       Instruct mother on method of breast feeding?         24,29.       YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO       Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO       Provide appropriate counselling on diet during lacta trition supplements, and important locally available	
12-19.       YESNO       Recommend how long to breast feed and encourage breast feeding during illness?         20-23.       YESNO       Instruct mother on method of breast feeding?         24,29.       YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO       Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO       Provide appropriate counselling on diet during lacta trition supplements, and important locally available	
20-23. YESNO       Instruct mother on method of breast feeding?         24,29. YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO         32-35       YESNO         Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO         Provide appropriate counselling on diet during lacta trition supplements, and important locally available	
24,29.       YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO       Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO       Provide appropriate counselling on diet during lacta trition supplements, and important locally available	
24,29.       YESNO       Explain warning signs that indicate the mother sho help?         25-26       YESNO       Provide counselling, as appropriate, on family plant ods and contraceptive benefits of breast feeding?         32-35       YESNO       Provide appropriate counselling on diet during lacta trition supplements, and important locally available	<ol><li>YESNO Instruct mother on method of breast feeding?</li></ol>
32-35 YESNO ods and contraceptive benefits of breast feeding? rovide appropriate counselling on diet during lacta trition supplements, and important locally available	9. YESNO Explain warning signs that indicate the mother should seek
trition supplements, and important locally available	
39-41 YES NO Advise mother on weaping practices and food prep	
······································	

#### Rapid quality assessment 8. Growth monitoring/nutrition education

This checklist is intended for rapid assessment of service quality in the observation of service delivery for growth monitoring and nutrition education. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1. \_\_\_\_\_ Health facility 3. \_\_\_\_\_ Observer/supervisor

#### \_\_\_\_\_ Date

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#### Did the service provider:

5-7.	YES_	_NO_	Calculate the age correctly?
8-12.	YES	NO	Weigh the child correctly?
13-15.	YES	NO	Plot the child's weight correctly?

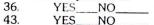
#### (If the child is malnourished):

17.	YESNO	Refer for nutritional counselling?
18-28.	YESNO	Make at least 1 appropriate recommendation about child feed- ing and care?
		ing and care.

## Ask mother: 39. YES

YES\_\_\_\_NO\_\_\_\_\_ Did your child gain weight, lose, or stay the same since the last weighing?

#### Ask service provider:



NO\_\_\_\_\_ Do you have a working scale? NO\_\_\_\_\_ Do you have a way of tracking malnourished children?

#### Rapid quality assessment 9. Child immunization

This checklist is intended for rapid assessment of service quality in the observation of service delivery for child immunization. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 Health fa	a cilitu		
3 Observer	r/supervisor		1 Health facility
4 Date			3 Observer/supervisor 4 Date
Did the service provide	er:		T Date
13. YESNO 14. YESNO	Use a sterile needle for each injection? Use a sterile syringe for each injection?		Did the service provider:
14. YESNO 17. YESNO	Give the child all vaccinations needed today?		5-12. YESNO Ask at least two medical history questions? 13. YESNO Ask about any treatment administered?
19. YESNO	Record the vaccination on the child's health card?		<ol> <li>YESNO Ask about any treatment administered?</li> <li>YESNO Count respiratory rate?</li> </ol>
			24. YESNO Classify child by severity of illness?
Ask the service provide	er:	der .	25. YESNO Give antibiotics for pneumonia, strep throat or otitis?
36. YESNO	Was the registered temperature between 0 and 8 degrees (C)		26. YESNO Refrain from using antibiotics for colds?
	at all times during the last month?	(1) III 10	36. YESNO Tell mother about at least three signs of pneumonia? <sup>1</sup>
(For outreach sessions	):		Ask mother:
41. YESNO	Were vaccines transported in cold boxes with ice packs?		(If antibiotics were prescribed):
8			45-46. YESNO How will you administer the medicine (how much, how often,
Ask mother:	When should you return for the next immunization?		for how long)?
43. YESNO	When should you return for the next initialization:		
		<b>E H</b>	
		€Э	
		() )	1 Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety and weakness or lethargy.
	Module 6: Service quality; appendix A	•	Module 6: Service quality; appendix A
		4	TAMAT

#### **Rapid quality assessment** 10. Acute respiratory infection

This checklist is intended for rapid assessment of service quality in the observation of service delivery for acute respiratory infection. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.



35.

#### **Rapid quality assessment** 11. Diarrhoeal disease control/oral rehydration therapy

This checklist is intended for rapid assessment of service quality in the observation of service delivery for diarrhoeal control and oral rehydration therapy. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1		Health fa	
3		Observer	/supervisor
4		Date	
Did the	e servic	e provide	er:
5-11.	YES	NO	Ask at least two medical history questions?
12-16.	YES	NO	Perform at least two physical exam activities?
17.	YES_	NO	Determine the degree of dehydration (none, moderate, se
18.	YES	NO	Prescribe safe ORS solution?
20.	YES_	NO	Refrain from using antibiotics, except when stools contain blood or mucus?
22.	YES_	NO	If the child is dehydrated, administer ORS solution im- mediately or refer the child to a nearby centre?
31.	YES_	NO	Tell mother how much ORS solution to give and how often

YES_	NO	Tell mother how much ORS solution to give and how often
11111-1111-1111-1111-1111-1111-1111-1111		to give it?
YES	NO	Show mother how to prepare ORS solution?



#### **Rapid quality assessment** 12. Water supply, hygiene and sanitation

This checklist is intended for rapid assessment of service quality in the observation of service delivery for education in water supply, hygiene and sanitation. To use the checklist, mark "yes if the service provider carries out the task during service delivery. For interviews, mark "yes if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

Health facility Observer/supervisor 3. Date

#### Did the service provider:

	Did the ser	vice provide	er:
	10. YES	NO	Discuss keeping water in a clean, covered container?
Neg.	13. YES	NO	Discuss the importance of hand washing before eating, feed-
			ing children, and food preparation?
	16. YES	NO	Inspect latrine?
	23. YES	NO	Discuss appropriate latrine use and human waste disposal
			(e.g. baby potty for children under three)?
	28. YES	NO	Recommend burning or burying refuse?
	30. YES	NO	Recommend penning animals away from the house?

#### Ask mother:

37. YES NO

\_\_\_\_ Why is it important to wash your hands?

+ /

#### Rapid quality assessment 13. Childhood disabilities

This checklist is intended for rapid assessment of service quality in the observation of service delivery for childhood disabilities. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1	Health facility
3	Observer/supervisor
4	Date

#### Did the service provider:

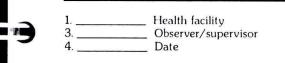
59	YES	_NO	Ask questions from the mother to identify factors which may have contributed to a disability?
10-20.	YES	_NO	Ask questions from the mother to determine the type and de- gree of disability?
21-32	YES	NO	Correctly examine the child for type and degree of disability?
33.	YES	_NO	Administer/prescribe available treatment or therapy accord- ing to established treatment guidelines?
34.	YES	_NO	Make the appropriate referral according to established guide- lines?
36-37.	YES	_NO	Provide information on available local services for the dis- abled?
42-44.	YES	_NO	Discuss what parents, family and community can do to help children with disabilities?

#### Ask client

- 53. What is your child's disability?
- 55. If applicable, do you know how to prevent a similar disability from happening again? 56-59. What information was given to you about treatment and/or where to go for help?
- 56-59. What information was given to you about treatment and/or where to go for help?

#### Rapid quality assessment 14. Accidents and injuries

This checklist is intended for rapid assessment of service quality in the observation of service delivery for accidents and injuries. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.



#### Did the service provider:

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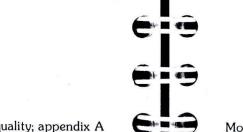
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7	5.	YES	_NO	Correctly identify type of injury?
	6.	YES	_NO	Obtain a history of the injury, e.g., cause, time, etc.?
	7.	YES	_NO	Administer proper treatment according to established guide- lines?
	8.	YES	_NO	Make the appropriate referral according to established guide- lines?
	9.	YES	_NO	Discuss some common injuries and how they may be pre- vented?
	10,11,13	YES	_NO	Discuss child safety in and around the home?
	12.	YES	_NO	Discuss any occupational safety issues?
	14-15.	YES	_NO	Explain how to recognise an emergency and where to go for help?

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#### Rapid quality assessment 15. Sexually transmitted diseases

This checklist is intended for rapid assessment of service quality in the observation of service delivery for sexually transmitted diseases. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 3.	n Al Roma	Health facil Observer/s	upervisor
4:	100	Date	
	- C   - Z	11 AND	
Did the	servic	e provider:	
5.	YES	NO	
6-9.	YES_	NO	Ask about previous exposure to STD and any treatments ad-
		1	ministorad?
10-11.	YES	NO	Ask about exposure to other potential sources of infection,
10 11.			hland non-sterile instruments, etc.
15-18.	YES	NO	Ask about possible risk behaviours associated with STD?
21-30.	YES	NO	Examine patient for signs of infection?
38-41.	YES	NO	Diagnose and treat patient according to established guide-
00	1		lines?
32-37,42	YES	NO	Refer patients for diagnoses, treatment or laboratory testing
	1		according to established guidelines?
45-51.	YES_	_NO	Provide health education on the modes of transmission and
		4	prevention of STD?
47.	YES_	NO	Instruct the client on the correct and consistent use of con-
			doms?
54-67	YES	NO	Provide appropriate counselling on testing procedures, confi-
2			dentiality and meaning of test results?
68-75	YES_	NO	Provide appropriate counselling to STD cases on available treatments, complications of disease or any long term effects
5.2		Q.	and possible risks to partners and/or children?

#### Rapid quality assessment 16. Malaria

This checklist is intended for rapid assessment of service quality in the observation of service delivery for malaria. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

Health facility Observer/supervisor Date Did the service provider: 5-10. YES NO Ask at least two medical history questions? 11. YES NO Ask about anti-malarial drugs taken in the last 24 hours? 12. YES NO Ask about other symptoms to rule out other fever-related illnesses? 13. YES NO Take temperature? 20. YES NO Make blood slide or refer case to a facility where a blood slide may be examined? 22. YES Administer or prescribe appropriate anti-malarial drug ac-NO cording to local norms? 25-26. YES\_\_\_NO If fever is over 39 degrees C: Administer antipyretic drug and sponge or bathe with water? 30. YES NO Discuss danger signs that may indicate unresponsive or complicated malaria? 31. YES NO Tell client to return for consultation if danger signs develop? Ask client: 52. YES NO If medicine is prescribed: How will you take the medicine, how much, how often, and for how long?

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Module 6: Service quality; appendix A



#### Rapid quality assessment 17. Tuberculosis

This checklist is intended for rapid assessment of service quality in the observation of service delivery for tuberculosis. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1		Health fa	cility
3.		Observer	/supervisor
4		_ Date	
Did	the serv	ice provide	er:
	YES	NO	Ask about persistent cough, two weeks or more?
6.	YES	NO	Ask about persistent fever, one month or more?
7.	YES	NO	Ask about weight loss?
8.	YES	NO	Ask about blood in sputum?
17.	YES	NO	Perform cutaneous TB test?
19.	YES	NO	Refer for sputum examination?
21.	YES	_NO	Prescribe medicines or refer for treatment according to local norms?
22.	YES	_NO	For follow-up cases: Verify that client is taking medicine cor- rectly?
28	YES	NO	Explain how much and how often to take medicine?
	YES	NO	Stress the importance of completing the treatment?
Asl	a client:		
44.	YES	NO	If drugs were prescribed: How will you take your medication, how much how often, and for how long?

		how much, how often, and for how long?	
47.	YESNO	If further testing is needed: Where will you go for the test?	

#### Rapid quality assessment 18. Treatment of minor ailments This checklist is intended for rapid assessment of service quality in the observation of service delivery for minor ailments. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list. Health facility Observer/supervisor Date Medical history Did the health provider: 5. YES NO Ask about the chief complaint, fever, pain, cough, etc? 6. YES NO Determine the present history of the illness? Determine condition-related past and family history? 7. YES NO

### Physical examination

Dic	the servi	ce provider:	
8.	YES	NO	_ Check vital signs, blood pressure, temperature, pulse, respira-
9.	YES	NO	tion rate etc. _ Conduct a related physical exam?

#### Diagnosis

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Did the service provider: 10. YES NO

Make differential diagnosis, e.g., cough, TB, pneumonia, bronchitis, abdominal pain, gastroenteritis, acute cholestitis, appendicitis, etc.?

#### Laboratory diagnosis

Did the service provider: 11. YES\_\_\_\_NO

Order condition- or preliminary diagnosis-related diagnostic tests, laboratory tests, x-ray studies, etc.?

#### Treatment and follow-up plans

Did the service provider:

13.	YES	_NO	Provide appropriate treatment according to the condition?
14.	YES	_NO	Provide information to the patient about the condition and
			treatment plan?
18.	YES	_NO	Discuss the importance of compliance with the drug therapy?
21.	YES_	_NO	How often will you take this medicine?
22.	YES	_NO	What is the dose you will take?
23.	YES	_NO	For how long will you continue treatment?





### Rapid quality assessment 19a. Hypertension

This checklist is intended for rapid assessment of service quality in the observation of service delivery for hypertension. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 3 4	Health facil Observer/s Date	ity upervisor
<b>Did the ser</b> 5-6 YE 7-13. YE 14,16. YE	.sNO	Ask about chief complaints, e.g., blurred vision, severe head- ache, shortness of breath, chest pain? Ask about prior/current experience and treatments for hyper-
15. YE 17. YE	NO	tension? Ask about family history of hypertension? Ask about history of diabetes or stroke? Ask about current lifestyle, e.g., work, stresses, home condi- tions?
20 2 1.	ESNO ESNO	Ask about previous illness and treatment? Perform a physical exam which included a check of vital signs, blood pressure, heart, pulse in foot, neck veins or other
35-38. Y	ESNO	_ Provide patients with health education/ counsening on approximation
39-43. Y 46,48-49.Y	ESNO ESNO	tension? Instruct patients on the use of any prescribed medication? Educate patients on appropriate low sodium diet and exer- cise?
44-45. Y	ESNO	cise? Inform patients of the warning signs indicating when to re- turn to the clinic?

#### Rapid quality assessment 20b. Diabetes mellitus

This checklist is intended for rapid assessment of service quality in the observation of service delivery for diabetes mellitus. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1 3 4		Health faci Observer/s Date	
Did the	e service	e provider:	
5.	YES		Ask about symptoms, e.g., blurred vision, unusual thirst uri-
6-15.	YES	_NO	nary tract infection, yeast infection if a woman, foot prob- lems, numbness, recurrent infection? Perform a physical exam including a check of vital signs, gen- eral appearance, appearance and pulse in feet, fast breathing
16.	YES_	NO	signs of dehydration, or others as per local norm? Conduct lab tests, (e.g., blood sugar, urine) as appropriate?
17-19.	YES_	NO	Provide patients with health education/counselling on appro-
22.	YES	_NO	priate diet and exercise? Instruct family members how to handle common diabetic emergencies?
25-30.	YES	_NO	Educate the patient on proper foot care and protection?
For wo	men of a	child beari	ng age:
31.	YES	_NO	Discuss the importance of maintaining blood sugar levels
32.	YES	_NO	within a specified range before and during pregnancy to pre- vent birth defects? Refer high risk pregnancies as per local norm?

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#### Rapid quality assessment 21c. Anaemia

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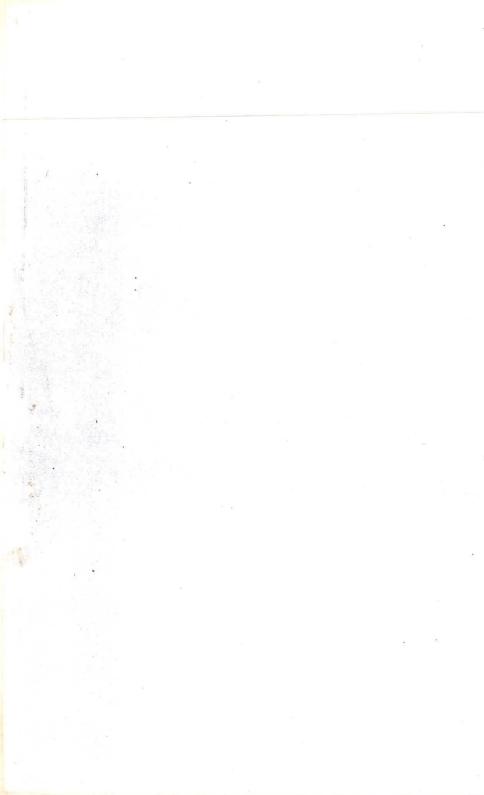
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Call I

This checklist is intended for rapid assessment of service quality in the observation of service delivery for anaemia. To use the checklist, mark "yes" if the service provider carries out the task during service delivery. For interviews, mark "yes" if the respondent answers correctly. If you would like to assess this service in more detail, please refer to the appropriate service quality checklist. The checklist item numbers below correspond to that list.

1		cility /supervisor
4	Date	and Index Systems
Did the serv		
.5. YES	NO	_ Ask about chief complaints, whether pregnant?
6. YES	NO	Ask if there is any blood in stool?
7. YES	NO	_ Determine the occult blood in the stool?
11. YES	NO	_ Check colour of conjunctiva?
9. YES	NO	_ Discuss some common injuries and how they may be pre- vented?
13. YES	NO	Ask about family history of anaemia?
15. YES	NO	Give complete physical examination, chest, abdomen, etc.?
16. YES	NO	Get complete blood count with reticulocite count?
18. YES	NO	Determine haemoglobin type, region, race, age or sex?
21. YES	NO	Determine the aetiology of the anaemic condition?
22. YES	NO	Determine appropriate consultation; referral to a specialist, if needed?
Ask client:		
24. YES	NO	_ Were you provided nutrition counselling?
Ask the serv		
29. YES	NO	_ Do you know how to administer the drug, how much, how often and how long?
30. YES	NO	Do you know where you can get refills for the drug?
34. YES	NO	How can you care for anaemia?



# Appendix B: Rapid service quality assessment checklists

## Long form

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**GENERAL** PHC household visits Health education

#### MATERNAL CARE

Antenatal care Safe delivery Postnatal care Family planning

#### CHILD CARE

Breast feeding Growth monitoring Nutrition education Immunization Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy

#### **OTHER HEALTH CARE**

Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases

#### **CLIENT SATISFACTION**

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#### PHC service quality checklist 1: Community assessment of primary health care

This checklist is intended for use in the observation of service delivery during primary care visits in the household or health centre. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

		Health faci	
		Service pro Observer/s	
)		Observer/s	supervisor
1		Date	
		on and docum ice provider:	nentation
5.	YES	NO	_ Register all children under 5 in the family health card?
s. 5.	YES		Register all women over 16 in the family health card?
J. 7.	YES		Update information during the visit?
3.	YES	NO	Record this visit in health centre records?
~	ler 5 ca		
	nunizatio		
		ice provider:	_ Discuss the importance of vaccination?
9.	YES	NO	Review the immunization status of all children under 5?
	YES	NO	Vaccinate or arrange for vaccination of children who need to
11.	125		be immunized?
12	YES	NO	Review vaccinations needed and the appropriate dates with
24.	1 20		mother?
13	YES	NO	Answer mother's questions about vaccination?
.0.			
Cre	wth mon	itoring	
		ice provider:	
		NO	Review the growth cards of all children under 5?
	YES	NO	Weigh children or refer them for growth monitoring?
	YES	NO	Discuss changes in weight with the mother and give nutri-
			tional advice?
17.	YES	NO	_ Answer mother's questions about growth monitoring and nu-
0.0000			trition?
18.	YES	NO	If there are any malnourished children in the house: Did the
×			health worker check to be sure that nutritional counselling,
			food supplementation, and/or medical attention are being re-
			ceived?
OF	.75		
-		vice provider:	
	YES_		Ask if any children in the household had diarrhoea?

1.1	ALC: NO				
Gan m	and the second				63
				1	0.5
15		2	0. YES	NO	If use recommend ODT 11 1 1
S					If yes, recommend ORT, and help the mother to prepare and
		2	1. YES	NO."	autimister it?
-		4	I. 1L3_	NO	If no, review the importance of ORT and encourage mother
					to use it in future diarrhoea episodes?
-			2. YES_	NO	Answer mother's questions about ORT?
(121) B		23	3. YES_	· NO	Demonstrate how to make ODT
					Demonstrate how to make ORT, or invite mother to a dem-
					onstration, if necessary?
		M	aternal	care	
Gena .		A	ntenatal c	are:	
Ser a		Di	d the ser	vice provider:	
		24	. YES	NO	Discuss the importance of prenatal care?
3		25	YES_	NO	Discuss the importance of prenatal care?
6		20	YES_		Ask if any women in the household are program to
		20	. IES	NO	lark with each pregnant woman about her general woll
-			-		being
		27	. YES	NO	Ask if each pregnant woman is receiving prenatal care and
	-				arrange for a prenatal visit if necessary?
		28	YES		an unde for a Diendial Visit if nococcarity
		1000 F			Give nutritional advice and iron/calcium supplementation to
		20	YES		
		29	. 165	NO	Answer pregnant woman's questions?
GEN B	ALL REAL				
		Fai	mily planı	ning:	
種類		Dic	the serv	ice provider:	
		30.	YES	NO	Provide information about family planning services?
Gan s	NOR LANGE	31.	YES	NO	Refer interested women or couples for family planning ser-     vices?
Con al a					vices?
			YES		
		02.	120		Ask women who already use contraception if they are happy
6		22	VEC	NIC	with their method?
Carl I		33.	TES	NO	Refer current users for advice or follow-up, if necessary?
		34.	YES	NO	Answer questions about family planning?
					, planning,
6		Wa	ter and sa	nitation	
Con I		Hea	alth work	ers should inc	shide wat in the same to be
~		diar	rhoga in	the L	ude water and sanitation if there is a current or recent case of
-					a health risk.
CONTRACTOR IN		Did	the servi	ce provider.	
		35.	YES	NO	Ask about access to water and provide information about
					community efforts to address on 11
		36	YES	NO	Community efforts to address problems, if necessary?
(III)	84 5553				Ask about water storage practices and give appropriate ad
Ser 1		27	YES		vice:
		57.	11.3	NO	Ask about latrine maintenance and use and give appropriate advise?
		20	VEC		auvice:
En la	a sugar	38.	YES	NO	Ask about refuse and excreta disposal and give appropriate
5					advice?
		Gen	eral		
				e provider:	
-	-	20	VEC		
Ceret			YES	NO	Ask if anyone in the household is ill and give appropriate advice?
	-	40.		NO	_ Follow up on recent illnesses?
		41.	YES	NO	Verify that the client(c) understands to it for the former of the second
~					Verify that the client(s) understands key information from today's visit?
	L DOMO				cours a visit:
-					
~					
	1 100 100	Mod	ule 6. So	ruice quality	; appendix B
				i vice quanty;	



## PHC service quality checklist 2: Health education<sup>12</sup>

This checklist is intended for use in supervision and monitoring of health education services provided by clinic-based health workers and community-based health workers. The list is comprehensive and includes some clinical tasks that the traditional birth attendants and other peripheral workers do not routinely carry out. The checklist should be modified and simplified according to the local situation. This checklist is intended for use in the observation of service delivery. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1	Health facility
2	Service provider
3	Observer/supervisor
4.	Date

### Determine educational background

	Did the service provider: 5. YESNO Determine partici		Determine participants' knowledge, attitudes, practices (KAP)
о. с	VES		about topic? Determine participants' general level of education?

#### Discussion of topic

Distantin	
Did the service provider:	at 1 ( the surrage of the meeting?
7. YESNO	Clearly define the purpose of the meeting?
8. YESNO	Discuss the relevance and purpose of the topic?
9. YESNO	Remain focused on the topic in hand?
10. YESNO	Explain risk factors (i.e. biological, environmental, socio-eco-
10. 110	nomic behavioural, health care related)?
11 YES NO	Discuss transmission and prevention?
11. 110	Discuss specific recommended behaviour changes:
12. YESNO	Discuss specific recommendation of the proposed behaviour change?
13. YESNO	Discuss potential obstacles and problems?
14. YESNO	Discuss potential obstacles and productions?
15. YESNO	Discuss potential complications and danger signs?
16. YESNO	Discuss when to go for services/follow up or seek help, if
10	needed?
17. YESNO	Discuss where to go for services or seek help, if needed?

#### Use of appropriate techniques

Did the	e service	provider

	the service		Establish good rapport with the participants?
18	YES	NO	Demonstrate sensitivity to existing/various levels of KAP?
		NO	Demonstrate sensitivity to existing various levels of RAL.
19	YES	NU	Demonstrate sensitivity to b
12.			

1 Pleiffer, J. (ed.), Theories and models in applied behavioral science, vol. II, p. 12, 28, 65-66, 139, 140, 147-149,

2 Wallerstein, N. & Bernstein, E., Empowerment, education: Freire's ideas adapted to Health education,

Health Education Quarterly, vol. 15, No. 4, p. 379-383 (1988)

· · ·		
	20. YESNO	_ Appeal to emotional and intellectual reasons for behaviour
		change?
	21. YESNO	_ Solicit participants' honest opinions at the outset of the meet
	22 VES NO	ing?
	22. YESNO 23. YESNO	_ Avoid use of technical/medical terminology?
C	23. YESNO 24. YESNO	_ Speak clearly and make eye contact?
1	24. YESNO	Use verbal and non-verbal communication?
	25. TL5NO	_ Use creative presentations, appealing to all five senses, to
	26. YES NO	help to mitigate boredom and fatigue?
	20. TESNO	_ Focus on observable behaviour that can be relatively easily
	27. YESNO	changed?
	27. TESNO	_ Communicate the desired behaviour change in a specific, non-
	28. YESNO	threatening and non-judgemental manner?
	29. YESNO	_ Display willingness to compromise as needed?
	30. YES NO	_ Avoid imposing his/her cultural values and choices?
	31. YESNO	Use demonstrations or models during the presentation?
	32. YESNO	_ Use role playing during the presentation?
44	32. TESNO	_ Promote group discussion and participation during the pre-
	33. YES NO	sentation?
	55. TE5NO	Promote group members' practice/application of their newly
	34. YES NO	acquired behaviour, to allow them to gain confidence?
	54. TESNO	_ Discuss problems and examples that are realistic and relevant
	35. YES NO	to the participants?
	36. YESNO	_ Repeat or restate key messages?
	50. TESNO	_ Ask participants to repeat key messages or demonstrate an
	37. YES NO	activity? Varify that participants we least a discussion of the second second second second second second second second s
	38. YESNO	_ Verify that participants understand key information?
	39. YESNO	Ask participants if they have any questions?
	40. YESNO	_ Respond thoroughly to questions from the audience?
	41. YES NO	Ask for feedback on the presentation from the participants? Allocate time well?
EBRI. INCOME		_ Anocate time wen:
	Use of materials	
	Did the provider:	
6	42. YESNO	_ Use audio-visual materials during the presentation?
Carley Brokers	43. YESNO	Use materials appropriate for illiterate participants, if neces-
		sary?
	44. YESNO	Distribute any available educational materials?
MAL PRO	Exit interview with parti	icipants
	Mark "yes" if the respondent	
	45. YESNO	_ What are the main points that you discussed today?
<h>&gt;</h>	46. YESNO	_ Do you feel ready/able to begin the behaviour change?
	47. YESNO	_ When should you return to the health centre (if needed)?
	48. YESNO	_ Was this helpful/interesting to you?
	Interview with provider	
	Mark "yes" if the respondent	answere correctly.
00	49 YFS NO	_ Did you communicate the points that you had planned to?
	45. 12010	Did you communicate the points that you had planned to?
Carl - Married		
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#### PHC service quality checklist **3: Antenatal care**

This checklist is intended for use in supervision and monitoring of antenatal services provided by health workers, community-based health workers, and traditional birth attendants. The list is comprehensive and includes some clinical tasks that the traditional birth attendants and other peripheral workers do not routinely carry out. The checklist should be modified and simplified according to the local situation. This checklist is intended for use in the observation of service delivery. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

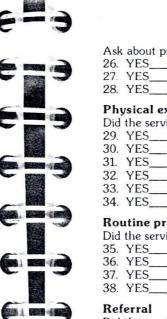
1	Health facility
2	Service provider
3	Observer/supervisor
<u>4</u>	Date

#### Reproductive history

66

	the service		
5.	YES	_NO	_ Review obstetric record or family health card?
			late information on the following:
		NO	Age?
	YES	NO	Date of last menstrual period?
	YES	NO	Date of last delivery?
		NO	Number of previous pregnancies?
9.	YES	_NO	Outcome of each pregnancy?
20.	YES	_NO	Complications during previous pregnancies?
	YES	_NO	Current or past breast feeding?
	YES		
Did	the service	e provider asl	about risk factors:
	YES	_NO	Spotting/ bleeding during current of part p
	YES	NO	Burning on urination?
	YES	_NO	Foul smelling vaginal discharge?
16.	And the second sec	_NO	_ Diabetes?
17.		NO	Cardiovascular problems?
18.		_NO	Renal problems?
19.		NO	Female circumcision?
20.	YES	NO	Previous injuries, especially to pelvis?
	YES	_NO	Medications currently being taken?
	YES	_NO	Smoking?
	YES	_NO	Alcoholism?
	YES	_NO	Drug abuse?
	YES	_NO	Any other problems associated with current pregnancy?

1 Complications include bleeding, toxaemia, infection, prolonged labour, RH incompatibility, Cesarean section, stillbirth, and spontaneous abortion.



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#### Ask about preventive actions taken:

26.	YES_	NO	Immunization against tetanus?
27.	YES	NO	Malaria prophylaxis?
28	YES	NO	Plans for delivery?

#### Physical exam

Did the serv	ice provider	3
29. YES	NO	Take pulse?
30. YES	NO	Take blood pressure?
31. YES	NO	Correctly measure height and weight?
32. YES	NO	Correctly examine legs, face, and hands for signs of oedema?
33. YES	NO	Calculate expected date of delivery?
34. YES	NO	Assess adequacy of pelvic outlet?

#### Routine preventive services for pregnant women

Did the service provider.

Did the serv	ice provider:	
35. YES	NO	Immunize or arrange for immunization against tetanus?
36. YES	NO	Administer or prescribe iron supplements?
37. YES	NO	Administer or prescribe nutrition supplements?
38. YES	NO	Administer or prescribe anti-malarial drugs if indicated?
Referral		
Did the serv	ice provider:	
39. YES	NO	Encourage mother to attend prenatal sessions at the local health facility?
40. YES_	NO	Refer high-risk pregnancies for additional medical attention? <sup>1</sup>
41. YES	NO	Recommend hospital birth for high-risk pregnancies?
42. YES	NO	Refer for urine examination (sugar and protein) if medically indicated?
43. YES	NO	Refer for blood test (glucose, haemoglobin/haematocrit or malaria diagnosis) if medically indicated?
44. YES	NO	Refer for blood test for RH factor determination?
45. YES	NO	— Refer for syphilis serology test (per local norms or if medi- cally indicated)?
Counsellin	g	
Did the serv	vice provider:	
46. YES	Contraction (19) In Contraction Contraction Contraction	Explain the importance of continuing prenatal care during pregnancy?
47. YES	NO	Explain the benefits of weight gain during pregnancy?
48 YES	NO	Discuss the types of foods to include in diet during preg-

48. YES	NO	Discuss the types of foods to include in diet during preg-
		nancy?
49. YES	NO	Explain how to take iron tablets/nutrition supplements?
50. YES	NO	Warn about dangers of alcohol, smoking, drugs?
51. YES	NO	Explain the importance of tetanus toxoid immunization dur-

ing pregnancy?

1 Referral is indicated if: 1) one or more high-risk factors (see reproductive history) are present; 2) there is a history of complications during pregnancy or birth; 3) the woman is older (per local norms) or has had many pregnancies (number determined by local norms). Referral is also indicated for obstetric and medical problem(s) and emergencies, ectopic pregnancy, infection or bleeding from abortion, and other prenatal problems and emergencies, especially haemorrhage, sepsis and eclampsia. Guidelines for referral should follow local norms.



	52.	YES	NO	_ Explain the importance of having delivery attended by a
	53.	YES	NO	trained health worker? _ Explain the dangers of abortions performed by unqualified in- dividuals?
	54.	YES	NO	_ Explain danger signs which require immediate attention? <sup>1</sup>
	55 <sup>.</sup>	YES	NO	_ Tell pregnant woman to have family seek assistance or trans-
				port her to clinic/hospital if danger signs of obstetric emer- gencies or complications of labour occur?
	56.	YES	NO	_ Tell pregnant woman where and when to go for next prena-
				tal visit?
S.	57.	YES	NO	_ Verify that pregnant woman understood key messages?
	58.	YES	NO	_ Ask if she has any questions?

#### Supplies

Ask the service provider about the following supplies:

59. YES	NO	Do you have a working scale (to weigh the pregnant woman)?
60. YES	NO	Do you have a measuring tape?
61. YES	NO	Do you have a stethoscope and blood pressure cuff?
62. YES	NO	Do you have a watch with a second hand to take pulse?
63. YES	NO	Do you have tetanus toxoid vaccine?
64. YES	NO	Do you have iron tablets (per local policy)?
65. YES	NO	Do you have drugs for malaria prophylaxis (per local policy)?
66. YES	NO	Do you have forms or health cards to record the antenatal
		visit?

#### Interview with pregnant woman

Mark "yes" if the respondent answers correctly:

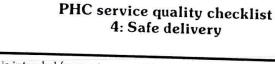
67. YES	NO	Do you plan to have a trained health worker attend your
		birth?
68. YES	NO	What are the danger signs during pregnancy that require
00. 120		medical attention? <sup>1</sup>
CO VEC	NO	
69. YES	NO	When and where is your next prenatal visit?
If pregnant y	voman is at	high-risk for any reason:
		Do you plan to seek further medical attention?
71. YES	NO	Do you plan to have your baby at a hospital?
Interview v	with servic	e provider
		lent answers correctly:
72. YES	NO	What are the danger signs during pregnancy that require
		medical attention? <sup>1</sup>
73. YES	NO	Do you refer high-risk pregnancies?
74 YES	NO	Do you have a way of tracking high-risk pregnancies?

 74. YES\_\_\_\_\_NO\_\_\_\_\_ Do you have a way of tracking high-risk pregnancies?

 75. YES\_\_\_\_\_NO\_\_\_\_\_ Do you follow up pregnant women who do not return to prenatal sessions?

1 Danger signs include swelling of hands and face, severe or prolonged dizziness, bleeding from vagina, sharp or constant abdominal pain, fever, vaginal odour or discharge.



This checklist is intended for use in supervision and monitoring of service quality as provide by clinic-based health workers, community-based health workers and traditional birth atten dants. Although it is difficult to schedule observation of birth(s), performance assessment can be carried out through interviews after delivery or role play. This list includes some clinica' tasks that traditional birth attendants and other peripheral workers do not routinely carry out The checklist should be modified and simplified according to the local situation. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery mark "yes" if the service provider carries out these activities during service delivery. Foi interview questions, mark "yes" if the respondent answers correctly.

•	1       Health facility         2       Service provider         3       Observer/supervisor         4       Date
•	Prepare for delivery         Did the service provider:         5. YESNOSterilise needles, syringes, cord ties, scissors/razor blade, and gloves?         6. YESNOPrepare a clean birthing place?         7. YESNOAssess potential complication
•	7. YESNOAssess potential complications and emergencies?         Take labour history         Did the service provider:         8. YESNOAsk when labour pains began?         9. YESNOAsk about frequency of contractions?         10. YESNOAsk if and when bag of water broke?         11. YESNOAsk about union began?
)	12. YESNO Ask about Vaginal bleeding?         13. YESNO Ask about dark black/green discharge (meconium)?         14. YESNO Ask when woman in labour last ate?         15. YESNO Ask when woman in labour last passed stool?
<b>)</b>	16. YESNOAsk about any medication or treatment taken?     17. YESNOAsk about risk factors if no information is available from pre-     natal records? <sup>1</sup> Conduct physical examination and monitor means the second
	Did the service provider:

1 High-risk factors include: 1) there is a history of complications during pregnancy or birth; 2) the woman is over\_\_\_years or has had more than\_\_\_pregnancies; or 3) the following conditions are present: spotting/bleeding during current or past pregnancies; burning on urination; foul smelling vaginal discharge during pregnancy; diabetes; cardiovascular problems; renal problems, circumcision; or previous injuries, especially to pelvis. Guidelines for defining high-risk and appropriate action should follow local norms.



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			6 3	
18. YES	NO	Regularly take pulse?		Seek h
19. YES	NO	Regularly take blood pressure?	623	Did the
20. YES	NO	Determine strength and length of contractions?	CES	51. YE
21. YES	NO	Determine position of foetus?		01. 12
22. YES	NO	Palpate cervix to determine thickness, firmness, and open-		52. YE
		ness?		53. YE
23. YES	NO	Determine whether bag of water has broken?		00. 12
24. YES	NO	Determine how far into the pelvis the presenting part has		
		come (station)?		54. YE
25. YES	NO	Determine the presenting part and its position?		01. 12
6. YES	NO	Feel for prolapsed cord, placenta previa?		55. YE
27. YES	NO	Regularly measure duration and frequency of contractions?	20 C	00. 12
28. YES	NO	Regularly check foetal heart beat?	6-3	
29. YES	NO	Regularly palpate abdomen to determine any changes in foe-		56. YE
		tal position?		57. YES
30. YES	NO	Observe perineum for crowning, opening of the vulva and/or		58. YE
		rectum to indicate beginning of second stage of labour?		59. YES
31. YES	NO	Regularly monitor blood loss?	6 3	0). IL
· ·		1		
		nplications and emergencies		Provid
	vice provider:			Did the
32. YES	NO	Diagnose dystocia if present?		60. YES
3. YES	NO	Diagnose haemorrhage and shock if present?		61. YE
4. YES	NO	Diagnose eclampsia if present?		62. YE
5. YES	NO	Diagnose infection if present?	A MARINA	
6. YES	NO	Diagnose cause of any maternal distress if present?		63. YE
7. YES	NO	Diagnose cause of foetal distress if present?	1010	64. YE
8. YES	NO	Diagnose abnormal presentation of foetus if present?	6	
ssist pro	gress of labo	ur		65. YE
	vice provider:			66. YE
39. YES	NO	Tell woman not to bear down until fully dilated and effaced?		
40. YES	NO	Encourage woman to urinate frequently?		67. YES
1. YES	NO	Reposition woman in labour or increase her activities (e.g.,		68. YES
		walking) to help labour progress?		69. YES
2. YES	NO	Administer low enema if bowel is full of stool and woman in		DI
		labour cannot pass it (per local policy)?		Deliver
3. YES	NO	Administer anaesthetic or analgesic (per local policy)?		Did the
				70. YES
	h normal del	ivery		71. YES
	vice provider:			72. YE
14. YES	NO	Wash hands and mother's perineum?		Monito
15. YES	NO	Deliver head?		Did the
6. YES	NO	Support perineum to prevent tearing when foetal head is		73. YES
		crowning?	6 3	74. YES
7. YES	NO	Support foetus's head as it passes over perineum?		
18. YES	NO	Feel if umbilical cord is around foetus's neck and slip it over		75. YES
	- <sup>1</sup>	head?		76. YES
19. YES	NO	Suck mucus and/or meconium from infant's nose and mouth?		70. TL
0. YES	NO	Deliver shoulders and body?		
State State		·		Examin
				Did the
				77. YES

#### help for obstetric problems and emergencies e service provider: ES\_ NO For shock and haemorrhage place mother in trendelenberg position and treat (per local policy)? ES NO Treat infection with antibiotics? S NO For eclamptic convulsions treat with anticonvulsants, protect physical safety of mother during convulsions, and immediately deliver infant? ES NO Attempt manual manipulation of foetal head in cases of incomplete internal rotation? ES NO Use appropriate technique to deliver foetus in abnormal position, such as footling, buttocks, face, brow, arm, shoulder presentations? NO Provide other emergency care as indicated? ES NO Refer obstetric problems and emergencies? ES NO Perform episiotomy if indicated (per local policy)? NO ES Assist with forceps, vacuum extraction, or symphisiotomy (if indicated and according to local policy)? de immediate care for new-born e service provider: NO ES Establish respiration/loud cry? ES NO Tie umbilical cord in three places with sterile ties? S NO Cut umbilical cord with sterile scissors or razor blade; leave two ties on infant's side? NO Wrap in clean cloth and cover head to maintain warmth? NO Determine APGAR score at 1 minute and 5 minutes after birth? NO Give the infant to the mother to suckle? NO Insert antibiotic eye ointment or silver nitrate drops into eyes within one hour after birth? S NO Immunize? NO Administer Vitamin K? S NO Provide emergency care, as indicated? r placenta service provider: S NO Deliver placenta and examine for completeness? NO Manually remove retained (partial or complete) placenta? S S NO Establish breast feeding? or mother immediately after delivery service provider: NO S Regularly monitor blood pressure and pulse? NO Massage uterus within 15 minutes after delivery and regularly thereafter? NO Monitor blood loss? NO Administer ergonovine 1 mg if mother is bleeding heavily (per local policy)? ne infant service provider: NO Assess general appearance, alertness, tone?



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-	2
1	7
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72	
78 YES NO	Take temperature?
10. 100	Measure respiratory rate?
15. 100	Measure heart rate?
00. 120	W-iah2
	Examine head and feel for tontanelles and survies:
02. 120	Examina area for redness discharge, jaunuice, panor.
00. 120	Listen to chest to assess respiration and heartbeat?
01. 120	Palpate abdomen and liver?
85. YESNO	Examine genitals for normality, hernias?
86. YESNO	E i for much tope and Muro rellex?
87. YESNO	Examine for muscle tone and short relief.
88. YESNO	ment, and broken or dislocated bones?
NO	Inspect skin for sores, breaks?
89. YESNO	Examine for birth defects?
90. YESNO	Examine for on the deletes:
91. YESNO	Weigh? Take temperature?
92. YESNO	Refer infants with medical emergencies and birth defects?
93. YESNO	Record labour and delivery information on labour charts?
94. YESNO	Watch for and record first urination and bowel movement?
95. YESNO	Watch for and fecold first dimation and contract
96. YESNO	Give BCG and OPV (per local policy)?
Education after de Aftercare: Did the service provi	der:
97. YESNO	fell mother to keep her genital area clean and comment
98. YESNO_	how to wash her genitais? Tell mother to return to clinic if gross bleeding occurs, or if lo- chia remains red or has foul smell, or if she develops fever or
99. YESNO_	other unexpected symptoms? Tell mother to refrain from intercourse for 4-6 weeks?
100. YESNO_	mu ut the lease area around cord clean and uty:
101. YESNO_	Tell mother not to put anything (soil) salve of the core and
101. YESNO_	and to remove the tips?
102 YES NO	Demonstrate how to bathe and clean infant, especially
102. YESNO_	d umbilical cord?
103. YESNO_	
	charge nom cora occaro.
Breast feeding:	•1
Did the service prov	
104.YESNO	mu is the food apportrum?
105. YESNO	mill that normal mill flow will begin after 2-3 days:
106. YESNO	
107. YESNO	
108. YESNO	Tell mother to use both breasts, feeding from one until it is
The second s	empty, then from the other? Tell mother to start feeding with the breast that is not the
109. YESNC	lucest about the started teeding from last une:
110. YESNC	
	III (

111. YES	_NO	Tell mother to keep nipples clean and dry to prevent crack- ing?
112. YES	_NO	Demonstrate how to express breast milk to relieve conges- tion and prevent engorgement?
113. YES	_NO	Demonstrate how to position infant's mouth around areola
114. YES	_NO	for breast feeding? Tell mother to return if the infant has problems nursing?
Well-child care:		
Did the service	provider:	
115. YES	NO	Tell mother about child immunization?
116. YES	NO	Tell mother when to return for first postpartum visit and for
		infant's first well-child visit?
117. YES	_NO	Verify that the mother understands warning signs for her and/or her infant to return to clinic?
118. YES	_NO	Verify that mother knows when to return for first postpartum visit and for infant's first well-child visit?
119. YES	_NO	Ask mother if she has any questions?
Supplies		
120. YES	_NO	Do you have cord ties?
121. YES	NO	Do you have a razor or a pair of scissors?
122. YES	NO	Do you have gloves?
123. YES	NO	Do you have a watch with a second hand to take pulse?
124. YES	NO	Do you have a stethoscope?
125. YES	NO	Do you have a blood pressure cuff?
126. YES	NO	Do you have antibiotics?
127. YES	NO	Do you have anticonvulsants?
127. YES	NO	Do you have needles?
128. YES	NO	Do you have syringes?
128. YES	_NO	_ Do you have syringes?





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#### PHC service quality checklist 5: Postnatal care

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This checklist is intended for use in supervision and monitoring of postnatal care provided by clinic-based health workers, community based health workers, and traditional birth attendants. This list is comprehensive and includes some clinical tasks that traditional birth attendants and other peripheral workers do not routinely carry out. The list should be modified and simplified according to the local situation. It is recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1	1211-1214 1240	Health fa	acility
2.		Service p	provider
3		Observer	r/supervisor
4		Date	2
Me	dical hi	story	
Did	the serv	ice provider:	5. 5.
5.	YES	NO	Ask mother when and where she delivered?
6.	YES	NO	Ask mother the outcome of the delivery?
7.	YES	NO	Ask about problems during delivery?
8.	YES	NO	Ask mother about vaginal bleeding?
9.	YES	NO	Ask mother about foul smelling vaginal discharge?
10.	YES	NO	Ask mother if she feels pain or tenderness in the abdomen or breasts?
11.	YES	NO	Ask mother if she's had a fever?
12.	YES	NO	Ask mother if she is taking any medications, including contra- ceptives?
13.	YES	NO	Ask mother what she is eating?
	YES	NO	Ask mother about the infant's eating habits?
Mo	ther:	camination	
15.	YES	NO	Examine the abdomen for swelling, condition of caesarean in-
15.	YES	NO	cision, and to determine the size and firmness of the uterus? Examine the genitals for swelling, discharge, bleeding, tears, fistula, and episiotomy repair?
17.	YES	NO	Examine the breasts for cracked nipples, engorgement, ab- scess?
18	YES	NO	Take pulse?
	YES	NO	Take blood pressure?
	YES	NO	Weigh the mother?
		NO	Examine eyes for signs of anaemia?

Did	the servi	ce provider:	
22.	YES	NO	Assess vital signs?
23.	YES	NO	Measure height and head circumference?
	YES	NO	Weigh child?
25.	YES	NO	Monitor child's growth with growth chart?
	YES	NO	Examine head and fontanelle?
27.	YES	NO	Assess eyes (for opacities, jaundice, infection)?
28.	YES	NO	Assess respiration (rate, retraction)?
29.	YES	_NO	Assess heart (rate, murmur)?
30.	YES	NO	Examine skin (pallor, jaundice, petechiae, infection)?
31.	YES	NO	Examine extremities and skeletal system for symmetry, mo ment, and broken bones?
32.	YES	NO	Examine umbilicus?
	YES	NO	Assess general alertness?
34.	YES	NO	Assess suction reflex?
35.	YES	NO	Assess Moro reflex?
36.	YES	NO	Assess response to brightness?
	YES		Assess response to sound?
D			
	umentati		
		ce provider:	Record findings of history and physical oversignition on
38.	YES	NO	Record findings of history and physical examination on health record?
Mot Did	her: the servi	ce provider:	ventive services, and referral Provide iron and/or folic acid tablets (per local policy)?
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Mot Did 39. 40. 41. 42. 43. Chill Did 44. 45. 46. 47. <b>Edu</b> Bree Did 48. 49. 50.	her: the servi YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES	ce provider: NO NO NO NO NO NO NO NO NO NO NO NO NO NO NO	<ul> <li>Provide iron and/or folic acid tablets (per local policy)?</li> <li>Provide nutrition supplements (per local policy)?</li> <li>Provide malaria chemoprophylaxis (per local policy)?</li> <li>Give other therapeutic medications to treat medical conditions as appropriate?</li> <li>Refer maternal postpartum cases requiring special treatme</li> <li>Give BCG vaccination or verify that child received vaccination at birth?</li> <li>Give first DPT and OPV (per local policy)?</li> <li>If the child is malnourished, refer for nutritional counsellin</li> <li>Refer the child for all physical conditions which need mediattention?</li> </ul>



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Child-spacing				×		PHC service
Did the servi 52. YES	ce provider: NO	Tell mother to refrain from intercourse for 4-6 weeks after de-			$\backslash$	6: Family p
JZ. 1LJ		livery?				
53. YES	NO	Explain that breast feeding will not prevent her from getting		This checklis	t is intended	for use in the o
		pregnant even if her periods have not begun?				al treatment prot
54. YES	NO	Discuss family planning with the mother and tell her how she can obtain child spacing services?		to the local	situation, if a	necessary. It is a b be sure that yo
Well child car	e:			the form Fo	or observatio	n of service deliv
Did the servi						vice delivery. For
55. YES	NO	Tell mother about enrolling infant in well-child clinic?		answers corre		vice delivery. To
56. YES	NO	Tell mother when and where to enrol child in clinic?		unowers com	certy.	
57. YES	NO	Tell mother when and where to take infant for first or further			which does have an advised	
		immunizations?		1	Health f	acility
58. YES	NO	Verify that mother understands key messages?		2.	Service	
				3		r/supervisor
General:				4	Date	
Did the servi						
59. YES	NO	Provide counselling for specific medical problem(s)?		Medical and	d reproduct	ive history (ne
60. YES	NO	Tell mother when to return for next postpartum visit, if indi-		Did the servi		internationy (ne
		cated?	(2 = 3)	5. YES	NO	Ask the clien
61. YES	NO	Verify that mother understood key messages?		6. YES	NO	Ask about nu
				7. YES	NO	Ask about pr
Supplies				7. YES 8. YES	NO	Ask about pr Ask about rea
Supplies Ask the serv	ice provider	about the following supplies:	$\epsilon$			Ask about pr Ask about rea ods?
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Ask the serv         62. YES         63. YES         64. YES         65. YES         66. YES         67. YES         68. YES         69. YES         70. YES         71. YES         Interview V         Mark "yes" if         72. YES	NONONONONONO with mothe f the respondNONONONONO	<ul> <li>Do you have a working scale to weigh the mother?</li> <li>Do you have a working scale to weigh the child?</li> <li>Do you have a watch or time piece with second hand to measure pulse?</li> <li>Do you have a stethoscope and blood pressure cuif?</li> <li>Do you have BCG, OPV, and DPT vaccines?</li> <li>Do you have iron tablets (per local policy)?</li> <li>r</li> <li>r</li> <li>ent answers correctly:</li> <li>When should your baby receive his or her next vaccination?</li> <li>For how long will you breast feed?</li> <li>What will you do to space your births?</li> <li>Is your child growing normally?</li> <li>e provider</li> <li>lent answers correctly:</li> <li>Do you maintain records that identify recent mothers and infants for postnatal care?</li> <li>Do you educate mothers about postpartum care during pre-</li> </ul>		8.       YES	NO NO NO NO NO NO amination ce provider: NO NO NO method ce provider: NO NO	Ask about rea ods? Ask about he Ask about liv Ask about hig Ask about hig Ask about hig Ask about hig Ask about hig Ask if she is h Ask about da Take blood pr Examine brea Examine brea Examine pation Ask if and wh children? Describe cont Ask about the

This checklist is intended for use in the observation of delivery of family planning services. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation, if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

ry (new clients) e client how old she is? out number, spacing, and outcome of pregnancies? out previous use of family planning methods? out reasons for stopping or switching previous methout heart disease? out liver disease? out high blood pressure? out history of Pelvic Inflammatory Disease? out history of suspected or confirmed venereal disease? out history of blood clots or thromboembolism? she is breast feeding? out date of last menstrual period? ood pressure? he breast for lumps? ne patient for signs of anaemia? and when the client and her spouse would like to have n? e contraceptive options to the client? out the client's preference? o discuss child spacing and methods with spouse or mend a method that was free of contra-indications for ent?





25.	YES	_NO	Verify that the client is comfortable with the recommended
26	YES	NO	method? If necessary, refer the client to a doctor or midwife?

#### For follow-up cases

Did	the serv	vice provider:	
27.	YES	NO	Verify correct usage?
28.	YES	NO	Ask about side effects?
29.	YES	NO	Give advice about managing side effects?

Counselling (for all)

Did	the service	provider:	
30.	YES	NO	Explain the correct usage of the selected method?
		NO	Explain possible minor side effects of the selected method?
-		NO	Explain how to manage side effects at home?
		NO	Explain major side effects which require medical attention?
1. C.		NO	Explain where and when to go for resupplies?
31 · · · · · · · · · · · · · · · · · · ·		NO	Explain where and when to go for routine follow-up?
36.	YES	_NO	Explain how to discontinue the method when pregnancy is
			desired?
37.	YES	NO	Verify that the client understands key messages?
38.	YES	NO	Ask the client if she has any questions?

#### Supplies

Ask	the service	provider abo	ut the following supplies:
		NO	Do you have a blood pressure cuff and stethoscope?
0		NO	Do you have a supply of oral contraceptives?
	YES	NO	Do you have a supply of IUDs?
	YES	NO	Do you have a supply of injectable contraceptives?
	YES	NO	Do you have a supply of implants?

#### Exit interview with client

Mark "yes" if	the respond	lent answers correctly:	
44. YES	NO	How do you use the contraceptive you received	d today?
45. YES	NO	What are the possible side effects?	
46. YES	NO	Where can you get more supplies?	( <b>•</b> )
47. YES	NO	When will you come back for a check up?	

#### Service provider interview

N	1	k "ups" if th	e respondent	answers correctly:
2	18.	YES	_NO	Under what conditions should you refrain from prescribing
	19.	YES	_NO	oral contraceptives? _ Under what conditions should you refrain from prescribing
1	50.	YES	NO	the IUD? _ Under what conditions should you refrain from prescribing in-
		YES	NO	jectable? _ Under what conditions should you refrain from prescribing
				implants?

## PHC service quality checklist 7: Breast feeding<sup>1,2,3,4,5,6,7</sup>

This checklist is intended for use in the observation of service delivery for promotion of breast feeding.. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation, if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

	1 Health fa	acility
	2 Service	
		r/supervisor
		r/ supervisor
	4 Date	
	Medical history	
	Did the service provider:	
THE WELL IN	5. YESNO	Ask about the mother's knowledge, attitudes and beliefs
		about breast feeding?
	6. YESNO	Ask about previous use of breast feeding with each child
		born in the last five years?
al 077 688	7. YES NO	Ask about duration of previous breast feeding and reasons
		for stopping?
Sec. 1	8. YES NO	Ask about use of medications and alcohol?
	9. YES NO	Ask about any current illnesses that might affect breast feed-
		ing?
	10. YES NO	Ask about socio-economic status and dietary habits and in-
		take?
	P + ( - l' - l l'	1
	Breast feeding educati	on and counselling
	Skills Training:	<i>i</i>
	Did the service provider:	
	11. YESNO	Instruct mothers on the health benefits to mother and child
		of breast feeding?
	12. YESNO	Instruct mothers on the financial benefits of breast feeding?
	13. YESNO	Tell mother to feed colostrum (begin breast feeding as soon as
TAN - THE - MAR		possible)?
	14. YESNO	Tell mother that normal milk flow will begin after 2-3 days?
	15. YESNO	Tell mother to breast feed infant frequently during the first
		few days?
	1 DHC Management Advance	ment Programme, Module 5, User's guide
	2 PRICOR Thesaurus, vol. II, j	232 253
	3 WHO, Indicators for assessir	
	5	g breast jeeding practices, p. 4

- 4 Mothercare : Interventions to improve maternal and neonatal nutrition, Working Paper # 4, November 1990 (John Snow, Inc)
- 5 USAID, Maternal and child health in Bolivia: Report on the in-depth DHS Survey in Bolivia 1989, p. 49
- 6 USAID, Media promotion of breast feeding: A decade's experience, Nutrition Communication Project, p. 45
- 7 Breast feeding for child survival strategy, USAID, May 1990 p. 29-30, 38



.

16.	YES	NO	Explain the importance of feeding breast milk only, for the first 4-6 months?
17.	YES	NO	Tell mother to use both breasts, feeding from one until it is
			empty, then from the other? Tell mother to start feeding with the breast that is not the
18.	YES	NO	breast she started feeding from the last time?
		NO	_ Tell mother to continue breast feeding when she or infant is
19.	YES	NO	ill (diarrhoea, infection)?
		NO	Tell mother to keep nipples clean and dry to prevent crack-
20.	YES	NO	ing?
01	YES	NO	Tell mother to avoid using soap on nipples and to air breasts?
	YES	NO	Demonstrate how to express breast milk to relieve conges-
22.	ILS		tion and prevent engorgement?
02	YES	NO	Demonstrate how to position infant's mouth around areola
23.	ILS		for breast feeding?
04	YES	NO	Tell mother to return if the infant has problems nursing?
	YES	NO	Coursel on family planning methods with least effect on
20.	120		guantity and quality of breast milk (spermicides, barrier meth-
			eds progesterone only pills or injections, IUDs or abstinence):
26	YES	NO	Teach ways to increase contraceptive benefits of breast feed-
20.			ing (e.g., exclusive and frequent demand feeding for the first
			six months)?
27	YES	NO	Use appropriate health education techniques and materials?
	YES	NO	Encourage breast feeding among HIV positive women, if ap-
20.			propriate?
29	YES	_NO	Explain that frequent bowel movements in the new-born indi-
0.2			cate good milk intake and infrequent stools in the first few
			weeks could be a warning sign?
30	. YES	NO	Ask the mother to repeat key messages?
31	YES	NO	Ask the mother if she has any questions?
		l messages:	
INI		i messages.	

		Tell mother to increase her total food and liquid intake or to
33. YES	_NO	balance her food intake and activities during lactation? <u>Explain to mother the administration schedule for nutrition</u> <u>supplements</u> , iron and/or folic acid tablets prescribed or dis-
		tributed for home administration?
34. YES	_NO	Warn mothers of dangers of alcohol and drugs?
	NO	Tell mother about specific, nutritious, appropriate local foods
JJ. 120		(protein rich)?
36 VES	NO	Discourage dietary taboos that restrict important foods/food
50. TLO		arouns for lactating women?
27 VES	NO	Encourage those cultural practices that promote consump-
57. TL5		tion of important foods for lactating women?
38 VES	NO	Discuss other feeding options with the mother?
00. 120		
	32. YES	33. YESNO         34. YESNO         35. YESNO         36. YESNO         37. YESNO

## Weaning: Did the service provider:

6 3

(==)

( = )

(=)

100 1

Did the service provid	
39. YESNO	Explain the importance of introducing complementary foods during a two-month transitional period (i.e., months five and
	six)?
40. YESNO	Explain that children should be breastfed (not exclusively) for a
*	least one year and preferably for up to 2 years of age or beyon
41. YESNO	Demonstrate preparation of weaning foods?

#### Exit interview with mother

Mark "yes" if the respondent answers correctly.

42. YES	NO	For how long will you breast feed?
43. YES	NO	Do you know the proper position to breast feed your child?
44. YES	NO	Do you know how to care for your breasts?
45. YES	NO	Do you know what/how much you should be eating during
		the lactation period?
		Policie I. In white an optimizer of the policy performance

#### Interview with service provider

Mark "yes" if the respondent answers correctly.

46. Y	ESNO	Explain the length of time that mothers should breast feed?
47. Y	ESNO	Explain the health and economic benefits of breast feeding?



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#### PHC MAP service quality Checklist 8: Growth monitoring/nutrition education

This checklist is intended for use in the observation of service delivery for growth monitoring and nutrition education. Before using it, the national treatment protocol should be reviewed an order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and now how to use the form. For observation of service delivery, mark "yes" if the service rovider carries out these activities during service delivery. For interview questions, mark yes" if the respondent answers correctly.

	Sec. Alar	Health fa	cility
2	1.1	Service p	
3.	-	Observer	/supervisor
4.		Date	
0	ne calc	ulation	
		ervice provider:	
5.			Base calculation on a reliable date of birth? <sup>1</sup>
5.			Correctly calculate date of birth? <sup>2</sup>
7			Correctly record age?
	110		
W	Jeighin	g	0
5	id the se	ervice provider:	
3.	YES	<u>' NO</u>	Set scale to 0?
Э.	YES	NO	Remove child's clothing?
10	D. YES	NO	Place child correctly on scale?
-	L. YES	NO °	Correctly read scale? <sup>3</sup>
1	2. YES	NO	Correctly record weight?
			and an about
		g the child's gro	JWIN ON CHAIL
		ervice provider:	Plot or locate the child's weight at correct age?
	3. YES		
- C.	4. YES		
1:	5. YES	NO	Connect to previous growth point?
B	eferral	and follow-up	
	6. YES	and the second sec	
1	7. YES	NO	Refer malnourished child for nutritional rehabilitation?
		14	
			i nutrition education
			o the following for all children weighed:
1	8. YES	NO	
			since last weighing?
		G	
1			irth: growth chart, health record, or birth certificate. Rely on mother's memory
~	only who	en these are not av	allable.
2	The acc	uracy of age calcul	ation and weight reading should be determined by comparing the health
	worker's	reading with the s	ipervisor's reading.

3 The accuracy of age calculation and weight reading should be determined by comparing the health worker's reading with the supervisor's reading.

C	13		
e	19. YESNO Tell mother the nutritional sta 20. YESNO Use growth card to explain to ing?	atus of the child? o mother how her child is grow-	
e	Did the service provider do the following for malnourished on to gained weight since the last session: 21. YESNO Ask if the child has had any line?		
e	ing? 22. YESNOMake recommendations regar 23. YESNOExplain importance of good b tices?	rding child feeding and care? preast feeding and weaning prac-	
6	24. YESNO Explain which locally availabl diet for children? 25. YESNO Explain how to feed children	during illness?	
e	26. YESNO Tell mother when to take chil	d for next weighing? ds key messages?	
E	29. YESNO Explain the importance of gai 30. YESNO Explain the purpose of growth	h monitoring?	,
E	31. YESNO Explain when and where to g vices? 32. YESNO Use appropriate health educar 33. YESNO Demonstrate preparation of w 34. YESNO Verify that attendees understa	o for growth monitoring ser- tion techniques and materials? weaning foods?	0
6	35. YESNO Use visual aids in transmitting Supplies Ask the service provider about the following supplies: 36. YESNO Working scale 37. YESNO Growth charts	} key messages?	
E	Exit interview with mother Mark "yes" if the respondent answers correctly: 38. YESNO How much does your child we 39. YESNO Did your child gain weight, los	sigh? ie, or stay the same since the	8
E.	40. YESNO When will you return for grow If the child is malnourished:	th monitoring?	7
e	41. YES Where will you take your child 42. YESNO What will you do to improve y	for nutritional rehabilitation? your child's condition?	
C.	Interview with service provider         43. YESNO Do you have a way of tracking         44. YESNO Do you refer malnourished chi tion or medical care?	ldren for nutritional rehabilita-	
Cim	45. YESNO Do you follow up malnourished back for growth monitoring?	d children who do not come	





#### PHC service quality checklist 9: Immunization

This checklist is intended for use in the observation of service delivery for immunization. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1.		Health fac	
2.		Service pr	
3.		Observer/	supervisor
4.		Date	
			luncipations
Ide	ntificati	on of needed	vaccinations
	the servi	ce provider:	_ Review health records to determine which immunizations are
5.	YES	NO	needed today?
		NO	Review mother's health record or ask mother whether she
6.	YES	NO	has received tetanus toxoid immunization?
	VEC	NO	Review vaccination status of other children in the family?
7.	YES YES	NO	Recommend vaccination even if the child is sick?
8.			
Pr	eparatio	n and care o	fvaccine
Dic	the serv	ice provider:	Check the label for the correct vaccine and to be sure the
9.	YES	NO	Check the label for the correct vaccine and to be sure the
			vaccine has not expired?
	YES	NO	Load the syringe without contamination? Keep the vaccine was and covered during the session?
11.	YES	NO	Keep the vaccine
Va	ccinatio	n technique	
Die	d the serv	vice provider:	
	YES	NO	Prepare the area of injection?
	YES	NO	Use a sterile needle for each injection?
14		NO	Use a sterile syringe for each injection?
	YES	NO	Apply the vaccine at the right level? (BCG = dermal layer,
10			measles = subcutaneous layer, DPT/TT = muscle)
16	YES	NO	Properly dispose of the needle and syringe?
17		NO	Was the child given all vaccinations needed today?
18		NO	If the mother required TT, did the service provider vaccinate
	a hereite		her or arrange for vaccination?

#### Documentation

Did the service provider:	
10 VEC NO	Record the vaccination on the child's health card?
20. YESNO	Record the vaccination in the appropriate health centre re-
20. 100	cord(s)?

#### **EPI** education Did the service provider: IN MER 21. YES NO Tell the mother which vaccinations were given during this visit? 22. YES NO Inform the mother that side effects, such as fever and pain, EB are possible? 23. YES For BCG vaccination, explain that a scab will form? NO 24. YES NO Tell mother where to go if she or the child should have a severe reaction to the vaccination? S.W. 25. YES Explain the importance of completing the vaccination series? NO 26. YES NO If DPT #3 has been administered, stress the importance of returning for measles vaccination? Explain that the child can be immunized even if she/he is ill? 27. YES NO 動態 28. YES NO Tell when to come back for the next immunization for mother or child? 29. YES NO Ask mother to encourage other women and their children to (ina be vaccinated? 30. YES NO Verify that mother understands key messages? 31. YES NO Ask mother if she has any questions? Maintenance of cold chain and supplies Observe the facility or ask health worker to determine the following: 32. YES NO Is the refrigerator working today? 33. YES Is there a thermometer or cold chain monitor in the refrigera-NO (COM R AND) tor? 34. YES NO Is there a temperature log? 35. YES Is temperature recorded regularly according to the local NO schedule? **新市** Was the registered temperature between 0 and 8 degrees (C) 36 YES NO at all times during the last month? 37. YES NO Are all vials in storage unopened? 38. YES NO Were vaccines sufficient during the last month? COLOR. ARRID 39. YES Were needles and syringes sufficient during the last month? NO 40. YES Were vaccination cards sufficient foring the last month? NO 41. YES For outreach sessions, were vacaines transported in cold NO boxes with ice packs? SPO D Exit interview with mother or caretaker Mark "yes" if the respondent answers correctly: What immunization(s) did you or your child receive today? 42. YES NO 43. YES\_ NO When should you return to the health centre for your next immunization? Interview with service provider Mark "yes" if the service provider answers correctly:

 44. YES\_\_\_\_\_NO\_\_\_\_\_ At what age should a child receive BCG vaccine?

 45. YES\_\_\_\_\_NO\_\_\_\_\_ At what age should a child receive DPT vaccine?

 46. YES\_\_\_\_\_NO\_\_\_\_\_ At what age should a child receive Measles vaccine?

 47. YES\_\_\_\_\_NO\_\_\_\_\_ At what age should a child receive OPV vaccine?

 48. YES\_\_\_\_\_NO\_\_\_\_\_ Should you vaccinate a child if she/he is ill?







#### PHC service quality checklist 10: Acute respiratory infection

This checklist is intended for use in the observation of service delivery for acute respiratory infection. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

	Contractor -		ter for	
	위한 1.	an in the state	Health fa	cility
			Service p	
	3.			/supervisor
	4.		Date	
	Ma	diaal hi	at any	
		dical hi		
			ice provider:	Ask about presence/level of fever?
	5.	YES		Ask about duration of cough?
	6.		NO	Ask about activity level?
	7.	YES		Ask about ability to drink?
8	8.	YES		Ask about presence of sore throat?
	9.	YES	NO	
	10.	YES	NO	Ask about presence of earache?
気が	11.	YES	NO	Ask about any past history of respiratory problems (e.g.
H.				asthma)?
	12	YES	NO	Ask about family history of TB or other respiratory illness?
		YES	NO	Ask about any treatment administered?
-100-1	Ph	ysical e	xamination	
100			vice provider:	
	14	YES	NO	Assess general status (alertness, muscle tone)?
		YES	NO	Count respiratory rate?
Kil		YES_	NO	Take temperature?
4		YES	NO	Observe breathing for chest indrawing?
		YES	NO	Listen for stridor, wheeze, and/or hoarseness?
		YES	NO	Auscultate chest?
1		YES_	NO	Examine throat for discharge, enlarged tonsils, or inflamed
-	20.			pharynx?
	21	YES	NO	Examine neck for tender glands?
		YES	NO	Examine ears?
and a		YES_	NO	Observe colour of lips, ears, face, and nail beds?
4	CL	assifica	tion, treatme	ent and referral
			vice provider:	
			NO	Classify child by severity of illness (cold, pneumonia, severe
新	2.4			pneumonia)?

25.	YES_	NO	Administer/prescribe antibiotics for pneumonia, strep throat, or otitis (per local policy)?
26.	YES	NO	Refrain from using antibiotics for colds?
27.	YES_	NO	Administer or prescribe drug for fever (per local policy)?
28.	YES_	NO	Administer or prescribe cough mixture (per local policy)?
29.	YES_	NO	Refer children with severe pneumonia or cough lasting more than 30 days?
	l educ		
Did	the ser	vice provider:	
30.	YES_	NO	Explain how to administer antibiotics?
31.	YES_	NO	Explain the importance of completing entire treatment course?
32.	YES_	NO	Explain how to administer cough mixture (how much, how often, how long)?
33.	YES_	NO	Explain how to drain child's nose (especially if mother is breast feeding)?
34.	YES_	NO	Tell mother to give extra fluids, continue feeding/breast feed-
35	YES	NO	ing during illness?
	YES_	NO	Tell mother to maintain a neutral temperature for the child?
			Tell mother about at least three of the signs/symptoms of moderate/severe ARI? <sup>1</sup>
	YES_		Tell mother to return for further consultation if the child's condition worsens or does not improve?
	YES_ YES	NO	Verify that mother understands key messages? Ask mother if she has any questions?
Ess	ential	supplies for A	ARI treatment
Ask	the ser	vice provider al	bout the following supplies:
40.	YES	NO	Do you have a watch with a second hand or other timepiece to assess respiratory rate?
41	YES	NO	Were antibiotic supplies adequate during the last month?
42	YES	NO	Do you have a thermometer to measure the patient's temper-
	. 20_		ature?
		with mother	
Mar	k "yes"	if the responder	nt answers correctly:
43.	YES_	NO	How will you treat your child at home? <sup>2</sup>
			What danger signs indicate that you should bring child to the health centre? <sup>1</sup>
			If antibiotics were prescribed: How will you administer the medicine?
46.	YES	NO	If antibiotics were prescribed: When will you stop giving the medicine to your child?
	nger sig	ns include stridor.	chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, ar

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#### Interview with health worker

Ma	rk "ups" if th	ne respondent	answers correctly:
47.	YÉS	_NO	What are the signs and symptoms of pneumonia?
48.	YES	_NO	How can you differentiate a cold from pneumonia?
49.	YES	_NO	How can you differentiate pneumonia from severe pneumo- nia? <sup>1</sup>
50.	YES	_NO	When do you prescribe antibiotics?
51.	YES	_NO	What home treatments do you recommend for colds and pneumonia? <sup>2</sup>
52.	YES	_NO	When should you refer a child to the health centre/hospital?

## PHC service quality checklist 11: Diarrhoeal disease control/oral rehydration therapy

This checklist is intended for use in the observation of service delivery for oral rehydration therapy. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

. \_\_\_\_\_ Health facility . \_\_\_\_\_ Service provider . \_\_\_\_\_ Observer/supervisor . \_\_\_\_\_ Date

#### **Medical history**

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5.	YES	NO	Duration of diarrhoea?
6.	YES	NO	Consistency of stools?
7.	YES	NO	Frequency of stools?
8.	YES	NO	Presence of blood and/or mucus in stools?
9.	YES	NO	Presence of vomiting?
10.	YES	NO	Fever?
11.	YES	NO	Home treatments?

#### Physical examination

12. YESNO       Assess general status (alert or lethargic)?         13. YESNO       Pinch skin? <sup>1</sup> 14. YESNO       Weigh child?         15. YESNO       Determine nutritional status to be sure the child is not verely malnourished?         16. YESNO       Take temperature?	Did the service provid	der:
13. YESNO Pinch skin? <sup>1</sup> 14. YESNO Weigh child?         15. YESNO Determine nutritional status to be sure the child is no verely malnourished?	12. YESNO	Assess general status (alert or lethargic)?
15. YESNO Determine nutritional status to be sure the child is no verely malnourished?	13. YESNO_	
verely malnourished?	14. YESNO_	Weigh child?
	15. YESNO	Determine nutritional status to be sure the child is not se-
16. YESNO Take temperature?		verely malnourished?
	16. YESNO_	Take temperature?

#### **Classification and treatment**

Did the service provider:

17. YES	NO	Determine the degree of dehydration (none, moderate, se-
18. YES	NO	vere)? Prescribe safe ORS or cereal-based ORT?
19. YES	NO	Recommend safe home treatment with ORS, or cereal-based
20. YES	NO	ORT? Refrain from using antibiotics, except when stools contain
21. YES	NO	blood or mucus? Refrain from using anti-diarrhoeals?

1 Health workers should also look for sunken fontanelle and examine the mucus membrane. These are omitted here because they cannot be observed, however they could be included if the health worker is asked to describe what he or she is doing.

1 Severe pneumonia is defined as cases with respiratory rates over 50 for children from 2 months to 5 years old (over 60 for children under 2 months), and with danger signs such as severe chest indrawing, inability to drink, or stridor.

2 Supportive home treatment includes extra fluids, continued feeding, maintaining a neutral temperature, clearning the nose, and using cough medicine or antihistamine (per local policy).





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26.2		
22. YES	NO	If the child is dehydrated, administer ORS or cereal-based ORT immediately or refer the child to a nearby centre?
23. YES	NO	Give sufficient amount of ORS solution?
24. YES	NO	Plan to reassess child's hydration status after an appropriate interval?
25. ¥ES	NO	Rehydrate with intravenous fluid or naso-gastric tube if dehy- dration is severe?
26. YES	NO	Try ORS solution, if IV or NG tube are not available within 30 minutes of facility?
28. YES	NO	NG treatment, if child cannot drink, refer/evacuate for IV?
ORT educa		
Did the serv		mu i i i i i i i i i i i i i i i i i i i
29. YES	NO	Tell mother to give extra fluids during diarrhoea?
30. YES	NO	Tell mother how to prepare ORS solution?
31. YES	NO	Tell mother how much ORS solution to give and how often to give it?
32. YES	NO	Tell mother about appropriate feeding practices during and after diarrhoea?
33. YES	NO	Tell mother about at least three signs of dehydration? <sup>1</sup>
34. YES	NO	Tell mother about at least two danger signs that indicate that she should bring the child to health centre? <sup>2</sup>
35. YES	NO	Show mother how to prepare ORS solution?
36. YES	NO	Show mother how to administer ORS solution?
37. YES	NO	Verify that mother understands key information?
38. YES	NO	Ask mother if she has any questions?
	supplies for	ORT
39. YES		Was the supply of ORS packets adequate for the past month?

39. YES	NO	Was the supply of ORS packets adequate for the past month?
	NO	Do you have the materials necessary (cup, spoon, water) to
The second second	and the	prepare and administer ORS solution?

#### Exit interview with the child's mother/caretaker

	Mark "ves" if t	the respond	ent answers correctly:
	41. YES	NO	How do you make ORS solution?
	42. YES	NO	How much ORS solution will you give your child?
	43. YES	NO	How often will you give ORS solution?
	44. YES	NO	What danger signs indicate that you should bring your child
¥.	1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		back to the health centre?

#### Interview with service provider

Mark "yes" if the respondent answers correctly:					
45. YES		When you examined the child for dehydration, what physical	i.		
46. YES	NO	signs did you look for? <sup>1</sup> What was the child's degree of dehydration?			

Signs for dehydration; 1) lethargy; 2) absence of tears while crying; 3) pinched skin retracts slow
 Danger signs : 1) many watery stools; 2) repeated vomiting; 3) very thirsty; 4) eating or drinking poorly;
 5) fever; 6) blood in stool; 7) child shows signs of dehydration.

PHC service quality checklist 12: Water supply, hygiene, and sanitation

This checklist is intended for use in the observation of service delivery for education in water supply, hygiene, and sanitation. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1		Health fa	acility
		Service	provider
3.		Observe	r/supervisor
4.		Date	
Oł	oservatio	n of health d	education sessions or individual counselling <sup>1</sup>
Die	d the servi	ce provider:	autori secoloris et marviadar courisening
5.	YES	NO	Explain that dirty water, human and animal waste, and refus
		10-10 M	can cause disease?
6.	YES	NO	_ Explain the link between water and sanitation and diarrhoed
7.	YES	NO	Explain that cleanliness can prevent disease?
8.	YES	NO	Discuss whether the woman has adequate access to water (i.
			located within 15 minutes of a water source)?
9.	YES	NO	If there is a problem with access, discuss current or potentia
			community efforts to address water supply problems and tel
			the woman how she can be involved?
u	ater storage	and use	
		ce provider:	
	YES	NO	Discuss keeping water in a clean, covered container?
	YES	NO	Recommend use of a long-handled dipper to remove water
	. 20		from container?
12	YES	NO	Recommend keeping soap near the water storage container
13		NO	Discuss the importance of hand washing before enting, feed
			ing children, and food preparation?
14.	YES	NO	_ Discuss the importance of washing hands with soap after
		18-18-18-18-18-18-18-18-18-18-18-18-18-1	Hard a stand of the stand of the soup after
			using the latring cleaning children or handling refuse or ev
			using the latrine, cleaning children, or handling refuse or ex
15.	YES	NO	creta?
15.	YES	NO	creta? Encourage use of safe water for drinking, cooking, and wash
			creta? Encourage use of safe water for drinking, cooking, and wash ing vegetables or fruit?
Lai	trine maint	enance and us	creta? Encourage use of safe water for drinking, cooking, and wash ing vegetables or fruit?
Lai Did	trine maint I the servic	enance and us ce provider:	creta? Encourage use of safe water for drinking, cooking, and wash ing vegetables or fruit? se:
Lai Did 16.	trine maint I the servic YES	enance and us ce provider: NO	creta? Encourage use of safe water for drinking, cooking, and wash ing vegetables or fruit? se: Inspect latrine?
Lai Did 16. 17.	trine maint I the servic	enance and us ce provider:	creta? Encourage use of safe water for drinking, cooking, and was ing vegetables or fruit? se:

1 Individual counselling should be carried out in cases of diarrhoea, or in any cases where the health worker feels that poor water and sanitation may constitute a health risk.



Module 6: Service quality; appendix B

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19. YES	NO	Recommend making sure that latrine is absent of puddles?
20. YES	NO	Recommend making sure that latrine is absent of flies?
21. YES	NO	Recommend making water or paper available in latrine?
22. YES	NO	Advise not to use latrine for storage?
23. YES	NO	Advise to keep animals out of the latrine?
24. YES	NO	Discuss appropriate latrine use and human waste disposal
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		(e.g. baby potty for children under three)?

#### Refuse and excreta disposal:

Did the service provider:	
25. YESNO	Recommend sweeping house and courtyard daily?
26. YESNO	Recommend keeping animals away from cooking and eating
	areas?
27. YESNO	Recommend collecting and drying animal excreta for ferti-
	liser, fuel, or as a construction material?
28. YES NO	Recommend burning or burying refuse?
29. YESNO	Recommend collecting used water and channel it into the
· · · · · · · · · · · · · · · · · · ·	garden?
30. YES NO	Recommend penning animals away from the house?

#### Interview with health workers

Mark "ves" if the respondent answers correctly:

31. YES		Do you talk to individuals or groups about water and sanita-
32. YES	NO	tion? Do you keep a list of neighbourhoods or households that do
02. 120		not have adequate access to water?
33. YES	NO	What do you tell mothers about how to keep the drinking
		water at her home safe?
34. YES	NO	What do you tell mothers about how to keep the latrine
		clean?
35. YES	NO	What do you tell mothers about refuse disposal?
4		

#### Interview with mothers

Mar	'k "yes" if	the respond	ent answers correctly:
36.	YES	NO	Has a health worker ever talked to you, individually or in a
al.			group, about water and sanitation?
37.	YES	NO	Why is it important to wash your hands?
	YES	NO	What do you do to keep the drinking water at your home
100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		safe?
39.	YES	NO	What do you do to keep your latrine clean?
40.	YES	_NO	How do you dispose of refuse?

#### PHC service quality checklist 13: Childhood disabilities This checklist is intended for use in the observation of services provided by clinic-based and community-based service providers to clients with Childhood Disabilities. In this instance, the term "disabilities" will refer to clients who are crippled, who have trouble moving, speaking, seeing, hearing, or learning, and who have physical, mental, or emotional handicaps.<sup>1</sup> It is expected that providers will have different levels of training and expertise and have varied access to resources such as diagnostic, treatment, rehabilitation, and special education services. Therefore, national management and treatment protocols should be reviewed in order to adapt

Therefore, national management and treatment protocols should be reviewed in order to adapt the tool to the local situation. PHC managers can use the checklist as a **supervision tool** to determine whether services are delivered according to established norms.

NOTE: Questions included in this checklist were constructed from existing manuals and references on disabilities,<sup>2, 3, 4, 5</sup> and from the reported field experiences of relevant clinicians and researchers.<sup>6</sup>

#### Health facility Service provider Observer/supervisor Date

#### **Medical history**

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Did	I the service	e provider:	2 ×
5.	YES	NO	Ask the mother if she received prenatal care?
6.	YES	NO	Ask the mother if her deliveries were attended by a health worker or TBA?
7.	YES	NO	Ask the mother about the health/size of the newborn?
8.	YES	NO	Ask the mother if the child's growth was monitored?
9.	YES	NO	Ask the mother if the child is fully immunized?
10.	YES	_NO	Ask the mother whether the child had any serious delay in
11.	YES	_NO	sitting, standing, or walking? Ask the mother whether the child has difficulty learning to do things like other children his/her age?
12.	YES	NO	For children 3 - 9 yrs. old, ask the mother whether the child's speech is in any way different from normal, e.g., not clear enough to be understood by people outside the immediate family?
	5. 6. 7. 8. 9. 10. 11.	5. YES 6. YES 7. YES 8. YES 9. YES	6. YESNO         7. YESNO         8. YESNO         9. YESNO         10. YESNO         11. YESNO

 This is the working definition used by the following contributors: Dr. David Marsh, Aga Khan University, with Drs. Salma Alam, Ghaxala Parveen, Shafiq-ur-Rab, and Mohammed Zahid.
 Helander, E., et al., Training in the Community for People with Disabilities, Geneva, WHO, 1989.

- 3 Thorburn, M.J., & Marfo, K., Practical approaches to childhood disability in developing countries. Insights
- from experience and research, 3D Projects, Spanish Town, Jamaica, 1990. 4 Wallace, H., "Health care of women and children in developing countries", Chapter 38, Handicapped
- children and youth in developing countries. Third party publishing company, Oakland, CA, 1990.
- 5 Werner, D. Disabled Village Children, Hesperian Foundation, Palo Alto, CA, 1987.
- 6 See footnote 3. Also Dr. Pasquale Accardo, Chair, Section on children with disabilities, American Academy of Pediatrics, provided some meaningful comments.





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94			E.	""	
UD VEC	NO	For 2-year-old children, ask whether he/she can identify and			41. YES_
13. YES_	NO	rau the name of at least one object?	-	THE	
14 VEC	NO	A how hather the child has difficulty in walking, moving			
14. YES_	NO	his ther arms or has weakness or stiffness in the arms or legs?			42. YES_
15. YES	NO	Ask whether the child has had trouble seeing, either in the	E	3	
15. 115_		dautime or evening?	2 =	115	43. YES_
16. YES_	NO	Ask whether the child has had trouble hearing?			
16. TES_ 17. YES_	NO	Ack the mother whether the child has had tits (e.g., lost con-			44. YES_
17. 11.5,		sciousness, blank stares, twitching or other uncontrolled	6		
		mourments)?	E1	3	
10 VEC	NO	Ask the mother whether the child has had any behavioural			Interview
18. YES_	NO	or emotional problems?			Mark "yes
19. YES	NO	A lowban the disability began?		-	45. YES_
	NO	Ask whether any family members or relatives have had a sim-		5	40. ILO_
20. YES_	NO	ilar problem?	14		46. YES_
OI VEC	NO	Ask whether medical care was sought for the disability?			40. TL3_
21. YES_	NO			ITEM	47. YES_
Physical	exam			-	48. YES
Did the se	ervice provider:	to the there are defected		i i	40. TL3_
22. YES		Note the presence of any deformities or defects?	C	2	49. YES_
23. YES	the second se	Check for normal range of motion in legs, knees, feet, hips?		195	49. TES_
24. YES		Check for differences in leg length?			
25. YES		Check muscle strength in legs, knees, feet, hips, shoulders,			EO VEC
10	6	back, arms or hands?	6		50. YES_
26. YES	NO	Check sense of balance and coordination?			
27. YES		Check reflexes in knee?			F1 VEC
28. YES		Check ability to touch or feel pain?	5	-	51. YES_
29. YES		Check for abnormal curve of the spine?		FEE	
30. YES		Examine ears and test hearing?	<b>C</b>	5	FO VEC
31. YES		Examine and test eyes?		1	52. YES_
32. YES		Examine oral cavity?			
National discounts			- 11 B	I FILL	Exit inte
Case id	entification/re	eterral			Mark "yes
	service provider:	Administer/prescribe appropriate treatment or therapy ac-		1	53. YES
33. YES	5NO	cording to established treatment guidelines?	E	3	54. YES
		Make the appropriate referral according to established guide-	(e) -		55. YES
34. YES	5NO	Make the appropriate referral according to established g			
		lines?			56. YES
35. YES	5NO	Record the case according to established guidelines?	<b>1</b> 1		57. YES
C	lling client on	childhood disabilities	<b>C</b> .	5	58. YES
Dultha	service provider				59. YES
		Drouide adequate information about local of regional reference		-	0. 120
36. YE	<u> </u>	services for people with disabilities (e.g., NGOs, special		7 899	60. YES
	-1	achools therapy and treatment centres)?	1 × 1		00. 100
27 VE	S NO	Provide adequate information on local or regional medical		1	61. YES
37. YE	·io	amogialists?	6		
20 VE	S NO	Discuss with the client what may have caused the disability?		/ 5	
38. YE		Discuss available medicine or treatment, if any?	-	-	
39. YE	.sno	Discuss available long-term outcomes associated with the		1	

OD

6.

Discuss any possible long-term outcomes associated with the condition and, if applicable, the need for ongoing treatment? 39. YES\_\_\_\_\_\_ 40. YES\_\_\_ NO

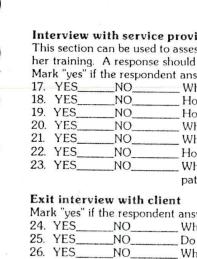
41.	YES_	NO	If applicable, discuss the possible risk of having another child
			if more than one child is known to have been born with a ge-
			netic condition?
42.	YES_	NO	Discuss what parents and families can do to help the disabled
			child?
43.	YES_	NO	Discuss what community or schools can do to help children
	VEC	NO	with disabilities? Discuss how a child with a disability can still do many things
44.	YES_	NO	normally and can continue to be a productive member of the community?
Int	erview	with service	provider
Ma	rk "ves"	if the responde	nt answers correctly:
45.	YÉS	NO	What are some signs and symptoms associated with disabili-
			ties?
46	YES_	NO	What are the local treatment guidelines and available treat-
			ments?
	YES_	NO	What are some ways that disabilities can be prevented?
48	YES_	NO	When should you refer cases for further diagnosis, testing, or
	*		treatment?
49	YES_	NO	What are the local or regional referral services, e.g. NGOs,
			special schools, therapy and treatment centres, or specialists available to clients with disabilities?
50	YES	NO	Who is the individual in the community responsible for super-
00	120_		vising or organising disability-related activities, such as reha-
			bilitation, special education, recreational activities?
51	YES	NO	What are the committees or support groups in the commu-
			nity which are responsible for the above disability-related ac-
			tivities?
52	YES_	NO	What is the process of recording or following up the progress
			of individuals?
		view with cli	
			ponds correctly:
	. YES_		What is your child's disability?
	. YES_		Do you know how he/she got it? If applicable, do you know how to prevent a similar disability
55	. YES_	NO	
	VEC	NO	from happening again?
		NO	What treatment did you receive?
	YES_	NIC	
57	YES_	NO	How do you administer it?
57 58	YES_	NO	Where do you go for treatment or follow-up?
57 58	YES_		Where do you go for treatment or follow-up? What are some of the available therapy and treatment cen-
57 58 59	YES_ YES_ YES_	NO NO	Where do you go for treatment or follow-up? What are some of the available therapy and treatment cen- tres and/or community groups which can help your child?
57 58 59	YES_	NO	<ul> <li>Where do you go for treatment or follow-up?</li> <li>What are some of the available therapy and treatment centres and/or community groups which can help your child?</li> <li>What kinds of things can your child still do normally despite</li> </ul>
57 58 59 60	. YES_ . YES_ . YES_ . YES_	NO NO NO	<ul> <li>Where do you go for treatment or follow-up?</li> <li>What are some of the available therapy and treatment centres and/or community groups which can help your child?</li> <li>What kinds of things can your child still do normally despite his/her disability?</li> </ul>
57 58 59 60	. YES_ . YES_ . YES_ . YES_	NO NO	<ul> <li>Where do you go for treatment or follow-up?</li> <li>What are some of the available therapy and treatment centres and/or community groups which can help your child?</li> <li>What kinds of things can your child still do normally despite</li> </ul>

#### PHC service quality checklist 14: Accidents and injuries<sup>1</sup>

This checklist is intended for use in the observation of service delivery for accidents and injuries. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

Did the service provider:       5. YESNOCorrectly identify type of injury?         6. YESNOObtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss occupational safety issues?         12. YESNODiscuss cupational safety issues?         13. YESNODiscuss cupational safety in and around the home?         14. YESNODiscuss location of emergency?         15. YESNODiscuss location of emergency facilities in the area?			Se	100	2
4 Date         Medical history         Did the service provider:         5. YESNO Obtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNO Administer proper treatment according to established lines?         8. YESNO Make the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNO Discuss some common injuries and how they may be vented?         10. YESNO Discuss the use of alcohol and dangers related to alco sumption?         11. YESNO Discuss the importance of proper storage of dangerou stances?         12. YESNO Discuss child safety in and around the home?         14. YESNO Discuss location of emergency?         15. YESNO Discuss location of emergency facilities in the area?		ver/superviso			3
Did the service provider:       5. YESNOCorrectly identify type of injury?         6. YESNOObtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOAdminister proper treatment according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss occupational safety issues?         12. YESNODiscuss concupational safety issues?         13. YESNODiscuss location of emergency?         14. YESNODiscuss location of emergency facilities in the area?		ver, super nee			4
6. YESNOObtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss colla safety issues?         13. YESNODiscuss location of emergency?         14. YESNODiscuss location of emergency facilities in the area?					
5. YESNOObtain history of the injury?         6. YESNOObtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss cupational safety issues?         13. YESNODiscuss cupational safety in and around the home?         14. YESNODiscuss location of emergency?         15. YESNODiscuss location of emergency facilities in the area?					
6. YESNOObtain history of the injury (cause, time of injury, dete type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss colla safety issues?         13. YESNODiscuss location of emergency?         14. YESNODiscuss location of emergency facilities in the area?					
type of poisoning, etc.)?         Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss cupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?	itify type of injury?	Corre	ESN	YES	5.
Physical examination         Did the service provider:         7. YESNOAdminister proper treatment according to established lines?         8. YESNOMake the appropriate referral according to established lines?         Education on injury prevention         Did the service provider:         9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss cupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNODiscuss location of emergency?         15. YESNODiscuss location of emergency facilities in the area?			ESN	YES	6.
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9. YESNODiscuss some common injuries and how they may be vented?         10. YESNODiscuss the use of alcohol and dangers related to alco sumption?         11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss occupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?					
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10. YESNODiscuss the use of alcohol and dangers related to alconsumption?         11. YESNODiscuss the importance of proper storage of dangeroustances?         12. YESNODiscuss occupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?			·	1 20	1.
11. YESNODiscuss the importance of proper storage of dangerou stances?         12. YESNODiscuss occupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?	se of alcohol and dangers related to alcohol con-		'ESN	YES	10.
stances?         12. YESNODiscuss occupational safety issues?         13. YESNODiscuss child safety in and around the home?         14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?		sump			
stances?         12. YESNO Discuss occupational safety issues?         13. YESNO Discuss child safety in and around the home?         14. YESNO Explain how to recognise an emergency?         15. YESNO Discuss location of emergency facilities in the area?	nportance of proper storage of dangerous sub-	Discu	'ESN	YES	11.
13. YESNO Discuss child safety in and around the home?         14. YESNO Explain how to recognise an emergency?         15. YESNO Discuss location of emergency facilities in the area?					
13. YESNO Discuss child safety in and around the home?         14. YESNO Explain how to recognise an emergency?         15. YESNO Discuss location of emergency facilities in the area?		Discu	'ES N	YES	12.
14. YESNOExplain how to recognise an emergency?         15. YESNODiscuss location of emergency facilities in the area?	pational safety issues?				
15. YESNODiscuss location of emergency facilities in the area?	pational safety issues? safety in and around the home?	Discu			
	pational safety issues? safety in and around the home? to recognise an emergency?	Discu Expla			
16. YESNOExplain the importance of determining the cause of t jury, particularly in the case of poisonings?	pational safety issues? safety in and around the home? to recognise an emergency? ion of emergency facilities in the area?	Discu Expla Discu	ESN	YES	14.

1 Kirsch, T. and Kiess, L. Thesaurus of Injury care skills. Draft. Baltimore, MD, The Johns Hopkins University, 1992.



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#### Interview with service provider

This section can be used to assess the knowledge of the service provider depending on his or her training. A response should be judged correct if it is in agreement with local guidelines. Mark "yes" if the respondent answers correctly:

17.	YES	_NO	_ What are some common injuries
18.	YES	_NO	_ How can these injuries be prevented?
19.	YES	_NO	How can you recognise an emergency?
20.	YES	_NO	_Where can treatment be obtained?
21.	YES	_NO	When should a patient be referred?
22.	YES	NO	How should a patient with an injury be transported?
23.	YES	_NO	_What important information do you need to obtain from a
			patient regarding their injury?

Mark "yes" if the respondent answers correctly: What is your injury?

LT. 1LU1U	what is your injury?
25. YESNO	Do you understand how to care for the injury?
26. YESNO	What medication were you given?
27. YESNO	Do you understand how to take this medication?
28. YESNO	What are the danger signs that warn you to return to the
29. YESNO	health care facility for help? What kind of follow-up or rehabilitative care does your injury require?
30. YESNO	How can this kind of injury be prevented or avoided in the fu-





#### PHC service quality checklist 15: Sexually transmitted diseases and HIV/AIDS

This checklist is intended for use in the observation of STD-related services which are delivered by health care service providers in STD clinics, PHC centres, MCH facilities or FP clinics. It is expected that providers will have different levels of training and expertise, and have varied access to resources such as clinical, diagnostic, and treatment services. Therefore, national management and treatment protocols should be reviewed in order to adapt the tool to the local situation. PHC managers can use the checklist as a supervision tool to determine whether services are delivered according to established norms. Because of the confidential nature of the questions, supervisors may want to observe simulated visits rather than actual visits, or to use an interview with the health worker rather than observation.

NOTE: Questions included in this checklist were constructed from existing STD/HIV/AIDS medical and management protocols developed by WHO<sup>1</sup> from AIDS prevention programme materials<sup>2 3</sup> and from related studies on counselling and education<sup>4 5 6</sup> and drawn from the reported field experiences of relevant clinicians and researchers.<sup>7</sup>

1.	Health facility
2.	Service provider
3.	Observer/supervisor
4	Date

#### Medical history

This section can be used to assess the service provider who takes the medical history. The purpose of taking the medical history is to alert the provider to possible types of infection associated with STDs.

Did the service provider:

- Ask about symptoms of infection such as prolonged fever? YES NO 5.
  - unexplained weight loss? NO YES chronic diarrhoea? NO YES persistent cough? NO YES visual symptoms? NO YES
- 1 World Health Organization: Management of patients with sexually transmitted diseases. WHO Technical report series 810, Geneva, World Health Organization, 1991.
- 2 Lamptey, P, Piot, P., The handbook for AIDS prevention in Africa. Durham, NC, Family Health International, 1990.
- 3 World Health Organization, AIDS prevention: guidelines for MCH/FP Programme managers. Global Programme on AIDS, Geneva, World Health Organization, 1990.
- 4 Andrist, L., Taking a sexual history and educating clients about safe sex. Nursing Clinics of North America, Dec., 23(4):959-73 (1988).
- 5 Stone, D. & Kaleeba, N., Counselling and AIDS. The handbook for AIDS prevention in Africa, 181-190, Durham, NC, Family Health International, 1990.
- 6 World Health Organization: Management of patients with sexually transmitted diseases. WHO technical report series 810, 61-7, Geneva, World Health Organization, 1991.
- 7 Bernham, G., Department of International Health, Johns Hopkins School of Public Health; Brady, W., PA-C, MPH Division of STD/HIV prevention, Centers for Disease Control; Millar, M, University Resesarch Corporation, Training programme as part of WHO Global Programme on AIDS; Neill, M., Training and Materials Development Specialist, CDC; Alwood, C., NP, AIDS Clinic, Johns Hopkins Hospital.

= 9		
See.	YESNOgenital ulcers?	
	YESNO urethral/vaginal discharge?	
- 3	YESNOpainful or difficult urination?	
3	YESNO mouth sores?	
	YESNO night sweats?	
100	6. YESNO Ask about previous exposure to STDs?	
9	7. YESNO Ask about treatments administered?	
	8. YESNO Ask about follow-up and compliance with treatment?	
2	9. YESNO Ask about treatment of partner(s)?	
	10. YESNOAsk whether client has ever had transfusion of blood or	
	blood products?	
č.,	11. YESNOAsk whether client has ever been exposed to non-sterile in- struments such as needles or knives?	
1	12. YESNOIf applicable take the medical history in private?	
	12. YESNO If applicable, take the medical history in private?	
	Sexual history	
	The purpose of taking a sexual history is to alert the service provider to possible risk	
	behaviours associated with STDs. Due to the sensitive nature of the subject matter, the provider	
	should be careful to explain the reason for obtaining this information and to assure the client	
	of the confidentiality of his/her responses.	
	Did the service provider:	
	13. YESNO Explain why taking a sexual history is useful in identifying a	
	condition?	
	14. YESNOAssure the client that all responses will remain confidential?	
	15. YESNO Ask whether client is currently sexually active?	
	16. YESNOAsk whether client is active with more than one partner?	
	17. YESNOAsk about types of sexual practice?	
	18. YESNOAsk whether condoms are used during sexual activity?	
	19. YESNO Ask client for questions or concerns regarding his/her sexual	
	activity?	
	20. YESNO Take the sexual history in private?	
	Physical examination	
	This section can be used to assess how the physical examination is conducted given that	
	proper equipment such as an examination table, gloves, and speculum, may not be available	
	Did the service provider:	
	21. YES If client felt feverish, take temperature?	
	22. YESNO Weigh client?	
	23. YESNO Examine oral cavity for signs of infection e.g., thrush?	
	24. YESNO Examine eyes (infant) for conjunctiva?	
	25. YESNO Check for swollen glands in the neck, armpit, or groin?	
	26. YESNOFor women, check for lower abdominal pain/tenderness?	
	27. YESNO For women, examine cervix, vagina, and labia?	
	28. YESNO For men, examine penis base, and scrotum, and retract fore-	
	skin?	
	29. YESNO Examine anus for ulcers or warts?	
	30. YESNO Check for possible skin infection?	
	31. YES NO Take the percessary presolutions to minimize supervise to	

Take the necessary precautions to minimise exposure to blood and body fluids during the examination?



1



ase identification/treatment/referral	1	Pre- and post- test counselling for HIV antibody testing or STD laboratory testing
uidelines for diagnosis, testing, treatment and referral of priority diseases or syndromes will	A PERMIT	This section is applicable only if laboratory testing is indicated for the client and adequate
eed to be reviewed in order to correctly identify and treat cases.	0	laboratory protocols and facilities are available.
111		Did the service provider:
/ith appropriate laboratory support:		54. YESNOExplain the testing procedure to the client?
id the service provider: 2. YESNO Practise universal precautions before and after drawing a		55. YESNO Assure the client of the confidentiality of his/her test results?
sample, e.g., blood, urethral/vaginal discharge?		56. YESNO Discuss the meaning of a negative test result?
3. YESNO Draw the sample according to protocol?		57. YES Discuss the meaning of a positive test result?
4. YESNO Take the recommended amount of specimen?	<b>C : a</b>	58. YES Discuss available treatment of conditions, if any?
5. YESNO Seal and label container of specimen?	C	59. YES Discuss the importance of notifying a partner?
5. YESNO Complete record of transfer to laboratory?		60. YES Discuss the possibility that the infected client or partner may
7. YESNO Transfer specimen to laboratory within prescribed time limit?		not yet have symptoms or show signs of being infected?
fter testing is complete or in the absence of laboratory support: <sup>1</sup>		61. YESNO Explain about some common symptoms which may occur as
id the service provider:		a result of infection and should be reported to the provider?
3. YESNOIdentify disease according to established guidelines?		For HIV-positive women:
. YESNO Inform the client of the diagnosis?	612	Did the service provider:
). YESNO Administer/prescribe appropriate treatment according to es-		62. YESNOAdvise client of the risks to a foetus/infant?
tablished treatment guidelines?		63. YES Give contraceptive advice or, if desired, direct the client to
I. YES NO Instruct client on treatment compliance and when to return?		family planning services?
2. YESNO Make the appropriate referral according to established guide-	Car i Fill	64. YESNOSuggest any prenatal or postnatal care that may be needed?
lines?		For mothers of HIV-infected newborns:
3. YES NO Record the case according to established guidelines?		Did the service provider:
4. YES NO Ask for questions from the client?		65. YESNOExplain that the child could have many years of normal life?
	(e) i reg	66. YESNO Encourage breast feeding and growth monitoring of the child
ounselling client on prevention of STD and HIV/AIDS ounselling the client about STDs is intended to prevent behaviours that lead to infection		67. YESNO Recommend complete immunizations except BCG if the child
d to provide support to those who are infected or are caring for someone who is infected.		shows clinical signs of HIV infection?
his section can be used if the medical/sexual history indicates that the client may be at risk	( i m	
r STD.		Counselling client with diagnosed STD
id the service provider:		In this section, counselling is intended to provide support to clients whose laboratory testing
5. YESNO Inform the client about the ways in which STDs can be trans-	6 3	if available, and clinical findings indicate STD infection. Did the service provider:
mitted within that community?		
6. YESNODiscuss some basic ways to prevent sexual transmission of		68. YESNOExplain how the infection may have been transmitted? 69. YESNODiscuss available treatments, if any?
STDs?		70. YESNOExplain if the infection is curable, and if not, the long term ef-
7. YESNOInstruct the client on the correct and consistent use of con-	e i e	fects?
doms?	-	71. YESNODiscuss complications, if any, of disease or treatment?
8. YESNOTeach client how to recognise some common symptoms of		72. YESNO Discuss the possibility that infected partners may not yet
STDs and understand the importance of getting correct treat-	6	have symptoms or show signs of being infected?
ment?	(et i inte	73. YESNOExplain the risk of reinfection if sex is resumed with an un-
9. YESNO Explain that some STDs are not curable (HIV infection;		treated partner?
human papillomavirus)?		74. YES NO Explain that STDs may increase the transmission of HIV?
0. YESNOExplain that behaviours that may lead to STD also put client	e je	75. YESNO Counsel client in private?
at risk of HIV infection?	har was	
1. YESNOProvide the client with any available brochures or handouts?         2. YESNOUse available educational materials to instruct the client?	10	Interview with service provider This section can be used to assess a complex mention down diverse his (here here here here here here here her
	C -	This section can be used to assess a service provider depending on his/her level of training education, and skill in the delivery of STD-related services. A response should be judged as
3. YESNOAsk for questions from the client?	e je	correct if it is in agreement with local guidelines and his/her level in these areas.
		contect in it is in agreement with local guidelines and his/her level in these areas.
		Mark "ues" if the respondent answers correctly
When laboratory support is unavailable, the identification of STD cases may be based on the client's		Mark "yes" if the respondent answers correctly. 76. YESNO What are some common examples of STDs?

Module 6: Service quality; appendix B



and the second

C C

78. YES N	O How are they transmitted?	
79. YESN		1 1 F F F F F F F F F F F F F F F F F F
	disease? of HIV infection? of AIDS?	
80. YESN	D What are some risk factors for STDs?	-
81. YESN		This checklist is inte
82. YESN	Contraction and the second	using it, the national
83. YESN		local situation if nec
84. YESN		before using it to be
85. YESN		
04 1000 NV	area?	during service deliv
86. YESN		correctly.
	ses, testing, or treatment?	
Exit interview o	f client with STD	
	ient responds correctly	• I Hea
87. YESN		2 Ser
88. YESN		3 Obs
89. YESN		( 11 ) 4 Dat
	and how do you prevent becoming infected again?	
90. YESN		Medical history
91. YESN		Did the service prov
92. YESN	· · · · · · · · · · · · · · · · · · ·	
	follow-up?	6. YESNO_
93. YESN		7. YESNO
04 1150	for an examination?	8. YESNO_ 9. YESNO
94. YESN		10. YESNO
	by the provider?	10. 125NO
Exit interview o	f client without STD	12. YESNO
Mark "yes" if the cl	ient responds correctly	E 9 12 120_100
95. YESN		Physics 1 and a large
96. YESN		Physical examina
97. YESN	DHow would you know if you got an STD?	Did the service prov 13. YES NO
98. YESN		13. YESNO_ 14. YESNO_
99. YESN	, restant and restant of a standard of the standard of	14. TESNO
100. YESN	, and the second s	
	by the provider?	16. YESNO_ 17. YESNO_
		18. YES NO
		19. YESNO
		20. YESNO_
		21. YESNO
		5.3
		Treatment and Re
		Did the service prov 22. YESNO_
		22. TESIVO_
		1 Other symptoms that
		throat, ear pain, urina
36	Modula 6 Comitant with the D	Module 6: Service
TOXOF	Module 6: Service quality; appendix B	Module 6: Service
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		and a second

#### PHC service quality checklist 16: Malaria

tended for use in the observation of service delivery for malaria. Before treatment protocol should be reviewed in order to adapt the tool to the cessary. It is also recommended that you review the checklist carefully sure that you understand the questions and know how to use the form. ervice delivery, mark "yes" if the service provider carries out these activities very. For interview questions, mark "yes" if the respondent answers

- alth facility rvice provider
- server/supervisor te

5.	YES	NO	Ask about level of fever?
6.	YES	NO	Ask about pattern of fever?
7.	YES	NO	Ask about chills/sweats?
8.	YES	NO	Ask about headache?
9.	YES	NO	Ask about vomiting?
10.	YES	NO	Ask about convulsions?
11.	YES	NO	Ask about anti-malarial drugs taken in last 24 hours?
12.	YES	NO	Ask about other symptoms to rule out other fever-related illnesses? <sup>1</sup>
	-	amination	

1	Did the servic	e provider:	
	13. YES	NO	Take temperature?
	14. YES	NO	Examine neck for stiffness?
	15. YES	NO	Palpate abdomen/stomach?
	16. YES	NO	Ascultate lungs?
	17. YES	NO	Examine ears, nose, throat?
	18. YES	NO	Examine skin?
	19. YES	NO	Weigh patient?
)	20. YES	_NO	Make blood slide or refer case to a facility where a blood
			slide may be examined?
	21. YES	NO	Examine blood slide?
	T	1.0.4	

#### eferral

vider:

AND

Administer or prescribe appropriate anti-malarial drug according to local norms?

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might indicate a cause other than malaria are diarrhoea, cough, runny nose, sore ary symptoms (dysuria, frequency), and joint pain or swelling.

103

			13
23. YES	NO	Refer case of cerebral or other serious/complicated or unre- sponsive malaria?	en me
24. YES	NO	Refer for further diagnosis/treatment if other serious fever-re- lated illness is suspected?	
f fouer is ou	er 39 degree	s centigrade:	0119
		Administer anti-pyretic drug?	
26. YES		Sponge or bathe with water?	
	ucation and	d counselling	ens
7 VFS	NO	Tell how to administer anti-malarial drug?	
VES	NO	Provide drugs or verify that client has access to drugs?	
29. YES		Discuss the importance of completing entire treatment	
.9. 163		course?	
30. YES	NO	Discuss danger signs that may indicate unresponsive or com-	
		plicated malaria? <sup>1</sup>	
31. YES	NO	Tell client to return for consultation if danger signs develop?	~ 1-
2. YES	NO	Discuss prevention? <sup>2</sup>	
33. YES	NO	Verify that client understands key messages?	- 1-
34. YES	NO	Ask client if he or she has any questions?	
Jutraach	ducation (	household visits or group sessions):	
Surreach e	cation and tr	nousenoid visits of group sessions).	
	ice provider:		A New
Sid the serv	NO	Ask if anyone in the household has fever?	C . 1
$55.125_{$	NO	Explain malaria signs and symptoms, especially fever?	
37. YES	NO	Explain importance of immediate treatment of malaria (fever)	- 1-
57. TES		in the home?	
38. YES	NO	Explain which drug(s) should be used to treat fever in the	
Jo. 11.5		home?	
39. YES	NO	Explain recommended treatment schedule for anti-malarial	<b>E</b>
59. TES		drugs?	
40. YES	NO	Explain where drugs can be obtained?	
10. YES		Explain indications for seeking medical care?	
H. 11.0		Laplain indications for sections included care.	
Prevention:	100		
	vice provider		
42. YES	NO	Explain the use of mosquito nets?	
43. YES	NO	Explain the use of household spraying?	
44. YES	NO	Tell where nets and sprays are available?	
45. YES	NO	Explain how to eliminate standing water?	
Chemoprop	hylaxis for pr	regnant women:	AN A WARNE
	vice provider		
46. YES	NO	Explain which drug(s) can be used for malaria prevention?	
1			- 1-
1 Dengers s'	a include	onsciousness, severe drowsiness, fever continuing for more than two days after	
initiation of	f treatment re	lapse of fever within three weeks.	
2 Preventive	measure incl	ude chemoprophylaxis, the use of mosquito nets, household spraying, and	
	standing wate		
~~			

47. YES	NO	Explain recommended anti-malarial drug administration schedule for prevention?
48. YES	NO	Discuss possible side effects?
49. YES	NO	Explain when and where to go to obtain chemoprophylaxis
		services?
Supplies		
Ask the serv	ice provider	about the following supplies:
50. YES	NO	Do you have a thermometer?
51. YES	NO	Do you have a stethoscope?
52. YES	NO	Do you have a scale?
53. YES	NO	Do you have a working microscope and slides?
54. YES	NO	Do you have chloroquine?
55. YES	NO	Do you have other anti-malarial drugs?

Module 6: Service quality; appendix B

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#### PHC service quality checklist 17: Tuberculosis

This checklist is intended for use in the observation of service delivery tuberculosis. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

C

CIN

	1.	Health fac	ility
	2.	Service p	
	3.		supervisor
	4.	Date	•
	die .		8 <sup>1</sup>
	Medical Hi	story	
	Did the servi	100 Contraction (100 Co	
	5. YES	NO	Ask about persistent cough (2 weeks or more)?
	6. YES	_NO	Ask about persistent fever (1 month or more)?
	7. YES	NO	Ask about weight loss?
	8. YES	NO	Ask about blood in sputum?
-	9. YES	NO	Ask about persistent chest or back pain (1 month or more)?
	10. YES	NO	Ask if household members or neighbours have had similar symptoms?
	Physical ex	amination	
1	Did the servi	ice provider:	
	11. YES	NO	Take temperature?
	12. YES	NO	Take respiratory rate?
	13. YES	NO	Take pulse?
	14. YES	NO	Weigh patient?
	15. YES	NO	Lymph node examination?

15. YES\_\_\_\_\_NO\_\_\_\_ Lymph node exam 16. YES\_\_\_\_\_NO\_\_\_\_ Auscultate lungs?

#### Treatment and referral

Did the service provider: 17. YES\_ NO Perform cutaneous TB test (per local policy)? 18. YES\_ NO Tell the patient that he has (or may have ) TB? 19. YES NO Refer for sputum examination? 20. YES NO Refer for chest X-ray? Prescribe medicines or refer for treatment according to local NO 21. YES\_ norms?

## For follow-up cases

22. YES	NO	Correctly verify that client is taking medicine?
23. YES	NO	Assess client's progress?
24. YES	NO	Ask about side effects or adverse reactions?

25.	YES	NO	If side effects are present: give advice about managing side effects are present: give advice about managing side effects are present.
26.	YES	NO	fects? Change treatment procedure if necessary?
He	alth edu	cation	;
		ice provider:	
	YES	NO	Explain where to go for examinations (1-1-1-1-2)
	YES	NO	Explain where to go for examinations/lab tests?
	YES	NO	Explain how much and how often to take medicine?
			Stress the importance of completing the treatment?
	YES	NO	Inform the patient if he or she is contagious?
	YES	NO	Discuss how to prevent spread of the disease?
32.	YES	NO	Discuss danger signs and adverse reactions that require fur- ther care?
33.	YES	NO	Tell when to return for a follow-up visit?
	YES	NO	Discuss the importance of testing and treating family mem-
			bers with similar symptoms?
35.	YES	NO	Verify that the patient understood key messages?
	YES	NO	Ask if the patient has any questions?
			risk if the patient has any questions:
	oplies	· · · · · · · · · · · · · · · · · · ·	
A5K	vrc		if he or she has the following supplies:
	YES		Thermometer?
	YES	NO	Watch?
	YES	NO	Stethoscope?
40.	YES	NO	Scale?
40.		NO NO	Scale? Cutaneous TB test?
40. 41.	YES YES	NO	Cutaneous TB test?
40. 41. Inte	YES YES	NO with patien	Cutaneous TB test?
40. 41. Inte Mar	YES YES	NO with patien the respond	Cutaneous TB test? t ent answers correctly:
40. 41. Inte Mar 42.	YES YES erview v k "yes" if YES	NO with patien the respond NO	Cutaneous TB test? t ent answers correctly: What is your illness?
40. 41. Inte Mar 42. 43.	YES YES erview v k "yes" if	NO with patien the respond NO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription?
40. 41. Inte Mar 42. 43.	YES YES erview v k "yes" if YES YES	NO with patien the respond NO NO	Cutaneous TB test? t ent answers correctly: What is your illness?
40. 41. Mar 42. 43. 44.	YES YES erview v k "yes" if YES YES YES	NONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine?
41. Inte Mar 42. 43. 44. 45.	YES YES erview v k "yes" if YES YES YES YES	NONONONONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine?
40. 41. Inte Mar 42. 43. 44.	YES YES erview v k "yes" if YES YES YES	NONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for
40. 41. Mar 42. 43. 44. 45. 46.	YES YES k "yes" if YES YES YES YES YES YES	NONONONONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test?
40. 41. Mar 42. 43. 44. 45. 46. 47.	YES YES k "yes" if YES YES YES YES YES YES	NO the respond NO NO NO NO NO NO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test? If test was arranged: Where will you go for the test?
40. 41. Mar 42. 43. 44. 45. 45. 46. 47. 48.	YES YES k "yes" if YES YES YES YES YES YES YES YES	NO the respond NO NO NO NO NO NO NO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test? If test was arranged: Where will you go for the test? What can you do to prevent the spread of the disease?
40. 41. Mar 42. 43. 44. 45. 45. 46. 47. 48.	YES YES k "yes" if YES YES YES YES YES YES	NO the respond NO NO NO NO NO NO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test? If test was arranged: Where will you go for the test? What can you do to prevent the spread of the disease? What are the danger signs that indicate that you should
40. 41. <b>Inte</b> Mar 42. 43. 44. 45. 46. 47. 48. 49.	YES YES k "yes" if YES YES YES YES YES YES YES YES YES YES	NONO the respond NONO NONO NONO NONO NONO NONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test? If test was arranged: Where will you go for the test? What can you do to prevent the spread of the disease? What are the danger signs that indicate that you should come back to the health centre?
40. 41. Mar 42. 43. 44. 45. 46. 47. 48. 49. 50.	YES YES k "yes" if YES YES YES YES YES YES YES YES YES YES	NONONONONONO	Cutaneous TB test? t ent answers correctly: What is your illness? Did you receive medicine or a prescription? If prescription: do you know where you can get the needed medicine? How much and how often will you take the medicine? Did the health worker give you a sputum test or arrange for you to have a sputum test? If test was arranged: Where will you go for the test? What can you do to prevent the spread of the disease? What are the danger signs that indicate that you should come back to the health centre? When will you come back for test results/follow-up?
40. 41. Inte Mar 42. 43. 44. 45. 46. 47. 48. 49. 50.	YES YES k "yes" if YES YES YES YES YES YES YES YES YES YES YES YES	NONONONONO	<ul> <li>Cutaneous TB test?</li> <li>t</li> <li>ent answers correctly: <ul> <li>What is your illness?</li> <li>Did you receive medicine or a prescription?</li> <li>If prescription: do you know where you can get the needed medicine?</li> <li>How much and how often will you take the medicine?</li> <li>Did the health worker give you a sputum test or arrange for you to have a sputum test?</li> <li>If test was arranged: Where will you go for the test?</li> <li>What can you do to prevent the spread of the disease?</li> <li>What are the danger signs that indicate that you should come back to the health centre?</li> <li>When will you come back for test results/follow-up?</li> </ul> </li> </ul>
40. 41. <b>Inte</b> Mar 42. 43. 44. 45. 46. 47. 48. 49. 50. <b>Inte</b> Mar	YES YES k "yes" if YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES	NONONONONONO	Cutaneous TB test? t ent answers correctly:     What is your illness?     Did you receive medicine or a prescription?     If prescription: do you know where you can get the needed     medicine?     How much and how often will you take the medicine?     Did the health worker give you a sputum test or arrange for     you to have a sputum test?     If test was arranged: Where will you go for the test?     What can you do to prevent the spread of the disease?     What are the danger signs that indicate that you should     come back to the health centre?     When will you come back for test results/follow-up? e provider ent answers correctly:
40. 41. Mar 42. 43. 44. 45. 45. 45. 45. 47. 48. 49. 50. <b>Inte</b> Mar 51.	YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES	NONONONONONO	Cutaneous TB test?  t ent answers correctly:  What is your illness?  Did you receive medicine or a prescription?  If prescription: do you know where you can get the needed  medicine?  How much and how often will you take the medicine?  Did the health worker give you a sputum test or arrange for  you to have a sputum test?  If test was arranged: Where will you go for the test?  What can you do to prevent the spread of the disease?  What are the danger signs that indicate that you should  come back to the health centre?  When will you come back for test results/follow-up?  E provider  ent answers correctly:  What are the signs and symptoms of TB?
40. 41. Mar 42. 43. 44. 45. 45. 46. 47. 48. 49. 50. <b>Inte</b> Mar 51. 52.	YES YES VES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES	NONO with patien the respond NO NO NO NO NO NO with service the respond NO NONO NONO NONO NONO NONO NONO NONO	Cutaneous TB test? t ent answers correctly:     What is your illness?     Did you receive medicine or a prescription?     If prescription: do you know where you can get the needed     medicine?     How much and how often will you take the medicine?     Did the health worker give you a sputum test or arrange for     you to have a sputum test?     If test was arranged: Where will you go for the test?     What can you do to prevent the spread of the disease?     What are the danger signs that indicate that you should     come back to the health centre?     When will you come back for test results/follow-up? e provider ent answers correctly:     What are the signs and symptoms of TB?     What tests should be carried out if TB is suspected?
40. 41. Mar 42. 43. 44. 45. 45. 46. 47. 48. 49. 50. <b>Inte</b> Mar 51. 52.	YES YES VES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES YES	NONO with patien the respond NO NO NO NO NO NO with service the respond NO NONO NONO NONO NONO NONO NONO NONO	Cutaneous TB test? t ent answers correctly:     What is your illness?     Did you receive medicine or a prescription?     If prescription: do you know where you can get the needed     medicine?     How much and how often will you take the medicine?     Did the health worker give you a sputum test or arrange for     you to have a sputum test?     If test was arranged: Where will you go for the test?     What can you do to prevent the spread of the disease?     What are the danger signs that indicate that you should     come back to the health centre?     When will you come back for test results/follow-up? e provider ent answers correctly:     What are the signs and symptoms of TB?     What tests should be carried out if TB is suspected?
40. 41. Mar 42. 43. 44. 45. 44. 45. 46. 47. 48. 49. 50. Inte Mar 51. 52. 53. 54.	YES         YES         k "yes" if         YES	NONONONONONO	<ul> <li>Cutaneous TB test?</li> <li>t</li> <li>ent answers correctly:</li> <li>What is your illness?</li> <li>Did you receive medicine or a prescription?</li> <li>If prescription: do you know where you can get the needed medicine?</li> <li>How much and how often will you take the medicine?</li> <li>Did the health worker give you a sputum test or arrange for you to have a sputum test?</li> <li>If test was arranged: Where will you go for the test?</li> <li>What can you do to prevent the spread of the disease?</li> <li>What are the danger signs that indicate that you should come back to the health centre?</li> <li>When will you come back for test results/follow-up?</li> <li>e provider</li> <li>ent answers correctly:</li> <li>What are the signs and symptoms of TB?</li> <li>What tests should be carried out if TB is suspected?</li> <li>What medicines do you use to treat TB?</li> <li>How much and how often should that patient take the medi-</li> </ul>
40. 41. Mar 42. 43. 44. 45. 44. 45. 46. 47. 48. 49. 50. Inte Mar 51. 52. 53. 54.	YES         YES         k "yes" if         YES         YES	NONONONONONO	<ul> <li>Cutaneous TB test?</li> <li>t</li> <li>ent answers correctly:</li> <li>What is your illness?</li> <li>Did you receive medicine or a prescription?</li> <li>If prescription: do you know where you can get the needed medicine?</li> <li>How much and how often will you take the medicine?</li> <li>Did the health worker give you a sputum test or arrange for you to have a sputum test?</li> <li>If test was arranged: Where will you go for the test?</li> <li>What can you do to prevent the spread of the disease?</li> <li>What are the danger signs that indicate that you should come back to the health centre?</li> <li>When will you come back for test results/follow-up?</li> <li>e provider</li> <li>ent answers correctly:</li> <li>What are the signs and symptoms of TB?</li> <li>What tests should be carried out if TB is suspected?</li> <li>What medicines do you use to treat TB?</li> <li>How much and how often should that patient take the medi-</li> </ul>
40. 41. Mar 42. 43. 44. 45. 44. 45. 46. 47. 48. 49. 50. Inte Mar 51. 52. 53. 54.	YES         YES         k "yes" if         YES         YES	NONONONONONO	Cutaneous TB test? t ent answers correctly:     What is your illness?     Did you receive medicine or a prescription?     If prescription: do you know where you can get the needed     medicine?     How much and how often will you take the medicine?     Did the health worker give you a sputum test or arrange for     you to have a sputum test?     If test was arranged: Where will you go for the test?     What can you do to prevent the spread of the disease?     What are the danger signs that indicate that you should     come back to the health centre?     When will you come back for test results/follow-up? e provider ent answers correctly:     What are the signs and symptoms of TB?     What medicines do you use to treat TB?     How much and how often should that patient take the medi-





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### PHC service quality checklist 18. Treatment of minor ailments

This checklist is intended for use in the observation of treatment of minor ailments. Before using it, the local treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1	Health facility
2.	Service provider
3	Observer/supervisor
4	Date

#### Medical history

Did	the service	e provider:	the first (favor pain cough etc)?
	YES	NO	Ask about the chief complaint (fever, pain, cough, etc)?
6	YES	NO	Determine the present history of the illness?
0.	VEC	NO	Determine condition-related past and family history?

#### **Physical examination**

Did	the servic	e provider:	at the temporature pulse respira-
8	YES	NO	Check vital signs (blood pressure, temperature, pulse, respira-
0.	120		tion rate etc.)
0	VES	NO	Conduct a related physical exam?

#### Diagnosis

Did the service provider: 10. YESNO	Make differential diagnosis (e.g., cough, TB, pneumonia, bron- chitis, abdominal pain, gastroenteritis, acute cholestitis, appen- dicitis, etc.)?
----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

#### Laboratory diagnosis

Did the service provider: Order condition- or preliminary diagnosis-related diagnostic NO 11. YES tests (laboratory tests, x-ray studies, etc)

#### Treatment and follow-up plans

meatment and			
Did the service p	rovider:	Provide appropriate treatment according to the condition?	
13. YES	NO	Provide appropriate treatment according to condition and	
	NO	Provide appropriate inclument about the condition and	
14. 7 60	-	treatment plan?	
18. YES	NO	Discuss the importance of compliance with the drug therapy.	
10. 11.0	NO	How often will you take this medicine?	
ZI. 1LJ		What is the dose you will take?	
22. YES	NO	What is the dose you will the treatment?	
23 YES	NO	For how long will you continue treatment?	

#### PHC service quality checklist **19a: Hypertension**

This checklist is intended for use in the observation of service delivery for hypertension. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

Health facility Service provider Observer/supervisor Date

#### Initial reading

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Did the service provider:

5.	YES	NO	Take a blood pressure reading?
6.	YES	NO	Make sure proper cuff size was utilised in taking blood pres-
			sure?

If diastolic blood pressure is 115 or more: Did provider ask patient about:

- 7. YES NO Blurry vision? 8. YES NO Severe headache that is getting worse?
- 9. YES NO Change in mental status (sleepy, confused)?

10. YES NO Seizure?

#### If diastolic blood pressure is over 90: Did provider ask the patient about: 11. YES NO Chest pain?

12. YES NO Shortness of breath?

### Medical history

Did the service provider: 13. YES NO Ask about chief complaints? 14. YES NO Ask about duration of hypertension? 15. YES NO Ask about family history of hypertension? 16. YES NO Ask about previous or current treatment and response? 17. YES NO Ask about history of diabetes, stroke? 18. YES NO Ask about previous heart trouble, chest pain? 19. YES NO Ask if patient has had excessive thirst? 20. YES NO Ask about swelling, varicose veins and blood clots? 21. YES Ask about current lifestyle (work, stresses, home conditions)? NO 22. YES NO Ask about eating habits, smoking, alcohol and drug consumption? 23. YES NO Ask about previous serious illness? 24. YES ' NO Ask about medications patient is taking now? Physical examination

Did	the service	provider:			
25.	YES	NO	Check	vital	signs





	26.	YES	NO	Check and record blood pressure in both arms?
	27.	YES	NO	Check neck veins?
	28.	YES	NO	Feel for thyroid?
		YES	NO	Listen to lungs?
		YES	NO	Listen to heart?
		YES	NO	Check for oedema in lower legs?
		YES	NO	Check for pulse in top of foot?
		YES	NO	Examine abdomen?
	-	YES	NO	Conduct urinalysis?
	2000.0			
	Hy	pertensi	ion educati	on and counselling
			ice provider:	
		YES	NO	Explain hypertension?
	Contraction (Contraction)	YES	NO	Explain the prognosis?
		YES	NO	Inform patient of blood pressure level?
	38.	YES	NO	Explain lack of symptoms?
	39.	YES	NO	Explain treatment goal?
	40.	YES	NO	Provide patient with regimen sheet for systematic antihyper-
				tensive therapy?
	41.	YES	NO	Explain how to take medication?
		YES	NO	Discuss importance of taking medication daily?
		YES	NO	Discuss the possible side effects of medication?
	44.	YES	NO	Discuss possible warning signs of high blood pressure?
	45.	YES	NO	Tell patient to return if warning signs appear?
	46.	YES	NO	Advise patient to restrict sodium and fat intake?
	47.	YES	NO	Advise patient to avoid nicotine?
	48.	YES	NO	Advise patient to lose weight if overweight?
	49.	YES	NO	Discuss the importance of following the prescribed diet?
	50.	YES	NO	Verify that patient understands key points?
	51.	YES	NO	Ask if the patient has any questions?
	-			
		oplies		
				r have the following supplies:
		YES		A stethoscope?
		YES	NO	Blood pressure cuffs (different sizes)?
		YES	NO	Medications available to treat emergencies?
	55.	YES	NO	Medications used in treatment of hypertension?
	Exi	t interv	iew with cl	ient or caretaker
	Mai	k "ves" if	the respond	ent answers correctly.
		YÉS	NO	Why is it important to have your blood pressure checked at
7	3			least once a year?
	57.	YES	NO	Where can you have your blood pressure checked?
		YES	NO	Where can you receive treatment?
		YES	NO	How should you take medication?
1		YES	NO	Why is it important to follow treatment instructions daily?
調ね		YES	NO	How often should you have your blood pressure checked?
		YES	NO	What danger signs indicate you should return to clinic?
		YES_	NO	What can you do to prevent hypertension?
Non al		8. N 1		
32		A		

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Interview with service provider Mark "yes" if the respondent answers correctly.

main yes n	the response	dent answers correctly.
64. YES	NO	What blood pressure measurement is considered high blood pressure?
65. YES	NO	When should patient be referred to a physician for an emer- gency?
66. YES	NO	At what point entreatment should a patient be referred to a physician?
67. YES	NO	What drugs should be prescribed for the treatment of hyper- tension?
68. YES	NO	What kind of diet should be prescribed for hypertension?
(A. 1184		

69. YES\_ NO \_How can hypertension be prevented?



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#### PHC service quality checklist 19b: Diabetes mellitus<sup>12</sup>

This checklist is intended for use in the observation of service delivery for diabetes mellitus. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

P.M.

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Const Participation

and the second second	1000-1	
1	Health	
2	Service	provider
3		er/supervisor
4	Date	
Medical his	story	
Did the serv	ice provider:	
5. YES	NO	Ask about early symptoms such as frequent urination, un- usual thirstiness (dry mouth), loss of appetite, nausea, vomit- ing and weight loss?
YES	NO	blurry vision that comes and goes?
YES	NO	vaginal itching or yeast infections (if patient is a woman)?
YES	NO	gum swelling or soreness?
YES	_NO	chest pain, especially when exercising?
YES	NO	symptoms of urinary tract infection, such as pain or burning
YES	NO	when urinating? foot problems such as a sore or injury that does not heal, a
	1.14 1.14	change in the skin or toe nails, or numbness?
YES	NO	numbness, tingling, weakness or pain in any part of the body?
YES	NO	other infections that don't clear up (skin, gums, urine)?

#### **Physical examination**

Dic	the servic	e provider:	
	YES	_NO	Check the patient's general appearance, vital signs and
Ser Top			weight?
7.	YES	NO	_ Check for fast, deep breathing, or acetone breath?
8.	YES	_NO	Check for signs of dehydration such as weight loss and dry
9.	YES	NO	mouth? Observe mental changes (confusion, sleepiness, unconscious-
10.	YES	_NO	ness)? Do Snellen test, if patient complains of change in vision?
11.	YES	_NO	_ Check gums for inflammation, tenderness, redness, swelling?

1 Burgess, R., Community health aide/practitioner manual, 55-58, Washington, DC, United States Department of Health and Human Services, 1987.

2 Hoole, A., Greenber, R., & Pickard, G., Patient care guidelines for family nurse practitioners, p. 265-272, Boston, MA, Little Brown and Company, 1976.

	12.	YES	NO	_ Check the general appearance of the feet, their size and
	12	YES	NO	shape?
		YES	NO NO	_ Check for pitting oedema by pressing thumb over shin bone?
	14.	11.5	NO	Check for strength of pulse in each foot (top of foot) and be- hind medial ankle bone?
	15.	YES	NO	Check for poor blood supply, if pulse in foot is weak?
		YES	NO	Conduct lab tests for blood sugar and urine dipstick for pro-
				tein, glucose and ketones?
	D:			
)	Die	the corvic	ucation and e provider:	counselling
	17	VEC	NO	
	17.	11.5	NO	Discuss diet guidelines, such as avoidance of sugars and fats, and eating more fibre?
	18	YES	NO	Discuss weight control and disk if the set is the
		YES	NO	_ Discuss weight control and diet, if the patient is overweight? _ Recommend regular exercise, after consultation with doctor?
		YES	NO	_ Demonstrate how to do blood and urine tests?
		YES	NO	_Discuss the importance of avoiding/stopping smoking?
		YES	NO	_Discuss how to teach the family about handling common dia-
				betic emergencies?
	23.	YES	NO	Ask the patient to repeat key messages?
	24.	YES	_NO	_Ask the patient if he/she has any questions?
	For	ot Care:		an and a state of the state of
			e provider:	
				Discuss the importance of proper foot care (i.e. daily, gentle
				cleansing)?
	26.	YES	NO	Discuss foot protection?
	27.	YES	_NO	_Recommend not walking barefoot and wearing proper fitting
				shoes?
		YES	NO	Discuss avoiding injury from heat or cold?
	29.	YES	NO	Discuss cutting toe nails straight across with proper instru-
	20	VEC		ments, and not cutting calluses?
	30.	YES	_NO	_ Recommend wearing soft, dry socks without tight elastic, and using foot powder to keep feet dry?
	Wo	men of child	d bearing age:	
	Did	the service	e provider:	
	31.	YES	_NO	Discuss the importance of maintaining blood sugar levels
				within a specified range before and during pregnancy to pre-
				vent birth defects?
	32.	YES	_NO	Refer high risk pregnancies (per local policy)?
	Exi	t intervie	w with the p	
	Mar	'k "yes" if tl	he respondent	answers correctly?
	33.	YES	NO	Do you know what medications to take and when?
	34.	YES	_NO	Where will you get the needed medicine?
	35.	YES	_NO	How will you administer the drug (how much, how often, for
		1.000		how long)?
	36.	YES	_NO	What danger signs indicate that you should come back to the
	27	VEC		health facility?
	37.	165	_NO	What will you do to care for your diabetes?
			-	,





38. YES

39. YES

40. YES

Interview with service provider

NO

NO

NO\_

Mark "yes" if the respondent answers correctly.

ther medical attention?

What are the signs and symptoms of diabetes that require fur-

What measures can be taken to prevent or care for diabetes?

When should you refer a case for further diagnosis?

#### PHC service quality checklist 19c: Anaemia

This checklist is intended for use in the observation of service delivery for anaemia. Before using it, the national treatment protocol should be reviewed in order to adapt the tool to the local situation if necessary. It is also recommended that you review the checklist carefully before using it to be sure that you understand the questions and know how to use the form. For observation of service delivery, mark "yes" if the service provider carries out these activities during service delivery. For interview questions, mark "yes" if the respondent answers correctly.

1.	Health facility
2.	Service provider
3.	Observer/superviso
4	Date

#### **Medical history**

Dic	l the serv	ice provider:	
5.	YES	NO	Ask about chief complaints: whether pregnant?
6.	YES	NO	Ask if there is any blood in stool?

0.			
7.	YES	NO	Determine the occult blood in the stool?

- Ask about menstrual history? YES NO 8.
- 9. YES NO Ask whether vomit with blood?

#### **Physical examination**

#### Did the service provider:

10.	YES	NO	Take pulse and blood pressure?
	1100	110	

11.	YES	NO	Check colour of conjuctiva?
10	1100	110	

- 12. YES NO Check occult blood in stool?
- NO 13. YES Ask about family anaemia history?
- 14. YES NO Ask about previous or current treatment and response?
- 15. YES NO Give complete physical examination (chest, abdomen, etc.)?

#### Laboratory test

Did the serv	ice provider	
16. YES	NO	Get complete blood count with reticulocite count?
17. YES	NO	Get sedimentation rate?
18. YES	NO	Determine haemoglobin type (region, race, age or sex)?

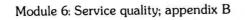
- 19. YES NO Determine iron binding capacity?
- Get full chemical analysis (calcium, potassium etc., ) (optional)? 20. YES NO

#### **Diagnosis treatment, nutrition education**

Did the service provider:

21. YES	NO	Determine the aetiology of the anaemic condition?
22. YES	NO	Determine appropriate consultation (referral to a specialist, if
		needed)?

Provide appropriate treatment according to condition? 23. YES NO 24. YES NO Provide nutrition counselling?









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#### Women of child bearing age

		c provider.	
25.	YES	_NO	_ Discuss the importance of proper nutrition (high in iron) and
26	YES	NO	iron supplementation during pregnancy?
20.	IES	_NO	_Schedule a return/follow-up appointment after 46 weeks of
			treatment to evaluate treatment response?
27.	YES	_NO	_ Provide a referral to a specialist if anaemia is due to a malig-
			nant condition?

#### Exit interview with client

Mark "yes" if the respondent answers correctly: 28. YES\_ NO Do you know about what diet is good for you? Do you know how to administer the drug (how much, how 29. YES\_ NO often and how long)? 30. YES NO Do you know where you can get refills for the drug? Do you know why you need to comply with the drug/nutri-31. YES NO tion therapy?

#### Interview with service provider

Mark "yes" fo	r correct an	swers:
32. YES		
33. YES	NO	Under what conditions should you refer a client to a special- ist?
34. YES	_NO	How can you care for anaemia?

#### Did the service provider.

#### PHC MAP Service quality checklist **20: Client satisfaction**

In addition to using service guality checklists to assess the clinical performance of providers, it is useful to assess provider performance from the patient or client perspective. This checklist will thus enable managers to 1) examine the degree to which services and providers meet the expectations of the client, and 2) identify opportunities to improve the quality of care based on the client's perspective.

#### The dimensions of client satisfaction

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Client satisfaction consists of a number of dimensions, each of which should be addressed in a client satisfaction survey. These dimensions include:

Accessibility of services: Do clients feel they can easily take advantage of services? How convenient are services for clients?

Facilities, equipment and supplies: Do clients feel that the health facility (hospital, clinic, health centre, outreach service), equipment and supplies are acceptable to them?

Availability of services: Do clients believe that the providers and services they need are available?

Continuity of care: Do clients feel that the same level of care is provided from visit to visit or from provider to provider?

Interpersonal qualities of service provider: Do clients feel that the provider possesses adequate interpersonal skills?

**Professional competence:** Do clients feel that the provider's technical skills and knowledge are adequate?

**Cost:** Are clients satisfied with the cost of the service?

Resulting health status/Efficacy of treatment: Are clients satisfied with their health outcome after service is provided to them?

#### How to use the checklist

This checklist can be used:

- as part of an exit interview at the health facility,
- as a guide for discussion in a focus group setting,
- as part of a comprehensive household interview survey, or
- as a guestionnaire distributed to clients.

This checklist is designed to be used as a client interview at the time of the clinic encounter.

Depending on how you choose to use the instrument, the wording and tense of questions can be changed to reflect the client's experience during the last clinic visit, or to assess a more general level of satisfaction with services regardless of what visit. When modifying the checklist consider all the dimensions and adapt, or add questions or delete those you feel are not relevant for your situation.

A pre-test of the checklist may allow you to identify the issues of concern for the facility. In a pre-test, you should be able to identify the major issues which clients believe should be addressed and then modify the instrument to collect that information.

You may also wish to change the order in which the questions are asked. One way is to structure questions so that they follow the flow of activities in the health facility, e.g., registration, examination by the provider, referral, etc. However you modify the instrument, keep in mind that questions should be organised to facilitate response by the client, not just to make it easier for the interviewer.

Module 6: Service quality; appendix B

Module 6: Service quality; appendix B



You may find that a YES/NO format limits the range of responses to a given question, in which case a rating scale may be substituted. Some of the more common ones include a five-point response scale ranging from "excellent" to "poor," or a six-point scale ranging from "very satisfied" to "very dissatisfied." <sup>1 2</sup>You may also wish to substitute any other scale that you feel clients would more easily recognise and understand.

Throughout the checklists, the term "health facility" has been used. This term can be replaced with other, more specific terms such as hospital, clinic, outreach centre or any other facility. Also "provider" can be substituted with the terms doctor, nurse, midwife, community health worker or any other local provider.

Finally, this checklist can be made more specific to assess the quality of a specific clinic encounter or to evaluate certain providers or services. However, be careful not to over-generalise. Do not assume that dissatisfaction within one dimension or with one service or provider will reflect dissatisfaction in other areas.

If you wish to assess whether socio-economic factors such as clients' background, education levels, etc., are affecting their satisfaction, you could begin by asking questions similar to the ones below. Otherwise, proceed to the next page.

<ul> <li>2. a. What is the last year of school completed? (modify according to local edu system)</li> <li>b. What is the last year of school completed by your spouse?</li> <li>3. What is the main source of drinking water for your household? (check one)</li> <li>Piped waterSurface water (spring/river/lake, etc.)</li> <li>4. Does your household have:</li> <li>ElectricityYESNO</li> <li>RadioYESNO</li> <li>TelevisionYESNO</li> <li>5. What is the main material of the floor of your home? (check one)</li> <li>Earth/sandFinished surface (wood/cement/tile)</li> <li>Wood planks/palm/bambooOther</li> <li>6. Does any member of your family own</li> <li>BicycleYESNO Donkey, horse, camelYESNO MotorbikeYESNO OtherYESNO</li> <li>7. What is the main economic activity of your household? (check one)</li> <li>AgricultureManufacturingTishingOther</li> <li>Trading/marketing</li> <li>8. Where is the principle place you receive health care? (check one)</li> <li>Public hospital Private hospital/clinicPublic hospital Local TBA/healer</li> <li>9. Ask a country/region-specific question on type of religion.</li> <li>10. Ask any additional questions you feel are appropriate.</li> </ul>		Age of client? years Sex (M/F)
<ol> <li>What is the main source of drinking water for your household? (check one) Piped waterSurface water (spring/river/lake, etc.)</li> <li>Does your household have: ElectricityYESNO RadioYESNO TelevisionYESNO</li> <li>What is the main material of the floor of your home? (check one) Earth/sandFinished surface (wood/cement/tile) Wood planks/palm/bambooOther</li></ol>	2.	system)
Electricity YES NO Radio YES NO Television YES NO 5. What is the main material of the floor of your home? (check one) Earth/sand Finished surface (wood/cement/tile) Wood planks/palm/bamboo Other 6. Does any member of your family own Bicycle YES NO Donkey, horse, camel YES NO Motorbike YES NO Other YES NO Car YES NO 7. What is the main economic activity of your household? (check one) Agriculture Manufacturing FishingOther Trading/marketing 8. Where is the principle place you receive health care? (check one) Public hospital Private hospital/clinic Public health centre/clinic Local TBA/healer 9. Ask a country/region-specific question on type of religion. 10. Ask a country/region-specific question on ethnicity, if applicable.	3.	What is the main source of drinking water for your household? (check one)
<ul> <li><u>Earth/sand</u> Finished surface (wood/cement/tile)</li> <li><u>Wood planks/palm/bamboo</u> Other</li> <li>Does any member of your family own</li> <li>Bicycle <u>YES</u> NO Donkey, horse, camel <u>YES</u> NO</li> <li>Motorbike <u>YES</u> NO Other <u>YES</u> NO</li> <li>Car <u>YES</u> NO</li> <li>What is the main economic activity of your household? (check one)</li> <li><u>Agriculture</u> Manufacturing</li> <li>Fishing Other <u>Fishing</u></li> <li>Trading/marketing</li> <li>8. Where is the principle place you receive health care? (check one)</li> <li><u>Public hospital</u> Private hospital/clinic</li> <li><u>Public health centre/clinic</u> Local TBA/healer</li> <li>9. Ask a country/region-specific question on type of religion.</li> <li>10. Ask a country/region-specific question on ethnicity, if applicable.</li> </ul>	4.	Electricity YES NO Radio YES NO
Bicycle       YES       NO       Donkey, horse, camel       YES       NO         Motorbike       YES       NO       Other       YES       NO         Car       YES       NO       Other       YES       NO         7.       What is the main economic activity of your household? (check one)	5.	Earth/sand Finished surface (wood/cement/tile)
<ul> <li>AgricultureManufacturing</li> <li>FishingOther</li> <li>Trading/marketing</li> <li>8. Where is the principle place you receive health care? (check one)</li> <li>Public hospitalPrivate hospital/clinic</li> <li>Public health centre/clinicLocal TBA/healer</li> <li>9. Ask a country/region-specific question on type of religion.</li> <li>10. Ask a country/region-specific question on ethnicity, if applicable.</li> </ul>	6.	BicycleYESNO Donkey, horse, camelYESNO MotorbikeYESNO OtherYESNO
<ul> <li>Public hospital Private hospital/clinic</li> <li>Public health centre/clinic Local TBA/healer</li> <li>9. Ask a country/region-specific question on type of religion.</li> <li>10. Ask a country/region-specific question on ethnicity, if applicable.</li> </ul>	7.	Agriculture Manufacturing Fishing Other
10. Ask a country/region-specific question on ethnicity, if applicable.	8.	Public hospital Private hospital/clinic
	9.	Ask a country/region-specific question on type of religion.
11. Ask any additional questions you feel are appropriate.		
	11.	Ask any additional questions you feel are appropriate.

1 Ware, J. E. & Hays, R. "Methods for measuring patient satisfaction with specific medical encounters." Medical Care 1988:26:393-402.

2 Osterweis, M. & Howell, J. "Administering patient satisfaction questionnaires at diverse ambulatory care sites." Journal of Ambulatory Care Management 1979;67-88.



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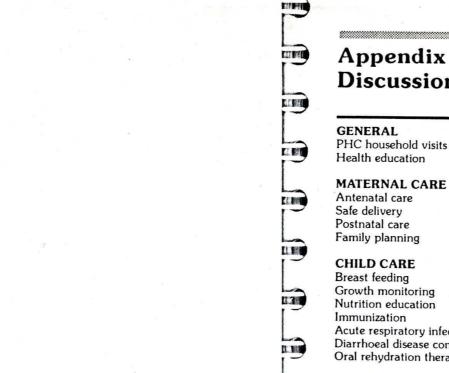
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Please circle a response or fill in blanks where indicated for each question Yes, N = No, DK = Don't Know, NA = Not Applicable)	on. (Y =		14. Did the provider allow you to ask questions? Y N DK	NA
			Professional competence and skill of the service provider 15. Were you satisfied overall with the services you received from the provider?	
1. Did you feel that the schedule (clinic hours) at the health facility was adequate for needs? Y N E	your DK NA	03	a. If not, what are some reasons why?	K NA
a. How long (minutes/hours) does it normally take you to get to the health facil	DK NA ility?	m l m	16. Did you feel comfortable discussing your problem with the provider? Y N DK	NA
b. By what means do you normally get to the health facility, e.g., walking, motor etc.?	rcyle,	<u>e</u> 9	17. Were you satisfied with the provider's skills and ability in treating your problem? $$\rm Y~N$$ DK	NA
4. After arriving at the clinic, did you feel that the time spent waiting to be seen by a vider was reasonable?	a pro- DK NA		18. Were you satisfied with the completeness of the information given to you about your problem?	
a. About how long (no. of minutes/hours) did you have to wait?			a. Were you given any information which you did not understand? Y N DK If "Yes," what information did you not understand?	NA
5. For follow-up or referral visits, did you feel that you were able to see a provider w a reasonable period of time? Y N				
a. About how long (no. of days) did you have to wait?			<b>Cost</b> 19. Did you feel that the cost for services you received at the health facility was reasonabl	
6. Do you feel that the provider spent enough time with you during the visit? Y N	DK NA	610	Y N DK Satisfaction with resulting health status/Efficacy of treatment	NA
Facilities, equipment, and supplies Were you satisfied with:	DR NA		20. Do you feel that services you received at the health centre were effective in solving your problem? Y N DK	NA
	DK NA		Other	
8. The overall cleanliness and comfort of the examination room or place where you revived service?	re- DK NA		21. Were you satisfied with the measures taken to assure privacy during your examination e.g., a private room, curtained or screened area, etc.? Y N DK	NA
9. The condition of any instruments or equipment used by the provider to treat or ex ine you? Y N E	exam- DK NA	619	22. Were you satisfied with the measures taken to assure confidentiality about your health problem? Y N DK	h NA
And the little of a second s		610	23. Would you recommend the services at this health facility to someone else?	
Availability of services         10. Were all the services you needed to treat your problem available at the health facil during your visit?         Y       N	ility DK NA		Y = N = DK 24. What do you think should be done to improve the quality of the services in this health	NA h
a. If not, please list any services which are not available at the health facility t important to meet your needs.	but are		facility?	
Continuity of care	DK NA	69	References 1. Dovlo, D., et al. What does the public want from us? A study of user satisfaction with services in governme health facilities in the eastern region, Ghana. April, 1992.	ent
12. Were the same services available during this visit as on your last visit? Y $$ N $$ E	DK NA		<ol> <li>Ware, J. E. &amp; Hays, R. "Methods for measuring patient satisfaction with specific medical encounter Medical Care 1988;26:393-402.</li> </ol>	
Interpersonal qualities of service provider 13. Were you treated with courtesy and respect by the provider during your visit?			<ol> <li>Osterweis, M. &amp; Howell, J. "Administering patient satisfaction questionnaires at diverse ambulatory c sites." <i>Journal of Ambulatory Care Management</i> 1979;67-88.</li> </ol>	are
	DK NA	e e		
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## **Appendix C: Service quality assessment Discussion guidelines**

# PHC household visits

Growth monitoring Nutrition education Acute respiratory infection Diarrhoeal disease control Oral rehydration therapy

#### **OTHER HEALTH CARE**

Water supply, hygiene and sanitation School health Childhood disabilities Accidents and injuries Sexually transmitted diseases HIV/AIDS Malaria Tuberculosis Treatment of minor ailments Chronic, non-communicable diseases



#### PHC service quality assessment Discussion guidelines: 1. PHC household visit

**Introduction**: Welcome the group and briefly give the purpose of the discussion **Ground rules**: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of services provided during a household visit. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

What works well in the way we provide services during a household visit?

#### Guidelines

- What does not work well in the way we provide services during a household visit?
- What standards, guidelines or protocols are used for providing services during a household visit?
- To whom would you go if you had questions about a standard or how to perform an activity?
  What information is registered on family health cards or other records during a household
- visit?
- What information do you ask from clients who have malnourished children?
- What information do you ask from clients who have children with diarrhoea?
- What information do you ask from clients who are pregnant?
- What information do you ask from all households you visit?

#### Key questions

- Do service providers register all children under five on a health card?
- Do service providers register all women over 16 on a family health card?

Do service providers make arrangements for vaccination of children requiring immunization?

- Are nutritional counselling, food supplementation and/or medical attention being received?
  Has ORS solution been recommended to the client and is help in preparing to administer it available?
- \* Has the client received prenatal care ? If necessary, has a prenatal visit been arranged?
- Are interested women or couples referred for family planning services ?
- Has water, hygiene and sanitation been discussed?
- Has a good rapport been established with the mother?

#### PHC service quality assessment Discussion guidelines: 2. Health education

**Introduction**: Welcome the group and briefly give the purpose of the discussion. **Ground rules**: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome. Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion. Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your health education services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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• What works well in the way we provide health education?

#### Guidelines

- What does not work well in the way we provide health education?
- What standards, guidelines or protocols are used for providing health education?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their educational background?
- What techniques do you use when presenting and discussing health topics?
- What educational materials do you use?
- What key messages related to your health topic do you emphasise to clients during health education sessions?

- Are participants' knowledge, attitudes, and practices of health education determined?
- Is participants' general level of knowledge determined?
- Do service providers explain the topic and focus the discussion?
- Are all relevant aspects of the topic discussed?
- Are appropriate discussion techniques used to encourage active participation?
- Do service providers use appropriate educational materials during the presentation?
- Are any available educational materials distributed?





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#### **PHC service quality assessment Discussion guidelines: 3.** Antenatal care

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your antenatal services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide antenatal services?

#### Guidelines

• What aspects do not work well in the way we provide antenatal services?

- What standards, guidelines or protocols are used for providing antenatal services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record during the antenatal visit?
- What do you ask your clients about their reproductive history?
- What do you ask your clients about risk factors associated with their current pregnancy?
- What do you ask your clients about preventive actions taken?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

#### Key questions

- Are obstetric records or family health cards reviewed and updated?
- Are at least two questions about reproductive history risk factors asked?
- Are at least two questions about risk factors associated with this pregnancy asked?
- Is at least one physical exam activity performed?
- Are clients immunized against tetanus or have arrangements for immunization been made?
- · Are clients referred for blood test, glucose, haemoglobin/haematocrit and malaria, if medically indicated?
- Do service providers discuss with clients the importance of having the delivery attended by a trained health worker?
- Do service providers explain the danger signs which require immediate attention?
- Do service providers tell pregnant woman when and where to go for next antenatal visit?

#### PHC service quality assessment **Discussion guidelines: 4. Safe delivery**

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion. Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your safe delivery services. You may also refer to the detailed version of the PHC. service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide safe delivery services?

#### Guidelines

- What aspects do not work well in the way we provide safe delivery services?
- What standards, guidelines or protocols are used for providing safe delivery services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What activities do you perform before the labour begins?
- What information do you review with your clients or ask from your clients before labour begins?
- What activities do you perform during the progress of labour and delivery?
- For what reasons might you seek help during the progress of labour and delivery?
- What activities do you perform immediately after birth?
- What messages do you emphasise when educating or counselling your clients after birth?

#### **Key questions**

- Do service providers sterilise needles, syringes, cord ties, scissors/razor blades before the birth?
- Is a clean birthing place prepared?
- Do service providers take labour history?
- If necessary, is the reproductive history for high-risk factors reviewed?
- Is the woman monitored throughout labour and is a physical exam conducted?
- Is the progress of labour assisted?
- Is the delivery assisted?
- Is help sought for obstetric problems and emergencies?
- Do service providers tie the umbilical cord with thread in three places and cut with blade/scissors?
- Do service providers determine APGAR score at one minute and five minutes after birth?







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#### PHC service quality assessment Discussion guidelines: 5. Postnatal care

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your postnatal services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

. What works well in the way we provide postnatal services?

#### Guidelines

- \* What does not work well in the way we provide postnatal services?
- What standards, guidelines or protocols are used for providing postnatal services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record during the antenatal visit?
- What do you ask your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatment or routine preventive services do you provide?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

#### **Key questions**

Did the service provider ask the client at least two medical history questions?Was the client examined?

- Were findings of history and physical examinations recorded on the clients health record?
- Did the service provider refer the client for special treatment if necessary?
- Was the infant referred for all physical conditions requiring medical attention?
- Was a BCG given or verification received that the child received vaccination at birth?
- Did the service provider give first DPT and OPV?
- Was the client told to feed the infant with breast milk only, for the first 4-6 months?
- Was family planning and how to obtain its services discussed with the client?
- Are clients encouraged to enrol their child in the well-child clinic?

#### PHC service quality assessment Discussion guidelines: 6. Family planning

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules**: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your family planning services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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• What works well in the way we provide family planning services?

#### Guidelines

- What does not work well in the way we provide family planning services?
- What standards, guidelines or protocols are used for providing family planning services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What do you ask from your clients about their medical and reproductive history?
- What activities do you carry out during a physical exam?
- What do you ask from your clients in order to determine which method to recommend?
- What messages do you emphasise to all clients when educating or counselling them?
- What information do you ask from clients during follow-up visits?

- Are clients asked at least three medical and reproductive history questions?
- Did the service provider take the clients blood pressure?
- Are clients breast examined for lumps?
- Did the service provider examine the patient for signs of anaemia?
- Did the service provider recommend to the client a method that was free of contraindications?
- Are side effects discussed?
- Is the client asked about use of the contraceptive received?
- Was the client asked about the possible side effects?





#### PHC service quality assessment Discussion guidelines: 7. Breast feeding

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your breast feeding activities. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

What works well in the way we perform our breast feeding activities?

#### Guidelines

- What does not work well in the way we perform our breast feeding activities?
- What standards, guidelines or protocols are used for carrying out breast feeding activities?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What messages do you emphasise when educating or counselling your clients on breast feeding practices?
- What messages do you emphasise when educating or counselling your clients on weaning practices?
- What additional messages do you emphasise when educating or counselling your clients on nutrition?

#### **Key questions**

- Do service providers ask about the mother's knowledge and practice concerning breast feeding? Are mothers instructed on the health benefits to mother and child of breast feeding?
- Do service providers recommend how long to breast feed and encourage continued breast feeding during illness?
- Is the client instructed on the method of breast feeding?
- Are warning signs that indicate the mother should seek help explained?
- Do service providers provide counselling, as appropriate, on family planning methods and contraceptive benefits of breast feeding?
- Is appropriate counselling provided on diet during lactation, nutrition supplements, and important locally available foods?
- Is the client advised on weaning practices and food preparation?

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#### PHC service quality assessment Discussion guidelines: 8. Growth monitoring/nutrition education

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome. Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion. Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your growth monitoring services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide growth monitoring services?

#### Guidelines

- What aspects do not work well in the way we provide growth monitoring services?
- What standards, guidelines or protocols are used for providing growth monitoring services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What growth monitoring activities do you perform?
- How do you determine the child's age?
- What do you do to prepare the child for weighing?
- What information do you record?
- What information do you ask from your clients about the child's growth and nutrition?
- What are some reasons you would refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on growth monitoring and nutrition?

- Was the clients age calculated correctly?
- Is the child weighed correctly?
- Is the child's weight plotted correctly?
- Are clients referred for nutritional counselling?
- Is at least 1 appropriate recommendation about child feeding and care made?
- Are clients asked if their child gained weight, lost, or stayed the same since the last weighing?
- Do service providers have a working scale?



#### PHC service quality assessment Discussion guidelines: 9. Immunization

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your immunization services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide immunization services?

#### Guidelines

- What aspects do not work well in the way we provide immunization services?
- What standards, guidelines or protocols are used for providing immunization services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you review on the clinic record and/or ask from your clients during the immunization visit?
- What activities do you perform during an immunization visit?
- What is your technique for providing vaccinations?
- What sterilisation procedures do you follow?
- How are supplies stored and how is the cold chain maintained, for clinic and outreach services?
- What messages do you emphasise when educating or counselling your clients?

#### **Key questions**

- Is a sterile needle used for each injection?
- Is a sterile syringe used for each injection?
- Do service providers give the child all vaccinations needed today?
- Are vaccinations recorded on the child's health card?
- During the last month was the registered temperature between zero and eight degrees (C) at all times?
- Are vaccines transported in cold boxes with ice packs?
- Is the return for the next immunization discussed with the client?

### PHC service quality assessment Discussion guidelines: 10. Acute respiratory infection

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome. Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion. Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for acute respiratory infection. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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• What works well in the way we provide ARI services?

#### Guidelines

- What does not work well in the way we provide ARI services?
- What standards, guidelines or protocols are used for providing ARI services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for what types of ARI?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

#### **Key questions**

- Are at least two medical history questions asked?
- Do service providers ask about any treatment administered?
- Is the respiratory rate counted?
- Is the child classified by severity of illness?
- Are antibiotics for pneumonia, strep throat or otitis given?
- Do service providers refrain from using antibiotics for colds? • Are clients told about at least three signs of provider all
- Are clients told about at least three signs of pneumonia?<sup>1</sup>
- If antibiotics are prescribed, is the client asked, "How will you administer the medicine; how much, how often, for how long?"

1 Signs include stridor, chest indrawing/rapid breathing, inability to drink, cyanosis, anxiety, and weakness or lethargy.





#### PHC service quality assessment Discussion guidelines: 11. Diarrhoeal disease control/oral rehydration therapy

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

## Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for diarrhoeal disease control/ORT services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

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What works well in the way we provide diarrhoeal disease control/ORT services?

- What aspects do not work well in the way we provide diarrhoeal disease control/ORT
- What standards, guidelines or protocols are used for providing diarrhoeal disease con-
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe and when would you normally prescribe them?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

#### Key questions

• Are at least two medical history questions asked?

- Are at least two physical exam activities performed?
- Was the degree of dehydration determined (none, moderate, severe)?
- Do service providers refrain from using antibiotics, except when stools contain blood or
- Do service providers administer ORS solution immediately or refer the client to a nearby centre, if the child is dehydrated?
- Are clients informed how much ORS solution to give and how often to give it?
- Are clients shown how to prepare ORS solution?

#### PHC service quality assessment Discussion guidelines: 12. Water supply, hygiene and sanitation

Introduction: Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services related to water supply, hygiene and sanitation. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion

#### Discussion

• What works well in the way we provide services related to water supply, hygiene and sanitation?

#### Guidelines

- What aspects do not work well in the way we provide services related to water supply, hygiene and sanitation?
- What standards, guidelines or protocols are used for providing services related to water supply, hygiene and sanitation?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What messages do you emphasise when educating or counselling your clients about contaminated water and disease?
- What messages do you emphasise when educating or counselling your clients about water storage and use?
- What messages do you emphasise when educating or counselling your clients about latrine maintenance and use?
- What messages do you emphasise when educating or counselling your clients about refuse and animal excreta disposal?

- Is keeping water in a clean, covered container discussed?
- Is the importance of hand washing before eating, feeding children, and food preparation discussed?
- Do service providers discuss appropriate latrine use and human waste disposal, e.g. baby potty for children under three?
- Is burning or burying refuse recommended?
- Do service providers recommend penning animals away from the house?
- Is the importance of washing hands discussed with the client?



#### PHC service quality assessment Discussion guidelines: 13. Childhood disabilities

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for childhood disabilities. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide services for childhood disabilities?

#### Guidelines

- What does not work well in the way we provide services for childhood disabilities?
- What standards, guidelines or protocols are used for providing services for childhood disabilities?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their child's medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on childhood disabilities?

#### **Key questions**

- Are clients asked about the prenatal and antenatal care of the child?
- Do service providers ask the client whether the child's speech, development, mobility, strength, sight, hearing, behaviour is in any way different from normal?
- Is an examination conducted for the presence of any deformities or defects?
- Is appropriate treatment or therapy administered/prescribed according to established treatment guidelines?
- Do service providers discuss available medicine or treatment, if any?
- If applicable, is the possible risk of having another child discussed, if more than one child is known to have been born with a genetic condition?
- Do service providers discuss what parents and families can do to help the disabled child?
- Is the client questioned about their child's disability?
- If applicable, is the client questioned about their knowledge of how to prevent a similar disability form happening again?
- Is the client aware-of where to go for treatment or follow-up?
- Is the client questioned about the treatment they received?

## PHC service quality assessment Discussion guidelines: 14. Accidents and injuries

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your services for accidents and injuries. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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What works well in the way we provide services for accidents and injuries?

#### Guidelines

- What does not work well in the way we provide services for accidents and injuries?
- What standards, guidelines or protocols are used for providing services for accidents and injuries?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on injury prevention?

- Is the type of injury correctly identified?
- Do service providers obtain a history of the injury, e.g. cause, time, etc.?
- Is proper treatment administered according to established guidelines?
- Is appropriate referral made according to established guidelines?
- Do service providers discuss some common injuries and how they may be prevented? Is child safety in and around the home discussed?
- Are occupational safety issues discussed?
- Do service providers explain how to recognise an emergency and where to go for help?





'HC service quality assessment

Jiscussion guidelines: 15. Sexually transmitted diseases and HIV/AIDS

atroduction: Welcome the group and briefly give the purpose of the discussion.

#### Ground rules for group discussion

veryone's ideas and opinions are important.

There are no right or wrong answers.

oth positive and negative comments are welcome.

articipants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your STD-related services. You may also refer to the detailed version of the PHC ervice quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

What works well in the way we provide STD services?

#### Guidelines

- What does not work well in the way we provide STD services?
- What standards, guidelines or protocols are used for providing STD services?
- To whom would you go if you had questions about a standard or how to perform an activity? What information do you ask from your clients about their medical history? What information do you ask from your clients about their sexual history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling clients on prevention of
- What messages do you emphasise when educating or counselling clients on laboratory
- What messages do you emphasise when educating or counselling clients with diagnosed STD?

#### **Key questions**

- Are at least two symptoms of infection asked?
- Do service providers ask about current sexual practices?
- Is a complete physical examination as required for male, female or infant conducted?
- Is the illness correctly identified and appropriate treatment prescribed?
- Do service providers discuss some basic ways to prevent sexual transmission of STDs?
- Is the client assured of confidentiality of test results?
- Is the importance of notifying a partner discussed?
- Do service providers explain the risk to a foetus/infant and the avoidance of pregnancy
- through the use of appropriate contraception?
- Do service providers suggest any prenatal or postnatal care, if any, that is needed?

- Are the risks of re-infection and/or transmission explained if sex is resumed with an untreated partner?
- Is the client asked about their illness?
- Are clients asked about their knowledge on how to prevent giving it to someone else and how to prevent becoming infected again?
- Is the client aware of when and where to return for test results, treatment, or follow-up?





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#### PHC service quality assessment Discussion guidelines: 16. Malaria

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your malaria services. You may also refer to the detailed version of the PHC service guality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide malaria services?

#### Guidelines

- What does not work well in the way we provide malaria services?
- What standards, guidelines or protocols are used for providing malaria services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for malaria?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

#### Key questions

- Are at least two medical history questions asked?
- Do service providers ask about anti-malarial drugs taken in the last 24 hours?
- Do service providers ask about other symptoms to rule out other fever-related illnesses?
- Is the clients temperature taken?
- Is a blood slide made or the client referred to a facility where a blood slide may be examined?
- Are appropriate anti-malarial drugs administered or prescribed according to local norms?
- Do service providers administer antipyretic drug and sponge or bathe the client with water if fever is over 39 degrees C.
- Do service providers discuss danger signs that may indicate unresponsive or complicated malaria?
- Are clients told to return for consultation if danger signs develop?
- Is the client questioned about the prescribed medicine, e.g. how will you take the medicine (how much, how often, and for how long)?

#### PHC service quality assessment Discussion guidelines: 17. Tuberculosis

**Introduction:** Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important. There are no right or wrong answers. Both positive and negative comments are welcome. Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion. Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your tuberculosis services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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• What works well in the way we provide tuberculosis services?

#### Guidelines

- What does not work well in the way we provide tuberculosis services?
- What standards, guidelines or protocols are used for providing tuberculosis services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- What treatments do you prescribe for tuberculosis?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients?

- Are clients questioned about persistent coughs; two weeks or more?
- Are clients questioned about persistent fever; one month or more?
- Do service providers ask clients about weight loss?
- Do service providers ask clients about blood in sputum?
- Is cutaneous TB test performed?
- Is client referred for sputum examination?
- Do service providers prescribe medicines or refer for treatment according to local norms?
- Is verification made that follow-up cases have taken medicine correctly?
- Do service providers explain how much and how often to take medicine?
- Is the importance of completing the treatment stressed?
- Is the client questioned about prescribed drugs, e.g., how will they take their medicine (how much, how often, and for how long)?
- Is the client questioned about the need for further testing, e.g., where will they go for the test?





#### PHC service quality assessment Discussion guidelines: 18. Treatment of minor ailments

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your treatment of minor ailment services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide treatment of minor ailment services?

#### Guidelines

What does not work well in the way we provide for treatment of minor ailments?

- What standards, guidelines or protocols are used for providing services for the treatment of minor ailments?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What activities do you perform for the treatment of minor ailments?
- What messages do you emphasise when educating or counselling your clients?

#### Key questions

- Do you ask patients about their chief complaint?
- Do you determine medical history and past drug allergies?
- How do you check vital signs?
- How do you conduct a related physical exam?
- How do you make an appropriate diagnosis?
- How do you schedule diagnostic testing?
- Do you provide appropriate treatment and discuss compliance with drug therapy?
- Do you provide information to the patient about the condition and treatment plan?
- Do you explain to the patient how often to take this medicine?
- Do you explain what dose to take?
- Do you tell the patient how long to continue treatment?

#### PHC service quality assessment **Discussion guidelines: 19a. Hypertension**

Introduction: Welcome the group and briefly give the purpose of the discussion. **Ground rules:** Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the guality of your hypertension services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

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• What works well in the way we provide hypertension services?

#### Guidelines

- What does not work well in the way we provide hypertension services?
- What standards, guidelines or protocols are used for providing hypertension services?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on hypertension?

- Is a proper blood pressure reading taken?
- Do service providers ask about chief complaints, e.g. blurred vision, severe headache, shortness of breath, chest pain?
- Do service providers ask about prior/current experience and treatments for hypertension?
- Do service providers ask about family history of hypertension?
- Do service providers ask about history of diabetes or stroke?
- Do service providers ask about current lifestyle, e.g. work, stresses, home conditions?
- Do service providers ask about previous illness or treatment?
- Is a physical exam performed, which includes a check of vital signs, blood pressure, heart, pulse in foot, neck veins or other as per local policy?
- Are patients provided with health education/counselling on hypertension?
- Are patients instructed on the use of any prescribed medication?
- Are patients informed of the warning signs indicating when to return to the clinic?



#### PHC service quality assessment Discussion guidelines: 19b. Diabetes mellitus

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard.

Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your diabetes services. You may also refer to the detailed version of the PHC service quality checklists. Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide diabetes services?

#### Guidelines

- What does not work well in the way we provide diabetes services?
- What standards, guidelines or protocols are used for providing diabetes services?
- . To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from your clients about their medical history?
- What activities do you carry out during a physical exam?
- · For what reasons would you refer a client to another service provider?
- What messages do you emphasise when educating or counselling your clients on treatment of diabetes?
- What messages do you emphasise to women of child bearing age when providing education or counselling on diabetes?

#### **Key questions**

- · Do service providers ask about symptoms, e.g. blurred vision, unusual thirst, urinary tract infection, yeast infection if a woman, foot problems, numbness, recurrent infection?
- · Is a physical exam performed, including a check of vital signs, general appearance, and pulse in feet, fast breathing, signs of dehydration, or others as per local policy?
- Are lab tests (e.g., sugar, urine) conducted, as appropriate?
- Are patients provided with health education/counselling on appropriate diet and exercise?
- Do service providers instruct family members how to handle common diabetic emergencies?
- Is the patient educated in proper foot care and protection?
- Is the importance of maintaining blood sugar levels within a specified range before and during pregnancy to prevent birth defects discussed with women of child bearing age? Are high-risk pregnancies referred as per local policy?

## PHC service quality assessment **Discussion guidelines: 19c. Anaemia**

Introduction: Welcome the group and briefly give the purpose of the discussion. Ground rules: Explain the following ground rules to the group:

#### Ground rules for group discussion

Everyone's ideas and opinions are important.

There are no right or wrong answers.

Both positive and negative comments are welcome.

Participants should feel free to disagree with one another so all points of view are heard. Don't wait to be called on; it's a group discussion.

Please speak one at a time.

These discussion guidelines are provided to help you to lead a group discussion about the quality of your anaemia services. You may also refer to the detailed version of the PHC service quality checklists, Appendix B, as a resource for the discussion.

#### Discussion

• What works well in the way we provide services during a visit for anaemia?

#### Guidelines

- What does not work well in the way we provide services for anaemia?
- What standards, guidelines or protocols are used for providing services for anaemia?
- To whom would you go if you had questions about a standard or how to perform an activity?
- What information do you ask from clients about their medical history?
- What activities do you carry during a physical exam?
- For what reasons would you refer a client to another provider?
- What messages do you emphasise when educating or counselling your clients on treatment for anaemia?

#### Key questions

- Do service providers ask about chief complaints, whether pregnant?
- Is occult blood in the stool determined?
- Is the client asked if blood is in the stool?
- Do service providers check colour of conjuctiva?
- Are clients asked about family history of anaemia?
- Is the client given a complete physical examination; chest, abdomen, etc.?
- Do service providers get a complete blood count with reticulocite count?
- Is the haemoglobin type; region, race, age or sex determined?
- Do service providers determine the aetiology of the anaemic condition?
- Is appropriate consultation determined; referral to a specialist, if needed?
- Are clients provided with nutrition counselling?
- Are clients asked about their knowledge in how to administer the drug; how much, how often and how long?
- Is the client aware how to get refills for drugs?



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# Appendix D: Multiple observation checklists

PHC household visit

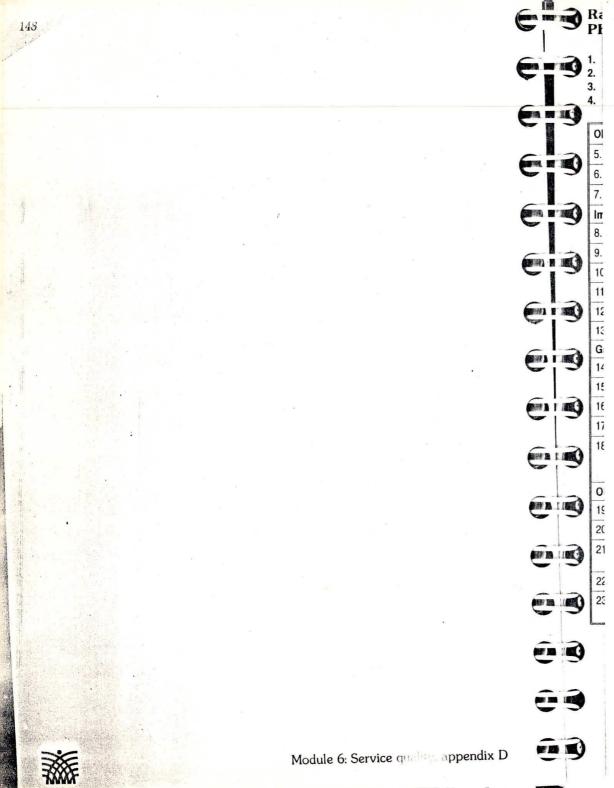
**Growth monitoring** 

Immunization

Oral rehydration therapy

Family planning





Obse	ervation number/registration and documentation	1	2	3
Ante	natal care:			_
24.	Discuss the importance of prenatal care?			-
25.	Ask if any women in the household are pregnant?			
26.	Talk with each pregnant woman about her well-being?			
27.	Ask if each pregnant woman is receiving prenatal care and arrange for a prenatal visit if necessary?			
28.	Give nutritional advice and iron/calcium supplementation to each pregnant woman?			
29.	Answer pregnant woman's questions?			
Fami	ily planning			
30.	Provide information about family planning services?			
31.	Refer interested women or couples for family planning services?			
32.	Ask women who already use contraception if they are happy with their method?	5		
33.	Refer current users for advice or follow-up if necessary?			150
34.	Answer questions about family planning?			
Wate	er and sanitation			
35.	Ask about access to water and provide information about community efforts to address problems (if necessary)?			
36.	Ask about water storage practices and give appropriate advice?			
37.	Ask about latrine maintenance and use and give appropriate advice?			
38.	Ask about refuse and excreta disposal and give appropriate advice?			
Gene	eral			
39.	Ask if anyone in the household is ill and give appropriate advice?			
40.	Follow up on recent illnesses?			
41.	Verify that the client(s) understand key information from today's visit?			
42.	Establish good rapport with the mother?			

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Obs	ervation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	тот	Problems identified	Actions tak
5.	Are all children under 5 registered on the family health card?		-										and a second	
6.	Are all women over 16 registered on the family health card?													
7.	Was information updated during the visit?													
Imm	unization	•	4	•	1		1	1	•	1	1	I		
8.	Was this visit recorded in health centre records?													
9.	Discuss the importance of vaccination?													
10.	Review the immunization status of all children < 5?													
11.	Vaccinate or arrange for vaccination of children who need to be immunized?													a state
12.	Review vaccinations needed and the appropriate dates with mother?													4
13.	Answer mother's questions about vaccination?													· · · · / / · · ·
Grov	wth monitoring											1		
14.	Review the growth cards of all children < 5?													
15.	Weigh children or refer them as appropriate?													<u>.</u>
16.	Discuss changes in weight with the mother and give nutritional advice?													
17.	Answer mother's questions about growth monitoring and nutrition?								-				1	
18.	If there are any malnourished children in the house did the health worker check to be sure that nutritional counselling, food supplementation, and/or medical attention are being received as indicated?													
ORT														
19.	Ask if any children in the household have diarrhoea?	3								-				
20.	If yes, recommend ORT, and help the mother to prepare and administer it?										÷-			· · · · · · · · · · · · · · · · · · ·
21.	If no, review the importance of ORT and encourage mother to use it in future diarrhoea episodes?													2 
	Answer mother's questions about ORT?													
23.	Demonstrate how to make ORS solution, or invite mother to a demonstration if necessary?													

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Observation number/registration and documentation 2 10 TOT **Problems** identified Actions taken 1 3 4 5 6 7 8 9 Antenatal care: Discuss the importance of prenatal care? 24. (金索) 25. Ask if any women in the household are pregnant? 26. Talk with each pregnant woman about her well-being? 27. Ask if each pregnant woman is receiving prenatal care and arrange for a prenatal visit if necessary? Give nutritional advice and iron/calcium supplementation to each pregnant 28. woman? (星) Answer pregnant woman's questions? 29. Family planning Provide information about family planning services? 30. 31. Refer interested women or couples for family planning services? 32. Ask women who already use contraception if they are happy with their method? Refer current users for advice or follow-up if necessary? 33. 34. Answer questions about family planning? Water and sanitation Ask about access to water and provide information about community efforts to 35. address problems (if necessary)? Ask about water storage practices and give appropriate advice? 36. Ask about latrine maintenance and use and give appropriate advice? 37. Ask about refuse and excreta disposal and give appropriate advice? 38. General Ask if anyone in the household is ill and give appropriate advice? 39. 40. Follow up on recent illnesses? Verify that the client(s) understand key information from today's visit? 41. Establish good rapport with the mother? 42. 

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				the se									ervation.	n sagter an ar sagter an ar gatati an
Obs	ervation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	тот	Problems identified	Actions taken
Age	calculation													5
5.	Base calculation on a reliable date of birth?						1			14				Lage Grap a
6.	Correctly calculate date of birth ? <sup>1</sup>													i artistici e
7.	Record age?	0					9							Late
Weig	hing													94 . 1
8.	Set scale to 0?													
9.	Remove the child's clothing?													
10.	Place child correctly on scale?													
11.	Correctly read scale? <sup>2</sup>									-			-	- Cheven
12.	Record weight?									2		•		
Plot	ing the child's growth on chart		a.			1								ALX MILES
13.	Plot or locate the child's weight at correct age?					1								in the definition
14.	Plot or locate the child's weight at correct weight?		- 21											and the second second
15.	Connect to previous growth point?													4 6 12
Refe	rral and follow-up		•			A				L				
17.	Refer malnourished child for nutritional rehabilitation?								•					
18.	Tell mother whether child has gained lost stayed the same since last weighing?													
19.	Tell mother the nutritional status of the child?										-			1
20.	Use growth card to explain to mother how her child is growing?													
21.	Ask if the child has had any health problems since last weighing?												an a	
22.	Make recommendations regarding child feeding and care?												····· · · · · · · · · · · · · · · · ·	
23.	Explain importance of good breast feeding and weaning practices?	-										1		
24.	Explain which locally available foods constitute a balanced diet for children?		1	1										
25.	Explain how to feed children during illness?	-						ŝ						
26.	Tell mother when to take child for next weighing?													
27.	Verify that mother understands key messages?													
28.	Ask mother if she has any questions?													
6.	Do you have a working scale?											+		
3.	Do you have a way of tracking malnourished children?												an a	

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Rapid quality assessment checklist : Growth monitori         1.       Health facility         2.       Observer         3.       Observer/supervisor         4.       Date	k "yes	" (Y) if ew que	the se	ervice ( s, marl	orovide « "yes"	r carrie (Y) if t	es out he clie	these ent res	activiti ponds	es dur correc	ing obs	ervation.	148/
Observation number/registration and documentation	1	2	3	4	5	6	7	8	9	10	TOT	Problems identified	Actions taken
Age calculation		1									<del></del>		
5. Base calculation on a reliable date of birth?													
6. Correctly calculate date of birth ? <sup>1</sup>				-									
7. Record age?													<u> </u>
Weighing	1				T				1	1	11-		·
8. Set scale to 0?					ļ								i i
9. Remove the child's clothing?		-											5. °25. 
10. Place child correctly on scale?													
11. Correctly read scale? <sup>2</sup>													
12. Record weight?													<u> </u>
Plotting the child's growth on chart				-1		·	·	- <u>1</u>	1		TT		1
13. Plot or locate the child's weight at correct age?							ļ						
14. Plot or locate the child's weight at correct weight?													
15. Connect to previous growth point?													
Referral and follow-up			1		· · · · ·	1	T		1	1	<b>T T</b>		T
17. Refer malnourished child for nutritional rehabilitation?				_				_					
18. Tell mother whether child has gained lost stayed the same since last weighing?													
<ul> <li>19. Tell mother the nutritional status of the child?</li> <li>20. Use growth card to explain to mother how her child is growing?</li> </ul>								_					
20. Use growth card to explain to mother how her child is growing?				_			ļ						
21. Ask if the child has had any health problems since last weighing?					1								
22. Make recommendations regarding child feeding and care?													
23. Explain importance of good breast feeding and weaning practices?				_									
24. Explain which locally available foods constitute a balanced diet for children?													
25. Explain how to feed children during illness?	-												and the second
26. Tell mother when to take child for next weighing?													
27. Verify that mother understands key messages?		<i>i</i>											
28. Ask mother if she has any questions?													
36. Do you have a working scale?													
43. Do you have a way of tracking malnourished children?													

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Rapid quality assessment checklist Immunization													. 1	148/4
1.       Health facility         2.       Observer         3.       Observer/supervisor         4.       Date	ırk "yes r intervi											ervation.		6
Observation number:	1	2	3	4	5	6	7	8	9	10	тот	Problems identified	Actions taken	
13. Use a sterile needle for each injection?	1			1				1	1	a.				
14. Use a sterile syringe for each injection?		1												
Vaccination technique			-		1	I	1				1			
17. Was the child given all vaccinations needed today?			1									~		
Documentation	-			1.17		1								62
19. Record the vaccination on the child's health card?				•						a	T			
36. Was the registered temperature between 0 and 8 degrees (C) at all times during the last month?				4										6
41. Were all vaccines transported in cold boxes with ice packs?								1						-
Exit Interview with mother	-	1	1				1		1		, <b>I</b>			
43. When should you return to the health center for your next immunization?	1	1	1	i i										

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1.       Health facility         2.       Observer         3.       Observer/supervisor         4.       Date	rk "yes intervi	" (Y) if lew que	the se	rvice p s, mark	orovide a "yes"	r carrie (Y) if t	es out he clie	these ent resp	activiti ponds	ies dur correc	ing obse	ervation.	
Observation number/registration and documentation	1	2	3	4	5	6	. 7	8	9	10	тот	Problems identified	Actions taken
													1
Medical history							r			1	,		
5. Duration of diarrhea?													
6. Consistency of stools?													
7. Frequency of stools?													
8. Presence of blood and/or mucus in stools?					-		6						1. A. 1.
9. Presence of vomiting?													er op fin er
10. Fever?	4											8	e sta 2 sta
11. Home treatments?	1.0.0								540			· ·	1.
Physical examination													
12. Assess general status (alert or lethargic)? <sup>1</sup>							×						1 TE E V Kevis
13. Pinch skin?													- 11-
14. Weigh child?				1.1									in the the
15. Determine nutritional status to be sure the child is not severely malnourished?													are the second
16. Take temperature?													· · · · · · · · · · · · · · · · · · ·
17. Determine the degree of dehydration (none, moderate, severe)? <sup>2</sup>													un i nega diserina
18. Prescribe ORS or cereal-based ORT?									- ) -				So Oktora
20. Refrain from using antibiotics except when stools contain blood or mucus?													$(z_1, z_2)$
22. If the child is dehydrated administer ORS solution or cereal-based ORT immediately or refer the child to a nearby centre?	Ŧ				1		в						e de la companya de l La companya de la comp
31. Tell mother about appropriate feeding practices during and after dehydration?													A PARKET I
35. Show mother how to administer ORS solution or cereal-based ORT?													A STATE OF STATE

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<sup>1</sup> Signs of dehydration: 1. lethargy; 2. absence of tears while crying; 3. pinched skin retracts slowly; 4. dry mouth; 5. sunken yeys.
<sup>2</sup> Danger signs: 1. many watery stools; 2. repeated vomiting; 3. very thirsty; 4. eating or drinking poorly; 5. fever; 6. lood in stool; 7. dehydration persists.

Rapid quality assessment checklist Clinical family planning services													148/	6 ####
Health facility Observer Observer/supervisor Instructions: A. Date	Mark "yes For interv	s" (Y) if iew qu	the se	ervice p s, mark	orovide "yes"	er carrie (Y) if t	es out he clie	these ent resp	activiti ponds	es dur correc	ing obse	ervation.	5 E	
Observation number:	1	2	3	4	5	6	7	8	9	10	тот	Problems identified	Actions taken	-
Medical and reproductive history* (new clients)					r	1				1				-
5. Ask the client how old she is?													2. 	
6. Ask about number, spacing and outcome of pregnancies?				.*										-
7. Ask about previous use of family planning methods?														
8. Ask about reasons for stopping or switching previous methods?														
9. Ask about heart disease?													9	-C
10. Ask about liver disease?														e
11. Ask about high blood pressure?														
12. Ask about history of pelvic inflamatory disease?													-	6
13. Ask about history of suspected or confirmed venereal disease?													-	-
14. Ask about history of blood clots or thromboemboli?				×.										IC
15. Ask if she is breast feeding?					1									E
16. Ask about date of last menstrual period?														_
Physical examination *			- <b>T</b>	-1	· · · · · · ·	1		1	1	1			5	
17. Take blood pressure?									-					-
18. Examine breast for lumps?														6
19. Examine patient for signs of anaemia?						1								
Selection of a method				-	ļ			1						-
24. Choose a method that was free of contra-indications for this client?														-
28. Ask about side effects?							]			1			l	-
Counselling (for all)*					1	1	1	1	1	1	1 1			-
31. Describe possible minor side effects of the selected method?														6
32. Explain how to manage side effects at home?						-			1					-
33. Describe major side effects which require medical attention?												•		-
Exit interview with client **		-1		1	1	1	1	1	1	1	1 1		[	
44. How do you use the contraceptive you received today?														
45. What are the possible side effects?														

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# **Appendix E: Other PHC MAP tools**

Worksheets for planning quality assessment activities

Form for making your own checklist

Form for manual tabulation

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Table for selection of an LQAS sample

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WORKSHEET FOR PLANNING QUALITY ASSESSMEN	T ACTIVITIES	WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES
ep 1. Specify the scope and objectives		Step 3: Select and adapt the appropriate PHC MAP checklist(s)
What is the purpose of the assessment?	639	Will the checklist require adaptation?
What services will be included?		Who will adapt the checklist?
Who will use the information gathered?	675	
How will the information be used?		
What geographic area will be covered?		WORKSHEET FOR PLANNING QUALITY ASSESSMENT ACTIVITIES
Over what period of time will the activities take place?		
What additional resources, if any, are available?	e 3	Step 4. Determine sampling procedures and select sample (optional)         Number of units in sampling frame:         Sample size       (%) =
WORKSHEET FOR PLANNING QUALITY ASSESSMEN ep 2: Select unit of observation and data sources		Census (100 percent sample) Random sample Systematic sample LQAS sample
iit of observation:       Data sources:        Client/patient      Direct observation        Service elements      by supervise        Realth worker      by peer        Clinic session      self-assessn        Health centre      structured it	or nent interviews	Convenience sample Purposive sample Quota sample What is the minimum number of observations that should be made for each unit?
open-ended discussion Record review		
routine rec records key sessment	ords pt especially for the as-	
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	ĒS	
Module 6: Servi	ce quality; appendix E 🛛 💭 🔊	Module 6: Service quality; appendix E

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નં લે લં	Health facility Observer Regular supervisor													
4	Observation number:		-	2	3 4	5	9	2	80	6	10	TOT	Problems identified	Actions taken
ŝ	Date			-						3				
9	Service provider (initials)													
	-													
				-										
				-									•	
			-											
			-											
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		24												
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	124													
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# Manual tabulation exhibit PHC MAP tally sheet

Observation	Facility ID	Worker ID	Observer ID	Date	Questions																					
1					· ·								(00)	3						-						
2																		2								6
3																										- 6
4	3																									
5														ć	1											- 6
6																										
• 7																										- 6
8												12														- 6
9																	1								-	
10																										-6
11																			1			5				
12									1																	6
13				***	-				I																	- 6
14								-	T																	
15					0			1	ž.	 																-6
16					-																					
17	1					1	1		1	 -																-
18					-	-																				- 6
19																										
20		1																	-							- 6
21	1			đ			1														1					-
22		-					1.																			- 6
23	4																									- (
24																										-
25																	1									
26	entrikaning of the second second					1	,																			- `
27					-	1	1	1																		
28							1		5																	- 6
29								1																		
30								1																		6
		1	Total changes	ione			1		T	1	T		I		I T	1	1			1	I man	ľ	1	4		
			Total observat	IONS						 					_							-	-			- 2
			Total correct Percent correct							 								_				-				

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Selection of LQAS sample Determination of minimum level, sample size, and acceptable size based on differences between clinics. Need to focus on worst clinics and pre-established goals

ſ	1) Die difference		Y	ES		YES or NO					
ł	1) Big difference			ES	NO	Y	'ES		NO		
- 8	2) Focus on worst		S1	A1	M2	S2	A2	M3	S3	A3	
		M1			Minimum level	Sample size	Acceptable size	Minimum level	Sample size	Acceptable size	Goal
	Goal	Minimum level	Sample size	Acceptable size			16	80%	28	26	95%
	95%	70%	13	12	75%	18			40	34	90%
	98%	65%	16.	13	70%	24	20	75%		39	85%
	85%	60%	19	15	65%	29	23	70%	49		
	80%	55%	22	16	60%	33	24	65%	57	42	80%
	75%	50%	23	15	55%	36	24	60%	63	43	75%
				15	50%	38	23	55%	66	43	70%
	70%	45%	25		45%	40	23	50%	70	41	65%
	65%	40%	25	14			20	45%	72	38	60%
	60%	35%	25	12	40%	40			72	35	55%
	55%	35%	40	18	38%	55	26	40%			50%
•	50%	30%	38	16	33%	54	23	35%	70	31	
*	45%	25%	36	13	28%	51	19	30%	67	25	45%
	40%	20%	33	10	23%	48	15	25%	63	21	40%
		C	29	7	18%	43	11	20%	57	16	35%
	35%	15%		5	13%	36	8	15%	49	11	30%
9		10%	24		-	29	5	10%	40	7	25%
	25%	5%	28	3	8%	29	5	1070			

#### Example:

Goal: weigh 85% of children correctly Minimal acceptable level: 65% weighed correctly Table row: 85% Table column: M2=65% Required sample size: 52=2 Acceptable size: A2-23 Decision rule: 23 of 29 observed weighings must be done correctly to

conclude that the programme is meeting its goal

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