TANZANIA

Service Provision Assessment Survey 2006 (TSPA)

Tanzania
Service Provision Assessment Survey
2006

National Bureau of Statistics
Dar es Salaam, Tanzania

and

Macro International Inc.
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This report presents findings of the 2006 Tanzania Service Provision Assessment Survey (2006 TSPA) which was conducted by the National Bureau of Statistics of the United Republic of Tanzania. Macro International Inc. provided technical assistance. The 2006 TSPA is part of the worldwide MEASURE DHS project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes. Funding for technical assistance was provided by the United States Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR). Local costs of the survey were financed entirely by the pooled fund of the Poverty Eradication Division (PED) in the Ministry of Planning, Economy and Empowerment. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development or the United Republic of Tanzania.

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Foreword

The 2006 Tanzania Service Provision Assessment (TSPA) survey is the first nationally repre-sentative facility-based survey to cover both maternal and child health (MCH) and HIV/AIDS services; previous surveys covered MCH services alone. A nationally representative sample of 611 health facilities was selected for the survey.

The facilities surveyed include hospitals, health centres, dispensaries, and stand-alone facilities offering HIV/AIDS-related services. The selected facilities are managed by the public sector, the private sector, parastatals, and faith-based organisations.

The 2006 TSPA was designed to provide detailed information on the availability and quality of facility infrastructure, resources, and management systems, and on services for child health, family planning, maternal health (antenatal and delivery care), and selected infectious diseases, namely sexually transmitted infections and tuberculosis. The survey also provides information on the capacity of health facilities to provide quality HIV/AIDS services.

The survey collected several types of data, using checklists of general infrastructure and sup-plies, interviews with health care providers and clients, and direct observation of client-provider interactions. These approaches provide a comprehensive overview of the health care system in Tanzania.

The 2006 TSPA has therefore collected important information for planners, policy makers, and programme managers in assessing the capacity of health facilities to provide quality services to the children, men, and women of Tanzania. The information is also very useful in determining the strengths and weaknesses of health facilities in an endeavour to provide intervention meas-ures for improving health care delivery.

It is with this regard that the National Bureau of Statistics, together with the Ministry of Health and Social Welfare (for Mainland and Zanzibar) and the Office of the Chief Government Stat-istician, takes pleasure in presenting the results of this survey.

The results of the TSPA are also meant to complement the results of the 2004-05 Tanzania Demographic and Health Survey.

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The 2006 Tanzania Service Provision Assessment Survey (TSPA) is yet another successful undertaking by the National Bureau of Statistics (NBS) through the collaborative efforts of a number of individuals and Institutions. The NBS is extremely grateful to these individuals and organisations for their contribution to the success of the TSPA.

We would like to recognize and acknowledge the financial support provided by the Poverty Eradication Division (PED) of the Ministry of Planning, Economy and Empowerment through the pooled fund mechanism. PED funded all local costs pertaining to the TSPA.

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Key Findings

The 2006 Tanzania Service Provision Assessment (TSPA 2006) survey collected data from a representative sample of 611 health facilities throughout Tanzania. The survey covered all levels of facilities, from dispensaries to hospitals, and sampled facilities operated by different managing authorities, including government, private for-profit, parastatal, and faith-based organisations. TSPA personnel collected information from facility inventories, interviews with health service providers, observations of client-provider consultations, and exit interviews with clients in order to assess the capacity of facilities to provide good quality services and the existence of functioning systems to support these services.

The survey addressed overall facility infrastructure and resources as well as services for child health, family planning, maternal health, and specific infectious diseases, including sexually transmitted infections (STIs), tuberculosis (TB), malaria, and HIV/AIDS. One of the objectives of the survey was to assess the strengths and weaknesses of the infrastructure and systems supporting these services. The survey also sought to assess the adherence to standards in the delivery of curative care for sick children and adult STIs, family planning, and antenatal care (ANC).

The TSPA 2006 was undertaken jointly by the National Bureau of Statistics (NBS) and the Ministry of Health and Social Welfare (MoHSW), with technical assistance from Macro International Inc. under the MEASURE DHS project.

Facility-Level Infrastructure, Resources, and Systems

- A full package of basic services—which includes outpatient care for sick children and for adult STIs, temporary methods of family planning, ANC, immunization and child growth monitoring—is available in approximately 7 out of 10 facilities. Facility-based, 24-hour delivery services are available in almost all hospitals and in about three-fourth of health centres.

- Only 1 out of 8 facilities have regular supplies of water and electricity along with all client comfort amenities, including a functioning client latrine, protected waiting area, and basic level of cleanliness. A little more than half of facilities have some safe onsite water supply.

- About three-quarters of facilities report holding routine management meetings, but only 3 out of 10 have documentation of a recent meeting. Approximately 8 out of 10 facilities routinely charge some form of user fees for adult curative care. Most facilities charge for client consultations and medicines, while smaller proportions charge for client registration and laboratory tests. Contrary to expectations, all faith-based facilities routinely charge user fees for adult curative care.

- Depending on the commodity, between two-fifths and three-fifths of facilities that store vaccines, contraceptives, and medicines use daily distribution registers and only update their inventory records periodically. Expired vaccines, contraceptives, and medicines are common in health facilities that stock these commodities.

- Approximately two-thirds of facilities have functioning equipment (or chemicals) for the sterilization or high-level disinfection (HLD) process they use. Boiling and steaming is the most commonly used method to process equipment, and about half of facilities that use this method have functioning equipment and staff who know the correct processing time.

- Systems to safely dispose of hazardous waste are lacking: only about 3 out of 10 facilities have an adequate final disposal system for infectious waste and sharps waste. Government facilities are among the least likely to have adequate waste disposal systems.

Child Health Services

- Over three-fourth of facilities offer all three basic child health services: outpatient curative care for sick children, childhood immunisations, and growth monitoring. Approximately three-fourths of facilities that offer child immunisation services and store vaccines had all seven basic vaccines for children available on the day of the survey.

- Nearly all facilities offer outpatient curative care for sick children, but only two-fifths of these facilities have treatment guidelines and protocols for sick child services. Even fewer facilities (16 percent) have Integrated Management of Childhood Illness (IMCI) treatment counselling cards available for providers. While all three first-line oral medicines are available in over three-fourths of facilities, pre-referral medicines are much less widely available. Less than half of facilities, mostly private for-profit facilities that offer services for sick children, have all pre-referral medicines.

- Only 1 in 6 facilities offer routine staff training for child health service providers, and only 4 percent of these providers have attended training in the last year on the Expanded Programme on Immunisation (EPI) or the cold chain, while similar proportions were trained on the treatment of acute respiratory infections (ARIs) and nutrition. Providers rarely assess sick children for general danger signs; only during 1 out of 10 consultations observed did providers assess sick children for all three danger signs, which include the ability to eat and drink, vomiting, and febrile convulsions.

- Almost all children diagnosed with severe respiratory illness are given an antibiotic, and two-fifths receive an injectable antibiotic. Contrary to current recommendations, antibiotics are also given to about 4 out of 5 children diagnosed with respiratory conditions that are not severe. Providers seldom give caretakers essential information. For example, less than 10 percent of caretakers received all three IMCI recommendations regarding fluid intake, food intake, and symptoms for which the child must return immediately. Children also rarely receive the first dose of a prescribed or provided oral medication at the facility.

- Providers are missing opportunities to promote preventive health interventions: they assessed the child's immunisation status, weight, and feeding practices in less than half of consultations with sick children under 24 months old. Visual aids to educate caretaker are available in just one-fourth of facilities, and providers rarely use them during consultations. Caretakers' major complaints about services are waiting time to see a provider and lack of medicines.

Family Planning Services

- About three-fourths of Tanzanian health facilities offer temporary modern methods of family planning, and the majority offer these methods five or more days per week. The most commonly available temporary methods are combined oral contraceptive pills, progestin-only injections, male condoms, and progestin-only oral contraceptive pills. While most facilities offering these methods had them in stock on the day of the survey, less than 2 out of 5 facilities in the Southern zone had condoms in stock on the day of the survey.

- Nearly all facilities assure both visual and auditory privacy during family planning counselling sessions, and visual aids for client education are also widely available. However, only half of facilities have family planning guidelines and protocols available. Less than one-third of facilities have everything needed for infection control in the family planning service area, with running water being the item most often missing. Only 1 percent of facilities have all of the furnishings and equipment necessary for good quality pelvic examinations; while privacy and an examination bed are generally available, an examination light and vaginal speculum are often lacking.

- Medicines for treating syphilis, trichomoniasis, and chlamydia are far more readily available in facilities offering family planning services than medicines for treating gonorrhoea. Nine out 10 facilities that offer injectable contraceptive methods have sterile needles and syringes.

- Up-to-date family planning registers are available in most facilities, especially in government facilities. Few facilities provide routine training for family planning service providers, but individual supervision of these providers is common.

- Few issues are considered to be big problems for family planning clients during their visits to health facilities, and usually only by a small proportion of clients. Waiting time to see a provider is the problem most often reported by clients.

Maternal Health Services

- ANC services are available in 4 out of 5 facilities, including almost all government facilities; the service is least widely available in Zanzibar. About two-thirds of facilities offer ANC, postnatal care (PNC), and tetanus toxoid (TT) vaccine, but many do not offer TT vaccine on every day that ANC services are offered.

- Items that support good quality ANC counselling (including visual aids, ANC guidelines, and individual client cards) are not available in most facilities offering ANC services. The Focused Antenatal Care orientation package for updating service providers and items for infection control are each available in just one-third of facilities offering ANC services. Less than half of facilities have all essential equipment and supplies for basic ANC, including a blood pressure machine, foetoscope, iron and folic acid tables, and TT vaccine. Although each medicine for managing common complications of pregnancy is available in most facilities, fewer than 1 in 10 facilities offering ANC services have the entire package of medicines available.

- ANC service providers routinely provide STI treatment in approximately 2 in 5 facilities. Half of ANC facilities have medicines to treat each of the four main STIs: syphilis, gonorrhoea, chlamydia, and trichomoniasis. Private for-profit and faith-based facilities are more likely than facilities managed by other authorities to routinely screen ANC clients for anaemia, urine protein, urine glucose, and syphilis and also to have the capacity to conduct these tests.

- While most facilities have up-to-date ANC registers, only 1 in 5 has a PNC register. One-fourth of facilities have documentation indicating that they monitor ANC coverage rates. Providers do not commonly counsel pregnant women on nutrition, risk signs and symptoms, or exclusive breastfeeding during ANC consultations. Delivery plans are discussed with only half of clients who are at least 8 months pregnant.

- About three-fourths of all facilities offer normal delivery services. These services are far more widely available in the Central zone (94 percent of facilities) than in Zanzibar (8 percent). Most

hospitals (92 percent) and 13 percent of health centres offer caesarean sections. Two-fifths of all facilities have a system of emergency transportation to another facility for maternity emergencies.

- Only one-fourth of facilities that offer normal delivery services have all infection control items at the service site. The items most commonly missing are running water and disinfecting solution. Less than 10 percent of these facilities have all the elements needed to support quality sterilisation of delivery equipment, and only 15 percent have written guidelines for sterilisation or HLD processing available in the area where delivery equipment is processed.

- Basic equipment and supplies for conducting normal deliveries (such as scissors or blades, cord clamps or ties, and a disinfectant) are available in only 1 in 8 facilities offering delivery services. A complete set of items to manage common and serious complications of delivery is also rare and available mostly in hospitals. Practically all hospitals offering delivery services provide blood transfusion and caesarean section services. Among facilities that perform caesarean sections, 4 out of 5 have all of the needed equipment, including an operating table, operating light, scrub area adjacent to operating room, and sterilised instruments.

- Emergency respiratory support for newborns is lacking in most facilities. Practices that are considered supportive of newborn health, such as weighing the infant, providing vitamin A to the mother, and rooming-in, are common. Five out of 6 facilities, including almost all hospitals and health centres and all facilities in the Central zone, have up-to-date delivery registers. Slightly more than one-third of facilities offering delivery services conduct reviews of maternal or newborn deaths and near-misses.

STI, Tuberculosis, and Malaria Services

- STI services are offered in almost all health facilities as part of general outpatient curative services. About 1 in 6 facilities integrate STI services into ANC and family planning services as well as general curative care. Specialized STI services are rare. The syndromic approach is the most widely used method to diagnose STIs. Only about half of facilities have at least one medicine for each of the four common STIs.

- Almost all facilities provide STI counselling under conditions that ensure both visual and auditory privacy, and STI guidelines are available in nearly half of STI service delivery areas. Visual aids and educational materials for STIs are not widely available in these service sites. Close to one-third of facilities providing STI services do not have condoms available, either in the STI service delivery area or anywhere else in the facility.

- Approximately 3 out of 5 facilities, mostly hospitals and health centres, offer TB services of some kind, including diagnosis, treatment, and follow up. About two-fifths of all facilities, including all hospitals and 80 percent of health centres, are able to diagnose TB, and about half provide TB treatment and/or followup services. Almost all facilities treating TB follow the DOTS (direct observed therapy, short course) strategy. Of facilities following the DOTS strategy, 60 percent have all first-line treatment medicines available. Only a small proportion of facilities refer newly diagnosed TB patients for HIV testing.

- Almost all facilities treat malaria and have anti-malarial medicines available. Malaria treatment guidelines are not available at the majority of service sites, and laboratory testing capacity for malaria is low. Few facilities offer insecticide-treated nets (ITNs), but vouchers for ITNs are more widely available.

HIV/AIDS Services

- About one-fourth of all facilities in Tanzania, including all hospitals and stand-alone HIV facilities and two-thirds of health centres, have an HIV testing system. Only about half of facilities with an HIV testing system have an informed consent policy. Four out of 5 facilities (including all stand-alone facilities and the majority of hospitals and health centres) have a register with HIV test results at all testing sites, and about two-thirds keep a record of clients receiving their HIV test results.

- Care and support services for HIV/AIDS clients are available in approximately 4 out of 5 facilities. Among these, about two-thirds offer TB treatment and/or diagnosis, half follow the DOTS treatment strategy, and 2 out of 5 are part of the national TB programme. Treatment for STIs and malaria is available in all facilities that offer care and support for HIV/AIDS clients, but items to support these services, such as treatment guidelines, are not readily available.

- Only 4 percent of all facilities, including 70 percent of hospitals, prescribe antiretroviral therapy (ART), and these are mostly hospitals. Items to support ART services, such as guidelines for the clinical management of ART, are generally available in these facilities. Services to prevent mother-to-child transmission (PMTCT) of HIV are available in 13 percent of facilities, including 88 percent of hospitals and one-third of health centres. Three-fourths of these facilities offer all four basic components of PMTCT. Services for post-exposure prophylaxis (PEP) are available in only 4 percent of facilities and are concentrated in hospitals. Among facilities with an HIV testing system, one 1 in 6 offer youth-friendly services (YFS) for HIV testing. While 85 percent of these facilities have at least one provider trained in YFS, guidelines and policies for YFS are rarely available

Abbreviations

ACT	Artemisinin-based combination therapy
AIDS	Acquired immunodeficiency syndrome
AMO	Assistant medical officer
ANC	Antenatal care
ARI	Acute respiratory infection
ART	Antiretroviral therapy
ARV	Antiretroviral
AVD	Assisted vaginal delivery
BEOC	Basic essential obstetric care
BEmOC	Basic emergency obstetric care
BCG	Bacille de Calmette et Guerin
CBD	Community-based distributor
CBO	Community-based organisation
CEOC	Comprehensive essential obstetric care
CEmOC	Comprehensive emergency obstetric care
CHF	Community Health Fund
CHMT	Council Health Management Team
CO	Clinical officer
CPT	Cotrimoxazole preventive therapy
CS	Caesarean section
CSS	Care and support services
CT	Counselling and testing
D&C	Dilation and curettage
DHMT	District Health Management Team
DMO	District medical officer
DOT	Direct observation of treatment
DOTS	Direct observed therapy, short course
DPT-HB	Diphtheria, pertussis, tetanus, and Hepatitis B vaccine
DSS	Demographic Surveillance System
EmOC	Emergency obstetric care
ELISA	Enzyme-linked immunosorbent assay
EPI	Expanded Programme on Immunisation
FBO	Faith-based organisation
FP	Family planning
FPU	Family Planning Unit
GDP	Gross domestic product
HC	Home and community care
HIV	Human immunodeficiency virus
HIPC	Heavily indebted poor country
HLD	High-level disinfection
HMIS	Health management information system
IMCI	Integrated Management of Childhood Illness
IMR	Infant mortality rate
INH	Isoniazid
IPT	Intermittent preventive treatment
ITN	Insecticide-treated (bed) net
IUD	Intrauterine (contraceptive) device
IV	Intravenous

KCMC	Kilimanjaro Christian Medical Centre
LGA	Local government authority
MCH	Maternal and child health
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative
MDR-TB	Multidrug-resistant tuberculosis
MMR	Maternal mortality ratio
MOH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGO	Non-governmental organisation
NHIS	National Health Insurance Scheme
NHSSP	National Health Sector Strategic Plan
NMCP	National Malaria Control Programme
NSGRP	National Strategy for Growth and Reduction of Poverty
NSHIF	National Social Health Insurance Fund
NTLP	National Tuberculosis and Leprosy Programme
OC	Other charges
OI	Opportunistic infection
OPD	Outpatient department
OPV	Oral polio vaccine
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PCR	Polymerase chain reaction
PEP	Post-exposure prophylaxis
PER	Public expenditure review
PHCU	Primary health care unit
PID	Pelvic inflammatory disease
PMO-RALG	Prime Minister's Office for Regional Administration and Local Government
PMTCT	Prevention of mother-to-child transmission (of HIV)
PNC	Postnatal care
PPC	Postpartum care
PRS	Poverty Reduction Strategy
QA	Quality assurance
RAS	Regional Administration Secretary
RCHS	Reproductive and Child Health Services
RED	Reach Every District (strategy)
RH	Reproductive health
RHMT	Regional Health Management Team
RMO	Regional medical officer
RPR	Rapid plasma reagin
RTI	Reproductive tract infection
SP	Sulfadoxine-pyrimethamine (Fansidar)
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TBA	Traditional birth attendant
TDHS	Tanzania Demographic and Health Survey
THIS	Tanzania HIV/AIDS Indicator Survey
TRMA	Tanzania Registered Midwives Association

TSh	Tanzanian shillings
TSPA	Tanzania Service Provision Assessment
TST	Time-, steam-, and temperature-sensitive (tape)
TT	Tetanus toxoid
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
VDRL	Venereal disease research laboratory (test)
WHO	World Health Organization
WHO-GPA	World Health Organization's Global Programme on AIDS
ZACP	Zanzibar AIDS Control Programme
ZHMT	Zonal Health Management Team
ZMO	Zonal medical officer

Chapter 1 Survey Methodology

1.1 Overview

The 2006 Tanzania Service Provision Assessment (TSPA 2006) is a facility-based survey designed to extract information about the general performance of facilities that offer maternal, child, and reproductive health services as well as services for specific infectious diseases, including sexually transmitted infections (STIs), HIV/AIDS, tuberculosis (TB), and malaria.

Unlike previous facility-based surveys which concentrated on maternal and child health (MCH), the TSPA 2006 covers both MCH and HIV/AIDS services. Information to provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service was collected from a representative sample of facilities managed by the public sector, the private sector, parastatals, and faith-based organisations (FBOs) in all twenty-six regions of the country.

The TSPA 2006 provides national- and zonal-level representative information for hospitals, health centres, dispensaries, and stand-alone facilities offering HIV/AIDS-related services. Findings can supplement household-based health information from the Tanzania Demographic and Health Survey (TDHS) conducted in 2004-05, which provides information on health and the utilisation of services by the overall population.

1.2 Institutional Framework and Objectives of the TSPA

The TSPA 2006 was implemented by the National Bureau of Statistics (NBS) in collaboration with the Ministry of Health and Social Welfare (MoHSW – Mainland and Zanzibar) and the Office of the Chief Government Statistician, Zanzibar. The survey received technical support from Macro International Inc. under the Measure DHS Project. Financial support for the survey was received from the Poverty Eradication Division (Ministry of Planning, Economy and Empowerment) under the pooled fund arrangement. The United States Agency for International Development (USAID) funded the technical support from Macro International Inc.

The objectives of the 2006 TSPA were to:

- Describe how well prepared facilities are to provide good quality reproductive and child health services and services for some infectious diseases (HIV/AIDS, STIs, malaria, and TB);
- Provide a comprehensive body of information on the performance of the full range of public and private health care facilities that provide reproductive, child health, and HIV/AIDS services;
- Help identify strengths and weaknesses in the delivery of reproductive, child health, and HIV/AIDS services at health care facilities, producing information that can be used to better target service delivery improvement interventions and to improve on-going supervisory systems;
- Describe the processes used in providing child, maternal, and reproductive health services and the extent to which accepted standards for good quality service provision are followed;
- Provide information for periodically monitoring progress in improving the delivery of reproductive, child health, and HIV/AIDS services at Tanzanian health facilities;
- Provide input into the evolution of a system of accreditation of health facilities in Tanzania; and
- Provide baseline information on the capacity of health facilities to provide basic and advanced level HIV/AIDS care and support services, and on the recordkeeping systems in place for monitoring HIV/AIDS preventive, diagnostic, care, and support services.

Data collection instruments were developed to respond to the following basic questions:

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

For each high-priority service, the Facility Inventory Questionnaire and provider interviews were used to collect information on whether a facility has the capacity to provide the service at an acceptable standard of quality.

Capacity is measured by the presence of essential equipment and supplies in a location reasonable for providing a service. The facility characteristics assessed for quality of services include training and supervision of staff, availability of service delivery protocols and client education materials, availability and utilisation of health information records, the service delivery environment, and facility systems for maintaining equipment and supplies.

The survey assessed support systems for general management, quality assurance, logistics for medicines, equipment maintenance, infection control, and systems for monitoring activities (such as tracking service coverage rates and referrals). Interviewers asked whether a facility had these support systems in place and also recorded data on whether or not those systems were functioning.

A facility's basic infrastructure can affect the standard of health services provided and influence clients to use the facility. The TSPA 2006 collected data on whether or not facilities had electricity, water, and client amenities, it recorded what services the facility offered and on which days of the week, and it assessed staffing levels.

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

TSPA interviewers observed interactions between clients and providers to assess whether the process followed in service delivery meets standards for acceptable content and quality. Observers sat in on consultations for sick children, STI services, family planning services, and antenatal care. They recorded what information was shared between the client and the provider and what processes the provider followed when assessing the client, conducting procedures, and providing treatment.

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

Each observed client was subsequently asked to participate in an exit interview to ascertain the client's perception of information shared and services received. This information provides further insight on the quality of the client-provider interaction. Providers were also interviewed about their satisfaction with the work environment.

1.3 TSPA 2006 Content and Methods for Data Collection

1.3.1 Content of the TSPA 2006

The TSPA 2006 focussed on basic health services, particularly those important for women and children. Four high-priority health services, all interrelated to some extent, were assessed: child health, family planning, maternal health, and specific infectious diseases (STIs, HIV/AIDS, TB, and malaria).

In each of these four areas, the survey assessed whether components considered essential for good quality health services were present and functioning. The components assessed are those commonly promoted in

different programmes supported by the government and development partners. The TSPA 2006 also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

The *child health component* of the survey was designed to assess the availability of preventive services (immunisation and growth monitoring) and outpatient care for sick children, with a focus on the process followed in providing services to sick children**.** Service provision was compared to the standards set in the guidelines for Integrated Management of Childhood Illness (IMCI).

The *family planning component* focussed on the process followed in counselling and providing contraceptive methods to family planning clients.

The *maternal health component* assessed counselling and screening during antenatal care (ANC) visits, the labour and delivery service environment, and postnatal care.

The *infectious disease component* assessed the availability of services for diagnosing and treating STIs, as well as HIV/AIDS, TB, and malaria diagnostic and treatment programmes.

1.3.2 Methods for Data Collection

Four main types of data collection tools were used:

1. Using the *Facility Audit Questionnaires,* interviewers collected information on the availability of resources, support systems, and facility infrastructure elements necessary to provide a level of service that generally meets accepted national and international standards. The support services assessed were those that are commonly acknowledged as essential management tools for maintaining health services. The facility audit questionnaires include MCH, HIV/AIDS, laboratory, and pharmacy sections. The HIV/AIDS section assessed how clients with HIV/AIDS were handled, from counselling and testing through treatment, referral, and follow up. Interviewers also collected information on health facility policies and practises related to collecting and reporting HIV/AIDS-related records and statistics for services provided to clients through the health facility.

2. The *Observation Protocol* was tailored to the service being provided. For sick child, antenatal care, family planning, and STI consultations, the observer assessed the extent to which service providers adhered to standards of care, based on generally accepted practices for good quality service delivery. The observations included both the process used in conducting specific procedures and examinations, and also the content of information (including history, symptoms, and advice) exchanged between the provider and the client.

3. After clients were observed receiving a service, they were asked to participate in an *Exit Interview* as they left the facility. The exit interview included questions on the client's understanding of the consultation or examination, as well as his/her recall of instructions received about treatment or preventive behaviour. The interviewer also elicited the client's perception of the service delivery environment.

4. In the *Health Worker/Provider Interview*, service providers were interviewed regarding their qualifications (training, experience, and continued in-service training), the supervision they had received, and their perceptions of the service delivery environment.

1.4 Sampling

Data were collected from a representative sample of facilities, a sample of health service providers at each facility, and a sample of sick children, family planning, ANC, and STI clients.

1.4.1 Sample of Facilities

The sample used for the TSPA 2006 was obtained from a list of 5,663 health facilities in Tanzania. The list included hospitals, health centres, dispensaries, and stand-alone facilities, with different managing authorities, including government, private for-profit, parastatal, and faith-based organisations.

A sample size of 612 facilities was selected for the survey, based on logistic considerations as well as the minimum sample size required for the desired analysis (margin of error of 10 percent). The sample allows for national and zonal estimates for key indicators for Mainland Tanzania and Zanzibar. All national referral hospitals, regional general hospitals, and district/district-designated hospitals were purposely included in the sample. The rest of the facilities (health centres, dispensaries, stand-alone facilities, and other private hospitals) were sampled in such a way as to provide national and zonal-level representation. Thus, the TSPA final sample covered approximately 10 percent of all facilities in the Mainland and approximately 36 percent in Zanzibar. This sample size is not large enough to present findings at the regional level.

Data analysis and conventions followed in developing HIV/AIDS indicators

In large facilities, HIV/AIDS services are frequently offered at a variety of service sites. For example, HIV testing may be offered to clients who come to a clinic for voluntary counselling and testing (VCT) on HIV, but also may be offered to sick clients attending outpatient clinics and clients admitted to inpatients units. Among the items identified for supporting the quality of services related to HIV/AIDS, some need only be present at a single location in a facility, with the assumption that all units can access the item. Examples include medicines, laboratory tests, and facility-level policies. Recordkeeping is necessary for clients who receive services from any site, but the records may be kept in different locations depending on the organisation of a facility and the security of the records. Some items, such as service statistics and client records may be kept in one central location or in several places, depending on the organisation of a facility.

For this survey, it is assumed that as long as a unit offering services knows where the records are, and the existence of records at that site is verified, this validates that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash their hands, or to look for guidelines or protocols to remind them of important information when providing services to a client. Thus, some items need to be in the vicinity of each relevant service delivery area. These include infection control equipment and guidelines and protocols.

The analysis of the quality of HIV/AIDS and related services for this survey follows the above general conventions when determining if a facility meets the standards defined as those necessary to provide good quality services.

Throughout the report, indicators are presented by eight geographical zones to allow for the analysis of geographical differentials. Although these are not official administrative zones, this classification is used by the MoHSW and was also used in the 2004 TDHS report. The zones, and the regions they comprise, are as follows:

Western:	Tabora, Shinyanga, Kigoma
Northern:	Kilimanjaro, Tanga, Arusha, Manyara
Central:	Dodoma, Singida
Southern Highlands:	Mbeya, Iringa, Rukwa
Lake:	Kagera, Mwanza, Mara
Eastern:	Dar es Salaam, Coast, Morogoro
Southern:	Lindi, Mtwara, Ruvuma
Zanzibar:	Unguja, Pemba

Data were weighted during analysis to account for differentials caused by oversampling and to represent the actual distribution of facilities in the country. Table 1.1 provides information on the weighted percent distribution of facilities included in the sample as well as the weighted and unweighted number of facilities by type of facility, zone, and managing authority. Table 1.2 provides information on the weighted percent distribution of facilities providing specific services of interest as well as the weighted and unweighted number of facilities. All other tables in this report bear the weighted numbers of facilities only. Tables 1.1 and 1.2 should be used to determine the actual number of facilities assessed by the TSPA. Appendix Table A-1.1.1 gives additional details on the distribution of the sample by type of facility and geographical location.

Interviewers were not able to survey 19 of the sampled facilities. Some were closed for renovations, some had shifted to other locations, and some had ceased operation. Eighteen were replaced with the nearest facility of the same type, under the same managing authority, and in the same district. One facility could not be replaced as no other facility in the district met the replacement criteria. Consequently, 611 facilities were assessed.

Table 1.1 Distribution of facilities by type of facility, zone, and managing authority

Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted), by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	4	25	128
Health centre	9	55	41
Dispensary	86	528	437
Stand-alone	1	3	5
Managing authority			
Government	65	399	415
Private for-profit	17	104	92
Parastatal	2	14	10
Faith-based	15	94	94
Zone			
Northern	18	110	103
Central	8	47	42
Southern Highlands	16	95	84
Western	13	82	71
Lake	15	89	83
Southern	10	61	58
Eastern	17	102	88
Zanzibar	4	25	82
Total	100	611	611

Table 1.2 Percentage of facilities providing specific services

Percentage (weighted) and number of facilities (weighted and unweighted) providing specific services, Tanzania SPA 2006

Service provided	Percentage of facilities providing services (weighted)	Number of facilities providing services	
		Weighted	Unweighted
Child immunisation	78	479	477
Consultation for sick children	99	605	604
Family planning	78	476	482
Antenatal/postnatal care	82	500	502
Delivery	41	252	288
Services for sexually transmitted infections (STIs)[1]	96	589	584
Services for tuberculosis (TB)	61	372	409
HIV testing services	26	162	242
Any care and support services for HIV	100	611	611
Antiretroviral therapy (ART) services	4	25	111
Prevention of mother-to-child transmission (PMTCT) of HIV services	13	80	153
Total	-	611	611

[1] This may include only laboratory examinations, only preventive measures, or client care

1.4.2 Sample of Health Service Providers

A health service provider is defined as one who provides consultation services, counselling, health education, or laboratory services to clients. For example, health workers were not eligible for observation or interview if they only take measurements or complete registers and never provide any type of professional client services. The sample of health service providers was selected from providers who were present in the facility on the day of the survey and who provided services that were assessed by the TSPA. The idea was to interview an average of eight providers in a facility. In facilities with fewer than eight health providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, an average of eight providers was interviewed, including all providers whose work was observed. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining health providers to obtain an average of eight provider interviews.

Data were weighted during analysis to account for the differentials caused by oversampling or undersampling of providers with a particular qualification in a facility type or region. It should be pointed out that in a few cases, the staff present on the day of the survey may not be representative of the staff who normally provide the services being assessed.[1]

Table 1.3 provides general information on the weighted proportion of the providers interviewed as a percentage of the total number of providers assigned to facilities and present at the time of the survey, by background characteristics and provider qualification. It also gives the weighted and unweighted number of interviewed providers utilised for the analysis. Appendix Table A-1.2 provides additional information on the weighted and unweighted number of interviewed providers.

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

Table 1.3 Distribution of interviewed providers

Percent distribution (weighted) and number of interviewed providers (weighted and unweighted), by type of facility, managing authority, zone, and qualification of provider, Tanzania SPA 2006

Background characteristics	Percent distribution of interviewed providers (weighted)	Number of interviewed providers	
		Weighted	Unweighted
Type of facility			
Hospital	22	560	1,298
Health centre	13	344	198
Dispensary	65	1,676	1,087
Stand-alone	*	11	9
Managing authority			
Government	58	1,497	1,754
Private for-profit	18	470	307
Parastatal	3	67	39
Faith-based	22	558	492
Zone			
Northern	20	520	441
Central	6	163	200
Southern Highlands	12	321	282
Western	11	278	261
Lake	15	376	415
Southern	11	276	263
Eastern	21	556	477
Zanzibar	4	102	253
Qualification of provider			
Clinicians[1]	28	720	794
Nurses, midwives	30	783	991
Counsellors, social workers	*	9	5
Lab staff	9	233	251
Pharmacy staff	*	6	5
Other client services[2]	32	841	543
Other non-clinical[3]	*	1	3
Total	100	2,592	2,592

[1] Clinicians include all doctors and consultants, medical officers, clinical officers, assistant medical officers, and clinical assistants.
[2] Providers of other client services include auxiliary nurses and medical attendants, nutritionists and nutrition technicians, health education officers, and any other service providers.
[3] Other non-clinical service providers include record technicians, statistical clerks, and health administrative officers.
* Less than one percent

1.4.3 Sample for Observations and Exit Interviews

The sample for observations was opportunistic, meaning clients were selected for observation as they arrived, since it was not possible to know how many eligible clients would attend the facility on the day of the survey. Where many clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a maximum of 15 observations in any given facility for each service. In practice, however, at some facilities interviewers observed fewer clients than were eligible for observation. This occurred primarily where multiple services were being offered to clients at the same time in different locations in the facility. Any family planning or ANC client who was also assessed for STI symptoms was observed both for elements related to STI services and elements related to either family planning or ANC, whichever was relevant. Interviewers attempted to give an exit interview to all observed clients and caretakers of observed sick children before they left the facility.

For child health consultations, only children younger than 5 years of age who presented with an illness (rather than an injury or a skin or eye infection exclusively) were selected for observation. When several eligible ANC or family planning clients were waiting, interviewers tried to select two new clients for every one followup case. The day's caseload and the logistics of organising observations did not always allow them to meet this objective.

Table 1.4 gives the weighted percent distribution of observed consultations, as well as the weighted and unweighted numbers of observed clients, by service. The total (weighted) number of clients observed during the survey for each service was: 2,273 sick children, 708 family planning clients, 1,301 ANC clients, and 191 STI clients. Details on the characteristics of these clients are presented in the relevant chapters of this report.

The observations were weighted using facility weights to adjust for overrepresentation of facilities, and subsequently observations, in the sample. It should be pointed out that in a few cases the clients present on the day of the survey might not be representative of the clients who normally receive the service being assessed.[2]

Table 1.4 Distribution of observed consultations

Percent distribution (weighted) and number (weighted and unweighted) of observed consultations for outpatient care for sick children, family planning, antenatal care, and sexually transmitted infections, by type of facility, Tanzania SPA 2006

Type of facility	Percent distribution of observed consultations (weighted)	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CARE FOR SICK CHILDREN			
Hospital	6	142	810
Health centre	12	262	195
Dispensary	82	1,867	1,555
Stand-alone	*	2	5
Total	100	2,273	2,565
FAMILY PLANNING			
Hospital	9	66	469
Health centre	17	121	92
Dispensary	73	519	439
Stand-alone	*	2	5
Total	100	708	1,005
ANTENATAL CARE			
Hospital	10	127	643
Health centre	13	174	134
Dispensary	77	1,000	830
Stand-alone	0	0	0
Total	100	1,301	1,607
SEXUALLY TRANSMITTED INFECTIONS			
Hospital	12	23	128
Health centre	17	32	21
Dispensary	71	136	104
Stand-alone	0	0	0
Total	100	191	253

* Less than one percent

Appendix Tables A-1.3 through A-1.6 describe the facilities included in the TSPA 2006. This includes the size of the facilities' catchment population (Appendix Table A-1.3), the median number of staff assigned to outpatient services by provider and facility type (Appendix Table A-1.4), and the median number of years of basic education and technical training that interviewed providers had received, by type of provider (Appendix Table A-1.6). Appendix Tables 1.6.1 and 1.6.2 report the percentage of interviewed staff that provide counselling related to HIV/AIDS testing and have received training on that topic.

1.5 Survey Implementation

1.5.1 Data Collection Instruments

The TSPA 2006 survey instruments were based on generic questionnaires developed by the MEASURE DHS+ project and were adapted for Tanzanian health services after consulting with technical specialists from the MoHSW, NGOs, and other key stakeholders knowledgeable about the health services and service programme priorities covered by the TSPA. All questionnaires were drafted in English. The client exit interview questionnaires were translated into the Kiswahili language.

[2] For example, if the survey coincided with a special event, such as a health fair, or a special campaign.

The survey instruments were pre-tested from January 12, 2006 to February 3, 2006. A total of 20 interviewers (19 nurses and 1 clinical officer) underwent a two-week intensive training session in Tanga. The interviewers then conducted data collection in nine facilities located in Tanga town and Muheza and Pangani districts. The observations and experiences gathered from the pre-test were used to improve the instruments for the main survey.

A training manual was developed and distributed to all recruited data collectors to support standardized data collection.

1.5.2 Training and Supervision of Data Collectors

Data collectors were primarily recruited from among nurses experienced in survey implementation and interviewing. Data collectors were trained for three weeks (April 3–21, 2006) for the main survey. Training included classroom lectures and discussions, practical experience in completing all questionnaires in different types of health facilities, and role-plays for the observation and exit interviews. During data collection, staff from NBS headquarters and the MoHSW regularly supervised the teams.

1.5.3 Data Collection

Data collection commenced on 22 April 2006 and ended on 18 August 2006. A total of 13 teams of five interviewers were responsible for data collection. One interviewer in each team was selected to be the team leader, and he/she had the added responsibility of checking all administered questionnaires before leaving each facility. Each team was given a list of facilities to visit, with the facilities' name, type and location. Information on the intended visits was passed on to the sampled facilities one day before the visit, so that they could prepare to receive the interviewers.

Data collection took one day in small facilities and up to three days, on average, in larger facilities. Every effort was made for teams to visit facilities on days when services of interest would be offered. Whenever any of the services of interest was not being offered on the day of the visit, the teams returned on a day when the service would be offered, to observe and interview the clients who came on that day. If, however, the service was offered on the day of the visit but no clients came, the teams did not revisit the facility.

Each interviewer ensured that the respondent for each component of the facility audit was the most knowledgeable person for the particular service or system component being assessed. Informed consent was obtained from the facility in-charge, from all respondents for the facility audit questionnaires, and from observed and interviewed providers and clients. Where relevant, the data collector indicated whether a specific item being assessed was observed, reported available but not observed, or not available, or whether it was uncertain if the item was available. Equipment, supplies, and resources for specific services were only recorded as available if they were in the relevant service delivery area or in an immediately adjacent room.

Quality control was ensured by periodic field visits and spot checks by NBS and MoHSW officers. Field check tables were also used to check the quality of the collected data, and where necessary NBS staff communicated with team leaders and sorted out any emerging problems.

1.5.4 Data Management and Report Writing

Data management and analysis were carried out as follows:

- **Management of questionnaires in the field:** After completing data collection in each facility, the interviewers reviewed the questionnaires before handing them over to the team leader who

reviewed them a second time. Staff from headquarters picked up the questionnaire when visiting the teams. Sometimes team leaders posted the questionnaires to headquarters by courier services.

- **Data sorting and editing at headquarters:** Once the questionnaires from each facility were received at headquarters, they were first sorted to ensure that they were in the correct order and none were missing. They were then edited to eliminate any mistakes that would prevent the computer from accepting information during data entry. In cases where there was a problem with the questionnaires from a facility, the data collection team was consulted so that the problem could be rectified.

- **Data entry:** Nine data operators entered the data under the supervision of one NBS staff. CSPro software developed by Macro International Inc. was used for data entry. All questionnaires were entered twice (100% verification) to ensure that the data had been accurately keyed in. Data entry took place from May through September 2006. All "other" responses were reviewed by NBS staff with assistance from MoHSW staff and recoded into categories relevant for data analysis.

- **Data processing:** The design of the tabulation plan and the preparation of the programs for producing statistical tables were carried out from August through September 2006. Data analysis, including clarification of unclear information, was carried out from October 2006 through February 2007. During data analysis, the analysis plan was revised on the basis of feedback from the TSPA Task Force to ensure that the analysis was appropriate for the Tanzanian health system.

- **Development of the final report:** The final report was written with input from the MoHSW (both Mainland and Zanzibar), NBS, the Office of the Chief Government Statistician (Zanzibar), and Macro International Inc.

1.5.5 Data Analysis

The following conventions were observed during the analysis of the TSPA data:

- **Assessing the availability of items:** Unless specifically indicated, the TSPA 2006 considered only observed items to be available. Items that were reported as being available but were not observed or seen by the interviewers were not considered as available;

- **Observations:** Many facilities provide routine services for clients, such as taking blood pres-sure, separately from the actual consultations, and there is often an interval between these events and the time when the primary provider assesses the client. It is not always logistically possible to follow a client through the entire system, so whenever these services were observed being provided outside the consultation room on the day of the survey, the observed client was assumed to have received these services. Where this system is used, multiple providers contribute to the services received by each client. The provider who ultimately diagnosed and prescribed was defined as the primary provider.

  Observers assessed whether a practice occurred or a piece of information was shared between the provider and the client. They did not attempt to verify whether the practice was correct or if the information shared was correct or complete.

- **Provider information:** Frequently, providers indicated that they "personally provided" a service that the facility did not offer. It may be that providers indicated services they provide outside the

facility. For the TSPA 2006, only providers from facilities that offer the service in question were included in the analysis for that service.

- **Development of aggregate variables:** Aggregating the data into subsets makes it possible to analyze many pieces of information and to see how they relate to the overall capacity to provide services. It also enables analysts to monitor changes in a facility's capacity to provide services and in its adherence to standards, since there may be improvements in some items but not in others. There are not yet generally accepted aggregates of the health information collected in the TSPA. The aggregate variables presented in this report represent an initial phase in the process of defining useful health information aggregates. They will be refined as users provide feedback on which aggregate variables are useful to policymakers and program implementers.

Chapter 2 Overview of the Health System in Tanzania

This chapter provides an overview of the healthcare system in Tanzania and its general organisation, as a context in which to view the findings of the 2006 Tanzania Service Provision Assessment (TSPA) survey.

2.1 Health Status in Tanzania

The 2002 Population and Housing Census estimated Tanzania's population at 34.4 million people, of whom 55 percent were less than 20 years old (NBS 2004). The population faces a high burden of disease, especially due to malaria, tuberculosis, and HIV/AIDS. According to the Annual Health Statistical Abstract, malaria ranks number one in both inpatient and outpatient statistics, is a major cause of death for children under age five, and contributes to widespread anaemia, especially in pregnant women (MoHSW 200ba). In recent years the pattern of malaria has dramatically changed as the disease has expanded into new areas. Tanzania is also experiencing a rising number of HIV/AIDS and tuberculosis cases, as well as associated deaths.

Despite the high burden of disease, recently there have been some notable social and economic improvements in Tanzania. The education and health sectors are doing relatively well, as is the country's economic performance. One result has been a decline in child mortality. From 1999 to 2005, infant mortality fell from 99 deaths per 1,000 live births to 68 per 1,000, while under-five mortality fell from 147 per 1,000 to 112 per 1,000. Children's nutritional status also has improved. Between 1999 and 2005, the incidence of stunting decreased from 44 percent to 38 percent, wasting from 5 percent to 3 percent, and underweight from 29 percent to 22 percent (NBS and ORC Macro 2005). There is still room for improvement with increased interventions.

In contrast, maternal mortality remains high. In 1996 the maternal mortality ratio was 529 maternal deaths per 100,000 live births. By 2005 it had increased slightly to 578 deaths per 100,000 live births (NBS and ORC Macro 2005). High fertility, the high incidence of infectious diseases, poverty, and poor health services for pregnant mothers all contribute to high levels of maternal mortality. Tanzania, like other developing countries, is also seeing the emergence of a "double burden of disease" due to changing life styles and the aging of the population. While communicable diseases remain common, there is also a growing incidence of non-communicable diseases (such as heart disease, diabetes, cancer, and mental illness) and of medical conditions resulting from trauma and accidents.

These health problems, along with the HIV/AIDS epidemic, have sharply limited gains in life expectancy. Life expectancy at birth for Tanzanians was 51 years, on average, according to the 2002 census—an increase of just one year over the 50-year life expectancy in the 1988 census (NBS 2006).

2.2 Enabling Policies and Strategies to Improve Health Status

Since independence in 1961, the government has consistently focused its development strategies on combating ignorance, disease, and poverty. Investing in health is recognized as central to improving the quality of life, but the government faces socioeconomic challenges in strengthening the country's health services. In response, the government has adopted the following eight enabling policies and strategies, which include commitments at both the national and international levels.

2.2.1 Tanzania Development Vision 2025

The main objective of the Tanzania Development Vision 2025 is achieving a high quality livelihood for all Tanzanians (Planning Commission, 2000). The Ministry of Health and Social Welfare (MoHSW) is expected to contribute to this goal by working to improve the health status and life expectancy of the people of Tanzania.

2.2.2 Poverty Reduction Strategy (PRS)

Under the Poverty Reduction Strategy (PRS), the MoHSW used a greater proportion of the health budget to target cost-effective interventions, such as the immunisation of children under 5 years old, reproductive and child health, family planning, and control of malaria, HIV/AIDS, tuberculosis, and leprosy.

The PRS was a medium-term strategy to reduce poverty that was developed through broad consultation with national stakeholders, in the context of the enhanced Heavily Indebted Poor Country (HIPC) initiatives. The World Bank Group provides debt relief to low-income countries through the Debt Relief Initiative for Heavily Indebted Poor Countries, which was created in 1996, and the Multilateral Debt Relief Initiative (MDRI), created in 2006. The decrease in debt service has been accompanied by an increase in poverty-reducing expenditures, such as health, rural infrastructure, and education. Government expenditures on health have steadily increased from US$3.46 per capita in 1995, to US$6 per capita in 2000, to almost US$9 per capita in 2006.

2.2.3 National Strategy for Growth and Reduction of Poverty (NSGRP)

A new strategy, the National Strategy for Growth and Reduction of Poverty (NSGRP) has succeeded the PRS. The PRS provided a vehicle for increasing public allocations to poverty sectors, with a strong emphasis on education and health. The NSGRP continues these priorities but is organised into the following clusters (Vice President's Office, 2005):

- Cluster I: Growth of income and reduction of poverty,
- Cluster II: Improvement of the quality of life and social well-being, and
- Governance and accountability.

Under Cluster II, the strategy recognizes that health is a key factor in economic development and prioritizes the health sector accordingly.

2.2.4 Millennium Development Goals

As part of the international agreement on the Millennium Development Goals (MDGs), the government of Tanzania is committed to reducing child mortality by two-thirds and maternal mortality by three-quarters from 1990 to 2015. It is also committed to combating HIV/AIDS, malaria, and other diseases.

2.2.5 National Health Policy

The National Health Policy aims at implementing both national and international commitments. The vision is to have a healthy community that can contribute effectively to individual development and the country as a whole. The mission is to facilitate the provision of basic health services which are proportional, equitable, of high quality, affordable, sustainable, and gender-sensitive. The objectives are to improve the health and well-being of all people, with a focus on those most at risk, and to put in place a health system that will meet people's needs and increase life expectancy.

2.2.6 Health Sector Strategic Plan

The aim of the National Health Sector Strategic Plan (NHSSP) for 2007–2010 is to enable the MoHSW to critically examine and identify areas that are core to its mandate and to strategically allocate the meagre resources available to priority areas. Priority areas are those with the greatest impact, in line with the NSGRP, MKUZA for Zanzibar, and other national policy frameworks. Successfully implementing the NSGRP will depend on the active participation of all stakeholders as well as the availability of resources.

In Zanzibar, the MoHSW and other stakeholders have made a renewed effort to improve health service delivery by reviewing the service delivery system and devising a new strategy to increase its effectiveness and to make services accessible to as many people as possible. This new strategy, the Second National Health Sector Strategic Plan (NHSSP-II) 2006/07-2010/11, proposes the following six levels of care:

- Level 1 is the community, which forms the foundation of the service delivery system. The role of the community is to define local priorities and encourage households and individuals to participate in and contribute to their own health and the health of their village.

- Levels 2 and 3 provide services through dispensaries/primary health care units, health centres/primary health care centres, and maternity homes. Under the Tanzania Essential Package for Health (TEPH), these facilities promote healthy practices and provide preventive care and curative services.

- Levels 4 through 6 refer to primary/district, secondary/regional, and tertiary/referral hospitals. These hospitals normally undertake curative and rehabilitative services, but they also undertake a limited amount of preventive care and health promotion.

Other services are provided through existing vertical programmes.

2.2.7 Public Service Reform

This programme addresses the weak capacity of the public sector and the poor delivery of public services. It seeks to transform public sector services so that they have the capacity, systems, and culture for continuous improvement. Sectoral reforms are being executed to implement these objectives.

2.2.8 Health Sector Reform

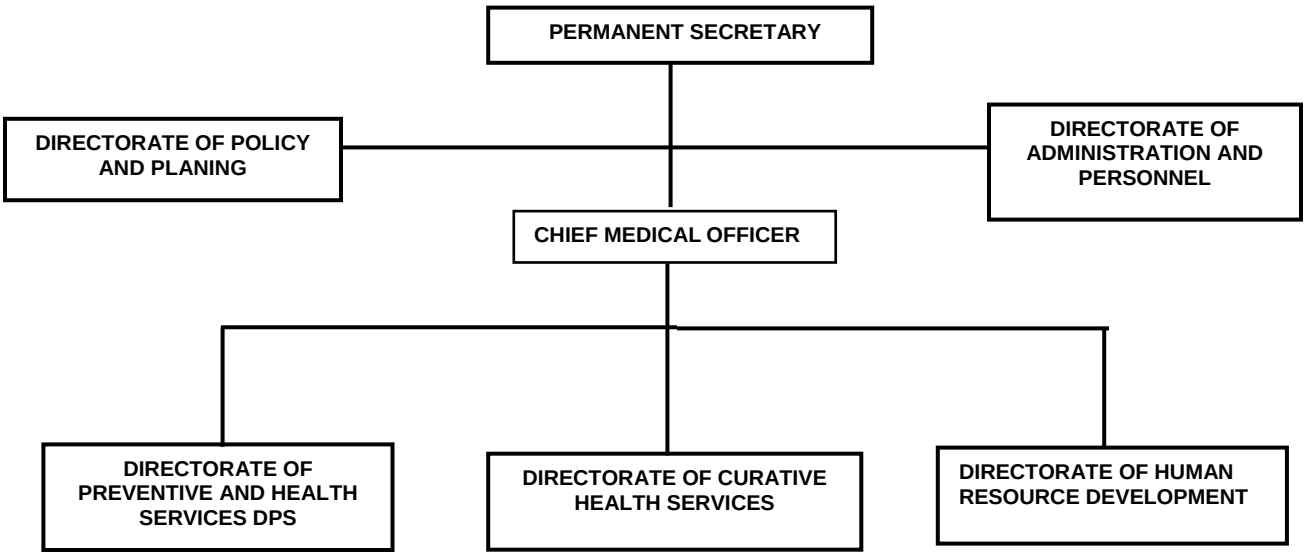
The goal of health sector reform is to improve the quality of health services provided to communities. It is a sustainable process to bring about fundamental and evidence-based changes in national health policy and institutional arrangements. Reforms involve: district health services, secondary and tertiary level referral hospital services, the role of the central MoHSW, human resource development, central support systems, health care financing, the mix of public and private services, donor coordination, and combating HIV/AIDS. These nine elements are grouped into three components: district health services, secondary and tertiary health services, and central support to central ministries and regions.

2.3 The Health Care System

2.3.1 Administrative Structure of the MoHSW in Tanzania Mainland

The MoHSW in Tanzania Mainland is divided into five directorates: administration and personnel, health policy and planning, preventive health services, curative health services, and human resource development. The latter three directorates operate under the leadership of the Chief Medical Officer (Figure 2.1)

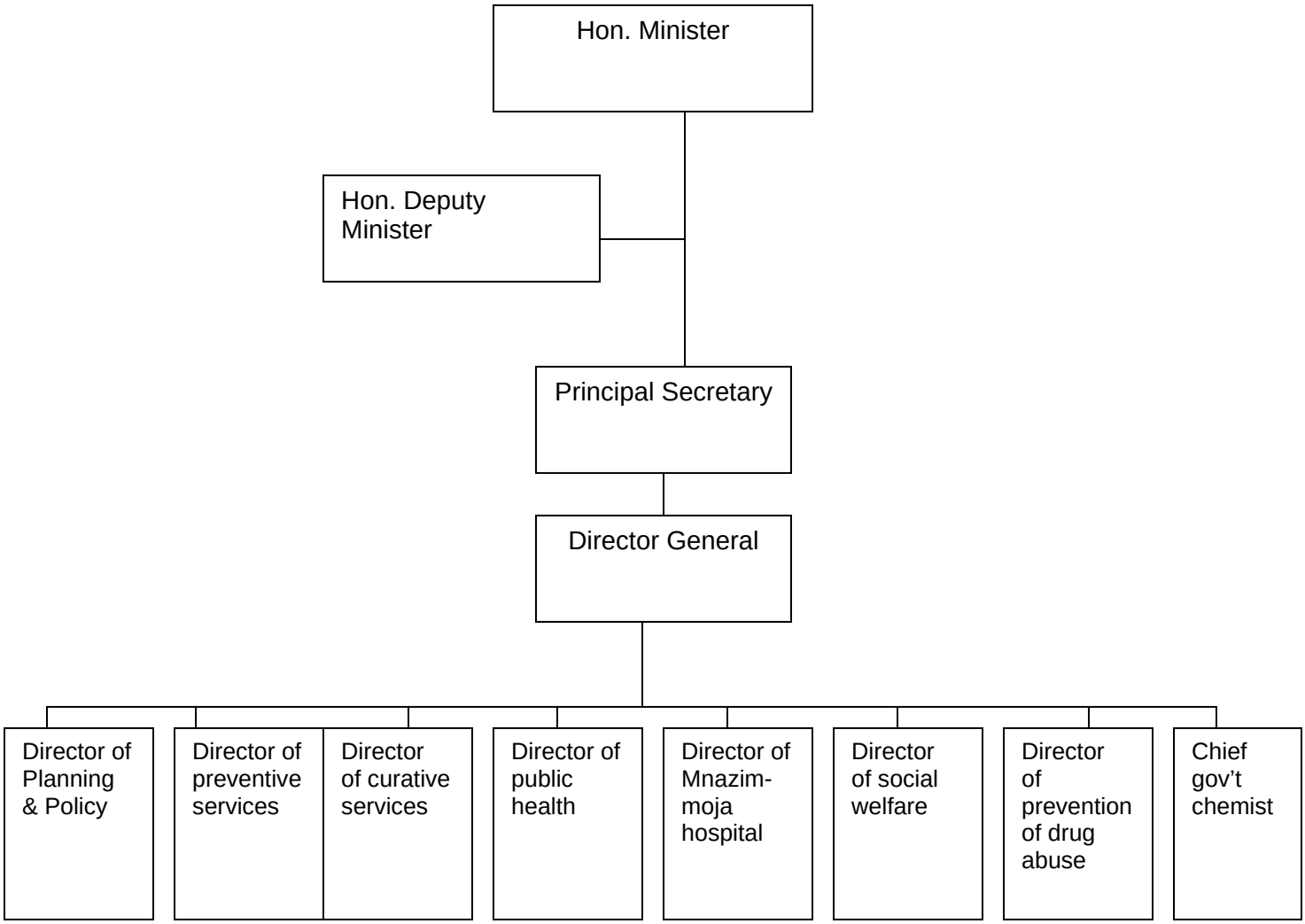
Figure 2.1 **MoHSW Organisational Diagram, Tanzania Mainland**



2.3.2 Administrative Structure of the MoHSW in Zanzibar

The roles and functions of the MoHSW in Zanzibar are divided into seven different departments under the leadership of the Director General (Figure 2.2). These departments are responsible for planning and administration, hospital services, prevention and health education, community health services, prevention of substance abuse, and social welfare.

Figure 2.2 **MoHSW Organisational Diagram, Zanzibar**



2.3.3 Organisation of the Health Care System

The MoHSW and the Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) are jointly responsible for the delivery of public health services. The national health system is based on decentralising services to Local Government Authorities (LGAs) following the Decentralisation by Devolution (D by D) principle. However, the decentralisation process in Zanzibar is not fully operational. The central MoHSW is responsible for formulating policy and developing guidelines to facilitate the implementation of that policy. Regional Health Management Teams (RHMTs) in mainland Tanzania and Zonal Health Management Teams (ZHMTs) in Zanzibar interpret these policies and monitor their implementation in the districts they supervise. They are headed by a Regional Medical Officer (RMO) or Zonal Medical Officer (ZMO), respectively. These medical officers report through the Regional Administration Secretary (RAS) to the MoHSW on issues related to technical management and to the PMO-RALG on issues related to health administration and management of health services.

Council Health Management Teams (CHMTs) are responsible for Council health services at dispensaries, health centres, and district hospitals. CHMTs follow planning and management guidelines issued jointly

by the MoHSW and PMO-RALG. Each CHMT is headed by a District Medical Officer (DMO), who is in charge of all district health services and is answerable to the local government authority (LGA). The DMO is accountable to the Council Director on administrative and managerial matters and is otherwise responsible to the RMO or ZMO.

Health Services Boards and community health committees (including Health Facility Governing Committees and Community Health Fund Committees) have been formed to achieve effective decentralisation of services by devolution to LGAs, down to the community level.

The MoHSW for Tanzania Mainland also oversees autonomous agencies with health-related responsibilities, including the Tanzania Food and Drugs Authority, the Medical Stores Department, the Chief Government Chemical Laboratory Agency, the National Institute for Medical Research, and the Tanzania Food and Nutrition Centre. The MoHSW also oversees eight Zonal Training Centres and 108 paramedical schools, including one paramedical college in Zanzibar. The MoHSW collaborates with donors and non-governmental organisations on the implementation of public health programmes such as the Expanded Programme on Immunisation (EPI), Reproductive and Child Health Services (RCHS), the National AIDS Control Programme (NACP), the National Malaria Control Programme (NMCP) and the National Tuberculosis and Leprosy Programme (NTLP). Programmes to eliminate specific communicable diseases, such as onchocerciasis, lymphatic filariasis, trachoma, and schistosomiasis (in Zanzibar), are also in place.

2.3.4 Service Delivery Structure

The health sector comprises (1) the public system, including the MoHSW and parastatal organisations and (2) the private sector, including facilities operated by private for-profit groups, non-governmental organisations (NGOs), and faith-based organisations (FBOs). Health services are provided through a network of 5,379 health facilities nationwide (MoHSW, 2006a). The public sector accounts for about 56 percent of these facilities. In Zanzibar there are a total of 141 public health care facilities, supplemented by 99 facilities that are privately owned and operated.

Public system: As a result of sectoral reforms to decentralise health services, Tanzania's health services are integrated as one proceeds down the hierarchy from the national to the regional and district levels. In this decentralised system, the district handles supervisory responsibilities. Unfortunately, supervision has not been very effective, because one person may supervise multiple technical areas at lower levels. The RHMT (or ZHMT in Zanzibar) provides supervision and management support to districts and sub-districts in the region.

At the district level, curative services are provided by district hospitals and faith-based hospitals. Public health services are managed by the DHMT and the Public Health Units of the district hospitals. The DHMT provides management and supervision support to rural health facilities, including sub-district hospitals, health centres, and dispensaries/primary health care units.

At the sub-district level, health centres and dispensaries provide both preventive and curative services as well as outreach services to the communities in the catchment area. Basic preventive services and curative services for minor ailments are being addressed at the community and household level with the introduction of the community package and home-based care for HIV/AIDS. These services are provided by NGOs.

NGOs, FBOs, and the private sector: The private sector (including both for-profit and not-for-profit entities) currently supplies about one-third of health services in Tanzania. Private-sector organisations mainly provide curative health services and offer few preventive services. Although several health-

oriented NGOs operate throughout the country, it is difficult to determine the population covered by their services.

Depending on their comparative advantage, NGOs, FBOs, and community-based organisations (CBOs) undertake specific health services. The MoHSW and external donors support health services offered by NGOs and the private sector in several ways. For example, the MoHSW provides support to faith-based health facilities by training their staff, seconding staff to these facilities, and offering medicines and vaccines.

NGO, FBO, and other private-sector facilities are guided by MoHSW standards and protocols. In addition, modalities exist for MoHSW supervision and monitoring of their activities. The NGOs and private facilities work with communities in collaboration with the CHMT and DHMT. Community programmes report to the CHMTs and DHMTs, which in turn report to headquarters through the RHMTs and ZHMTs.

2.4 Health Facilities

There are five levels of facilities in the public health system: national referral hospitals, regional general hospitals, district hospitals, health centres, and dispensaries. In Zanzibar, the lowest level facilities are cottage hospitals referred to as primary health care units (PHCUs), rather than dispensaries. Table 2.1 shows the distribution of health facilities and hospital beds in Tanzania. In 2006 there were 5,379 health facilities in Tanzania Mainland and 146 facilities in Zanzibar.

Table 2.1 Health facilities and hospital beds

Number of health facilities and hospital beds, by type of facility, in Tanzania Mainland and Zanzibar, 2006

	Mainland		Zanzibar	
Type of facility	Number	Beds	Number	Beds
Special/referral hospitals	8	3,103	3	569
Regional hospitals	18	5,090	na	na
District hospitals	85	10,747	3	310
Other hospitals	108	9761	5	125
Health centres	481	7,047	4	120
Dispensaries	4679	1,480	na	na
Primary health care units	na	na	131	na
Total	**5,379**	**37,228**	**146**	**1,124**

na = Not applicable
Source: MoHSW, 2006a

2.4.1 Dispensaries/Primary Health Care Units (PHCUs)

Dispensaries and PHCUs are the lowest level of the public health system and provide the first point of contact with patients. They are staffed by enrolled nurses/maternal and child health aides, public health technicians, and health orderlies. The enrolled nurses provide maternal and child health care, treat simple medical problems during pregnancy such as anaemia, conduct normal deliveries, and provide basic outpatient curative care. In addition to these services, PHCUs in Zanzibar provide family planning and youth friendly services, environmental health services, health education campaigns, and counselling. Some second-line PHCUs also offer basic laboratory and dental services, conduct outreach services, and provide DOTS services for tuberculosis patients.

2.4.2 Health Centres

Health centres are staffed by clinical officers and midwives or nurses. They provide a wider range of services, including basic curative and preventive services for adults and children, reproductive health services, and minor surgical services, such as incisions and drainage. Health centres augment their coverage with outreach services and refer severe and complicated conditions to the appropriate level, such as the district hospital. Health centres in Zanzibar also offer some basic X-ray services.

2.4.3 District Hospitals

District hospitals offer outpatient and inpatient services at a higher level than dispensaries and health centres. They offer diagnostic services based on laboratory testing and radiology and surgical services, including emergency obstetric care. District hospitals form the first level of referral hospitals and, as such, are an integral part of the district health system.

2.4.4 Regional Hospitals

Regional hospitals offer a secondary level of health care to a well-defined geographic area. They provide specialized care that requires skills and competences not available at district hospitals, which makes them the next level of the referral system. Their personnel include general surgeons, general medical physicians, paediatricians, general and specialised nurses, midwives, and public health staff. Regional hospitals form an integral part of the regional health system.

2.4.5 Teaching and Referral Hospitals

Teaching and referral hospitals are centres of excellence that provide complex health care requiring advanced technology and highly skilled personnel. They have a high concentration of resources and are relatively expensive to run. They also support pre-service and in-service training of health workers. The main referral and teaching hospitals in Tanzania are Muhimbili National Hospital, Kilimanjaro Christian Medical Centre (KCMC), and Bugando Medical Centre. There are also two FBO-owned teaching hospitals: Tumaini in Iringa and Mikocheni in Dar es Salaam. In Zanzibar, Mnazimmoja hospital is a referral hospital, but not yet a teaching hospital.

Teaching and referral hospitals have the following four functions:

Health care: Referrals from district and regional facilities are ultimately received and managed at the referral hospitals, which provide complex curative and tertiary care. They also provide extramural treatment alternatives to hospitalisation, such as day surgery, home care, home hospitalisation, and outreach services. The referral hospitals also play a specific role in providing information on various health problems and diseases. They provide preventive care and participate in public health programmes for the local community and the entire primary health care system.

Quality of care: Teaching and referral hospitals provide leadership in setting high clinical standards and treatment protocols. They are supposed to provide the best quality of care in the country.

Access to care: Patients can only access tertiary care through a well-developed referral system.

Research: With their concentration of resources and personnel, teaching and referral hospitals help solve local and national health problems through research. They also contribute to policy formulation.

Teaching and training. Teaching is a primary function of these hospitals. They provide both basic and post-graduate training for health professionals.

2.4.6 Private Maternity Homes

Private maternity homes are governed by the Tanzania Registered Midwives Association (TRMA). Some maternity homes are run by other health care professionals, such as doctors and clinical officers. Maternity homes work in close collaboration with the Reproductive Health and Child Health Programme of the MoHSW to offer reproductive and family planning services. Some also provide services to prevent mother-to-child transmission (PMTCT) of HIV. Staff members from public health facilities also carry out some child welfare activities on their premises.

2.4.7 Private Clinics and Pharmacies

Private clinics and pharmacies provide mostly curative services and are operated by FBOs and NGOs. They employ nurse/midwives, clinical officers, doctors, and pharmaceutical technicians.

2.4.8 Voluntary Counselling and Testing (VCT) Facilities

Facilities specializing in voluntary counselling and testing (VCT) provide HIV/AIDS counselling and testing services. They may be managed by the government, NGOs, FBOs, or private for-profit enterprises. VCT services are also integrated into some other health facilities, which offer an HIV test to every patient who seeks a consultation.

2.4.9 Home-Based Care

Chronically ill patients may receive curative, psychological, or hygienic care at their homes. This type of care is often provided by NGOs or community volunteers with supervision from professional staff at a nearby health facility.

2.5 Medical Personnel

Table 2.2 presents the number of doctors, assistant medical officers, and clinical officers working in both the public and private sectors in Mainland Tanzania and Zanzibar. The Service Availability Mapping 2006 reported 1,339 doctors in Tanzania, including 455 in the private sector. About half of all doctors were employed in the Dar es Salaam region (52 percent), which had 2.5 doctors for every 10,000 people – a density 6 times higher than the national average of 0.4 doctors per 10,000 people. Fourteen out of 26 regions had only 0.1 doctor or less per 10,000 people.

Many of the functions of doctors are performed by assistant medical officers (AMOs), who receive clinical training similar to that of general physicians. The total number of AMOs is about the same as physicians, and the majority (74 percent) work in the public sector.

When doctors and AMOs are considered together, the Dar es Salaam region distorts the overall picture, with a much higher density than all other regions: 3.25 doctors and AMOs per 10,000 people. Only two other regions in the Mainland—Arusha and Mwanza (which is the home of Bugando Medical Centre, a national referral hospital in Mwanza city)—have more than 1 doctor or AMO per 10,000 people, and both of these regions have major urban centres. Kilimanjaro, which has a national referral hospital (KCMC), also has above average numbers of health workers. The average density of doctors and AMOs across Zanzibar is 1 per 10,000 people. In 10 regions in Tanzania, the density of doctors and AMOs is lower than 0.5 per 10,000 people. The regions of Shinyanga, Tabora, Kagera, and Mbeya have the lowest densities in the nation.

Clinical officers have less clinical training than AMOs and only perform minor surgery, but they are much more numerous than doctors and AMOs. A total of 6,908 clinical officers were reported, 1.8 for every 10,000 people in Tanzania.

Table 2.2 Number and density of medical personnel

Number of doctors, assistant medical officers (AMOs), and clinical officers in the public and private sectors, and number per 10,000 population, by region, Tanzania Service Availability Mapping 2006

	Doctors				AMOs				Clinical Doctors				Doctors and AMOs	
	Number				Number				Number					
	Public sector	Private sector	Total	Density[1]	Public sector	Private sector	Total	Density[1]	Public sector	Private sector	Total	Density[1]	Number	Density[1]
Mainland	***843***	***443***	***1,286***	***0.3***	***1,108***	***265***	***1,373***	***0.4***	***5,521***	***1,180***	***6,701***	***1.8***	***2,659***	***0.72***
Arusha	33	5	38	0.3	55	90	145	1.0	207	52	259	1.8	183	1.24
Dar Es Salaam	430	263	693	2.5	160	59	219	0.8	623	441	1064	3.8	912	3.25
Dodoma	15	6	21	0.1	44	13	57	0.3	122	41	163	0.9	78	0.41
Iringa	16	5	21	0.1	57	3	60	0.4	381	34	415	2.6	81	0.50
Kagera	22	5	27	0.1	35	3	38	0.2	164	15	179	0.8	65	0.29
Kigoma	7	1	8	0.1	40	6	46	0.3	163	17	180	1.2	54	0.35
Kilimanjaro	28	15	43	0.3	52	20	72	0.5	360	93	453	3.0	115	0.75
Lindi	6	0	6	0.1	23	2	25	0.3	151	7	158	1.9	31	0.36
Manyara	10	1	11	0.1	40	1	41	0.3	195	28	223	1.9	52	0.43
Mara	16	5	21	0.1	46	8	54	0.3	186	25	211	1.3	75	0.48
Mbeya	12	6	18	0.1	51	6	57	0.2	469	26	495	2.1	75	0.32
Morogoro	29	4	33	0.2	58	6	64	0.3	345	61	406	2.1	97	0.50
Mtwara	15	1	16	0.1	31	3	34	0.3	122	5	127	1.0	50	0.41
Mwanza	75	100	174	0.5	121	21	142	0.4	384	43	427	1.3	316	1.00
Pwani	29	3	32	0.3	45	4	49	0.5	267	19	286	3.0	81	0.83
Rukwa	6	0	6	0.0	33	3	36	0.3	175	4	179	1.4	42	0.32
Ruvuma	24	3	27	0.2	44	0	44	0.4	239	13	252	2.0	71	0.57
Shinyanga	10	8	18	0.1	44	6	50	0.2	305	136	441	1.3	68	0.21
Singida	22	2	24	0.2	32	0	32	0.3	147	5	152	1.2	56	0.46
Tabora	17	3	20	0.1	31	1	32	0.2	229	29	258	1.3	52	0.26
Tanga	22	8	30	0.2	66	10	76	0.5	287	86	373	2.3	106	0.64
Zanzibar	***42***	***12***	***54***	***0.5***	***31***	***30***	***61***	***0.5***	***123***	***84***	***207***	***1.9***	***115***	***1.02***
Pemba N	4	1	5	0.2	2	3	5	0.2	8	3	11	0.5	10	0.46
Pemba S	10	2	12	0.6	6	6	12	0.6	12	8	20	1.0	24	1.13
Unguja N	0	0	0	0.0	2	1	3	0.2	5	1	6	0.4	3	0.19
Unguja S	0	2	2	0.1	1	1	2	0.2	5	5	10	1.0	4	0.34
Ung. Town	28	8	36	0.8	20	19	39	0.9	93	67	160	3.7	75	1.71
Total	884	455	1,339	0.4	1,139	295	1,434	0.4	5,644	1,264	6,908	1.8	2,773	0.73

[1] Number of medical personnel per 10,000 population.

2.6 Public Health Programmes

The MoHSW has developed specific health programmes to address a number of health priorities in Tanzania.

2.6.1 Reproductive and Child Health

The Ministry of Health has sanctioned the existence and free and unfettered operation of the Reproductive and Child Health Programme. Programme activities are being provided in all public health care facilities. The reduction of maternal and newborn deaths is a high priority for all, given persistently high maternal and newborn morbidity and mortality rates over the past two decades in African countries, Tanzania included. It is also one of the major concerns addressed by various global, regional, and national commitments, as reflected in the targets of the Millennium Development Goals (MDGs), the Tanzania Development Vision 2025 and the National Strategy for Growth and Reduction of Poverty. In response to these commitments, in 2006 Tanzania developed the National Roadmap Strategic Plan (2006-2015) on maternal and newborn health (MoHSW, 2006c). The goal of the Roadmap is to accelerate the reduction of maternal and newborn mortality and morbidity in Tanzania and thus to attain the MDGs related to maternal and child health. The Roadmap also supplements the Reproductive and Child Health Programme in the reproductive health care system, which was designed for adults but in recent years has been modified to meet the needs of adolescents as well.

The Maternal and Child Health Monitoring Programme covers all activities aimed at promoting and maintaining the optimal growth and development of children age 0–18 years. It covers the following areas:

- Early childhood health care,
- Neonatal health care,
- School health services,
- Adolescent health services,
- Antenatal care services,
- Maternal health care, and
- Expanded Programme on Immunisation.

2.6.2 Malaria Control Programme

Under the National Malaria Medium-Term Strategic Plan 2002-2007, the MoHSW has advocated the following four main strategies to fight against malaria:

- Improved malaria case management,
- Vector control through the use of insecticide-treated nets (ITNs),
- Prevention and control of malaria in pregnancy, and
- Epidemic preparedness, prevention and control.

The overall objective of the strategic plan is to prevent malaria-related mortality and to reduce morbidity due to malaria in all 21 regions of Mainland Tanzania by 25 percent by the year 2007 and by 50 percent by the year 2010. The 2007 targets for each strategy were set in response to baseline results from a situation analysis conducted in 2001. Through Comprehensive Council Health Plans, all malaria control strategies are implemented at the district level. Various partners also play a key role in the implementation of malaria control at different levels.

2.6.3 National Tuberculosis and Leprosy Control Programme

The Tanzania National Tuberculosis and Leprosy Programme (NTLP), which was launched in 1977, seeks to contribute to the improvement of the health and well-being of all Tanzanians, especially those at

risk. The overall objective of the NTLP is to control the occurrence of tuberculosis (TB) and leprosy in the community until they are no longer public health problems by:

- Reducing the incidence and prevalence of both diseases;
- Reducing physical and psycho-social suffering from the two diseases; and
- Reducing the incidence and prevalence of disability in TB patients and especially in leprosy patients.

2.6.4 National AIDS/HIV Control Programme

The impact of AIDS is now affecting all sectors of Tanzanian society. In response to the HIV/AIDS epidemic, the government of Tanzania formed the National HIV/AIDS Control Programme (NACP) under the MoHSW. NACP initially formulated a short-term plan (1985-1986) followed by four 5-year plans (1987-1991, 1992-1996, 1998-2002, and 2003-2007). The national response has consisted of developing strategies to prevent, control, and mitigate the effect of the HIV/AIDS epidemic through health education, multisectoral response, and community participation. Furthermore, the Tanzania Commission for AIDS (TACAIDS), established in 2001, was mandated to provide strategic leadership and to coordinate multisectoral responses.

2.7 Health Financing

Tanzania uses a mix of financing sources to support the health system. It relies largely on a tax financial system of which about 70 percent is from public financing. Taxation is complemented by user fees in government health facilities so costs are shared with patients. The MoHSW has also introduced a Community Health Fund, which is a community-based scheme that allows households to prepay their health care costs for the coming year, as well as a National Health Insurance Scheme (NHIS). The MoHSW has developed a formula to allocate resources from central to local government as part of fiscal decentralisation. This formula is used for government grants as well as basket funds. Criteria considered in the allocation are: the population of the region or district (70 percent), under-five mortality (10 percent), morbidity (10 percent), and access to health facilities (10 percent).

Domestic funds drive the recurrent budget, while foreign development funds more heavily influence the capital budget. Off-budget funds are predominantly foreign, with the domestic contributions made by cost-sharing schemes in the sector (excluding the NHIS) contributing 10 to 20 percent or more than 60 percent of the Other Charges (OC) of total projected off-budget resources. Government funding is channelled through four sources: the MoHSW budget, the Ministry of Local Government budget, the Prime Minister's budget, and District and Urban Councils, which generate revenues from development levies and other local sources.

Health expenditures constitute 4.5 percent of the gross domestic product (GDP). The Public Expenditure Review (PER) 2005 estimated that about 10 percent of public expenditures went to health, or US$ 7.42 per capita per annum (MOH, 2006b). When donor funds are also considered, per capita health expenditures were US$11.57 in 2005 and US$ 8.12 in fiscal year 2004. This level of expenditure falls short of standards set by international organisations. The World Development Report 1993 recommended per capita health expenditures of US$12, and the Commission for Microeconomics and Health has recommended US$35 per capita. The Abuja target for health expenditures is 15 percent of government expenditure.

2.8 General Recommendations for Future Health Sector Planning (2005-2010)

Government policies with a health component not only outline the challenges facing Tanzania's health sector, they also provide recommendations for health sector planning for the coming decade. Future planning for the health sector needs to address health inequalities and the downward trend in impact and outcome indicators. Health inequalities exist between urban and rural populations and between districts and regions. They are related to gender, education and disability. The goal of reducing health inequalities can only be achieved effectively by involving the population itself in decisions on priority setting and consequently in the allocation of the resources. This requires a fundamental change in existing governance structures in order to allow such community ownership to take place.

Planners must recognize that reversing the trends cannot be achieved by the government health sector alone. Active involvement and partnership with other stakeholders in the provision of care is needed. A functioning health system should be established that relies upon collaboration and partnership with all stakeholders whose policies and services have an impact on health outcomes.

The system should provide a framework for sector-wide planning and create flexibility for the rapid disbursement of budgetary resources. A human resource plan is needed to better staff lower-level health facilities so they can provide more effective primary health care. The new plan should strengthen monitoring and evaluation and the reporting system. Additional resources should be dedicated to commodity security, especially for vaccines, reproductive health commodities, and essential drugs.

The gradual introduction of the National Social Health Insurance Fund (NSHIF) to provide universal health care will help reduce current inequalities in access to care.

Chapter 3 Facility-level Infrastructure, Resources, and Systems

This chapter reports on infrastructure, resources, and critical support systems at the facility level, all of which enhance the provision of good quality services. Although health services can be offered under a variety of conditions, certain elements of the infrastructure and components of the health system are believed to be necessary to ensure the consistent quality of health services, their acceptability, and hence their utilisation.

The chapter is divided into three parts. The first part provides information on whether facilities have the staff, infrastructure, and resources needed to support good quality services and appropriate service utilisation. These include:

- Availability of a basic package of health services and qualified staff at a facility;
- Facility infrastructure supportive of client utilisation and the delivery of quality services; and
- Facility infrastructure supportive of good quality, 24-hour emergency services.

The second part of the chapter considers management systems for supporting good quality services and the appropriate utilisation of services. These include:

- Systems for addressing management issues;
- Staff development through training and supervision; and
- Community participation and funding mechanisms to decrease financial barriers to utilisation.

Finally, the chapter considers support systems that are critical to the quality of services at facilities, including:

- Logistics systems to support the maintenance of equipment and infrastructure;
- Availability of medicines, vaccines, and contraceptive methods; and
- Systems and practices for infection control.

3.1 Basic Infrastructure and Resources to Support Utilisation of Services and Accessibility

3.1.1 Availability of Services and Human Resources

The availability of basic health services, the frequency with which these services are offered, the presence of qualified staff, and the accessibility of the health care system all contribute to client utilisation of services in a health facility. Table 3.1 and Figure 3.1 provide details on the availability of basic services and qualified staff. Additional information describing what specific services are available, by type of facility and zone, is provided in Appendix Tables A-3.1 and A-3.2.

The Tanzanian health care service delivery system is comprised of a network of facilities providing both preventive and curative health services. While stand-alone facilities specialize in HIV/AIDS-related services, most hospitals, health centres, and dispensaries are expected to offer the full range of basic services, which include outpatient services for sick children and for sexually transmitted infections (STIs), family planning services, antenatal care, immunisation, and child growth monitoring. If a facility does not offer all of these services, it should not be assumed that the facility is working below standard. It does mean, however, that clients may have to visit several different facilities to meet all of their family's basic health needs.

Table 3.1 Availability of basic services and qualified staff to meet client needs

Percentage of facilities that provide basic services at minimum frequencies and 24-hour delivery services, with qualified staff, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that provide: All basic services[1]	All basic services at minimum frequencies[2]	All basic services at minimum frequencies, plus facility-based 24-hour delivery services	All basic services at minimum frequencies, plus facility-based 24-hour delivery services, with at least one qualified provider[3]	Number of facilities (weighted)
Type of facility					
Hospital	77	65	65	65	25
Health centre	78	54	52	49	55
Dispensary	71	42	19	13	528
Stand-alone	10	0	0	0	3
Managing authority					
Government	91	55	32	24	399
Private for-profit	23	14	3	3	104
Parastatal	40	40	0	0	14
Faith-based	49	31	14	14	94
Zone					
Northern	65	39	20	18	110
Central	93	65	65	38	47
Southern Highlands	80	40	6	6	95
Western	76	51	27	20	82
Lake	73	50	29	19	89
Southern	73	46	37	28	61
Eastern	60	35	17	16	102
Zanzibar	51	30	4	4	25
Total	72	44	24	18	611

[1] Outpatient services for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring.
[2] Minimum frequencies are defined as: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunisation, and growth monitoring) at least one day per week.
[3] Qualified providers include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.

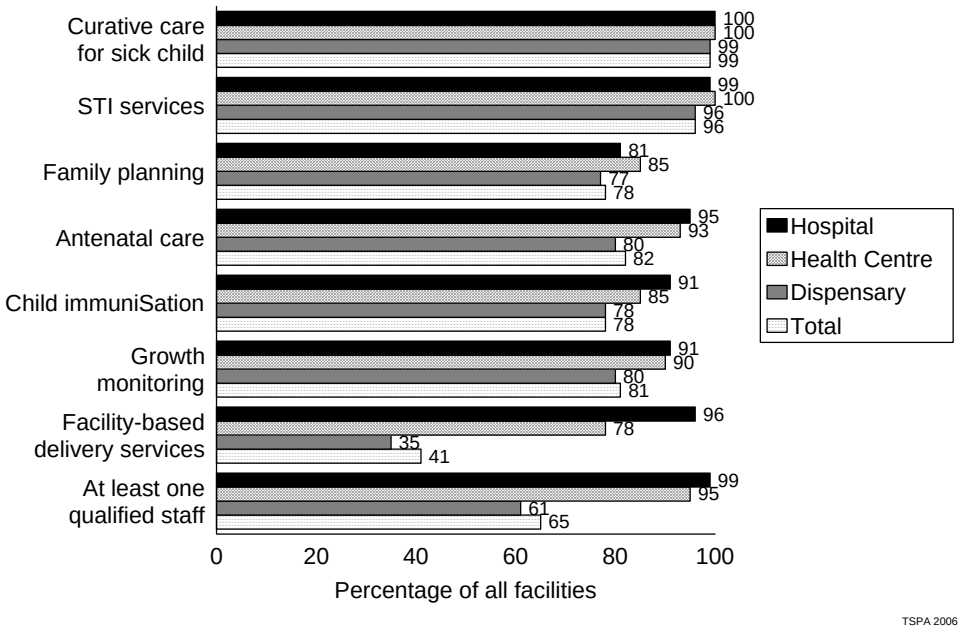
Overall, 72 percent of health facilities offer the full range of basic services (Table 3.1). Considering their specialized nature, stand-alone facilities are much less likely to offer a full range of services. As expected, a far greater proportion of government facilities (91 percent) offer the full range of services compared with facilities managed by other agencies.

Less than half (44 percent) of all facilities provide the full range of basic services at minimum frequencies defined by the SPA (see Table 3.1 for the definition of minimum frequencies). Hospitals (65 percent) and health centres (54 percent) are more likely than other types of facilities to offer all basic services at minimum frequencies. Similarly, government-managed facilities (55 percent) and facilities in the Central zone (65 percent) are more likely than other facilities to provide all basic services at minimum frequencies. Only about one-fourth of facilities offer the full range of services at minimum frequencies and also provide facility-based 24-hour delivery services. Less than one-fifth (18 percent) of facilities offer all of these services and also have at least one qualified provider of curative care. Overall, hospitals,

health centres, and facilities managed by government are more likely than others to satisfy all three criteria (basic services at minimum frequencies, 24-hour delivery services, and at least one qualified provider).

Curative care for sick children and for STIs, are almost universally available in Tanzanian health facilities (Figure 3.1, Appendix Table A-3.1). This suggests that the country has successfully achieved a wide distribution of STI services as anticipated by the government. Other services are not as widely available: family planning is offered by 78 percent, ANC by 82 percent, child immunisation by 78 percent, and growth monitoring by 81 percent of all facilities. These services are far less widely available in stand-alone facilities than other types of facilities, which is not surprising considering the fact that stand-alone facilities specialize in certain services. Approximately two-thirds (65 percent) of all facilities have at least one qualified provider of curative care available. Since nurses are not allowed to prescribe medicines in Tanzania, they are not included in this category of providers of curative care.

Figure 3.1 **Availability of services and staff to meet basic client needs (N=611)**



Facility-based 24-hour delivery services are available in practically all hospitals (96 percent) and in 78 percent of health centres. Although dispensaries are not expected to offer 24-hour delivery services, 35 percent do so (Figure 3.1). A far greater proportion of dispensaries (80 percent) offer growth monitoring and antenatal care services.

3.1.2 Facility Infrastructure Supportive of Client Utilisation and Quality Services

In theory, good quality health services can be provided even in minimal service delivery settings. However, clients and staff are more likely to be satisfied with a facility if basic amenities and infrastructure components are available, such as a functioning latrine, a comfortable waiting area, and a regular supply of water. These components also help staff provide better services. Table 3.2 provides summary information on these infrastructure components by facility type, ownership, and zone. Appendix Tables A-3.2 and A-3.3 provide more details on their availability.

Table 3.2 Service and facility infrastructure

Percentage of facilities with client comfort amenities, a regular water supply onsite, and regular electricity, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: All client comfort amenities[1]	Regular water supply onsite[2]	Regular electricity or generator[3]	All basic client amenities, regular electric and water supply	Number of facilities (weighted)
Type of facility					
Hospital	67	42	82	22	25
Health centre	67	41	56	24	55
Dispensary	56	33	30	11	528
Stand-alone	100	35	32	19	3
Managing authority					
Government	47	24	22	4	399
Private for-profit	77	57	67	35	104
Parastatal	80	50	70	40	14
Faith-based	77	47	46	22	94
Zone					
Northern	67	34	36	15	110
Central	61	17	25	5	47
Southern Highlands	59	43	26	5	95
Western	46	23	35	9	82
Lake	33	25	32	8	89
Southern	47	37	17	6	61
Eastern	74	45	54	30	102
Zanzibar	83	47	49	21	25
Total	57	34	35	13	611

[1] Functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Year-round water supplied in facility by tap or available within 500 meters of facility.
[3] Electricity routinely available during service hours or a backup generator with fuel.

About 3 out of 5 health facilities have the full range of client comfort amenities, which consists of a functioning client latrine, protected waiting area, and basic level of cleanliness. The proportion ranges from 56 percent of dispensaries to 100 percent of stand-alone facilities (Table 3.2). About one-third of facilities have regular supplies of water available year-round by tap in the facility or within 500 meters of facility; about the same proportion has regular electricity or a generator with fuel. Hospitals, facilities in the Eastern zone and Zanzibar, and parastatal and private for-profit facilities are more likely to have regular electricity or a functioning generator than other facilities.

Only 13 percent of facilities have all the basic client comfort amenities as well as regular supplies of water and electricity. Hospitals (22 percent), health centres (24 percent), and facilities in the Eastern zone (30 percent) are more likely to have all of these components than other facilities (Table 3.2).

3.1.3 Infrastructure and Resources to Support Quality 24-Hour Emergency Services

When clients have serious illnesses or maternity complications, 24-hour emergency services can save lives. Not all types of health facilities are expected to provide 24-hour care, but because it is so important, it is useful to assess all facilities' capacity to provide services 24 hours a day. For purposes of the TSPA 2006, a facility is said to have basic 24-hour emergency services if it offers emergency onsite treatment

and it has the capacity to monitor a seriously ill client overnight until it is possible to refer the client to an in-patient setting or another facility. This means the facility must have at least two qualified providers, a duty schedule indicating that staff are onsite or on-call 24 hours a day, available overnight beds, a client latrine, 24-hour emergency communication, and an onsite water source at least sometime during the year.

Tables 3.3.1 and 3.3.2 provides information on facilities that meet these requirements and those that also have a regular supply of water and electricity. Figure 3.2 presents information on the availability of individual items in facilities where 24-hour services might commonly be expected.

Less than 1 in 10 facilities have all the basic components to support 24-hour emergency services. Facilities in the Eastern zone (16 percent) are most likely to meet all of the criteria, while those in the Central zone (1 percent) are the least likely to do so. However, these calculations include dispensaries and stand-alone facilities, neither of which are expected to provide 24-hour emergency services (Table 3.3.1). When dispensaries and stand-alone facilities are excluded from the analysis, the proportion of facilities having all the basic components for 24-hour emergency services is 30 percent (Table 3.3.2), even though the MoHSW expects all hospitals and health centres to be able to provide 24-hour services. In fact, more than one-third (38 percent) of hospitals do not offer 24-hour emergency services. Interestingly, government facilities are much less likely to support 24-hour emergency services than other types of facilities, in part because most government facilities are the lower level types, such as dispensaries, that are not expected to offer round-the-clock services (Table 3.3.1). Even when dispensaries are excluded from the analysis, however, private for-profit and faith-based facilities are about twice as likely as government facilities to have the basic components needed for 24-hour emergency services (Table 3.3.2).

Table 3.3.1 Service and facility infrastructure to support quality 24-hour emergency services: All facilities

Percentage of all facilities with basic components to support 24-hour emergency services and regular supplies of water and electricity, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Basic components to support 24-hour emergency services[1]	Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities (weighted)
Type of facility			
Hospital	62	19	25
Health centre	15	6	55
Dispensary	3	2	528
Stand-alone	0	0	3
Managing authority			
Government	3	1	399
Private for-profit	18	10	104
Parastatal	10	0	14
Faith-based	11	4	94
Zone			
Northern	6	3	110
Central	1	0	47
Southern Highlands	6	0	95
Western	4	2	82
Lake	4	2	89
Southern	5	4	61
Eastern	16	8	102
Zanzibar	7	3	25
Total	7	3	611

[1] At least two qualified providers assigned to facility, observed duty schedule indicating staff are onsite or on call 24 hours a day, overnight beds, client latrine, 24-hour emergency communication, and onsite water source at least some times during the year.
[2] All basic components plus a year-round onsite water source and electricity routinely available during service hours or backup generator with fuel.

Table 3.3.2 Service and facility infrastructure to support quality 24-hour emergency services: Hospitals and health centres

Percentage of hospitals and health centres with basic components to support 24-hour emergency services and regular supplies of water and electricity, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Basic components to support 24-hour emergency services[1]	Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities (weighted)
Type of facility			
Hospital	62	19	25
Health centre	15	6	55
Managing authority			
Government	21	6	45
Private for-profit	44	10	10
Faith-based	40	16	24
Zone			
Northern	25	10	17
Central	15	5	4
Southern Highlands	45	3	13
Western	9	4	9
Lake	20	5	13
Southern	19	11	8
Eastern	47	21	14
Zanzibar	75	44	2
Total	30	10	79

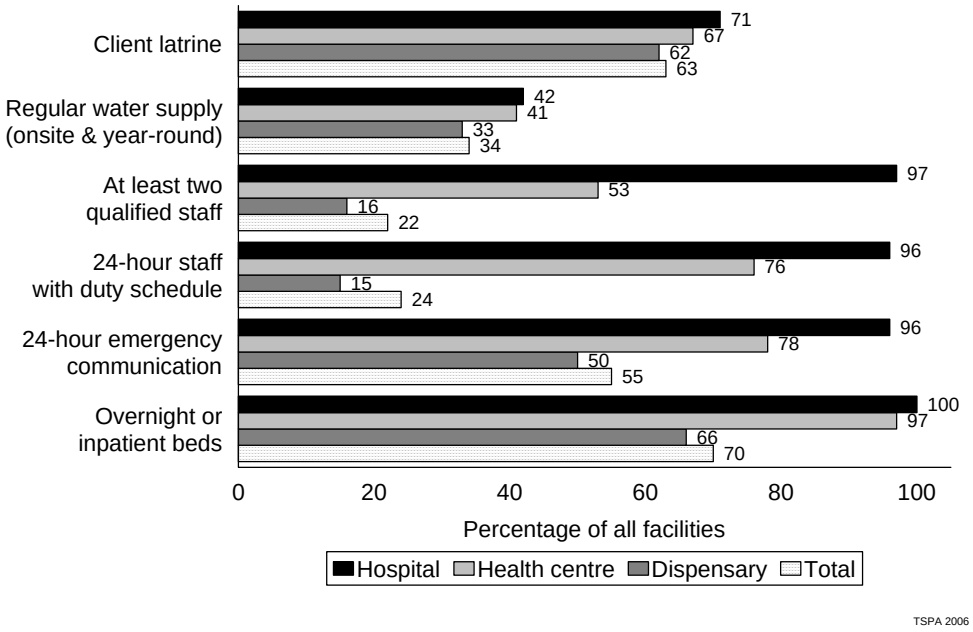
[1] At least two qualified providers assigned to facility, observed duty schedule indicating staff are onsite or on call 24 hours a day, overnight beds, client latrine, 24-hour emergency communication, and onsite water source at least some times during the year.

[2] All basic components plus a year-round onsite water source and electricity routinely available during service hours or backup generator with fuel.

According to the TSPA definition, a regular source of water (non-seasonal and onsite) and a regular supply of electricity (24-hour electricity with minimum interruption or a generator with fuel) are not considered essential for providing 24-hour emergency services. However, they are certainly preferable. The basic 24-hour components described above, plus regular supply of water and electricity are available at only 3 percent of all facilities (Table 3.3.1). Hospitals and private for-profit facilities are more likely than others to have all basic components plus regular water and electricity. No facilities in the Central and Southern Highlands zones have all these components.

The TSPA 2006 defined 24-hour duty staff availability as having some form of observed duty schedule or roster that indicated that staff was officially on duty or on call. Twenty-four-hour staff availability with a written duty schedule is most commonly found in hospitals (96 percent) and health centres (76 percent) (Figure 3.2). About the same proportion of hospitals and health centres (96 percent and 78 percent, respectively) and half of dispensaries have 24-hour emergency communication.

Figure 3.2 **Availability of items to support quality 24-hour emergency services (N=611)**



Practically all hospitals (97 percent) and half of health centres have at least two qualified providers assigned to them (Figure 3.2). A review of the availability of overnight beds shows that essentially only hospitals and health centres are adequately equipped to provide overnight emergency care (Appendix Table A-3.2.1). It is common for health facilities to have qualified providers who live on the premises, with the assumption that they are available to provide 24-hour emergency care to clients; district officials are supposed to arrange for another qualified provider to be assigned if the regular provider plans to be away for an extended period of time. Among health centres, 81 percent have qualified providers living onsite; however, 14 percent do not have written duty schedules (Appendix Table A-3.2.1). It is not clear whether arrangements are routinely made to have emergency staff available when providers are away from the facility for a day or an evening.

Key Findings

Basic services
A full package of basic services (outpatient care for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring) is available in about 7 in 10 health facilities. It is available at minimum frequencies defined by the TSPA in a little over 4 in 10 facilities. The package is most commonly found in hospitals and health centres.

A full package of services available at the minimum frequency, together with 24-hour facility-based delivery services, is available in one-fourth of all facilities. This includes two-thirds of hospitals and half of health centres.

Facility-based, 24-hour delivery services are available in almost all hospitals and in about three-fourths of health centres**.**

Infrastructure and emergency services
About 6 out of 10 facilities have all the basic amenities to ensure client comfort, and approximately one-third have a regular year-round water supply and regular electricity or a generator. All client comfort amenities, year-round water supplies, and regular electricity are available in only about 1 out of 10 facilities. However, more than half of facilities (56 percent) have some type of safe water onsite.

Infrastructure to support 24-hour emergency services is mostly available in hospitals (62 percent) and health centres (15 percent). Facilities in the Eastern zone are more likely than facilities elsewhere to have the capacity to support 24-hour emergency services.

3.2 Management Systems to Support and Maintain Quality Services and Appropriate Client Utilisation

Basic management and administrative systems are required to ensure that health services can be consistently provided as planned with an acceptable level of quality.

3.2.1 Management, Quality Assurance, and Referral Systems

Information on the availability of functioning systems for each of the assessed components is shown in Table 3.4. Further information on the components is shown in Figures 3.3 through 3.6, and in Appendix Tables A-3.5 and A-3.6.

Management

To function well, a health facility must have a systematic and routine method for addressing management issues. A facility management system means an established system for considering management or administrative issues. It may involve meetings to discuss scheduling and day-to-day issues, or meetings to discuss broader management issues such as financing, utilisation, or plans for health-related campaigns. There must, however, be regularly scheduled meetings with specific staff having defined areas of responsibility. The TSPA 2006 looked for evidence of functioning management committee meetings held at least every six months and asked for some official documentation of proceedings. A committee is considered to be functioning if there is a record of meetings with documented decisions and follow up on issues that are discussed. Service delivery at the district level is managed through Council Health Management Teams (CHMT).

Overall, 75 percent of health facilities report having routine management committee meetings at least every six months, but only 29 percent have documentation of a recent meeting (Figure 3.3). Almost half of all facilities report that management committee meetings occur monthly or more often, one-fourth report that meetings are held every 2–3 months, and 2 percent report that committees meet every 4–6 months (Appendix Table A-3.5). Compared with other types of facilities, hospitals and health centres are more likely to report regular management committee meetings and also to have documentation of recent meetings. Facilities in the Northern (39 percent) and Eastern (35 percent) zones are more likely than facilities elsewhere to have regular management committee meetings along with documentation of recent meetings (Table 3.4).

Figure 3.3 **Facilities reporting routine management committee meetings (N=611)**

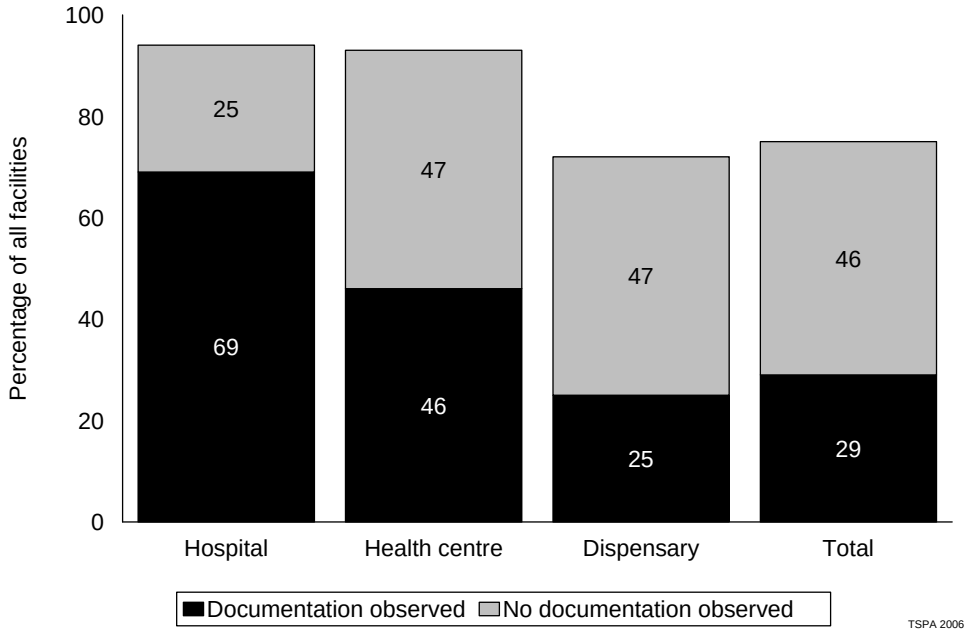


Table 3.4 Management, quality assurance, and referral systems

Percentage of facilities with documentation of management committee meetings, quality assurance (QA) activities, and referral systems, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Management committee meetings at least every 6 months and observed documentation of a recent meeting	Facility reports QA activities and documentation observed	Referral form observed[1]	Number of facilities (weighted)
Type of facility				
Hospital	69	74	74	25
Health centre	46	44	50	55
Dispensary	25	28	44	528
Stand-alone	29	10	39	3
Managing authority				
Government	30	35	42	399
Private for-profit	24	20	57	104
Parastatal	20	30	70	14
Faith-based	31	32	44	94
Zone				
Northern	39	45	51	110
Central	10	21	62	47
Southern Highlands	28	32	33	95
Western	19	22	23	82
Lake	30	18	30	89
Southern	30	46	43	61
Eastern	35	37	68	102
Zanzibar	18	18	79	25
Total	29	32	46	611

[1] If the facility routinely sends the client record or file with clients for referral, or sends clients with a referral note written either on a prescription form or on official letterhead, this is classified as having a referral form observed.

Quality assurance

Quality assurance (QA) refers to a system for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems. It is very important in the provision of health care. QA systems require an established standard against which quality is measured; there must also be systematic methods to assess results and develop interventions. QA activities may include audits of medical records, supervisory checklists for client care issues, observations of consultations by supervisors, meetings held by supervisors to discuss client care problems, and the analysis of trends in client utilisation data produced by a health management information system (HMIS).

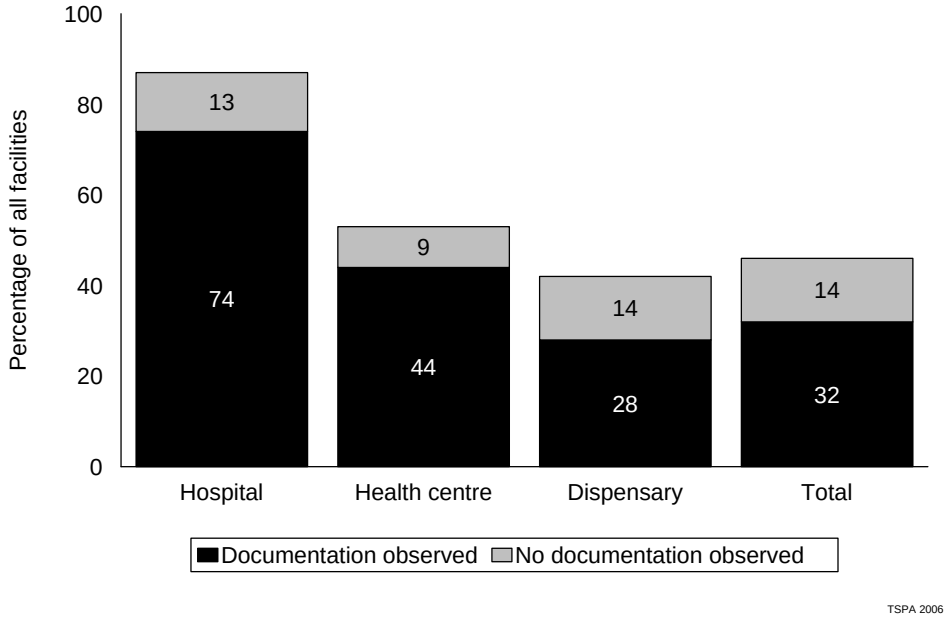
Table 3.5 and Figures 3.4 and 3.5 provide information on facilities reporting QA activities and the specific QA activities they implement. The following activities and approaches are assessed:

- A *supervisory checklist for health systems* looks for the presence of equipment and supplies, completeness of HMIS accounts, and other process indicators.
- A *supervisory checklist for health service provision* verifies specific content in client assessments, treatments, or consultations. This is often used for observing the provision of care.

- A *facility-wide review of mortality* is a structured system to review the records of each client who dies. There will normally be a committee established for this purpose.
- *Audits of medical records or registers* check medical records for the presence of specific items or information and may assess if protocols were followed.

Less than half (46 percent) of health facilities in the country report QA activities, and about one-third have documentation of their QA activities. Hospitals (87 percent) and health centres (53 percent) are more likely to report QA activities, and they are also more likely to have documentation (74 and 44 percent, respectively) (Figure 3.4). Private, for-profit facilities are less likely (20 percent) to report and have documentation of QA activities (Table 3.4). Health facilities in the Northern (45 percent) and Southern (46 percent) zones are more likely than facilities in other zones to report and have documentation of QA activities.

Figure 3.4 **Facilities reporting quality assurance activities (N=611)**



Among facilities reporting QA activities, the most common activities are supervisory checklists for health system components (reported by 82 percent of facilities, with 48 percent having documentation) and medical record audits (reported by 74 percent, with 47 percent having documentation). Less than one-third of facilities (30 percent) report conducting a facility-wide review of mortality and only 12 percent have documentation of this activity (Figure 3.5).

Figure 3.5 Reported quality assurance (QA) activities (N=277)

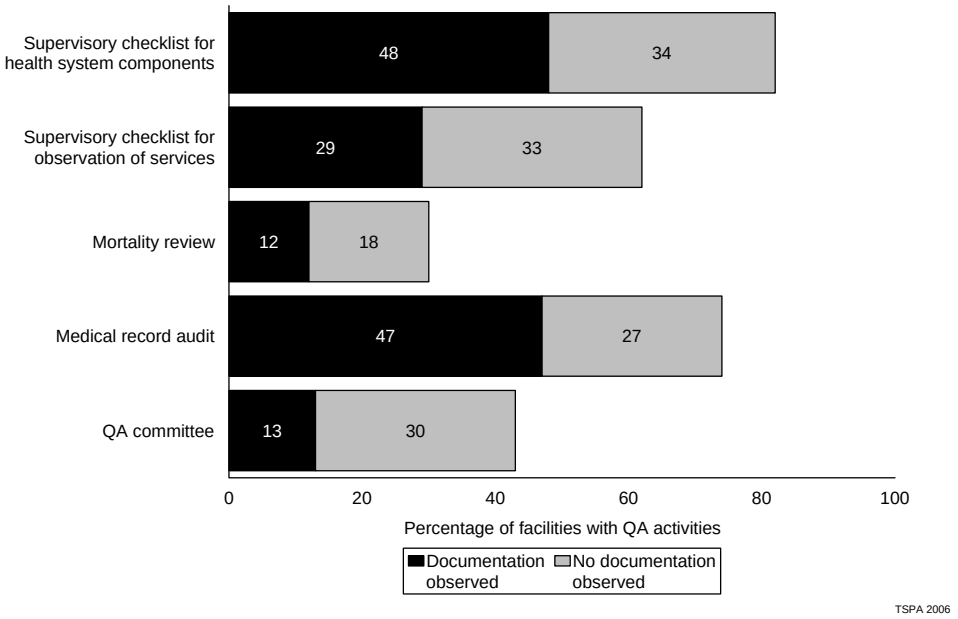
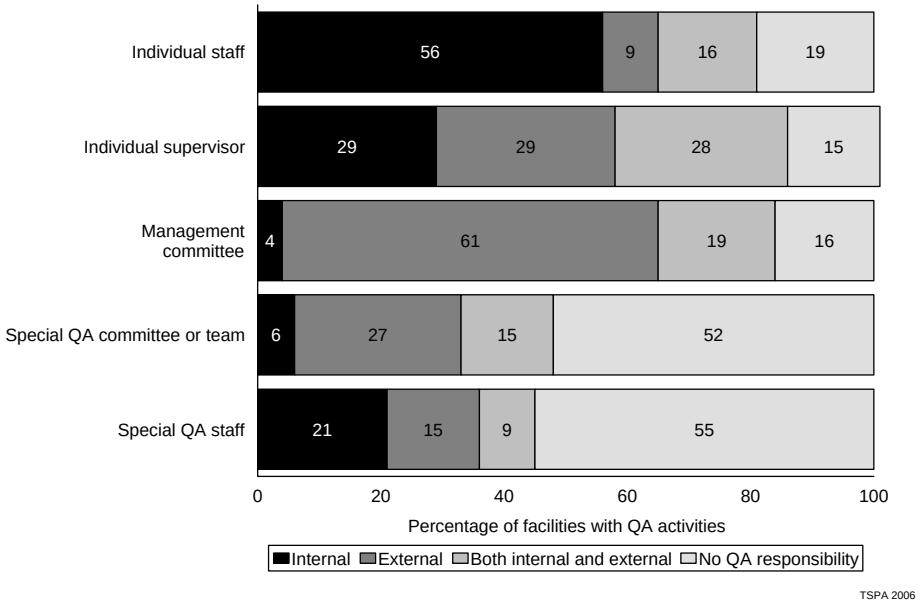


Figure 3.6 presents data on the persons responsible for implementing or reviewing QA activities, which may include staff based at the facility or people external to the facility. Over half of facilities (56 percent) report that individual staff members based within the facility are responsible for the facilities' QA activities, while 19 percent report that individual staff members have no QA responsibilities. Only 4 percent of facilities report that an internal management committee is responsible for QA activities, while 61 percent report that an external management committee is responsible.

Figure 3.6 Person(s) or group(s) responsible for implementation and/or review of quality assurance (QA) activities, by whether they are internal or external to the facility (N=277)



Referral systems

When clients are referred to another facility without any formal documentation, they risk being refused services or having services delayed while the referral facility reassesses them as totally new clients. Thus, having a systematic means to refer clients to a higher-level (or another) facility is an important aspect of quality of care. If clients are confident that they will be assisted in gaining access to higher-level (or other) facilities when needed, they may be less likely to bypass lower-level facilities for their health care needs. The TSPA 2006 collected information on whether facilities have any official, printed forms which, at a minimum, document the reason for referral and list any treatment already provided to the client. Also included in this category were facilities that routinely accompany referrals with client records or a referral note written on a prescription form or letterhead.

Only 46 percent of facilities have an observed referral documentation system or are the referral facility (Table 3.4). Many hospitals (74 percent), health centres (50 percent), parastatal-managed facilities (70 percent), and private for-profit facilities (57 percent) have formal client referral forms. At the zonal level, about 80 percent of facilities in Zanzibar and about 70 percent of facilities in Eastern zone have client referral forms. Facilities in the Western zone are least likely to have referral forms, available in only 23 percent of facilities.

3.2.2 Supportive Management for Providers

The TSPA 2006 collected information on whether facilities have supervisory and staff development activities, which are important for supporting quality care. Summary information on supportive management practices at the facility level is provided in Table 3.5, with further details provided in Appendix Tables A-3.7 and A-3.8.

External supervision

Supervision from external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organisational culture that expects such standards and protocols to be implemented. It provides an opportunity to expose staff to a wider scope of ideas and relevant experiences, including on-the-job-training for some providers. It can also act as a motivator for service providers, especially if the supervisor is supportive. For the purposes of the TSPA 2006, a facility reporting at least one supervisory visit by external supervisors during the six months preceding the survey is defined as having routine external supervision. Overall, 86 percent of facilities have routine external supervision, with government (89 percent) and faith-based (82 percent) facilities being more likely than others to have such supervision. Facilities in the Eastern and Western zones have weak routine external supervision (79 percent each), compared with facilities in the Central zone (97 percent) (Table 3.5).

Training

To maintain levels of knowledge and technical competence achieved during basic training, health service providers must continually be exposed to current and new information. The TSPA assessed whether providers had received any formal or structured training related to the services offered during the 12 months preceding the survey. While it is recognized that providers may receive new information and individual instruction related to their work during routine supervisory visits, the TSPA only assessed structured, “classroom-type” training. If at least half of the health service providers interviewed at a facility reported receiving in-service or pre-service training relevant to their jobs within 12 months preceding the survey, that facility is defined by the TSPA as having routine staff development activities.

Overall, about two-thirds (64 percent) of facilities satisfy these criteria (Table 3.5). Dispensaries (62 percent) and facilities in the Eastern zone (34 percent) are less likely than facilities elsewhere to have routine staff development activities. Government facilities (77 percent) are more likely than other types of facilities to have these staff development activities.

Supervision of health service providers

In addition to general facility-level supervision, the work of individual staff must be assessed so that each person's strengths and weaknesses can be identified and appropriate support provided. If at least half of the interviewed health service providers in a facility reported being personally supervised at least once during the six months preceding the survey, the TSPA defines the facility as providing routine staff supervision. Over 86 percent of facilities meet the criteria for routine staff supervision (Table 3.5). Hospitals (77 percent) and stand-alone facilities (74 percent) have the weakest routine staff supervision activities. The level of individual supervision is highest in health centres (93 percent) and weakest in facilities in the Eastern zone (77 percent) and Zanzibar (79 percent). Overall, 58 percent of facilities meet both the criteria for training and personal supervision.

Table 3.5 Supportive management practices at the facility level

Percentage of facilities that had an external supervisory visit during the past 6 months and percentage of facilities where at least half of interviewed health service providers report receiving routine training related to their work and personal supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with external supervisory visit during the past 6 months	Number of facilities (weighted)	Percentage of facilities where staff report receiving routine:			Percentage of facilities with supportive management practices[3]	Number of facilities with at least 1 interviewed health service provider (weighted)[4]
			Pre- or in-service training[1]	Personal supervision[2]	Training and personal supervision		
Type of facility							
Hospital	90	25	76	77	57	53	25
Health centre	93	55	76	93	76	74	55
Dispensary	85	528	62	86	56	50	528
Stand-alone	32	3	90	74	74	23	3
Managing authority							
Government	89	399	77	90	70	65	399
Private for-profit	79	104	27	81	24	17	104
Parastatal	70	14	30	60	20	20	14
Faith-based	82	94	54	80	47	42	94
Zone							
Northern	85	110	66	83	57	53	110
Central	97	47	70	99	70	70	47
Southern Highlands	88	95	82	89	75	68	95
Western	79	82	70	91	63	52	82
Lake	87	89	58	88	50	47	89
Southern	90	61	77	90	72	65	61
Eastern	79	102	34	77	29	25	102
Zanzibar	89	25	71	79	64	58	25
Total	86	611	64	86	58	52	611

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related tot their work during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] A facility has supportive management practices if it had an external supervisory visit during the past six months and staff received routine training and personal supervision.
[4] Interviewed providers who did not personally provide one of the services assessed by the TSPA (for example, administrators who might have been interviewed) are excluded.

3.2.3 Management Practices Supporting Community Involvement

Encouraging community input into a facility's functions makes the facility more accountable to the community it serves and helps the facility to better understand the community's needs. This results in better health-seeking behaviour, which improves the health of the population.

Community representation

Overall, 60 percent of facilities have routine community participation in some management meetings (Table 3.6). Community participation in management meetings is relatively strong in government facilities (77 percent) and in facilities in the Central (76 percent) and Southern Highlands (75 percent) zones; it is minimal in hospitals (44 percent). Only 14 percent of private, for-profit facilities involve the community in management meetings, even though government policy requires every facility to have a management committee or board for community ownership.

Table 3.6 Management practices supporting community feedback

Percentage of facilities that have routine community participation in management meetings, a system of acquiring client opinion and feedback, or any mechanism for obtaining community input, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities: Where community participation in some management meetings is routine	Where client opinion is elicited and a system for review is implemented[1]	That have any mechanism for obtaining community input for services[2]	Number of facilities (weighted)
Type of facility				
Hospital	44	19	49	25
Health centre	65	14	65	55
Dispensary	60	3	60	528
Stand-alone	52	0	52	3
Managing authority				
Government	77	6	78	399
Private for-profit	14	0	14	104
Parastatal	20	0	20	14
Faith-based	42	4	42	94
Zone				
Northern	65	7	65	110
Central	76	0	76	47
Southern Highlands	75	7	75	95
Western	56	1	56	82
Lake	61	6	62	89
Southern	65	5	66	61
Eastern	37	3	38	102
Zanzibar	34	3	34	25
Total	60	4	60	611

[1] Some mechanism for eliciting client opinion is reported, and there is documentation indicating that client opinions are reviewed.
[2] Either there is community representation at management meetings or a system for eliciting client opinion is in place.

Client feedback

The TSPA 2006 also assessed whether facilities have a system to elicit and review client opinion. Only 4 percent of all facilities have such a system (Table 3.6). Hospitals (19 percent) and health centres (14 percent) are far more likely than other types of facilities to have client feedback systems. Among the different management authorities, only government (6 percent) and faith-based facilities (4 percent) ever elicit and review client opinion. Client feedback systems exist in less than ten percent of facilities in all zones and are completely non-existent in the Central zone.

3.2.4 Funding Mechanisms That Decrease Financial Barriers to Utilisation of Health Services

User fees may have a positive effect on the utilisation of health facilities, by increasing the funds available to the facility, or they may have a negative effect, by deterring poor clients from using services. User fees with exemption schemes for vulnerable people often help to augment inadequate facility budgets. However, providing exemptions or discounts for poor clients can result in budget shortages if there is no system for reimbursing these exempted or discounted costs. Some other methods encourage appropriate utilisation by poor clients but also reimburse facilities for client services. These include insurance plans, credit plans (delayed payment for services received today), and charity or equity funds that reimburse the costs of certain clients (thus increasing access to care by reducing out-of-pocket payments at the time of service utilisation). In any case, health facilities should clearly display their fees for service. This improves accountability, reduces the likelihood of corruption, and helps clients calculate the costs they will incur in seeking services.

Health insurance may be provided through an employer or it may be purchased independently. People belonging to health insurance plans may have specific facilities where they receive services. Typically insurance plans do not cover services that their members receive through general public sector facilities. This means that, with the exception of the National Social Health Insurance Fund (NSHIF), health insurance is not usually a source of reimbursement for public sector facilities in Tanzania.

User fees and additional sources of funding

Table 3.7 summarizes information on facilities charging routine user fees for adult curative care and those with external funding sources. Details on these funding options and components for which facilities charge fees appear in Appendix Tables A-3.9 and A-3.10.

All facilities in Tanzania are expected to charge some form of user fees, according to government policy. Exceptions are for children under the age of five years, pregnant women, and the elderly (above 60 years). Cost-sharing schemes for curative care were introduced in Tanzania in the 1990s. For example, the Community Health Fund (CHF) allows households to prepay for health coverage for the coming year as members of a community-based insurance scheme. While health centres and dispensaries were not initially part of these schemes, they have now been included and are also expected to charge some user fees. The TSPA findings show that facilities have adopted this new policy.

Approximately 4 out of 5 facilities routinely charge some form of user fees for adult curative services (Table 3.7). Among facilities with user fees, 84 percent charge for medicines and nearly two-thirds charge for client consultations. About one-third each charge for client registration and client charts, while 44 percent charge for tests (Appendix Table A-3.10). Contrary to expectation, faith-based facilities universally charge user fees for adult curative care (99 percent), but only 30 percent of parastatal-managed facilities do so (Table 3.7).

About 7 out of 10 facilities report that they have an external source of funding or reimbursement for client services, usually employers, insurance, or charitable organisations (Table 3.7 and Appendix Table A-3.9). Private for–profit (75 percent) and faith-based (84 percent) facilities are the most likely to have external sources of funding outside the routine operational budget or direct client fees. Facilities in Zanzibar (30 percent) are among the least likely to have external sources of reimbursement.

Table 3.7 Funding mechanisms utilised in facilities

Percentage of facilities with routine user fees for adult curative care and any external source of reimbursement for clients, and percentage of facilities charging user fees that post all fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with any routine user fee for adult curative care	Percentage of facilities with any external source of reimbursement for clients	Number of facilities (weighted)	Percentage of facilities that post all fees	Number of facilities that have any user fees (weighted)
Type of facility					
Hospital	99	98	25	41	24
Health centre	82	85	55	18	45
Dispensary	76	69	528	14	404
Stand-alone	23	13	3	100	1
Managing authority					
Government	70	69	399	17	279
Private for-profit	95	75	104	11	99
Parastatal	30	40	14	34	4
Faith-based	99	84	94	18	93
Zone					
Northern	89	80	110	36	97
Central	93	87	47	9	44
Southern Highlands	81	76	95	18	77
Western	70	64	82	2	57
Lake	67	64	89	10	60
Southern	86	80	61	2	53
Eastern	74	68	102	15	75
Zanzibar	42	30	25	21	11
Total	78	71	611	16	474

3.2.5 Maintenance and Repair of Equipment

To provide good quality services, a facility must have the means to ensure that facility equipment and infrastructure are in good working order. Some machinery requires routine preventive maintenance, while other equipment may require minor repairs or replacement. Buildings and infrastructure also require routine maintenance and periodic repair. For the purposes of the TSPA 2006, infrastructure refers to such things as buildings and roads within the facility complex.

Summary information on systems for maintenance and equipment repair or replacement is provided in Table 3.8. Detailed information on what systems are used and which people are responsible for maintaining a facility's equipment is provided in Appendix Tables A-3.11 and A-3.12.

About three-fourths of facilities that operate major equipment, such as generators and sterilisers, report preventive maintenance programmes for their equipment (Table 3.8). Health centres (85 percent) are more likely to have preventive maintenance programmes than hospitals (76 percent) or dispensaries (73 percent). Among facilities with preventive maintenance programmes for large equipment, 22 percent assign responsibility to onsite staff, 37 percent employ external technicians, and 17 percent use both internal and external staff (Appendix Table A-3.11).

Table 3.8 Facility systems for maintenance and repair of equipment and infrastructure

Among facilities with major equipment, percentage that have a preventive maintenance programme for that equipment, and percentage of all facilities that have a system for repairing or replacing small equipment and a system for maintenance and repair of buildings or infrastructure, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage with preventive maintenance programme for major equipment[1]	Number of facilities with major equipment[2] (weighted)	Percentage of facilities with:		Number of facilities (weighted)
			System for repair or replacement of small equipment[3]	System for maintenance and repair of building or infrastructure	
Type of facility					
Hospital	76	24	97	83	25
Health centre	85	19	92	66	55
Dispensary	73	59	88	44	528
Stand-alone	100	1	74	19	3
Managing authority					
Government	58	18	88	39	399
Private for-profit	77	44	90	64	104
Parastatal	100	3	60	50	14
Faith-based	82	39	94	64	94
Zone					
Northern	91	20	95	70	110
Central	100	3	81	97	47
Southern Highlands	43	15	84	29	95
Western	75	7	97	32	82
Lake	85	12	91	44	89
Southern	65	9	88	36	61
Eastern	85	31	78	44	102
Zanzibar	58	7	96	36	25
Total	76	103	88	48	611

[1] Equipment such as a generator or steriliser.
[2] Only includes facilities with a functioning generator, electric autoclave or steriliser, or X-ray machine, and facilities where caesarean sections are performed.
[3] Equipment such as stethoscopes or sphygmomanometers

With regard to small equipment, such as stethoscopes and sphygmomanometers, 88 percent of facilities have systems for their repair or replacement (Table 3.8). Such systems are widespread among facilities of all types, operated by all managing authorities (with the exception of parastatal facilities), and in all zones. Facilities use different methods to maintain or replace small equipment, including onsite repair, sending equipment outside for repair or replacement, and purchasing or paying for new equipment from funds on hand (Appendix Table A-3.11). Only 9 percent of facilities report onsite repair, while 35 percent send equipment outside for repair or replacement. About 7 out of 10 facilities purchase equipment, or pay for maintenance and repair, with funds that they have on hand at the time.

Less than half of facilities (48 percent) have a system for maintaining and repairing their buildings or infrastructure (Table 3.8). Most hospitals (83 percent) have such a system, as do faith-based (64 percent) and private for-profit facilities (64 percent). Government facilities (39 percent) are less likely than others to have such a system, perhaps because most government facilities are lower level dispensaries. There is wide variation at the zonal level, where the proportion of facilities with a system for maintenance and repair of buildings or infrastructure ranges from 29 percent in the Southern Highlands to 70 percent in the Northern zone and 97 percent in the Central zone.

Key Findings

About three-quarters of facilities report holding routine management meetings, but only 3 in 10 facilities have documentation of a recent meeting.

Less than half (46 percent) of health facilities have introduced quality assurance (QA) activities, and only one-third (32 percent) have documentation of the QA tools used.

Eighty-six percent of all facilities report receiving external supervision during the six months preceding the survey. External supervision was especially weak in the Eastern and Western zones, where only 79 percent or facilities received a visit, compared with 97 percent of facilities in the Central zone.

Two-thirds of facilities routinely provide structured training (either in-service or pre-service) to their providers.

Systems to elicit community input into facility activities are not widespread. Only 60 percent of health facilities routinely have community participation in management meetings, and only 4 percent have any formal means for seeking client feedback.

Approximately 8 in 10 facilities routinely charge some form of user fees for adult curative services. Most charge for medicines and client consultations, while smaller proportions charge for laboratory tests, client registration, and records. Contrary to expectation, faith-based facilities universally charge user fees for adult curative care.

About three-fourths of facilities that use major equipment (such as generators and sterilisers) have preventive maintenance programmes for this equipment, and close to 9 out of 10 facilities have systems for repair or replacement of small equipment. Almost half (48 percent) of facilities have a system for maintaining and repairing their building or infrastructure. Faith-based and private for-profit facilities are relatively likely to have such a system. There is a marked geographic variation, with facilities in Central and Northern zones much more likely than others to have a system for maintenance and repair of buildings or infrastructure.

3.3 Logistics Systems for Vaccines, Contraceptives, and Medicines

To ensure that necessary pharmaceutical commodities are available for daily use, facilities must have storage conditions that protect commodities from damage, monitoring systems that minimize waste resulting from commodity expiration, and systems to monitor stock and ensure timely ordering and re-supply.

Summary information on storage conditions and stock monitoring for vaccines is presented in Table 3.9; information on contraceptive methods and medicines is presented in Table 3.10. Information on inventory systems for stored vaccines, contraceptives, and other medicines is shown in Figure 3.7. Details on each element assessed for vaccine storage conditions are presented in Figure 3.8, and details for vaccine stock monitoring systems are shown in Figure 3.9. Similar information on storage conditions and stock monitoring systems for contraceptive methods and medicines is provided in Figures 3.10 and 3.11. Further details on storage conditions are provided in Appendix Tables A-3.13 and A-3.14, and details on commodity ordering systems and storage are given in Appendix Tables A-3.15 through A-3.19.

Table 3.9 Storage conditions and stock monitoring systems for vaccines

Among facilities that store vaccines, percentage with adequate systems for monitoring storage temperature and vaccine stocks, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with adequate system for monitoring:		Number of facilities with stored vaccines observed (weighted)
	Storage temperature[1]	Vaccine stock[2]	
Type of facility			
Hospital	61	35	23
Health centre	63	46	43
Dispensary	53	39	355
Managing authority			
Government	54	38	337
Private for-profit	66	42	15
Parastatal	50	75	6
Faith-based	51	42	63
Zone			
Northern	53	48	75
Central	60	20	43
Southern Highlands	56	24	69
Western	58	55	57
Lake	63	47	70
Southern	49	32	43
Eastern	39	40	53
Zanzibar	45	48	10
Total	54	39	421

[1] Functioning thermometer in refrigerator, up-to-date temperature chart, and refrigerator temperature between 0° and 8°C at time of survey

[2] No expired items are present, items are stored by expiration date, and an up-to-date inventory is available

All commodities were assessed to ensure the presence of a valid expiration date on at least one unit. For selected vaccines, contraceptive methods, and medicines, the entire stock was assessed for the validity of the expiration date, for storage by expiration date, and for concordance with the inventory. If any of the checked items were found to be out of compliance, the stock monitoring system for that commodity was marked as not functioning.

Facilities often do not update their inventory daily but instead maintain a daily register of distributed items. They then periodically tally the distributed items and update the inventory, often monthly. Information on the inventory system used for each type of commodity is presented in Figure 3.7. Between 38 and 61 percent of facilities use daily distribution registers and only update inventory records periodically (as opposed to daily) for vaccines, contraceptives, and medicines. Facilities taking this approach were defined as having an up-to-date inventory if there was a register where the current inventory could be quickly calculated and if this tallied with actual commodity stocks.

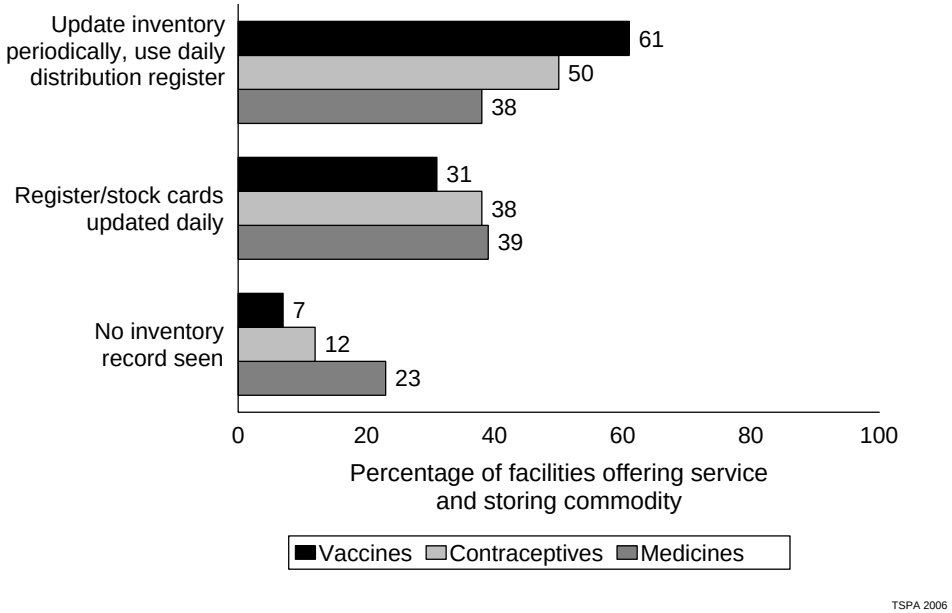
Table 3.10 Storage conditions and stock monitoring systems for contraceptives and medicines

Among facilities that store clinical methods of contraception and medicines, percentage with good storage conditions and adequate stock monitoring systems in place, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Contraceptive methods			Medicines		
	Percentage with good storage conditions for contraceptive methods[1]	Percentage with adequate contraceptive stock monitoring system[2]	Number of facilities with stored contraceptive methods observed (weighted)	Percentage with good storage conditions for medicines[1]	Percentage with adequate stock monitoring system for medicines[2]	Number of facilities with stored medicines observed (weighted)
Type of facility						
Hospital	80	19	19	72	18	24
Health centre	83	36	42	76	14	55
Dispensary	79	26	386	72	12	520
Stand-alone	-	-	0	-	-	0
Managing authority						
Government	81	29	374	69	13	392
Private for-profit	66	22	31	80	12	101
Parastatal	0	0	6	30	10	14
Faith-based	85	16	36	85	12	92
Zone						
Northern	84	28	67	80	17	108
Central	86	7	44	84	9	47
Southern Highlands	88	13	78	75	12	94
Western	90	43	66	81	21	80
Lake	78	38	74	68	10	84
Southern	75	46	43	64	3	60
Eastern	50	6	58	56	7	102
Zanzibar	90	49	17	94	26	24
Total	80	27	447	73	12	599

[1] Items are stored in a dry location, off the ground, and protected from water, sun, pests, and rodents.
[2] No expired items are present, items are stored by expiration date, and an up-to-date inventory is available.

Figure 3.7 Inventory system used for stored commodities: vaccines (N=422), contraceptives (N=459), medicines (N=599)



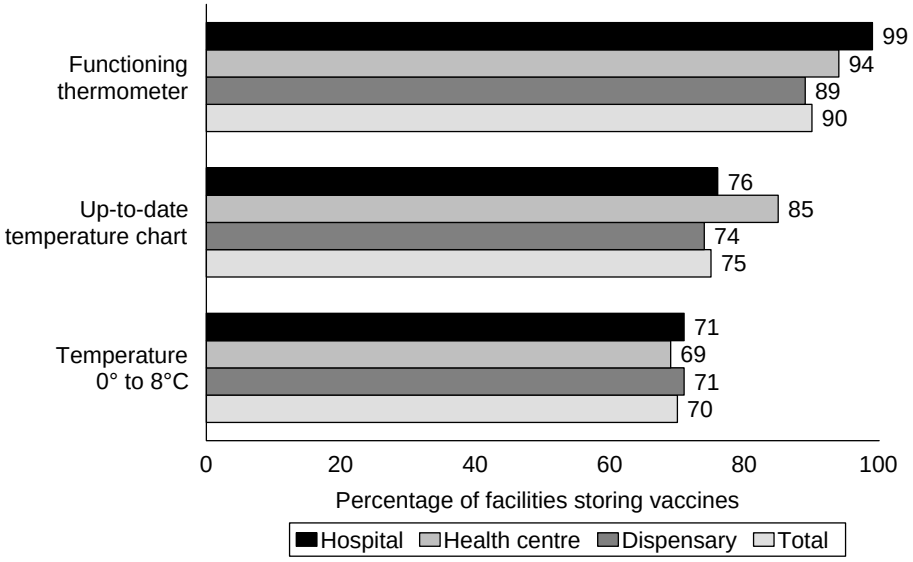
3.3.1 Storage and Stock Monitoring Systems for Vaccines

Vaccines must be stored at an appropriate temperature to maintain their potency. It is the policy of the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF) to monitor refrigerator or cold box temperatures at least twice daily and to record the temperature on a graph as proof of monitoring (WHO, 1998). To assess facilities' vaccine storage conditions, the following were checked: (1) the presence of a functioning thermometer in the refrigerator, (2) a temperature of 0° to 8°C at the time of the survey (the UNICEF recommendation for vaccine storage at the health centre level), and (3) a temperature graph, completed twice a day, for the prior 30 days.

Storage conditions

Among facilities that routinely store vaccines, just over half (54 percent) have all the necessary components for adequate temperature monitoring (Table 3.9). Hospitals (61 percent), health centres (63 percent), private for-profit facilities (66 percent), and facilities in the Lake zone (63 percent) are more likely than other facilities to meet all three criteria for monitoring storage temperatures. While 90 percent of facilities (and 99 percent of hospitals) have a functioning thermometer, only 75 percent have a completed temperature chart. In 70 percent of facilities, a temperature of 0° to 8°C was found at the time of the survey. This implies that 30 percent of health facilities do not meet standards for proper vaccine storage temperatures. Almost all facilities (98 percent) position their vaccine refrigerator so that it is protected from direct sunlight (Appendix Table A-3.13).

Figure 3.8 **Elements for monitoring vaccine storage conditions (N=421)**



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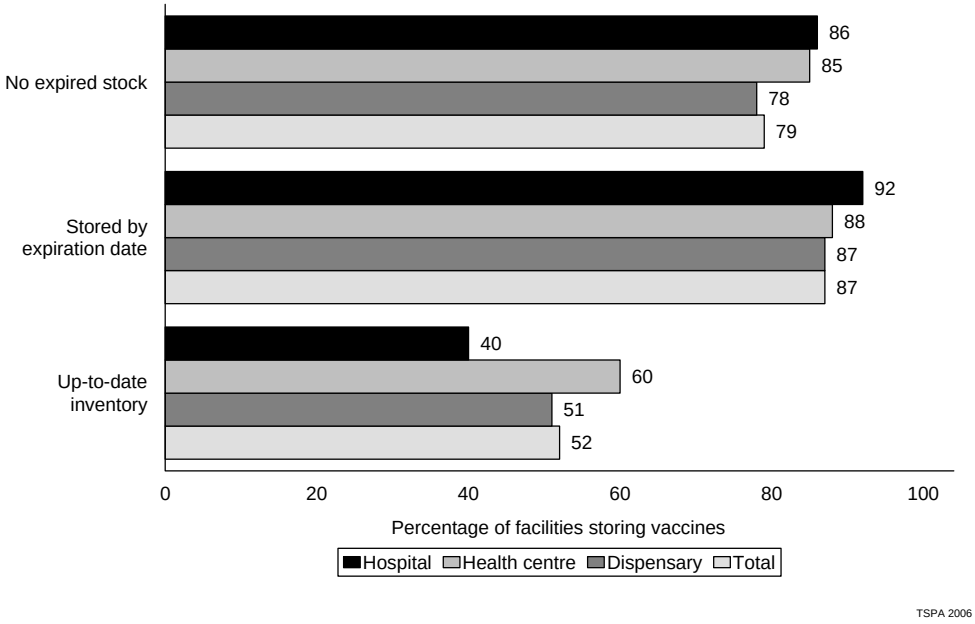
Stock monitoring systems

Vaccine stock monitoring systems were assessed for tetanus toxoid (TT); diphtheria, pertussis, and tetanus (DPT); measles; hepatitis B; diphtheria, pertussis, tetanus, and hepatitis B (DPT-HB); and measles, mumps, and rubella (MMR) vaccines. A facility is considered to have an adequate vaccine stock monitoring system if: (1) no expired items are present, (2) items are stored by expiration date, and (3) there is an up-to-date inventory system. About 4 out of 10 facilities that store vaccines have an adequate vaccine stock monitoring system (Table 3.9). Facilities in the Central (20 percent) and Southern Highlands (24 percent) zones have the weakest vaccine stock monitoring systems.

The weakest of the three stock monitoring components is maintaining an up-to-date inventory, which only 52 percent of facilities that store vaccines do (Figure 3.9). The strongest component is storing vaccines by expiration date, which 87 percent of facilities do. One-fifth (21 percent) of facilities that store vaccines have expired vaccines present.

Figure 3.9 Elements for monitoring vaccine stock (N=421)



3.3.2 Storage and Stock Monitoring Systems for Contraceptive Methods and Medicines

Storage conditions

To prevent chemical deterioration and contamination, facilities must store contraceptives and medicines away from direct sunlight, in dry conditions, and in an area protected from rodents and pests. In general, storage conditions for contraceptives are adequate (off the ground and protected from water, protected from direct sunlight, and with no evidence of rodents or pests) in 80 percent of all facilities that store contraceptives (Table 3.10 and Figure 3.10). Storage conditions for medicines are adequate in 73 percent of facilities that store medicines (Table 3.10 and Figure 3.11). There was evidence of rodents or pests in the storage area for contraceptives and medicines in 14 percent and 18 percent of facilities, respectively (Appendix Table A-3.14).

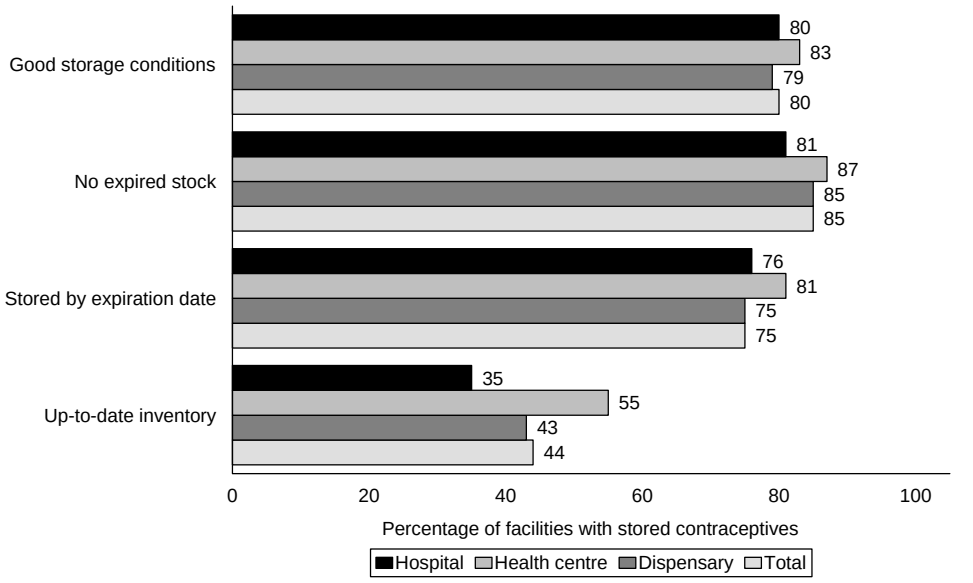
Stock monitoring systems

Stock monitoring practices were assessed for selected contraceptive methods (combined oral pills, IUDs, three-month injectables, and condoms) and selected medicines (antibiotics and Ringers lactate intravenous solution). Only a small proportion of facilities have adequate stock monitoring systems for these contraceptives and medicines. While 27 percent of facilities meet all three criteria for monitoring stocks of contraceptive methods, only 12 percent do so for medicine stocks. In each instance, dispensaries and parastatal facilities are the least likely to meet TSPA criteria for stock monitoring (Table 3.10).

Fifteen percent of facilities that store contraceptives had expired contraceptive methods on the day of the survey (Figure 3.10), and 41 percent of facilities that store medicines had expired medicines (Figure 3.11). Hospitals (51 percent) are more likely than other types of facilities to have expired medicines. Three-fourths of facilities store contraceptives by expiration date (Figure 3.10). Up-to-date inventories are maintained for contraceptive methods in 44 percent of facilities and for medicines in 30 percent of facilities (Figures 3.10 and 3.11).

The maintenance of an up-to-date inventory is the weakest element in stock monitoring, regardless of whether the commodity is vaccines, contraceptive methods, or medicines. With the exception of medicines, hospitals are the facilities most likely to lack a good inventory system.

Figure 3.10 Elements for storing and monitoring stock for contraceptives (N=447)



Note: 12 facilities had no observed contraceptives.

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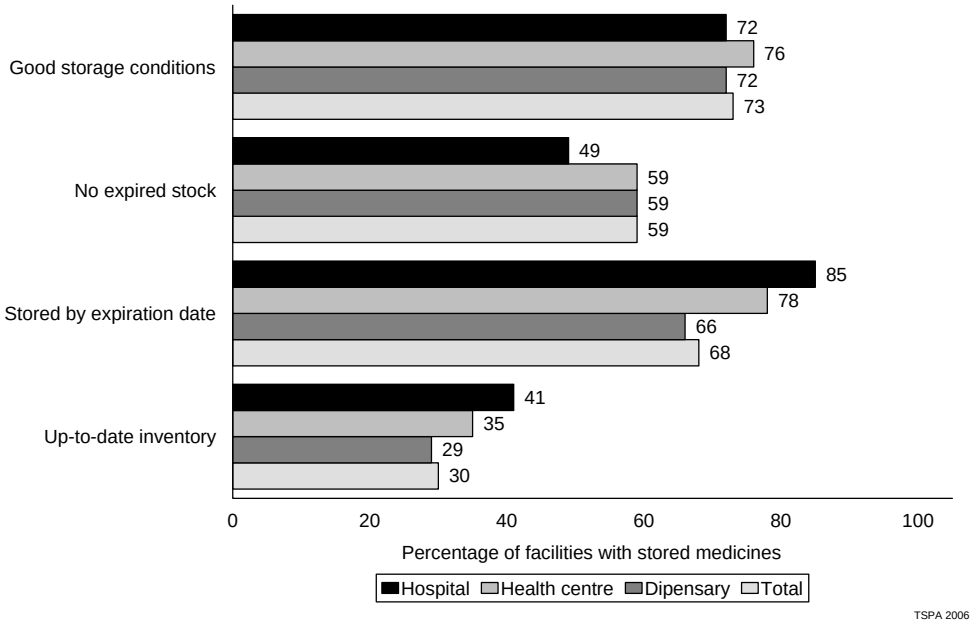
Figure 3.11 Elements for storing and monitoring stock for medicines (N=599)



Key Findings

From two-fifths to three-fifths of facilities that store vaccines, contraceptives, and medicines use daily distribution registers and only update inventory records periodically.

Just over half (54 percent) of facilities that store vaccines have all the necessary components for adequate temperature monitoring. Nine out of ten have a functioning thermometer, three-fourths have an up-to-date temperature chart, and seven out of ten have temperature readings between 0° and 8°C, in accord with UNICEF recommendations.

Almost all facilities position their vaccine refrigerator so that it is protected from sunlight.

While almost 9 out of 10 facilities (87 percent) store vaccines by expiration date, only half have an up-to-date inventory.

Only a minority of facilities meet all three criteria for stock monitoring (no expired items present, items stored by expiration date, and an up-to-date inventory). Thirty-nine percent of facilities that store vaccines have an adequate system to monitor vaccine stocks, 27 percent of facilities that store contraceptives have an adequate system to monitor contraceptive stocks, and 12 percent of facilities that store medicines have an adequate system to monitor medicine stocks.

Expired items (vaccines, contraceptive and medicines) are present in many facilities. On the day of the survey, one-fifth of facilities that store vaccines had expired stock, 15 percent of facilities that store contraceptives had expired stock, and 41 percent of facilities that store medicines had expired stock.

3.4 Systems for Infection Control

Universal precautions refer to infection control measures that can prevent cross-infection from blood and other body fluids. All health workers who may come into contact with contaminated fluids should exercise these universal precautions, working under the assumption that anyone may have an infectious condition (CDC, 1987; JHPIEGO, 2003).

The TSPA assessed conditions for infection control in all service delivery areas covered by the survey. The survey examined conditions to see whether providers could reasonably be expected to wash their hands between seeing different clients. It also checked for the presence of a box for secure disposal of sharp items such as disposable needles, which may be contaminated with HIV or other blood-borne infections.

Summary information on facilities' capacity to process equipment for reuse, through sterilisation or disinfection, is presented in Table 3.11, and aggregate information on equipment processing capacity and infection control measures available in service delivery areas is presented in Table 3.12. Figures 3.12 through 3.14 present details on the individual elements considered necessary for processing equipment and maintaining infection control in service delivery areas. Further information on processing methods, storage conditions for processed items, and infection control measures can be found in Appendix Tables A-3.20 through A-3.24.

Table 3.11.1 Capacity for processing equipment: All methods

Percentage of facilities with the equipment, knowledge, timer, and guidelines to support good quality sterilisation or high-level-disinfection (HLD) of equipment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	Written guidelines or protocols	Number of facilities (weighted)
Type of facility					
Hospital	97	83	41	63	25
Health centre	80	77	34	22	55
Dispensary	63	56	6	11	528
Stand-alone	10	10	0	10	3
Managing authority					
Government	58	53	7	14	399
Private for-profit	86	74	9	9	104
Parastatal	60	60	20	0	14
Faith-based	76	65	18	24	94
Zone					
Northern	57	50	10	24	110
Central	80	71	7	4	47
Southern Highlands	45	42	9	18	95
Western	76	71	3	8	82
Lake	85	80	13	9	89
Southern	51	46	10	13	61
Eastern	73	62	14	12	102
Zanzibar	48	30	5	22	25
Total	65	58	10	14	611

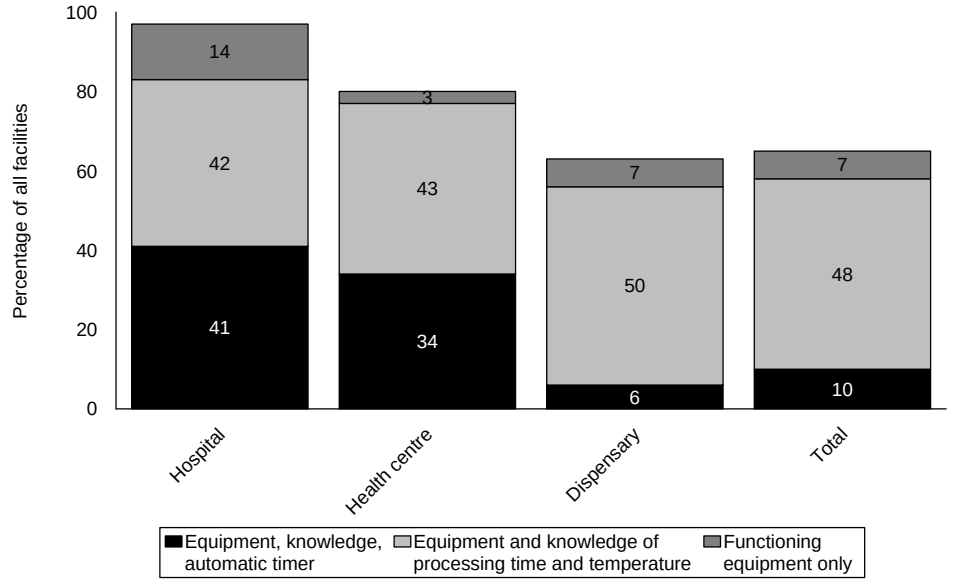
[1] Processing area has functioning equipment and power source for methods used, and staff reports the correct processing time (or the equipment automatically sets the time) and processing temperature (if applicable) for at least one method. For dry heat sterilisation, items must be processed at 160° to 169°C for at least 120 minutes, or at 170°C or higher for at least 60 minutes. For autoclaves, wrapped items must be processed at least 30 minutes and unwrapped items at least 20 minutes. For boiling or steaming, items must be processed at least 20 minutes. For chemical disinfection, items must be processed with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be part of the sterilisation or HLD equipment.

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

For syringes and most examination equipment, either sterilisation or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilisation or an autoclave system (or the less frequently used chemical sterilisation[1]) is required. This type of system is necessary for processing gloves or surgical equipment that will be reused, such as blades and scissors used to cut the umbilical cord. Depending on the size of the facility, different types of equipment may be processed using different methods or at more than one site in the facility. The information presented in this chapter refers to the primary site in the facility where equipment is processed.

Figure 3.12 **Capacity to sterilize or HLD process equipment (any process) (N=611)**

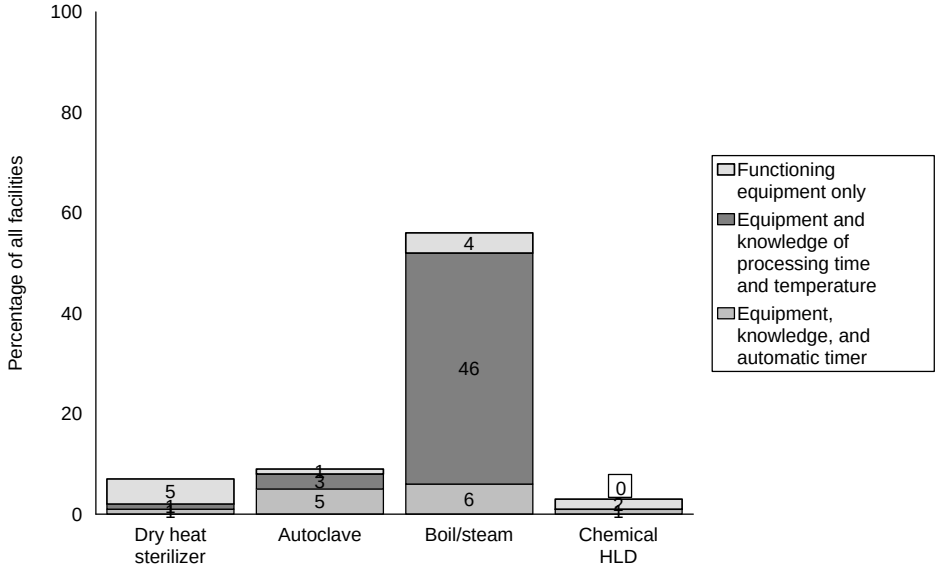


About two-thirds of all facilities have functioning equipment or necessary chemicals for the processing method used. Somewhat fewer facilities, 58 percent, have correct knowledge of the processing time and temperature for the method, as well as functioning equipment. When an automatic timer is added to the assessment (where applicable), the proportion plummets to only 10 percent of facilities (Figure 3.12). Almost all hospitals (97 percent) and over three-quarters of health centres (80 percent) have functioning equipment. Private for-profit facilities have a slight edge over other facilities in this area. At the zonal level, the availability of functioning equipment ranges from 45 percent of facilities in the Southern Highlands to 85 percent of facilities in the Lake zone (Table 3.11.1). Written guidelines for sterilisation or HLD processing in any service area were found in only 14 percent of all facilities.

[1] With formaldehyde or glutaraldehyde (Cydex).

The most commonly used method for processing equipment is boiling or steaming, which 56 percent of facilities employ. This is also the method for which functioning equipment and knowledge of the correct processing time is most frequently available (52 percent of facilities) (Figure 3.13). However, only 6 percent of facilities have an automatic timer along with the equipment and the knowledge. Other methods of processing equipment are rarely used. Nine percent of facilities have autoclave equipment, including 92 percent of hospitals and 30 percent of health centres (Table 3.11.2). Seven percent of facilities have equipment for dry heat sterilisation, including 34 percent of hospitals and 21 percent of health centres (Table 3.11.3). Three percent of facilities have the necessary chemicals for HLD, including 8 percent of hospitals and 3 percent of dispensaries (Table 3.11.5). Only 5 percent of facilities (including 41 percent of hospitals and 29 percent of health centres) have a functioning autoclave, staff with knowledge of the correct processing time, and an automatic timer (Tables 3.11.2).

Figure 3.13 Capacity to process equipment with specific sterilisation and disinfection methods (N=611)



Note: The facility may have more than one method.

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Table 3.11.2 Capacity for processing equipment: Autoclave

Percentage of facilities that have functioning equipment, knowledge of processing time, timer, knowledge of appropriate temperature and pressure, time-steam-temperature-sensitive (TST) tape, and written guidelines for autoclave processing, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	Equipment, knowledge of processing time, automatic timer, and excellent knowledge of temperature and pressure[3]	Equipment, knowledge of processing time, automatic timer, and good or excellent knowledge of temperature and pressure[4]	TST tape	Written guidelines or protocols	Number of facilities (weighted)
Type of facility								
Hospital	92	79	41	21	23	38	62	25
Health centre	30	30	29	10	12	3	12	55
Dispensary	3	3	1	1	1	1	1	528
Stand-alone	10	0	0	0	0	0	10	3
Managing authority								
Government	4	4	3	1	1	1	2	399
Private for-profit	17	15	8	3	4	3	5	104
Parastatal	10	0	0	0	0	0	0	14
Faith-based	23	20	14	7	7	8	12	94
Zone								
Northern	9	9	7	4	4	4	5	110
Central	2	1	1	1	1	0	1	47
Southern Highlands	8	8	4	0	0	1	4	95
Western	2	1	1	0	0	1	1	82
Lake	11	9	5	1	1	2	5	89
Southern	12	11	8	5	5	1	7	61
Eastern	18	14	10	5	6	5	6	102
Zanzibar	5	3	1	0	0	0	2	25
Total	9	8	5	2	2	2	4	611

[1] Processing area has functioning autoclave and power source, and reports the correct processing time for autoclave (process wrapped items at least 30 minutes, unwrapped items at least 20 minutes).
[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilisation equipment.
[3] Excellent knowledge of temperature is a response of 121° to 132 °C, or a machine with an automatic temperature control. Excellent knowledge of pressure is a response of PPI of 15-30 or ATM of 1 or 2, or an automatic machine (found in one facility).
[4] Excellent knowledge of temperature is a response of 121° to 132 °C, or a machine with an automatic temperature control. Good knowledge of temperature is a response of more than 132°C but less than 361°C; a high cut-off point was selected to include any response that appeared valid. Excellent knowledge of pressure is a response of PPI of 15-30 or ATM of 1 or 2, or a automatic machine (found in one facility). Good knowledge of pressure is a response of PPI more than 30 and less the 61, or ATM more than 2 and less than 8; high cut-off points were selected to include any response that appeared valid.

Table 3.11.3 Capacity for processing equipment: Dry heat sterilisation

Percentage of facilities that have functioning equipment, knowledge of processing time, timer, time-steam-temperature-sensitive (TST) tape, and written guidelines for dry heat sterilisation, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities (weighted)
Type of facility						
Hospital	34	11	9	12	26	25
Health centre	21	6	6	3	10	55
Dispensary	4	1	0	0	1	528
Stand-alone	0	0	0	0	0	3
Managing authority						
Government	2	1	1	0	1	399
Private for-profit	11	3	1	1	3	104
Parastatal	10	10	10	0	0	14
Faith-based	22	3	1	4	12	94
Zone						
Northern	7	2	1	1	4	110
Central	0	0	0	0	0	47
Southern Highlands	5	2	2	0	2	95
Western	2	0	0	0	0	82
Lake	6	4	4	0	2	89
Southern	6	0	0	1	6	61
Eastern	10	2	0	3	4	102
Zanzibar	26	4	4	1	3	25
Total	7	2	1	1	3	611

[1] Processing area has functioning equipment and power source for dry heat sterilisation and reports the correct processing time (or the equipment automatically sets the time) and processing temperature. Processing conditions for dry heat sterilisation are: temperature of 160° to 169°C and processed for at least 120 minutes, or temperatures of at least 170°C and processed for at least 60 minutes.

[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilisation equipment.

Table 3.11.4 Capacity for processing equipment: Boil/steam

Percentage of facilities that have functioning equipment, knowledge of processing time, timer, time-steam-temperature-sensitive (TST) tape, and written guidelines for sterilisation by boiling or steaming, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities (weighted)
Type of facility						
Hospital	45	37	13	18	29	25
Health centre	62	62	17	0	14	55
Dispensary	56	52	4	1	5	528
Stand-alone	10	10	0	0	10	3
Managing authority						
Government	53	50	6	0	6	399
Private for-profit	71	64	1	1	4	104
Parastatal	50	50	10	0	0	14
Faith-based	53	50	9	6	13	94
Zone						
Northern	48	44	7	4	13	110
Central	79	70	6	0	4	47
Southern Highlands	39	36	5	0	6	95
Western	68	67	3	0	4	82
Lake	80	77	10	4	7	89
Southern	45	40	7	1	6	61
Eastern	53	48	4	0	3	102
Zanzibar	22	20	0	0	1	25
Total	56	52	6	1	6	611

[1] Processing area has functioning equipment and power source for boiling or steaming and reports the correct processing time (or the equipment automatically sets the time) and temperature for this method. Processing conditions for boiling and steaming are: process at least 20 minutes.

[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilisation or HLD equipment.

Table 3.11.5 Capacity for processing equipment: High-level disinfection (HLD)

Percentage of facilities that have functioning equipment, knowledge of processing time, and timer for high-level disinfection (HLD), by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	Number of facilities (weighted)
Type of facility				
Hospital	8	17	7	25
Health centre	0	0	0	55
Dispensary	3	3	1	528
Stand-alone	0	0	0	3
Managing authority				
Government	3	4	0	399
Private for-profit	1	1	4	104
Parastatal	0	0	0	14
Faith-based	1	3	0	94
Zone				
Northern	3	4	1	110
Central	0	0	0	47
Southern Highlands	2	2	0	95
Western	5	7	0	82
Lake	0	0	0	89
Southern	2	2	0	61
Eastern	4	5	4	102
Zanzibar	5	7	1	25
Total	3	3	1	611

[1] Processing area has functioning equipment and chemicals, and staff reports the correct processing time (or the equipment automatically sets the time). Processing conditions for HLD are: chemical disinfection with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the HLD equipment.

3.4.2 Appropriate Storage Conditions for Processed Items

Facilities must be able to store the items they have processed under sterile conditions. To maintain sterility or HLD status, items must be (1) stored in a dry location; (2) either wrapped in sterile, dry cloth or placed in a sterile or HLD-processed container that can clasp shut; and (3) marked with the processing date, because the sterile/HLD status cannot be ensured after one week unless the item is also sealed in plastic. Other common storage procedures that may be accepted in some settings (such as keeping unwrapped items in an autoclave or on a tray covered with a clean cloth) do not ensure sterile/HLD status. Practically all facilities (96 percent) had processed items present on the day of the survey. Among these, 42 percent stored processed items under sterile/HLD conditions (i.e., wrapped and sealed with time-steam-temperature strip or placed in a sterile/HLD container that clasps shut, and stored in a dry, clean area) (Appendix Table A-3.20). However, only 2 percent of facilities also wrote the processing dates on properly stored processed items. Hospitals (35 percent) and facilities in the Lake zone (5 percent) are among those facilities most likely to store processed items under appropriate conditions.

3.4.3 Infection Control in Service Delivery Area

Hospital-acquired infections (known as nosocomial infections) often complicate the delivery of health care worldwide. Strict control measures and constant vigilance are necessary to prevent such infections. The items considered relevant and necessary to prevent these infections include: soap, running water, sharps boxes for appropriate disposal of sharps waste, disinfectant solution, and latex gloves. For the TSPA, *all* of these items must be present in *all* service delivery sites for a facility to qualify as meeting infection control standards.

The presence of running water in a service delivery area does not necessarily imply that providers will wash their hands how and when they should. However, having running water and soap available in the area where services are provided, or in an immediately adjacent area, may increase the likelihood that they will do so.

As shown in Table 3.12, only 5 percent of facilities have all infection control items available in all assessed service delivery sites. Since hospitals have more sites where infection control items are expected to be present than do other types of facilities, it is not surprising that not a single hospital meets these criteria. The most notable finding is that almost one-fourth (23 percent) of facilities in the Southern Highlands zone meet the criteria for having all infection control items at all service delivery sites.

Table 3.12 Infection control and hazardous waste disposal

Percentage of facilities that have all items for infection control in all assessed service delivery areas, adequate disposal systems for infectious and sharps waste, and infection control guidelines, by type of facility, managing authority, and zone, Tanzania SPA 2006

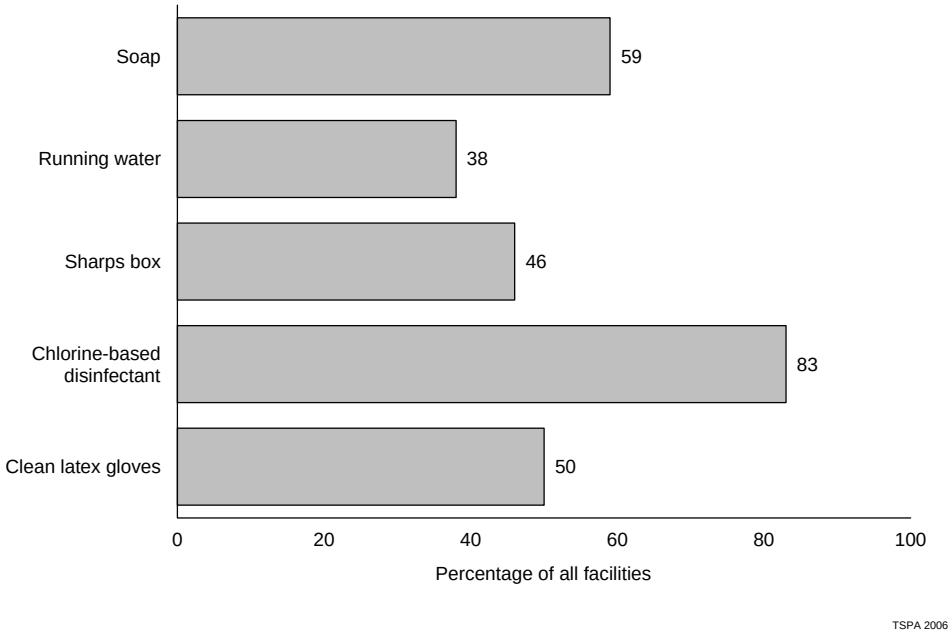
Background characteristics	Percentage with all items for infection control in all assessed service delivery areas[1]	Percentage with adequate disposal system for infectious waste[2]	Percentage with adequate disposal system for sharps waste[3]	Percentage with guidelines for disinfection and sterilisation in any service area	Number of facilities (weighted)
Type of facility					
Hospital	0	48	53	68	25
Health centre	2	34	34	24	55
Dispensary	6	26	28	12	528
Stand-alone	0	10	84	10	3
Managing authority					
Government	6	21	23	15	399
Private for-profit	4	49	55	9	104
Parastatal	0	10	10	0	14
Faith-based	6	34	36	24	94
Zone					
Northern	4	34	41	26	110
Central	0	5	12	4	47
Southern Highlands	23	15	18	20	95
Western	2	28	27	8	82
Lake	0	20	20	11	89
Southern	6	28	28	16	61
Eastern	0	46	45	12	102
Zanzibar	8	45	57	24	25
Total	5	28	30	15	611

[1] Soap, running water, sharps box, disinfectant and latex gloves in all assessed service areas. Note: disinfectant and latex gloves not assessed in immunisation area, and latex gloves not assessed in sick child service area.
[2] Infectious waste is collected and disposed of by external party or incinerated or burned and removed offsite, and there is no unprotected infectious waste observed in any service site or waste disposal area on day of survey.
[3] Sharps waste is collected and disposed of by external party, or incinerated, or burned and removed offsite, and there is no unprotected sharps waste observed in any service site or waste disposal area on day of survey.

Figure 3.14 and Appendix Table A-3.22.1 break down the availability of specific infection control items in maternal and child health and reproductive health (MCH/RH) service delivery sites. Running water is the least available item, available at all sites in only 2 out of 5 facilities. Facilities in the Central (14 percent), Western (14 percent), and Lake (15 percent) zones, government facilities (28 percent), and dispensaries (36 percent) are among the facilities that are least likely to have running water at all eligible sites. Sharps boxes and clean latex or sterile gloves also are not widely available. Each is seen in approximately half of all facilities, but both are conspicuously missing in hospitals (only 23 and 20 percent of hospitals, respectively). Soap for hand-washing is more widely available, in 59 percent of all facilities. Chlorine-based disinfectant is the most widely available item for infection control, available at all service delivery sites in 83 percent of facilities.

When infection control items are assessed for their availability at *any* eligible service delivery site within a facility, and not at *all* sites, the proportion of hospitals that meet the criteria increases dramatically (Appendix Table A-3.22.2).

Figure 3.14 **Capacity to process equipment with specific sterilisation and disinfection methods (N=611)**

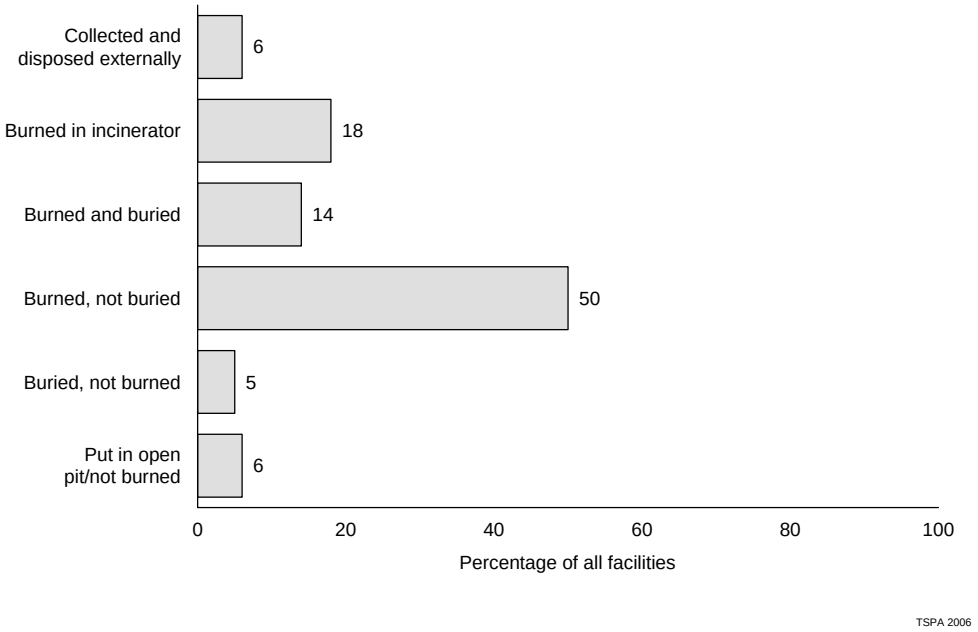


3.4.4 Adequate Disposal of Hazardous Waste

Hazardous waste includes infectious waste, such as bandages and cotton balls that may be contaminated by blood or other bodily fluids, and sharps waste, such as needles and syringes. Appropriate final disposal of hazardous waste is another important aspect of infection control. The most effective means for hazardous waste disposal is incineration and subsequent burial of the remains. Burying items in deep pits is also an effective means of disposal. When assessing whether facilities have adequate waste disposal systems, the most important issue is verifying that there is a disposal process that eliminates the possibility of contamination through contact. If the waste is visible and not protected from animals or people, either before or after being removed, burned, or buried, there is an increased chance that people might inadvertently come in contact with it, risking subsequent infection. Details on waste disposal systems are provided in Table 3.12 and Appendix Tables A-3.25.1 and A-3.25.2.

After determining what system each facility used, data collectors were asked to go to the location where waste is stored prior to disposal, or to the disposal site itself, to assess if there was potentially hazardous waste that was not protected.

Figure 3.15 **Final disposal methods for hazardous waste (N=611)**



Infectious Waste

The disposal system for infectious waste is considered adequate if the waste is collected and disposed of by an external party, or incinerated, or burned and removed offsite, *and* if there is no unprotected infectious waste observed in any service site or waste disposal area on the day of the survey. By these criteria, only 28 percent of facilities have an adequate disposal system for infectious waste (Table 3.12). Approximately half of hospitals, one-third of health centres, and one-fourth of dispensaries have an adequate system for infectious waste disposal. Facilities in the Central zone (5 percent), stand-alone facilities (10 percent), parastatal facilities (10 percent), and government facilities (21 percent) are among the least likely to have an adequate infectious waste disposal system. Hospitals (48 percent), private for-profit facilities (49 percent), and facilities in the Eastern zone (46 percent) and Zanzibar (45 percent) are the most likely to have an adequate infectious waste disposal system.

The most common way to dispose of infectious waste in Tanzanian health facilities is burning without burying, used by half of all facilities (Appendix Table A-3.25.1). Incineration is used by about one-fifth (18 percent) of all facilities and is the most common way that hospitals dispose of their infectious waste (48 percent). Other methods of final disposal are less common.

Sharps Waste

The disposal system for sharps waste is considered adequate if sharps waste is collected and disposed of by an external party, or incinerated, or burned and removed offsite, *and* there is no unprotected sharps waste observed in any service site or waste disposal area on the day of the survey. Only 30 percent of facilities have an adequate sharps waste disposal system, and the disposal of sharps and infectious waste follows a similar pattern: approximately half of hospitals, one-third of health centres, and one-fourth of

dispensaries have an adequate disposal system for sharps waste (Table 3.12). The only exception to this common pattern is stand-alone facilities: 84 percent have an adequate disposal system for sharps waste, but only 10 percent have an adequate disposal system for infectious waste. Facilities in the Central zone (12 percent), parastatal facilities (10 percent), and government facilities (23 percent) are among the least likely to have an adequate sharps waste disposal system. Hospitals (53 percent), private for-profit facilities (55 percent), stand-alone facilities (84 percent), and facilities in the Northern (41 percent) and Eastern (45 percent) zones and in Zanzibar (57 percent) are most likely to have an adequate system.

Like infectious waste, sharps waste is most often disposed of by burning without burying; this method is used by 46 percent of all facilities (Appendix Table A-3.25.2). Incineration is used by about one-fifth (19 percent) of all facilities to dispose of sharps waste, and it is also the most common disposal method employed by hospitals. Other methods of final disposal are less commonly used.

Key Findings

Approximately two-thirds of facilities have functioning equipment (or chemicals for sterilisation or HLD processing) for the processing method used. Functioning equipment is available in nearly all hospitals (97 percent) and in 80 percent of health centres. About 6 out of 10 facilities have both functioning equipment and staff members who know the correct processing time (and temperature, for dry heat sterilisation) for the method used.

Boiling or steaming is the most commonly used method for processing equipment. For this method, over half (56 percent) of facilities have functioning equipment and staff with knowledge of the correct processing time. However, only 6 percent of facilities also have an automatic timer.

Among facilities that store processed items, 42 percent do so under sterile/HLD conditions. However, only 2 percent of facilities write the processing dates on processed items. Hospitals are more likely than other facilities to store processed items under appropriate conditions.

Only 6 percent of facilities have *all* relevant infection control items available in *all* assessed service delivery areas. Hospitals are least likely to meet this standard because they have multiple service sites. Running water is the item most often missing.

Adequate disposal systems for hazardous waste are frequently lacking: approximately 3 out of 10 facilities have an adequate final disposal system for infectious waste, and the same proportion do so for sharps waste. Government facilities are among the least likely to have adequate waste disposal systems for hazardous waste.

Chapter 4 Child Health Services

4.1 Background

4.1.1 TSPA Approach to Collecting Child Health Information

The World Health Organization (WHO) estimates that over 10.5 million children under five years of age die annually from preventable diseases. According to WHO, many sick children who are brought to a health provider do not receive adequate assessment and treatment (WHO, 1999). The United Nations (UN) reported that about 10.5 million children in 2004 died before their fifth birthday, mostly from preventable causes (UN, 2006). It is not uncommon for providers to treat symptoms that are most evident, without conducting a full assessment of a child's health status or acting to prevent further diseases. For this reason, WHO and other agencies developed the Integrated Management of Childhood Illness (IMCI) strategy (WHO, 1997). This strategy advocates using every visit to a health care provider as an opportunity not only to conduct a full assessment of the child's current health and possible underlying problems, but also to provide interventions such as immunisation and growth monitoring that can prevent illness or minimize its progression.

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

1. Improving health workers' skills through training and supportive supervision;
2. Improving health systems, including equipment, supplies, organisation of work, and referral systems; and
3. Improving child care at the community and household level in line with key family practices.

Training and supportive supervision helps health workers assess and appropriately treat major childhood illnesses (including diarrhoea, malaria, pneumonia, measles, and other severe infections) in a holistic approach. At the time of the TSPA 2006 survey, all 122 districts in Tanzania were implementing the IMCI strategy at the health facility and community/household levels. WHO recommends that at least 60 percent of providers be trained in IMCI case management to ensure a critical mass for proper management of sick children, and training of health workers in Tanzania continues nationwide. However, when the IMCI strategy was first introduced, initial activities focused on adoption of guidelines, standards, and protocols.

By employing the IMCI framework, the TSPA 2006 is expected to provide useful baseline measures that can later be used to judge progress in implementing the IMCI strategy across Tanzanian health facilities. Therefore, this assessment uses IMCI protocols whenever possible in examining the delivery of child health services at the health facility level.

This chapter uses information obtained from the TSPA 2006 to address the following four central questions:

- What is the availability of outpatient curative services relevant to child health?
- To what extent do facilities offering immunisation services for children have the capacity to support good quality vaccination services?
- To what extent do facilities providing outpatient care for sick children have the capacity to support good quality services in adherence to IMCI guidelines?
- To what extent do health service providers who treat sick children on an outpatient basis adhere to standards for good quality service provision?

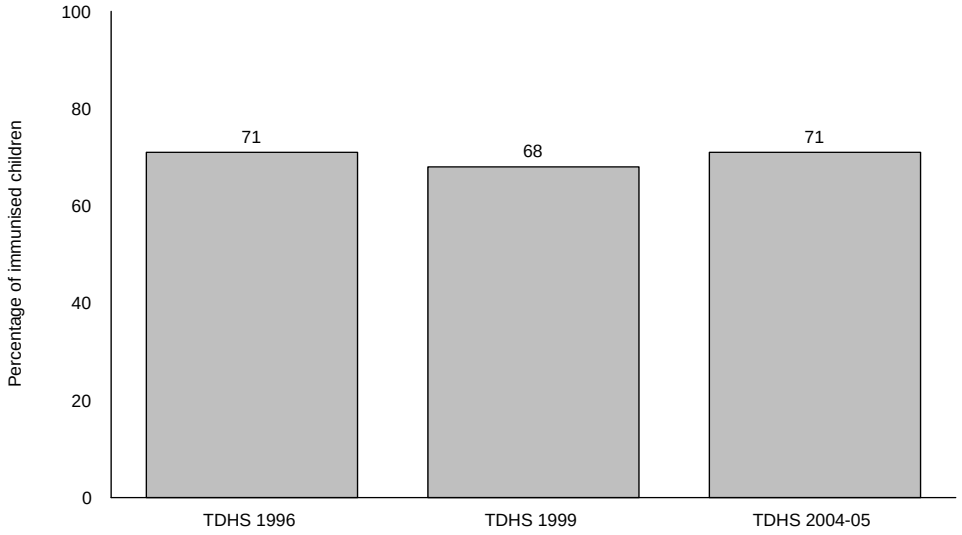
4.1.2 Health Situation of Children in Tanzania

Vaccine coverage

Immunisation against vaccine-preventable diseases is vital to reducing child morbidity and mortality. The Expanded Programme on Immunisation (EPI) under the Ministry of Health and Social Welfare (MoHSW) is aimed at ensuring that all children are fully immunised by their first birthday. Children should receive one dose of tuberculosis vaccine (BCG); three doses of the vaccine against diphtheria, pertussis, tetanus, and hepatitis B (DPT-HB); four doses of oral polio vaccine (OPV); and one dose of measles vaccine (MoHSW, 2007a). According to the 2004-05 Tanzania Demographic and Health Survey (TDHS), however, only 71 percent of children age 12-23 months were fully immunised compared with the EPI target of 90 percent (NBS and ORC Macro, 2005). Immunisation coverage rates increased only slightly between 1999 and 2006 (Figure 4.1). Community coverage figures are expected to improve as the country implements the Reach Every District (RED) strategy.

Measles cases have recently been reported in all regions of mainland Tanzania, with the most affected areas being Dar es Salaam, Tanga, and the Coast regions. The main reason for the recurrence of measles is related to the immunisation schedule. Currently in Tanzania the routine schedule for the measles vaccine calls for a single dose administered at 9 months, followed by a booster dose during national campaigns. Unfortunately, certain cohorts missed their second measles dose in some 31 districts. If the routine schedule had called for two doses followed by a booster during national campaigns, the majority of children would have been protected and the outbreak threshold would not have been reached. Rubella outbreaks also are common in the Iringa and Coast regions (MoHSW, 2007b). These disease outbreaks may be an indication to introduce a second dose of measles vaccine to children under 24 months of age (i.e., a 2-dose schedule) and to consider adding rubella to that vaccine (i.e., using the MR or MMR vaccine) in order to protect more children.

Figure 4.1 **Immunisation status of children 12-23 months (TDHS 1996, 1999, and 2004-05)**



Nutritional status and care seeking

Malnutrition is an underlying factor in about 70 percent of the illnesses that cause death among children under age five. The TDHS 2004-05 found that 38 percent of children under age five in Tanzania are stunted, that is, too short for their age, and 22 percent are underweight, that is, too thin for their age. Thirteen percent of all children are severely stunted. The prevalence of stunting is far higher among rural children (41 percent) than urban children (26 percent). It is also much higher in Mainland Tanzania (38 percent) than Zanzibar (23 percent) (NBS and ORC Macro, 2005).

Findings from the TDHS 2004-05 further show that among children suffering from fever and/or symptoms of acute respiratory infections, only 57 percent were taken to a health facility or provider for treatment. This demonstrates the need to improve care-seeking behaviours in Tanzanian communities.

Childhood mortality and morbidity

The TDHS 2004-05 provides household-based child mortality data as well as information on what illnesses children experienced and whether they received health care during the two weeks preceding the household survey visit (NBS and ORC Macro, 2005). Key findings include the following:

- The infant mortality rate was estimated at 68 deaths per 1,000 live births, which is considerably less than the 99 deaths per 1,000 live births found in the TDHS 1999.
- The under-five mortality rate was estimated at 112 deaths per 1,000 live births, meaning that one child in nine died before the fifth birthday.
- Eight percent of children had symptoms of acute respiratory infections (ARI) and 24 percent had fever in the two weeks preceding the survey. Of these, 56 percent were seen by a health professional.
- Of the children who had fever in the past two weeks, 58 percent received antimalarial medicine, but only 51 percent received it the same day that the fever started.
- Thirteen percent of children under age five had diarrhoea in the past two weeks. Of these, 47 percent were taken to see a health care provider. The age group most affected by diarrhoea were children aged 6-11 months.
- The recommended treatment for diarrhoeal diseases (other than dysentery, where antibiotics are recommended) is fluid replacement. Caretakers reported giving oral rehydration salts (ORS) to 54 percent of children with diarrhoea. Altogether, some form of oral rehydration therapy (ORT) was used to treat 70 percent of children with diarrhoea, while 40 percent received syrups or tablets of some sort. A significant proportion of children with diarrhoea were reported to have been treated with medicines bought directly from the pharmacy or with home remedies.
- One-third of children under age five slept under a mosquito net the night before the survey, but only 16 percent slept under an insecticide-treated net (ITN).
- Thirteen percent of children under age 18 do not live with either of their parents, but rather with relatives or other guardians, and are therefore considered fostered. Six percent had lost their father, 3 percent had lost their mother, and 1 percent had lost both parents.

4.2 Availability of Child Health Services

The TSPA 2006 assessed the availability of three basic child health services: outpatient curative care for sick children, routine childhood immunisation services under EPI, and routine growth monitoring services. Table 4.1 provides information on the availability of these services. Appendix Tables A-4.1 and

A-4.2 provide further details on the frequency of child health services and on community outreach services.[1]

Health services in Tanzanian facilities are relatively integrated. About 4 in 5 facilities offer all three basic child health services as a package. Childhood immunisation is provided in 79 percent of facilities, growth monitoring in 81 percent, and outpatient curative care for sick children is available in all facilities. Hospitals and government-managed facilities are more likely than other types of facility to provide all three basic services. Facilities in the Eastern zone and Zanzibar are least likely to offer all three services.

Outpatient curative care for sick children is the most commonly provided of the three basic services. It is universally available across all types of facilities, managing authorities, and geographic zones.

Table 4.1 Availability of child health services

Percentage of facilities offering specific child health services at the facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that offer: Curative outpatient care for sick children	Growth monitoring	Childhood immunisation	All basic child health services	Number of facilities (weighted)
Type of facility					
Hospital	100	91	91	91	25
Health centre	100	90	85	85	55
Dispensary	99	80	78	77	528
Managing authority					
Government	100	95	94	93	399
Private for-profit	100	30	24	24	102
Parastatal	100	50	40	40	14
Faith-based	99	81	78	78	92
Zone					
Northern	99	76	72	72	108
Central	100	97	97	97	46
Southern Highlands	100	87	85	84	95
Western	98	78	79	76	82
Lake	100	84	82	82	89
Southern	100	94	91	91	60
Eastern	100	69	64	64	102
Zanzibar	100	68	64	64	24
Total	100	81	79	78	608

Private for-profit facilities (24 percent) and parastatal facilities (40 percent) are the least likely to offer childhood immunisation services (Table 4.1). Dispensaries and facilities in the Eastern zone and Zanzibar (64 percent each) are also less likely to provide childhood immunisation services. By contrast, facilities in the Central (97 percent) and Southern (91 percent) zones are more likely to provide the services. The low proportion of facilities offering immunisation services in the Eastern zone may be explained by the fact that most facilities in Dar es Salaam are referral facilities. Many are privately owned, they are spaced closely together, and therefore they do not offer all basic routine services, including immunisation.

[1] Community outreach refers to any services provided outside of the facility. For immunisations, this might include activities related to campaigns, such as the polio eradication campaign.

The availability of routine growth monitoring (81 percent) is comparable to immunisation services. Growth monitoring is least likely to be available in private for-profit facilities (30 percent), parastatal facilities (50 percents) and also in facilities in the Eastern zone (69 percent) and Zanzibar (68 percent) (Table 4.1). Given the high levels of childhood malnutrition in Tanzania, increasing the availability of growth monitoring services for early identification of nutritional problems and increasing interventions to address the causes of malnutrition should be considered. Moreover, the low levels of growth monitoring services in some health facilities may result in missed opportunities for immunisation and vitamin A supplementation.

Key Findings

Almost 8 out of 10 facilities offer all three basic child health services, including outpatient curative care for sick children, childhood immunisations, and growth monitoring.

Outpatient curative care for sick children is available in all facilities, while growth monitoring and childhood immunisation services are less widely available.

Childhood immunisation services are least available in facilities in the Eastern zone and Zanzibar and are more available in facilities in the Central and Southern zones. Private for-profit and parastatal facilities are less likely than government-managed facilities to offer immunisation services.

4.3 Capacity to Provide Quality Immunisation Services

The following section addresses the following elements, which are important for good quality immunisation services:

- Capacity to maintain the quality of vaccines;
- Availability of vaccines and vitamin A;
- Availability of equipment and supplies for vaccination sessions; and
- Availability of administrative components for monitoring immunisation activities.

4.3.1 Capacity to Maintain the Quality of Vaccines

A lack of vaccine refrigerators (RCW 42EG, RCW50 EG, or NAPS), electricity, or other fuel (such as liquefied petroleum gas) are common reasons why facilities cannot, or do not, store vaccines. If a facility cannot maintain the cold chain and safely store vaccines, it must collect vaccines from a central location or a nearby facility with a refrigerator and then use mobile vaccine carriers and ice packs to maintain their temperature on the days of service. The logistical considerations for maintaining the cold chain frequently result in limited availability of vaccination services. Information on vaccine storage conditions are provided in Chapter 3, with details on elements assessed provided in Table 3.9.

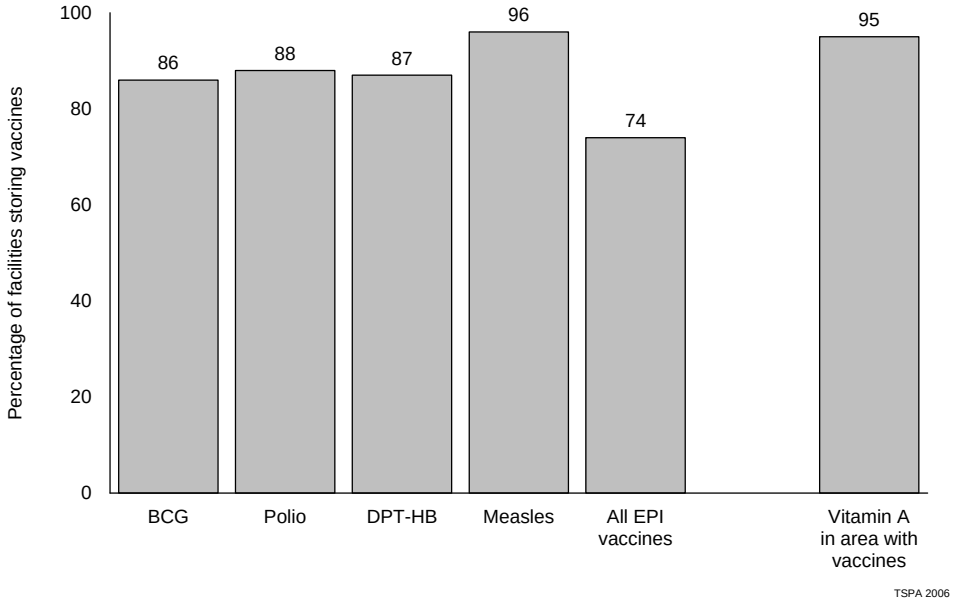
Temperature monitoring is extremely important in ensuring potent and effective vaccines for eligible children (WHO, 2000; WHO, 2004b). Overall, 54 percent of all facilities with stored vaccines observed on the day of the survey have an adequate system for monitoring storage temperature, but only 39 percent adequately monitor vaccine stocks. Private for-profit facilities and facilities in the Lake zone (66 percent and 63 percent, respectively) are the most likely to have an adequate system to monitor storage temperature; facilities in the Eastern zone and Zanzibar are the least likely (39 percent and 45 percent, respectively). Adequate systems to monitor vaccine stocks are least common in the Central and Southern Highlands zones (20 and 24 percent, respectively) and the most common in parastatal facilities (75 percent) and in the Western zone (55 percent) (Chapter 3, Table 3.9).

4.3.2 Availability of Vaccines and Vitamin A

The availability of child vaccines was assessed at eligible facilities, that is, facilities which provide immunisation services and also store vaccines. The findings are summarized in Table 4.2 and Figure 4.2. Additional information on vaccine availability by facility type, zone, and managing authority is found in Appendix Table A-4.3.

All basic EPI vaccines for the seven major childhood diseases are available in three-fourths of eligible facilities (Figure 4.2, Tables 4.2 and A-4.3). Individual vaccines, especially the measles vaccine, are consistently available in most of these health facilities. As shown in Figure 4.2, each individual vaccine is missing in 4 to 14 percent of facilities.

Figure 4.2 **Availability of vaccines among facilities offering child immunisation services and storing vaccines (N=421)**



Vitamin A is essential for the functioning of the immune system, for healthy growth and development, and for protection from respiratory infections and night blindness. Because WHO recommends routinely distributing high-dose vitamin A capsules to children, many countries have added vitamin A supplementation to their EPI programmes. In Tanzania, the policy is to provide high-dose vitamin A starting at 6 months, 15 months, and 21 months of age. Ninety-five percent of facilities offering sick child services have vitamin A available in service delivery areas with vaccines (Figure 4.2).

4.3.3 Availability of Equipment and Supplies for Vaccination Sessions

Information on the availability of all the components assessed for good quality immunisation services is provided in Table 4.2 and Figure 4.3. Details on the availability of items by facility type, zone and managing authority are available in Appendix Table A-4.4.

Equipment

Of the equipment and supplies needed for vaccination sessions, blank immunisation cards are available at 81 percent of facilities that offer child immunisation services, adequate syringes and needles at 85 percent of facilities, and vaccine carriers with ice packs at 97 percent of facilities. Approximately one-quarter of faith-based and parastatal facilities lack immunisation cards; the cards are most likely to be found in facilities in the Northern (91 percent) and Southern Highlands (90 percent) zones. Adequate supplies of syringes and needles are most widely available in hospitals, facilities in the Central and Lake zones and Zanzibar, and faith-based facilities (Appendix Table A-4.4). The availability of vaccine carriers and ice packs in nearly all facilities offering child immunisation services supports the maintenance of the cold chain during transportation and vaccination sessions.

Table 4.2 Health system components required for childhood immunisation services

Among facilities offering child immunisation services, percentage that have all equipment, items for preventing infection, and records indicating good administrative practices; and among facilities offering child immunisations services and storing vaccine, percentage that have all basic child vaccines and all components for providing good quality child immunisation services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering child immunisation with:				Number of facilities offering child immunisation services (weighted)[4]	Percentage of facilities offering child immunisation services and storing vaccine with:		Number of facilities offering child immunisation services and storing vaccines (weighted)
	All equipment[1]	All items for infection control[2]	Administrative components[3]	All equipment, all items for infection control, and administrative components		All basic child vaccines[5]	All components for providing quality child immunisation services (including vaccines) present	
Type of facility								
Hospital	82	74	72	44	22	87	38	22
Health centre	61	39	64	17	47	74	15	43
Dispensary	68	35	56	17	409	73	14	356
Managing authority								
Government	69	35	60	19	376	76	16	337
Private for-profit	64	39	37	4	25	91	6	15
Parastatal	50	50	50	25	6	75	25	6
Faith-based	69	47	52	19	72	62	18	63
Zone								
Northern	81	43	57	25	78	75	20	75
Central	77	22	50	4	45	77	4	43
Southern Highlands	75	61	40	27	81	64	24	69
Western	55	22	57	11	65	83	11	57
Lake	68	18	74	10	74	86	7	70
Southern	58	39	76	20	55	54	22	45
Eastern	57	44	49	21	65	77	18	52
Zanzibar	83	52	57	30	16	72	24	10
Total	68	37	57	18	478	74	16	421

[1] Blank immunisation cards, syringes and needles, and cold box with ice packs (or facility reports purchasing ice).
[2] Soap, running water, and sharps container.
[3] Tally sheet or register where vaccines provided are recorded, and documentation of either DPT dropout rate or measles coverage.
[4] Includes all facilities offering immunisations at the facility and some facilities offering immunisations through village outreach activities.
[5] BCG, DPT-HB, polio, and measles vaccines.

Infection control

Infection control is critical to good quality care during immunisations. Among eligible facilities, only 37 percent have soap, running water, and a sharps box (Table 4.2). Hospitals and facilities in the Southern Highlands zone are most likely to have all three of these infection control items, while facilities in the Lake, Western, and Central zones are the least likely to do so. Nearly all eligible facilities have sharps

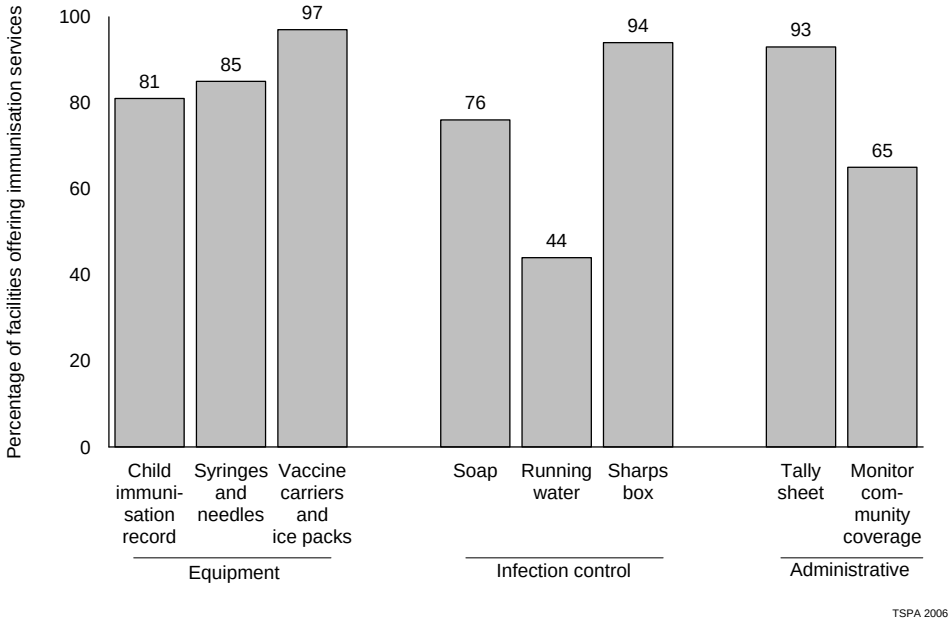
boxes (94 percent) and three-quarters (76 percent) have soap, but running water is much less widely available (44 percent) (Appendix Table A-4.4). This suggests that service providers in facilities without running water either use other sources of water to wash their hands (such as water in a basin) or simply do not wash their hands while providing immunisation services.

4.3.4 Availability of Administrative Components for Monitoring Immunisation Activities

The TSPA 2006 looked for evidence that facilities were keeping records that could provide information for monitoring immunisation activities.

Measures often used for monitoring immunisation coverage include the DPT-HB dropout rate (the difference between the number of children who receive the first dose of DPT-HB and the number who complete all three doses) and vaccine coverage rates. Measures of immunisation coverage require an estimate of a target population, which is provided by the National Bureau of Statistics through projections of household census results. The TSPA 2006 specifically assessed whether DPT-HB dropout rates or measles coverage information was available. Ninety-three percent of facilities have tally sheets and 89 percent have registers for documenting immunisations provided. Approximately two-thirds have documentation of monitoring community coverage (i.e., either measles coverage or DPT-HB dropout rates) (Appendix Table A-4.4 and Figure 4.3). Government facilities (68 percent) and facilities in the Lake zone (81 percent) are more likely to monitor community coverage than other facilities.

Figure 4.3 **Availability of equipment and supplies for immunisation services (N=478)**



Overall, among facilities offering child immunisation services and storing vaccines, only 16 percent had all components considered necessary for providing good quality immunisation services on the day of the survey (Table 4.2). The TSPA 2006 defined these as: all equipment, all items for infection control, all administrative components, and all basic child vaccines. Hospitals are the most likely to have all these components, and facilities in the Central and Lake zones and private for-profit facilities are the least likely to do so.

Key Findings

Three-fourths of facilities that offer child immunisation services and also store vaccines have all of the basic EPI vaccines, including BCG, OPV, DPT-HB, and measles vaccines. Each vaccine is missing in 4 percent to 14 percent of facilities. Less than one-fifth (16 percent) of these facilities have all of the components needed to support quality immunisation services.

Syringes and needles for immunisation are available in most facilities offering child immunisation services.

All items for infection control (soap, running water, and sharps containers) are available in the immunisation service area in little more than one-third of facilities. Running water for hand-washing is the item least often found (44 percent). Only 6 percent of facilities do not have a sharps container in the immunisation area.

4.4 Capacity to Provide Quality Outpatient Care for Sick Children

To improve the diagnosis of illnesses and to minimize missed opportunities to provide preventive interventions, IMCI standards recommend any consultation for a sick child also include:

- Assessing immunisation status and providing vaccines that are due;
- Assessing nutritional status and counselling caretakers on identified problems;
- Assessing overall health status;
- Ensuring that the child receives the first dose of any prescribed drug, including antibiotics, at the facility and leaves the facility with the necessary medications;
- Ensuring that caretakers know how to administer medications and treatments, know about appropriate foods, and know how much food the child needs both during this illness and when not sick;
- Ensuring that caretakers know when to return, either because signs indicate that the child must be seen immediately or because of scheduled followup.

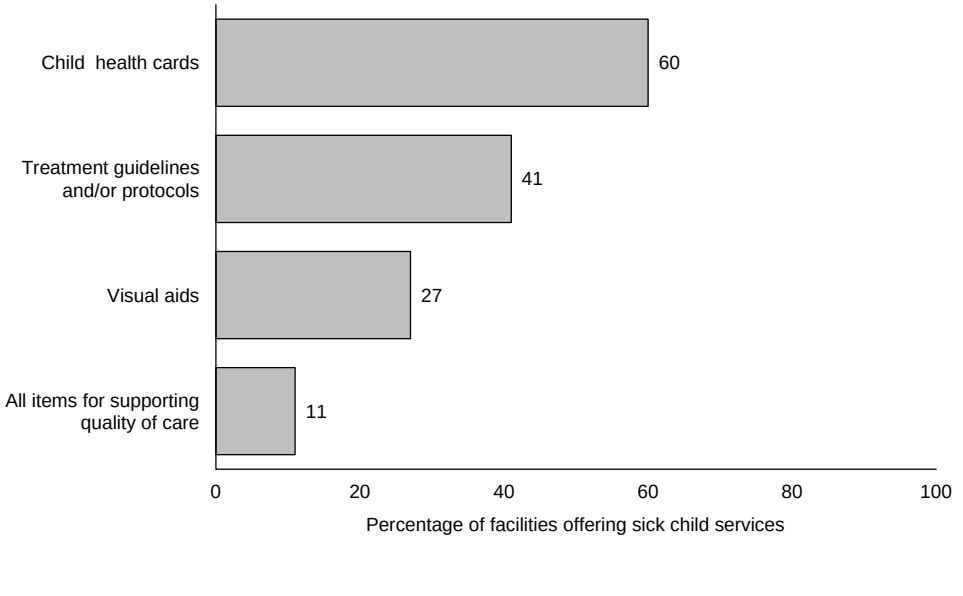
The TSPA 2006 assessed the availability of equipment, supplies, and health system components necessary to adhere to IMCI guidelines and to support quality outpatient care for sick children (WHO, 1997; WHO, 1999). Assessed elements are as follows:

- Infrastructure and resources to support quality assessment and counselling;
- Equipment and supplies for adhering to IMCI guidelines for assessment of the sick child;
- Essential medicines for treating sick children in adherence to IMCI guidelines; and
- IMCI job aids, including the chart booklet, recording form, and mother/caretaker cards.

4.4.1 Infrastructure and Resources to Support Quality Assessment and Counselling for the Sick Child

To support quality assessment and counselling, the following should be readily available in areas where sick children receive services: items for infection control, including soap, running water, sharps containers, and disinfectant; items to support quality services, such as individual child health cards; treatment guidelines and protocols; and visual aids. Figure 4.4 provides information on the availability of some of these items, with further details in Appendix Tables A-4.5 and A-4.6.

Figure 4.4 Availability of items to support quality of care for sick children (N=605)



All items to support quality child health services are available in only 11 percent of facilities offering sick child services (Figure 4.4, Appendix Tables A-4.5.1 and A-4.5.2). Treatment guidelines, which are necessary for quick reference, are available in only 41 percent of the facilities, and health centres (51 percent) are more likely than other facilities to have them. Individual child health cards, important for continuity of care, are available in 3 out of 5 facilities, while visual aids are available in less than 3 out of 10 facilities.

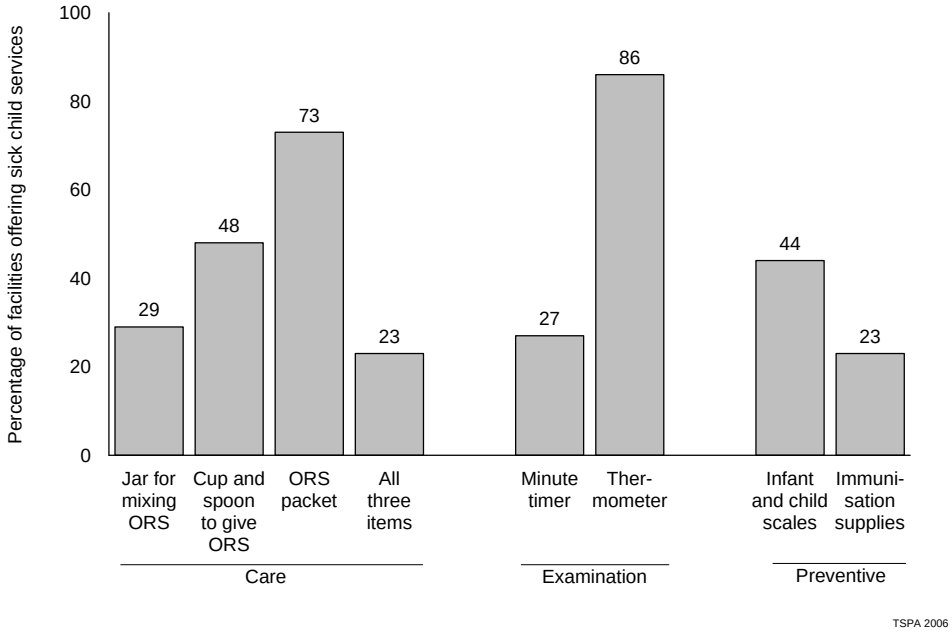
Since the MoHSW is promoting IMCI nationwide, related items (such as chart booklets, counselling cards for providers, and caretaker cards) are expected to be widely available in facilities. However, just 1 in 3 facilities offering curative care for sick children has IMCI chart booklets, 1 in 6 facilities has IMCI counselling cards, and 1 in 15 facilities has IMCI mother/caretaker cards (Appendix Table A-4.7.1). IMCI chart booklets are more widely available in health centres (42 percent) and government facilities (45 percent) than in other types of facilities

4.4.2 Equipment and Supplies for Assessing and Providing Preventive Care for the Sick Child

The TSPA 2006 also assessed the availability of equipment and supplies necessary for evaluating the status of sick children and for providing preventive interventions, as established by IMCI guidelines. Figure 4.5 summarizes information on these items. Appendix Table A-4.5.1 provides details by facility type, and Appendix Table A-4.8 provides information on the availability of sick child and EPI services on the same day in the same facility.

Among facilities offering sick child services, 23 percent have all immunisation supplies (basic vaccines, syringes, cold boxes, items for infection control in the EPI service area, and child immunisation cards). Hospitals (56 percent) are more likely than other facility types to have all of these items (Appendix Table A-4.5). This suggests that less than one-quarter of facilities offering services for sick children have the capacity to adhere to IMCI guidelines that call for using every contact with the facility to provide needed immunisations.

***Figure 4.5* Availability of equipment and supplies for assessing health status of the sick child (N=605)**



Nearly half (48 percent) of facilities provide immunisation services every day that sick child services are offered; slightly less (45 percent) were actually providing both services on the day of the survey (Appendix Table A-4.8). Government facilities (60 percent) are more likely than other types of facilities to offer EPI services on the same day that services for sick child are offered; in contrast, only 9 percent of private for-profit facilities offered both services on the same day (Appendix Table A-4.8).

While half of facilities offering sick child services have a scale for weighing infants (100 gram gradation) and 73 percent have a scale for weighing older children (maximum 250 gram gradation), only 44 percent have both types of scales (Figure 4.5, Appendix Table A-4.5). This suggests that many prescriptions for sick children are based on crude weight estimations rather than on actual weight.

Items for providing oral rehydration therapy onsite are also lacking, with only 23 percent of facilities having all three necessary items: a cup and spoon, a jar for mixing, and ORS packets. However, ORS packets are available in 73 percent of sick child service areas (Appendix Table A 4-5).

Although a sick child can be assessed with little equipment, certain minimum equipment is considered to be necessary for good quality care. The TSPA 2006 assessed whether facilities had a thermometer and some type of minute timer for counting respiration rates. Thermometers are available in 86 percent of facilities, and facility-provided timers are available in 27 percent of the facilities. Although not documented, most providers have personal timepieces with second hands that could be used to time respiration rates.

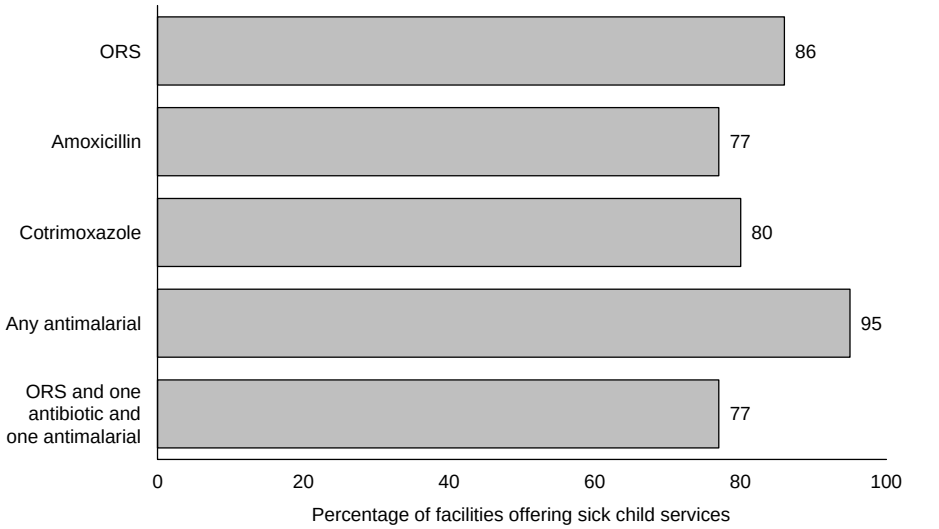
4.4.3 Essential Medicines for Treating Sick Children

IMCI guidelines have defined first-line, pre-referral, and other important medications for treating the sick child. The TSPA 2006 assessed the availability of all these essential medicines. Summary information on the availability of medicines for sick children is provided in Figures 4.6 through 4.8 and in Table 4.3. Appendix Table A-4.9 provides details on available medicines by type of facility.

First-line medicines

First-line medicines include ORS packets, at least one oral antibiotic for respiratory infections, and at least one antimalarial medicine. All three first-line medicines are available in 77 percent of facilities, with hospitals (93 percent) more likely to have them all than health centres and dispensaries (Figure 4.6, Appendix Table A-4.9). Cotrimoxazole is more widely available as a first-line antibiotic in Tanzanian facilities than amoxicillin. Antimalarial medicines are widely available, with Fansidar (sulfadoxine-pyrimethamine) and amodiaquine (in 86 percent and 85 percent of facilities, respectively) found far more often than Coartem (artemether-lumefantrine) (in 6 percent of facilities).

Figure 4.6 Availability of first-line medicines for treating sick children (N=605)



Pre-referral medicines

Pre-referral medicines include emergency injectable medications and intravenous solution with a perfusion set; these permit urgent treatment and rehydration before admitting a sick child or referring a sick child to another facility, if necessary. It should be noted that MoHSW policy authorizes hospitals, health centres, and dispensaries to provide rapid rehydration for severely dehydrated children using intravenous solutions if the facility has the capacity and skills.

Table 4.3 Medicines and supplies to support quality care for sick children

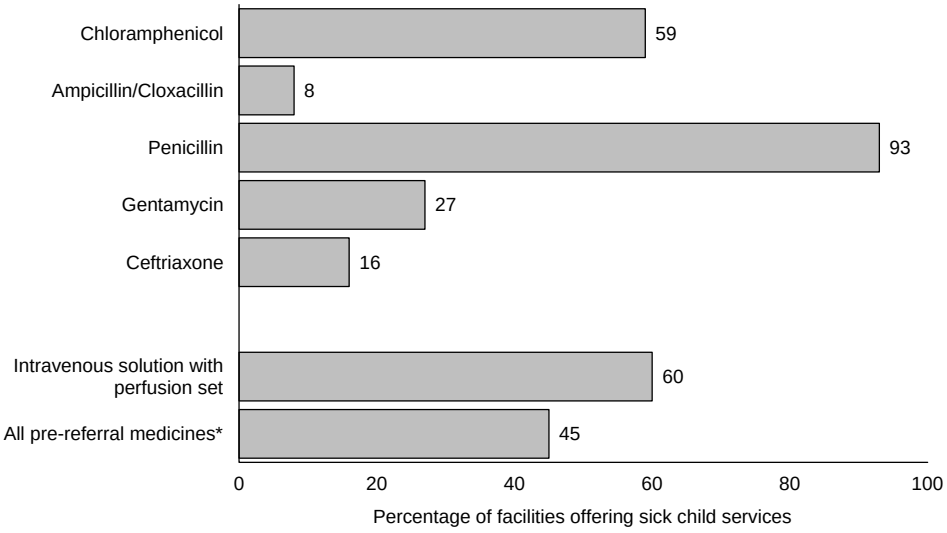
Percentage of facilities offering sick child services that have first-line, pre-referral, and other medicines and supplies, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with:			Number of facilities offering sick child services (weighted)
	All essential medicines and supplies		All other medicines[3]	
	First-line[1]	Pre-referral[2]		
Type of facility				
Hospital	93	91	18	25
Health centre	77	74	7	55
Dispensary	76	40	7	525
Managing authority				
Government	78	32	9	398
Private for-profit	76	77	4	102
Parastatal	40	30	0	14
Faith-based	78	67	8	91
Zone				
Northern	81	49	11	107
Central	94	21	0	46
Southern Highlands	81	32	6	95
Western	79	44	11	81
Lake	57	57	8	89
Southern	76	35	8	60
Eastern	81	62	5	102
Zanzibar	58	33	15	24
Total	77	45	8	605

[1] ORS, at least one antimalarial, and at least one oral antibiotic (amoxicillin, cotrimoxazole, or chloramphenicol).
[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin or injectable chloramphenicol), and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set.
[3] Aspirin, vitamin A, iron tablets, mebendazole, and an antibiotic eye ointment.

The TSPA 2006 considers health facilities to have all pre-referral medicines if they have: at least one first-line injectable antibiotic (ampicillin or penicillin); at least one second-line injectable antibiotic (ceftriaxone or gentamicin) or injectable chloramphenicol; and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with a perfusion set and sterile syringes. Less than half of facilities offering outpatient curative care for sick children have all of these pre-referral medicines (Figure 4.7, Table 4.3). Hospitals (91 percent) and health centres (74 percent) are more likely than other types of facilities to have them all. Faith-based facilities (67 percent), private for-profit facilities (77 percent), and facilities in the Lake (57 percent) and Eastern (62 percent) zones are more likely than other facilities to have all pre-referral medicines. Government facilities are among the least likely to have them all. Penicillin is almost universally available, but ampicillin is available in less than 10 percent of facilities. Only 60 percent of all eligible facilities have intravenous solution with perfusion sets, despite its importance in the care of severely sick children (Figure 4.7).

Figure 4.7 Availability of pre-referral medicines (injectables) (N=605)



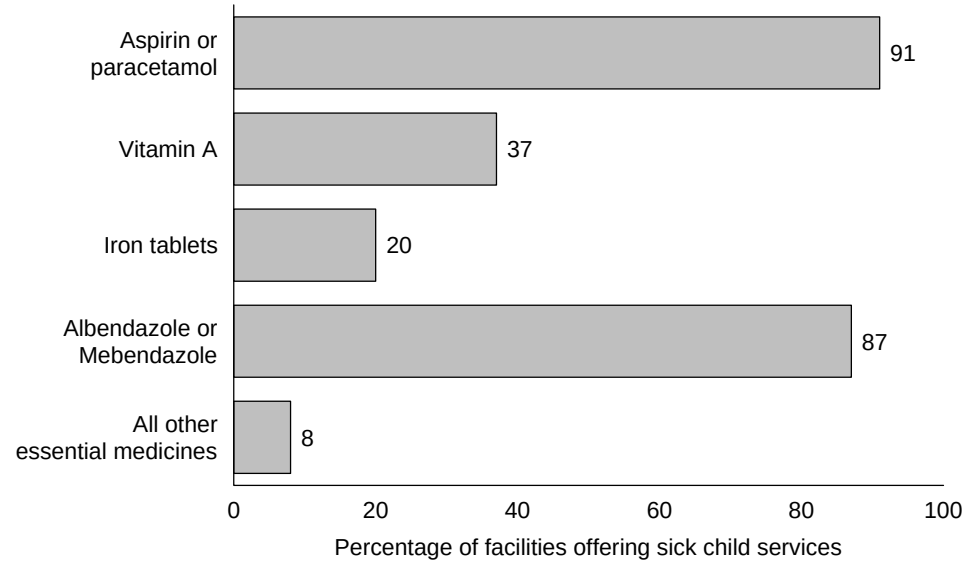
* Ampicillin or penicillin, and gentamycin or ceftriaxazone, and intravenous solution

TSPA 2006

Other essential medicines and vitamin A

Some other medicines are less critical for treating serious illness, but are important for treating common symptoms and illnesses of sick children. These include an antipyretic (paracetamol or aspirin), vitamin A, iron tablets or supplements, de-worming medicines (mebendazole or albendazole), and antibiotic eye ointment. Eight percent of health facilities have all of these other essential medicines (Table 4.3, Figure 4.8). Aspirin or paracetamol is almost universally available, while vitamin A was found in a little over one-third of all facilities.

Figure 4.8 Availability of other essential medicines (N=605)



TSPA 2006

4.4.4 Availability of Infection Control Items for Therapeutic Injections

The TSPA 2006 assessed infection control items among facilities that offer outpatient curative care and therapeutic injections. The majority of consultations with sick children end with the child being sent home; only 13 percent of sick children are admitted (Table 4.5). Among facilities providing outpatient care for sick children and therapeutic injections, running water is the least available infection control item (52 percent). Hospitals (78 percent) are more likely than health centres (55 percent) and dispensaries (50 percent) to have running water at service sites to treat sick children (Appendix Table A-4.6). This lack of running water is similar to what was observed at immunisation service sites.

Key Findings

Treatment guidelines and protocols for sick child services are available in approximately 40 percent of facilities that offer these services, while IMCI treatment counselling cards for providers are available in 1 in 6 facilities

About half of facilities that offer sick child services also offer child immunisation services every day that sick child services are offered.

Running water for hand-washing is the least available item for infection prevention in health facilities that offer outpatient curative care for sick children. Visual aids for instructing caretakers are available in less than one-third of eligible facilities.

All first-line oral medicines are available in more than three-fourth of facilities, but all pre-referral medicines are available in less than half of facilities, mostly in private for-profit and faith-based facilities and in facilities in the Eastern zone.

4.5 Management Practices Supportive of Quality Sick Child Services

Management practices that support good quality curative care for sick children include documentation and record keeping, practices related to user fees, and staff supervision and development.

Summary information on the availability of these items is presented in Table 4.4. Appendix Table A-4.10 provides sick child client utilisation statistics, and Appendix Tables A-4.11 and A-4.12 provide more details on fees and other payment systems. Figure 4.9 summarizes information on training received by child health service providers, and Appendix Tables A-4.13 through A-4.15 provide details on in-service training and supervision from the perspective of the child health service provider.

4.5.1 Facility Documentation and Records

An up-to-date register is defined as a register that has an entry within the past seven days that indicates, at the minimum, the child's age and diagnosis or the symptoms for which the child was seen. Eighty-six percent of facilities providing outpatient curative care for sick children have an up-to-date register (Table 4.4). There is little variation by facility type, but dispensaries are less likely to have up-to-date registers. Government facilities are more likely to have up-to-date registers than facilities under other managing authorities. Facilities in the Northern zone are less likely to have an up-to-date register than facilities in other zones.

4.5.2 Practices Related to User Fees

User fees may have a positive effect on the utilisation of health facilities by increasing the funds available to the facility, or they may have a negative effect on utilisation by deterring poor clients from using

services. In any case, posting user fees in facilities that charge fees is an element of quality of care, since it increases accountability and makes clients aware of costs associated with services.

In Tanzania, MoHSW policy is to offer free services for all children under age five in order to make these services accessible to all families. In spite of this policy, 33 percent of facilities charge some form of user fee for sick child services (Table 4.4). Not surprisingly, more than 90 percent of private for-profit facilities charge user fees compared with only 4 percent of government facilities. Almost all faith-based facilities also charge some form of user fees. Among facilities that charge user fees, 32 percent charge for medicines, 28 percent for laboratory tests, 26 percent charge for consultations, 15 percent for registration, and 5 percent charge for client charts or records (Appendix Table A-4.11). A little over half of facilities in the Eastern zone, including Dar es Salaam, charge for client consultations, laboratory tests, and medicines. Only about 1 out of 8 facilities publicly display fees. Parastatal facilities are among the least likely to charge fees and also the least like likely to display fees.

Table 4.4 Management practices supportive of quality child health services

Percentage of facilities offering curative outpatient care for sick children that have an up-to-date client register and user fees for sick child services, and percentage where child health service providers reported receiving routine training related to their work and personal supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering outpatient care for sick children with:		Number of facilities offering outpatient care for sick children (weighted)	Percentage of facilities where child health service providers report receiving routine:		Number of facilities with interviewed child health service providers (weighted)[4]
	Up-to-date client register[1]	User fees for sick child services		Training related to child health[2]	Personal supervision[3]	
Type of facility						
Hospital	91	50	25	7	79	25
Health centre	90	43	55	12	93	55
Dispensary	86	31	525	18	86	525
Managing authority						
Government	90	4	398	19	90	398
Private for-profit	77	92	102	11	82	102
Parastatal	50	20	14	0	60	14
Faith-based	87	95	91	18	78	91
Zone						
Northern	75	42	107	22	83	107
Central	93	9	46	9	100	46
Southern Highlands	90	37	95	23	87	95
Western	93	19	81	20	91	81
Lake	87	27	89	11	89	89
Southern	93	22	60	27	93	60
Eastern	81	55	102	5	75	102
Zanzibar	97	32	24	23	80	24
Total	86	33	605	17	87	605

[1] Register has entry within past seven days that indicates child's age and diagnosis or symptom.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instructions received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of child health services in facilities offering child health services.

4.5.3 Training and Supervision

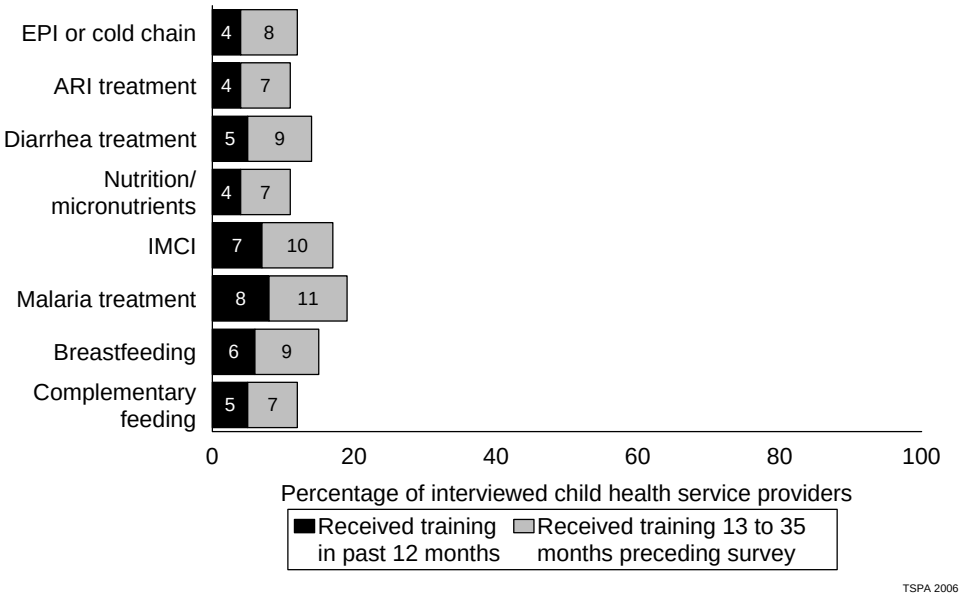
Training

The TSPA 2006 deems a facility to have routine staff training or staff development if at least half of interviewed providers report receiving pre- or in-service training related to their work during the 12 months preceding the survey. The training must be structured and based in the classroom; individualized or one-on-one instruction received during supervision is not included.

Using this definition, only 17 percent of facilities that offer child health services qualify as providing routine staff training activities. Hospitals (7 percent), facilities in the Eastern (5 percent) and Central (9 percent) zones, and parastatal facilities (0 percent) are the least likely to provide routine staff training (Table 4.4).

Only 16 percent of the child health service providers who were interviewed reported receiving structured training related to their work in the 12 months preceding the survey (Appendix Table A-4.13). Providers in hospitals, facilities in the Northern zone, and facilities in Zanzibar (21 percent each) are more likely than others to have received training. No one topic dominated: from as little as 2 percent to as much as 8 percent of providers reported received training on any single topic (Figure 4.9, Appendix Tables A-4.14.1 and A-4.14.1).

Figure 4.9 **Training received by interviewed child health service providers, by topic and timing of most recent training (N=2,163)**



Supervision

If at least half of the service providers interviewed at a facility reported having been personally supervised at some time during the six months preceding the survey, the facility is considered to be providing routine staff supervision. Overall, 87 percent of facilities meet this criterion, including 93 percent of health centres (Table 4.4). Contrary to the findings on training, routine staff supervision is strongest in government facilities (90 percent) and relatively weak in parastatal facilities (60 percent).

Three-quarters of the child health service providers who were interviewed said they had been personally supervised in the six months preceding the survey (Appendix Table A-4.13), for a median of three times (Appendix Table A-4.15).

Key Findings

Up-to-date registers for service statistics are available in approximately 9 out of 10 facilities that offer child health services; almost all facilities in Zanzibar and about 9 out of 10 facilities in the Central, Southern, Southern Highlands and Western zones have up-to-date registers for service statistics.

One-third of facilities charge some form of user fees for sick child services, with about one-fourth charging for actual consultations. Few government facilities charge user fees for consultations.

Structured training on child health topics is not routinely provided. Only 17 percent of facilities offer routine staff training. During the 12 months preceding the survey, only 4 percent of child service providers received training related to EPI and the cold chain, and similar proportions were trained on ARI treatment and nutrition.

About 9 in 10 facilities provide routine supervision for child health service providers. Routine supervision is less common in parastatal facilities (60 percent) and facilities in the Eastern zone (75 percent).

4.6 Adherence to Guidelines for Sick Child Service Provision

To assess whether providers adhere to standards for providing good quality services, trained TSPA personnel observed sick child consultations using observation checklists based on IMCI guidelines. The observers noted what information the provider shared and whether recommended procedures were carried out. They did not assess whether the information shared was correct, or whether findings were appropriately interpreted.

Figures 4.10 through 4.14 show what practices were observed during sick child consultations. Table 4.5 summarizes providers' assessments, examinations, and subsequent treatments by diagnosis or major symptoms. Appendix Tables A-4.16 through A-4.21 provide details on observed practices and on information reported by caretakers during interviews. (TSPA personnel interviewed all caretakers of the sick children whose consultations were observed.)

4.6.1 Full Assessment of Illnesses

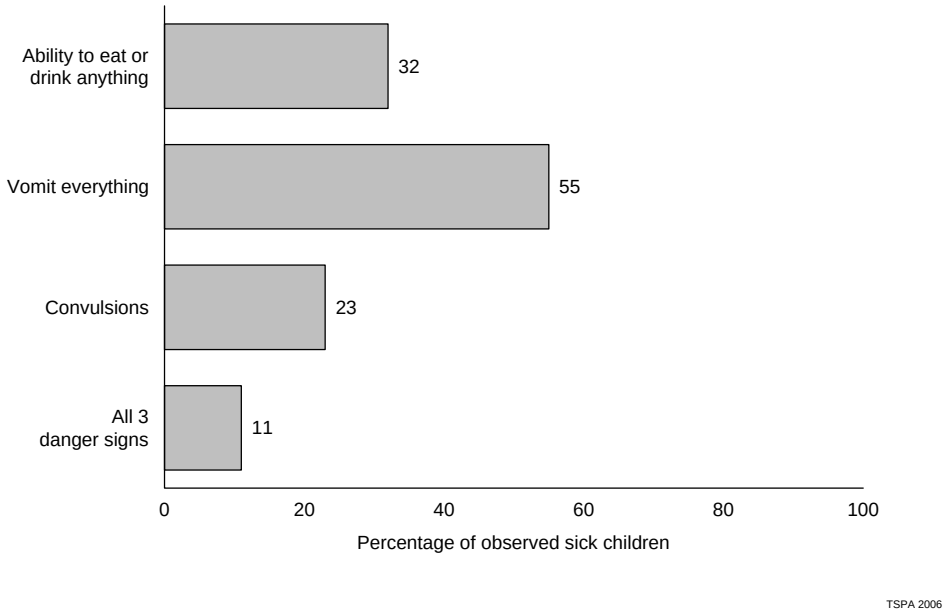
When there are not enough qualified curative care providers, less qualified persons can be trained to provide EPI and growth monitoring services as well as initial consultation services for sick children. This assumes, however, that seriously ill children, with illnesses beyond the training scope of staff, will be identified and referred to a better-qualified provider. Hence it is important to know how many facilities depend on referral systems for the management of severe illnesses. As documented in Chapter 3, 65 percent of all facilities in Tanzania have at least one qualified health provider (Figure 3.1).

The IMCI programme in Tanzania was introduced in 1996, with the main focus on facility-based IMCI. The focus was expanded in 1998 to household and community IMCI. The IMCI strategy is implemented in all Mainland Tanzania health facilities (MoHSW, 2003). IMCI components for assessing a sick child provide valid guidelines for quality of care, regardless of whether a provider has been trained in the IMCI strategy or not. When interpreting the findings, it is important to recognize that even when following the IMCI guidelines, providers should use their judgment, based on the child's signs and symptoms.

General danger signs

According to IMCI guidelines, providers should check for the following general danger signs whenever assessing a sick child: whether the child is able to drink or breastfeed, whether the child vomits everything, whether the child has had convulsions at home or a convulsion is observed in the facility, and whether the child is lethargic or unconscious.[2] If there is any doubt about the child's ability to drink, the provider should attempt to give the child something orally. In general, 32 percent of all observed sick children were assessed for whether they could eat or drink anything (including breastfeeding), 55 percent for whether they vomited everything, and 23 percent for convulsions (Figure 4.10). Overall, 11 percent of children were assessed for all three danger signs. Sick children seen in hospitals (15 percent) are slightly more likely to be assessed for all three danger signs than children seen in other types of facilities (Appendix Table A-4.16).

Figure 4.10 Danger signs assessed during observed sick child consultations (N=2,272)



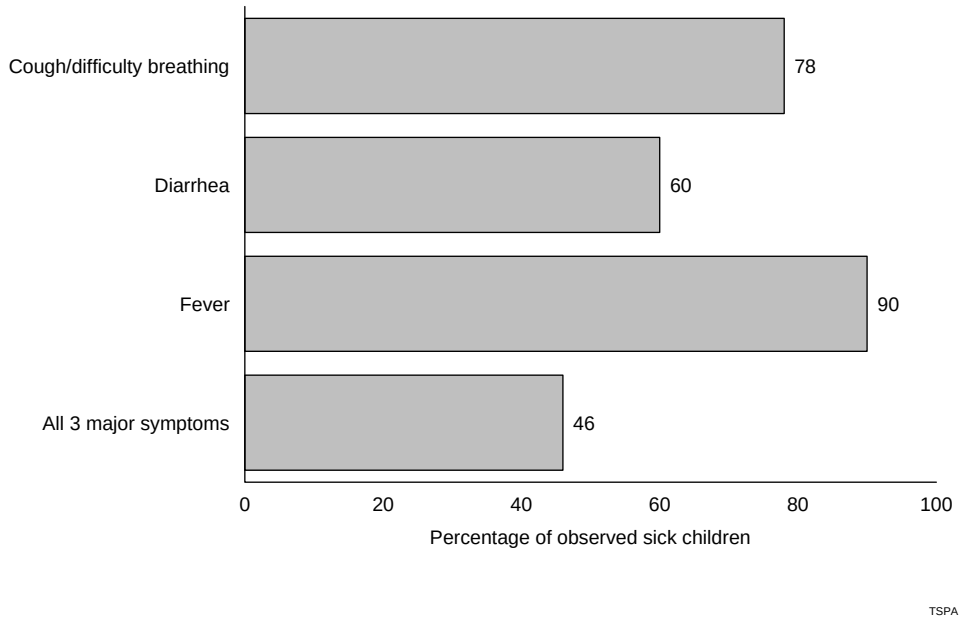
Major signs and symptoms

Regardless of the reason for the consultation, IMCI guidelines call for each child to be evaluated for three major symptoms: cough or difficulty breathing, diarrhoea, and fever. This information may be shared when the child's caretaker discusses the reason for the visit or, if it is not spontaneously mentioned, the provider may probe for symptoms.

Providers assessed all three major symptoms in almost half of consultations (Figure 4.11). Fever was the symptom most commonly assessed, in 9 out of every 10 consultations. Providers assessed respiratory symptoms in 78 percent of consultations and diarrhoea in 60 percent. Only 1 in 6 consultations included an assessment of ear pain or discharge, another common childhood condition (Appendix Table A-4.16).

[2] Assessment for lethargy is not a part of the observation checklist as there is often not an observable component for this assessment.

Figure 4.11 Major symptoms assessed during observed sick child consultations (N=2,272)



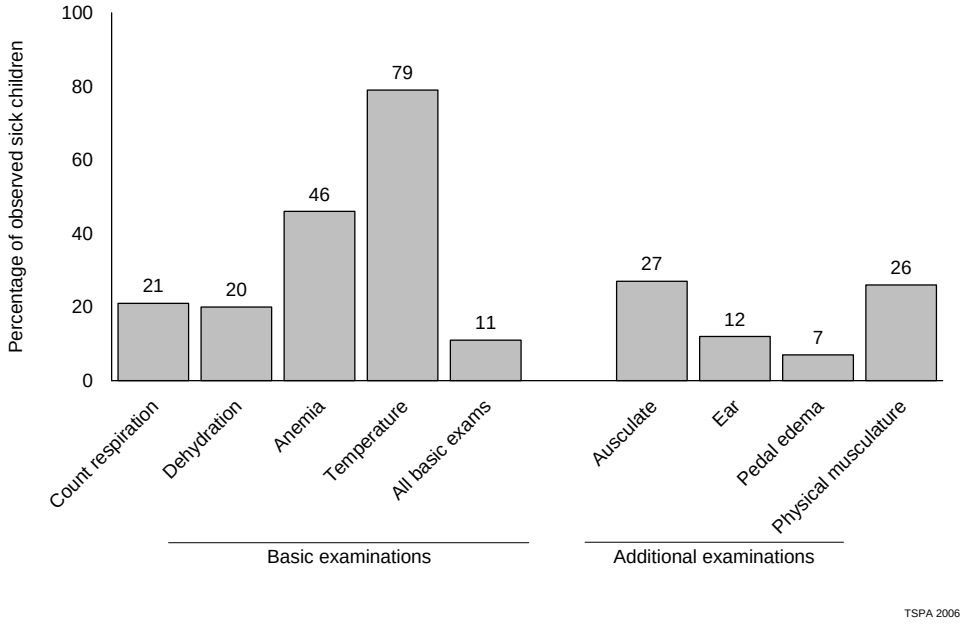
Physical examination

After obtaining information on the various signs and symptoms of illness, the provider should conduct a physical examination. This should include a hands-on evaluation of the child to: (1) verify the presence or absence of fever, by touch or by measuring the child's temperature; (2) assess the state of dehydration by pinching the abdominal skin; (3) visually check if the child has anaemia by looking at either the palms, conjunctiva, or mouth; and (4) count the rate of respirations if a respiratory problem is suspected.

Providers carried out all four of these evaluations during only 1 in 10 consultations (Figure 4.12, Appendix Table A-4.16). While differences are small, providers in hospitals are more likely to conduct all four evaluations than providers in other types of facilities. The most common practice was checking temperature (79 percent), especially in hospitals (83 percent) (Figure 4.12, Appendix Table A-4.16). Checking for anaemia occurs most often in hospitals (57 percent) and least often in dispensaries (44 percent).

Providers only checked for dehydration and counted the child's respiratory rate in about 1 out of every 5 consultations. They looked inside the ear and felt behind it in 1 in 10 consultations and rarely assessed for pedal oedema. The child's musculature and general nutritional and physical status is assessed in one-fourth of consultations. Additional information on physical examinations is available in Appendix Table A-4.16.

Figure 4.12 Elements of physical examination conducted during observed sick child consultations (N=2,272)



Assessment of feeding during illness

There is a direct relationship between nutritional status and health. It is not uncommon for a child to be caught in a cycle of malnutrition and illness, where malnutrition makes a child more susceptible to illness, and the illness contributes to further malnutrition. Aggravating this cycle is the tendency for sick children to eat and drink less. Also, it is not uncommon for caretakers to limit a sick child's consumption of food and liquids.

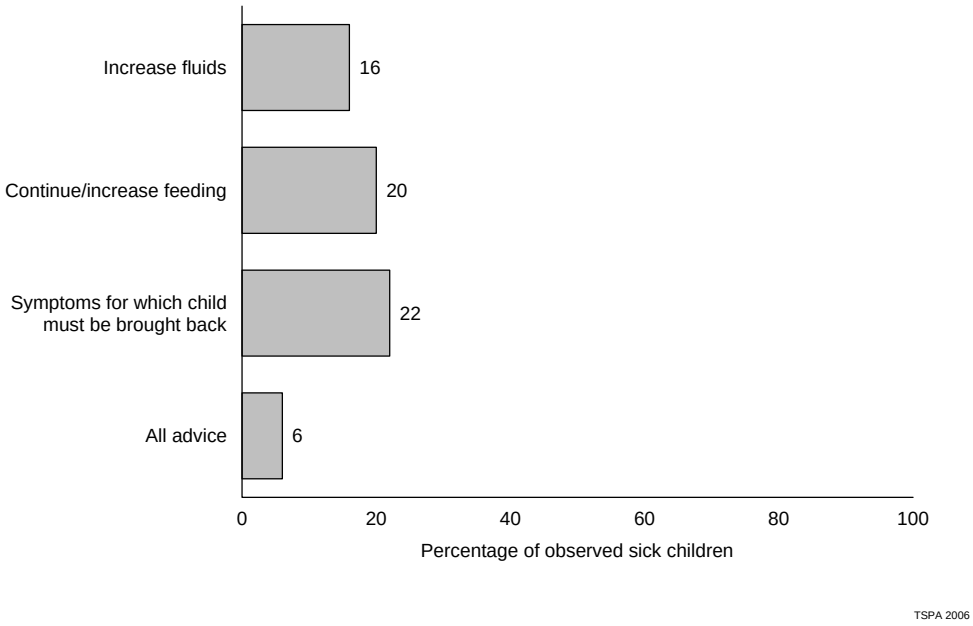
During observed sick child consultations, providers asked about normal feeding practices (that is, when the child is not sick) in about 1 out of 5 consultations, regardless of the age of the child (Appendix Table A-4.19). This was more common in health centres and hospitals than in dispensaries.

Essential advice

According to the IMCI strategy, a sick child's caretaker should receive the following essential advice before leaving the health facility: (1) give the sick child extra fluids during the illness, (2) continue to feed the sick child, and (3) watch for signs and symptoms for which the child should immediately be brought back to a health care provider.

In only about 1 out of 5 consultations did providers offer the caretakers of sick children any of this essential advice (Figure 4.13). Only 6 percent of sick child consultations included all three pieces of advice.

Figure 4.13 **Essential advice provided to caretakers of observed sick children (N=2,272)**



4.6.2 Diagnosis-Specific Assessments

At the end of each sick child consultation, the TSPA observer asked the provider about the child's diagnosis, major symptoms, and the treatment prescribed, if any. This information provides a context for assessing whether the examination and treatment were appropriate according to IMCI guidelines. IMCI guidelines indicate specific symptoms or diagnoses for which antibiotics should be prescribed or children should be admitted to the facility or referred to a higher level of care.

Although a simple observation does not provide enough information to determine the appropriateness of diagnosis and treatment, certain interventions can reasonably be expected for a given diagnosis. It is important to note that the TSPA 2006 does not evaluate the appropriateness of specific actions of providers.

Respiratory Illness

Children with severe respiratory illnesses should be thoroughly examined by a provider and hospitalised, if indicated. In most of these cases, recourse to antibiotics is warranted. Among children diagnosed with pneumonia or other severe respiratory illnesses, respiratory rate and temperature were checked in 42 percent and 86 percent of cases, respectively (Table 4.5). Overall, 19 percent of these children were either referred or hospitalized, and 95 percent were put on some form of antibiotic (42 percent received an injectable antibiotic, and 67 percent an oral antibiotic).

Among children diagnosed with bronchitis, 79 percent had their temperature checked, and 74 percent were put on antibiotics (Table 4.5). Providers are just as likely to prescribe antibiotics for children diagnosed with cough or other respiratory problems and no other serious symptoms, such as fever or difficult or short breathing, even though such cases are most often viral in nature. With growing antibiotic resistance worldwide, rational use of antibiotics should be encouraged to ensure that these drugs are not overused.

Table 4.5 Assessments, examinations, and treatment for children, classified by diagnosis or major symptom

Percentage of observed children diagnosed by the provider with the indicated illness or symptom for whom the indicated IMCI assessment, physical examination, and/or treatment was provided, Tanzania SPA 2006

	Respiratory illness			Febrile illness			Intestinal illness		Other	
Item	Pneumonia or other severe respiratory infections[1]	Bronchitis	Cough or other respiratory problem without other severe diagnosis	Severe fever	Fever without severe diagnosis or cough	Malaria	Severe or persistent diarrhoea or dysentery or any dehydration with diarrhoea	Other diarrhoea without other severe diagnosis	All other definitive diagnoses	All observed children[3]
IMCI assessment										
Three major symptoms	46	60	47	42	45	53	57	58	24	46
Three major danger signs	14	5	8	13	13	14	17	9	6	11
Current eating/drinking	39	24	38	48	35	42	42	41	32	38
Advise continued feeding or increased food or drink	26	23	22	28	20	27	36	37	22	26
Physical exam										
Temperature	86	79	73	89	87	85	91	80	60	79
Respiratory rate	42	38	22	26	15	21	20	17	9	21
Dehydration	23	15	13	18	18	23	50	38	7	20
Anaemia	46	54	38	60	51	52	58	48	29	46
Ear	8	9	5	7	12	8	10	7	11	8
Edema	8	17	5	14	6	8	13	5	4	7
Body muscle	39	61	23	31	21	26	28	21	23	26
Referred for any lab test	19	27	17	19	17	24	30	14	16	20
Treatment										
Refer/admit	19	0	11	23	6	14	21	10	10	13
Any antibiotic	95	74	79	39	27	47	61	60	47	55
Injectable antibiotic	42	6	11	16	2	10	6	2	18	14
Oral antibiotic	67	74	69	26	25	39	59	59	32	45
First-line antimalarial	50	47	49	80	80	89	56	47	3	58
Any antimalarial	53	47	52	87	82	96	64	53	3	63
Oral antimalarial	43	46	44	63	71	79	45	42	3	51
Injectable antimalarial	11	1	9	28	17	21	23	13	1	14
Oral bronchodilator	4	31	0	0	0	1	2	0	1	1
Oral medication for symptomatic treatment[2]	83	74	83	90	88	86	60	60	49	77
Oral rehydration salts (ORS)	9	6	13	18	21	20	63	78	6	19
Intravenous fluid	1	0	0	0	0	1	6	0	1	1
Zinc	0	0	0	0	0	0	0	0	1	0
Described signs or symptoms for immediately seeking help	26	11	20	22	27	24	16	21	19	22
Discussed follow-up visit	53	39	35	53	41	43	37	35	46	42
Number of children observed (weighted)	442	21	469	60	153	1,434	79	268	232	2,272

[1] Pneumonia, bronchopneumonia, or severe bronchitis.
[2] This may be an antipyrectic, cough medicine, or other general treatment for symptoms.
[3] Child may be classified with more than one diagnosis.

Fever

For children with severe febrile illness, IMCI guidelines recommend the use of an antimalarial and antipyretic (especially in high malaria risk areas), followed by referral to appropriate facilities for further treatment. Eighty-nine percent of children diagnosed with severe fever had their temperature taken, compared with about 85 percent of children who were diagnosed with malaria-related fever and 87

percent who had a fever with no accompanying serious symptoms (Table 4.5). About 1 in 5 children diagnosed with severe fever were either referred or admitted, and about 2 in 5 received some form of antibiotics (16 percent received injectable antibiotics, and 26 percent received oral antibiotics). Approximately 9 out of 10 children diagnosed with fever received oral medication for symptomatic treatment (either an antipyretic, cough medicine, or other general treatments for symptoms).

Malaria

The majority of sick children observed were diagnosed with malaria (1,434 out of 2,272 observed children) (Table 4.5). About half were assessed for IMCI's three major signs, and 14 percent were assessed for IMCI's three danger signs. Temperature was assessed for 85 percent of children diagnosed with malaria, and anaemia assessed in about half. Overall, 96 percent received some form of anti-malaria medicines. About 1 in 5 received injectable antimalarials (quinine, Fansidar, or artemether), while about 4 in 5 were put on oral antimalarials. Close to half received an antibiotic (possibly to combat secondary bacterial infections), while 86 percent received oral medication for symptomatic treatment.

Diarrhoea

TSPA observers recorded the physical assessment and treatment of 347 children diagnosed with intestinal illnesses. There were two categories of diagnoses: (1) severe or persistent diarrhoea or dysentery, or any dehydration with diarrhoea; and (2) other diarrhoea without any other severe diagnosis (Table 4.5). Providers assessed dehydration in half of cases in the first category, but only 38 percent of cases in the second category. Twenty-one percent of children in the first category were either admitted or referred to a higher-level facility, compared with 1 in 10 children in the second category.

Antibiotics are rarely indicated for non-dysentery-related diarrhoea, since using antibiotics inappropriately can prolong the episode. Three in 5 children diagnosed under each category of diarrhoea were prescribed antibiotics. While antibiotics may be indicated for some cases in the first category their use in cases in the second category is questionable. These findings further indicate that antibiotics may be over-prescribed in Tanzania. ORS was prescribed for 63 percent of children with severe diarrhoea, while 6 percent received intravenous fluids. Among children with less severe diarrhoea, 78 percent were put on ORS.

Overall adherence to standards

From this brief review, it appears that the type of physical examination conducted and treatment provided, including referrals, tends to vary appropriately according to the assessed severity and type of illness. Assessments of symptoms, danger signs, and advice regarding eating and drinking during illness, however, do not vary appropriately with the severity of the illness (Table 4.5).

4.6.3 Other Observed Practices

IMCI guidelines recommend that the first dose of any prescribed medicine, particularly antibiotics, should be administered at the facility so that treatment can begin immediately. This practice also provides an opportunity to reinforce the dosage to the caretaker and to ensure that the child is able to take the medicine. Among observed sick children who were prescribed or provided oral medicines, 14 percent were observed to receive the first dose at the facility. This practice was less common in hospitals (8 percent) than other types of facilities (Appendix Table A-4.18).

Observers noted that providers educated caretakers about medicines in 63 percent of cases. Only 14 percent of caretakers were asked to repeat instructions to verify that they understood. During exit interviews, nearly all (96 percent) caretakers reported being told how to give the medicine and said they

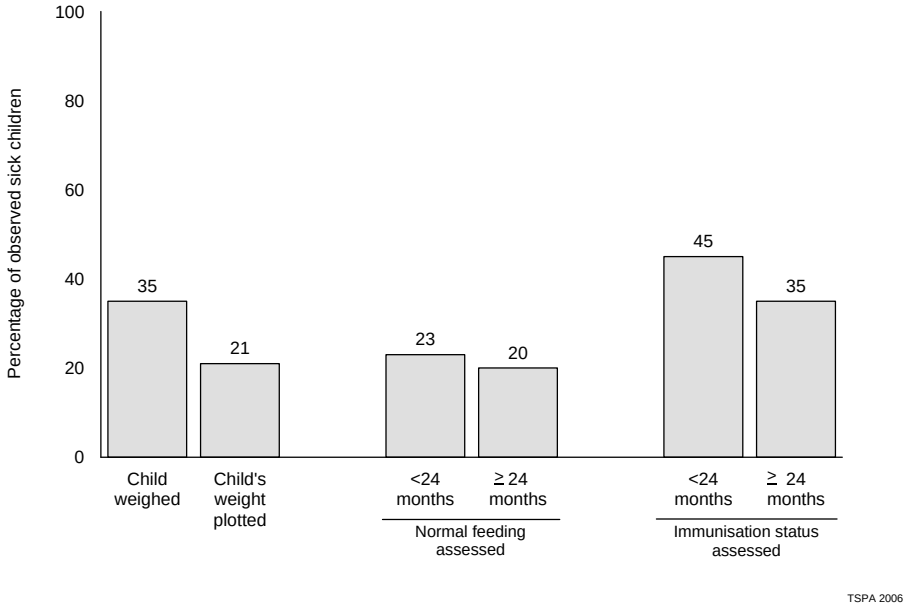
felt that they knew how to provide the medicine (Appendix Table A-4.18). It is possible that they received instructions at the pharmacy when collecting the medicine, or that they were remembering information from a prior visit for a similar condition.

4.6.4 Reducing Missed Opportunities for Promoting Child Health Care

The IMCI approach recommends evaluating children's growth to provide an objective assessment of their current nutritional status and to detect any chronic latent nutritional problems. Growth monitoring includes comparing the child's current weight with a standard (based on either height or age), eliciting information on feeding patterns to determine whether the diet is adequate for the child's age, and determining whether current feeding patterns pose any additional risk to the child's health status. The provider should take advantage of the consultation with the sick child and the caretaker to provide advice if there appears to be any nutritional problem and to offer encouragement for continuing good practices if the evaluation shows that the growth of the child is proceeding well. IMCI guidelines for feeding practices call for exclusive breastfeeding until six months of age, followed by the introduction of locally available foods based on a balanced nutritional plan, with continued breastfeeding until two years of age.

Thirty-five percent of sick children were weighed. However, providers only plotted the weight against a standard in 21 percent of cases (Figure 4.14). Normal feeding practices were assessed in 22 percent of all consultations, 23 percent of consultations for children under 24 months, and 20 percent of consultations for older children. Normal breastfeeding practices were assessed in 19 percent of consultations for children under 24 months (Appendix Table A-4.19).

Figure 4.14 **Observed preventive assessments for sick children (≥24 months N=783) (<24 months N=1,484)**



While providers more often assessed the immunisation status of sick children than their normal feeding habits, this was still not a regular practice. Immunisation status was assessed in 42 percent of all consultations with sick children, 45 percent of consultations for children under age 24 months, and 35 percent of consultations for older children (Appendix Table A-4.19).

Only 55 percent of interviewed caretakers of sick children up to age 24 months brought the child's immunisation card to the facility (Appendix Table A-4.20).

Key Findings

Assessment of sick children for general danger signs (ability to eat and drink, vomiting, and febrile convulsions) during sick child consultations is poor. All three danger signs were assessed during only 11 percent of observed sick child consultations.

Almost all children diagnosed with severe respiratory illness received an antibiotic, with 42 percent receiving an injectable antibiotic. However, about 4 in 5 children with non-severe respiratory conditions also received antibiotics, contrary to current recommendations.

Providers seldom provide caretakers with essential information regarding their child's illness. Only 6 percent of caretakers received all the advice recommended by IMCI regarding fluid and food intake and bringing the child back immediately for specified symptoms.

Children rarely receive the first dose of a prescribed or provided oral medication at the facility.

Sixty-three percent of caretakers were observed being told how to administer medicines at home, although only 14 percent were asked to repeat the instructions to the provider. Almost all caretakers who were later interviewed, however, reported that they had received the information, with most reporting that they understood how to give medicines to the child.

Opportunities to promote preventive health interventions whenever a child visits the facility are being missed. Assessments of immunisation, weight, and feeding practices for children under age 24 months occurred in less than half of observed consultations. This is particularly important given the decrease in overall immunisation coverage and existing levels of chronic malnutrition documented in the TDHS 2004-05.

4.6.5 Counselling on Child Health Issues and Supporting Continuity of Care

Visual aids

The use of visual aids during consultations is almost nonexistent (Table 4.6). This is not surprising since only 27 percent of facilities actually have any visual aids available for use for child health services (Figure 4.4).

Supporting continuity of care

Often health services are organised so that a client's temperature and weight are measured, other routine services are provided, and information is recorded on the client's health card before the provider responsible for the consultation sees the client. Providers looked at a sick child's health card during 78 percent of observed consultations (Table 4.6). This means that in about 1 out of 5 consultations, providers do not use the measurements taken beforehand to help assess the sick child. There is little variation by facility type, but providers in facilities in the Northern (65 percent) and Eastern (67 percent) zones are less likely than others to refer to a client card during consultations for sick children. Most providers (94 percent) do write notes on a sick child's health card at the end of the consultation (Table 4.6).

Table 4.6 Provider practices related to health education and continuity of care

Percentage of observations of sick children in which the provider used visual aids for health education of caretakers, the provider referred to the child health card, and the provider wrote on the child health card, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of observations where visual aids were used for health education	Use of individual health card		Number of observed sick children (weighted)
		Percentage of observations where provider referred to card during consultation	Percentage of observations where provider wrote on card after consultation	
Type of facility				
Hospital	16	83	97	142
Health centre	14	81	100	262
Dispensary	8	78	93	1,867
Zone				
Northern	6	65	88	374
Central	3	99	100	218
Southern Highlands	4	86	99	298
Western	10	77	95	346
Lake	13	79	95	378
Southern	15	84	99	247
Eastern	12	67	87	318
Zanzibar	5	84	99	93
Managing authority				
Government	9	81	95	1,731
Private for-profit	6	61	86	239
Parastatal	6	82	100	24
Faith-based	9	75	96	277
Total	9	78	94	2,272

Key Findings

Visual aids for caretaker education are available in just one-fourth of facilities, and providers rarely use them during consultations.

Use of individual child health cards to provide continuity of care is relatively high. Providers refer to client cards during more than three-fourths of sick child consultations, and write notes on the cards in almost all consultations. This increases the accountability of health care as well as the likelihood that the provider will have all relevant information, both during the current visit and on subsequent visits, thus contributing to continuity of care.

4.7 Caretaker Opinion from Exit Interviews

Before leaving the facility, caretakers of observed sick children were interviewed about their opinions of the consultation process, the quality of the provider's service, and the principal problems encountered on the day of the visit. The interviewer read a list of issues commonly related to client satisfaction and asked the caretaker to rate whether each issue posed a big problem, a small problem, or no problem. Appendix Tables A-4.20 through Table-A-4.22 provide information on caretakers' opinions and personal characteristics.

Caretakers' exit interviews indicate that almost all were told how to administer prescribed medicines at home and felt comfortable giving the medicine. Caretakers at dispensaries are more likely to report having received an explanation for how to administer the medicines at home (Appendix Table A-4.18). As expected, some caretakers were disgruntled with aspects of their experience in the facility. For example, 12 percent of caretakers (27 percent in hospitals and 10 percent in dispensaries) considered the time they waited to see the provider to be a big problem, and 12 percent considered the lack of availability of medicines to be a big problem (Appendix Table A-4.21). Only 6 percent considered the cost of services to be a big problem, and only 2 percent felt that they did not receive sufficient explanation of their child's illness.

When asked about their choice of health facility, 14 percent of the caretakers interviewed said the facility was not the one closest to their home. The most common reason cited for not visiting the nearest facility was that they were referred to this particular facility (31 percent). Others said the nearest facility lacked medicines (15 percent), was more expensive (9 percent), or had inconvenient operating hours (8 percent) (Appendix Table A-4.22). References to inconvenient hours were more common in private for-profit facilities and in the Western and Southern zones.

Key Findings

Caretakers' major complaints were the waiting time to see a provider and the lack of medicines.

Only a small proportion felt they had not received enough information about their child's illness (2 percent, contrary to what was observed) and that the facility's operating hours were inconvenient (5 percent).

Fourteen percent of caretakers said the facility visited was not the closest one to their home. The most common reason for not visiting the nearest facility was a referral. Others said the closest facility lacked medicines, was too expensive, or had inconvenient operating hours.

Chapter 5 Family Planning Services

5.1 Background

5.1.1 TSPA Approach to Collection of Family Planning Service Information

Family planning is one of the key areas of the TSPA 2006. It is profoundly important for maternal and child health and a key element in reproductive rights. The TSPA gathered information on the:

- availability of family planning services,
- quality and standards related to services offered,
- management and technical components supporting good quality services, and
- providers' adherence to guidelines and standards for service provision.

This information was gathered using audit questionnaires, observation protocols, and provider interview questionnaires. In-depth information was also collected from family planning clients as they left the service facilities. Exit interview questionnaires asked clients about their perceptions and experiences regarding the provision of services, their knowledge of a variety of issues related to their consultation, and interactions with service providers.

This chapter provides detailed information on how family planning services are delivered, on how programmes can improve the availability of and accessibility to these services to meet the needs revealed by the TDHS 2004-05, and on emerging issues related to family planning.

The use of contraceptive methods to plan families may be desirable for many reasons, including the following:

- Couples may wish to limit the size of their families or delay desired pregnancies.
- Spacing births benefits maternal and child health. Studies have shown that spacing births at least two to three years apart contributes significantly to decreasing infant mortality (Govindasamy et al., 1993; Rutstein, 2000). Although there are fewer studies on the effects of spacing births on maternal health, it is generally accepted that too frequent births result in maternal depletion of essential minerals and vitamins.
- Preventing pregnancies that may worsen chronic or acute illnesses, such as HIV/AIDS, can benefit women's health.

Key factors contributing to the appropriate, efficient, and continuous use of contraceptives include the following (Murphy and Steele, 2000):

- Availability of a variety of contraceptive methods to address client preferences and ensure client-specific suitability of methods;
- Counselling and screening of clients for appropriateness of methods;
- Client education, using visual aids to increase information retention regarding options, side effects, and appropriate use of the method;
- Availability of infrastructure and resources necessary for providing good quality family planning services, including equipment for client examinations, guidelines and protocols, trained staff, a service delivery setting that allows client privacy, and procedures for preventing infections;
- Availability of other health services relevant for family planning clients, including education and services for sexually transmitted infections (STIs); and

- Programs for groups with special needs to improve their access to and appropriate utilisation of family planning services.

Wherever maternal health, reproductive health, or child health services are provided, they should strive to increase the appropriate use of family planning and contraceptive services, including counselling.

This chapter uses information obtained in the TSPA 2006 to address the following central questions about the delivery of family planning services:

- What is the availability of family planning services?
- To what extent do the facilities offering family planning services have the infrastructure, resources, and supportive management required to support good quality services?

5.1.2 Family Planning Services in Tanzania

The government of Tanzania formally started providing family planning services as a component of maternal and child health (MCH) in the mid-1970s. The Family Planning Unit (FPU), which is responsible for initiating and developing family planning standards and guidelines on service provision, training, and other aspects of quality care, became operational in 1986. In Zanzibar, the programme started in 1985 under the same MCH initiative. The National Family Planning Programme in both Mainland Tanzania and Zanzibar is the sum total of all family planning activities provided by various agencies in the country. It is a separate component of and coordinated by the Reproductive and Child Health (RCH) Unit of the MoHSW. Family planning services currently are integrated into MCH clinics at dispensaries, health centres, district and referral hospitals, as well as in some private hospitals.

Use of modern contraceptive methods has increased over time. Contraceptive prevalence among ***all*** women age 15-49 increased from 6 percent in 1992, to 12 percent in 1996, to 16 percent in 1999, and to 18 percent in 2005. Prevalence among currently married women age 15-49 increased from 7 percent in 1992, to 13 percent in 1996, to 17 percent in 1999, and to 20 percent in 2005 (NBS and ORC Macro, 2005). Women living in urban areas and more educated women are more likely than other women to use modern contraceptives. Modern method use also varies widely by region and zone, from a low of 8 percent in Tabora and Shinyanga to more than 30 percent in Arusha, Ruvuma, Kilimanjaro, Lindi, and Dar es Salaam.

Despite the increased use of family planning, fertility in Tanzania remains high at an average of 5.7 children per woman and has not changed since 1996. In the TDHS 2004-05, almost one-fourth of women reported that their last pregnancy was unwanted or mistimed, and more than two-thirds of women said they wanted to delay their next birth or stop childbearing altogether. Yet 22 percent of these women are not using any contraception and thus have an unmet need for family planning.

Among modern contraceptive methods, injectables (8 percent) and the combined oral contraceptive pill (6 percent) are most preferred by all categories of women between the ages of 15 and 49. Only 3 percent of women nationwide rely on female sterilisation, with a high of 10 percent of married women in Kilimanjaro and 6 percent in Ruvuma. About three-quarters (78 percent) of pill users and over half (60 percent) of injectable users obtain their methods from public sources. Smaller numbers obtain their methods from private medical sources, and very few get their methods from other private outlets such as Community-based distributors (CBDs), shops, friends, or relatives.

The TDHS 2004-05 highlights many missed opportunities to promote family planning as well as the vital importance of counselling and quality of services. For example, almost half of women not using a family planning method had visited a health care facility in the 12 months before the survey. Three in 10 visited a health facility and did not discuss family planning with the provider. In addition, discontinuation rates

are high, with almost 40 percent of female users discontinuing their method in the first year of use. Weaknesses in counselling may contribute to the problem: 3 in 10 users were not educated on possible side effects of their current method, and 2 in 10 were not informed of other methods they could use.

5.2 Availability of Family Planning Services

Family planning methods differ in how they function and their effectiveness, side effects, and ease of administration. Given these issues, their acceptability and desirability to users also differs. To meet varying needs and demands for contraception, a variety of methods should be available at a frequency that meets common needs (Technical Guidance Work Group, 1994).

According to the TDHS 2004-05, the modern family planning methods most commonly used in Tanzania are injectables, pills, male condoms, and female sterilisation. Less commonly used modern methods include implants, male sterilisation, intrauterine devices (IUDs), the diaphragm, spermicides, and emergency contraception. Small percentages of women also use traditional family planning methods, generally periodic abstinence and withdrawal.

In order to understand the context of modern contraceptive use in Tanzania, the TSPA 2006 assessed the availability of family planning services in health care facilities. Tables 5.1 and 5.2 summarize information on the availability of family planning services and how frequently they are offered. Figure 5.1 provides details on the availability of different methods of contraception, and Appendix Tables A-5.1 through A-5.3 provide further details on method availability by type of facility and zone.

Table 5.1 Availability of family planning services

Percentage of all facilities offering temporary methods of family planning (FP) and sterilisation, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Temporary FP methods		Percentage offering male or female sterilisation	Number of facilities (weighted)
	Percentage offering any modern method[1]	Percentage offering counselling on the rhythm method		
Type of facility				
Hospital	79	49	75	25
Health centre	76	54	31	55
Dispensary	76	29	3	528
Managing authority				
Government	97	34	8	399
Private for-profit	32	19	7	102
Parastatal	50	40	0	14
Faith-based	39	35	12	92
Zone				
Northern	65	47	12	108
Central	94	14	5	46
Southern Highlands	85	22	8	95
Western	81	21	10	82
Lake	84	33	10	89
Southern	80	10	7	60
Eastern	60	50	8	102
Zanzibar	68	46	1	24
Total	76	32	9	608

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicides, and diaphragm.

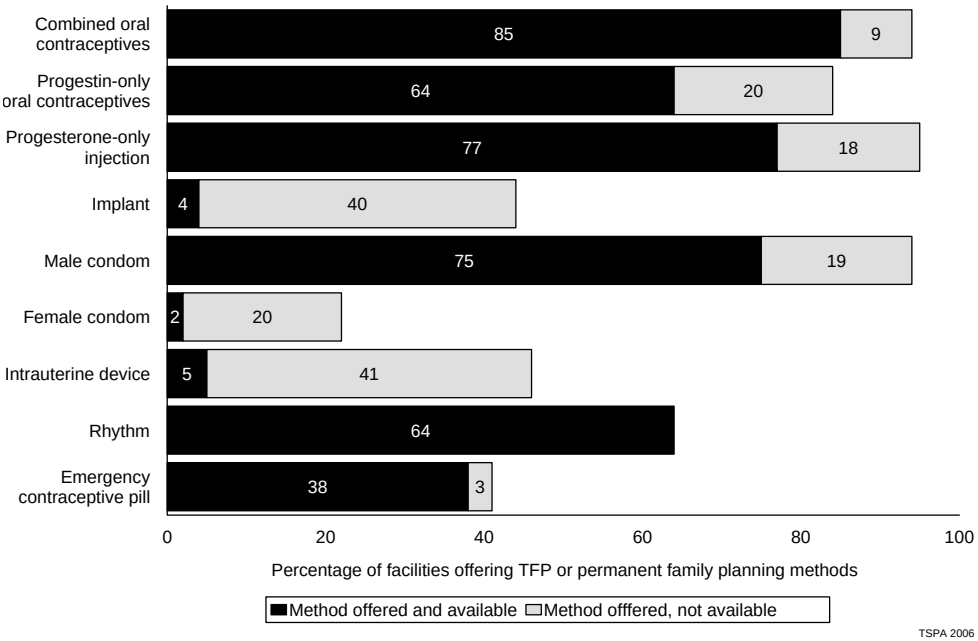
Contraceptive method mix and method availability

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

Approximately three-fourths of Tanzanian health facilities offer some temporary modern methods of family planning (Table 5.1). Availability does not differ greatly by facility type, but government facilities are two to three times more likely to offer these methods than facilities operated by other managing authorities. About one-third of all facilities offer counselling on the traditional rhythm method, while just 1 in 10 facilities (including 75 percent of hospitals) offer male or female sterilisation as a permanent method. Facilities in the Northern and Eastern zones are least likely to offer any temporary modern methods, but facilities in the Northern zone are more likely than those elsewhere to offer male and female sterilisation. Temporary modern methods are also less widely available in Zanzibar, perhaps because most private facilities in Zanzibar do not offer family planning services.

The most commonly offered family planning methods in Tanzanian health facilities are progestin-only injectables (95 percent), the combined oral contraceptive pill (94 percent), and the male condom (94 percent), followed by progestin-only pills (84 percent) (Appendix Table A-5.1). IUDs (46 percent) and implants (44 percent) are less widely available. Combined injectables are offered in just 2 percent of facilities. Only 9 percent of all facilities offer male or female sterilisation, ranging from a low of 1 percent in Zanzibar to a high of 10 percent in the Lake and Western zones, and 12 percent in the Northern zone (Table 5.1). Facilities that offer the four most common temporary modern methods tend to have them available on the day of the survey (Figure 5.1). About 8 out of 10 facilities offer at least four temporary modern methods. Health centres are less likely than other types of facilities to offer a wide range of contraceptive methods (Appendix Table A-5.1).

Figure 5.1 **Contraceptive methods offered and availability of method on the day of the survey (N=479)**



Emergency contraception is not technically considered a family planning method, but rather a backup. Findings from the TDHS 2004-05 indicate that emergency contraception is not well known in Tanzania: only 9 percent of women and 12 percent of men had heard of it. However, 41 percent of facilities (including 63 percent of hospitals) that offer any family planning services offer emergency contraception, and 38 percent had emergency contraception available on the day of the survey (Figure 5.1). Progestin-only pills are occasionally used for emergency contraception. These are available in 93 percent of hospitals (Appendix Table A-5.1).

Frequency of services

In addition to providing a range of methods, it is important that facilities offer family planning services regularly enough to meet client needs. It is encouraging to find that almost all facilities that provide family planning services offer them five or more days per week (Table 5.2). Faith-based facilities and those in the Northern zone offer family planning services less frequently than other facilities.

Table 5.2 Frequency of availability of family planning services

Among facilities offering temporary methods of family planning (FP), percentage offering any temporary methods on the indicated number of days per week, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where temporary FP[1] services are offered: 1-2 days per week	3-4 days per week	5 or more days per week	Number of facilities offering temporary FP methods (weighted)
Type of facility				
Hospital	2	1	98	20
Health centre	11	9	80	47
Dispensary	5	3	92	409
Managing authority				
Government	3	3	94	386
Private for-profit	13	4	82	33
Parastatal	0	0	100	7
Faith-based	22	5	73	50
Zone				
Northern	14	3	82	76
Central	0	11	89	43
Southern Highlands	3	3	93	83
Western	2	0	98	66
Lake	5	2	93	75
Southern	3	3	95	49
Eastern	11	4	85	67
Zanzibar	0	4	92	17
Total	6	3	91	476

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicides, diaphragm, or rhythm.

Availability of family planning methods on the day of the survey

Stock-outs of family planning methods can contribute to discontinuation and unwillingness to adopt any type of contraception. The majority of facilities offering the most popular methods had them in stock on the day of the survey: 90 percent of facilities had combined oral contraceptive pills available, 81 percent had the progestin-only injectable, and 79 percent had the male condom (Appendix Table A-5.3). In contrast, IUDs and implants were in stock in only 11 and 8 percent of facilities, respectively. Only 2 percent of dispensaries had IUDs and implants in stock, which contributes to these low averages (data not shown).

Stock-outs vary widely by zone. Only 9 percent of facilities in the Southern zone and 7 percent in the Eastern zone had every method they offered available on the day of the survey, compared with over 40 percent of facilities in the Northern, Central, Western, and Lake zones. Of particularly concern is that only 37 percent of facilities in the Southern zone had male condoms in stock on the day of the survey. According to the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS), HIV prevalence is around 7 percent in two of the three regions in the Southern zone, Ruvuma and Mtwara (TACAIDS et al., 2006).

Key Findings

Approximately three-fourths of Tanzanian health facilities offer some temporary modern method of family planning, and over 90 percent offer these methods 5 or more days per week.

The most widely available temporary methods are combined oral contraceptive pills, progestin-only injectables, male condoms, and progestin-only oral contraceptive pills.

Over 8 in 10 facilities that offer any family planning methods (temporary or permanent) offer at least four temporary modern methods. Health centres are less likely to offer such a wide range of methods.

The majority of facilities offering the most popular methods had them in stock on the day of the survey. However, less than 2 in 5 facilities in the Southern zone had condoms available on the day of the survey.

5.3 Components Supporting Quality Family Planning Services

Facilities must have adequate infrastructure and resources available to support good quality counselling and examination of family planning clients. They should also have the equipment and supplies needed to provide each family planning method they offer. Because family planning clients are sexually active, it is also important to make STI services available to those who need them.

5.3.1 Infrastructure and Resources to Support Quality Family Planning

To provide good quality counselling to family planning clients, facilities should be able to provide some level of privacy, individual client health cards or records, written family planning guidelines or protocols, and relevant visual aids. Since counselling about family planning often takes place in a location different from where procedures (such as pelvic examinations and IUD insertions) are conducted, the conditions for counselling are assessed separately from those for procedures. Table 5.3 provides aggregate information on items to support good quality counselling; information on the availability of each specific item needed for counselling is provided in Figure 5.2. Appendix Tables A-5.4.1 and A-5.4.2 gives details on the items assessed for each component of counselling, and Appendix Tables A-5.5.1 and A-5.5.2 provides details on the availability of visual aids and guidelines by facility type.

Only 43 percent of facilities have all items (including privacy, individual client cards, written guidelines, and visual aids) to support good quality counselling. This is principally because many facilities lack written family planning guidelines (Figure 5.2). Facilities in the Eastern, Lake and Southern Highlands zones are least likely to have all of these items. Private for-profit and faith-based facilities also have limited availability of items to support good quality counselling (Table 5.3).

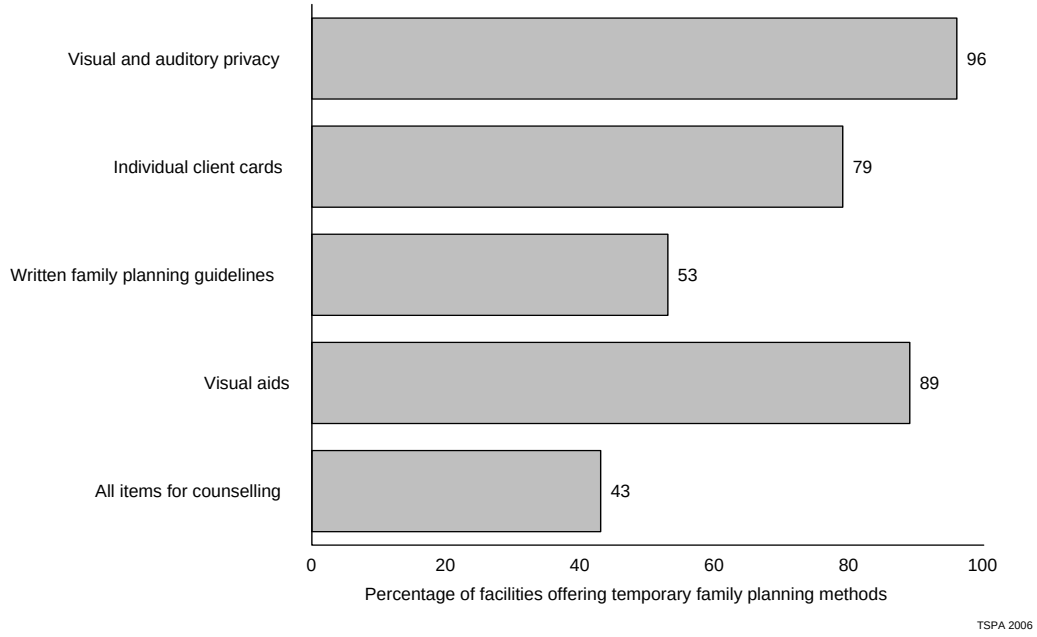
Family planning is often a sensitive issue for discussion. Counselling clients under conditions where they cannot be overheard improves communication and ultimately the likelihood that the method provided is suitable for the client. Privacy for counselling is almost universally available, with 96 percent of facilities counselling family planning clients under conditions where both visual and auditory privacy are possible (Figure 5.2).

Individual client cards or records are important for monitoring a client over time and for ensuring continuity of care. Because facilities often do not store client records, but rather give them to the clients to keep, the TSPA 2006 assessed the availability of blank cards for new family planning clients. Blank individual client cards were found at 79 percent of facilities (Figure 5.2). Hospitals are more likely to have blank client cards (90 percent) than health centres (71 percent) or dispensaries (79 percent) (Appendix Table A-5.4.1).

The TSPA 2006 assessed whether facilities have written family planning guidelines or protocols, with information on eligibility screening and correct procedures for different methods. The guidelines were only considered available for use if they were in the family planning service delivery area or an immediately adjacent area. Only half of facilities have family planning guidelines or protocols available (Appendix Table A-5.4.1, Figure 5.2).

Visual aids are important elements in good family planning counselling. They are available in the service delivery area in 89 percent of facilities, including almost all hospitals (Appendix Table A-5.4.1, Figure 5.2).

Figure 5.2 **Items to support quality counselling for family planning (N=476)**



5.3.2 Infrastructure and Resources for Examinations

Often a physical examination (sometimes including a pelvic examination) is necessary to determine the suitability of a method, to insert a method, to evaluate problems with a method, or simply for routine checkups. This requires an adequate level of infection control as well as the infrastructure and items needed to examine the client.

Table 5.3 provides aggregate information on items for infection control and pelvic examinations; Figure 5.3 gives information on the availability of each specific item needed for infection control and pelvic examinations. Details on the availability of specific items by facility type are provided in Appendix Tables A-5.4.1 and A-5.4.2, and details on processing equipment are available in Appendix Tables A-5.6 through A-5.8.2.

Infection control

The TSPA 2006 assessed the presence of items for infection control in areas where family planning examinations, such as pelvic examinations, and the provision of implants, IUDs, and injectables most often take place. Items assessed for infection control were hand-washing supplies, clean or sterile latex

gloves, disinfecting solution, and a sharps box. All these items are available in the family planning service area in less than 3 out of 10 facilities. Approximately half of hospitals and half of facilities in the Southern Highlands zone and Zanzibar have all items needed for infection control available, but only 9 percent of facilities in the Western zone have all of these items (Table 5.3). Facilities most often lack running water and disinfecting solution (Figure 5.3).

Table 5.3 Availability of infrastructure and resources to support services for temporary family planning methods

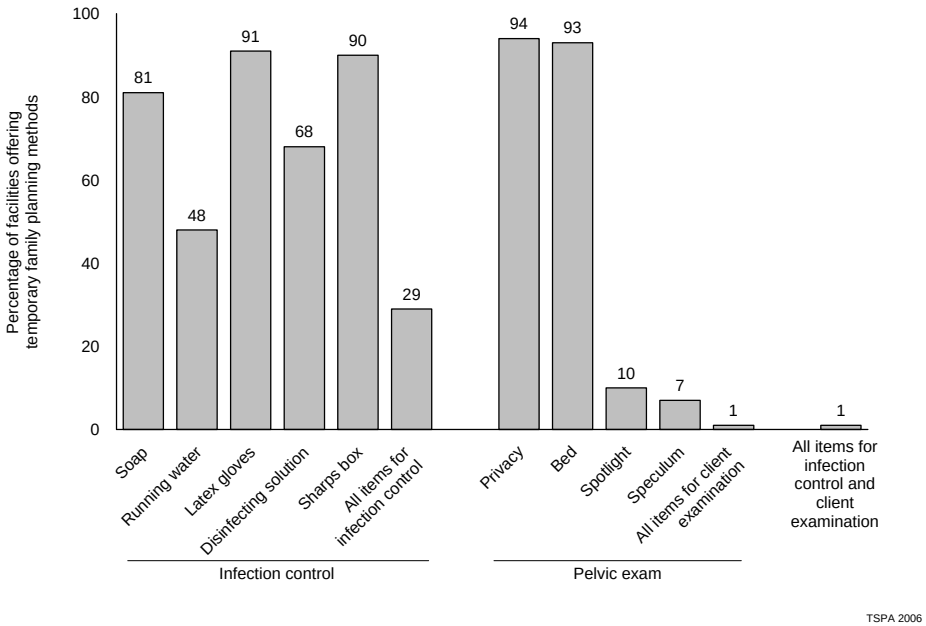
Percentage of facilities offering temporary family planning (FP) methods that have the infrastructure and resources to support quality counselling, infection control, sterilisation or disinfection, pelvic examination, and STI treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with:					Number of facilities offering temporary FP methods (weighted)
	All items to support quality counselling[1]	All items for infection control[2]	Capacity for sterilisation or HLD processing[3]	Conditions for quality pelvic examination[4]	STI treatment provided by FP providers	
Type of facility						
Hospital	69	49	34	24	19	20
Health centre	51	33	13	2	19	47
Dispensary	41	28	5	0	29	409
Managing authority						
Government	45	30	5	1	29	386
Private for-profit	27	22	8	0	17	33
Parastatal	60	20	20	0	0	7
Faith-based	37	32	14	2	24	50
Zone						
Northern	54	42	11	3	20	76
Central	51	24	4	1	16	43
Southern Highlands	39	54	4	1	28	83
Western	48	9	3	0	42	66
Lake	33	15	10	2	40	75
Southern	56	28	3	1	27	49
Eastern	28	21	9	1	13	67
Zanzibar	57	49	6	2	33	17
Total	43	29	7	1	27	476

[1] Visual privacy, individual client cards, written guidelines related to family planning, and visual aids related to family planning.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Equipment for sterilising or HLD processing, knowledge of minimum processing time, and an automatic timing device are available where family planning equipment is processed.
[4] Private room offering visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Reusable equipment for family planning services—like other reusable equipment—often requires sterilisation or high-level disinfection (HLD) before it can be reused. This means facilities must have functioning equipment, knowledge of the minimum processing time for sterilizing (or HLD processing), and an automatic timer available in the location where family planning equipment is processed. Overall, only 7 percent of facilities meet these criteria (Table 5.3). Those that do are mainly hospitals (34 percent). Sixty-four percent of facilities send family planning equipment that need processing to the main processing area in the facility, and only 8 percent process them in the family planning service delivery area (Appendix Table A-5.6). As shown in Chapter 3, Figure 3.13, the most common weakness in processing equipment at facilities' central processing location is the lack of an automatic timer for boiling, which is the most frequently used method to process equipment for reuse.

Figure 5.3 **Conditions for quality examination of family planning clients (N=476)**



Examination

The TSPA 2006 assessed four items needed for conducting a good quality pelvic examination for family planning clients: a private room to assure visual and auditory privacy, an examination bed, a spotlight, and a vaginal speculum. Only 1 percent of facilities have all these items, and virtually all of these facilities are hospitals (Table 5.3). The items most commonly missing are a vaginal speculum and spotlight; these are available in only 7 percent and 10 percent of facilities, respectively (Figure 5.3).

5.3.3 Provision of STI Treatment for Family Planning Clients

Family planning clients are by definition sexually active and therefore may be at risk of contracting an STI. Consequently, counselling for STI prevention, diagnosis, and treatment are essential components of good quality family planning care. It is particularly important to diagnose and treat STIs and other vaginal infections for women who use the IUD. Figure 5.4 provides information on items needed to provide STI services to family planning clients. Appendix Table A-5.9 provides details, by type of facility, on the availability of medicines for treating specific STIs.

Among facilities that offer family planning services, less than one-third have family planning providers who routinely diagnose and treat STIs (Table 5.3, Figure 5.4). Family planning providers are less likely to diagnose and treat STIs in hospitals and health centres, perhaps because these facilities may have separate, specialized STI services that employ different providers. Geographically, facilities in the Western (42 percent) and Lake (40 percent) zones are most likely to provide STI services as part of family planning. Government facilities are more likely than other types of facilities to have family planning providers diagnose and treat STIs.

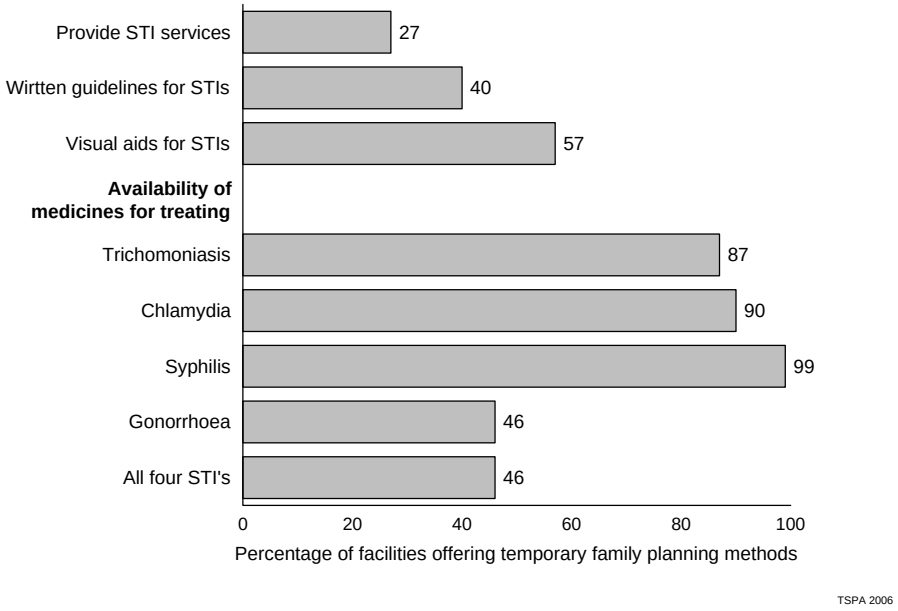
Written guidelines for diagnosing and treating STIs are available in the family planning service area in only 40 percent of facilities (Figure 5.4), and guidelines for the World Health Organization (WHO) syndromic approach are found in family planning service areas in only 24 percent of facilities (Appendix Table A-5.5.1). Health centres (34 percent) are more likely to have the WHO guidelines than other

facilities. Other guidelines for diagnosis and treatment of STIs are available in 27 percent of facilities offering family planning services, mostly in dispensaries (29 percent) (Appendix Table A-5.5.1).

Fifty-seven percent of facilities that provide family planning have STI- and HIV-related visual aids for client education (Appendix Table A-5.4.1), but only 18 percent have informational materials on STIs for clients to take home (Appendix Table A-5.5.1). Hospitals are more likely than other facilities to have take-home materials.

Medicines for treating syphilis are universally available in facilities that offer family planning services, and medicines for chlamydia and trichomoniasis are available at about 9 out of 10 facilities. Medicines for treating gonorrhoea, a common infection, are available in only 46 percent of facilities (Figure 5.4).

Figure 5.4 Conditions to support quality STI services for family planning clients (N=476)



Key Findings

About 9 in 10 facilities assure privacy for family planning counselling sessions and have visual aids available. In contrast, guidelines and protocols for family planning are not widely available.

Items for infection control are available in the family planning service area in less than one-third of facilities, with running water the item most commonly lacking. (It is absent in 52 percent of facilities.)

Nearly two-thirds of facilities process family planning equipment in a central processing location. Only 7 percent of facilities have the capacity to properly sterilise or HLD process reusable family planning equipment.

Only 1 percent of facilities have all of the furnishings and equipment needed for good pelvic examinations, due to a general lack of examination lights and vaginal speculums. Most facilities offer privacy and an examination bed.

Medicines for treating syphilis, trichomoniasis, and chlamydia are readily available in facilities offering family planning services, but medicines for gonorrhoea are less widely available.

5.3.4 Availability of Equipment and Supplies for Specific Methods

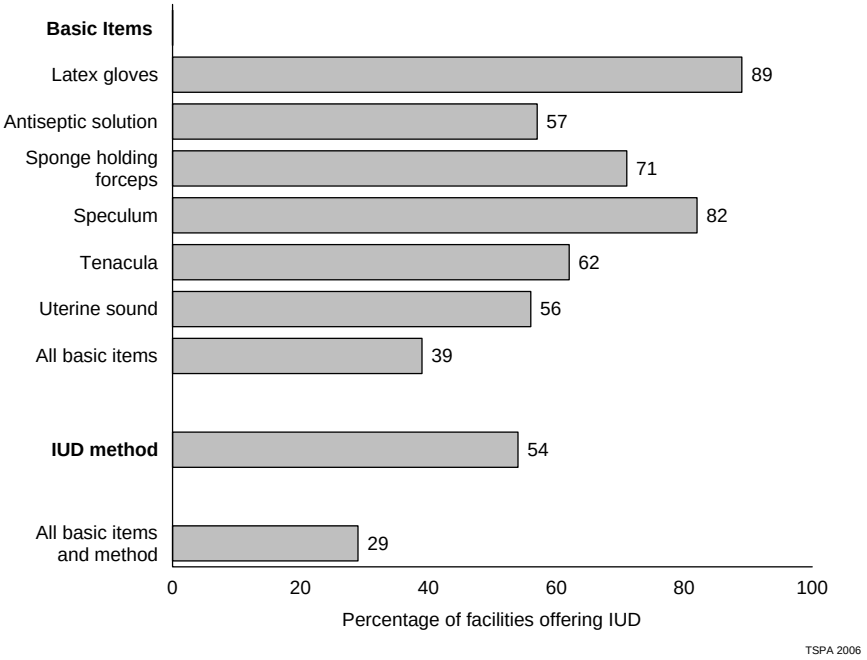
To provide different contraceptive methods safely and to monitor clients, facilities need a variety of equipment and supplies. Figure 5.5 shows what items facilities have for providing IUDs. Appendix Tables A-5.10 through A-5.13 provide additional details on the availability of equipment and supplies for specific methods, including IUDs and implants, and for pelvic examinations.

As indicated in Appendix Tables A-5.10 and A-5.11 and Figure 5.5, among facilities that actually provide IUDs (i.e., excluding facilities that just prescribe the method or refer clients elsewhere), only 54 percent have IUDs available, and even fewer (39 percent) have all the basic equipment needed for IUD insertion and removal. Overall, less than one-third of eligible facilities have both IUDs and the associated equipment. Only 8 percent of the facilities have IUDs, all associated equipment, and also satisfy all TSPA criteria[1] for good quality insertion and removal of IUDs (Appendix Table A-5.10). Latex gloves, one of the basic items, are widely available in facilities offering IUDs.

Women receiving oestrogen-containing family planning methods benefit from blood pressure and weight monitoring. Among facilities providing methods that contain oestrogen, three-fourths have an apparatus to measure blood pressure at the family planning service delivery site (Appendix Table A-5.10). About 82 percent of hospitals and 76 percent of dispensaries have blood pressure equipment at the family planning service delivery site, but a slightly smaller proportion (71 percent) of health centres did so.

Among facilities providing injectable contraceptives, 89 percent have sterile needles and syringes (Appendix Table A-5.10). It should be noted that in Tanzania, each vial of progestin injectables is supplied with a syringe, so it is possible that the 11 percent of facilities without sterile needles and syringes were facilities that did not have progestin injectables available on the day of the survey (Figure 5.1).

Figure 5.5 **Equipment for IUD insertion and removal (N=39)**



[1] These criteria include all infection control items, visual privacy, an examination bed, an examination light, and the method.

Key Findings

Three-fourths of facilities offering family planning methods containing oestrogen have blood pressure equipment available.

Sterile needles and syringes are available in almost 90 percent of facilities offering injectable contraceptive methods.

About one-third of facilities that offer IUDs have the method plus all the basic equipment needed for its insertion and removal. Only 8 percent have the method, related equipment, and meet all the criteria for good quality IUD insertion and removal, which includes items for infection control.

5.4 Management Practices That Support Quality Family Planning Services

Management practices for supporting quality family planning services include proper documentation and record keeping, practices related to user fees, and staff supervision and development.

Summary information on management practices is provided in Table 5.4. Utilisation statistics for family planning services are provided in Appendix Table A-5.14. Information on user fees for family planning services is provided in Appendix Tables A-5.15, A-5.16.1, and A-5.16.2. Details on staff training and supervisory activities are provided in Figure 5.6 and Appendix Tables A-5.17 to A-5.19.

5.4.1 Facility Documentation and Records

The TSPA 2006 assessed the availability of up-to-date family planning client registers, which are the most common source of data for health information systems. A register was defined as up-to-date if there was an entry within the past seven days, with information indicating the method or service provided and the client's status (first visit or followup visit). Eighty-two percent of facilities offering family planning services have an up-to-date register; these are mostly government (87 percent) and parastatal (80 percent) facilities (Table 5.4). Registers are less common in private for-profit facilities (53 percent). Facilities in the Eastern zone are also unlikely to maintain up-to-date client registers.

5.4.2 Practices Related to User Fees

According to Tanzanian government policy, family planning services in government facilities should be free, but a few government facilities occasionally charge registration fees for the client card. Some private for-profit facilities usually charge registration and consultation fees. There should be no charge for any government-supplied contraceptive method administered, whether in a government or private facility.

Only 4 percent of facilities offering family planning services charge a user fee for family planning services. Not surprisingly, this occurs most frequently in private for-profit facilities (37 percent) and, to a smaller degree, in faith-based facilities (11 percent) (Table 5.4). Hospitals are more likely than other facilities to charge user fees. Facilities in the Eastern zone are more likely than facilities elsewhere to charge user fees, but even there only 8 percent of facilities charge user fees. User fees are charged mostly for consultation services, the actual method, and laboratory tests. Surprisingly, only 20 percent of private for-profit facilities charge for family planning consultations or counselling, as do 11 percent of hospitals (Appendix Table A-5.15). Only 6 percent of health centres and faith-based facilities charge consultation fees, while 6 percent and 3 percent, respectively, charge for the actual methods. Thirty-seven percent of private for-profit facilities charge for laboratory tests, while 11 percent of hospitals charge for both methods and tests.

Table 5.4 Management practices that support services for temporary family planning methods

Percentage of facilities offering temporary family planning (FP) methods that have an up-to-date client register and charge user fees for FP services, and percentage of facilities where interviewed FP service providers report routine training and supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that offer temporary FP methods with:		Number of facilities offering temporary FP methods (weighted)	Percentage of facilities where FP providers report receiving routine:		Number of facilities with interviewed FP service providers (weighted)[4]
	Observed up-to-date client register[1]	User fees for FP services		Training[2]	Personal supervision[3]	
Type of facility						
Hospital	86	12	20	12	85	20
Health centre	80	6	47	8	91	45
Dispensary	82	3	409	4	89	405
Managing authority						
Government	87	0	386	5	90	383
Private for-profit	53	37	33	13	88	31
Parastatal	80	0	7	0	80	7
Faith-based	63	11	50	5	84	49
Zone						
Northern	81	2	76	9	91	74
Central	97	0	43	0	100	43
Southern Highlands	76	6	83	9	88	82
Western	87	0	66	6	89	65
Lake	88	6	75	3	89	75
Southern	87	3	49	1	95	49
Eastern	65	8	67	2	77	65
Zanzibar	88	3	17	18	94	16
Total	82	4	476	5	89	470

[1] Register has entry within past seven days and indicates visit status (first or follow-up) and service provided.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of family planning services in facilities offering family planning services.

5.4.3 Training and Supervision

Training

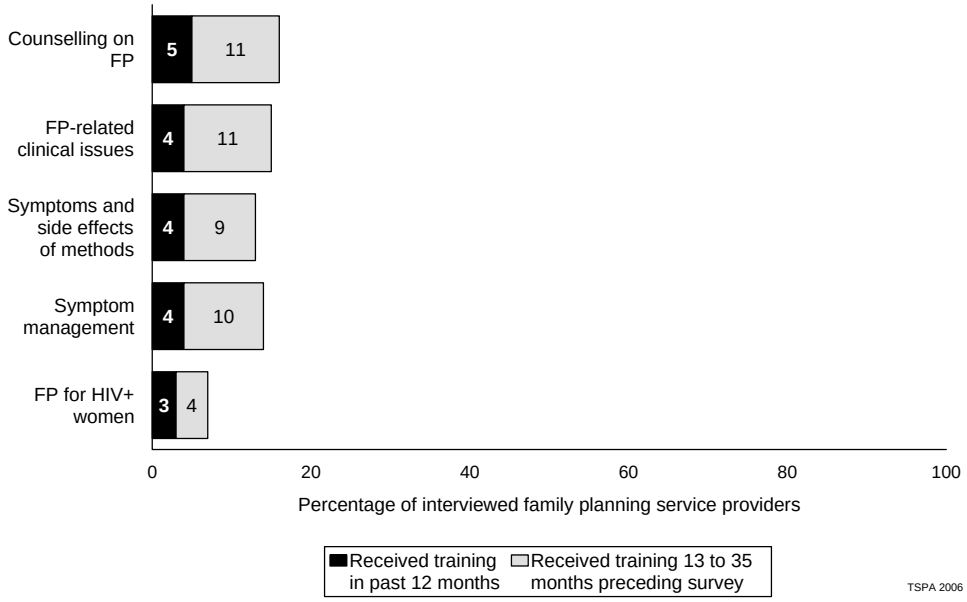
Since the types of contraceptive methods offered change over time, continued training for providers is important. Training aims to improve the quality of counselling, management of complications or side effects, and providers' judgment and skills in assessing which contraceptive methods are most suitable for individual clients.

A facility is considered to offer routine staff development activities if at least half of the interviewed family planning service providers at that facility have received any structured training relevant to family planning during the 12 months preceding the survey; this includes both pre-service and in-service training, but excludes individual instruction received during routine supervision. Overall, only 5 percent of facilities meet the criteria for providing routine staff development activities (Table 5.4). These are most

likely to be hospitals (12 percent), private for-profit facilities (13 percent), and facilities in Zanzibar (18 percent). In Mainland Tanzania, facilities in the Northern and Southern Highlands zones are slightly more likely to provide routine staff development than facilities in other zones.

Only a small proportion of providers among those interviewed received any family planning-related training during the 12 months and 35 months preceding the survey (Figure 5.6 and Appendix Table A-5.17), which reflects the small proportion of facilities providing routine staff development. The training topics most commonly reported by providers, particularly during the 35 months preceding the survey are: counselling on family planning, family planning-related clinical conditions, symptoms and side effects of family planning methods, and the management of family planning symptoms. Family planning for HIV-positive women is less common (Figure 5.6, Appendix Table A-5.18). There is little difference in the proportions of providers receiving training on any given topic during the 12 months preceding the survey; it ranged between 3 and 5 percent of providers.

Figure 5.6 **Training received by interviewed family planning service providers, by topic and timing of most recent training (N=1,368)**



Supervision

Supervision of individual staff members helps to promote adherence to standards and to identify problems that contribute to poor quality services. If at least half of the interviewed family planning service providers at a facility have been personally supervised within the past six months, the facility is considered to offer routine staff supervision. Similar to the findings for other services, supervision of family planning providers is common, with 9 in 10 facilities meeting the criteria for routine staff supervision (Table 5.4). Hospitals are less likely to routinely supervise their staff than other types of facilities, while government-managed facilities are more likely to offer supervision than facilities managed by other authorities. All facilities in the Central zone and more than 9 in 10 facilities in the Northern and Southern zones and in Zanzibar provide routine staff supervision. Among interviewed family planning providers who were supervised in the six months prior to the survey, most reported that the supervisors checked records (95 percent), discussed problems (86 percent), provided feedback (84

percent), observed their work (82 percent), provided updates (70 percent), and delivered supplies (56 percent) (Appendix Table A-5.19).

Key Findings

Up-to-date family planning client registers are available in about 8 in 10 facilities, mostly in government and parastatal facilities, and less commonly in private for-profit facilities.

While only 5 percent of facilities offer routine staff development or training for family planning providers, about 9 in 10 facilities conduct routine staff supervision.

5.5 Adherence to Standards for Quality Service Provision

To assess whether family planning providers adhere to service standards, TSPA 2006 personnel observed family planning client-provider interactions using observation checklists that are based on commonly accepted guidelines for screening, counselling, and conducting procedures for family planning clients. The observers collected information on the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed? And did they conduct the physical examinations needed to screen clients for method appropriateness?
- Did the conditions and procedures followed for provision of specific methods meet TSPA criteria for good quality service provision?

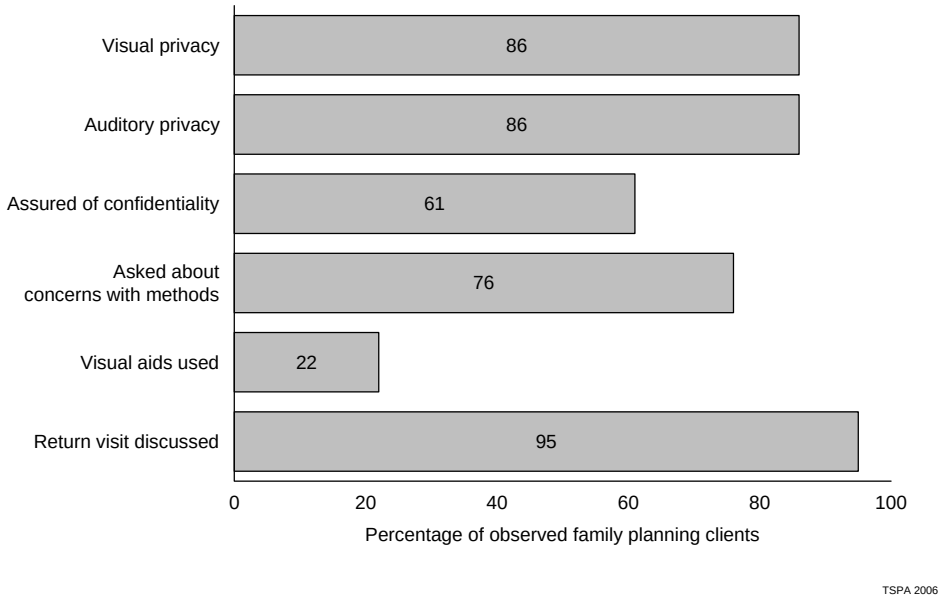
The observers noted what information the provider shared with a client and whether an examination was conducted prior to dispensing a method. They did not assess whether the information was correct or whether findings were appropriately interpreted. Information on clients' status and the principal reason for visiting the facility are provided in Appendix Tables A-5.20 and A-5.21. Appendix Table A-5.22 gives details on the primary method provided, prescribed, or discussed during this visit.

Consultations with 704 female family planning clients were observed. Twenty-three percent of these clients were making their first visit, and 77 percent were followup clients. Only 1 percent of all observed clients had never been pregnant (Appendix Table A-5.20).

Exit interviews were conducted with all observed family planning clients. They were asked questions pertaining to the method they received to ascertain their understanding and knowledge of that method. Clients who left the facility with only a prescription for a method were also asked questions about that method. When two methods were prescribed or received, the client was asked questions about both methods.

Figures 5.7, 5.8, and 5.9 provide information on counselling components, client history-taking for first-visit family planning clients, and observed injection procedures. Details on consultations for first-visit clients are provided in Appendix Table A-5.24. Information from observations of specific methods or examinations is provided in Appendix Tables A-5.25 through A-5.27.

Figure 5.7 Observed conditions and content for family planning counselling (N=704)



5.5.1 Counselling and Client Assessment

Privacy is important to family planning counselling. More than 4 out of 5 family planning counselling sessions are conducted under conditions that assure visual and auditory privacy, but clients are assured of confidentiality in only 3 out of 5 counselling sessions (Figure 5.7). Providers explicitly ask clients about their concerns with methods in about three-fourths of consultations. Return visits are almost universally discussed with clients, but visual aids are used in only 1 out of 5 family planning consultations.

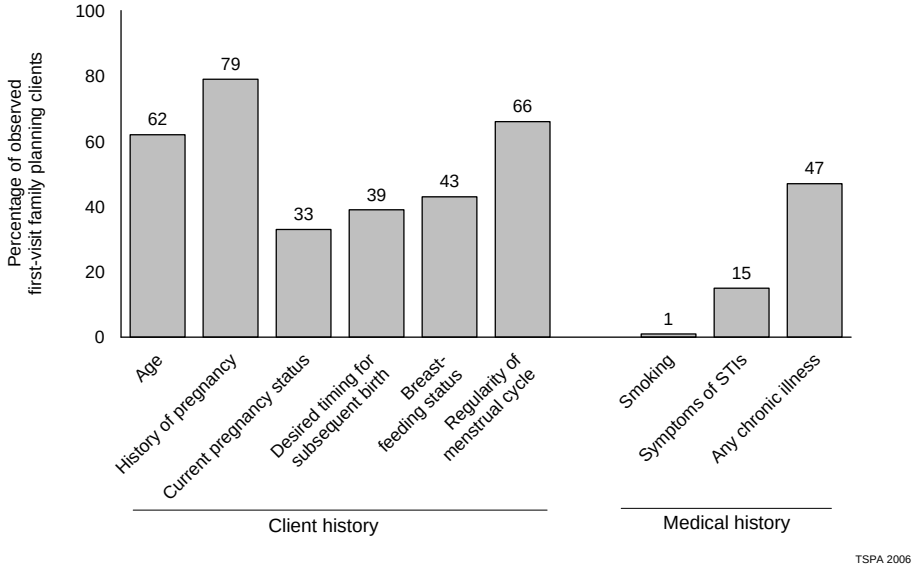
Frequently, health services are organized so that measurements of blood pressure and weight and other routine activities take place before the client sees the provider, and the information is recorded on individual client cards. Thus client cards play an important role in making this information available to providers during consultations and also in preventing information from being collected multiple times, unless there is a need to do so. Client cards are also critical for monitoring family planning clients over time. Individual client cards are reviewed by family planning providers in 68 percent of consultations and written on during 86 percent of consultations (Appendix Table A-5.23).

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about client's personal and health history to help them make an informed recommendation on contraceptive methods. This constitutes screening clients for the appropriateness of specific methods. Providers frequently assess first-visit clients for age and pregnancy history (62 percent and 79 percent, respectively) (Figure 5.8). They are much less consistent in assessing the client's current pregnancy status (33 percent), desired timing for the next pregnancy (39 percent), and breastfeeding status (43 percent). The client's medical history is assessed equally infrequently: less than 1 in 5 clients was asked if they had symptoms of an STI, and about half were assessed for chronic illnesses. While smoking has not been common among women in Tanzania, providers are expected to assess the client's smoking status as a contraindication for some methods. However, providers asked only 1 out of 100 first-visit clients about smoking.

One-fourth of first-visit clients are asked about their partner's attitude toward family planning (Appendix Table A-5.24). Considering the current drive toward reducing HIV/AIDS rates, condoms are not frequently discussed: providers talk about using condoms to prevent STIs in 27 percent of first-visit consultations and as a dual method to prevent both pregnancy and STIs in 17 percent of first-visit consultations.

Providers do not routinely use visual aids during family planning consultations. Visual aids are used during only 22 percent of all family planning consultations, most often in hospitals (42 percent) and health centres (35 percent) (Appendix Table A-5.23). Visual aids are used somewhat more often with first-visit clients (49 percent), especially in hospitals (72 percent) and health centres (66 percent) (Appendix Table A-5.24).

Figure 5.8 **Observed elements of history taken for first-visit family planning clients (N=160)**



Key Findings

About 9 out of 10 family planning counselling sessions are conducted under conditions assuring both visual and auditory privacy, but providers verbally assure only 3 in 5 clients of confidentiality.

Providers do not consistently assess relevant client history with first-visit family planning clients: less than half were assessed for current pregnancy, breastfeeding status, desired timing for children, or chronic illnesses. Risk factors, such as STI symptoms or smoking, are also rarely assessed.

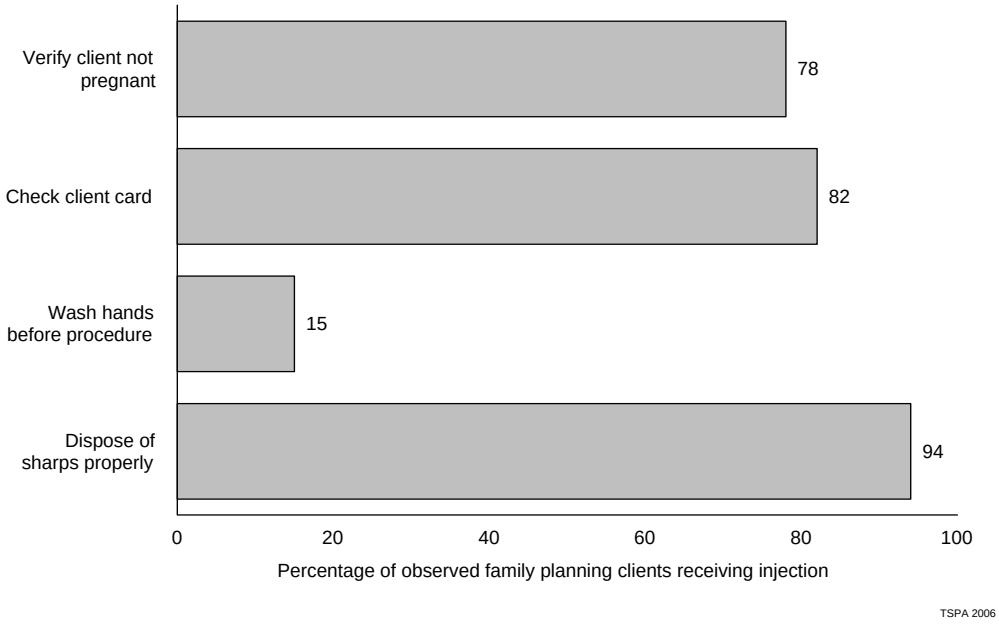
Visual aids are used with about half of first-visit clients, but rarely with followup clients.

5.5.2 Method-Specific Assessments and Examinations

Some experts recommend that clients receiving a family planning method containing oestrogen, whether oral or injectable, be monitored for blood pressure and weight. About half of family planning clients using oestrogen-containing methods had their blood pressure measured,[2] and 7 out of 10 were weighed during consultations. About 4 out 5 family planning clients in hospitals had both assessments. Health centres weighed all family planning clients but only measured the blood pressure of 41 percent. Dispensaries were less likely to weigh family planning clients (61 percent) than health centres but more likely to measure their blood pressure (49 percent) (Appendix Table A-5.25).

For injectable users, observers examined injection procedures. Providers washed their hands in only 15 percent of cases, but properly disposed sharps in almost all cases (Figure 5.9).

Figure 5.9 **Selected injection procedures observed (N=408)**



5.5.3 Counselling of Clients

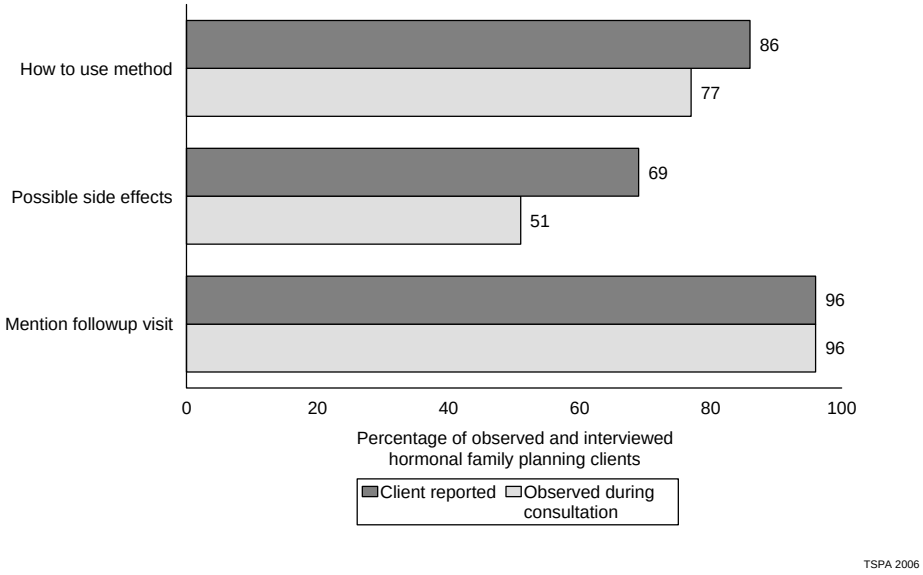
Regardless of whether they are new or continuing contraceptive users, family planning clients should receive certain information during their visits to a health facility. The provider should explain or review with the client how to use the method, the possible side effects, what to do for problems, and when the client should return for a followup visit.

After their consultations were observed, family planning clients were interviewed about issues commonly related to client satisfaction. Specifically, they were asked if they had a problem with their method upon their arrival at the facility, and whether the provider discussed and addressed the problem. Details on components of counselling that were observed and reported by clients are presented in Appendix Tables A-5.26 and A-5.27.

[2] If the client attended a facility where blood pressure is measured systematically prior to the consultation, the client was assumed to have her blood pressure measured, even if this was not observed for the particular client.

Comparing observations of consultations with what clients reported at exit interviews reveals some interesting discrepancies (Figure 5.10). Among hormonal method users, client reports agree with the observed data on whether the provider discussed a followup visit, which was almost universal. Data on other areas were inconsistent. For example, 86 percent of clients reported that providers explained how to use the method, but only 77 percent were observed to have received this information during the consultation. Similarly, 69 percent of clients reported that providers explained possible side effects, but only 51 percent were observed to do so. It is possible that clients may have received this information during prior visits to a health facility or at the pharmacy when receiving their method.

Figure 5.10 Information provided to hormonal method users, by client report and by observation (N=655)



Key Findings

Half of all clients receiving oestrogen-containing methods have their blood pressure measured on the day of the visit.

There were some inconsistencies between what was observed during family planning consultations for hormonal method users and what clients reported as having taken place.

5.6 Client Opinion from Exit Interviews

Exit interviews with clients probed their opinions of services. Details on client opinion are provided in Appendix Tables A-5.28 and A-5.29. Appendix Table A-5.30 provides information on the educational backgrounds and on other characteristics of observed and interviewed clients.

During exit interviews, clients were asked about issues commonly related to client satisfaction. Clients were asked to rate whether specific issues posed a big problem, a small problem, or no problem at all for them during the visit. Few issues were considered big problems and even then only by a small proportion

of clients. Waiting time to see a provider is considered a big problem by 9 percent of all family planning clients, especially at hospitals (13 percent). Seven percent of clients consider the lack of methods and medicines to be a big problem, predominantly at the dispensary level. Only 3 percent consider the operating hours of the facility to be a problem. Lack of visual privacy was reported by 1 percent of clients to be a problem, and this was mostly in hospitals (4 percent) (Appendix Table A-5.28).

About 1 in 10 clients said that the facility was not the one closest to their home (Appendix Table A-5.29). This implies that about 9 in 10 family planning clients visit the closest facility. Clients not visiting the closest facility are more likely to be attending a hospital (15 percent) or faith-based facility (21 percent). Clients in Zanzibar (20 percent) are more likely than those in Mainland Tanzania not to visit the closest facility. Among clients not visiting the closest facility, 35 percent said they had been referred to this facility, 26 percent cited lack of medicines as a reason (particularly among clients attending dispensaries), and 13 percent (including two-thirds of clients in the Southern Highlands and Eastern zones) cited inconvenient operating hours.

Key Findings

Few issues are considered big problems by family planning clients, and even then only by a small proportion of clients. Waiting time to see a provider is the issue they are most likely to consider a big problem.

Family planning clients usually visit the facility closest to their homes. Lack of medicines is one of the main reasons clients report for not going to the closest facility.

Chapter 6 Maternal Health Services

6.1 Background on Maternal and Newborn Health Care in Tanzania

This chapter provides an overview of maternal and newborn health services in Tanzania. It highlights the key aspects of maternal and newborn care, including the availability of staff and services for antenatal care, safe delivery, post-partum care, and management of obstetric complications. The chapter addresses the following central questions about maternal and newborn health services:

1. What is the availability of antenatal care (ANC) services, and to what extent do facilities have the capacity to support good quality ANC services?

2. Is there evidence that health service providers adhere to service standards for ANC?

3. To what extent is postnatal care (PNC)[1] available where ANC is offered, and to what extent do facilities have the capacity to support good quality PNC services?

4. What is the availability of delivery services, and to what extent do facilities have the capacity to support good quality delivery services?

5. What are the common newborn care practices in facilities providing delivery services?

To determine which aspects of maternal health to assess, the TSPA 2006 draws on the findings and recommendations of Safe Motherhood initiatives such as the Maternal and Neonatal Health Project, which is promoted by the World Health Organization (WHO) and other international organisations.

Maternal health status and health care utilisation

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among Tanzanian women. Recent estimates suggest that there are 578 maternal deaths per 100,000 live births, indicating that almost six women died of pregnancy-related causes for every 1,000 live births in Tanzania (NBS and ORC Macro, 2005). Hospital records and hospital-based studies suggest that the majority of these deaths are due to obstetric complications, including haemorrhage, sepsis, eclampsia, obstructed labour, and unsafe abortion.

Tanzanian women's use of maternal health services is higher than in most African countries. The TDHS 2004-05 found that 97 percent of pregnant women make at least one antenatal care visit, 33 percent make two or three visits, and 62 percent make four or more visits (NBS and ORC Macro, 2005). However, most women seek antenatal care relatively late in pregnancy, and the median gestation at first visit is 5.4 months.

The TDHS 2004-05 also found that 56 percent of mothers received two or more doses of tetanus toxoid vaccine during pregnancy, while 24 percent received one dose. The remaining 20 percent of mothers did not receive any tetanus immunisation.

Malaria is among the most common indirect causes leading to poor maternal health outcomes. Efforts to combat malaria among pregnant mothers are being scaled up. Approximately half of pregnant women

[1] The TSPA accepted any report of offering routine outpatient post-natal examination and services as PNC. Details on the content of PNC were not collected. Capacity was assessed by whether the facility could identify and manage post-partum infections and whether the newborn's weight could be measured.

receive at least one dose of sulphadoxine pyrimethamine during the course of a pregnancy for intermittent preventive treatment (IPT) of malaria, but only 22 percent receive a complete course of IPT during the course of a pregnancy. Furthermore, only 16 percent of pregnant women sleep under insecticide treated nets (ITNs) (TDHS 2004-05).

Anaemia is known to contribute to maternal death. According to the TDHS 2004-05, 48 percent of all women age 15-49 years, 58 percent of pregnant women, and 48 percent of breastfeeding mothers are anaemic. Some studies have shown that anaemia contributes to as many as 11 percent of maternal deaths.

HIV prevalence in Tanzania is estimated to be 7 percent in adults age 15-49 years, with prevalence higher among women than men (8 percent and 6 percent, respectively) (TACAIDS et al., 2006). According to the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS), 12 percent of women age 20-49 years have sex before the age of 15, with the median age being 17.6 years. Efforts towards primary prevention of HIV and the prevention of HIV transmission from infected mothers to babies are ongoing in Tanzania.

Delivery in a health facility or with the assistance of a health professional is much less common than antenatal care. Only 43 percent of women have a health professional present at delivery. About 19 percent of pregnant women deliver with a traditional birth attendant (TBA); about one-fourth are assisted by a relative during delivery, and about 3 percent deliver entirely alone (NBS and ORC Macro, 2005). The majority of deliveries attended by a health professional occur in health facilities. Overall, about half of all deliveries take place at home, 38 percent occur in public health facilities, and 9 percent take place in voluntary and private health facilities.

These aggregate figures conceal wide regional disparities. Delivery at home is more than three times as common in rural as in urban areas (61 percent and 19 percent, respectively), and health professionals are half as likely to assist with rural as urban births (38 percent and 81 percent, respectively). Geographic differences in delivery assistance also are pronounced. The proportion of births with a health professional ranges from 39 percent in the Lake zone to 65 percent in the Eastern zone, indicating that women giving birth in the Eastern zone are more likely than those in other zones to receive professional assistance during labour and delivery. Regions with the least professional assistance during delivery are Zanzibar North (25 percent) and Pemba North (30 percent) according to the TDHS 2004-05 (NBS and ORC Macro, 2005).

Newborn health status

Newborn health is directly linked to maternal health, so that improving birth outcomes depends on improving maternal health care during pregnancy, delivery, and post-partum. Up to 50 percent of neonatal deaths occur within the first 24 hours of life, and 75 percent take place during the first week of life. In Tanzania, common causes of newborn deaths include infections (28 percent), premature death (27 percent), asphyxia (26 percent), diarrhoea (25 percent), congenital anomalies (7 percent), and tetanus (2 percent). Findings from TDHS 2004-05 show a significant reduction in overall infant mortality from 99 deaths per 1,000 live births in 1999 to 68 deaths per 1,000 live births in 2004 (NBS and ORC Macro, 2005). However, there was little reduction in neonatal mortality during the same time period; neonatal mortality fell from 40 deaths per 1,000 live births in 1999 to 32 deaths per 1,000 live births in 2004.

Newborn care is one of the components of Tanzania's National Package of Essential Reproductive and Child Health Interventions. However, the newborn care component of the Safe Motherhood Programme has not been fully strengthened, nor has newborn care been integrated into the continuum of care through child health programmes. These programmes, including the Integrated Management of Childhood Illness (IMCI), do not cover newborn care during the first week of life. The MoHSW is currently working to strengthen newborn care in Maternal and Child Health Programmes.

Maternal Health Policy Framework

The National Reproductive Health Strategy 2005-2010 stipulates that the general objective of maternal health is to provide comprehensive, integrated services that are of good quality, equitable, accessible, affordable, and appropriate to the need of individuals, families, and communities (MoHSW, 2006b). The strategy addresses the following seven maternal health thematic areas:

- focused antenatal care,
- skilled care during delivery,
- care of obstetric emergencies,
- post-partum care,
- post-abortion care,
- family planning, and
- prevention of harmful practices.

The National Roadmap Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (2006–2015), which was developed in 2006, further strengthened the focus of the Maternal and Newborn care component of the National Reproductive Health Strategy 2005-2010 (MoHSW, 2006c). Together, these strategies aim to help the health system at all levels to manage pregnancy-related complications, unsafe abortion, and newborn care, to prevent unwanted pregnancies, and to establish a functional referral system.

Organisation of maternal health services

Maternal health services are provided in facilities at every level of the Tanzanian health care system. Enrolled nurses and clinical officers manage services at dispensaries, the lowest level of health care. They provide ANC and vaccinations, treat uncomplicated medical problems during pregnancy, and assist normal deliveries. Health centres are staffed by midwives, nurses, clinical officers, and, in some cases, Assistant Medical Officers (AMOs). At this level, technical staff provide a wider range of services, including deliveries and basic emergency obstetric care for obstetric complications. A few health centres do surgical procedures, such as caesarean sections, especially where there is an AMO on staff. District hospitals, including district-designated hospitals, are the first level of referral where comprehensive services, including surgical procedures and newborn care services, are provided**.** The referral system depends on the availability of skills that are required to address a client's problems. In addition to dispensaries, health centres, and hospitals, some clinics and maternity homes also provide selected maternal health services. Most of these clinics and maternity homes are private establishments based in urban areas, and the type of services they provide varies widely. Most maternity homes only provide ANC and normal delivery care.

6.1.1 Definition of Maternal Health Concepts Used During Collection of TSPA Information

Maternal health is not just a women's issue. A mother's health has a direct bearing on the health of her newborn as well. According to WHO, about 15 percent of all pregnant women experience life-threatening, pregnancy-related complications. Many complications and subsequent poor outcomes for women and newborns can be prevented or minimized by providing good quality care, including early detection of problems and appropriate and timely interventions.

With more evidence on best practices related to maternal morbidity and mortality, some traditional maternal health practices and interventions have been re-examined in recent years. Subsequently there have been changes in programmes, policies and strategies.

Antenatal care (ANC): All pregnant women are at risk of developing complications, many of which are unpredictable. It is, therefore, important to ensure that all pregnant women have access to preventive interventions, early diagnosis and treatment, and emergency care when needed. It is now emphasized that ANC should include birth preparedness, early detection of complications, and skilled and timely interventions to avoid adverse maternal and neonatal outcomes (Maternal and Neonatal Health Program, 2001a).

Delivery care: Every delivery may have complications. Hence the emphasis should be on using skilled and trained delivery care providers and ensuring that all women have access to life-saving emergency interventions at the time of labour and delivery. In many countries, deliveries occur at home attended by TBAs. Previously, extensive efforts and funds were directed towards upgrading the skills of TBAs. However, evidence now shows that in almost all cases the level of skill attained by so-called "skilled" TBAs is less than what is considered "safe" by safe motherhood programmes (Maternal and Neonatal Health Program, 2001b). In essence, in-service training for TBAs cannot improve their skills to the level of competency needed.

A skilled attendant, as defined by WHO and other international bodies, is a "health professional—such as a midwife, doctor, clinical officer, or nurse—who has been educated and trained to proficiency in the skills needed to manage normal pregnancies, childbirth, and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns".

Post-partum care (PPC): There is an increasing emphasis on ensuring that women receive PPC within 48 hours of delivery for early diagnosis of post-partum complications. PPC also provides an opportunity to counsel the new mother on family planning, to teach her how to care for herself and her newborn during the postnatal period, to promote exclusive breastfeeding, and to assess the newborn for problems.

Newborn care: More attention has also been given recently to newborn care, with an increased awareness of the need to discourage some common practices that are detrimental to newborn health. The aim is to promote practices that contribute to improved newborn health.

Basic Essential Obstetric Care (BEOC): BEOC includes preventive services as well as medical interventions and procedures for pregnant women that can be provided by well trained primary care physicians and non-physician providers. This includes ANC with early detection and treatment of common problems of pregnancy, as well as first aid for complications of pregnancy, labour, and delivery.

Comprehensive Essential Obstetric Care (CEOC): CEOC includes basic essential obstetric care services, together with blood transfusions and caesarean sections.

Emergency Obstetric Care (EmOC): Facilities that provide emergency care for women with pregnancy-related complications should provide a set of interventions called signal functions. The six basic signal functions are the administration of parenteral antibiotics, oxytocic drugs, and anticonvulsants, the manual removal of the placenta, manual vacuum aspiration of retained products of conception, and assisted vaginal delivery. In addition to these six signal functions, comprehensive emergency obstetric care also includes the performance of caesarean sections and blood transfusions. Depending on the interventions available at a facility, it can be classified as a Basic EmOC or a Comprehensive EmOC facility.

6.2 Availability and Capacity to Provide Quality Maternal and Newborn Care Services

6.2.1 Availability of Antenatal and Postnatal Care Services

ANC is designed to promote healthy behaviours and preparedness during pregnancy, childbirth, and post-partum. It is also important for the early detection of and treatment for complications. Information on the availability of ANC, PNC, and tetanus toxoid (TT) vaccine services is provided in Table 6.1. Appendix Table A-6.1 provides information on the availability of various family health services on the same day that ANC services are offered. Additional information on the availability of ANC and TT services is provided in Appendix Table A-6.2.

Table 6.1 Availability of antenatal care, postnatal care, and tetanus toxoid vaccine

Percentage of facilities offering antenatal care (ANC), postnatal care (PNC), and tetanus toxoid (TT) vaccine, and percentage offering all three services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering: ANC	PNC	TT vaccine	ANC, PNC, and TT vaccine	Number of facilities (weighted)
Type of facility					
Hospital	95	77	93	75	25
Health centre	93	73	88	68	55
Dispensary	80	63	79	62	528
Managing authority					
Government	96	79	95	78	399
Private for-profit	30	15	27	12	102
Parastatal	50	50	40	40	14
Faith-based	83	59	80	56	92
Zone					
Northern	76	57	76	57	108
Central	97	78	97	78	46
Southern Highlands	91	71	87	68	95
Western	81	55	81	55	82
Lake	84	70	84	70	89
Southern	94	80	91	78	60
Eastern	70	53	64	49	102
Zanzibar	67	56	65	56	24
Total	82	64	80	63	608

Eighty-two percent of all facilities offer ANC, 64 percent offer PNC, 80 percent provide TT vaccine, and close to two-thirds offer all three services (Table 6.1). Almost all government facilities offer ANC services. Regional differentials show that over 90 percent of facilities in the Central, Southern, and Southern Highland zones provide ANC services. Zanzibar and the Eastern zone have the lowest proportions of facilities providing ANC services. Seventy-eight percent of government facilities provide all the three services, compared with 56 percent of faith-based facilities and 40 percent of parastatal facilities. Only a small fraction (12 percent) of private for-profit facilities in Tanzania provides all three services.

Among facilities offering ANC, approximately two-thirds offer ANC services five days per week, and only about one-fourth limit these services to one or two days per week (Appendix Table A-6.2). Similarly, 58 percent of facilities offering ANC also provide TT services five days a week. Approximately 8 in 10 facilities that offer ANC services provide TT vaccines every day that ANC is offered.

Key Findings

ANC services are available in 4 out of 5 facilities nationwide and in over 90 percent of facilities in the Central, Southern, and Southern Highland zones. Availability of ANC services is lowest in Zanzibar, where ANC is available in only two-thirds of facilities. Almost all government facilities offer ANC services.

All three services (ANC, PNC, and tetanus toxoid vaccine) are available in about two-thirds of facilities, and government facilities are more likely to offer all three services than other facilities.

TT vaccination is offered on most, but not all, days that ANC services are offered.

6.2.2 Infrastructure and Resources to Support Quality Assessment and Counselling of ANC Clients

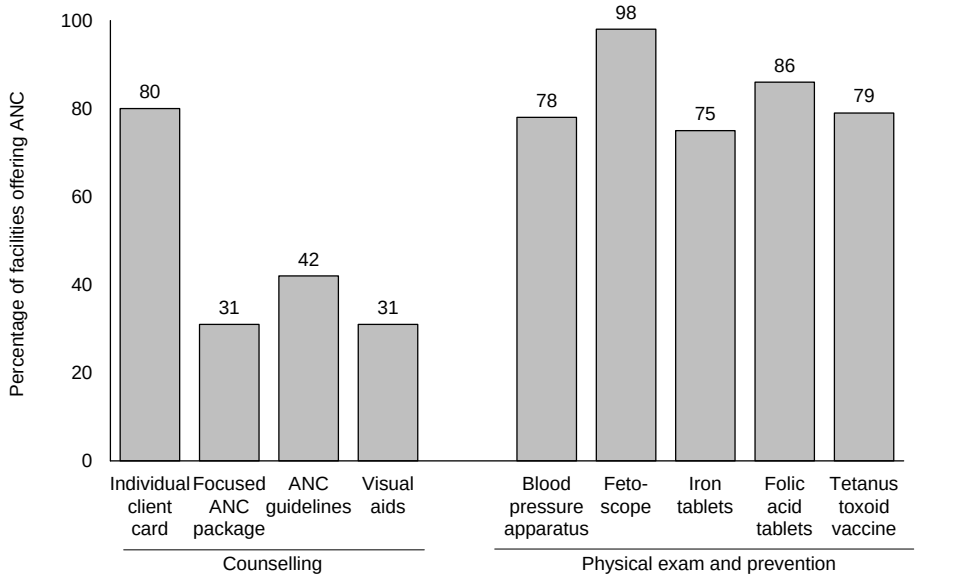
To support good quality assessment and counselling of ANC clients, facilities should have individual client cards, ANC guidelines or protocols, and visual aids for client education. Table 6.2 and Figure 6.1 present information on the availability of these items. More details, including a breakdown by facility type, are available in Appendix Table A-6.3.

An individual ANC card is used to monitor maternal and foetal condition during pregnancy and to keep track of the care given. It is an important tool for identifying risk factors for referral, assessing quality of care, ensuring standardisation of antenatal care, and helping in planning purposes. Individual client cards are available in 80 percent of facilities offering ANC services (Figure 6.1).

Tanzania's Focused Antenatal Care orientation package not only updates service providers on ANC services, it also contains information on malaria and syphilis during pregnancy, infection prevention, and the prevention of mother-to-child transmission (PMTCT) of HIV. Familiarizing service providers with the contents of the orientation package strengthens the quality of ANC services they provide. The orientation package is available at almost one-third of health facilities that offer ANC services. Written ANC guidelines or protocols, which include details on how to manage common problems during pregnancy, are available in 42 percent of facilities offering ANC services. Visual aids for ANC client counselling are available in just 31 percent of facilities (Figure 6.1).

Overall, 13 percent of facilities have all three items—client cards, guidelines, and visual aids—to support good quality ANC assessment and counselling. All three items are less likely to be found in facilities in the Southern and Northern zones (1 percent and 7 percent, respectively) (Table 6.2). Faith-based (7 percent) and private for-profit (9 percent) facilities are also less likely to have all three items.

Figure 6.1 Availability of items to support quality ANC services (N=499)



TSPA 2006

Table 6.2 Resources to support quality counselling and examinations for antenatal and postnatal care

Among facilities offering antenatal care (ANC), percentage with all items to support quality counselling for ANC and postnatal care (PNC), infection control, physical examinations, and basic ANC interventions, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services with: All items to support quality counselling[1]	All items for infection control[2]	All items for physical examination[3]	All essential supplies for basic ANC[4]	Number of facilities offering ANC (weighted)
Type of facility					
Hospital	28	49	22	71	23
Health centre	14	35	17	50	51
Dispensary	12	28	5	43	425
Managing authority					
Government	14	30	6	50	385
Private for-profit	9	17	12	23	30
Parastatal	20	20	20	40	7
Faith-based	7	36	11	31	77
Zone					
Northern	7	41	17	53	82
Central	17	23	0	51	45
Southern Highlands	23	51	8	45	87
Western	11	9	0	59	66
Lake	12	11	5	35	76
Southern	1	38	0	28	57
Eastern	12	23	6	47	71
Zanzibar	25	48	38	35	16
Total	13	30	7	45	499

[1] Visual aids for health education, guidelines for ANC, and individual client card or record.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Private room offering visual and auditory privacy, examination table, and examination light.
[4] Iron and folic acid tablets, tetanus toxoid vaccine, blood pressure apparatus, and foetoscope (Pinard).

6.2.3 Infrastructure and Resources for Examinations

The TSPA 2006 assessed whether facilities have the necessary supplies, equipment, and conditions for infection control and for conducting client examinations in the ANC service area. Aggregate information on these elements is provided in Table 6.2, and summary information on specific equipment and supplies is given in Figure 6.1. Appendix Tables A-6.3.1 and A-6.3.2 provide details on each item by facility type.

Infection control

Only 30 percent of facilities offering ANC have all items necessary for infection control in the ANC service delivery area; these include soap and running water for hand-washing, clean latex gloves, disinfecting solution, and a sharps box (Table 6.2). Health facilities in the Western (9 percent) and Lake (11 percent) zones are less likely than those in other zones to have all of these items. Clean latex gloves (90 percent) and sharps boxes (88 percent) are widely available in ANC service areas, especially in hospitals (Appendix Table A-6.3.1). In contrast, ANC service areas frequently lack running water and disinfecting solution, which are available in just 48 percent and 66 percent of facilities, respectively. Running water is least likely to be available in dispensaries (45 percent), and disinfecting solution is least likely to be available in health centres (49 percent).

Client examinations

The basic physical examinations performed during ANC visits include palpating the abdomen, examining the breasts, and sometimes conducting a pelvic examination. Hence visual and auditory privacy, an examination bed, and an examination light are necessary. Ninety-four percent of facilities that offer ANC services can ensure clients both visual and auditory privacy, and almost all facilities have an examination bed (Appendix Table A-6.3.1). However, fewer than 1 in 10 facilities have an examination light. Because of the lack of examination lights, only 7 percent of facilities have all three items needed for physical examinations.

6.2.4 Essential Equipment and Supplies for Basic ANC

A functioning blood pressure machine and foetoscope are essential equipment that should be available at all the times in ANC service areas. Essential ANC supplies that should always be available include iron tablets, folic acid tablets, mebendazole tablets, sulfadoxine-pyrimethamine (Fansidar), rapid plasma reagin (RPR) kits, multistix for urine protein testing, and TT vaccine. TSPA 2006 assessed the availability of just four of these items: a blood pressure machine, a foetoscope, iron and folic acid tablets, and TT vaccine. Each individual item is available in 75 percent to 98 percent of facilities (Figure 6.1), but only 45 percent of facilities have all four essential items, making it impossible for most facilities to offer pregnant women all required ANC services and supplies (Table 6.2, Appendix Table A-6.3.1). Essential equipment and supplies are more likely to be available in facilities in the Western (59 percent) and Northern (53 percent) zones, compared with facilities in the Lake (35 percent) and Southern (28 percent) zones and Zanzibar (35 percent) (Table 6.2).

Key Findings

Items that support good quality ANC counselling (visual aids, ANC guidelines, and individual client cards) are not available in most facilities offering ANC services. The Focused Antenatal Care orientation package for updating service providers and items for infection control are each available in just one-third of health facilities offering ANC services.

Iron and folic acid tablets are not available in all facilities offering ANC services.

Less than half of facilities have all essential equipment and supplies for basic ANC (blood pressure machine, foetoscope, iron and folic acid tables, and TT vaccine), which implies that pregnant women do not receive all required ANC services and supplies at most facilities.

6.2.5 Additional Equipment and Supplies for Quality ANC and PNC Services

Other elements that support good quality ANC and PNC include diagnostic capacity and medicines to treat common infections. Figures 6.2 and 6.3 provide summary information on the medicines and laboratory tests available in facilities, with aggregate information available in Table 6.3. Appendix Tables A-6.4 through A-6.9 provides details on each item assessed, by type of facility.

Table 6.3 Facility practices and resources for diagnosis and management of common problems and complications of pregnancy

Among facilities offering antenatal care (ANC), percentage where ANC providers can diagnose and treat sexually transmitted infections (STIs), percentage with medicines to manage common complications of pregnancy, and percentage with the capacity to conduct specific diagnostic tests, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage where STI treatment is provided by ANC providers	Percentage with all medicines for treating pregnancy complications[1]	Percentage with capacity for conducting diagnostic tests for:					Number of facilities offering ANC (weighted)
			Anaemia[2]	Urine protein[3]	Urine glucose[4]	Blood grouping[5]	Syphilis[6]	
Type of facility								
Hospital	31	75	96	91	90	87	98	23
Health centre	22	18	46	60	56	16	50	51
Dispensary	41	4	11	11	9	1	13	425
Managing authority								
Government	43	2	10	10	8	3	12	385
Private for-profit	14	43	59	64	64	14	63	30
Parastatal	0	0	40	20	20	0	40	7
Faith-based	31	28	46	51	47	22	43	77
Zone								
Northern	28	13	30	27	24	11	29	82
Central	22	1	1	9	8	2	5	45
Southern Highlands	33	5	18	18	16	7	23	87
Western	62	2	14	10	8	2	12	66
Lake	59	8	12	16	16	8	18	76
Southern	31	3	16	21	14	6	16	57
Eastern	33	25	35	35	35	8	35	71
Zanzibar	28	0	5	9	12	10	7	16
Total	39	8	19	20	18	7	20	499

[1] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either albendazole or mebendazole; methyldopa (Aldomet); a first-line antimalarial; and at least one medicine for treating each of the following STIs: trichomoniasis, gonorrhoea, chlamydia, syphilis, and candidiasis.
[2] Includes any test (hamoglobinometer, calorimeter, centrifuge with capillary tubes, or filter paper methods).
[3] Clinistix (Campus e or Campus 9 sticks) or flame, acetic acid, and test tube for testing urine albumin.
[4] Clinistix (Campus 3 or Campus 9 sticks).
[5] Anti-A, Anti-B, and Anti-D.
[6] VDRL test with functioning microscope or RPR.

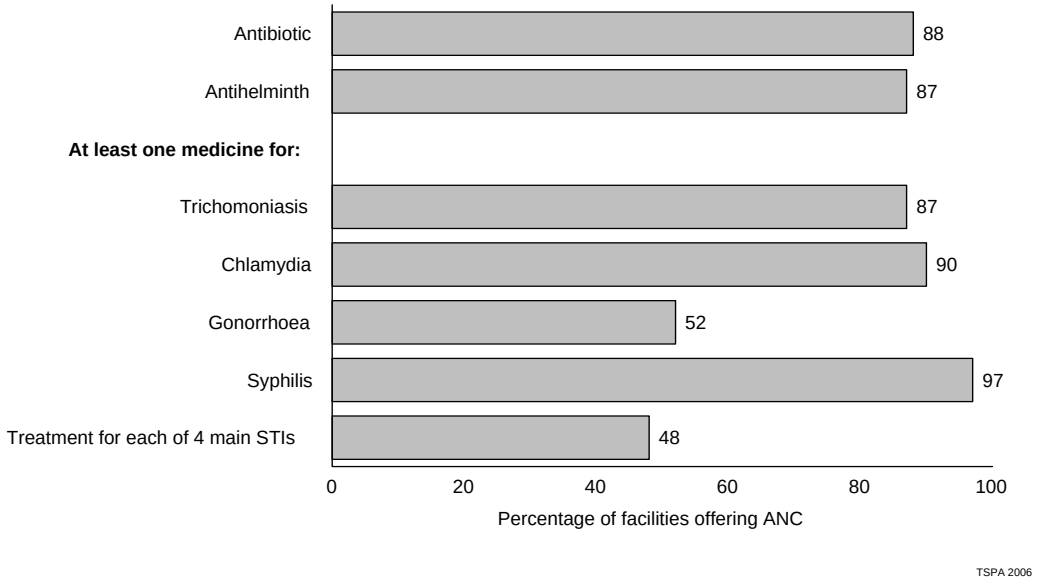
Pre-eclampsia and eclampsia (hypertensive disorders of pregnancy), anaemia, STIs, and vaginal infections can directly affect both maternal and newborn health. Basic Essential Obstetric Care (BEOC) requires that a facility provide early treatment for complications of pregnancy to prevent them from progressing to more serious conditions. Standards for treatment may vary depending on ANC guidelines and policies and the qualifications of the service provider.

Overall, ANC service providers in 39 percent of facilities offering ANC services routinely provide STI treatment. Private for-profit and parastatal facilities are not only the facilities least likely to provide ANC services, they are also the least likely to have ANC service providers routinely treat STIs (Table 6.3). Hospitals, health centres, and facilities in the Central and Northern zones and in Zanzibar are less likely to have ANC service providers who routinely treat STIs among ANC clients.

Trichomoniasis, chlamydia, gonorrhoea, and syphilis are the STIs most commonly seen in health facilities. Most ANC facilities have at least one medicine to treat each of these common STIs, with the exception of gonorrhoea (medicine for which is available at only half of ANC facilities) (Appendix Table A-6.4, Figure 6.2). About half of ANC facilities (including 92 percent of hospitals) have at least one medicine to treat each of the four major STIs. Nearly all facilities (97 percent) have at least one medicine to treat syphilis.

A facility is considered to have all medicines for managing common complications of pregnancy if it has all of the following: at least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole), albendazole or mebendazole, methyldopa (Aldomet), a first-line antimalarial, and at least one medicine for treating each of the four common STIs. Only a small proportion (8 percent) of ANC facilities satisfies these criteria (Table 6.3). Three-fourths of hospitals and approximately one-fifth of health centres providing ANC services meet the criteria, compared with just 4 percent of dispensaries. Facilities in the Eastern zone (25 percent) are more likely to have all of these medicines than facilities in other zones. Antibiotics and antihelminths are each available in almost 90 percent of ANC facilities (Figure 6.2), but only 12 percent have methyldopa to manage hypertension during pregnancy (Appendix Table A-6.4). While 84 percent of hospitals have methyldopa, the drug is available at only 6 percent of dispensaries, perhaps because they are not expected to manage pregnancy-induced hypertension.

Figure 6.2 Medicines for managing common problems and complications of pregnancy (N=499)



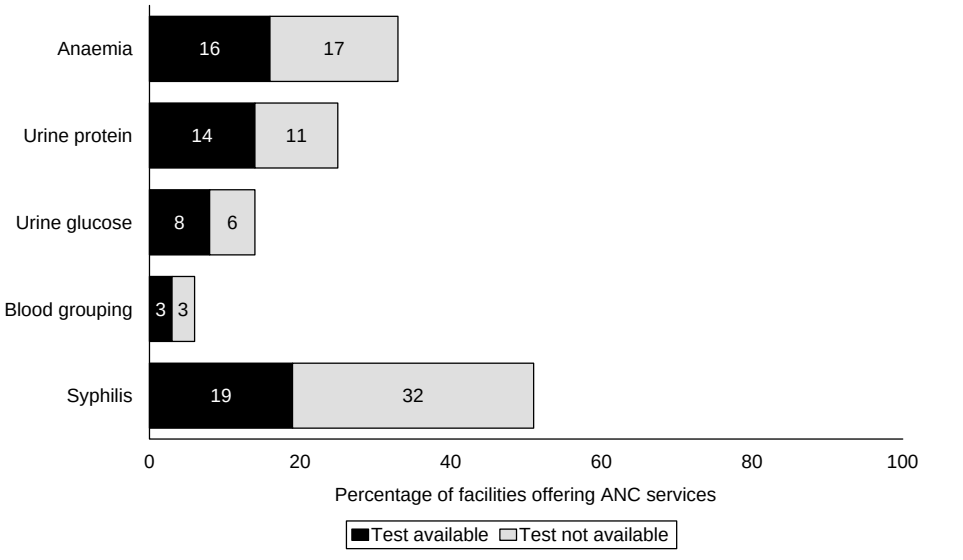
The TSPA 2006 also assessed whether facilities have the capacity to test ANC and PNC clients for anaemia, urine protein, and urine glucose, and to diagnose and treat syphilis.

Among facilities providing ANC and PNC services, only 19 percent have the capacity to test for anaemia, 20 percent to test for urine protein, 18 percent to test for urine glucose, and 20 percent to diagnose and treat syphilis. Just 7 percent have the capacity to do blood grouping (Table 6.3, Appendix Tables A-6.5–A-6.9). Private for-profit, parastatal, and faith-based facilities are more likely than government managed facilities to have the capacity to conduct each of these tests.

Figure 6.3 shows how many facilities report routinely screening ANC clients for these conditions, and how many actually have testing capacity to do so. Nineteen percent of facilities—mostly hospitals and private for-profit facilities—routinely screen ANC clients for syphilis and have the capacity to conduct syphilis testing tests. Similarly, 16 percent of facilities, also mostly hospitals and private for-profit facilities, routinely screen ANC clients for anaemia and have the capacity to conduct anaemia tests. Private for-profit and faith-based facilities are more likely to routinely screen ANC clients for anaemia, urine protein, urine glucose, and syphilis and also have the capacity to do conduct these tests. Facilities in the Central zone are among those least likely to routinely screen ANC clients for any of these conditions and to have the capacity to conduct the tests (Appendix Tables A-6.5–A-6.9).

Almost all ANC facilities (95 percent) have the recommended first-line antimalarial, and the vast majority (93 percent) routinely provide preventive antimalarial medicines as a component of ANC services (Appendix Table A-6.4).

Figure 6.3 **Availability of diagnostic tests in facilities where tests are reported to be routine components of ANC (N=499)**



Key Findings

Although each individual medicine for managing common complications of pregnancy is available in most facilities, fewer than 1 in 10 facilities which offer ANC services have the entire package of medicines available.

STI treatment is routinely provided by ANC service providers in approximately 2 in 5 facilities. Half of ANC facilities have medicines to treat each of the four main STIs: syphilis, gonorrhoea, chlamydia, and trichomoniasis.

Private for-profit and faith-based facilities are more likely to routinely screen ANC clients for anaemia, urine protein, urine glucose, and syphilis and also to have the capacity to conduct these tests.

6.3 Management Practices Supportive of Quality ANC and PNC Services

Management practices that support good quality ANC and PNC services include documentation and recordkeeping, posting user fees, and staff supervision and development.

Table 6.4 provides information on management practices, and Figure 6.4 provides summary information on ANC training (both pre- and in-service). Appendix Tables A-6.10 through A-6.12 provide details on utilisation, user fees, and out-of-pocket payments for ANC services, and Appendix Table A-6.13 provides information on supportive management for ANC service providers. Appendix Tables A-6.14 and A-6.15 provide detailed information on training and supervision.

6.3.1 Facility Documentation and Records

Among facilities offering ANC services, 87 percent have up-to-date registers, defined as having an entry in the past seven days that indicates the type of client visit (first visit or followup visit). The vast majority of hospitals (92 percent) have up-to-date registers. Private for-profit facilities (65 percent) are less likely to have up-to-date registers than government (88 percent), faith-based (87 percent), and parastatal facilities (80 percent). Only about 1 in 5 facilities offering ANC services have an up-to-date register for PNC clients (Table 6.4).

Monitoring ANC coverage rates—that is, calculating the proportion of eligible women in a catchment area who receive ANC services—occurs rarely. Only one-fourth of ANC facilities have documentation indicating that they monitor ANC coverage rates (Table 6.4). Health centres (38 percent) and government facilities (28 percent) are more likely than other facilities to do so. Compared to other zones, only a small proportion of facilities in Zanzibar (8 percent) monitor ANC coverage rates.

Table 6.4 Management practices supportive of quality maternal health services

Percentage of facilities offering antenatal care (ANC) that have an up-to-date client register, documentation of monitoring ANC coverage, and user fees for ANC, and percentage of facilities where interviewed ANC providers report receiving routine training related to their work and personal supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Observed up-to-date client register[1]		Documentation of monitoring ANC coverage	User fees for ANC	Number of facilities offering ANC (weighted)	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed ANC providers (weighted)[4]
	ANC	PNC				Training related to ANC[2]	Personal supervision[3]	
Type of facility								
Hospital	92	31	26	30	23	34	80	23
Health centre	86	32	38	16	51	33	92	51
Dispensary	86	17	22	8	425	35	89	421
Managing authority								
Government	88	22	28	2	385	36	91	384
Private for-profit	65	13	5	60	30	32	71	29
Parastatal	80	0	0	0	7	20	80	7
Faith-based	87	14	13	33	77	30	84	75
Zone								
Northern	88	11	15	18	82	41	85	81
Central	91	14	21	0	45	42	100	45
Southern Highlands	81	18	21	7	87	44	90	85
Western	92	20	34	0	66	32	92	66
Lake	96	27	13	7	76	22	87	76
Southern	83	31	51	5	57	34	91	57
Eastern	77	15	22	22	71	25	81	69
Zanzibar	90	29	8	29	16	46	88	16
Total	87	19	24	10	499	34	89	495

[1] Register has entry within past seven days and indicates, at minimum, whether this was the first or a followup visit for ANC and number of days postpartum for PNC register.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of ANC in facilities offering ANC services.

6.3.2 Practices Related to User Fees

User fees may have a positive effect on utilisation of health facilities by increasing the funds available to the facility. They may also have a negative effect by deterring poor clients from using services. Displaying user fees (or advertising that there are no fees for certain services) contributes to the quality of care by letting clients know the cost of services.

In Tanzania, ANC services are supposed to be provided free of charge in all government facilities. Overall, 10 percent of facilities offering ANC services charge some form of user fees. These are almost entirely private for-profit (60 percent) and faith-based facilities (33 percent) (Table 6.4). Only two percent of government facilities charge user fees for ANC services. Hospitals (30 percent), and to some extent health centres (16 percent), are more likely than other facilities to charge user fees, as are facilities in the Northern (18 percent) and Eastern (22 percent) zones and in Zanzibar (29 percent). These charges are mainly for medicines (8 percent), client registration (5 percent), consultations (4 percent), and laboratory

services (2 percent) (Appendix Table A-6.11). Private for-profit facilities (60 percent) and hospitals (30 percent) are more like to charge for medicines than other facilities. Five percent of ANC facilities have a system whereby clients prepay for multiple ANC visits; these are mostly hospitals (14 percent), faith-based facilities (17 percent), and private for-profit facilities (29 percent).

Among ANC facilities that charge user fees, only 16 percent (including 30 percent of hospitals and 42 percent of facilities in the Southern Highlands zone) publicly display all fees (Appendix Table A-6.11).

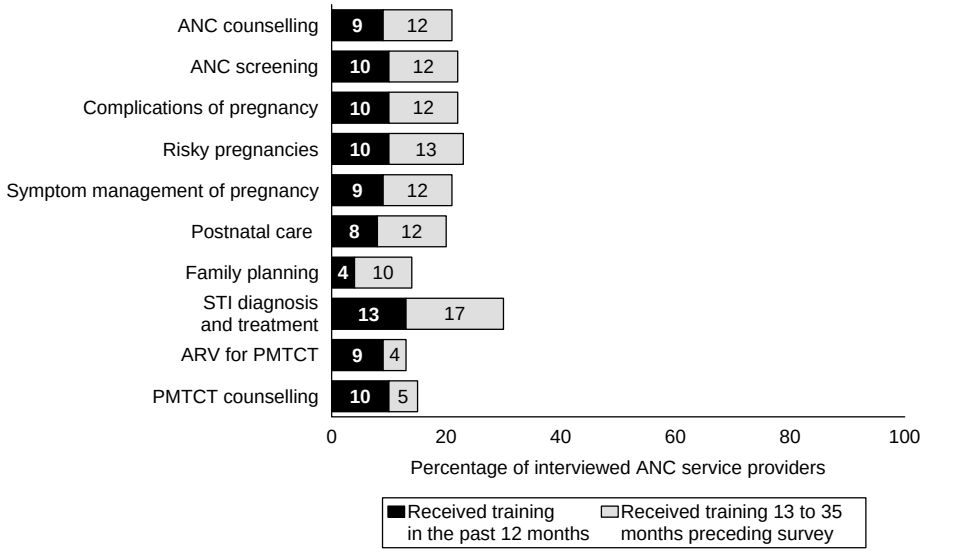
Among first-visit ANC clients who were observed and interviewed, 14 percent reported paying out-of pocket user fees, with a median amount of approximately 1,000 Tanzanian shillings (TShs) (Appendix Table A-6.12.1). Followup ANC clients reportedly paid a median of approximately 500 TShs. Fees were considerably higher in hospitals, which collected a median of 2,000 TShs in user fees (Appendix Table A-6.12.2).

6.3.3 Training and Supervision

The TSPA considers a facility to provide routine ANC staff development activities if at least half of the ANC providers interviewed said they had received structured training relevant to ANC during the 12 months preceding the survey. This includes formal pre-service and in-service training, but excludes individual instruction received during routine supervision. One-third of ANC facilities meet this criterion. There is little variation by facility type, but parastatal facilities are less likely to provide routine staff development for ANC (Table 6.4).

The training topics most frequently reported by interviewed ANC service providers are STI diagnosis and treatment, ANC screening, complications of pregnancy, risky pregnancies, and PMTCT, each of which 10 percent to 13 percent of providers reported being training on in the past 12 months (Figure 6.4).

Figure 6.4 **Training received by interviewed ANC service providers, by topic and timing of most recent training (N=1,601)**



Supervising individual staff members helps promote adherence to standards and also helps identify problems that contribute to poor quality services. Supervision of ANC providers is quite common: 89 percent of facilities meet the TSPA criteria for routine staff supervision, that is, at least half of the interviewed ANC providers reported being personally supervised during the six months preceding the survey (Table 6.4).[2] Routine supervision for ANC providers is least common in private for-profit facilities (71 percent) and most common in facilities in the Central zone, where it is universal.

Key Findings

While most facilities have up-to-date ANC registers, only 2 in 10 have PNC registers. One-fourth of facilities have documentation indicating that they monitor ANC coverage rates.

One-third of facilities have routine staff training on ANC, and about 9 out of 10 facilities offer routine supervision of ANC providers, including all facilities in the Central zone.

6.4 Adherence to Standards for Quality ANC Service Provision

To assess whether ANC providers adhere to service standards, TSPA personnel observed 1,301 ANC consultations. The observation checklists were based on elements of focused ANC. The observers noted whether providers shared information on a topic and whether an examination was conducted. They did not assess whether the information was correct or whether findings were appropriately interpreted.

6.4.1 Appropriate Assessment and Examination for ANC clients

Summary information from the observations of ANC is provided in Figures 6.5, 6.6, 6.7, and 6.8. Appendix Tables A-6.17 to A-6.21 provide details on assessments, examinations, and interventions for ANC clients.

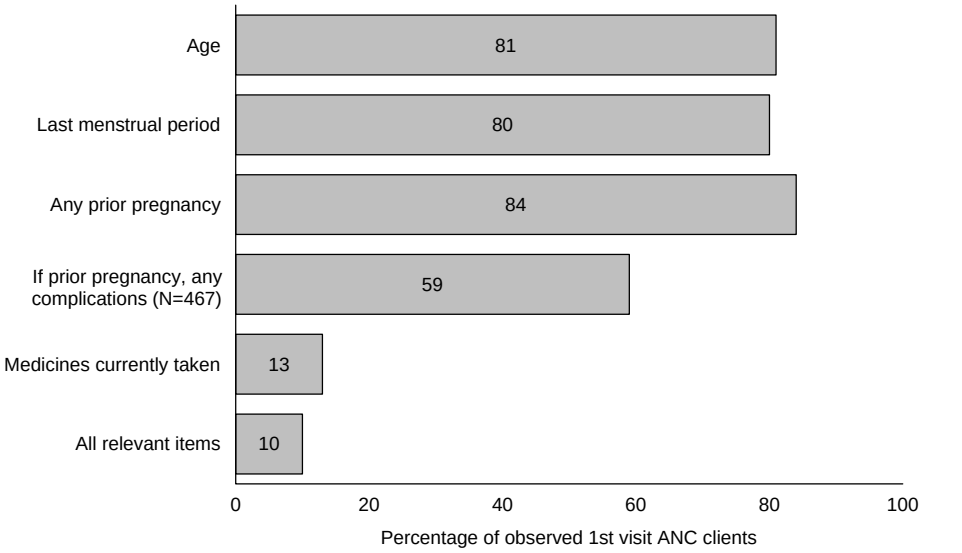
Client history

During a first ANC visit, the provider is expected to elicit a basic medical history to assess pre-existing risk factors. Providers ask over 80 percent of first-visit ANC clients about their age, date of last menses, and prior pregnancies (Figure 6.5, Appendix Table A-6.17). They less often ask less often about any complications during prior pregnancies (59 percent) and what medicines the client is currently taking (13 percent). Information about a client's history of complications is more likely to be collected at dispensaries (62 percent) than hospitals (49 percent) and health centres (51 percent).

Only 10 percent of first-visit ANC clients are assessed for all of five of these items (Figure 6.5).

[2] The assessment is not able to determine how complete or supportive the supervision is, or whether it is purely for administrative matters or includes any coaching or learning component.

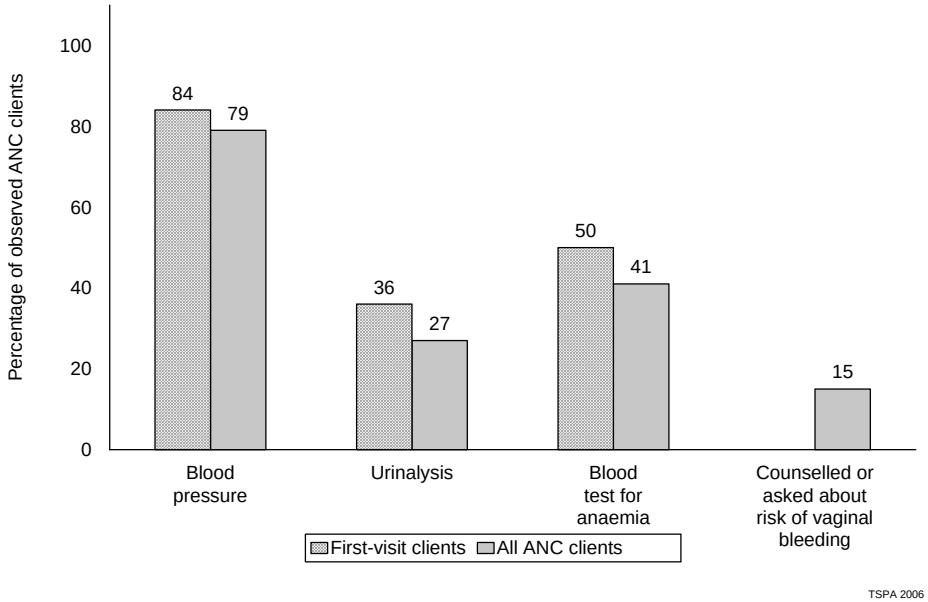
Figure 6.5 Content of client history assessed for first-visit ANC clients (N=586)



Monitoring progress of pregnancy

All ANC clients should receive periodic assessments to monitor the progress of their pregnancy and to identify any danger signs or risk factors. This includes both maternal and foetal conditions such as the assessment of blood pressure and vaginal bleeding. Figure 6.6 provides information on the percentage of all ANC clients (who were making first or followup visits) who received these assessments during their visit. Appendix Tables A-6.17 and A-6.18 provide this information by facility type.

Figure 6.6 ANC content for first-visit (N=586) and all observed ANC clients (N=1,301)



Laboratory testing capability is necessary (or in some cases required) for facilities to be able to provide certain screening and preventive interventions. If a facility does not have the capacity to provide the service itself, it should have a referral system in place to provide ANC clients with access to the service.

To meet defined minimum standards, each ANC visit should include the following components: counselling on vaginal bleeding as a risk factor for which help should be sought, measuring blood pressure, and urinalysis to check for urine protein and glucose. First-visit clients also should have their blood checked for anaemia.

Providers are more likely to measure blood pressure than to counsel clients about vaginal bleeding, conduct blood tests, or conduct urinalysis (Figure 6.6, Appendix Table A-6.17). Approximately 4 in 5 ANC clients (including both first and followup clients) have their blood pressure measured during an ANC visit, and half of first-visit ANC clients have their blood tested for anaemia. The least conducted laboratory test, albeit the most basic, is urine testing for protein (conducted for 27 percent of all ANC clients). First-visit clients receive all three tests more often than all ANC clients.

Only 15 percent of all ANC clients are counselled on vaginal bleeding (Figure 6.6). This includes clients who are counselled about vaginal bleeding as a risk or who are asked whether they have experienced vaginal bleeding.

Key Findings

Although most first-visit ANC clients are asked their age, date of last menses, and about prior pregnancies, only 10 percent are assessed for all of their relevant medical history, including age, last menstrual period, any prior pregnancy, complications during prior pregnancies, and current medications.

ANC providers are more likely to measure women's blood pressure than to perform urinalysis, conduct blood tests for anaemia, or offer counselling about vaginal bleeding

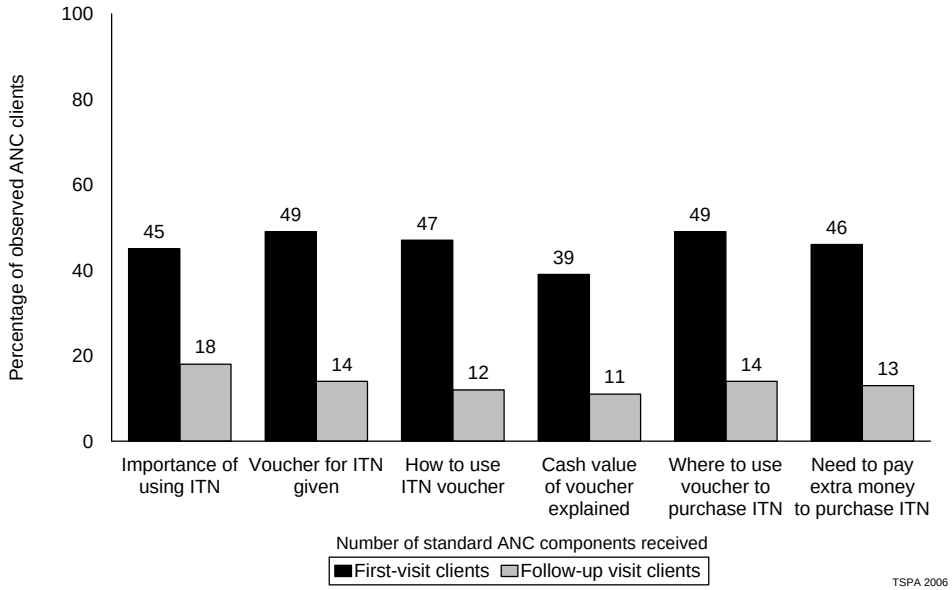
6.4.2 Counselling to Promote a Healthy Outcome

Information shared with ANC clients on insecticide-treated nets (ITNs) and intermittent preventive treatment (IPT) for malaria are presented in Figures 6.7 and 6.8, with details available in Appendix Tables A-6.19.1 and A-6.19.2. Other components of client counselling are presented in 6.9, with information by type of facility and zone available in Appendix Tables A-6.20.1 and A-6.20.2. Details on counselling and client knowledge about risk signs are available in Appendix Tables A-6.21 to A-6.22. Details on client plans for delivery are provided in Appendix Table A-6.23.

Insecticide-treated nets and intermittent preventive treatment for malaria

Malaria during pregnancy can have adverse effects on both mother and foetus, including maternal anaemia, foetal loss, intrauterine growth retardation, and premature delivery. Using ITNs can reduce malaria transmission among the population in general and in pregnant women in particular. ITNs in Tanzania are being promoted through three main channels: community-based projects in the public sector, public-private partnerships implemented by NGOs directly to the community, and private-sector social marketing initiatives.

Figure 6.7 Percentage of first-visit (N=586) and followup visit ANC clients (N=715) who received an ITN voucher or related information



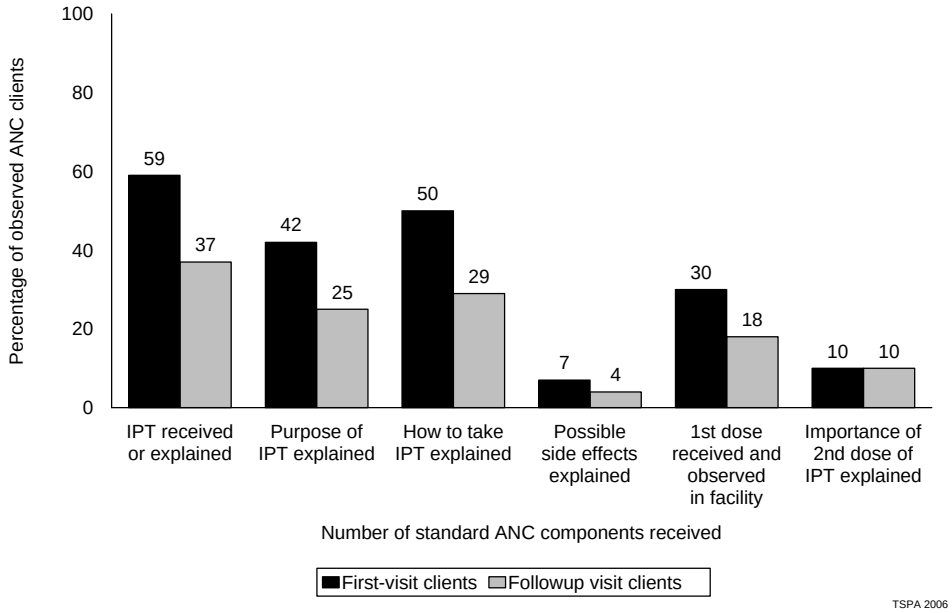
The usual practice is for pregnant women to receive information and items related to ITNs during ANC visits. This may include information on the importance of using an ITN, a voucher for purchasing an ITN, instructions on how and where to use the voucher, the cash value of the voucher, and the like. As expected, first-visit ANC clients are more likely to receive ITN-related information and items than followup ANC clients. First-visit ANC clients are more than twice as likely to receive information on the importance of ITNs as followup clients (45 percent and 18 percent, respectively). Close to half of first-visit clients receive an ITN voucher, as well as information on how to use the voucher, where to use the voucher, and the additional money needed to purchase an ITN (Figure 6.7).

The Tanzania Reproductive Health and Child policy calls for IPT during pregnancy, giving two doses of sulphadoxine-pyrimethamine (Fansidar) in the second and third trimesters.

Providers are expected to explain the purpose of IPT to ANC clients, tell them how to take the antimalarial tablets, and discuss the possible side effects of the medicine. It is recommended that ANC clients take their first IPT dose under the observation of the provider in the facility, and also receive information on the importance of taking a second dose of the medicine.

As expected, first-visit ANC clients are more likely to be given or provided information on IPT than followup clients. About 3 in 5 first-visit ANC clients receive information on IPT compared with fewer than 2 in 5 followup ANC clients (Figure 6.8). Half of first-visit clients receive information on how to take the medicine, compared with 29 percent of followup clients. Less than one-third of first-visit clients get their first dose in the facility under the supervision of a provider. The importance of the second dose of IPT was explained to only 10 percent of all ANC clients, including both first visit and followup clients, and even fewer received any explanations on possible side effects of the medicine (Figure 6.8).

Figure 6.8 **Percentage of first-visit (N=586) and followup visit ANC clients (N=715) who received IPT for malaria or related information**

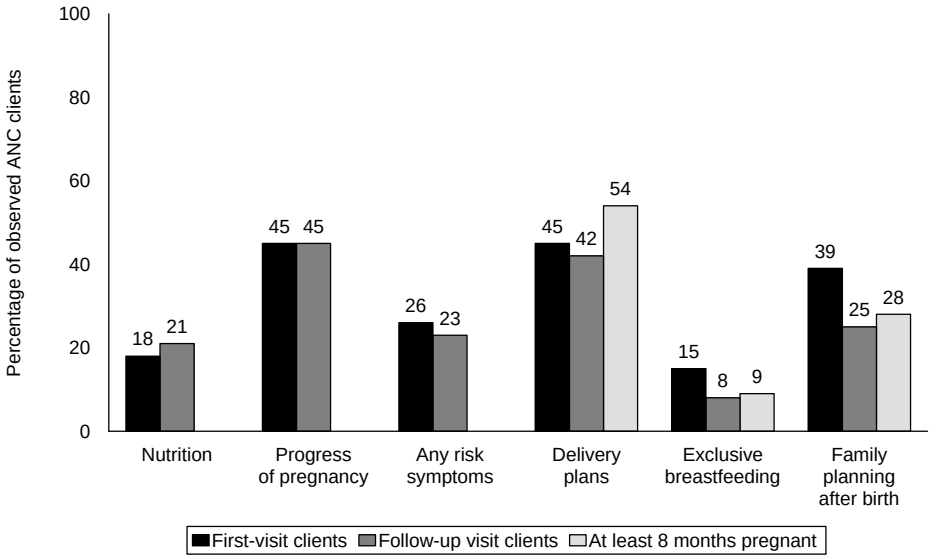


Counselling topics

ANC providers are expected to routinely counsel clients on special nutritional needs during pregnancy as well as signs and symptoms that may indicate a problem with the pregnancy. It is not unreasonable to assume that all topics may not be discussed during every visit, however, since most women make multiple ANC visits. Thus the content of counselling for first and followup visits is assessed separately.

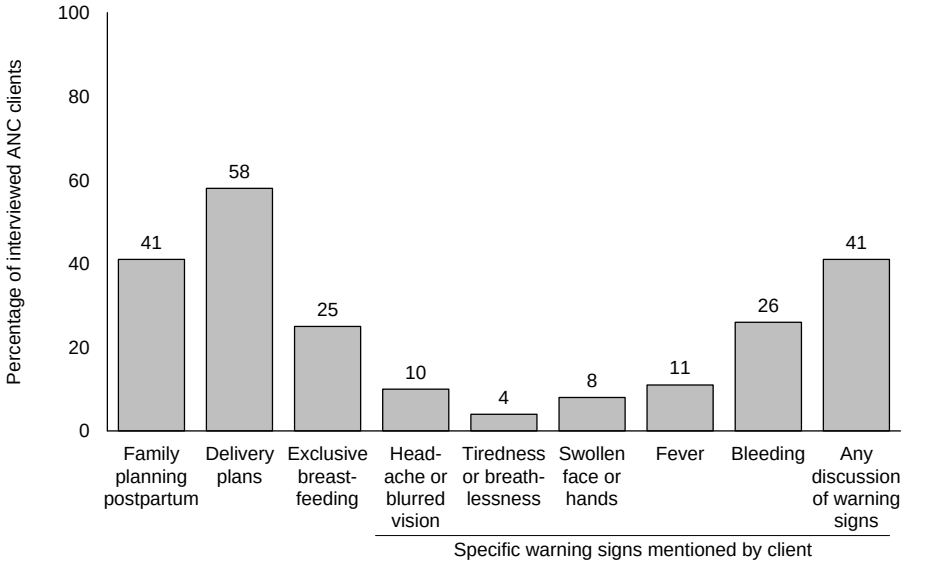
Nutritional issues are discussed during consultations with only 18 percent of first-visit and 21 percent of followup clients (Figure 6.9), whereas the progress of the pregnancy is discussed with 45 percent each of first-visit and followup clients. Delivery plans are discussed with 45 percent of first-visit and 42 percent of followup clients. Delivery plans are discussed with only half of ANC clients who are at least 8 months pregnant. Family planning after birth is not widely discussed with ANC clients; it is addressed during only 39 percent of first-visit and 25 percent of followup consultations (Figure 6.9). Exclusive breastfeeding is an even less common topic: only 1 in 10 ANC clients at least 8 months pregnant are counselled on it.

Figure 6.9 **Counselling topics discussed during observed first-visit (N=586) and followup visit (N=715) and with ANC clients at least 8 months pregnant (N=398), when relevant**



Interviews with ANC clients ask what topics were discussed during the current or past visits to the facility. According to client interviews, the provider discussed delivery plans with 58 percent of clients, using family planning post-partum with 41 percent of clients, and exclusive breastfeeding with 25 percent of clients during at least one ANC visit (Figure 6.10).

Figure 6.10 **Topics reported by interviewed clients as having been discussed either during this or a previous ANC visit (N=1,300)**



Interviewed clients are also asked to mention specific warning signs that were discussed during the current or past ANC visits. While 41 percent said they had discussed warning signs and symptoms of some kind, few were able to name any of these danger signs. Bleeding is the most commonly mentioned danger sign (26 percent), followed by fever (11 percent), headache or blurred vision (10 percent), swollen hands or face (8 percent), and tiredness or breathlessness (4 percent) (Figure 6.10).

Key Findings

Providers do not commonly counsel pregnant women on nutrition, risk signs and symptoms, or exclusive breastfeeding during ANC consultations.

Delivery plans are discussed with less than half of all ANC clients and with only half of clients who are at least 8 months pregnant.

6.4.3 Supporting Continuity of Care

Continuity of care, including monitoring changes between visits, is important to good quality ANC. One of the more reliable ways to achieve continuity of care is to maintain a record of relevant history and findings, as well as interventions or treatments provided. Frequently, health services are organized so that a client's blood pressure and weight are measured and the information recorded on the client's card or chart before the client sees the main ANC provider. Details on providers' use of individual client cards during ANC visits are provided in Appendix Table A-6.24

During 66 percent of first visits and 86 percent of followup visits, providers looked at the individual client card during the consultation. By the end of all first-visit and followup consultations, virtually all of them had written on the client's card (Appendix Table A-6.24). It is impossible to know through these observations whether providers' notes were relevant or accurate.

Eight in 10 of the ANC clients who were observed went directly home after their consultation (Appendix Table A-6.25). Eleven percent were referred elsewhere in the same facility, with most of these intra-facility referrals taking place in hospitals, and 4 percent were referred to another facility. One percent of ANC clients were admitted to the facility.

6.5 Client Opinion of Service Provision

Before leaving the facility, observed ANC clients were asked their opinion of the services they received and about any problems they encountered that day. Although this information is subjective, clients' most common concern was the waiting time to see provider: 13 percent of clients considered waiting times to be a big problem (Appendix Table A-6.26). Other areas of concern for ANC clients were the availability of medicines and the hours that the facility is open for service, which were considered to be big problems by 7 percent and 4 percent of clients, respectively.

In interviews, 12 percent of ANC clients reported that the facility was not the one closest to their home. When asked about why did not visit the closest facility, the largest group, 40 percent, cited referrals that forced them to bypass the closest facility. However, 10 percent cited inconvenient operating hours, 5 percent cited lack of medicine, and 3 percent cited high costs at the nearest facility, while 3 percent said they did not like the personnel there (Appendix Table A-6.27).

6.6 Availability of Delivery Services and Capacity to Provide Quality Delivery Care

The TSPA assessed the availability of emergency obstetric care and the presence of standards, equipment and supplies, and health system components to support quality delivery services. The following items were assessed:

- Availability of delivery services,
- Home delivery care practices,
- Infrastructure and resources to support quality delivery services,
- Practices related to signal functions, and
- Documentation of delivery procedures and outcomes.

6.6.1 Availability of Delivery Services

Table 6.5 provides information on the availability of maternal health services, as well as details on the availability of emergency transport and services supporting safe home delivery. Information on median travel time using the most common transport system is provided in Appendix Table A-6.29.

Table 6.5 Availability of maternal health services

Percentage of facilities that offer specific maternity services, transportation for maternal emergencies, and services supporting safe home delivery and traditional birth attendants (TBAs), by type of facility, managing authority, and zone, Tanzania SPA 2006

	Facility-based maternity services						Services supporting safe home delivery		
Background characteristics	Antenatal care (ANC)	Normal delivery services	Caesarean section	ANC and normal delivery services	ANC, normal delivery, and caesarean section	Emergency transportation for maternity emergencies[1]	Any home delivery services[2]	Documented official programme supportive of TBAs[3]	Number of facilities (weighted)
Type of facility									
Hospital	95	96	92	94	90	89	21	6	25
Health centre	93	88	13	88	13	71	32	21	55
Dispensary	80	72	0	70	0	35	25	16	528
Managing authority									
Government	96	91	3	90	3	44	35	22	399
Private for-profit	30	18	4	12	4	16	4	2	102
Parastatal	50	20	0	20	0	40	0	0	14
Faith-based	83	73	15	73	15	50	16	7	92
Zone									
Northern	76	66	5	65	5	38	32	11	108
Central	97	94	2	94	2	54	40	14	46
Southern Highlands	91	87	4	87	4	54	19	17	95
Western	81	85	2	79	2	40	32	15	82
Lake	84	83	6	80	6	42	35	14	89
Southern	94	87	8	87	8	35	22	18	60
Eastern	70	55	8	53	8	33	13	21	102
Zanzibar	67	8	2	7	1	15	3	14	24
Total	82	74	5	73	5	40	26	16	608

[1] Any system where the facility provides some support for emergency transportation to referral site, or the facility is the referral site.
[2] This may be either a routine service or service only for emergency cases.
[3] Any official activity with TBAs for which the facility has any documentation.

About 4 in 5 facilities offer ANC services, and three-quarters offer normal delivery services. Almost three-quarters of facilities offer both services. Hospitals are more likely to offer normal delivery services (96 percent) than either health centres (88 percent) or dispensaries (72 percent). Similarly, government-managed facilities are more likely (91 percent) than faith-based (73 percent), parastatal (20 percent), or private for-profit facilities (18 percent) to offer normal delivery services. There are also geographic differences: normal delivery services are more likely to be offered at facilities in the Central zone (94 percent) than in the Northern (66 percent) and Eastern (55 percent) zones. Only 8 percent of facilities in Zanzibar offer normal delivery services, even though 67 percent of facilities there offer ANC services (Table 6.5).

Nearly all hospitals (92 percent) and a small proportion of health centres (13 percent) perform caesarean sections. Only 3 percent of government facilities offer caesarean sections, because most are lower level health centres and dispensaries that are not expected under normal circumstances to offer this service. Overall, only 5 percent of all facilities offer ANC, normal delivery services, and caesarean sections.

One way of increasing access to emergency obstetric care is to offer rapid transport to a facility where the service is available. Without a facility-supported emergency transportation system, the expectant mother and her family are forced to find their own means of transport during an emergency. Even when a facility does not offer delivery services, but does offer ANC, it is desirable to have emergency transport available. For many home deliveries, the facility where a woman receives ANC may be the nearest health care delivery site where emergency help can be sought.

Only 40 percent of all facilities have a system of emergency transportation[3] to another facility for maternity emergencies (Table 6.5). Hospitals (89 percent) are more likely than health centres (71 percent) or dispensaries (35 percent) to support emergency transportation for obstetric emergencies. Half of faith-based facilities and 44 percent of government facilities have emergency transportation support compared with 40 percent of parastatal and 16 percent of private for-profit facilities. Among those facilities supporting emergency obstetric transportation, 18 percent have an ambulance or other facility-based vehicle, 41 percent use a vehicle at another facility, 15 percent hire vehicles, 55 percent have other arrangements to support the cost of emergency transportation, and 3 percent are referral sites (Appendix Table A-6.29). Facilities in the Central and Western zones are much less likely than other facilities to have an ambulance or other facility-based vehicle for obstetric emergencies.

6.6.2 Domiciliary care practices

In countries where a large proportion of deliveries take place at home (frequently with the assistance of TBAs), a support system from a health facility may increase a woman's chances of having a safe delivery. Research has shown that every pregnancy is at risk and therefore every pregnant woman should receive skilled care during delivery. The concept of domiciliary care operates on the understanding that skilled care can be provided at the community level. A common approach authorizes facility staff to attend home deliveries, either routinely or only in case of emergency. Retired midwives in the community can also be used to provide skilled care to women during home deliveries, and they may have formal systems for working with the health system and other community resource persons, including TBAs.

[3] Referral facilities are counted as having an emergency transportation system, since they can provide all relevant services.

One-quarter of all facilities in Tanzania have services supporting safe home delivery; these are mostly government (35 percent) and faith-based facilities (16 percent). No parastatal facility offers this outreach service. Mainland facilities are more likely to have services supporting safe home delivery than those in Zanzibar, where only 3 percent of facilities offer home delivery services. Sixteen percent of facilities have documentation of official support for TBAs, including 14 percent of facilities in Zanzibar (Table 6.5).

Key Findings

About three-fourths of all facilities offer normal delivery services. These services are far more widely available in the Central zone (94 percent of facilities) than in Zanzibar (8 percent). Most hospitals (92 percent) and 13 percent of health centres offer caesarean sections.

Two-fifths of all facilities have a system of emergency transportation to another facility for maternity emergencies.

One-fourth of all facilities, mostly government (35 percent) and faith-based facilities (16 percent), have outreach services supporting safe home delivery. No parastatal facility offers such a service.

6.6.3 Infrastructure and Resources to Support Quality Delivery Services

In addition to basic infrastructure that assures privacy and supports infection control, several types of equipment and medicines are needed to support safe deliveries.

Tables 6.6 and 6.7 provide aggregate information on infrastructure, equipment, and supplies for basic delivery services, including emergency medicines. Figures 6.11 through 6.14 summarize the individual items available, and Appendix Tables A-6.30 through A-6.41 provide details on elements assessed for delivery services and on sterilisation and high-level disinfecting (HLD) procedures for delivery equipment. Figure 6.14 provides information on equipment for emergency obstetric care, and information on supportive management and supervision is provided in Appendix Tables A-6.42 though A-6.44.

Infection control

Infection is one of the most common causes of maternal and neonatal morbidity and mortality, so infection control practices are essential for good quality delivery care. Among facilities offering delivery services, 26 percent have all the items for infection control available in the delivery service area, including soap and running water for washing hands, a sharps box, disinfecting solution, and clean or sterile latex gloves (Table 6.6). The items most often lacking are running water and disinfecting solution, which are missing in 53 percent and 29 percent of facilities, respectively (Appendix Table A-6.30.1). Soap and sharps boxes are each missing in 21 percent of facilities. Waste receptacles with plastic liners are available in only one-fifth of facilities.

Hospitals (44 percent) are more likely than health centres (29 percent) or dispensaries (25 percent) to have all infection control items (Table 6.6). One-quarter of government facilities, 35 percent of private for-profit facilities, and 30 percent of faith-based facilities offering delivery services have all of the infection control items available in the delivery service area. This is not true of any parastatal facility. Facilities in the Southern Highlands zone (54 percent) are more likely to have all infection control items available in the delivery service area than facilities in other zones, especially in the Western and Lake zones, where only 5 percent and 11 percent, respectively, of facilities have everything need for infection control in delivery service areas.

Table 6.6 Availability of elements for quality delivery services

Among facilities offering delivery services, percentage that have infection control items, sterilisation and high-level disinfection (HLD) capacity, infrastructure and furnishings, and other elements to support good quality delivery services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering delivery services with: All items for infection control[1]	Capacity for sterilisation/ HLD processing[2]	All delivery room infrastructure and furnishings[3]	All other elements to support quality[4]	Number of facilities offering delivery services (weighted)
Type of facility					
Hospital	44	37	55	7	24
Health centre	29	19	30	3	48
Dispensary	25	5	7	0	379
Managing authority					
Government	25	6	6	1	363
Private for-profit	35	5	38	0	18
Parastatal	0	50	0	0	3
Faith-based	30	18	34	2	67
Zone					
Northern	31	10	22	0	71
Central	16	4	0	0	43
Southern Highlands	54	7	13	3	83
Western	5	3	5	0	69
Lake	11	9	12	0	74
Southern	35	9	2	0	53
Eastern	25	13	22	0	56
Zanzibar	18	12	71	0	2
Total	26	8	12	1	451

[1] Soap, running water, sharps box, disinfecting solution, and clean latex gloves.
[2] In location where delivery service equipment is processed, equipment, knowledge of minimum processing time for sterilising or HLD processing, and an automatic timing device.
[3] Bed, examination light, and visual and auditory privacy.
[4] Guidelines, partographs, and 24-hour delivery provider onsite or on call, with duty schedule observed.

Among facilities offering delivery services, 9 percent process delivery service equipment in the delivery area, 84 percent do so in the main facility area, and 2 percent process their equipment in the family planning area. Five percent either do not process equipment or send equipment outside for final processing (Appendix Table A-6.31). Eight percent of facilities (including 37 percent of hospitals and 6 percent of government facilities) have the capacity for sterilisation or HLD processing at the location where delivery service equipment is processed; this requires having equipment, appropriate knowledge of minimum processing temperature and/or time for the method used, and an automatic timer available (Table 6.6).

The procedures used for sterilising or HLD processing equipment used for deliveries were also assessed.[4] Among facilities offering delivery services, only 8 percent meet all conditions for good quality sterilisation or HLD disinfection of delivery equipment, that is, they have functioning equipment, relevant

[4] In Chapter 3, Sections 3.4.1 and 3.4.2 provide details on the definitions for adequate sterilisation or HLD procedures and storage practices.

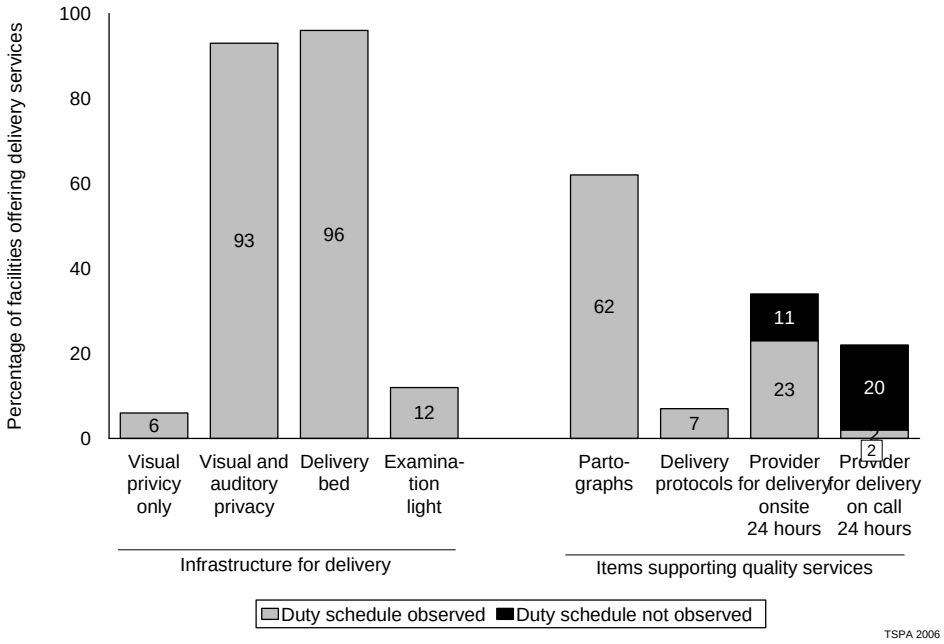
information, and a timer. Half of these facilities use dry heat or an autoclave, and half either boil/steam or use chemical HLD (Appendix Table A-6.32).

Only 15 percent of facilities have written guidelines for sterilisation or HLD processing available in the area where delivery equipment is processed (Appendix Table A-6.32). Written guidelines for sterilisation or HLD processing are most widely available in Zanzibar (35 percent) and the Northern zone (31 percent) and least available in the Central (4 percent), Western (7 percent) and Lake zones (9 percent).

Infrastructure for delivery

Items to support quality delivery services were also assessed (Table 6.6 and Figure 6.11). A bed, an examination light, and privacy (both visual and auditory) are considered the basic delivery room infrastructure and equipment. Overall, only 12 percent of facilities offering delivery services have all these basic items (Table 6.6). The best-equipped facilities are hospitals (55 percent), health centres (30 percent), private for-profit facilities (38 percent), and faith-based facilities (34 percent). Over 90 percent of facilities offer both visual and auditory privacy and have a bed in the delivery area, but only 12 percent have an examination light (Figure 6.11).

Figure 6.11 **Items to support quality delivery services (N=451)**



Elements to support quality delivery services

The partograph (a document used to monitor an individual woman's labour) is promoted internationally as a way to improve the quality of care by helping providers make appropriate and timely decisions, based on the progress of labour at every stage. It provides guidelines for the early identification of complications. About 3 in 5 facilities have blank partographs available (Figure 6.10), and they are more likely to be found at hospitals (86 percent) than health centres (66 percent) or dispensaries (60 percent) (Appendix Table A-6.30.1). Regarding the actual use of the partograph, 30 percent of interviewed delivery service providers reported using it during the week preceding the visit, and 20 percent reported

using it during the preceding two to four weeks (Appendix Table A-6.45). Seventeen percent reported last using a partograph more than 6 months prior to the survey. Only 7 percent of delivery service providers received training on the use of the partograph during the 12 months preceding the survey (Appendix Table A-6.43.1).

Guidelines and protocols are not widely available: only 7 percent of facilities offering delivery services have delivery guidelines and protocols available in the delivery service area (Figure 6.11). In Tanzania, general practitioners, obstetricians, and nurses/midwives are the principal staff members who provide delivery services at the facility. Although 34 percent of facilities report having a delivery service provider onsite 24 hours a day, only 23 percent have a duty schedule to support that claim. Similarly, while 22 percent of facilities report having a delivery service provider on call 24 hours a day, only 2 percent have a duty schedule to support that claim (Figure 6.10).

Key Findings

Only one-fourth of facilities that offer normal delivery services have all infection control items at the service site. The items most commonly missing are running water and disinfecting solution.

Less than 10 percent of facilities that offer normal delivery services have all the elements needed to support quality sterilisation of delivery equipment, and only 15 percent have written guidelines for sterilisation or HLD processing available in the area where delivery equipment is processed.

About 3 in 5 facilities offering delivery services have blank partographs to help providers monitor an individual woman's labour.

About one-fourth of facilities have a provider available 24 hours a day for deliveries, either onsite or on call, with an observed duty schedule.

Essential supplies for delivery services

Table 6.7 and Figures 6.12 and 6.13 provide information on the availability of essential supplies for normal delivery and the availability of additional medicines and supplies to handle common and serious complications of delivery.

Scissors or a blade, cord clamps or ties, a suction apparatus, antibiotic eye ointment for the newborn, and a disinfectant for cleaning the perineum are considered basic items for conducting a normal delivery. All these items are available in the delivery area in only 13 percent of facilities offering delivery services (Table 6.7), including 41 percent of hospitals, 25 percent of health centres and 10 percent of dispensaries. Faith-based facilities (29 percent) are more likely than government facilities (11 percent) to have all of these essential supplies. Availability of individual items ranges from 36 percent for a suction apparatus to 86 percent for scissors or a blade (Figure 6.12).

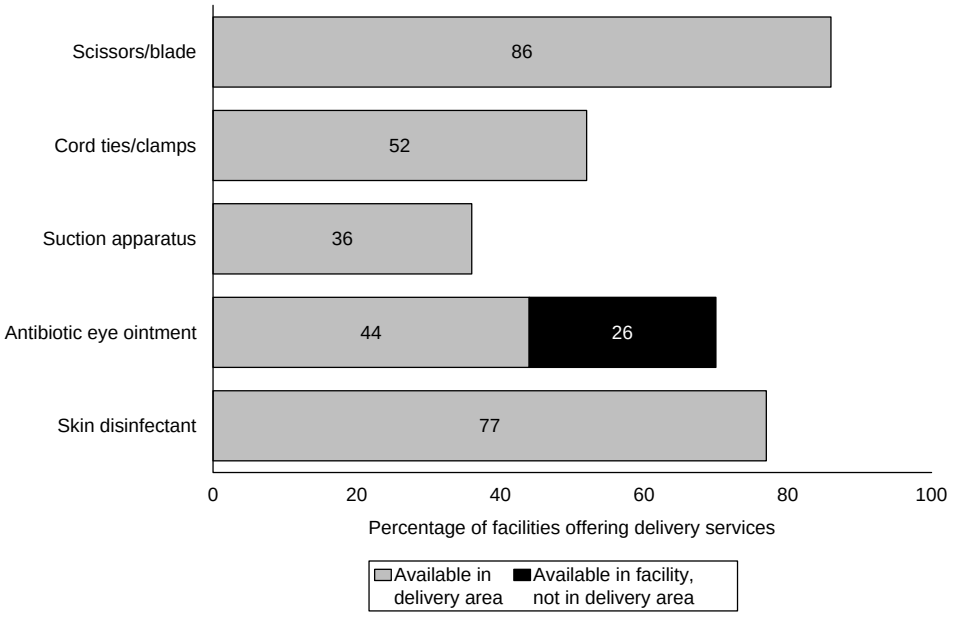
Table 6.7 Availability of medicines and supplies for normal and complicated deliveries

Percentage of facilities offering delivery services that have all essential supplies for delivery and additional medicines and supplies for complications, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	All essential supplies for delivery[1]	Additional medicines and supplies for:		Number of facilities offering delivery services (weighted)
		Common complications[2]	Serious complications[3]	
Type of facility				
Hospital	41	59	76	24
Health centre	25	10	17	48
Dispensary	10	3	6	379
Managing authority				
Government	11	3	5	363
Private for-profit	0	13	27	18
Parastatal	0	0	0	3
Faith-based	29	24	38	67
Zone				
Northern	17	9	12	71
Central	4	1	1	43
Southern Highlands	17	4	10	83
Western	7	1	6	69
Lake	16	8	13	74
Southern	13	6	16	53
Eastern	15	15	15	56
Zanzibar	6	18	59	2
Total	13	6	11	451

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, skin disinfectant.
[2] Needle and syringes, intravenous solution with infusion set, injectable oxytocic, and suture material and needle holder located in delivery room area; plus oral antibiotic (cotrimoxazole or amoxicillin) located in pharmacy or delivery room area.
[3] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area and injectable antibiotic (penicillin or ampicillin) or gentamicin in delivery room area or pharmacy.

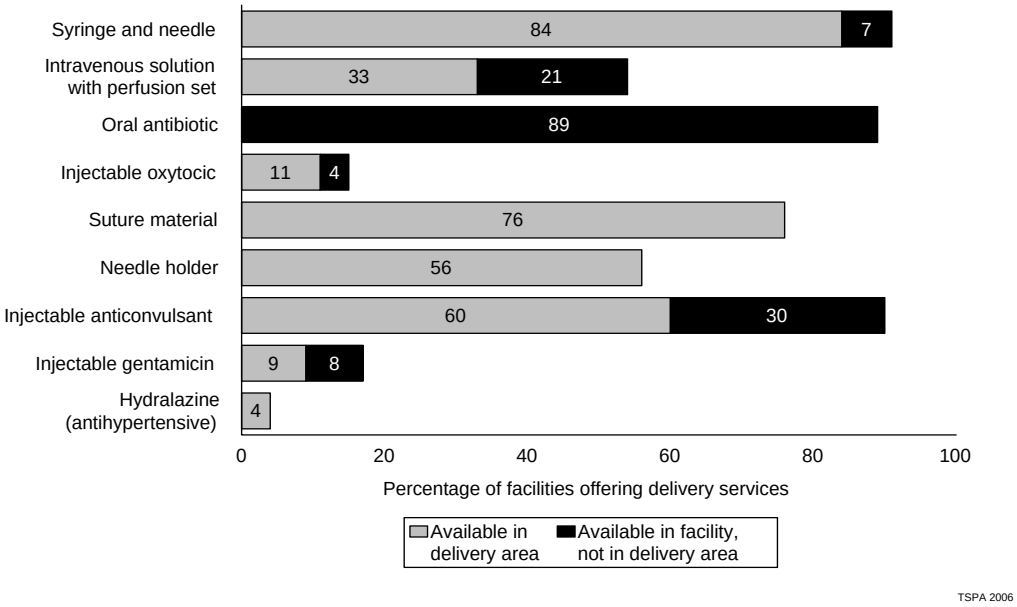
Figure 6.12 Essential supplies for delivery (N=451)



Additional supplies and medicines for complications

To manage delivery complications, facilities need additional medicines and supplies. Only 6 percent of facilities offering delivery services have everything needed for common complications, including a syringe and needle, intravenous solution with a perfusion set, an injectable oxytocic, suture material, and a needle holder in the delivery room area, plus an oral antibiotic in the pharmacy or delivery room area (Table 6.7). These additional supplies and medicines are available primarily in hospitals (59 percent), faith-based facilities (24 percent), and facilities in Zanzibar (18 percent) and the Eastern zone (15 percent). Only 3 percent of government facilities offering delivery services have all of these supplies. Among the items needed for common complications, injectable oxytocics are most commonly missing (Figure 6.13).

Figure 6.13 Additional medicines and supplies for managing complications of delivery (N=451)



The TSPA 2006 also assessed the availability of selected medicines and supplies for managing serious complications in facilities offering delivery services. Tanzanian maternal care standards indicate that every pregnant woman or woman in puerperium seeking health care should be attended by a skilled health care provider within 30 minutes of arrival at a health facility. This implies that all of the supplies needed for emergencies should be readily available. The standards also call for Emergency Obstetric Care (EmOC) facilities to have an emergency tray of drugs available, with anticonvulsants, antihypertensives, and oxytocics, among others.

Additional medicines and supplies for managing serious complications—which include injectable anticonvulsants in the delivery area and antibiotics in the delivery area or pharmacy—are available in only 11 percent of facilities that offer delivery services, primarily in hospitals (76 percent), faith-based facilities (38 percent), and facilities in Zanzibar (59 percent). Government facilities (5 percent) are among the least likely to have these medicines and supplies for managing serious complications of delivery (Table 6.7). In 89 percent of facilities, oral antibiotics are available in the pharmacy but not in the

delivery room. Injectable oxytocics are available in the delivery area in only 11 percent of facilities. Injectable anticonvulsants, used to control fits in severe pre-eclampsia and eclampsia, are available in the delivery service area in 60 percent of facilities, although an additional 30 percent stock them elsewhere in the facility (Figure 6.13). Injectable antibiotics (gentamicin) for treating sepsis are available in 17 percent of facilities, but only 9 percent of facilities keep them in the delivery area. Hydralazine, commonly used to manage elevated blood pressure during labour and delivery, is found in the delivery area of only 4 percent of facilities.

Key Findings

Basic equipment and supplies for conducting normal deliveries (such as scissors or blades, cord clamps or ties, and a disinfectant) are available in only 13 percent of facilities offering delivery services, with faith-based facilities more likely to have all basic supplies than government facilities.

All items for managing common complications of delivery are available in only 6 percent of facilities offering delivery services, primarily in hospitals and faith-based facilities. Injectable oxytocics are available in the delivery area in only a small proportion of facilities.

Additional medicines and supplies for managing serious complications are available in only 1 out of 10 facilities offering delivery services.

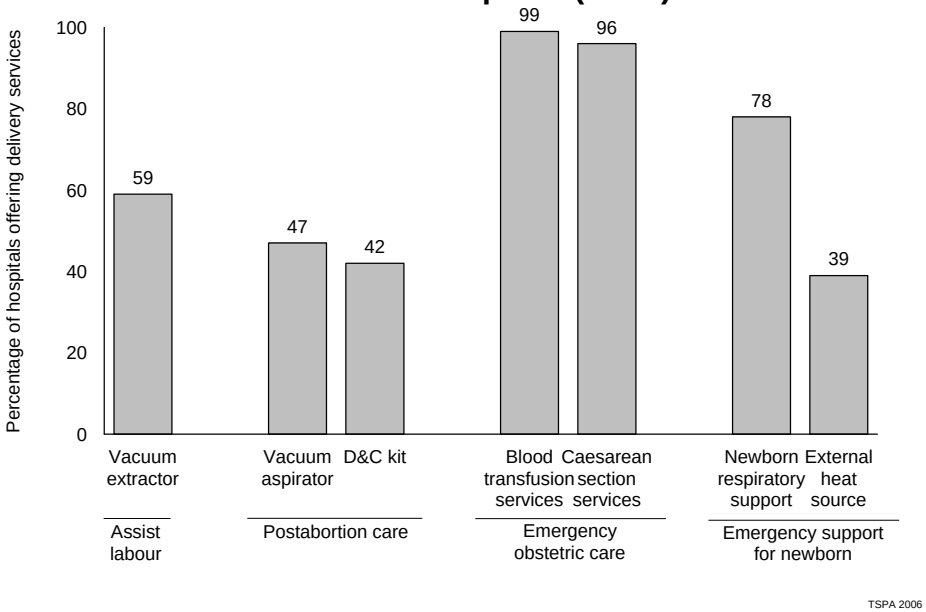
Emergency equipment

Facilities that manage complicated deliveries should have the capacity to offer comprehensive essential obstetric care. In Tanzania, complicated deliveries are primarily managed in hospitals and selected health centres that have skilled staff (i.e., Assistant Medical Officers) and equipment. Other facilities are expected to refer clients on. In cases where life-saving emergency obstetric care is required, the capacity to perform surgical procedures, including caesarean sections, and to transfuse blood is essential.

Caesarean sections and blood transfusion services are limited almost entirely to hospitals that offer delivery services (Appendix Table A-6.36, Figure 6.14). Since government facilities are comprised mostly of lower-level facilities, it is not surprising that only 3 percent of government facilities each offer these services compared with one-fifth to one-third of private for-profit and faith-based facilities. Facilities in Zanzibar are also more likely than others to offer these services.

Among facilities that offer caesarean sections, 80 percent have all of the basic items needed, including an operating table, operating light, scrub area adjacent to the operating room, and sterilised instruments; as expected, hospitals are more likely than health centres to have all this equipment (Appendix Table A-6.37). Fifty-two percent of these facilities have an anaesthetist, and 63 percent have an anaesthesia-giving set available.

Figure 6.14 **Emergency equipment and services available in hospitals (N=24)**



Assisted vaginal delivery

In Tanzania, assisted vaginal deliveries are performed only by Medical Officers and higher-level staff, so they are not frequently performed. If required, the procedure should involve as little trauma as possible (for example, by using a plastic cap vacuum extractor at low pressure). The practice is not banned.

Among facilities offering delivery services, 5 percent have the capacity to provide assisted vaginal delivery by means of vacuum extraction. Hospitals (59 percent) are more likely than health centres (19 percent) to perform this procedure (Appendix Table A-6.36, Figure 6.14). Faith-based facilities and facilities in Zanzibar are also likely to provide this service.

Post-abortion care

The ability to provide care to a woman after an incomplete abortion is vital to prevent any further complications. To remove any retained products of conception, facilities should be able to provide manual vacuum aspiration or dilatation and curettage (D&C). Information on the availability of these services is found in Appendix Table A-6.36 and Figure 6.14. The availability of vacuum aspirators and D&C kits is limited among hospitals (47 and 42 percent, respectively) and health centres (17 and 36 percent, respectively).

Key Findings

Practically all hospitals offering delivery services provide blood transfusion and caesarean section services. These services are most widely available in facilities in Zanzibar and the Eastern zone.

Among facilities that perform caesarean sections, 4 out of 5 have all of the needed equipment, including an operating table, operating light, scrub area adjacent to operating room, and sterilised instruments.

The availability of essential equipment and supplies for managing complications of labour and delivery is limited in hospitals.

6.7 Newborn Care Practices

The TSPA 2006 assessed newborn care practices and the availability of equipment and supplies for newborn care. Facilities sometimes need special equipment to support newborns. TSPA observers noted the availability of emergency respiratory support units (i.e., an infant-sized ambu bag) and external heat sources to maintain body heat in infants, especially premature newborns (including incubators, heat lamps, and other devices). Details on emergency support for newborns and on newborn care practices, excluding care of the umbilical cord, are provided in Appendix Tables A-6.36 and A-6.38.

Only 16 percent of facilities offering delivery services have an emergency respiratory support system for the newborn (Appendix Table A-6.36). Hospitals, health centres, and facilities in Zanzibar are more likely to have emergency respiratory support available than other facilities. Private for-profit facilities (29 percent) and faith-based facilities (32 percent) are more likely than government facilities (13 percent) to have a respiratory support system for newborns.

Only 3 percent of facilities offering delivery services have an external heat source for newborns, and they are mostly available in hospitals (39 percent), facilities in Zanzibar (18 percent), and private for-profit facilities (13 percent).

Using catheter suction to stimulate respiration in newborns that are not breathing is a common practice in many facilities. However, this should not be a routine practice because it may cause injury to the newborn and risk mother-to-child transmission of HIV. Twenty percent of facilities report routinely using catheter suction (Appendix Table A-6.38). This practice is more common among hospitals (58 percent) and health centres (46 percent) than among dispensaries (15 percent).

Hypothermia contributes to increased morbidity and mortality of newborns. It can be prevented by avoiding a full-immersion bath during the first few hours after birth, and instead drying the newborn and either immediately giving the infant to the mother for skin-to-skin contact or wrapping the newborn in a warm blanket. Full-immersion bathing is relatively uncommon, with only 5 percent of facilities indicating that this practice is routine (Appendix Table A-6.38). The practice is more common in hospitals (13 percent) than in health centres (5 percent) and dispensaries (5 percent).

Since low birth weight is a risk indicator for infant death, weighing the newborn provides information essential to postnatal care. Although 89 percent of facilities indicate that they routinely weigh newborns, only 60 percent have a functioning scale for weighing infants in the delivery service area (Appendix Table A-6.38). Routine weighing is more common in hospitals (99 percent) and health centres (97 percent) than in dispensaries (88 percent).

Vitamin A supplementation in poorly nourished children has been shown to decrease the risk of infection and death. Newborns can receive a healthy amount of vitamin A through breast milk, but pregnant women are also at risk of developing vitamin A deficiency and therefore need vitamin A supplementation after delivery. About 9 in 10 facilities reported routinely providing vitamin A to new mothers, and 65 percent of facilities have vitamin A available in the delivery area (Appendix Table A-6.38). Eighty percent of facilities have vitamin A available either in the delivery room or in the pharmacy.

While 70 percent of facilities provide oral polio vaccine (OPV) to newborns, only 38 percent of facilities give them BCG vaccine (Appendix Table A-6.38). Hospitals (76 percent) are more likely than health centres (52 percent) and dispensaries (34 percent) to give BCG vaccine to newborns.

Internationally, exclusive breastfeeding is promoted for the first six months of age and providing pre-lacteal liquids is discouraged. As noted previously, three-quarters of pregnant women are not routinely counselled on exclusive breastfeeding. Pre-lacteal liquids are routinely provided in only 4 percent of facilities, including 21 percent of hospitals (Appendix Table A-6.38).

Most facilities (92 percent) routinely practice "rooming in," where the infant stays with the mother in order to promote exclusive breastfeeding and mother-child bonding (Appendix Table A-6.38).

Key Findings

Emergency respiratory support for newborns is lacking in most facilities. Hospitals and facilities in Zanzibar are most likely to have emergency newborn support capacity, and facilities in the Central zone are least likely to have this capacity.

Practices that are considered supportive of newborn health, such as weighing the infant, providing vitamin A to the mother, and rooming-in, are common in Tanzanian health facilities.

Routine suctioning of a newborn with a catheter is a potentially risky practice, but it is carried out by one-fifth of facilities, especially hospitals and health centres. Giving pre-lacteal fluids to newborns is uncommon.

6.8 Management Practices Supportive of Quality Delivery Services

Tables 6.4 and 6.8 provide information on management practices related to childbirth. Appendix Table A-6.34 provides information on the availability of delivery service providers. Appendix Tables A-6.41 and A-6.42 provide information on routine charging practices for delivery services and on supportive management for providers of delivery services. Appendix Tables A-6.42 through A-6.44 provide information on supervision and staff development from the provider's perspective.

6.8.1 Facility Documentation and Records

A delivery register is defined as being up-to-date if there is an entry in the past 30 days, based on the assumption that there should be at least one birth per month in facilities that provide the service, and if the entry describes the birth outcome. Eighty-four percent of facilities offering delivery services have an up-to-date delivery register available (Table 6.8). It is available in the majority of hospitals and health centres and in all facilities in the Central zone. Government facilities (85 percent) and faith-based facilities (91 percent) are more likely to have up-to-date registers than private for-profit facilities (61 percent) and parastatal facilities (0 percent).

Facilities frequently have catchment populations for whom they are responsible for providing services. The TSPA 2006 assessed whether facilities have any documentation indicating that they monitor the proportion of deliveries that occur in their catchment area under skilled care (or, for some programme strategies, deliveries that are attended by skilled providers affiliated with the facility). Only one-fourth of facilities offering delivery services have documentation showing they monitor delivery coverage in their catchment areas (Table 6.8). Parastatal facilities (50 percent) and facilities in the Southern zone (45 percent) are far more likely than other facilities to monitor delivery coverage.

Table 6.8 Facility-based supportive management practices

Among facilities offering delivery services, percentage with up-to-date client register, documentation of delivery coverage, mortality review, and user fees, and percentage where interviewed providers of delivery services report receiving routine training and supervision, by type of facility, zone, and managing authority in the, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering delivery services with:				Number of facilities offering delivery services (weighted)	Percentage of facilities where providers report receiving routine:		Number of facilities with interviewed providers of delivery services (weighted)[4]
	Up-to-date client register[1]	Documentation of monitoring of delivery coverage	Facility reviews maternal and newborn deaths or near misses	User fees for delivery		Training related to delivery services[2]	Personal supervision[3]	
Type of facility								
Hospital	94	24	90	51	24	47	71	24
Health centre	97	31	53	28	48	33	92	48
Dispensary	82	22	32	15	379	19	90	375
Managing authority								
Government	85	26	36	1	363	22	91	360
Private for-profit	61	0	40	86	18	13	79	18
Parastatal	0	50	0	50	3	50	100	3
Faith-based	91	15	44	91	67	21	83	66
Zone								
Northern	81	15	38	23	71	20	89	70
Central	100	28	44	0	43	15	100	43
Southern Highlands	82	18	24	19	83	31	87	81
Western	84	29	28	8	69	17	92	68
Lake	87	9	51	20	74	17	86	74
Southern	88	45	51	15	53	26	93	53
Eastern	72	30	30	35	56	26	80	56
Zanzibar	77	0	24	38	2	24	94	2
Total	84	23	37	18	451	22	89	447

[1] Register has an entry in the past 30 days that, at a minimum, indicates delivery outcome.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of delivery services in facilities offering delivery services.

6.8.2 Systems for Quality Assurance, Including Maternal Death Reviews

One measure of quality assurance for delivery services is to systematically review all maternal and newborn deaths and near misses in order to identify avoidable factors leading to these deaths. This helps to develop interventions that prevent the occurrence of future deaths. While the TSPA 2006 did not assess the quality of these review programmes, it did enquire whether facilities implemented the process or not. Overall, more than one-third of facilities providing delivery services conduct reviews of maternal or

newborn deaths and near-misses (Table 6.8). The practice is most common in hospitals (90 percent) and health centres (53 percent) and in facilities in the Lake and Southern zones (51 percent each). Reviews are less likely to be conducted by facilities in the Southern Highlands zone and Zanzibar (24 percent each).

6.8.3 Practices Related to User Fees

Eighteen percent of facilities offering delivery services charge some form of user fees for delivery-related services (Table 6.8). User fees are more likely to be charged by faith-based (91 percent) and private for-profit facilities (86 percent) than other facilities. User fees are also more likely to be charged in facilities in Zanzibar (38 percent) and the Eastern zone (35 percent) than in other zones. A negligible proportion (1 percent) of government facilities charges user fees.

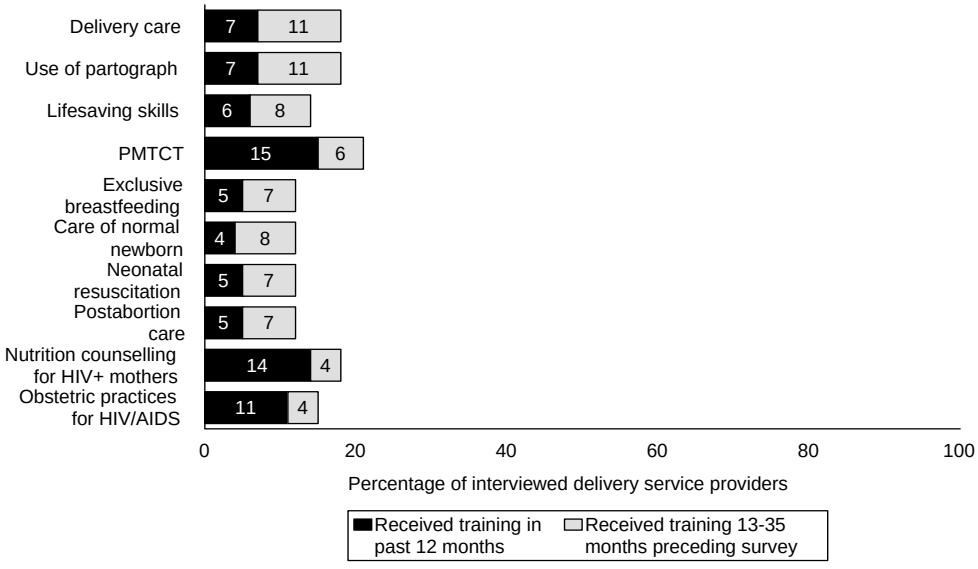
While 17 percent of facilities charge user fees specifically for normal delivery, 6 percent charge a fixed fee covering both ANC and normal delivery services (Appendix Table A-6.41). Thirteen percent have fees for medicines, and 10 percent charge for laboratory tests. Discounts or exemptions for delivery services are available at 10 percent of facilities. Fees for delivery services are publicly posted at only 17 percent of facilities.

6.8.4 Training and Supervision

A facility is defined as providing routine staff development activities if at least half of the delivery service providers interviewed said they had received structured training relevant to delivery services during the 12 months preceding the survey. This includes formal pre-service and in-service training, but excludes individual instruction that occurs during routine supervision. Less than one-fourth of facilities meet these criteria (Table 6.8). Hospitals (47 percent) are more likely than other types of facilities to provide routine staff development.

Figure 6.15 presents information on the topics covered during training and when training was offered. During the 12 months before the survey, delivery service providers were more likely to be trained on nutrition counselling for HIV-positive mothers (14 percent) and PMTCT (15 percent) than any other topic.

Figure 6.15 **Training received by interviewed delivery service providers, by topic and timing of most recent training (N=1454)**



PMTCT = Prevention of mother-to-child transmission

TSPA 2006

A facility is defined as providing routine staff supervision if at least half of the interviewed delivery service providers reported being personally supervised in the past six months. Eighty-nine percent of facilities meet these criteria, with hospitals being less likely to do so (71 percent) (Table 6.8).

Key Findings

Eighty-four percent of facilities have up-to-date delivery registers, including almost all hospitals and health centres and all facilities in the Central zone.

About one-quarter of facilities have documents showing they monitor community coverage of delivery services.

Slightly more than one-third of facilities offering delivery services conduct reviews of maternal or newborn deaths and near-misses.

Almost 90 percent of facilities provide routine supervision of delivery service providers, but only about one-fifth offer them routine training.

6.9 Availability of Emergency Obstetric Care

6.9.1 The Signal Functions for EmOC

Outcome indicators of maternal health, such as the maternal mortality ratio, require large numbers of observations in the denominator, and they are only amenable to change in the long term, over a minimum of 4 to 5 years. In recognition of these limitations, process indicators have been developed that are easier to collect data for and also easier to interpret. These indicators, which have been accepted by UN organizations, are called the UN process indicators for Emergency Obstetric Care (EmOC). They measure certain types of obstetric services that have a direct bearing on maternal outcomes, including mortality and morbidity. This set of critical services or "signal functions" is proven to significantly reduce maternal deaths and improve birth outcomes for the newborn. They consist of:

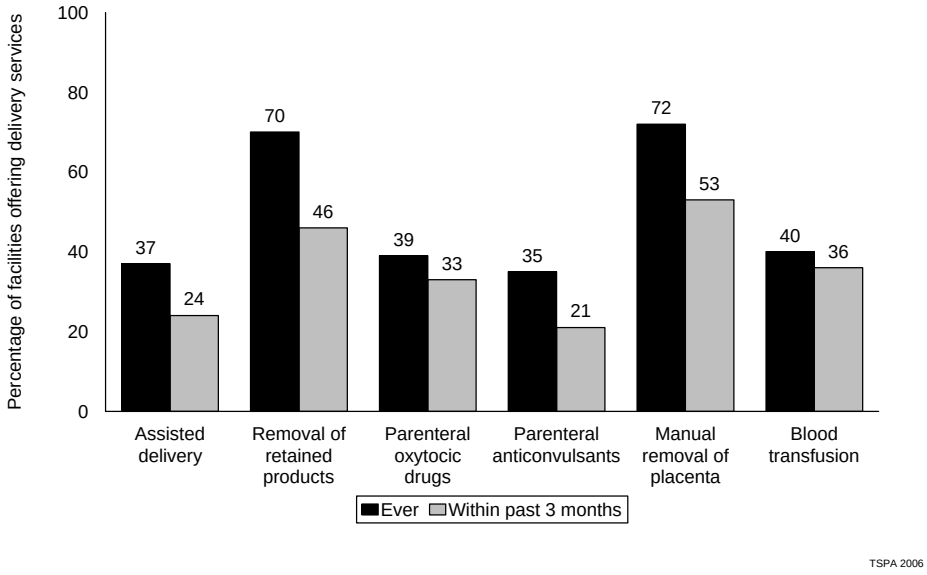
- Administration of parenteral antibiotics,
- Administration of parenteral oxytocic drugs,
- Administration of parenteral anticonvulsants for pre-eclampsia and eclampsia,
- Manual removal of the placenta,
- Removal of retained products of conception,
- Assisted vaginal delivery,
- Blood transfusions, and
- Surgery (caesarean delivery).

These signal functions have been categorized into two groups. Basic Emergency Obstetric Care (BEmOC) includes the first six functions listed above, while Comprehensive Emergency Obstetric (CEmOC) includes all eight functions. Internationally, a health facility qualifies as a BEmOC facility if it provides the first six functions in the list, and it qualifies as a CEmOC facility if it provides all eight functions in the list.

The TSPA 2006 examines the availability of EmOC services among facilities that provide normal delivery, a total of 451 facilities. Since dispensaries are not expected to provide comprehensive emergency obstetric services, they are excluded from the subsequent analysis. This leaves 72 facilities—all hospitals and health centres—to be assessed.

Figure 6.16 and Table 6.9 shows the proportion of hospitals and health centres offering delivery services which reported conducting signal functions for EmOC in the three months preceding the survey.

Figure 6.16 Emergency obstetric practices in hospitals and health centres offering delivery services (N=72)



Of the six basic emergency obstetric services, facilities are most likely to offer manual removal of the placenta and removal of retained products. About 7 in 10 hospitals and health centres have ever offered these services, but only about half have done so in the last three months (Figure 6.16).

Health centres are least able to provide basic emergency obstetric services, especially the use of parenteral anticonvulsants and sedatives (3 percent), administration of parenteral oxytocics (11 percent), and assisted vaginal delivery (11 percent). It was expected that all hospitals would provide comprehensive emergency obstetric services, but the survey reveals that is not the case. Only 65 percent of hospitals provide parenteral antibiotics and 57 percent provide parenteral anticonvulsants, while 74 percent perform manual removal of the placenta and 94 percent can provide caesarean sections.

Overall, less than 1 in 10 facilities in Tanzania is able to offer basic EmOC and comprehensive EmOC services. While about one-fourth of hospitals provide BEmOC (26 percent) and CEmOC (23 percent), no health centre qualifies for either. These findings demonstrate the urgent need to upgrade facilities to offer these critical services to women.

Table 6.9 Signal functions for emergency obstetric care in hospitals and health centres

Among hospitals and health centres offering delivery services, percentage that report performing the signal functions for emergency obstetric care (EmOC) at least once during the past 3 months, by type of facility, zone, and managing authority. Tanzania SPA 2006

Background characteristics	Percentage of hospitals and health centres that applied or carried out:										Number of hospitals and health centres offering delivery services (weighted
	Parenteral antibiotics[1]	Parenteral oxytocics	Parenteral anti-convulsants or sedatives	Manual removal of placenta	Removal of retained products	Assisted vaginal delivery	Blood transfusion	Caesarean section	Basic EmOC[2]	Compre-hensive EmOC[3]	
Type of facility											
Hospital	65	77	57	74	77	49	90	94	20	18	24
Health centre	57	11	3	42	31	11	9	12	0	0	48
Managing authority											
Government	58	20	19	44	38	15	22	25	5	4	44
Private for-profit	36	80	36	80	56	18	35	54	0	0	6
Faith-based	69	45	22	63	60	42	63	63	12	12	22
Zone											
Northern	42	44	24	42	55	20	33	37	10	10	14
Central	95	10	10	12	10	17	15	15	5	2	4
Southern Highlands	63	25	28	36	38	23	18	26	3	2	13
Western	63	7	11	38	25	21	16	16	1	1	9
Lake	51	16	12	62	49	7	33	47	2	2	11
Southern	89	27	17	59	59	55	66	60	11	11	8
Eastern	50	71	29	99	59	24	61	60	11	10	11
Zanzibar	59	77	59	68	73	27	59	27	18	9	1
Total	60	33	21	53	46	24	36	39	6	6	72

[1] Information was not collected specifically on the use of parenteral antibiotics during past 3 months, but facility had at least one unexpired injectable antibiotic (ampicillin, amoxicillin, gentamicin, or procaine penicillin) available in the delivery area.
[2] Facility applied the first six procedures (left to right) in the 3 months preceding the survey.
[3] Facility applied all eight procedures in the 3 months preceding the survey.

Key Findings

Most health centres do not provide the signal functions for basic EmOC.

Contrary to expectations, only one-fifth of hospitals offer basic and comprehensive EmOC services.

Signal functions for EmOC are inadequate in most health facilities, regardless of whether they are managed by government, private for-profit, or faith-based organisations.

6.9.2 Assessment of the UN Process Indicators for EmOC

Once the proportion of facilities in the TSPA sample that offer basic or comprehensive EmOC is known, a simple calculation can be made to apply that proportion to the total number of facilities within each zone.[5] This information can be used to calculate the coverage rates for EmOC in Tanzania.

[5] The TSPA uses a sample of facilities covering all national referral hospitals, all specialized hospitals, all regional hospitals, and all district and district-designated hospitals throughout Tanzania, and a sample of other hospitals, health centres, dispensaries, and stand-alone VCT/PMTCT/ART facilities. An assumption is made that the capacity found in the sampled facilities will also exist in the remaining non-sampled facilities.

Nationally, the coverage rate for basic EmOC is 0.55 facilities per 500,000 people. The worst coverage is found in the Western Zone, which has just 0.05 basic EmOC facilities per 500,000 people. The overall coverage for basic EmOC is seven times less than the level of 4 facilities per 500,000 people which is recommended by the UN. As Table 6.10 shows, not a single zone in the country meets the recommended coverage for basic EmOC. The Eastern zone comes closest, with coverage of 2.1 facilities per 500,000 people, followed by the Northern zone, with 1.3 facilities per 500,000, and Zanzibar, with 1.3 facilities per 500,000 people. The rest of the zones have 0.05 to 0.7 basic EmOC facilities per 500,000 people.

The national coverage rate for comprehensive EmOC, 0.55 facilities per 500,000 people, is about half the level of 1 per 500,000 people recommended by the UN. Only two zones, the Northern zone, with 1.3 facilities per 500,000 people, and the Eastern zone, with 2.1 facilities per 500,000 people, meet and surpass the recommended coverage for comprehensive EmOC. It is worth noting that the number of facilities providing basic and comprehensive EmOC is equal in more than half of the zones, indicating that none of the facilities in these zones provide basic EmOC alone.

The coverage rates obtained here may be considered crude since they are calculated for large areas and may hide gaps in smaller geographical areas. For example, within the Eastern and Northern zones, facilities may be concentrated in small areas, such as large cities or tourist areas, leaving large pockets of population without coverage. Still, these findings speak of the need to upgrade facilities in practically all regions and zones of the country.

It is important to stress the fact that this is the first time a nationwide facility survey has been used to derive signal functions and the UN indicators. Other indicators will be available as further analysis of data is conducted.

Table 6.10 Coverage rates for emergency obstetric care

Number of hospitals and health centres in Tanzania offering Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC), derived from the proportions of BEmOC and CEmOC facilities surveyed, by zone, Tanzania SPA 2006

Zone	Population	Number of hospitals and health centres	Percentage providing BEmOC	Number providing BEmOC[1]	Coverage of BEmOC (per 500,000 population)[2]	Percentage providing CEmOC	Number providing CEmOC[1]	Coverage of CEmOC (per 500,000 population)[2]
Northern	5,929,838	155	10	16	1.3	10	16	1.3
Central	3,119,596	49	5	2	0.3	2	1	0.15
Southern Highlands	5,266,362	120	3	4	0.4	2	2	0.15
Western	7,252,649	91	1	1	0.05	1	1	0.05
Lake	6,951,189	116	2	2	0.1	2	2	0.1
Southern	5,699,399	76	11	8	0.7	11	8	0.7
Eastern	3,307,173	128	11	14	2.1	10	13	2.1
Zanzibar	1,143,538	15	18	3	1.3	9	1	0.4
Total	38,669,744	750	6	45	0.55	6	45	0.55

[1] Number of facilities in zone (or country) × percentage found to be offering service ÷ 100
[2] Number of facilities in zone (or country) calculated to be offering service ÷ population × 500,000

Chapter 7 Services for Reproductive Tract and Sexually Transmitted Infections, Tuberculosis, and Malaria

7.1 Background

7.1.1 Tanzania Service Provision Assessment (TSPA) Approach to Collection of Information on STIs, Tuberculosis, and Malaria

Sexually transmitted infections (STIs) and reproductive tract infections (RTIs) other than HIV/AIDS pose a public health problem throughout the world, including Tanzania. They are a major cause of acute illness, leading to infertility, long-tern disability, and even death in some cases. The prevalence of STIs is positively associated with that of HIV. It is believed that STIs, if not treated promptly and properly, can increase a person's chances of becoming infected with HIV during unprotected sex with an HIV-positive partner (TACAIDS et al., 2006). Since there is a certain degree of stigma associated with STIs, it is difficult and embarrassing for some clients with symptoms to seek care.

The impact of STIs and RTIs on reproductive health can be severe and life threatening. Potential consequences include pelvic inflammatory disease (PID), infertility in women and men, ectopic pregnancy, and adverse pregnancy outcomes, such as miscarriage, stillbirth, preterm birth, and congenital infection. Although most STIs and RTIs can affect both men and women, the consequences in women are more common and more severe than in men.

Tuberculosis (TB) is the seventh most important cause of premature mortality and disability worldwide, and it is projected to remain one of the ten leading causes of disease burden until 2020. With the advent of HIV/AIDS, TB, especially multi drug-resistant tuberculosis (MDR-TB), is re-emerging as a communicable disease of public health significance. This is because TB is also one of the most common opportunistic infections for people with AIDS. Because of the powerful interaction between TB and HIV, the incidence of TB is rising in sub-Saharan Africa and may rise in Asia. However, a 2007 World Health Organisation (WHO) report concludes that the global epidemic is on the threshold of decline, even though TB is still a major cause of death worldwide (WHO 2007).

Malaria is a preventable disease that can have a serious negative impact, particularly on pregnant women and young children. Malaria during pregnancy can result in low birth weight babies, maternal anaemia, spontaneous abortions, still births, and other severe consequences.

It is therefore of the utmost importance that the health care system appropriately diagnose and treat common STIs, TB, and malaria. This chapter uses data from the TSPA 2006 to address the following central questions:

- To what extent are STI services available, and to what extent do facilities offering STI services have the capacity to support quality STI services?
- To what extent do STI service providers adhere to standards for good quality service provision?
- Do facilities have management practices that support good quality STI services, and how do clients feel about the STI services offered?
- Do facilities have the resources to diagnose and manage TB?
- To what extent are services for malaria available, and to what extent do facilities offering malaria services have the capacity to support quality services?

7.1.2 Health Situation Related to STIs and RTIs in Tanzania

Reproductive tract infection (RTI) is a broad term that includes sexually transmitted infections (STIs) as well as other infections that are not transmitted through sexual contact. WHO estimates that worldwide over 340 million new cases of four curable STIs (gonorrhoea, chlamydia, syphilis, and trichomoniasis) occurred in 1999 in men and women age 15-49 years. The epidemiology of STIs and RTIs in Tanzania is not well understood due to an inadequate number of facilities with the capacity and training to test for STIs as well as inadequate reporting and poor data management in health institutions. During 2004, however, a total of 208,384 episodes of STI and related conditions were reported through STI clinics in Tanzania. Of these, 45 percent were genital discharge syndromes, 19 percent were genital ulcer diseases, 24 percent were pelvic inflammatory diseases, and 12 percent were other syndromes (MoHSW, 2006a).

7.1.3 Health Situation Related to Tuberculosis in Tanzania

According to WHO, there were an estimated 8.8 million new TB cases worldwide in 2005, 7.4 million of which were in Asia and sub-Saharan Africa. A total of 1.6 million people died of TB in that year, including 195,000 people infected with HIV. However, WHO found that the incidence of TB was stable or declining in all six of its regions. While new infections may have peaked worldwide, the total number of new TB cases is still rising slowly as the caseload continues to grow in the African, Eastern Mediterranean, and South-East Asian regions (WHO, 2007).

Using the directly observed therapy, short-course (DOTS) strategy, cure rates of 80 percent to 90 percent have been achieved for passively diagnosed cases of smear-positive pulmonary TB. Analyses of national programmes in Malawi, Tanzania, and Mozambique and in ten provinces of China have shown that this strategy is both effective and cost-efficient. Based on the successes of these programmes, WHO has adopted DOTS as its strategy for global TB control.

More than 90 million people with TB were reported to WHO between 1980 and 2005. Some 26.5 million people were notified by DOTS programmes between 1995 and 2005, while 10.8 million new smear-positive cases were registered for treatment by DOTS programmes between 1994 and 2004 (WHO, 2007). By 2005, DOTS was being applied in 187 countries, and close to 90 percent of the world's population lived in areas where DOTS had been implemented by public health services.

TB has shown a dramatic resurgence in much of Southern and East Africa since 1980. This is primarily due to the HIV epidemic, and it is also affecting countries outside of sub-Saharan Africa. People who are infected with HIV are much more likely to develop active TB than those who are not. Because sub-Saharan Africa has the highest rates of HIV in the world, HIV-related TB has its greatest impact in this region.

In Tanzania TB continues to be a major public health problem. It accounted for 7 percent of that country's burden of disease in the year 2000 and 8.5 percent of the burden of disease in 2003, according to data from the Demographic Surveillance System (DSS). The number of TB cases notified in Tanzania has steadily increased from 11,753 in 1983 to about 64,665 in 2003—almost a six-fold increase. The annual increase is between 2 and 5 percent. An estimated 40 percent to 50 percent of all HIV-infected individuals in Tanzania may develop TB (MoHSW, 2006a; MOH, 2006a). This leads to higher death rates among TB patients, making it difficult for the DOTS programme to reach the WHO target of an 85 percent cure rate.

7.1.4 Health Situation Related to Malaria in Tanzania

Malaria is the number one cause of morbidity and mortality in Tanzania. It is estimated that about 16 million cases occur every year, resulting in about 100,000 deaths, of which 39,000 are among children under age five years. Malaria accounts for 30 percent of the national disease burden, 43 percent of

hospital admissions, and 32 percent of in-patient deaths for children under age five (Malaria Consortium, 2004). Like many countries in the region, Tanzania has reported both chloroquine and some sulfadoxine-pyrimethamine (Fansidar) resistance among *Plasmodium falciparum*, and for that reason artemisinin-based combination therapy (ACT) is currently recommended as the first-line drug. An insecticide-treated bednet policy was adopted in November 2000 in an effort to prevent new cases of malaria in the population (MoHSW, 2000).

7.2 Availability of STI Services

Integrating STI diagnosis and treatment into relevant health services increases opportunities for case detection and follow up on treatment. The TSPA 2006 assessed STI service availability and service delivery conditions. Most commonly, clients seeking health care specifically for symptoms of STIs are seen in a general outpatient department. Clients seeking services for ANC or family planning, who are mostly women, may also obtain STI services, such as screening and treatment, from these service sites. Integrating STI screening and treatment into ANC and family planning may increase early detection and improve follow-through on treatment, because women may be more comfortable discussing STI symptoms during the course of a regular ANC or family planning visit with a familiar provider. If women must go elsewhere for STI services, they are more likely to decide not to seek followup care.

Table 7.1[1] provides information on the availability of STI services. Appendix Tables A-7.1 and A-7.2 provide additional information on the availability of STI services and on whether facilities have the systems and items needed to support quality counselling and examination.

STI services may include counselling, testing, or both diagnosis and treatment. Almost all (96 percent) health facilities offer STI services (Table 7.1). Among these facilities, 97 percent offer STI services as part of the general outpatient curative services and only 3 percent have special STI clinics. Virtually all facilities offer STI services at least five days per week (Table 7.1). STI services are also integrated into family planning services in 22 percent of facilities and into ANC services in 33 percent of facilities. About 1 in 6 facilities that offer STI services make these services available to clients in all three areas: general outpatient, family planning, and ANC. In small facilities such as dispensaries and health centres, the only provider available sees all clients for all services and provides STI services to those clients who need them.

[1] Virtually no stand-alone facilities offer services for STIs, TB, or malaria. Hence they are excluded from analysis in this chapter.

Table 7.1 Availability of services for sexually transmitted infections

Percentage of all facilities offering services for sexually transmitted infections (STIs) as a primary service, and among these, percentage where STI services are provided in the indicated service area and percentage where STI services are offered five or more days per week, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering STI services as a primary service	Total number of facilities (weighted)	Percentage of facilities offering STI services in:[1]					Percentage of facilities where STI services are available at least 5 days per week	Number of facilities offering STI services (weighted)
			Primary service location						
			General outpatient department (OPD)	Special clinic[2]	Family planning (FP) service area	Antenatal care (ANC) service area	OPD, FP, and ANC service areas		
Type of facility									
Hospital	99	25	78	22	15	30	10	98	24
Health centre	100	55	92	8	16	21	9	100	55
Dispensary	96	528	99	1	23	34	18	99	509
Stand-alone[3]	10	3	-	-	-	-	-	-	0[3]
Managing authority									
Government	96	399	97	2	29	43	23	99	385
Private for-profit	98	104	97	3	5	4	0	100	102
Parastatal	100	14	100	0	0	0	0	100	14
Faith-based	93	94	96	4	14	28	12	100	87
Zone									
Northern	95	110	98	2	14	22	12	98	104
Central	99	47	100	0	15	21	12	100	47
Southern Highlands	100	95	98	2	25	30	20	100	95
Western	97	82	95	3	35	52	30	96	79
Lake	97	89	94	6	33	51	23	100	87
Southern	91	61	99	1	22	30	17	100	55
Eastern	99	102	97	3	9	23	4	100	100
Zanzibar	86	25	97	3	24	21	17	99	21
Total	96	611	97	3	22	33	17	99	589

[1] Service may be available at multiple sites in the same facility if they are integrated. In small facilities, one service site and one provider may provide services for general outpatients, ANC, and family planning clients.
[2] STI services at the types of facilities surveyed are utilised primarily by females, so in almost all cases the special clinic is the gynaecologic clinic. Males might receive STI services in a urology clinic.
[3] Percentages are based on very small numbers, so stand-alone facilities are not included in subsequent tables

Key Findings

STI services are offered in almost all health facilities as part of general outpatient curative services. About 1 in 6 facilities integrate STI services into ANC and family planning services as well as general curative care.

Specialized STI services are rare, and stand-alone facilities rarely offer STI services.

7.3 Capacity to Provide Quality STI Services

The TSPA 2006 assessed systems, infrastructure, equipment, and supplies for supporting good quality STI services. While STI services are provided in multiple sites in large facilities, information on whether facilities have the capacity to provide good quality STI services comes from the outpatient department, which is the main STI service area.

Table 7.2 provides information on whether facilities have the infrastructure and resources to support counselling and examinations for STI services. Figures 7.1, 7.2, and 7.3 summarize information on items needed for good quality STI services, including examinations, and on the utilisation and availability of diagnostic tests for STIs. Appendix Tables A-7.1 to A-7.3 provide details on system components, infrastructure and resources, specific tests and medicines for diagnosis and treatment, user fees, and supportive management services for STIs. Appendix Table A-7.5 offers details on training for STI service providers, and Appendix Table A-7.6 gives information on supportive supervision for those providers.

7.3.1 System Components to Support Utilisation of Services

As a result of the stigma frequently associated with having an STI, as well as the lack of symptoms in many infected people, special efforts are needed to promote early diagnosis and to encourage clients to seek modern medical help for STI symptoms. The TSPA 2006 assessed the existence of programme strategies and service delivery components that contribute to the availability and improved utilisation of STI services.

To effectively interrupt STI transmission, partners of clients with STIs must be tested, and if they are infected, they must also be treated. The client is usually asked to notify the partner and ask him or her to be examined; this process is referred to as passive followup. Under certain circumstances, the local health authorities may take the initiative to contact the partner, inform him or her about the possibility of STI infection, and recommend the appropriate course of action. This is known as active followup. Passive followup is the most widely used system of client notification, with 95 percent of facilities reporting that they use it, compared with 20 percent of facilities using active followup. Five percent of facilities have no followup system in place (Appendix Table A-7.2.1).

7.3.2 Infrastructure and Resources to Support Quality Assessment and Counselling

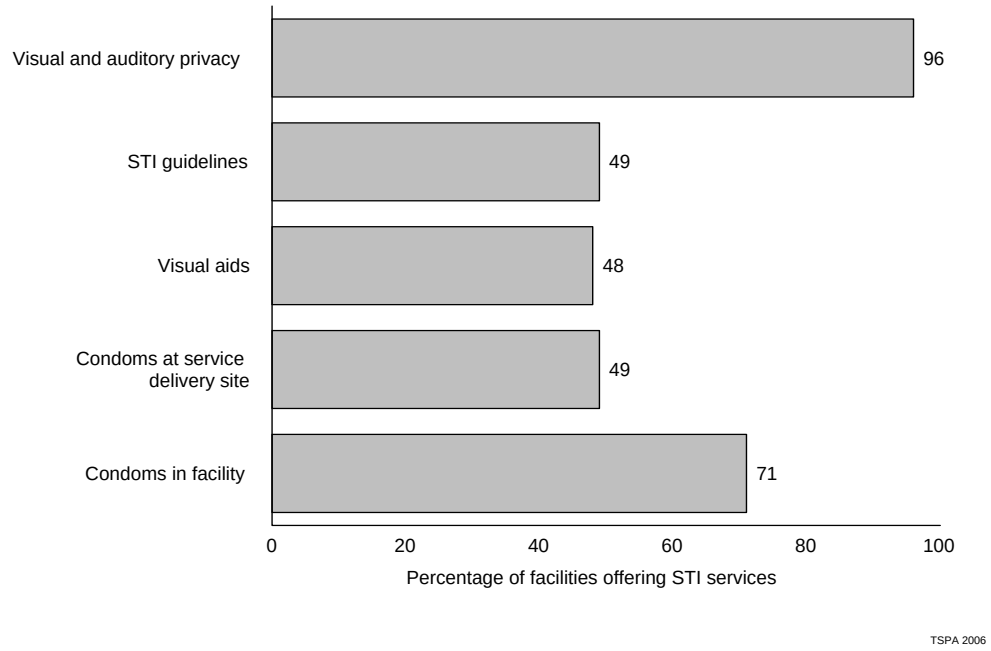
Complete privacy is needed to facilitate good counselling and open communication between providers and STI clients. Privacy may encourage clients to use services and providers to adhere to protocols and standards. Without privacy, the provider may not feel comfortable asking the appropriate questions or making the appropriate examinations. Since counselling for the diagnosis and prevention of STIs often takes place in a different location than the physical examination, the conditions for counselling are assessed separately from those for physical examinations.

Almost all health facilities in Tanzania provide counselling for STIs under conditions that assure both visual and auditory privacy (Figure 7.1). However, 3 percent have conditions assuring visual but not auditory privacy, and 1 percent do not assure privacy of any kind (Appendix Table A-7.2.1)

Half of facilities have STI guidelines in the STI service delivery areas (Figure 7.1), and about 1 in 5 facilities have guidelines for syndromic management of STIs (Appendix Table A-7.2.1). The syndromic approach is a systematic method for assessing symptoms in a client. It offers a specific protocol for prescribing medicines based on the symptoms observed (WHO, 2001). Hospitals and health centres are more likely than dispensaries to have STI guidelines of all kinds, including guidelines for syndromic diagnosis.

Almost half of facilities have visual aids for client education related to STIs, while a smaller proportion (40 percent) has educational materials specific to HIV/AIDS (Appendix Table 7.2.1).

Figure 7.1 Items to support quality STI services (N=589)



Having condoms available at the service delivery site allows the provider to readily demonstrate their use and to ensure that the client leaves with them. Condoms are not universally available in STI service delivery areas. While about 7 in 10 facilities have condoms available somewhere in the facility, only about half of facilities have condoms in the STI service delivery area (Figure 7.1).

Overall, only 15 percent of facilities have all of the items needed to support good quality counselling, including visual and auditory privacy, STI guidelines, and visual aids for client education (Table 7.2). There is little variation by facility type, but hospitals are somewhat more likely to have these items. Facilities in the Eastern zone and Zanzibar and faith-based facilities are less likely to have all of the items.

Table 7.2 Availability of infrastructure and resources to support quality counselling and examinations for sexually transmitted infections

Among facilities offering services for sexually transmitted infections (STIs), percentage with all components to support good quality counselling, physical examinations, diagnosis, and treatment for STIs, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	All items to support quality counsel-ling[1]	All conditions to provide quality physical examination[2]	Method for diagnosing STIs			Testing capacity for[4]:					Medicines to treat four major STIs[10]	Number of facilities offering STI services (weighted)
			Etiologic	Syndromic[3]	Clinical	Syphilis[5]	Gonorrhoea[6]	Wet mount[7]	Chlamydia[8]	HIV/ AIDS[9]		
Type of facility												
Hospital	23	7	87	81	44	97	69	98	7	98	91	24
Health centre	18	15	56	83	60	51	24	69	0	23	66	55
Dispensary	15	4	24	79	62	18	3	29	0	5	50	509
Managing authority												
Government	19	3	10	89	61	13	3	14	0	5	44	385
Private for-profit	10	7	70	58	64	51	8	80	1	16	79	102
Parastatal	10	10	40	80	60	30	10	60	10	20	40	14
Faith-based	8	9	67	65	57	45	25	78	0	28	69	87
Zone												
Northern	12	13	34	78	53	28	10	44	0	16	53	104
Central	15	1	12	87	75	9	2	12	0	3	43	47
Southern Highlands	26	5	18	80	64	27	11	25	0	8	60	95
Western	20	0	17	93	57	17	3	31	0	10	28	79
Lake	20	2	32	84	84	22	6	32	0	7	57	87
Southern	16	2	30	68	45	19	11	31	0	10	55	55
Eastern	3	4	54	67	62	39	7	55	3	14	74	100
Zanzibar	8	15	21	90	17	17	4	48	1	12	33	21
Total	15	5	30	80	61	24	7	36	1	10	53	589

[1] Visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client charts, and condoms in STI service delivery site.
[2] All infection control items (soap, water, latex gloves, disinfecting solution, and sharps box), visual privacy, examination bed, and examination light.
[3] This refers specifically to the WHO syndromic approach algorithms.
[4] Capacity to conduct a test does not mean the facility routinely utilises the test.
[5] Either venereal disease research laboratory (VDRL) test and functioning microscope, or reactive protein reagent (RPR) test kit.
[6] Gram stain reagents and functioning microscope or culture capacity.
[7] Functioning microscope and slides.
[8] Geimsa stain for chlamydia.
[9] Enzyme-linked immunosorbent assay (ELISA), Western Blot, rapid test, or polymerase chain reaction (PCR).
[10] At least one medicine to treat syphilis, gonorrhoea, trichomoniasis, and chlamydia.

Key Findings

Only 15 percent of facilities have everything needed to support good quality STI counselling.

Almost all facilities provide STI counselling under conditions that ensure both visual and auditory privacy, and STI guidelines are available in nearly half of service delivery areas.

Visual aids and educational materials for STIs are not widely available in STI service delivery sites.

Close to one-third of facilities providing STI services do not have condoms available, either in the service delivery area or anywhere in the facility.

7.3.3 Infrastructure and Resources for Examinations and Treatment

Facilities can better diagnose and treat STIs when there is an adequate infrastructure for physical examinations, laboratory diagnostic support, and medicines for treating specific STIs.

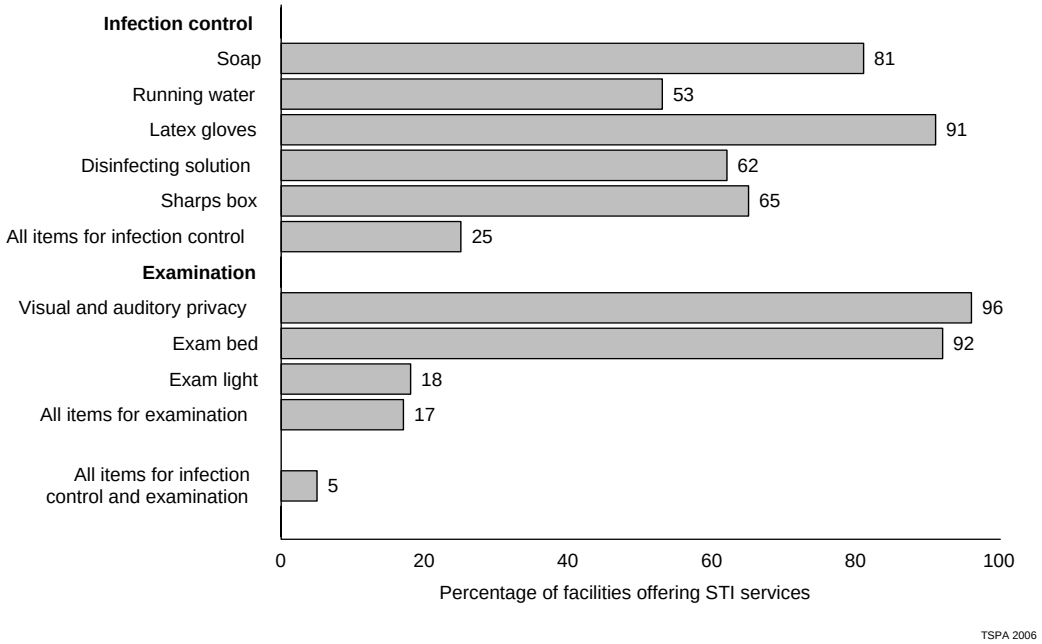
Good quality physical examinations require infection control measures and adequate infrastructure and basic equipment for client examinations.

Infection control

Items considered important for infection control include soap, running water, latex gloves, disinfecting solution, and sharps containers. All of these infection control items are available in the STI service area in only 25 percent of facilities offering STI services (Figure 7.2). Latex gloves are the item most widely available. Running water is less frequently available, in only half of facilities. Hospitals are the least likely to have all of the items needed for infection control (Appendix Table A-7.2.1).

Waste receptacles are available in only one-fifth of facilities offering STI services. Just 5 percent of facilities have all necessary items for infection control as well as waste receptacles.

Figure 7.2 **Items to support quality examinations for STIs (N=589)**



Physical examinations

Good quality physical examinations require visual and auditory privacy, an examination bed, and an examination light. All three of these are available in only 17 percent of facilities (Figure 7.2). Hospitals (34 percent) are more likely than other types of facilities to have everything needed for physical examinations (Appendix Table A-7.2.1). Nearly all facilities can assure visual and auditory privacy for client examinations (96 percent) and examination beds (92 percent). However, only 18 percent of facilities have an examination light, which brings down the composite indicator.

Overall, only 5 percent of facilities offering STI services have all of the items needed for infection control and good quality physical examinations (Figure 7.2).

Key Findings

Rarely do facilities have all items needed for infection control plus a waste receptacle in the STI service area. Hospitals seem best prepared for infection control.

One in 6 facilities offering STI services have all of the items needed for physical examinations. Only about 1 in 20 facilities has everything needed for both infection control and good quality physical examinations for STIs.

STI diagnosis

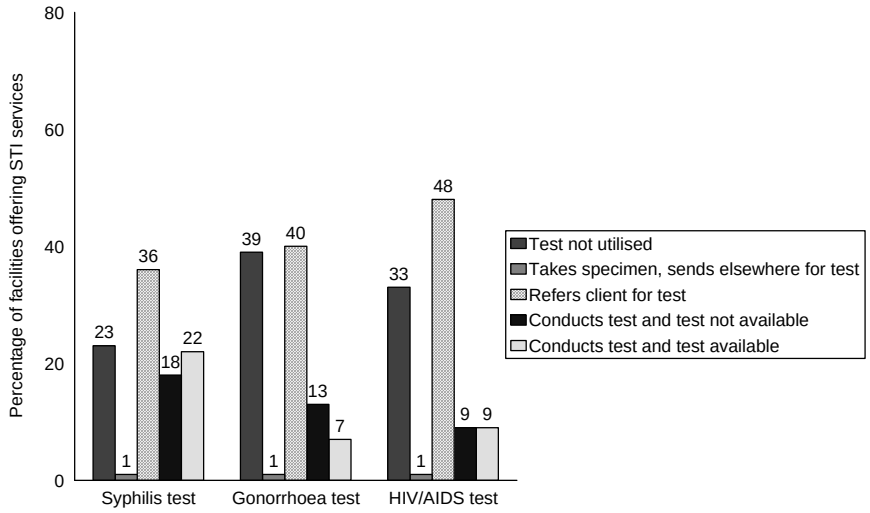
WHO recommends two approaches to diagnose and provide STI services at primary care facilities: the etiologic approach and the syndromic approach (WHO, 2001). The etiologic approach uses laboratory tests to diagnose STIs and is more accurate than syndromic diagnosis. However, laboratory facilities are often unavailable. The syndromic approach, which is recommended for facilities without a laboratory, assesses the presence of specific symptoms and then uses an algorithm to determine what treatments should be provided. When neither an etiologic nor a syndromic approach is used, providers may diagnose and prescribe medications based on their clinical judgment and clients' symptoms, an approach referred to as clinical diagnosis. Studies have shown that when providers lack laboratory results or a specific protocol, such as the syndromic approach, to guide STI diagnosis and prescriptions, they often give the wrong treatment (Lande, 1993).

The most reliable means to ensure that clients receive a desired laboratory test is for the facility to conduct the test in-house. Another alternative is to collect the specimen and send it to another facility for testing. The least reliable means is to refer the client to another facility for the laboratory test, because the client may decide not to take the test at all. Figure 7.3 provides information on whether and how facilities test for various conditions.

The syndromic approach is the most common method used to diagnose STIs in Tanzania. About 4 in 5 facilities use the syndromic approach, while 30 percent use the etiologic approach (Table 7.2). Three in 5 facilities employ clinical diagnosis of STIs. The etiologic approach is least used in government facilities and in facilities in the Central, Western, and Southern Highlands zones. Only 1 percent of facilities have the capacity to test for chlamydia, compared with 7 percent that can test for gonorrhoea, 10 percent for HIV/AIDS, and 24 percent for syphilis.

As shown in Figure 7.3, syphilis testing is both available and actually conducted in more facilities than other tests. Forty percent of facilities report conducting syphilis tests in-house, and 18 percent had the tests available on the day of the survey. Gonorrhoea and HIV/AIDS testing is less common. Although 18 percent of facilities report conducting HIV/AIDS tests in-house, only 9 percent had the test available on the day of the survey. When facilities reportedly conduct a test in-house but do not have the test available (as was the case for 9 percent of facilities regarding HIV testing and 13 percent for gonorrhoea testing), this may reflect stock-outs of test equipment or reagents, or a lack of precise knowledge on the part of the respondents on the availability of such specific testing equipment. From one-third to one-half of facilities refer clients elsewhere for various tests, while many facilities offering STI services do not utilise gonorrhoea tests (39 percent), HIV/AIDS tests (33 percent), or syphilis tests (23 percent).

Figure 7.3 Utilisation and availability of diagnostic tests for STIs (N=589)



TSPA 2006

STI treatment

The most common STIs are syphilis, gonorrhoea, trichomoniasis, and chlamydia. Medicines to treat all four STIs are available in only half of facilities offering STI services, more often in hospitals than other types of facilities. Private for-profit and faith-based facilities, and facilities in the Eastern and Southern Highlands zones are also more likely than others to have this capacity (Table 7.2). Parastatal facilities, government facilities, and facilities in the Western zone and Zanzibar are much less likely to do so.

The medicines most widely available are: metronidazole for treating trichomoniasis, which is available in 88 percent of facilities; amoxicillin for treating chlamydia, which is in 78 percent of facilities; and doxycycline for treating chlamydia and syphilis, which is found in 76 percent of facilities (Appendix Table A-7.3). Other medicines are each available in less than 20 percent of facilities. These include: tinidazole for treating trichomoniasis; norfloxacin for treating chlamydia and gonorrhoea; Augmentin for treating chlamydia; tetracycline for treating chlamydia and syphilis; ceftriaxone for treating gonorrhoea; and miconazole cream or suppository for treating candidiasis.

Key Findings

The syndromic approach is the most widely used method to diagnose STIs in Tanzanian facilities, followed by clinical diagnosis. The etiological approach is the least used method.

About one-fourth of facilities have the capacity for syphilis testing and also had test materials available on the day of the survey. Less than one in 10 facilities has the capacity to test for HIV/AIDS or gonorrhoea and also had test materials available on the day of the survey.

About half of facilities in Tanzania have at least one medicine for each of the four common STIs.

Very few health facilities take specimens and send them elsewhere for testing.

7.4 Management Practices Supportive of Quality Services

Management practices to support good quality STI services include documentation practices related to user fees, staff supervision, and staff development.

Summary information on management practices supporting STI services is provided in Table 7.3. Summary information on training topics for STI service providers is provided in Figure 7.4. Appendix Tables A-7.5 through A-7.9 provide additional information on service statistics, charging practices for STI services, supervision, and training.

7.4.1 Facility Documentation and Records

WHO considers recordkeeping and reporting on STIs and STI service utilisation to be key elements in STI surveillance, necessary for improving STI programme management (UNAIDS/WHO Working Group, 1999). A register for STI services is considered up-to-date if there is an entry during the past seven days, and if symptoms or a diagnosis consistent with STIs are recorded. Because most STI services are provided in outpatient departments, these records were checked for entries on clients with STI symptoms or diagnoses.

Table 7.3 Management practices supportive of quality services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) with client register and percentage where interviewed STI providers report receiving routine training on STIs and personal supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Observed client register with probable STI client recorded		Number of facilities offering STI services (weighted)	Percentage of facilities where interviewed STI service providers report receiving routine:		Number of facilities with interviewed providers of STI services (weighted)[3]
	Entry within past 7 days	Most recent entry > 7 days ago		Training related to STIs[1]	Personal supervision[2]	
Type of facility						
Hospital	72	19	24	61	78	24
Health centre	67	24	55	49	90	55
Dispensary	39	48	509	37	86	498
Managing authority						
Government	41	50	385	43	90	379
Private for-profit	37	40	102	24	76	101
Parastatal	50	30	14	50	50	14
Faith-based	54	27	87	41	84	84
Zone						
Northern	48	33	104	42	87	103
Central	33	52	47	47	97	44
Southern Highlands	33	60	95	38	87	92
Western	42	46	79	38	89	79
Lake	50	43	87	28	93	85
Southern	47	53	55	63	92	55
Eastern	43	35	100	32	69	99
Zanzibar	35	38	21	30	74	20
Total	42	44	589	39	86	578

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] Includes providers offering STI services in facilities that offer STI services in any service area assessed in the survey (e.g., outpatient, ANC, or FP service areas).

About 2 in 5 facilities, mainly hospitals and health centres, have an up-to-date register (Table 7.3). Dispensaries are least likely to have up-to-date registers. Another 2 in 5 facilities have registers with entries more than seven days old. This is more frequently the case in dispensaries, in facilities in the Southern Highlands zone, and in government facilities.

7.4.2 Training and Supervision

Training

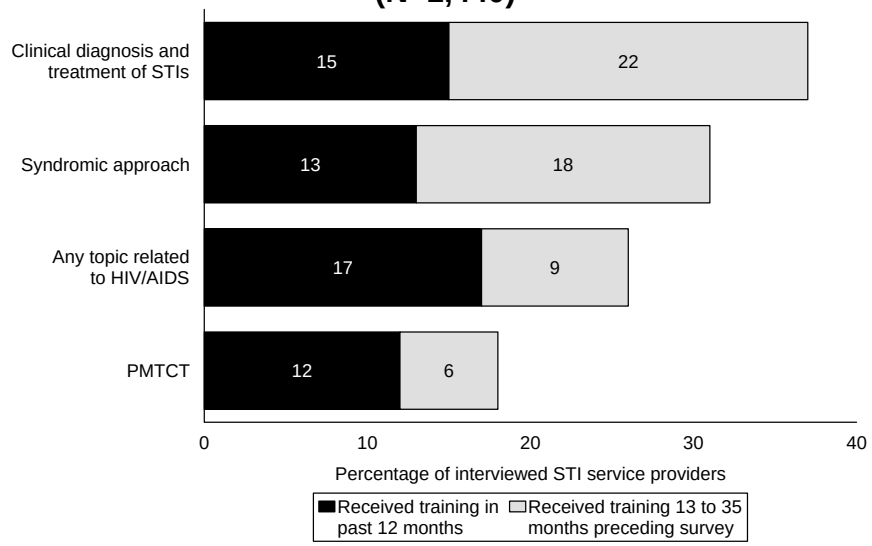
A facility is considered to provide routine training and staff development if at least half of the STI providers interviewed have received training related to STI services within the 12 months preceding the survey. This includes pre-service and in-service training, but excludes individual instruction received during discussions with supervisors. In Tanzania only 39 percent of the facilities meet this criterion (Table 7.3). Hospitals, facilities in the Southern zone, and parastatal facilities are most likely to offer routine training on STIs.

Seventeen percent of STI service providers received some form of HIV/AIDS-related training in the 12 months preceding the survey, while 15 percent received training related to the clinical diagnosis and treating of STIs (Figure 7.4). Twenty-two percent of interviewed staff received training on the clinical diagnosis and treatment of STIs during the 13-35 months preceding the survey, while 18 percent were trained on the syndromic approach.

Supervision

If at least half of STI service providers in a facility have been personally supervised during the past six months, the facility is considered to provide routine staff supervision. Supervising individual staff promotes adherence to standards and the identification of problems that contribute to poor quality services. Routine supervision is offered in 86 percent of facilities (Table 7.3). Parastatal facilities are the least likely to routinely supervise STI service providers. STI service providers who received supervision in the past six months were supervised an average of three times (Appendix Table A-7.6).

Figure 7.4 **Training received by interviewed STI service providers, by topic and timing of most recent training (N=1,440)**



PMTCT = Prevention of mother-to-child transmission

TSPA 2006

Key Findings

About 2 in 5 facilities offering STI services have up-to-date client registers.

Two in 5 facilities provide routine staff training related to STI services, and about 9 in 10 facilities provide routine staff supervision. Routine supervision is weakest in parastatal facilities.

7.5 Adherence to Standards for Quality Service Provision

To assess whether providers adhere to STI service standards, TSPA personnel observed STI client-provider consultations, using observation checklists based on generally accepted standards for STI services (WHO, 2001). The observers noted what information was shared on a topic or if an examination was actually conducted. They did not assess whether the information was correct or whether findings were appropriately interpreted.

Figure 7.5 summarizes what information was shared during the consultation and which types of examinations were conducted for female clients. Appendix Tables A-7.9 through A-7.14 provide details on the content of the observed assessments, physical examinations, and counselling.

7.5.1 Assessment of Relevant History

Any client with a possible STI should be assessed for signs and symptoms, as well as social factors that affect the risk of contracting an STI. A total of 191 STI clients (56 males and 135 females) were observed while being assessed for symptoms that might be STIs. Four out of five of these clients were assured of confidentiality. In almost all cases, clients were asked about how long symptoms have been present, but other critical information was less frequently solicited (Figure 7.5). For example, providers took a history of recent sexual contacts in 70 percent of cases, assessed the presence of symptoms in the sexual partner in 62 percent of cases, and checked the status of the partner (e.g., whether monogamous or polygamous) in 69 percent of cases.

7.5.2 Pelvic Examinations and Infection Control

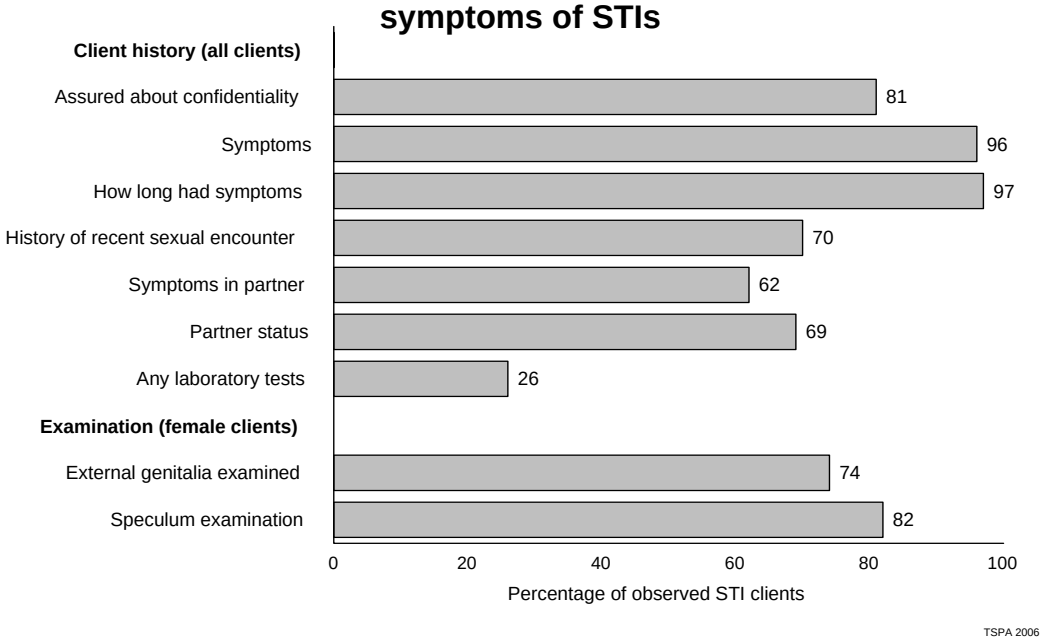
A physical examination provides objective information that can improve the probability of an accurate diagnosis. Among observed female STI clients who were examined, the genitalia were inspected in three-fourths of cases, and a speculum was used in 4 out of 5 cases (Figure 7.5).

Conditions and practices for pelvic examinations are generally good in health facilities, with the exception of health centres. Visual and auditory privacy was assured during 96 percent of the pelvic examinations observed. Providers explained the procedure in 89 percent of cases, but they rarely asked the client to relax before starting the pelvic examination (Appendix Table A-7.10.1).

Providers wore clean gloves for 73 percent of pelvic examination. Observers noted that providers washed their hands with soap prior to the examination and after removing the gloves during 13 percent and 42 percent of examinations, respectively.

Only 20 percent of speculum examinations employed sterilised or high-level disinfected (HLD) equipment. Just over 20 percent of speculum examinations were conducted with instruments that were properly prepared beforehand, that is, sterilised, placed on a tray, and covered. Used equipment was placed in decontaminating solution after only 16 percent of the exams. Worse still, contaminated surfaces were wiped with disinfectant after only 6 percent of pelvic examinations (Appendix Table A-7.10.1).

Figure 7.5 **Components of the assessment of all clients (N=191) and examination of female clients (N=75) with symptoms of STIs**



Key Findings

Providers wear clean gloves during 7 in 10 pelvic examinations and wash their hands afterwards during less than half of examinations. Washing hands with soap and running water before conducting the examination is even rarer: it occurred in just 1 out of every 10 pelvic exams observed.

Pelvic examinations are performed under conditions assuring visual and auditory privacy in almost all facilities.

Use of sterilised equipment for pelvic examinations is very low.

7.5.3 Client Counselling

The relationship between the client's infection and sexual activity was mentioned or discussed during 75 percent of STI consultations (Appendix Table A-7.11). More than 9 in 10 STI clients received either medication or a prescription for treating their infection, but only 3 in 10 were given medication or a prescription for their sexual partners. STI clients are more likely to get medicines or prescriptions for their sexual partners at dispensaries (Appendix Table A-7.11). Seventy-five percent of clients were observed being told how to take the medicine, and a followup appointment was discussed with 61 percent of clients. Partner referral is common: almost 7 in 10 STI clients were encouraged to refer their partners for diagnosis and treatment. Only 3 out of 10 STI clients were counselled on the risk of HIV/AIDS.

Health education is not common. Discussions of any kind about condoms or HIV/AIDS were observed in 38 percent of all STI consultations. Providers discussed using condoms for prevention in 21 percent of consultations, but only instructed 7 percent of STI clients on how to use a condom and offered condoms to only 5 percent of clients (Appendix Table A-7.11).

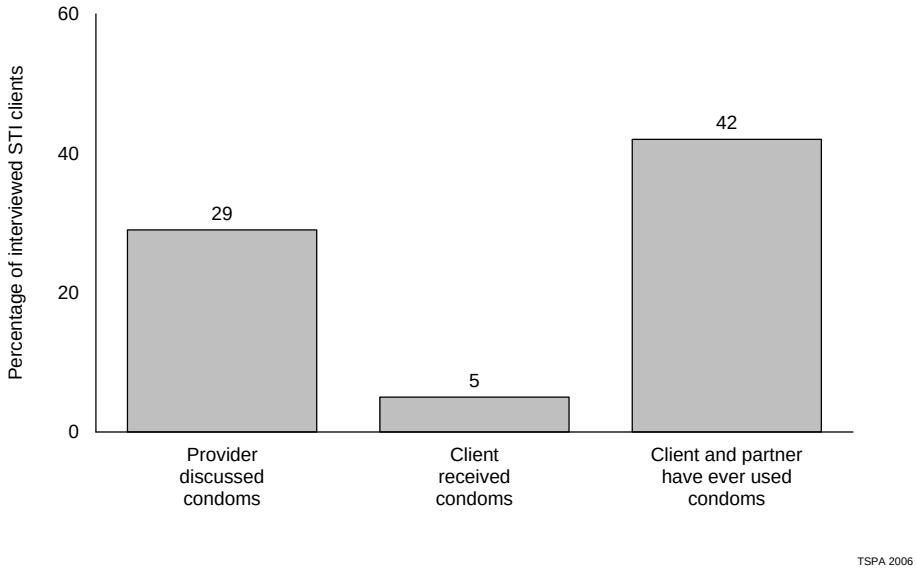
Using an individual client health card is important for ensuring that information is available for followup and continuity of care. Providers recorded information on the individual client health card for almost all observed STI clients (Appendix Table A-7.11).

7.5.4 Client Opinion from Exit Interviews

STI clients whose consultations were observed were asked about their experiences with the provider that day as they exited the facility. Forty-two percent of clients said that they had ever used condoms. Twenty-nine percent of clients reported that the provider talked about condoms during the visit, which is much higher that what was observed. Five percent of clients said they had received condoms during the visit, which is consistent with what was observed (Figure 7.6, Appendix Table A-7.12).

When asked about issues that may contribute to lack of condom use in general, 35 percent identified some specific factor, the most common of which were that condoms reduce the partner's sexual satisfaction (19 percent) and are embarrassing to purchase (17 percent). Other factors reported by clients are problems with disposal (11 percent) and embarrassment about discussing them with partners (16 percent). Among clients who mentioned any of these issues, approximately 1 in 5 said they had discussed the issue with the provider (Appendix Table A-7.12).

Figure 7.6 **Client-reported knowledge and experience related to condom use (N=190)**



During the exit interview, clients were also asked their opinion about issues commonly related to client satisfaction. They were asked whether they considered specific issues to be big problems, small problems, or not a problem for them on the day of their visit. Only a few items were identified as big problems and by relatively few clients. Fifteen percent of clients felt that the waiting time to see a provider was a big problem; 9 percent said the cost of services and 8 percent said the availability of medicines was a big problem (Appendix Table A-7.13). Almost no clients regarded the behaviour or attitude of the provider as a problem.

Clients were asked whether this facility was the one nearest to their home and, if not, why they did not visit the nearest facility. One-fourth of STI clients said it was not the closest facility to their home. The most common reason for not attending the nearest facility was a referral to this facility (42 percent). Some clients also cited lack of availability of medicines (11 percent) and more expensive services (7 percent) as the reasons whey they did not go to the nearest facility (Appendix Table A-7.14).

Key Findings

The relationship between STIs and sexual activity was discussed during three-fourths of all observed STI consultations.

More than 9 in 10 observed STI clients received medicine or a prescription, but only 29 percent were given medicine or a prescription for their partners.

7.6 Resources for Diagnosis and Management of Tuberculosis

TB, especially multidrug-resistant tuberculosis (MDR-TB), is a re-emerging communicable disease of public health significance. In order to control TB infection and to prevent its most severe complications, universal BCG vaccination at birth is mandatory in many developing countries, including Tanzania. TB is also one of the most common opportunistic infections for people who are HIV positive. WHO recommends the directly observed treatment, short-course (DOTS) approach to treat TB. The TSPA 2006 assessed TB services provided at all facilities, their capacity to conduct a sputum test, and the availability of medications for short-course, standard, and prophylactic treatments.

TB diagnosis, treatment, and/or followup services are available in 61 percent of facilities, including all hospitals and 88 percent of health centres (Table 7.4). TB services are more widely available in government facilities (71 percent) than other types of facility. Facilities in the Western and Southern zones are also more likely to offer TB services than facilities elsewhere.

7.6.1 Tuberculosis Diagnosis

Approximately 2 in 5 facilities offer TB diagnostic services, including all hospitals and most health centres (Table 7.4). Private facilities (32 percent), parastatal facilities (30 percent), and facilities in the Central zone (21 percent) are among the least likely to diagnose TB. Only 14 percent of facilities, including all hospitals and more than half of health centres, diagnose TB using sputum tests. The use of X-rays is even lower (4 percent) and limited mostly to hospitals (73 percent) (Appendix Table A-7.20). Some facilities (14 percent) rely on clinical symptoms for diagnosing TB, and these are likely to be lower-level facilities. Half of facilities that diagnose TB using sputum tests have all the items needed to conduct such a test, including a functioning microscope, glass slides, and all stains for the AFB or Ziehl-Neeson test. Hospitals are more likely than other facilities to have the capacity to conduct microscopic sputum and stained sputum examinations for TB diagnosis. About two-thirds of facilities that use sputum tests to diagnose TB have records of sputum test results available (Appendix Table A-7.20).

7.6.2 Tuberculosis Treatment and Availability of Medicines

Approximately half of all facilities offer TB treatment and/or followup services, and almost all of them (99 percent) follow the DOTS strategy for TB treatment (Table 7.4).

Among facilities following the DOTS strategy, only three-fourths report being part of the National DOTS programme. Client registers, an important part of any treatment programme, are available in only half of these facilities. Larger facilities are likely to offer TB services at multiple sites within the facility. Where this is the case, TB treatment protocols are expected to be available at all of these sites, but this is only true for just over half of these facilities. First-line anti-TB medicines (any combination of pyrazinamide, rifampin, ethambutol, and isoniazid) are available in only 60 percent of these facilities (Appendix Table A-7.18.1), including almost all hospitals and 90 percent of health centres. Among the zones, facilities in the Northern zone (95 percent) are the most likely and facilities in Zanzibar (29 percent) the least likely to have all first-line TB medicines.

Table 7.4 Availability of services for tuberculosis

Percentage of all facilities providing any tuberculosis (TB) diagnostic, treatment, or followup services and, among them, percentage following DOTS or other treatment strategies, and average number of sites at facility offering TB treatment or followup services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering:			Total number of facilities (weighted	Among facilities providing any TB treatment and/or followup services, percentage following[1]:		Number of facilities offering any TB treatment and/or followup services (weighted)	Mean number of sites at facility offering any TB treatment or followup services[2]
	Any TB diagnostic services	Any TB treatment and/or followup services	Any TB diagnostic, treatment, and/or followup services		Treatment through DOTS	Treatment other than DOTS		
Type of facility								
Hospital	100	90	100	25	97	18	22	1.5
Health centre	80	78	88	55	97	3	43	1.0
Dispensary	34	49	57	528	99	1	259	1.0
Managing authority								
Government	44	69	71	399	99	1	276	1.0
Private for-profit	32	10	37	104	100	0	10	1.1
Parastatal	30	20	40	14	100	0	3	1.0
Faith-based	40	37	49	94	96	11	35	1.2
Zone								
Northern	49	49	56	110	98	6	53	1.1
Central	21	45	48	47	100	1	21	1.0
Southern Highlands	25	55	61	95	100	2	53	1.0
Western	64	57	71	82	97	3	47	1.0
Lake	45	58	63	89	100	0	52	1.0
Southern	33	69	71	61	100	0	42	1.0
Eastern	41	43	58	102	100	1	43	1.0
Zanzibar	37	52	55	25	100	0	13	1.0
Total	41	53	61	611	99	2	324	1.0

[1] Some facilities used both DOTS and other treatments, so columns may add up to more than 100 percent.
[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

7.6.3 Tuberculosis and HIV/AIDS Services

Because TB is an important opportunistic infection in people who are HIV positive, it is recommended that newly diagnosed TB patients be screened for HIV and vice versa. According to a recent WHO report, "HIV testing for TB patients is increasing quickly in the African Region, however little effort has yet been made to screen HIV-infected people for TB, though this is a relatively efficient method of case-finding" (WHO, 2007*)*. The TSPA 2006 assessed the availability of a system in which newly diagnosed TB patients are tested for HIV. Among facilities offering any TB services, only 9 percent routinely refer all newly diagnosed TB clients for HIV testing, while another 11 percent refer those clients who are suspected to be infected with HIV. Hospitals and parastatal facilities are more likely than other types of facilities to refer any or all newly diagnosed TB clients for HIV testing (Appendix Table A-7.21). Hospitals and parastatal facilities are also more likely to have records such of referrals available.

Key Findings

Approximately 3 out of 5 facilities, mostly hospitals and health centres, offer TB services of some kind, including diagnosis, treatment, and followup.

Half of all facilities provide TB treatment and/or followup, and almost all of them follow the DOTS strategy.

Of facilities following the DOTS treatment strategy, 60 percent have all first-line treatment medicines available.

Only a small proportion of facilities refer newly diagnosed TB patients for HIV testing.

7.7 Services for Malaria

Malaria is an important cause of morbidity and mortality in both children and adults in tropical countries. The TSPA 2006 assessed the capacity of facilities to diagnose and treat malaria. Appendix Table A-7.22 provides detailed information on the availability of these services, and Appendix Table A-7.23 provides information on the availability of insecticide-treated bednets as well as training received by providers of malaria services.

Practically all facilities, with the exception of stand-alone facilities, offer malaria treatment services, and almost all also had antimalarial medicines (sulfadoxine-pyrimethamine [Fansidar], amodiaquine or Coartem) available on the day of the survey. There is little difference between facility types or managing authorities, but facilities in the Lake zone are less likely than facilities elsewhere to have first-line antimalarial medicines (Appendix Table A-7.22.1). Stock-outs of antimalarial medicines during the six months preceding the survey were rare, occurring in only 8 percent of facilities. What is missing are treatment protocols and laboratory diagnostic capacity. Larger facilities have multiple sites where malaria services are offered, with hospitals having an average of 3.8 sites and health centres having an average of 1.9 sites. Only 32 percent of facilities have malaria treatment guidelines and protocols at all sites offering malaria services within the facility. Not a single hospital has protocols at all malaria service sites (Appendix Table A-7.22.1). Only 29 percent of hospitals have malaria guidelines, compared with 45 percent of health centres and 36 percent of dispensaries (data not shown). This suggests that, while all facilities provide treatment for malaria and have necessary medicines, treatment guidelines are not readily available.

Only one-third of facilities have the laboratory capacity to diagnose malaria from blood smears, which requires a functioning microscope, glass slides, and stain. Almost all hospitals and about two-thirds of health centres have laboratory diagnostic capacity, compared with just one-fourth of dispensaries. Government facilities are less likely to have this capacity, probably because the majority of them are lower-level facilities. Facilities in the Central zone are also among the least likely to have laboratory diagnostic capacity. Rapid tests are almost non-existent, available in only 1 percent of facilities and largely limited to a few hospitals and health centres (Appendix Table 7.22.1).

Insecticide-treated nets (ITNs) can reduce malaria transmission. There are efforts going in Tanzania to make these nets available to the public. Approximately 1 in 5 facilities offering malaria treatment services provide ITNs to clients (Appendix Table A-7.23). Many more (63 percent) give clients vouchers for ITNs.

Only 20 percent of facilities offering malaria treatment services had at least one clinician (i.e., a consultant, doctor, assistant medical officer, clinical officer, or clinical assistant) who had received training on malaria within the previous 12 months, Even fewer (8 percent) had at least one nurse who had been trained on malaria services during the same time period (Appendix Table 7.23).

Key Findings

Almost all facilities treat malaria and have antimalarial medicines available. Malaria treatment guidelines are not available at the majority of service sites, and laboratory testing capacity for malaria is low.

While few facilities offer ITNs, vouchers are more widely available.

Chapter 8 HIV/AIDS Services

8.1 Background

An international technical working group, comprised of representatives from the World Health Organization (WHO), the United Nations Programme on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and other entities, including NGOs that implement HIV/AIDS services, has developed common indicators for measuring the quality of HIV/AIDS services provided through the formal health sector. These indicators fall under the following broad categories:

- Capacity to provide basic services for HIV/AIDS,
- Capacity to provide advanced services for HIV/AIDS,
- Availability of record keeping systems for monitoring HIV/AIDS care and support,
- Capacity to provide services for prevention of mother-to-child transmission (PMTCT) of HIV, and
- Availability of youth-friendly services.

The TSPA 2006 measured components of each of these indicators in a sample of health facilities in Tanzania.

8.1.2 HIV/AIDS in Tanzania

The first case of HIV/AIDS in Tanzania was clinically diagnosed and reported in 1983 in the Kagera region. By 1986, all regions of the Mainland had reported HIV/AIDS cases and the first case of HIV/AIDS was reported in Zanzibar.

In response to the HIV/AIDS epidemic, the government of Tanzania, with technical support from WHO's Global Programme on AIDS (WHO-GPA), formed the National AIDS Control Programme (NACP) in Mainland Tanzania and the Zanzibar AIDS Control Programme (ZACP) under the MoHSW. Each of the AIDS control programmes formulated a short-term plan (1985-1986 for the NACP and 1986-1987 for the ZACP), followed by three successive five-year plans (1987-1991, 1992-1996, and 1998-2002).

In 1999, HIV/AIDS was declared a national disaster. There followed the establishment of the Tanzania Commission for AIDS (TACAIDS) in 2001 and the Zanzibar AIDS Commission in 2002. Both commissions were mandated to provide strategic leadership and coordination of multi-sectoral responses to the epidemic, monitoring and evaluation, including research, and resource mobilization and advocacy. TACAIDS, in collaboration with other stakeholders, developed the Tanzania National Multi-sectoral Framework on HIV/AIDS (2003–2007). The plan's main goals are to reduce the spread of HIV, improve the quality of life of those infected with and affected by HIV, and mitigate the social and economic impact of the epidemic.

HIV/AIDS continues to ravage every sector of Tanzania's economy, leaving behind thousands of orphans and creating widespread poverty and helplessness among the population. The virus has infected and affected a great many people, resulting in ill health and poverty for many households. In 2003, the Mainland was estimated to have 1,820,000 people living with HIV/AIDS, of whom 840,000 were female (TACAIDS et al., 2006).

Findings of the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) indicate that HIV prevalence nationwide is 7 percent overall among adults age 15-49 years in Mainland Tanzania, with prevalence

somewhat higher in women than men (8 percent and 6 percent, respectively). The prevalence of HIV/AIDS in the general population in Zanzibar was found to be 0.6 percent, with the prevalence about five times higher in women than men (0.9 percent and 0.2 percent, respectively) (TACAIDS et al., 2006). The wide gender difference in prevalence, particularly among youth, was a significant revelation that highlighted the vulnerability of women compared with men.

8.2 Definition of HIV/AIDS Indicators

The TSPA 2006 assessed the following HIV/AIDS-related services:

HIV Testing System/Counselling and Testing (CT): The TSPA defines a facility as having an HIV testing system or offering counselling and testing if: (1) before and/or after HIV testing clients are counselled on the prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition; and (2) clients are offered an HIV test conducted within the facility or by an affiliated lab, or the facility has a system for referring clients to an external testing site and receives test results back from that external site in order to follow up clients after testing. A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not defined as having an HIV testing system or offering HIV counselling and testing.

Care and support services (CSS): Care and support services include any services that are directed towards improving the life of an HIV-infected person. These most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), sexually transmitted infections (STIs), and malaria. Care and support services also may include palliative care and socio-economic and psychological support services. Along with care and support services, infection control measures were assessed for all service units in the facility.

Antiretroviral therapy (ART): This refers to providing antiretroviral (ARV) medicines to treat HIV-positive persons and AIDS patients.

Post–exposure prophylaxis (PEP): This refers to providing prophylactic ARV drugs to persons who have been exposed to HIV.

Prevention of mother-to-child transmission (PMTCT): A facility is defined as offering PMTCT services if it offers any activities related to the prevention of mother-to-child transmission of HIV in pregnant or recently delivered woman. Such activities include pre- and post-test counselling and HIV testing for pregnant women, counselling on infant feeding practices (including counselling about exclusive breastfeeding), family planning counselling and/or referral, and providing prophylactic ARV drugs to HIV-positive women and their newborn babies. PMTCT *plus* services also include the provision of ART to all HIV-positive women and their families.

Youth-friendly services (YFS) with voluntary counselling and testing (VCT): This refers to specific programmatic strategies to encourage adolescents to utilise services with HIV/AIDS components. The TSPA specifically assessed the availability of youth-friendly services that include VCT.

8.3 Basic Level Services for HIV/AIDS

8.3.1 Counselling and Testing

Generally accepted definitions for voluntary counselling and testing services (VCT or CT) for HIV include the following key elements:

- Counselling must be undertaken prior to testing. Prior to testing, the counsellor must ascertain that the client is taking the test voluntarily and understands that he/she can interrupt or stop the process at any point.

- The counsellor shall ascertain that the client's mental state is sound and that he/she is not under the influence of any substance or undue pressure from any source. In case of doubt, the counsellor should consult or refer the client to senior colleagues.

- Where HIV testing involves a person who is unable to provide consent, a close relative or next of kin shall be given information and asked to provide consent.

- The client must receive an assurance that test results are confidential and that no one will be told the results without his/her consent.

- Both HIV-positive and HIV-negative clients must receive post-test counselling on preventive measures, as well as treatment and followup.

- Same-day test results are encouraged.

Counselling and testing services may be provided in a special VCT unit. However, VCT may also be provided in almost any setting, wherever a client or provider determines that the service is necessary. Therefore, information was gathered from all service sites within a facility where it was determined that providers had any responsibility for providing counselling and/or testing for HIV.

Several elements have been defined as important for supporting the quality of counselling and testing services. For example, service sites must have guidelines and protocols and appropriate recordkeeping systems to ensure that all key elements of counselling and testing are covered. Table 8.1 and Figure 8.1 present information on the availability of an HIV testing system, defined as having an HIV test in the facility, or in an affiliated laboratory, or having a system for receiving results of tests conducted in a non-affiliated testing site in order to provide post-test services. Table 8.1 also presents information on the availability of informed consent documents and recordkeeping in counselling and testing sites.

About one-fourth (26 percent) of all facilities have an HIV testing system. Virtually all hospitals (98 percent) and stand-alone facilities (100 percent) have an HIV testing system (Table 8.1, Figure 8.1). Health centres (64 percent) and dispensaries (19 percent) are less likely than hospitals and stand-alone facilities to have an HIV testing system.

Among facilities with a testing system, 80 percent conduct testing in the facility or in an affiliated laboratory. All hospitals and stand-alone facilities conduct testing in the facility or an affiliated laboratory. Only a small proportion of facilities (7 percent), mostly dispensaries, have testing done exclusively outside the facility. Hospitals have 2.4 service sites offering HIV counselling and testing services, on average, while other types of facilities have an average of just 1 HIV testing site per facility (Table 8.1).

Table 8.1 System for HIV testing

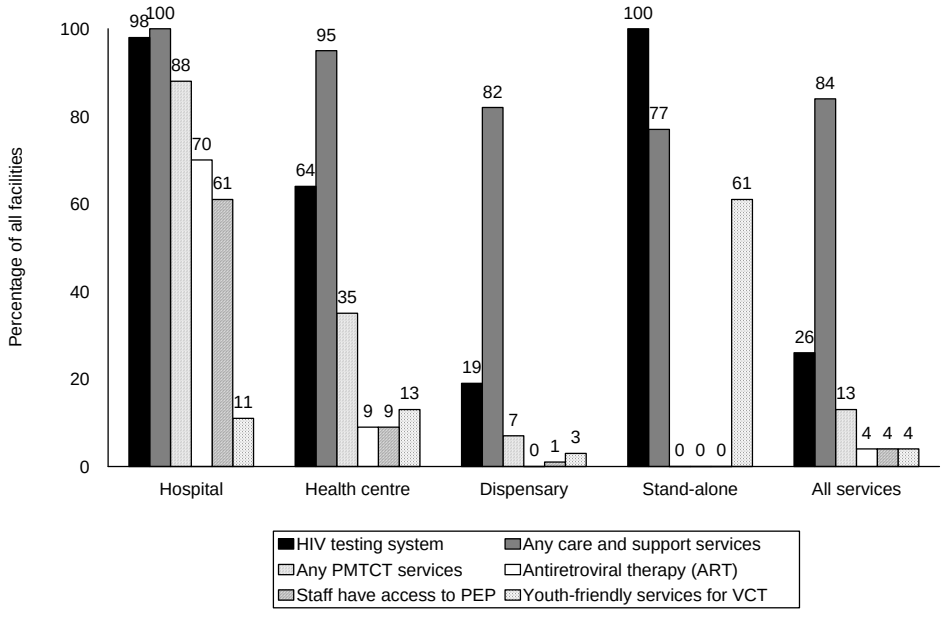
Percentage of facilities reporting an HIV testing system, and among these, percentage conducting HIV tests in facility or at external site, percentage with policies and records in **all** relevant service sites, and mean number of service sites with a HIV testing system per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities reporting an HIV testing system[1,2]	Total number of facilities (weighted)	Percentage of facilities with:						Number of facilities with HIV testing system (weighted)	Mean number of service sites with HIV testing system[8]
			HIV test available in facility or affiliated lab[3]	HIV test available only at external site[4]	Items observed in **ALL** relevant service sites in the facility: Informed consent policy for HIV testing[5]	Register with HIV test results	Record of clients receiving HIV test results[6]	All items for testing[7]		
Type of facility										
Hospital	98	25	100	0	46	91	63	36	24	2.4
Health centre	64	55	89	4	64	96	78	54	35	1.1
Dispensary	19	528	72	10	39	72	63	30	98	1.0
Stand-alone	100	3	100	0	77	100	100	77	3	1.0
Managing authority										
Government	22	399	82	8	49	88	74	40	89	1.3
Private for-profit	33	104	66	4	32	53	42	17	34	1.1
Parastatal	50	14	60	20	20	60	60	20	7	1.0
Faith-based	32	94	95	5	61	94	76	56	30	1.3
Zone										
Northern	41	110	88	3	55	93	68	37	45	1.2
Central	7	47	100	0	74	100	93	74	3	1.3
Southern Highlands	24	95	64	6	50	63	68	50	23	1.1
Western	30	82	88	12	41	100	90	41	24	1.2
Lake	18	89	66	0	40	73	44	30	16	1.3
Southern	14	61	100	0	86	100	89	82	8	1.3
Eastern	33	102	79	13	32	63	55	21	33	1.2
Zanzibar	28	25	57	20	13	57	55	8	7	1.5
Total	26	611	80	7	46	80	67	37	160	1.2

[1] Facility refers to any health service facility or other non-home based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test in the facility or in an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.
[3] HIV testing is confirmed in the facility or in an affiliated laboratory.
[4] HIV testing is not done in the facility, but there are observed records of testing conducted outside the facility, with test results.
[5] If any of the following guidelines are present, they are considered as having an informed consent policy: national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national guidelines for prevention of mother-to-child transmission, or guidelines for counsellors in Tanzania with emphasis on HIV/AIDS/STDs counselling.
[6] If rapid test is done, a record with client identifier and results is sufficient.
[7] Informed consent policy in all relevant service sites, observed register with HIV test results, observed register for clients receiving HIV test results, and HIV test available or records showing test results are received by facility.
[8] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

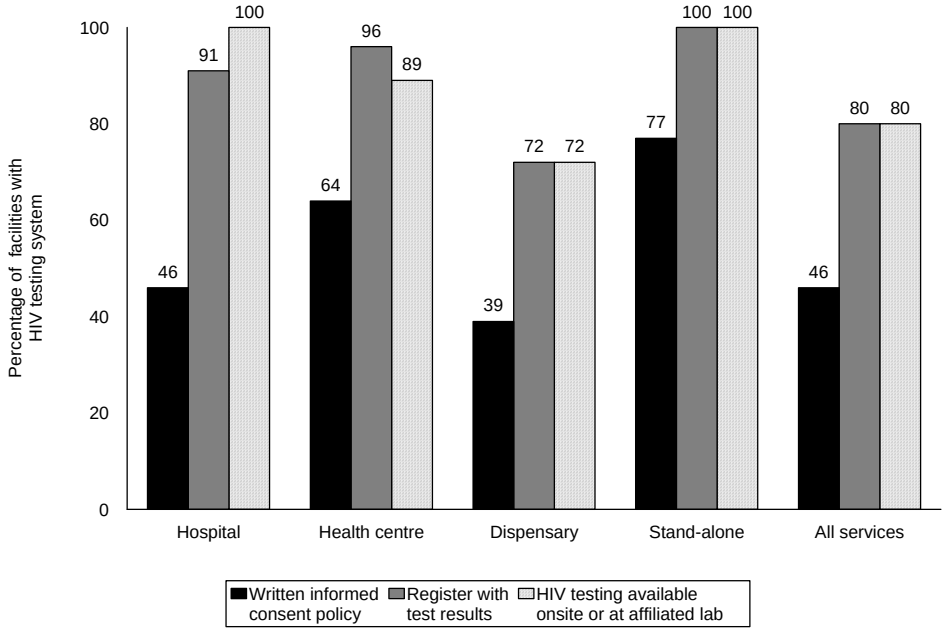
An informed consent policy for HIV testing is available in only about half of facilities that have an HIV testing system (Table 8.1). A facility is classified as having a written informed consent policy for HIV testing only if it is found at *all* sites in the facility where counselling and testing services are provided. As a result, most hospitals cannot meet this criterion. In contrast, recordkeeping is relatively good: 80 percent of facilities that have an HIV testing system have a register of HIV test results at all sites, and about two-thirds keep a record of clients receiving their HIV test results. Over 90 percent of hospitals, health centres, and stand-alone facilities with an HIV testing system have a register with HIV test results, but not all of them keep a record of clients receiving those results.

Figure 8.1 Availability of services for HIV/AIDS (N=611)



TSPA 2006

Figure 8.2 Components of HIV testing services (N=160)



TSPA 2006

8.3.2 HIV/AIDS Care and Support Services

The TSPA defines HIV/AIDS care and support services (CSS) as the provision of any curative care for illnesses that may be related to HIV/AIDS (such as the diagnosis and treatment of opportunistic infections), or the provision of (or referrals for) counselling or social support services to help people live with HIV/AIDS. The survey defines clinical CSS as additional services, including the provision or prescription of treatments for opportunistic infections, systemic intravenous treatment for specific fungal infections such as cryptococcal meningitis, treatment for Kaposi's sarcoma, palliative care such as symptom or pain management, nutritional rehabilitation services, fortified protein supplements, ART, or followup services for persons on ART. Eighty-four percent of all facilities offer CSS, and eighty-three percent offer clinical CSS for HIV/AIDS clients (Table 8.2).

Table 8.2 Availability and documentation of care and support services for HIV/AIDS clients

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients; percentage of facilities offering clinical CSS; and among these, percentage with the indicated recordkeeping systems, and mean number of clinical CSS service sites per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS[1] for HIV/AIDS clients	Percentage of facilities offering any clinical CSS[2] for HIV/AIDS clients	Total number of facilities (weighted)	Individual record/chart observed in **all** relevant service sites	Register with HIV/AIDS-related client diagnoses observed in **any** relevant service site	Record system for individual client appointments observed in **all** relevant outpatient programme sites	Number of facilities offering any clinical CSS for HIV/AIDS clients (weighted)	Mean number of clinical CSS service sites[3]
Type of facility								
Hospital	100	100	25	72	91	53	25	3.8
Health centre	95	95	55	61	80	23	52	2.0
Dispensary	82	81	528	71	71	4	428	1.0
Stand-alone	77	61	3	0	16	0	2	1.0
Managing authority								
Government	83	82	399	63	72	8	327	1.2
Private for-profit	86	86	104	80	69	6	89	1.2
Parastatal	80	80	14	63	75	0	11	1.0
Faith-based	84	84	94	84	75	13	79	1.5
Zone								
Northern	80	77	110	68	77	12	85	1.4
Central	93	93	47	39	21	2	44	1.1
Southern Highlands	100	100	95	85	83	5	95	1.2
Western	90	90	82	62	87	5	74	1.1
Lake	85	85	89	61	82	6	76	1.2
Southern	70	65	61	99	76	19	40	1.4
Eastern	82	82	102	72	60	12	84	1.3
Zanzibar	42	40	25	39	67	24	10	1.3
Total	84	83	611	69	72	8	506	1.2

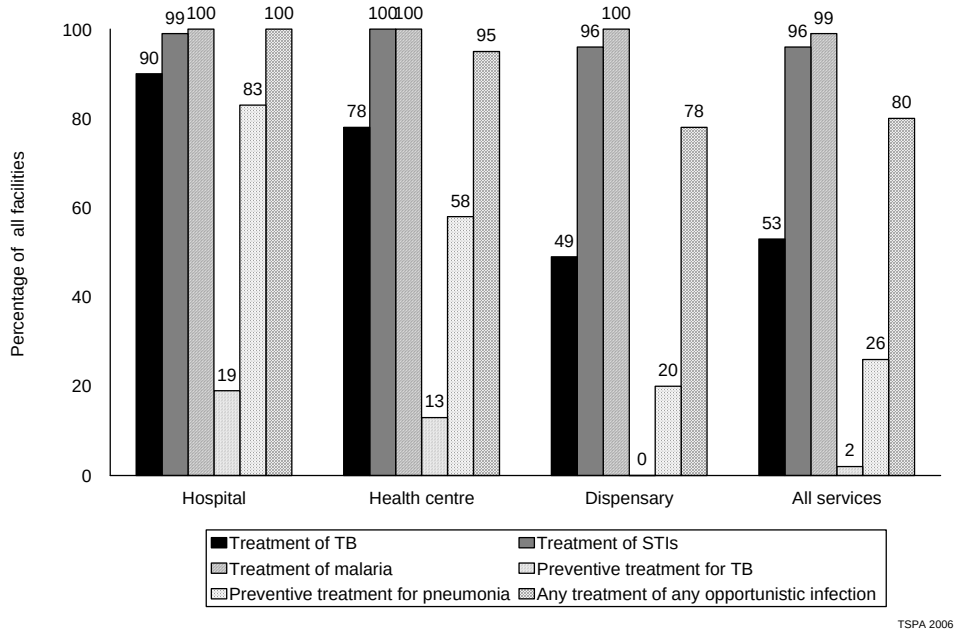
[1] Providers report providing any curative care for illnesses that may be related to HIV/AIDS, such as the diagnosis and treatment of opportunistic infections and they report providing or referring clients for counselling and/or social support services for help in living with HIV/AIDS.
[2] In addition to CSS, providers report providing or prescribing any of the following: treatment for opportunistic infections; systemic intravenous treatment of specific fungal infections, such as cryptococcal meningitis; treatment for Kaposi's sarcoma; palliative care for patients, such as symptom management, pain management, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and followup services for persons receiving ART.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Basic Clinical Care and Support Services

HIV/AIDS clients are at higher risk of developing opportunistic infections such as TB and STIs as a result of their suppressed immune systems. One of the most important HIV/AIDS care and support strategies is the immediate treatment of opportunistic infections among HIV/AIDS clients. Appendix Table A-8.3 and Figure 8.3 present information on the availability of basic clinical care and support services, including the treatment of opportunistic infections among all facilities.

Treatment of TB is available in about half of all facilities (Appendix Table A-8.3 and Figure 8.3). In contrast, treatment of STIs (96 percent of facilities) and malaria (99 percent of facilities) is almost universally available, with the exception of stand-alone facilities. About one-fourth of facilities offer preventive treatment for pneumonia, while only 2 percent offer preventive treatment for TB using isoniazid. Overall, 80 percent of all facilities offer some type of treatment for opportunistic infections.

Figure 8.3 Availability of basic clinical care and support services (CSS) for HIV/AIDS among all facilities (N=611)



The survey assessed the availability of several services among a subset of facilities that offer CSS services. Facilities that offer CSS for HIV/AIDS clients should also be able to offer services for TB, STIs, and malaria. TB and STIs are both highly associated with HIV/AIDS. Even though causative factors of malaria are not directly associated with HIV/AIDS, WHO's Global Roll Back Malaria initiative promotes the integration of malaria and HIV services to reduce morbidity and mortality associated with dual infection.

Tuberculosis

TB is the most common opportunistic infection associated with HIV/AIDS, and it is among the leading causes of mortality among people infected with HIV. Worldwide, it is estimated that more than 21 million people are co-infected with HIV and TB. People who are HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than people who are HIV-negative (WHO, 2007).

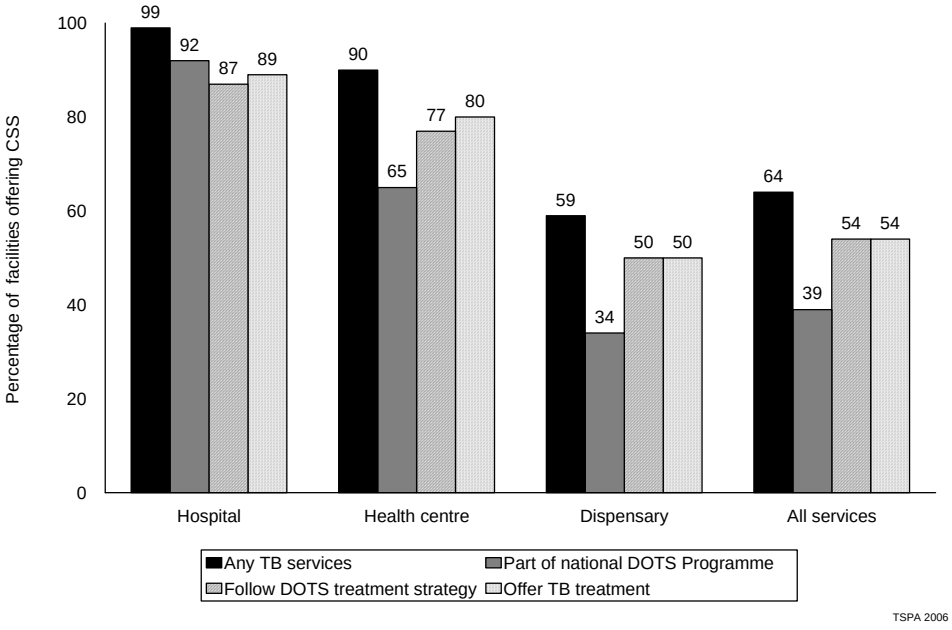
TB diagnosis and treatment is considered an important component of care for HIV/AIDS clients. In order to improve compliance with full treatment and reduce the prevalence of drug-resistant strains of TB, WHO advocates the directly observed treatment short-course (DOTS) approach for TB treatment.

Generally accepted standards for good quality TB services include the following key elements:

- Diagnosis based on sputum smear, with back-up or confirmation using X-rays,
- Records that indicate newly identified cases, monitor the cause of treatment, and monitor client adherence to the treatment protocol,
- Standard guidelines and protocols for the TB diagnostic and treatment regime, and
- A continuous supply of the TB treatment regime for each patient.

Among facilities offering CSS for HIV/AIDS clients, 64 percent provide TB diagnostic and/or treatment services, 54 percent follow the DOTS strategy, and 39 percent report being part of the national DOTS programme (Figure 8.4, Appendix Table A-8.5). All hospitals and a majority of health centres (90 percent) offer TB diagnostic and/or treatment services. Government facilities are more likely than facilities under other managing authorities to offer TB services. Facilities in the Central zone are less likely than facilities elsewhere to offer these services. TB services are not available in any of the stand-alone facilities.

Figure 8.4 **TB services in facilities offering HIV/AIDS care and support services (CSS) (N=513)**



Although 92 percent of hospitals that offer CSS for HIV/AIDS clients report being part of the national DOTS programme, only 87 percent follow the DOTS treatment strategy (Figure 8.4). This suggests that some hospitals report being part of the national DOTS programme, but do not actually follow the DOTS treatment strategy. On the contrary, 65 percent of health centres and 34 percent of dispensaries that offer CSS for HIV/AIDS clients report they are part of the national DOTS programme, while 77 percent of health centres and 50 percent of dispensaries follow the DOTS treatment strategy. This suggests that some

health centres and dispensaries are not part of the national programme, but actually follow the DOTS treatment strategy.

Among facilities that offer CSS for HIV/AIDS clients and follow the DOTS treatment strategy, half maintain a register for DOTS clients. TB treatment protocols are available in only 55 percent of these facilities, and are more likely to be available in health centres (93 percent) than in hospitals (75 percent) and dispensaries (46 percent). All first-line TB medicines (any combination of isoniazid, rifampicin, ethambutol and pyrazinamide) are available in 91 percent of hospitals, 89 percent of health centres and 51 percent of dispensaries. Overall, about 3 in 10 facilities offering CSS and following the DOTS treatment strategy have everything needed to treat TB (Appendix Table A-8.5).

About 44 percent of facilities offering CSS for HIV/AIDS clients also offer TB diagnostic services (Appendix Table A-8.7). This includes all hospitals and most health centres. Among all facilities that offer CSS for HIV/AIDS clients, 17 percent use a sputum test, 15 percent use clinical symptoms, and 5 percent use X-rays to diagnose TB. The use of X-rays is limited almost exclusively to hospitals (74 percent).

About 3 out of 5 of facilities that use sputum tests for TB diagnosis have all the items needed to conduct the test, and faith-based facilities are more likely than government facilities to have everything needed. About two-thirds of facilities that use X-rays for TB diagnosis have a functioning X-ray machine with films (Appendix Table A-8.7).

Sexually Transmitted Infections (STIs)

There is a documented correlation between STIs and the risk of contracting HIV/AIDS. Persons with HIV/AIDS are at higher risk than the general population for contracting STIs, especially syphilis. Findings from the THIS 2003/04 survey show that among Tanzanians who tested positive for HIV, over 12 percent reported contracting an STI or having STI symptoms within the 12 months prior to testing positive for HIV (TACAIDS et al., 2006). Thus, screening, diagnosis, and treatment for STIs, including syphilis, are basic services that must be provided to all at-risk clients.

Generally accepted standards for good quality STI services include the:

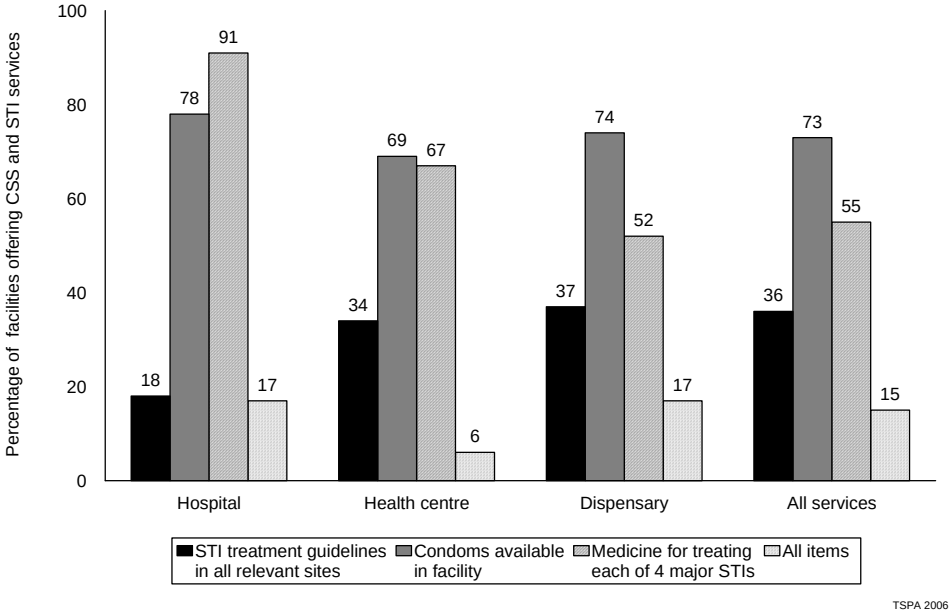
- Availability of diagnostic and treatment guidelines in all STI service sites, and
- Provision of appropriate treatment before the client leaves the facility.

In addition, laboratory diagnosis is important as it may be the only way to confirm the presence or absence of an STI. International experts advocate that all newly diagnosed HIV/AIDS clients be screened for STIs, particularly syphilis.

Almost all facilities that offer CSS for HIV/IDS clients also offer STI treatment services (Appendix Table A-8.9.1). Among these, only one-third (36 percent) have STI treatment protocols in all CSS sites that offer STI treatment. Hospitals (18 percent) are less likely than health centres (34 percent) or dispensaries (37 percent) to meet this criterion because they operate more service sites than the others do (Figure 8.5). Medicines for treating each major STI (syphilis, gonorrhoea, chlamydia, and trichomoniasis) are available in 55 percent of facilities that offer CSS for HIV/AIDS clients and also offer STI treatment services. Hospitals (91 percent) and private for-profit facilities (76 percent) are more likely to have medicines for treating all four STIs. Facilities in the Western zone (25 percent) and Zanzibar (34 percent) are less likely

than facilities in other zones to have these medicines. Condoms are available in almost three-fourths of all facilities, and are more likely to be available in government facilities (88 percent) than other types of facilities. Overall, only 15 percent of facilities offering CSS for HIV/AIDS clients have all the items considered essential for STI services.

Figure 8.5 **STI services in facilities offering HIV/AIDS care and support services (CSS) (N=504)**



Malaria

Even though no direct link has been established between malaria and HIV/AIDS, the burden of malaria cannot be ignored since it is the leading cause of mortality in Tanzania. Most people with HIV/AIDS die primarily as a result of contracting malaria. In Tanzania, there are approximately 16 million reported cases of malaria each year, resulting in about 100,000 deaths annually. Most malaria-related deaths occur among children under five years and among pregnant women.

Facility-based initiatives for controlling malaria include following national protocols for treatment and, whenever possible, conducting laboratory confirmation of the diagnosis.

With the exception of stand-alone facilities, virtually all facilities offering CSS for HIV/AIDS clients also offer malaria treatment services and have first-line anti-malarial medicines (sulfadoxine-pyrimethamine [Fansidar], amodiaquine, or Coartem) in the facility (Appendix Table A-8.8.1). Facilities in the Lake zone (87 percent) and parastatal facilities (87 percent) are among the least likely to have first-line antimalarial medicines. Availability of malaria treatment guidelines is far lower: less than one-third of facilities have the guidelines in all CSS sites offering malaria treatment services. As seen in Appendix Table A-8.8.1, not a single hospital meets this criteria, probably because they operate 3.6 malaria treatment service sites per facility, on average. Only 3 percent of facilities in the Central zone have malaria treatment guidelines in all relevant sites.

Key Findings

About one-fourth of all facilities in Tanzania have an HIV testing system. This includes all hospitals and stand-alone HIV facilities and two-thirds of health centres. An informed consent policy for HIV testing is available in only about half of facilities with an HIV testing system.

Approximately 4 out of 5 facilities provide care and support services for HIV/AIDS clients. TB diagnosis and/or treatment is available in about two-thirds of these facilities. Half follow the DOTS treatment strategy, and 2 out of 5 are part of the National DOTS programme.

STI treatment services are available in all facilities that offer care and support services for HIV/AIDS clients. Items to support STI services are missing in most of these facilities, particularly STI treatment guidelines.

Malaria treatment services are available in all facilities that offer care and support services for HIV/AIDS clients. While anti-malarial medicines are widely available in these facilities, only one-third have malaria treatment guidelines.

8.4 Advanced Level Services for HIV/AIDS

Persons in an advanced stage of HIV/AIDS are usually seriously ill and require a more advanced level of treatment and followup than is available at many health facilities. Hospitals should be fully capable of providing all of the advanced care and support services needed for monitoring and treating HIV/AIDS clients. As service development expands, however, it is expected that many of these services will become available outside of hospitals in lower level facilities as well. Current programmes are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, and implementing recordkeeping for HIV/AIDS services.

The activities and services assessed for advanced-level care and support include:

- Laboratory diagnostic capacity and the availability of treatment medications for severe opportunistic infections,
- Availability of services or a formal referral system for psychosocial and socio-economic care and support services,
- Antiretroviral therapy (ART), and
- Post-exposure prophylaxis (PEP).

8.4.1 Advanced Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS

For the purpose of this survey, a facility must meet the following requirements in order to be classified as having advanced-level treatment capacity:

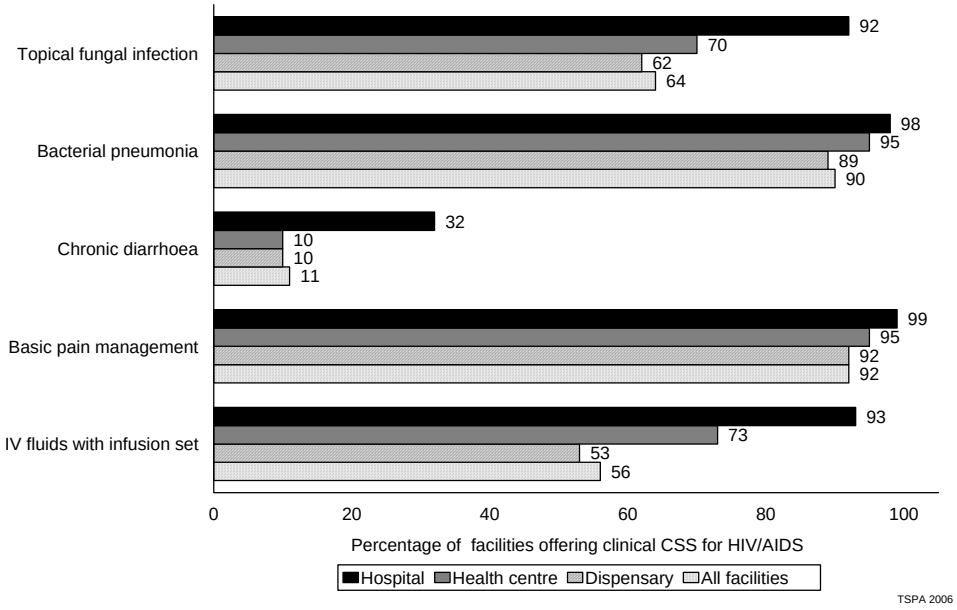
- At least one medicine (or in some cases, two medicines) for the treatment of an indicated condition is available,
- Protocols or guidelines for treating common opportunistic infections are available in each service area,
- At least one trained provider for an indicated service is available in the facility; and
- Laboratory diagnostic capacity exists for common HIV/AIDS-related illnesses.

Appendix Tables A-8.15, A-8.16, and A-8.17 present information on the availability of advanced care and support services for HIV/AIDS clients and other related services.

The survey defines palliative care as the availability of any of the following: treatment for cryptococcal infections, treatment for Kaposi's sarcoma, symptomatic or pain relief, nutritional rehabilitation, or any psychosocial support services. Treatment for Kaposi's sarcoma is available at only 9 percent of facilities that offer CSS for HIV/AIDS clients and is offered mostly in hospitals (53 percent) and health centres (28 percent) (Appendix Table A-8.15). Faith-based facilities are more likely than other types of facilities to offer treatment for Kaposi's sarcoma. Treatment for cryptococcal infections is only slightly more widely available, in 14 percent of all facilities, including 89 percent of hospitals and 40 percent of health centres. Facilities are more likely to offer symptomatic or pain relief (46 percent) and nutritional rehabilitation (56 percent), while psychosocial counselling is almost universally available (92 percent).

The vast majority of facilities that offer clinical CSS for HIV/AIDS clients have medicines for treating pneumonia (90 percent) and other bacterial infections (96 percent) and medicines for basic pain management (92 percent) (Figure 8.6, Appendix Table A-8.16). Medicines for treating topical fungal infections are available in 64 percent of these facilities and deworming medications in 88 percent of facilities. Medicines for managing chronic diarrhoea (11 percent) and vitamin supplements (9 percent) are generally lacking.

Figure 8.6 **Availability of medicines to treat common HIV/AIDS-related conditions among facilities offering clinical HIV/AIDS care and support services (N=506)**



Laboratory testing capacity for monitoring HIV/AIDS clients is generally low among facilities that offer clinical CSS for HIV/AIDS clients (Appendix Table A-8.18). The most widely available testing capacity is for haemoglobin or haematocrit levels, which is found at 28 percent of facilities that offer clinical CSS, including 97 percent of hospitals and 55 percent of health centres. Government facilities and those in the Central zone are the least likely to have this capacity. Other testing capacities are even less common. For example, only 3 percent of all facilities that offer clinical CSS (including 33 percent of hospitals) have kits to perform a spinal tap; only 1 percent of all facilities (including 20 percent of hospitals) have blood

culture media and an incubator; only 6 percent of all facilities are able to check white cell counts; and only 6 percent are able to check platelet counts. Hospitals and, in some instances, faith-based facilities, are most likely to have each of these testing capacities.

Confidentiality is one of the important aspects of care and support for people living with HIV/AIDS. The survey assessed the availability of confidentiality guidelines in facilities offering clinical CSS. Only 15 percent of these facilities have confidentiality guidelines in all service sites offering clinical CSS for HIV/AIDS clients (Appendix Table A-8.14.1). Hospitals, with an average of 3.8 service sites per facility, are least likely to meet the criterion. Other guidelines are equally lacking, including guidelines on opportunistic infections, symptomatic and palliative care, and the care of children and adults living with HIV/AIDS. Each set of guidelines is available in only about one-fourth of facilities.

8.4.2 Antiretroviral Therapy (ART)

Not every HIV/AIDS client is eligible for ART. According to the Tanzania National HIV/AIDS care and treatment guidelines, ART is prescribed to a person with clinical AIDS and/or with a CD4+ cell count below 200. The prescription and provision of ART should be done by trained health personnel, who should regularly monitor the condition of these clients in order to ensure that an effective ARV regime is being implemented and that side effects are properly managed.

Elements identified as important for providing good quality ART services include the following:

- Staff trained in the provision of relevant services,
- Protocols and guidelines for relevant care and support services,
- A consistent supply of ARVs and good storage practices to maintain their quality and security,
- A system for making client appointments for routine followup services,
- An individual client record to assure continuity of care for the client, and
- Good recordkeeping systems for ART compliance.

ARV drugs inhibit the replication of HIV and can significantly prolong and improve the quality of life of HIV-positive people. ART is therefore a treatment option which is beneficial and important to effective care and treatment programmes in Tanzania. The government of Tanzania started providing ART services free of charge in October 2004. TSPA findings indicate that, overall, only 4 percent of all facilities prescribe ART and, as expected, ART services are offered at mostly at hospitals (70 percent of hospitals prescribe ART) and in a limited number of health centres (9 percent) (Table 8.3). Items to support ART services are fairly widely available among facilities that prescribe ART. For example, 91 percent of hospitals and over half of health centres that prescribe ART have national guidelines for the clinical management of ART available. Laboratory capacity for monitoring ART is available in over half of these facilities, including 65 percent of hospitals and 46 percent of health centres. However, about one-third of hospitals and three-fourths of health centres that prescribe ART experienced a stock-out of ARVs in the 6 months preceding the survey.

Table 8.3 Availability of care and support for antiretroviral therapy services

Percentage of facilities prescribing antiretroviral therapy (ART), and among these, percentage with programme components supporting ART, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities prescribing ART	Total number of facilities (weighted)	Percentage of facilities prescribing ART that have: National guidelines for the clinical management of HIV/AIDS	No stock-outs of normally stocked antiretrovirals (ARVs) in past 6 months	Laboratory capacity for monitoring ART[1]	All items to support ART[2]	Number of facilities prescribing ART (weighted)
Type of facility							
Hospital	70	25	91	67	65	1	17
Health centre	9	55	54	24	46	0	5
Dispensary	0	528	0	0	0	0	1
Stand-alone	0	3	-	-	-	-	0
Managing authority							
Government	3	399	83	52	55	1	13
Private for-profit	2	104	100	100	50	0	2
Parastatal	0	14	-	-	-	-	0
Faith-based	9	94	65	46	61	1	8
Zone							
Northern	5	110	68	61	80	2	5
Central	2	47	100	86	71	0	1
Southern Highlands	2	95	100	60	60	0	2
Western	3	82	50	83	79	0	3
Lake	3	89	83	58	70	0	3
Southern	7	61	94	23	28	0	5
Eastern	6	102	74	50	39	2	6
Zanzibar	1	25	100	50	50	0	0
Total	4	611	78	54	57	1	24

[1] Either laboratory conducts CD4, viral load, or total lymphocyte count (TLC) tests, or there is a system for sending blood samples for outside testing and receiving results.

[2] Observed record of individual client appointments; individual client records or charts; current register of ART clients; at least half of interviewed ART service providers have received pre- or in-service training within the past 12 months related to ART services, specifically on adherence counselling and nutritional rehabilitation; at least half of interviewed ART service providers had been supervised within the past 3 months; first-line ART regimen available with no stock-outs of normally stocked ARVs during the 6 months preceding the survey; an up-to-date pharmacy stock cards for ARVs; ARVs stored with limited access; lab capacity for monitoring ART; and guidelines observed at all ART sites on the following topics: opportunistic infections, symptomatic/palliative care, care for children (and adults) living with HIV/AIDS, and either the national ART guidelines or other ART treatment guidelines.

8.4.3 Prevention of Mother-to-Child Transmission (PMTCT) of HIV

One of the strategies adopted by the government of Tanzania to fight HIV/AIDS is the prevention of mother-to-child transmission (PMTCT) of HIV. These services are often offered in conjunction with antenatal and delivery services and may include a variety of activities. The degree to which a facility offers the total package is often determined by the level of staffing and whether the facility offers both antenatal care and delivery services. The government of Tanzania started offering PMTCT services in 2002. Prior to that, some hospitals in the country were offering these services following different guidelines.

Generally accepted standards for PMTCT include the following:

- Pre- and post-HIV test counselling for pregnant women,
- Counselling HIV-positive women on infant feeding practices and family planning,
- Providing prophylactic ARV drugs to HIV-positive women during labour and delivery and to the newborn within 72 hours of birth, and
- Providing family planning counselling and/or referrals.

Additional services (referred to as PMTCT plus) include making ART available to all eligible women identified through PMTCT as HIV-positive, as well as to their families.

Table 8.4 presents information on the availability of PMTCT services. Additional information on PMTCT is provided in Appendix Tables A-8.26 and A-8.27. Overall, only 13 percent of facilities offer any of the four components of PMTCT services (Table 8.4). These include most hospitals (88 percent) and about one-third of health centres. A small proportion of dispensaries (7 percent) also offer at least one component of PMTCT services. Facilities in the Northern (21 percent) and Eastern (24 percent) zones are more likely than facilities in other zones to offer any components of PMTCT. Government facilities are not likely to offer PMTCT services, possibly because most are lower level facilities such as dispensaries.

Table 8.4 Availability of services for the prevention of mother-to-child transmission of HIV/AIDS

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and among these, percentage with specific PMTCT programme components, and the mean number of PMTCT service sites per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering any PMTCT services	Total number of facilities (weighted)	Percentage of facilities offering PMTCT services that have: Pre- and post-test counselling and HIV testing services	Antiretro-viral (ARV) prophy-laxis to prevent MTCT	Infant feeding counselling	Family planning counselling or referral	All four items for minimum PMTCT package[1]	ARV therapeutic treatment for HIV-infected women and their families	All items for PMTCT plus[2]	Percent of facilities with a PMTCT provider trained in past 3 years	Number of facilities offering PMTCT services (weighted)	Mean number of sites offering PMTCT services[3]
Type of facility												
Hospital	88	25	100	98	98	95	91	58	57	99	22	1.6
Health centre	35	55	100	88	100	94	88	12	12	94	19	1.1
Dispensary	7	528	89	75	89	100	64	7	4	93	39	1.0
Stand-alone	0	3	-	-	-	-	-	-	-	-	0	-
Managing authority												
Government	13	399	95	87	97	100	81	22	19	97	53	1.2
Private for-profit	5	104	75	75	75	100	75	35	35	80	6	1.2
Parastatal	30	14	100	67	100	100	67	33	33	67	4	1.0
Faith-based	18	94	100	85	89	87	68	15	14	99	17	1.2
Zone												
Northern	21	110	100	72	88	91	61	12	12	95	23	1.1
Central	5	47	100	96	100	100	96	9	9	100	3	1.2
Southern Highlands	5	95	100	98	100	98	96	24	22	100	5	1.2
Western	16	82	100	100	100	100	100	18	18	100	14	1.2
Lake	6	89	100	98	100	100	98	37	37	100	6	1.4
Southern	8	61	100	100	92	100	92	38	38	100	5	1.4
Eastern	24	102	83	77	94	100	66	28	22	89	25	1.1
Zanzibar	1	25	100	100	100	100	100	33	33	100	0	1.7
Total	13	611	95	84	94	97	77	22	20	95	80	1.2

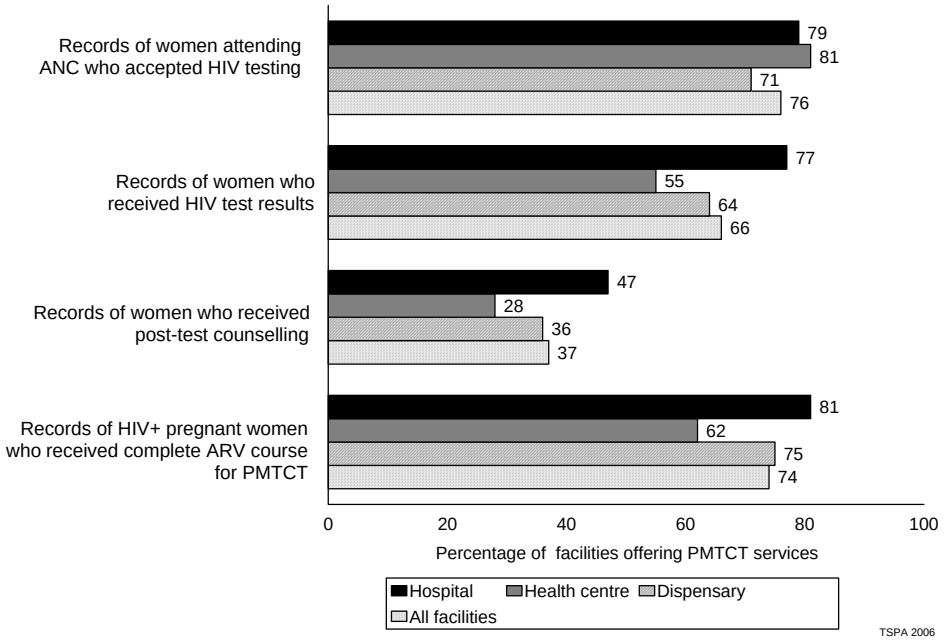
[1] HIV testing with pre- and post-test counselling, ARV prophylaxis for the mother and newborn, counselling on infant feeding, and family planning counselling or referral.
[2] All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.
[3] There may be several locations within one facility where the same service is offered. Each of these locations is defined as a service site.

Among hospitals and health centres that offer PMTCT services, all provide pre- and post-test counselling and HIV testing for pregnant women, and nearly all provide counselling on infant feeding and family planning counselling or referral (Table 8.4). ARV prophylaxis for pregnant women is slightly less widely available in dispensaries (75 percent) than health centres (88 percent) and hospitals (98 percent) offering PMTCT services. With the exception of family planning counselling or referral, each component of PMTCT is less likely to be available in dispensaries than hospitals and health centres. Overall, three-fourths of PMTCT facilities provide all four components of the minimum PMTCT package. One-fifth also offer ART to HIV-positive women and their families, that is, they offer PMTCT plus.

Training is important for the provision of good quality services. Almost all facilities offering PMTCT (95 percent) have a provider of PMTCT who has received training within the 3 years preceding the survey (Table 8.4).

Record keeping for PMTCT is equally important and, for the most part, widely available. About three-fourths of PMTCT facilities have records of women attending ANC who accepted HIV testing. Two-thirds have records of women who received HIV test results. About three-quarters have records of HIV-positive ANC clients who were provided a complete ARV course for PMTCT (Figure 8.7).

Figure 8.7 **Recordkeeping in facilities offering any PMTCT services (N=80)**



8.4.4 Post-exposure Prophylaxis (PEP)

The risk of HIV infection among health care providers from needle sticks or exposure to infected bodily fluids has led to the need for post-exposure prophylaxis (PEP). The service must be available not only to health care providers, but also to anyone at risk due to inadvertent exposure (such as sexual assault victims and accident victims). Even facilities that do not officially offer HIV/AIDS-related services should have access to PEP, since it is frequently not known which clients may be infected with HIV.

In Zanzibar PEP services are mainly available at hospitals and district cottage hospitals. The services are available 24 hours a day at the main hospital. PHCUs are equipped with starter packs.

Findings from the survey indicate that PEP services are available in only 4 percent of facilities (Appendix Table A-8.25). As expected, PEP services are concentrated almost entirely in hospitals, 61 percent of which either offer the service or have a referral system for it. Facilities in the Northern zone (10 percent) are more likely than facilities in any other zone to have access to PEP services. Among facilities where staff members have access to PEP, less than half have any records or registers of staff receiving PEP services, and only 4 percent have records for monitoring full compliance with the PEP regime. Only about one-fifth of these facilities have ARV drugs available specifically for PEP. Guidelines are available at any service site in 58 percent of facilities, including 87 percent of hospitals.

8.4.5 Youth-Friendly Services (YFS)

Youth-friendly services (YFS) help youth overcome barriers to accessing health care, including HIV/AIDS services. Ideally YFS involves young people in all aspects of a programme's planning, operations, and evaluation. The services should include culturally competent workers who are members of the target population and sensitive to youth culture, ethnic cultures, and issues of gender, sexual orientation, and HIV status. YFS should provide outreach services for homeless youth, and tailored support groups for substance users and teen parents. The services usually have convenient locations and flexible hours, including walk-in appointments, to improve access by youth. The TSPA 2006 assesses the availability of YFS that includes HIV counselling and testing services. It also assesses the availability of guidelines and protocols and trained providers.

Among facilities with an HIV testing system, only 17 percent offer youth-friendly testing services (Appendix Table A-8.21). Among facilities that offer youth-friendly testing services, YFS guidelines and protocols are rarely available (in just 13 percent of facilities), but 85 percent of these facilities have at least one trained provider for YFS.

Key Findings

Most facilities that offer clinical CSS for HIV/AIDS clients have medicines for treating pneumonia (90 percent) and other bacterial infections (96 percent) and medicines for basic pain management (92 percent).

Laboratory testing capacity for monitoring HIV/AIDS clients is generally low among facilities offering clinical CSS for HIV/AIDS clients. The most widely available capacity is testing for haemoglobin and hematocrit levels, which is available in only 28 percent of all facilities, but 97 percent of hospitals and 55 percent of health centres. Government facilities and facilities in the Central zone are least likely to have this capacity.

Only 4 percent of all facilities, including 70 percent of hospitals, prescribe ART. Items to support ART services are available in most of these facilities: 91 percent of hospitals that prescribe ART have the national guidelines for clinical management of ART, and about two-thirds have the laboratory capacity to monitor ART.

PMTCT services are available in 13 percent of all facilities, including 88 percent of hospitals and one-third of health centres. Over three-quarters of PMTCT facilities offer all four of its basic components. Almost all of them have a staff member who received PMTCT-related training within the 3 years preceding the survey.

PEP services are accessible in only 4 percent of facilities, mostly in hospitals (61 percent). PEP is more widely accessible in the Northern zone, where 10 percent of facilities either offer or have a referral system for PEP services.

One in 6 facilities with an HIV testing system offer youth-friendly services for HIV testing. While 85 percent of facilities that provide YFS have at least one provider trained in it, YFS guidelines and policies are rarely available (13 percent).

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Appendix A Additional Tables

Chapter 1

Table A-1.1.1 Distribution of facility sample frame and final sample selection by zone

Number of facilities of each type that were in the sample frame, number selected for the survey sample, and percentage of eligible facilities of each type that were included in the sample, by zone, Tanzania SPA 2006

Background characteristics	Northern		Central		Southern Highlands		Western		Lake		Southern		Eastern		Zanzibar		Total	Percentage of eligible facilities included in SPA sample
	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	
Hospital	51	26	16	8	34	17	24	13	34	21	25	15	51	19	11	9	246	52.0
Health centre	104	10	33	2	86	7	67	6	82	6	51	2	77	6	5	2	505	8.1
Dispensary	842	66	386	30	756	60	675	52	708	56	481	40	809	63	208	70	4,865	8.9
Stand-alone	16	1	6	2	7	0	3	0	3	0	5	1	3	0	4	1	47	10.6
Total	1,013	103	441	42	883	84	769	71	827	83	562	58	940	88	228	82	5,663	10.7

Table A-1.1.2 Distribution of facility staff sample frame and final sample selection by type of facility

Number of providers of each type that were present on the day of the survey (sample frame), number selected for interview (SPA sample), and percentage of eligible providers of each type that were interviewed, by type of facility, Tanzania SPA 2006

Type of provider	Type of facility										Percentage of eligible providers included in SPA sample
	Hospital		Health centre		Dispensary		Stand-alone		Total		
	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	
Doctors, clinical officers	803	384	70	59	266	255	2	2	1,141	700	61
Nurses, midwives	2,273	768	165	113	784	636	6	4	3,228	1,521	47
Counsellors	4	3	1	0	1	1	4	2	10	6	60
Laboratory staff	309	126	25	21	115	98	1	1	450	246	55
Other staff	195	22	15	5	137	100	1	0	348	127	36
Total	3,584	1,303	276	198	1,303	1,090	14	9	5,177	2,600	50

Table A-1.2 Sample of interviewed health care providers

Number of interviewed health care providers (weighted and unweighted), by type of provider and type of facility, Tanzania SPA 2006

Type of facility	Number of interviewed providers	
	Weighted	Unweighted
CLINICIANS[1]		
Hospital	134	395
Health centre	95	62
Dispensary	490	335
Stand-alone	1	2
Total	720	794
NURSES/MIDWIVES		
Hospital	315	687
Health centre	135	71
Dispensary	328	230
Stand-alone	4	3
Total	783	991
COUNSELLORS		
Hospital	0	2
Health centre	0	0
Dispensary	3	1
Stand-alone	6	2
Total	9	5
LABORATORY STAFF		
Hospital	54	128
Health centre	34	22
Dispensary	144	100
Stand-alone	0	1
Total	233	251
ALL OTHER STAFF[2]		
Hospital	56	86
Health centre	80	43
Dispensary	711	421
Stand-alone	0	1
Total	848	551
TOTAL		
Hospital	560	1,298
Health centre	344	198
Dispensary	1,676	1,087
Stand-alone	11	9
Total	2,592	2,592

[1] Clinicians include all doctors and consultants, medical officers, clinical officers, assistant medical officers, and clinical assistants.
[2] Other staff include pharmacy staff, auxiliary nurses/
medical attendants, nutritionists/nutrition technicians, health education officers, and any other service providers

Table A-1.3 Facility catchment area

Median population of assigned catchment areas for facilities providing data on a known catchment population, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median population in catchment area	Number of facilities providing data on known catchment population (weighted)
Type of facility		
Hospital	116,764	15
Health centre	11,033	43
Dispensary	5,854	416
Stand-alone	42,406	2
Managing authority		
Government	6,517	376
Private for-profit	9,077	25
Parastatal	1,248	12
Faith-based	7,417	63
Zone		
Northern	5,934	86
Central	6,719	44
Southern Highlands	5,039	77
Western	7,634	67
Lake	7,647	77
Southern	6,561	55
Eastern	5,909	58
Zanzibar	6,846	12
Total	6,613	476

Table A-1.4 Staffing patterns for TSPA facilities

Median number of health care providers assigned to outpatient services, by type of provider and type of facility, Tanzania SPA 2006

	Median number of providers assigned to each facility							
Type of facility	Consultants and specialists	Doctors and clinical officers	Assistant medical officers and clinical assistants	Nurses and midwives	Other specialty	Other clinical	Other support staff	Number of facilities (weighted)
Referral hospital	14	27	2	305	12	258	293	1
Zonal hospital	2	13	11	96	3	104	20	2
District hospital	-	11	5	41	2	46	13	9
Other hospital	-	4	2	15	3	24	12	12
Specialised hospital	-	6	-	35	-	106	24	1
Health centre	-	2	-	3	-	5	2	55
Dispensary	-	1	-	1	-	2	-	528
Stand-alone	-	-	-	-	-	19	2	3
Total	-	1	-	1	-	2	-	611

Continued…

Table A-1.4—*Continued*

Type of facility	Median number of providers assigned to each facility: Lab technologists, technicians, and assistants	Pharmacists, pharmaceutical technologists, and assistants	HIV/AIDS counsellors	Social workers and other counsellors	Number of facilities (weighted)
Referral hospital	32	9	1	3	1
Zonal hospital	6	4	2	2	2
District hospital	4	2	-	1	9
Other hospital	3	2	-	1	12
Specialized hospital	4	3	-	1	1
Health centre	1	-	-	-	55
Dispensary	-	-	-	-	528
Stand-alone	-	-	3	-	3
Total	-	-	-	-	611

Table A-1.5.1 HIV/AIDS counselling and related training: Provider type

Percentage of interviewed staff who report that they provide counselling related to HIV/AIDS testing, and among these, percentage who have received relevant training during the past three years, Tanzania SPA 2006

Qualification of provider	Percentage who report providing counselling related to HIV/AIDS testing	Number of interviewed staff (weighted)	Percentage who have received training on HIV/AIDS counselling related to testing in the past 3 years: Official course[1]	Other course	Number of interviewed staff who provide HIV/AIDS counselling (weighted)
Doctors	67	46	29	22	31
Clinical officers and other clinicians	28	674	31	23	192
Nurses, midwives	43	783	48	34	338
Auxiliary staff	14	833	20	18	114
Counsellors, social workers	23	6	100	0	1
Laboratory staff	99	9	66	32	9
Pharmacy staff	2	233	18	18	6
Other staff	3	7	0	100	0
Total	27	2,592	38	28	691

[1] These are country-specific courses defined by the MoHSW, which may be organized by the MoHSW or other agencies, such as WHO or NGOs.

Table A-1.5.2 HIV/AIDS counselling and related training: Type of facility

Percentage of interviewed staff who report that they provide HIV/AIDS counselling related to testing, and among these, percentage who have received relevant training during the past three years, Tanzania SPA 2006

Type of facility	Percentage who report providing counselling related to HIV/AIDS testing	Number of interviewed staff (weighted)	Percentage who have received training on HIV/AIDS counselling related to testing in the past 3 years		Number of interviewed staff who provide HIV/AIDS counselling (weighted)
			Official course[1]	Other course	
Hospital	51	560	46	31	286
Health centre	33	344	38	32	114
Dispensary	17	1,676	27	24	281
Stand-alone	94	11	94	13	11
Total	27	2,592	38	28	691

[1] These are country-specific courses defined by the MoHSW, which may be organized by the MoHSW or other agencies, such as WHO or NGOs.

Table A-1.6 Education levels of interviewed health service providers

Median number of years of basic schooling and median number of years of study for technical qualification, as reported by interviewed health service providers, by type of provider, Tanzania SPA 2006

Qualification of provider	Median number of years of basic education prior to technical training	Number of interviewed providers with information on basic education (weighted)	Median number of years of technical training for qualification	Number of interviewed providers with information on technical training (weighted)
Doctors	13	46	5	46
Clinical officers, other clinicians	10	670	2	670
Nurses, midwives	10	783	3	783
Auxiliary staff	7	833	1	826
Counsellors, social workers	11	9	-	9
Laboratory staff	10	233	2	233
Pharmacy staff	10	6	2	6
Other client services staff	7	7	2	7
Other non-clinical staff	11	1	2	1
Total	9	2,592	2	2,585

Chapter 3

Table A-3.1.1 Availability of basic services: By type of facility

Percentage of facilities that provide basic services at minimum frequencies, 24-hour delivery services, with qualified staff, by type of facility, Tanzania SPA 2006

Background characteristics	Hospital	Health centre	Dispensary	Stand-alone	Total percentage
Services					
Curative care for children	100	100	99	10	99
Any service for STIs	99	100	96	10	96
Temporary methods of family planning	81	85	77	10	78
Antenatal care	95	93	80	10	82
Child immunisation	91	85	78	10	78
Growth monitoring	91	90	80	10	81
Packages of services available					
All basic services at any frequency[1]	77	78	71	10	72
Facility-based 24-hour delivery services	96	78	35	0	41
At least one qualified provider[2]	99	95	61	26	65
All services at minimum frequency[3]	65	54	42	0	44
All services at minimum frequency and 24-hour delivery services	65	52	19	0	24
All services at minimum frequency, 24-hour delivery services, and at least one qualified staff	65	49	13	0	18
Number of facilities (weighted)	25	55	528	3	611

[1] Outpatient services for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring.
[2] Qualified providers include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[3] Minimum frequencies are defined as: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunisation, and growth monitoring) at least one day per week.

Table A-3.1.2 Availability of basic services: By zone

Percentage of facilities that provide basic services at minimum frequencies, 24-hour delivery services, with qualified staff, by zone, Tanzania SPA 2006

Background characteristics	Zone								Total percentage
	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	
Services									
Curative care for children	97	99	100	98	100	99	100	98	99
Any service for STIs	95	99	100	97	97	91	99	86	96
Temporary methods of family planning	69	93	87	81	84	80	66	67	78
Antenatal care	75	96	91	81	84	93	70	66	82
Child immunisation	71	96	85	79	82	91	64	63	78
Growth monitoring	75	96	87	78	84	93	69	67	81
Packages of services available									
All basic services at any frequency[1]	65	93	80	76	73	73	60	51	72
Facility-based 24-hour delivery services	37	92	14	42	57	54	35	5	41
At least one qualified staff[2]	74	52	58	61	59	59	86	49	65
All services at minimum frequency[3]	39	65	40	51	50	46	35	30	44
All services at minimum frequency and 24-hour delivery services	20	65	6	27	29	37	17	4	24
All services at minimum frequency, 24-hour delivery services, and at least one qualified staff	18	38	6	20	19	28	16	4	18
Number of facilities (weighted)	110	47	95	82	89	61	102	25	611

[1] Outpatient services for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring.

[2] Qualified providers include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.

[3] Minimum frequencies are defined as: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunisation, and growth monitoring) at least one day per week.

Table A-3.2.1 Facility infrastructure supportive of client utilisation and quality services by type of facility: All facilities

Percentage of facilities with client comfort amenities, regular electricity and water supply, and staff and furnishings to support 24-hour emergency services, by type of facility, Tanzania SPA 2006

Items	Hospital	Health centre	Dispensary	Stand-alone	Total percentage
Client comfort amenities					
Client latrine	71	67	62	100	63
Protected waiting area	96	97	89	100	91
Clean facility	94	90	88	100	88
All client comfort amenities[1]	67	67	56	100	57
Facility infrastructure					
No electricity or generator	2	19	56	0	50
Generator observed with fuel	78	30	7	13	12
Regular electricity or generator	82	56	30	32	35
Any safe onsite water[2]	96	67	53	48	56
Regular water supply (safe, onsite, and year-round)	42	41	33	35	34
Regular water and electricity[3]	31	29	14	19	16
All client amenities and regular water and electricity	22	24	11	19	13
Staff and furnishings					
At least two qualified staff[4]	97	53	16	16	22
Duty staff onsite 24 hours[5]	91	71	14	0	22
Duty staff on-call 24 hours[5]	5	5	1	0	2
Qualified staff living onsite	75	81	61	0	63
Qualified staff living onsite, no duty roster or no duty roster seen	4	14	51	0	45
Emergency communication[6]	96	78	50	100	55
Overnight patient beds[7]	100	97	66	0	70
Basic components supporting 24-hour emergency services[8]	62	15	3	0	7
Basic components plus regular water and electricity[9]	19	6	2	0	3
Number of facilities (weighted)	25	55	528	3	611

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.2.2 Facility infrastructure supportive of client utilisation and quality services by type of facility: Hospitals and health centres

Percentage of hospitals and health centres with client amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by type of facility, Tanzania SPA 2006

Background characteristics	Hospital	Health centre	Total percentage
Client comfort amenities			
Client latrine	71	67	68
Protected waiting area	96	97	97
Clean facility	94	90	91
All client comfort items[1]	67	67	67
Facility infrastructure			
No electricity or generator	2	19	13
Generator observed with fuel	78	30	45
Regular electricity or generator	82	56	64
Any safe onsite water[2]	96	67	76
Regular water supply (safe, onsite, and year-round)	42	41	41
Regular water and electricity[3]	31	29	30
All client amenities and regular water and electricity	22	24	24
Staff and furnishings			
At least two qualified staff[4]	97	53	67
Duty staff onsite 24 hours[5]	91	71	77
Duty staff on-call 24 hours[5]	5	5	5
Qualified staff living onsite	75	81	79
Qualified staff living onsite, no duty roster or no duty roster seen	4	14	11
Emergency communication[6]	96	78	84
Overnight patient beds[7]	100	97	98
Basic components supporting 24-hour emergency services[8]	62	15	30
Basic components plus regular water and electricity[9]	19	6	10
Number of hospitals and health centres (weighted)	25	55	79

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.3.1 Facility infrastructure supportive of client utilisation and quality services by zone: All facilities

Percentage of all facilities with client comfort amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by zone, Tanzania SPA 2006

Items	Zone								Total percentage
	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	
Client comfort amenities									
Client latrine	70	67	62	58	42	54	77	85	63
Protected waiting area	97	91	96	83	70	96	97	99	91
Clean facility	94	88	94	88	85	72	88	96	88
All client comfort items[1]	67	61	59	46	33	47	74	83	57
Facility infrastructure									
No electricity or generator	35	71	62	54	61	71	26	30	50
Generator observed with fuel	12	4	10	7	10	10	23	15	12
Regular electricity or generator	36	25	24	35	32	17	53	49	35
Any safe onsite water[2]	64	33	63	38	43	61	72	77	56
Regular water supply (safe, onsite, and year-round)	34	17	43	23	25	37	45	47	34
Regular water and electricity[3]	16	5	11	14	15	6	33	26	16
All client amenities and regular water and electricity	15	5	5	9	8	6	30	21	13
Staff and furnishings									
At least two qualified staff[4]	26	6	10	10	20	16	52	33	22
Duty staff onsite 24 hours[5]	22	12	12	20	35	19	30	9	22
Duty staff on-call 24 hours[4]	1	0	0	3	0	7	1	0	2
Qualified staff living onsite	68	84	73	57	67	78	42	9	63
Qualified staff living onsite, no duty roster seen or no duty roster	49	71	63	44	37	56	25	1	45
Emergency communication[6]	52	76	51	40	43	41	78	66	55
Overnight patient beds[7]	67	93	65	86	83	46	73	11	70
Basic components supporting 24-hour emergency services[8]	6	1	6	4	4	5	16	7	7
Basic components plus regular water and electricity[9]	3	0	0	2	2	4	8	3	3
Number of facilities (weighted)	110	47	95	82	89	61	102	25	611

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.3.2 Facility infrastructure supportive of client utilisation and quality services by zone: Hospitals and health centres

Percentage of hospitals and health centres with client comfort amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by zone, Tanzania SPA 2006

Background characteristics	Zone								Total percentage
	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	
Client comfort amenities									
Client latrine	68	95	88	26	46	57	90	94	68
Protected waiting area	100	100	100	99	82	100	100	100	97
Clean facility	93	100	99	100	88	66	91	100	91
All client comfort items[1]	68	95	87	25	40	57	90	94	67
Facility infrastructure									
No electricity or generator	7	0	31	42	12	5	0	0	13
Generator observed with fuel	44	15	31	15	38	55	88	59	45
Regular electricity or generator	65	98	31	43	63	60	98	75	64
Any safe onsite water[2]	86	20	90	53	64	66	98	100	76
Regular water supply (any safe onsite and year-round)	42	5	64	19	25	13	72	75	41
Regular water and electricity[3]	41	5	15	4	18	13	70	69	30
All client amenities, regular water and electricity	31	5	14	4	5	11	62	63	24
Staff and furnishings									
At least two qualified staff[4]	93	60	49	30	53	62	90	81	67
Duty staff onsite 24 hours[5]	85	100	78	72	87	63	61	87	77
Duty staff on-call 24 hours[5]	0	0	1	0	0	34	8	0	5
Qualified staff living onsite	82	100	71	84	85	98	57	69	79
Qualified staff living onsite, no duty roster seen or no duty roster	8	0	11	28	13	3	12	0	11
Emergency communication[6]	93	100	89	72	75	60	89	100	84
Overnight patient beds[7]	100	100	100	100	100	100	90	100	98
Basic components supporting 24-hour emergency services[8]	25	15	45	9	20	19	47	75	30
Basic plus regular water and electricity[8]	10	5	3	4	5	11	21	44	10
Number of hospitals and health centres (weighted)	17	4	13	9	13	8	14	2	79

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.4 Facility infrastructure supportive of client utilisation and quality services: Proximity to other facilities

Percentage of facilities with client comfort amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by type of facility and whether adjacent to another type of facility, Tanzania SPA 2006

	Percentage of facilities offering services (and proximity to other facilities)					
	Hospital		Health centre		Dispensary	
Items	Stand-alone facility	Adjacent to another type of facility	Stand-alone facility	Adjacent to another type of facility	Stand-alone facility	Adjacent to another type of facility
Client comfort amenities						
Client latrine	71	70	61	90	60	80
Protected waiting area	96	98	97	100	89	95
Clean facility	94	96	88	100	87	95
All client comfort items[1]	67	68	61	90	53	75
Facility infrastructure						
No electricity or generator	2	0	23	0	61	17
Generator observed with fuel	77	83	29	35	7	8
Regular electricity or generator	81	88	53	68	29	43
Any safe onsite water[2]	98	92	61	90	51	70
Regular water supply (safe, onsite, year-round)	40	46	31	80	31	45
Regular water and electricity[3]	29	38	19	68	13	20
All client amenities, regular water and electricity	21	28	16	58	10	20
Staff and furnishings						
At least two qualified staff[4]	96	100	44	88	13	35
Duty staff onsite 24 hours[5]	92	85	73	65	14	15
Duty staff on-call 24 hours[5]	5	4	6	0	1	0
Qualified staff living onsite	78	64	79	88	63	37
Qualified staff living onsite, no duty roster seen or no duty roster	2	11	12	23	54	27
Emergency communication[6]	97	94	78	77	48	66
Overnight patient beds[7]	100	100	100	88	67	59
Basic components supporting 24-hour emergency services[8]	66	49	13	23	3	7
Basic components plus regular water and electricity[9]	19	21	1	23	2	5
Number of facilities (weighted)	19	5	44	11	472	56

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff include doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants. Since nurses cannot prescribe, they are not included in this category.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.5 Routine management meetings

Percentage of facilities reporting they have routine management meetings at specific intervals, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage			Number of facilities (weighted)
	Monthly or more often	Every 2-3 months	Every 4-6 months	
Type of facility				
Hospital	71	19	5	25
Health centre	54	37	2	55
Dispensary	45	25	2	528
Stand-alone	77	13	0	3
Managing authority				
Government	48	25	1	399
Private for-profit	45	28	5	104
Parastatal	50	20	0	14
Faith-based	46	24	4	94
Zone				
Northern	60	25	2	110
Central	55	15	9	47
Southern Highlands	42	27	0	95
Western	40	17	2	82
Lake	51	29	2	89
Southern	30	36	0	61
Eastern	47	29	5	102
Zanzibar	43	12	0	25
Total	47	25	2	611

Table A-3.6 Quality assurance activities with documentation observed

Among facilities that report having quality assurance (QA) activities, percentage that both reported and had documentation for supervisory checklists, mortality reviews, audits of medical records or registers, and a QA committee, by type of facility, Tanzania SPA 2006

Type of facility	Percentage					Number of facilities reporting quality assurance activities (weighted)
	Supervisory checklist for health system components	Supervisory checklist for observation of services	Mortality review	Audits of medical records or registers	QA committee	
Hospital	54	37	54	40	34	22
Health centre	69	55	18	54	23	29
Dispensary	45	24	7	47	9	224
Stand-alone	0	0	0	16	0	2
Total	48	29	12	47	13	277

Table A-3.7 Supportive management practices: supervision and training at the facility level

Percentage of facilities where none, at least half, or all of the providers interviewed received training related to their work and personal supervision during the past 6 months, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Received training related to their work during the past 12 months[1]			Were personally supervised during the past 6 months			Number of facilities with interviewed providers[2] (weighted)
	None	At least half	All	None	At least half	All	
Type of facility							
Hospital	2	68	8	1	67	10	25
Health centre	10	50	26	0	50	43	55
Dispensary	20	34	28	8	29	57	528
Stand-alone	0	0	90	16	10	65	3
Managing authority							
Government	12	41	36	7	25	65	399
Private for-profit	35	21	5	6	47	34	104
Parastatal	30	20	10	30	40	20	14
Faith-based	21	36	18	8	46	34	94
Zone							
Northern	20	45	21	9	28	55	110
Central	15	44	25	0	17	82	47
Southern Highlands	16	38	44	9	32	56	95
Western	19	37	32	7	21	70	82
Lake	15	41	17	8	34	54	89
Southern	7	29	48	3	37	54	61
Eastern	26	23	11	10	50	27	102
Zanzibar	20	37	35	13	32	47	25
Total	18	37	27	7	32	54	611

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Interviewed providers who do not personally provide any of the assessed services (i.e., managers other than those for clinical services who might have been interviewed) are excluded.

Table A-3.8 Supportive management practices: supervision and training at the individual provider level

Among interviewed health service providers, percentage who received training related to their work and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of providers who received: Pre- or in-service training during past 12 months[1]	Personal supervision in past 6 months	Personal supervision during past 6 months and pre- or in-service training during past 12 months	Most recent pre- or in-service training 13-35 months preceding the survey	Number of interviewed health service providers (weighted)[2]
Type of facility					
Hospital	68	68	48	16	231
Health centre	59	81	51	15	261
Dispensary	48	75	39	17	1,332
Stand-alone	87	58	58	0	5
Managing authority					
Government	62	80	52	18	1,046
Private for-profit	31	70	24	16	368
Parastatal	31	54	13	18	54
Faith-based	49	66	34	15	361
Zone					
Northern	56	74	45	19	332
Central	60	91	55	17	125
Southern Highlands	67	74	50	14	215
Western	52	87	46	14	216
Lake	51	77	40	23	286
Southern	62	75	49	11	178
Eastern	36	65	25	15	413
Zanzibar	61	65	44	23	65
Total	53	75	42	17	1,829

[1] Includes only structured training sessions; excludes individual instruction received during routine supervision.
[2] Interviewed providers who do not personally provide any of the assessed services (i.e., managers other than those for clinical services who might have been interviewed) are excluded.

Table A-3.9 Funding options

Among facilities charging user fees for adult curative care, percentage that use systems to decrease out-of-pocket fees for clients or to reimburse deferred client fees, and percentage that publicly post fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	System for decreasing out-of-pocket fees		System for reimbursement of deferred client fees by:			Facility has any system to decrease costs to client[1]	Fees are posted publicly		Number of facilities having any user fees for adult curative care (weighted)
	Discount or exemption for some clients	Client can prepay for multiple visits for one service	Employer of client	Insurance	Charity fund		All fees	Some fees	
Type of facility									
Hospital	90	46	12	32	15	98	41	18	24
Health centre	94	58	8	33	17	97	18	14	45
Dispensary	76	43	2	8	3	87	14	8	404
Stand-alone	57	0	0	0	0	57	100	0	1
Managing authority									
Government	81	58	3	13	3	92	17	8	279
Private for-profit	71	19	3	1	0	79	11	11	99
Parastatal	67	67	0	33	0	100	34	0	4
Faith-based	77	29	5	16	19	85	18	12	93
Zone									
Northern	72	52	4	19	9	89	36	17	97
Central	93	52	3	10	3	93	9	4	44
Southern Highlands	83	55	4	4	2	88	18	13	77
Western	78	47	0	5	0	93	2	2	57
Lake	79	30	1	17	12	86	10	3	60
Southern	74	55	3	23	2	88	2	4	53
Eastern	77	28	6	3	5	87	15	11	75
Zanzibar	66	3	0	0	1	69	21	14	11
Total	78	45	3	11	5	88	16	9	474

[1] Discounts or exemptions, prepayment system, or reimbursement by employers, insurance, or charity fund.

Table A-3.10 Components for which fees are charged

Among facilities with user fees for adult curative care, percentage charging for client charts and records, consultations, medicines, lab tests, and registration, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with user fees that charge for:					Number of facilities having any user fees (weighted)
	Client chart or record	Consultation	Medicine	Tests	Registration	
Type of facility						
Hospital	68	82	94	96	58	24
Health centre	49	64	79	57	27	45
Dispensary	28	63	84	39	32	404
Stand-alone	0	43	43	100	0	1
Managing authority						
Government	23	57	74	14	38	279
Private for-profit	48	86	100	94	34	99
Parastatal	0	67	100	67	34	4
Faith-based	44	63	99	80	16	93
Zone						
Northern	32	65	86	48	25	97
Central	7	90	97	16	67	44
Southern Highlands	31	63	82	33	32	77
Western	23	56	88	35	26	57
Lake	27	60	88	40	28	60
Southern	48	40	60	32	28	53
Eastern	46	76	90	78	39	75
Zanzibar	35	67	70	100	15	11
Total	32	64	84	44	33	474

Table A-3.11 Facility systems for maintenance and repair of equipment

Among facilities with preventive maintenance programmes for large equipment, percentage where onsite staff or external technicians perform maintenance; and among facilities with systems for repairing small equipment, percentage that use different methods to repair and replace equipment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where preventive maintenance of major equipment is performed by:[1]			Number of facilities with preventative maintenance for large equipment (weighted)	Percentage of facilities that maintain minor or small equipment by:[2]			Number of facilities with system for small equipment repair (weighted)
	Onsite staff	External technicians	Both onsite and external technicians		Onsite repair	Sending outside for repair or replacement	Purchasing or paying for replacements from funds on hand	
Type of facility								
Hospital	18	22	36	24	50	32	75	24
Health centre	17	55	13	19	20	29	81	51
Dispensary	26	37	10	59	6	36	71	463
Stand-alone	57	43	0	1	70	0	30	2
Managing authority								
Government	16	17	25	18	7	38	66	349
Private for-profit	22	47	7	44	12	24	83	94
Parastatal	100	0	0	3	17	0	83	8
Faith-based	20	38	25	39	16	36	79	88
Zone								
Northern	17	54	20	20	13	42	75	104
Central	13	83	4	3	14	0	100	38
Southern Highlands	30	10	3	15	6	40	67	80
Western	22	25	29	7	1	14	91	79
Lake	18	40	27	12	11	38	60	81
Southern	10	54	1	9	4	43	62	54
Eastern	22	41	21	31	16	42	62	79
Zanzibar	51	0	7	7	8	57	49	24
Total	22	37	17	103	9	35	71	539

[1] Major or large equipment refers to generators, sterilisers, and other large equipment where routine maintenance is recommended to extend the life of the machine.

[2] Minor or small equipment refers to stethoscopes, sphygmomanometers, other small equipment where either minor repairs or replacement are common when equipment is broken.

Table A-3.12 Facility systems for maintenance and repair of buildings and infrastructure

Among facilities with systems for the maintenance and repair of buildings and infrastructure, percentage where onsite staff and outside workers are responsible for making repairs, by type of facility, zone and managing authority Tanzania SPA 2006

Background characteristics	Percentage where repairs on building or infrastructure are made by: Onsite staff	Persons hired from outside the facility	Both onsite staff and externally hired persons	Number of facilities with system for maintenance and repair of buildings and infrastructure (weighted)
Type of facility				
Hospital	27	36	37	21
Health centre	23	61	16	36
Dispensary	15	76	9	235
Stand-alone	0	100	0	1
Managing authority				
Government	7	81	12	158
Private for-profit	30	59	11	67
Parastatal	40	60	0	7
Faith-based	25	61	13	60
Zone				
Northern	15	66	19	77
Central	7	93	0	46
Southern Highlands	33	58	9	28
Western	6	79	15	26
Lake	5	83	12	40
Southern	9	79	12	22
Eastern	35	52	12	45
Zanzibar	34	59	7	9
Total	17	72	12	292

Table A-3.13 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with adequate storage conditions and stock monitoring systems for vaccines, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Storage conditions					Stock monitoring systems			Number of facilities with stored vaccines observed (weighted)
	Functioning thermometer in refrigerator	Up-to-date temperature chart	Temperature 0-8° C at time of survey	Adequate cold chain monitoring system[1]	Vaccines refrigerated or protected from sun	No expired vaccines present	Vaccines stored by expiration date	Inventory is up to date	
Type of facility									
Hospital	99	76	71	61	99	86	92	40	23
Health centre	94	85	69	63	100	85	88	60	43
Dispensary	89	74	71	53	98	78	87	51	355
Managing authority									
Government	91	77	71	54	99	79	88	52	337
Private for-profit	100	75	75	66	100	73	91	69	15
Parastatal	75	75	50	50	75	75	100	100	6
Faith-based	85	67	68	51	98	85	83	44	63
Zone									
Northern	79	74	69	53	98	85	90	53	75
Central	100	90	70	60	100	71	93	24	43
Southern Highlands	94	80	68	56	98	74	80	40	69
Western	97	78	73	58	100	75	98	77	57
Lake	100	72	89	63	100	84	84	55	70
Southern	79	68	65	49	100	85	81	47	43
Eastern	81	69	52	39	92	81	86	59	53
Zanzibar	90	64	74	45	97	77	90	65	10
Total	90	75	70	54	98	79	87	52	421

[1] There is a functioning thermometer in refrigerator, temperature chart is up-to-date, and refrigerator temperature reads between 0°and 8°C at the time of the survey.

Table A-3.14 Storage conditions and stock monitoring systems for contraceptive methods and medicines

Among facilities that store clinical methods of contraception and medicines, percentage with proper storage conditions and stock monitoring systems for commodities, by type of facility, managing authority, and zone, Tanzania SPA 2006

	Storage conditions				Stock monitoring systems[1]			Number of facilities with stored commodities observed (weighted
	Off the ground and protected from water	Protected from sun	No evidence of pests or rodents	Good storage conditions[2]	No expired items present	Stored by expiration date	Inventory is up to date	
CONTRACEPTIVES (CLINICAL)								
Type of facility								
Hospital	83	99	92	80	81	76	35	19
Health centre	93	100	87	83	87	81	55	42
Dispensary	88	99	86	79	85	75	43	386
Stand-alone	-	-	-	-	-	-	-	0
Managing authority								
Government	91	99	86	81	86	78	44	374
Private for-profit	70	96	87	66	81	57	44	31
Parastatal	50	100	50	0	75	75	25	6
Faith-based	89	100	94	85	86	64	41	36
Zone								
Northern	86	100	88	84	85	68	43	67
Central	94	100	93	86	80	70	7	44
Southern Highlands	93	100	93	88	94	71	28	78
Western	96	100	92	90	71	85	76	66
Lake	93	100	83	78	77	81	59	74
Southern	85	100	79	75	99	88	49	43
Eastern	69	90	71	50	92	63	26	58
Zanzibar	94	100	92	90	90	90	57	17
Total	89	99	86	80	85	75	44	447
MEDICINES								
Type of facility								
Hospital	75	100	94	72	49	85	41	24
Health centre	87	97	89	76	59	78	35	55
Dispensary	84	99	80	72	59	66	29	520
Stand-alone	-	-	-	-	-	-	-	0
Managing authority								
Government	82	99	78	69	55	69	33	392
Private for-profit	85	99	86	80	69	63	28	101
Parastatal	60	70	70	30	60	50	20	14
Faith-based	91	100	92	85	62	73	20	92
Zone								
Northern	85	100	87	80	65	67	27	108
Central	97	100	87	84	44	70	21	47
Southern Highlands	88	100	82	75	68	68	22	94
Western	91	100	82	81	49	71	59	80
Lake	78	98	83	68	61	69	29	84
Southern	80	100	67	64	53	78	12	60
Eastern	71	93	75	56	57	56	27	102
Zanzibar	96	100	98	94	66	86	46	24
Total	84	99	82	73	59	68	30	599

[1] Only selected items were evaluated for the stock monitoring system. Contraceptive assessed were oral pills, injectable progesterone, IUDs, and condoms. Medicines assessed were antibiotics, Ringers lactate intravenous solution, and plasma expanders.
[2] Storage off the ground and protected from water, protected from sun, and with no evidence of pests or rodents.

Table A-3.15 Reported reliability of ordering system for commodities: Orders placed by facility

Percentage of facilities providing vaccinations, contraceptive methods, or medicines where staff members decide when to order commodities, and among these, percentage that consider receipt of supplies to be reliable and that received their most recent order during the past 4 weeks, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where staff members place commodity orders	Number of facilities providing vaccinations, contraceptive methods, or medicines (weighted)	Receipt of orders considered:[1]			Most recent order received during past 4 weeks	Number of facilities that place commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
Type of facility							
Hospital	94	22	56	23	21	71	21
Health centre	83	47	62	17	20	65	39
Dispensary	78	409	58	22	20	67	318
Stand-alone	-	0	-	-	-	-	0
Managing authority							
Government	79	376	58	22	20	68	298
Private for-profit	72	25	51	23	26	85	18
Parastatal	75	6	67	0	33	33	4
Faith-based	81	72	61	23	16	61	58
Zone							
Northern	79	78	67	15	18	54	62
Central	68	45	81	9	9	58	31
Southern Highlands	80	81	43	39	19	53	65
Western	87	65	62	21	18	73	57
Lake	90	74	66	15	19	90	67
Southern	71	55	58	32	10	63	39
Eastern	72	65	41	18	41	72	47
Zanzibar	78	16	56	15	29	84	12
Total	79	479	59	22	20	67	378
CONTRACEPTIVES							
Type of facility							
Hospital	91	19	41	54	5	67	18
Health centre	90	42	51	37	11	50	37
Dispensary	85	398	51	30	19	52	338
Stand-alone	-	0	-	-	-	-	0
Managing authority							
Government	86	385	52	31	17	53	332
Private for-profit	71	31	41	40	19	31	22
Parastatal	100	7	40	20	40	40	7
Faith-based	88	36	47	35	17	61	31
Zone							
Northern	90	70	62	18	20	60	63
Central	81	44	51	37	12	57	35
Southern Highlands	95	79	60	35	6	35	75
Western	100	66	58	28	15	52	66
Lake	74	75	49	23	27	53	56
Southern	73	49	16	77	7	58	36
Eastern	80	60	38	29	33	55	47
Zanzibar	88	17	52	18	31	64	15
Total	86	459	51	32	18	52	393

Continued…

Table A-3.15—*Continued*

Percentage of facilities providing vaccinations, contraceptive methods, or medicines where staff members decide when to order commodities, and among these, percentage that consider receipt of supplies to be reliable and that received their most recent order during the past 4 weeks, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where staff members place commodity orders	Number of facilities providing vaccinations, contraceptive methods, or medicines (weighted)	Receipt of orders considered:[1]			Most recent order received during past 4 weeks	Number of facilities that place commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
			MEDICINES				
Type of facility							
Hospital	94	24	20	74	6	69	23
Health centre	87	55	28	66	5	55	48
Dispensary	72	520	35	49	16	54	375
Stand-alone	-	0	-	-	-	-	0
Managing authority							
Government	64	392	31	55	14	38	251
Private for-profit	97	101	30	49	21	86	98
Parastatal	60	14	34	50	17	50	8
Faith-based	95	92	43	46	9	68	88
Zone							
Northern	86	108	37	47	15	64	93
Central	57	47	33	61	6	29	27
Southern Highlands	81	94	36	49	14	43	76
Western	58	80	51	35	15	55	47
Lake	92	84	26	62	12	43	77
Southern	61	60	27	65	7	40	37
Eastern	76	102	24	52	25	76	78
Zanzibar	48	24	49	48	3	85	12
Total	74	599	33	52	15	55	446

[1]Based on orders received during the 3 months preceding the survey.

Table A-3.16 Reported reliability of ordering system for commodities: Orders placed by external authorities

Percentage of facilities providing vaccinations, contraceptive methods, or medicines where an authority outside of the facility determines commodity orders, and among these, percentage that consider receipt of supplies to be reliable and that received their most recent order during the past 4 weeks, by zone, Tanzania SPA 2006

Zone	Percentage with order determined external to facility	Number of facilities providing vaccinations, contraceptive methods, or medicines (weighted)	Receipt of ordered stock considered:[1]			Most recent order received during past 4 weeks	Number of facilities where external authority places commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
Northern	21	78	58	24	18	76	16
Central	31	45	60	40	0	100	14
Southern Highlands	20	81	66	10	25	59	17
Western	13	65	17	67	17	100	8
Lake	10	74	98	2	0	59	7
Southern	29	55	42	42	16	25	16
Eastern	28	65	38	23	39	54	18
Zanzibar	22	16	31	37	31	72	3
Total	21	479	52	29	19	65	100
CONTRACEPTIVES							
Northern	10	70	40	42	18	22	7
Central	19	44	99	1	0	66	8
Southern Highlands	5	79	67	33	0	0	4
Western	0	66	-	-	-	-	0
Lake	26	75	65	28	7	71	20
Southern	27	49	30	70	0	40	13
Eastern	18	60	13	35	52	0	11
Zanzibar	12	17	46	54	0	68	2
Total	14	459	51	37	13	43	65
MEDICINES							
Northern	13	108	10	59	31	60	14
Central	43	47	86	8	7	86	20
Southern Highlands	19	94	46	31	23	77	18
Western	42	80	54	25	21	75	33
Lake	8	84	39	61	0	60	7
Southern	39	60	44	22	33	67	23
Eastern	24	102	17	47	36	53	24
Zanzibar	49	24	14	68	19	41	12
Total	25	599	42	35	23	67	152

[1] Based on orders received during the 3 months preceding the survey.

Table A-3.17 System for ordering vaccines for facilities placing their own orders

Among facilities that provide vaccines and order their own supplies, percentage reporting that they use specific criteria to decide how much to order and when to order, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Amount ordered is based on[1]:			Stock orders are placed[1]:						Number of facilities that provide vaccines and order their own supplies (weighted)
					Routinely:					
	Maintaining a fixed stock	Same amount ordered each time	Utilisation	When stock falls to a predeter-mined level	More often than once a month	Monthly	Less often than once a month	When needed	Don't know/ missing	
Type of facility										
Hospital	38	1	61	12	1	35	4	47	1	21
Health centre	26	0	74	20	0	35	0	45	0	39
Dispensary	22	4	73	8	3	54	2	34	0	318
Managing authority										
Government	20	4	76	9	1	52	2	36	0	298
Private for-profit	47	0	53	13	30	19	0	38	0	18
Parastatal	67	0	33	33	33	33	0	0	0	4
Faith-based	35	2	63	8	0	55	1	37	0	58
Zone										
Northern	51	0	49	7	2	60	0	31	0	62
Central	0	0	100	5	0	0	0	95	0	31
Southern Highlands	12	13	75	2	2	69	2	24	0	65
Western	11	3	87	9	2	33	3	53	0	57
Lake	17	0	83	13	0	65	0	22	0	67
Southern	12	3	84	11	0	58	4	26	0	39
Eastern	51	6	43	18	12	36	3	31	0	47
Zanzibar	37	3	61	5	5	76	0	13	0	12
Total	24	4	73	9	3	51	2	36	0	378

[1] Facility may give multiple responses.

Table A-3.18 System for ordering contraceptive methods and medicines for facilities placing their own order

Among facilities that provide contraceptive methods and medicines and order their own supply, percentage reporting they use specific criteria to decide how much to order and when to order, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Amount ordered based on[1]:				Stock orders placed[1]:						Number of facilities that order their own supplies (weighted)
					When stock falls to a predeter-mined level	Routinely					
	Maintain-ing a fixed stock	Same amount ordered each time	Utilisation	Other/ don't know/ missing		More often than once a month	Monthly	Less often than once a month	When needed	Other/ don't know/ missing	
					CONTRACEPTIVES						
Type of facility											
Hospital	33	1	66	0	16	0	16	25	43	0	18
Health centre	24	0	76	0	6	0	30	31	33	0	37
Dispensary	26	1	71	1	15	0	33	20	31	0	338
Stand-alone	0	0	100	0	0	0	0	0	100	0	0
Managing authority											
Government	25	1	73	1	12	0	33	22	32	0	332
Private for-profit	34	6	58	1	29	6	25	11	27	0	22
Parastatal	40	0	60	0	60	0	20	0	20	0	7
Faith-based	28	0	68	4	15	0	18	26	37	0	31
Zone											
Northern	40	2	51	7	14	0	37	19	24	0	63
Central	4	0	96	0	0	0	0	4	96	0	35
Southern Highlands	48	2	50	0	4	0	24	50	22	0	75
Western	9	0	91	0	19	0	18	23	40	0	66
Lake	13	0	87	0	26	0	33	16	25	0	56
Southern	4	0	96	0	4	0	72	15	9	0	36
Eastern	43	3	54	0	29	3	39	7	23	0	47
Zanzibar	38	3	55	4	9	0	55	2	30	0	15
Total	26	1	71	1	14	0	31	21	32	0	393
					MEDICINES						
Type of facility											
Hospital	16	0	84	0	22	4	15	19	40	0	23
Health centre	17	3	80	0	6	3	13	46	31	0	48
Dispensary	20	6	73	0	13	1	14	33	37	2	375
Stand-alone	0	0	100	0	0	0	0	0	100	0	0
Managing authority											
Government	20	9	70	1	5	0	17	56	21	1	251
Private for-profit	25	2	73	0	26	6	6	4	56	1	98
Parastatal	17	0	83	0	17	0	17	16	50	0	8
Faith-based	12	0	86	2	18	1	16	6	58	2	88
Zone											
Northern	37	1	59	2	18	0	13	34	32	2	93
Central	5	0	95	0	0	0	0	16	84	0	27
Southern Highlands	11	27	62	0	0	2	38	35	25	0	76
Western	12	3	85	0	12	0	0	33	54	0	47
Lake	11	0	89	0	13	3	4	51	29	0	77
Southern	4	0	96	0	4	0	28	52	16	0	37
Eastern	31	0	69	0	24	4	7	20	41	4	78
Zanzibar	31	5	61	3	15	0	20	0	60	5	12
Total	20	5	74	0	12	1	14	34	37	2	446

[1] Multiple responses might apply.

Table A-3.19 System for ordering commodities where order is placed by external authorities

Among facilities providing commodities where stock orders are placed by authorities external to the facility, percentage where the amount provided is based on activity level or a fixed supply is provided, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	System for determining amount provided: Based on activity level	Fixed supply	Don't know/ missing	Number of facilities where external authorities decide how much to order (weighted)
VACCINES				
Type of facility				
Hospital	37	63	0	1
Health centre	85	15	0	8
Dispensary	71	25	4	91
Managing authority				
Government	70	26	4	78
Private for-profit	79	21	0	7
Parastatal	100	0	0	1
Faith-based	79	21	0	14
Zone				
Northern	67	33	0	16
Central	70	30	0	14
Southern Highlands	57	26	16	17
Western	50	50	0	8
Lake	59	41	0	7
Southern	92	8	0	16
Eastern	92	8	0	18
Zanzibar	59	22	19	3
Total	72	25	3	100
CONTRACEPTIVES				
Type of facility				
Hospital	28	72	0	2
Health centre	39	61	0	3
Dispensary	83	17	1	60
Managing authority				
Government	79	20	1	53
Private for-profit	68	32	0	8
Parastatal	-	-	-	0
Faith-based	100	0	0	4
Zone				
Northern	60	40	0	7
Central	82	18	0	8
Southern Highlands	67	33	0	4
Western	-	-	-	0
Lake	85	15	0	20
Southern	80	20	0	13
Eastern	91	9	0	11
Zanzibar	32	51	16	2
Total	79	20	0	65

Continued…

Table A-3.19—*Continued*

Among facilities providing commodities where stock orders are placed by authorities external to the facility, percentage where the amount provided is based on activity level or a fixed supply is provided, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	System for determining amount provided: Based on activity level	Fixed supply	Don't know/ missing	Number of facilities where external authorities decide how much to order (weighted)
	MEDICINES			
Type of facility				
Hospital	72	7	21	2
Health centre	40	60	0	7
Dispensary	18	79	3	143
Managing authority				
Government	16	82	2	141
Private for-profit	100	0	0	2
Parastatal	25	50	25	6
Faith-based	100	0	0	4
Zone				
Northern	11	89	0	14
Central	8	92	0	20
Southern Highlands	16	84	0	18
Western	4	96	0	33
Lake	100	0	0	7
Southern	6	94	0	23
Eastern	36	58	6	24
Zanzibar	50	28	22	12
Total	20	77	3	152

Table A-3.20 Knowledge and capacity for autoclave processing of equipment

Among facilities with a functioning autoclave machine, percentage where the informant's response to questions on processing temperature and pressure was excellent or good, Tanzania SPA 2006

Items	Percentage of facilities providing indicated response
Temperature	
Excellent[1]	42
Good[2]	30
Don't know/invalid	28
Pressure	
Excellent[3]	58
Good[4]	12
Don't know/invalid	30
Temperature and pressure	
Both excellent	33
Both al least good	26
Don't know/invalid response for either temperature or pressure	42
Total number of facilities with functioning autoclave (weighted)	53

[1] Autoclave had automatic temperature control or response was 121° to 132 °C.
[2] Response was more than 132°C but was less than 361°C (high cut-off point was selected to include any response that appeared valid).
[3] Either automatic machine (one facility) or response was PPI of 15-30 or ATM of 1 or 2.
[4] Response was PPI more than 30 and less than 61, or ATM more than 2 and less than 8 (high cut-off points were selected to include any response that appeared valid).

Table A-3.21 Storage conditions for sterilised or high-level disinfected items

Percentage of facilities with sterilised or high-level disinfected (HLD) items present and among these, percentage with specific storage conditions for processed items, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with sterilised or HILD items present	Number of facilities (weighted)	Among facilities with stored sterilised or HLD items, percentage with:				Number of facilities with stored, sterilised or HLD items (weighted)
			Sterile/ HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on items	Sterile/ HLD storage conditions and processing dates on items	
Type of facility							
Hospital	100	25	90	91	36	35	25
Health centre	98	55	69	80	6	3	53
Dispensary	97	528	37	72	1	0	510
Stand-alone	10	3	-	-	-	-	0
Managing authority							
Government	97	399	36	72	2	2	388
Private for-profit	94	104	51	69	4	2	98
Parastatal	100	14	40	70	0	0	14
Faith-based	94	94	59	84	3	3	88
Zone							
Northern	96	110	68	83	1	1	105
Central	99	47	12	94	0	0	47
Southern Highlands	96	95	37	65	4	3	91
Western	95	82	33	71	1	1	78
Lake	95	89	37	72	8	5	85
Southern	99	61	37	58	1	1	60
Eastern	97	102	51	72	3	3	99
Zanzibar	91	25	34	82	1	1	23
Total	96	611	42	73	3	2	588

[1] Items are wrapped and sealed with time-steam-temperature (TST) tape or are in a sterile/HLD box that clasps shut, and storage area is dry and clean.

[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the steriliser or autoclave, or sitting in disinfecting solution. Storage area is dry and clean.

Table A-3.22.1 Specific items for infection control in MCH and RH service areas: All service areas

Percentage of facilities where infection control items were available in **all** of the maternal and child health (MCH) and reproductive health (RH) service delivery areas assessed for that facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with these items available in **ALL** MCH/RH service areas[1]							Number of facilities (weighted)
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant sites	Waste receptacle[2]	
Type of facility								
Hospital	54	74	20	23	79	4	6	25
Health centre	45	56	51	32	71	11	5	55
Dispensary	36	59	51	48	84	12	5	528
Stand-alone	10	10	10	10	10	10	0	3
Managing authority								
Government	28	58	60	51	86	13	4	399
Private for-profit	55	52	14	30	71	8	11	104
Parastatal	50	70	10	30	90	0	20	14
Faith-based	53	68	46	42	76	12	2	94
Zone								
Northern	44	51	48	46	77	15	3	110
Central	13	65	61	59	89	4	0	47
Southern Highlands	64	82	71	62	91	36	0	95
Western	14	54	42	43	93	2	10	82
Lake	15	51	43	42	82	3	10	89
Southern	31	66	62	55	88	11	0	61
Eastern	52	46	25	17	65	4	11	102
Zanzibar	62	74	55	73	79	20	3	25
Total	37	59	49	46	82	12	5	611

[1] Survey criteria required that the item be available in the service delivery room or immediately adjacent, and the item must be observed. If the service was not being provided on the day of the survey, a report that an item was normally available when services were being offered was noted and the item is included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, water, and sharps box in the immunisation area and injection room; soap, water, sharps box, and disinfectant in the consultation area for sick children; and soap, water, sharps box, disinfecting solution, and clean latex or sterile gloves in the consultation and examination areas for STI services, family planning, antenatal care, and delivery services.

[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate indicator because, while important for infection control, it has not been commonly introduced.

Table A-3.22.2 Specific items for infection control in MCH/RH service areas: Any service area

Percentage of facilities where infection control items were available in **any** of the maternal and child health (MCH) and reproductive health (RH) service delivery areas assessed for that facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

	Percentage of facilities with these items available in **ANY** MCH/RH service area[1]							
Background characteristics	Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in any relevant site	Waste receptacle[2]	Number of facilities (weighted)
Type of facility								
Hospital	97	100	98	90	97	84	72	25
Health centre	76	97	95	85	97	61	48	55
Dispensary	62	94	85	78	93	42	37	528
Stand-alone	10	10	10	10	10	10	0	3
Managing authority								
Government	55	94	96	85	98	47	35	399
Private for-profit	80	91	50	54	78	24	46	104
Parastatal	90	90	60	60	90	30	60	14
Faith-based	87	94	90	81	91	66	47	94
Zone								
Northern	73	95	83	85	87	57	35	110
Central	35	99	96	87	99	29	19	47
Southern Highlands	78	93	96	87	99	64	19	95
Western	42	98	81	73	97	25	68	82
Lake	53	91	91	78	98	38	63	89
Southern	67	93	93	86	97	56	8	61
Eastern	81	90	74	59	82	37	55	102
Zanzibar	76	94	83	85	93	56	15	25
Total	65	94	86	79	93	45	40	611

[1] Survey criteria required that the item be available in the service delivery room or immediately adjacent, and the item must be observed. If the service was not being provided on the day of the survey, a report that an item was normally available when services were being offered was noted and the item is included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, water, and sharps box in the immunisation area and injection room; soap, water, sharps box, and disinfectant in the consultation area for sick children; and soap, water, sharps box, disinfecting solution, and clean latex or sterile gloves in the consultation and examination areas for STI services, family planning, antenatal care, and delivery services.

[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate indicator because, while important for infection control, it has not been commonly introduced.

Table A-3.23.1 Elements for preventing nosocomial infection in HIV service sites: All sites

Among all facilities, percentage with infection control items in **all** HIV service sites assessed for that facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with items at **ALL** relevant service sites[1]: Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant sites	Number of facilities (weighted)	Mean number of relevant service sites[1] (weighted)
Type of facility								
Hospital	40	43	14	5	60	0	25	12
Health centre	46	44	19	22	64	2	55	6
Dispensary	31	70	55	56	79	12	528	2
Stand-alone	87	87	77	26	77	16	3	2
Managing authority								
Government	25	68	65	62	83	12	399	2
Private for-profit	43	62	17	23	57	5	104	3
Parastatal	40	80	10	20	70	0	14	3
Faith-based	52	65	32	39	72	11	94	4
Zone								
Northern	38	61	42	41	69	10	110	3
Central	5	77	57	66	77	3	47	2
Southern Highlands	54	82	76	73	90	24	95	3
Western	19	74	50	50	90	7	82	3
Lake	21	65	51	51	84	3	89	2
Southern	36	76	75	68	79	18	61	3
Eastern	39	49	19	26	58	4	102	4
Zanzibar	37	43	41	41	53	16	25	3
Total	33	67	50	51	76	10	611	3

[1] Relevant service sites within a facility include all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, and the blood drawing area in the lab.

Table A-3.23.2 Elements for preventing nosocomial infection in HIV service sites: Any site

Among all facilities, percentage with infection control items in **any** HIV service site assessed for that facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with items at **ANY** relevant service site[1]: Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in any relevant site	Number of facilities (weighted)	Mean number of relevant service sites[1] (weighted)
Type of facility								
Hospital	99	100	100	100	100	98	25	12
Health centre	77	91	92	84	97	65	55	6
Dispensary	48	84	73	78	92	30	528	2
Stand-alone	100	100	100	39	100	39	3	2
Managing authority								
Government	39	81	81	78	92	28	399	2
Private for-profit	77	95	53	76	93	39	104	3
Parastatal	70	90	40	60	100	30	14	3
Faith-based	81	94	85	86	97	66	94	4
Zone								
Northern	62	91	75	81	90	43	110	3
Central	10	78	63	75	82	9	47	2
Southern Highlands	65	86	87	86	96	48	95	3
Western	37	86	76	74	95	27	82	3
Lake	40	81	80	75	97	26	89	2
Southern	57	89	87	85	96	38	61	3
Eastern	67	84	60	74	92	38	102	4
Zanzibar	71	90	88	86	99	52	25	3
Total	53	86	76	79	93	36	611	3

[1] Relevant service sites within a facility include all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, and the blood drawing area in the lab.

Table A-3.24 Availability of supplies for preventing nosocomial infections

Percentage of facilities with infection control supplies available in facility stores, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with the following items in stores: Hand-washing soap	Disinfectant (bleach)	Needles and syringes	Latex gloves	All items available[1]	Number of facilities (weighted)
Type of facility						
Hospital	77	84	74	97	51	25
Health centre	77	74	67	88	48	55
Dispensary	77	73	65	95	42	528
Stand-alone	10	10	10	10	10	3
Managing authority						
Government	77	76	61	94	42	399
Private for-profit	73	58	68	91	38	104
Parastatal	70	70	70	80	40	14
Faith-based	83	75	77	97	51	94
Zone						
Northern	72	75	70	92	42	110
Central	98	84	53	95	45	47
Southern Highlands	83	84	80	97	62	95
Western	81	74	55	95	38	82
Lake	65	66	44	90	31	89
Southern	78	79	77	99	50	61
Eastern	73	55	66	93	30	102
Zanzibar	81	79	86	90	57	25
Total	77	73	65	94	43	611

[1] Soap, disinfectant, needles and syringes, and latex gloves are available in facility stores.

Table A-3.25.1 Waste disposal methods: Infectious waste

Percentage of facilities that use specific methods to dispose of infectious waste, by type of facility, managing authority and, zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities in which infectious waste is:							Number of facilities (weighted)
	Collected and disposed of by external party or burned and removed offsite	Burned in incinerator	Burned and buried	Burned and not buried	Buried and not burned OR thrown in open pit latrine	Thrown in trash or open pit	Other response/ missing	
Type of facility								
Hospital	6	48	12	28	1	4	0	25
Health centre	5	29	11	42	7	5	0	55
Dispensary	6	16	14	52	5	7	0	528
Stand-alone	10	16	0	52	10	0	13	3
Managing authority								
Government	0	14	14	58	6	7	0	399
Private for-profit	29	35	5	23	2	6	0	104
Parastatal	20	10	20	50	0	0	0	14
Faith-based	2	19	21	46	6	5	0	94
Zone								
Northern	5	13	40	35	0	7	0	110
Central	1	7	0	83	7	3	0	47
Southern Highlands	1	12	3	69	7	7	0	95
Western	3	15	10	61	7	4	0	82
Lake	5	20	20	51	3	2	0	89
Southern	0	16	11	55	9	9	0	61
Eastern	16	38	3	27	7	10	0	102
Zanzibar	20	15	12	27	5	18	2	25
Total	6	18	14	50	5	6	0	611

Table A-3.25.2 Waste disposal methods: Sharps waste

Percentage of facilities that use specific methods to dispose of sharps waste, by type of facility, managing authority and, zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities in which sharps materials are: Collected and disposed of by external party or burned and removed offsite	Burned in incinerator	Burned and buried	Burned and not buried	Buried and not burned OR thrown in open pit latrine	Thrown in trash or open pit	Number of facilities (weighted)
Type of facility							
Hospital	5	55	11	23	1	5	25
Health centre	7	29	16	33	6	9	55
Dispensary	7	16	15	48	7	7	528
Stand-alone	32	16	0	0	52	0	3
Managing authority							
Government	0	15	15	55	8	7	399
Private for-profit	32	33	4	17	8	5	104
Parastatal	20	10	20	50	0	0	14
Faith-based	4	19	25	38	4	9	94
Zone							
Northern	6	13	40	23	8	10	110
Central	1	10	0	73	13	3	47
Southern Highlands	1	11	3	68	9	9	95
Western	3	15	8	61	9	4	82
Lake	5	20	21	49	3	2	89
Southern	0	19	16	51	9	6	61
Eastern	17	37	7	24	4	10	102
Zanzibar	33	17	13	20	3	14	25
Total	7	19	15	46	7	7	611

Chapter 4

Table A-4.1 Frequency of availability of child health services

Among facilities offering outpatient care for sick children, routine growth monitoring services, routine child immunisation services, measles immunisation, and BCG immunisation, percentage providing the service at specific frequencies, by type of facility, managing authority, and zone, Tanzania SPA 2006

	Outpatient care for sick children				Growth monitoring				Routine series of child immunisation[2]				Measles immunisation				BCG immunisation			
	Percentage of facilities offering service this many days per week[1]			Number of facilities offering outpatient care for sick children (weighted)	Percentage of facilities offering service this many days per week[1]			Number of facilities offering growth monitoring services (weighted)	Percentage of facilities offering service this many days per week[1]			Number of facilities offering routine series of child immunisation (weighted)	Percentage of facilities offering service this many days per week[1]			Number of facilities offering measles immunisation (weighted)	Percentage of facilities offering service this many days per week[1]			Number of facilities offering BCG immunisation (weighted)[2]
	1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+	
Type of facility																				
Hospital	5	1	90	25	19	5	74	22	16	5	77	22	61	7	21	22	50	7	40	23
Health centre	4	0	96	55	8	16	65	49	29	10	50	47	51	6	6	47	52	0	12	46
Dispensary	7	1	92	525	27	6	50	420	39	6	40	409	59	3	5	409	59	3	5	404
Managing authority																				
Government	7	1	93	398	25	7	51	379	35	6	45	376	58	4	6	376	58	3	7	375
Private for-profit	5	0	95	102	29	0	71	31	68	0	32	25	79	0	0	25	83	0	0	24
Parastatal	0	0	100	14	20	0	80	7	50	0	50	6	100	0	0	6	50	0	25	6
Faith-based	10	0	87	91	23	10	50	75	37	11	33	72	50	5	6	72	46	4	11	69
Zone																				
Northern	17	0	81	107	45	7	40	82	59	5	27	78	63	0	7	78	59	0	9	74
Central	0	0	100	46	16	9	66	45	31	6	53	45	58	3	10	45	60	3	11	45
Southern Highlands	5	0	95	95	16	3	56	83	20	3	60	81	45	5	6	81	50	4	8	80
Western	9	3	88	81	33	11	50	64	32	11	44	65	67	5	5	65	71	2	6	65
Lake	5	0	95	89	24	17	48	75	24	17	43	74	54	12	4	74	54	9	7	76
Southern	0	0	100	60	23	2	39	57	47	2	30	55	70	0	8	55	68	0	14	54
Eastern	7	0	93	102	19	2	66	71	50	0	35	65	57	2	0	65	51	2	3	64
Zanzibar	2	0	96	24	2	4	87	17	25	4	57	16	50	2	8	16	41	4	2	15
Total	7	1	92	605	25	7	53	492	37	6	42	478	58	4	5	478	58	3	8	473

[1] Some facilities offer the service less than one day per week so percentage may not add up to 100 percent.
[2] DPT-HB and polio. Measles and BCG vaccines may not be offered on the same schedule as other routine vaccines.

Table A-4.2 Availability of child health services through village outreach activities

Among all facilities, percentage offering curative care for sick children, routine growth monitoring, and child immunisation through outreach services to villages, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering specific services through outreach				Number of facilities (weighted)
	Sick child services	Growth monitoring	Routine child immunisation without BCG[1]	All child immunisation including BCG[2]	
Type of facility					
Hospital	16	70	70	15	25
Health centre	9	68	66	9	55
Dispensary	8	44	43	7	528
Managing authority					
Government	10	61	59	9	399
Private for-profit	4	4	4	3	102
Parastatal	0	0	0	0	14
Faith-based	11	41	40	9	92
Zone					
Northern	5	27	25	4	108
Central	7	69	63	7	46
Southern Highlands	7	61	58	6	95
Western	2	33	43	0	82
Lake	15	64	61	14	89
Southern	7	60	58	5	60
Eastern	17	40	35	17	102
Zanzibar	4	16	23	4	24
Total	9	47	46	8	608

[1] Oral polio, DPT-HB, and measles vaccines, but no BCG vaccine, offered through outreach at least one day per month.
[2] Oral polio, DPT-HB, measles, and BCG vaccines offered through outreach at least one day per month.

Table A-4.3 Availability of child vaccines and vitamin A

Among facilities offering child immunisation services and routinely storing vaccines, percentage with child vaccines and vitamin A observed on the day of the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering immunisation services and storing vaccines with vaccines and vitamin A observed						Number of facilities offering child immunisation services and storing vaccines (weighted)
	BCG	Polio	DPT-HB	Measles	All basic child vaccines available[1]	Vitamin A in area with vaccines	
Type of facility							
Hospital	88	98	97	98	87	99	22
Health centre	91	90	84	90	74	100	43
Dispensary	86	87	87	96	73	94	356
Managing authority							
Government	88	89	87	96	76	95	337
Private for-profit	91	100	100	100	91	91	15
Parastatal	100	75	100	100	75	100	6
Faith-based	75	82	82	93	62	96	63
Zone							
Northern	83	91	93	100	75	96	75
Central	84	94	94	100	77	97	43
Southern Highlands	84	84	86	98	64	96	69
Western	90	90	93	98	83	95	57
Lake	98	94	88	96	86	92	70
Southern	75	75	63	84	54	97	45
Eastern	87	84	89	92	77	97	52
Zanzibar	81	91	87	90	72	73	10
Total	86	88	87	96	74	95	421

[1] BCG, polio, DPT-HB, and measles vaccines.

Table A-4.4 Equipment, supplies, and recordkeeping systems for child immunisation services

Among facilities offering child immunisation services, percentage with equipment and supplies, infection control items, and recordkeeping systems observed, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Equipment and supplies			Items for infection control			Recordkeeping system			Number of facilities offering child immunisation services (weighted)
	Blank child immunisation record	Adequate supplies of syringes and needles	Vaccine carriers with ice pack[1]	Soap	Running water	Sharps box	Register	Tally sheet	Monitoring of community coverage[2]	
Type of facility										
Hospital	85	97	100	91	75	98	93	94	78	22
Health centre	70	82	100	75	44	100	95	87	73	47
Dispensary	82	84	96	75	42	93	88	93	63	409
Managing authority										
Government	82	84	96	77	39	94	89	93	68	376
Private for-profit	85	73	100	61	61	83	89	89	42	25
Parastatal	75	75	100	75	75	100	100	100	50	6
Faith-based	73	92	100	77	58	96	89	89	55	72
Zone										
Northern	91	86	100	70	52	98	95	98	77	78
Central	87	90	97	80	26	93	97	90	50	45
Southern Highlands	90	83	97	87	65	97	88	95	48	81
Western	72	83	94	70	24	94	83	91	64	65
Lake	76	93	96	69	25	91	89	92	81	74
Southern	68	80	100	79	41	98	95	93	76	55
Eastern	77	76	96	76	59	89	79	85	53	65
Zanzibar	87	96	96	85	62	94	98	96	66	16
Total	81	85	97	76	44	94	89	93	65	478

[1] If a facility reported it purchased ice, this was accepted in a place of the ice pack.
[2] Measles coverage or DPT dropout rate was documented.

Table A-4.5.1 Availability of equipment and supplies for assessment of the sick child: Observed

Among facilities that provide outpatient care for sick children, percentage with observed items in the service delivery area to support infection control, quality of services, preventive services, and assessment of the sick child, by type of facility, Tanzania SPA 2006

Items	Hospital	Health centre	Dispensary	Total percentage
Infection control items				
Soap	92	82	77	78
Running water	85	64	50	52
Sharps container	68	77	72	73
Decontaminant	51	56	61	60
All items for infection control	38	35	24	26
Waste receptacle with plastic liner	35	28	19	20
All items for infection control plus waste receptacle	15	11	6	6
Items to support quality				
Child health cards	67	68	58	60
Treatment guidelines and standards	33	51	40	41
Visual aids for health education	33	35	26	27
All items to support quality of care	15	17	10	11
Preventive measures				
Capacity to provide vaccinations[1]	56	23	21	23
Infant weighing scale	27	59	50	50
Child weighing scale	68	81	72	73
Both infant and child weighing scales	27	54	44	44
All preventive measures	18	12	14	14
Equipment for assessment				
Thermometer	67	81	88	86
Minute timer[2]	21	35	26	27
Pitcher for mixing ORS	33	34	29	29
Cup/spoon for giving ORS	40	44	48	48
ORS packet in sick child service area	53	55	76	73
ORS packet in facility (pharmacy or sick child service area)	95	80	87	86
All three items for oral rehydration therapy (ORT)	27	24	22	23
All equipment for assessment	7	14	7	7
ORT Corner observed	25	22	14	15
Number of facilities offering sick child services (weighted)	25	55	525	605

[1] Vaccines, equipment, immunisation cards, and infection control items all available. Register and monitoring of coverage were not considered essential for providing vaccines for sick children on the day of survey.

[2] Either a minute timer or wristwatch with a second hand that could be used to time one minute; includes facility equipment only.

Table A-4.5.2 Availability of equipment and supplies for assessment of the sick child: Observed and reported

Among facilities that provide outpatient care for sick children, percentage with observed or reported items in the service delivery area to support infection control, quality of services, preventive services, and assessment of the sick child, by type of facility, Tanzania SPA 2006

Items	Hospital	Health centre	Dispensary	Total percentage
Infection control items				
Soap	93	86	82	82
Running water	86	64	51	54
Sharps container	69	77	76	75
Decontaminant	58	70	68	67
All items for infection control	42	38	26	28
Waste receptacle with plastic liner	35	28	20	22
All items for infection control plus waste receptacle	16	14	7	8
Items to support quality				
Child health cards	71	73	65	66
Treatment guidelines or standards	64	64	46	49
Visual aids for health education	49	51	31	34
All items to support quality of care	32	28	16	17
Preventive measures				
Infant weighing scale	34	64	51	52
Child weighing scale	73	81	75	76
Both infant and child weighing scale	34	60	46	47
Equipment for assessment				
Thermometer	71	91	93	92
Minute timer[2]	23	37	28	29
Pitcher for mixing ORS	40	44	36	37
Cup/spoon for giving ORS	47	51	56	55
ORS packet in sick child service area	56	66	84	81
ORS packet in facility (pharmacy or sick child service area)	96	80	89	89
All three items for oral rehydration therapy (ORT)	34	31	28	29
All equipment for assessment	8	14	10	10
ORT Corner observed	34	22	21	22
Number of facilities offering sick child services (weighted)	25	55	525	605

[1] Vaccines, equipment, immunisation cards, and infection control items all available. Register and monitoring of coverage were not considered essential for providing vaccines for sick children on the day of survey.
[2] Either a minute timer or a wristwatch with a second hand that could be used to time one minute; includes facility equipment only.

Table A-4.6 Availability of infection control items for therapeutic injections

Among facilities providing outpatient care for sick children and therapeutic injections, percentage with infection control items in the therapeutic injection area, by type of facility, Tanzania SPA 2006

Infection control items	Hospital	Health centre	Dispensary	Total percentage
Soap	88	79	76	77
Running water	78	55	50	52
Sharps container	81	81	74	74
Sterile syringes	90	92	91	91
Number of facilities offering sick child services and therapeutic injections (weighted)	22	50	520	592

Table A-4.7.1 Availability of guidelines and teaching materials: Observed

Among facilities providing outpatient care for sick children, percentage where guidelines and client educational aids were observed to be available, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering sick child services with observed: IMCI chart booklet	IMCI counselling cards for provider	IMCI mother/ caretaker cards	Other visual aids	Number of facilities offering sick child services (weighted)
Type of facility					
Hospital	29	20	5	17	25
Health centre	42	11	8	21	55
Dispensary	34	16	6	13	525
Managing authority					
Government	45	21	8	16	398
Private for-profit	4	0	0	11	102
Parastatal	10	10	0	10	14
Faith-based	24	10	3	10	91
Zone					
Northern	32	13	4	19	107
Central	50	22	3	26	46
Southern Highlands	22	9	3	6	95
Western	31	15	5	12	81
Lake	35	13	3	21	89
Southern	41	15	9	2	60
Eastern	35	16	7	11	102
Zanzibar	57	48	29	22	24
Total	34	16	6	14	605

Table A-4.7.2 Availability of guidelines and teaching materials: Observed and reported

Among facilities providing outpatient care for sick children, percentage where guidelines and client educational aids were observed or reported to be available, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering sick child services with observed or reported: IMCI chart booklet	IMCI counselling cards for provider	IMCI mother/ caretaker cards	Other visual aids	Number of facilities offering sick child services (weighted)
Type of facility					
Hospital	49	28	15	24	25
Health centre	53	33	13	21	55
Dispensary	39	19	7	15	525
Managing authority					
Government	52	27	10	18	398
Private for-profit	13	6	3	13	102
Parastatal	20	20	0	10	14
Faith-based	26	10	4	13	91
Zone					
Northern	39	20	7	23	107
Central	55	26	7	26	46
Southern Highlands	27	11	3	8	95
Western	33	16	5	14	81
Lake	42	23	5	24	89
Southern	42	19	10	7	60
Eastern	46	24	11	13	102
Zanzibar	66	54	32	22	24
Total	40	21	8	16	605

Table A-4.8 Availability of immunisation services and outpatient care for sick children on the same day

Among facilities offering outpatient care for sick children, percentage reporting that child immunisation (EPI) is available every day that sick child services are offered, and percentage where both sick child and EPI services were observed being offered on the day of the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering sick child services, percentage where:		Number of facilities offering sick child services (weighted)
	EPI services are reported to be available every day that sick child services are offered	On day of survey, both sick child and EPI services were available	
Type of facility			
Hospital	71	68	25
Health centre	63	57	55
Dispensary	45	42	525
Managing authority			
Government	60	53	398
Private for-profit	9	15	102
Parastatal	30	40	14
Faith-based	39	45	91
Zone			
Northern	33	47	107
Central	85	48	46
Southern Highlands	68	54	95
Western	46	37	81
Lake	39	44	89
Southern	48	47	60
Eastern	36	36	102
Zanzibar	46	48	24
Total	48	45	605

Table A-4.9 Availability of medicines for treatment of the sick child

Among facilities that provide outpatient care for sick children, percentage where first-line, pre-referral, and other essential medications are available, by type of facility, Tanzania SPA 2006

Items	Hospital	Health centre	Dispensary	Total percentage
First-line oral medicines				
Oral rehydration solution (ORS)	95	80	87	86
Antibiotic: amoxicillin	92	72	77	77
Antibiotic: cotrimoxazole	92	79	79	80
Antibiotic: chloramphenicol	91	44	21	26
Any antibiotic	99	92	89	90
Antimalarial: Coartem (artemether/lumefantrine)	14	5	6	6
Antimalarial: Fansidar (sulfadoxine-pyrimethamine)	95	86	86	86
Antimalarial: amodiaquine	83	84	85	85
Any antimalarial	98	97	95	95
All first-line oral medicines[1]	93	77	76	77
Pre-referral medicines				
Injectable chloramphenicol	84	66	57	59
Injectable ampicillin or cloxacillin	81	17	3	8
Injectable penicillin	94	93	93	93
Injectable gentamycin	84	37	24	27
Injectable ceftriaxone	52	19	13	16
Intravenous solution with perfusion set	94	86	56	60
Sterile syringes	100	97	98	98
All pre-referral medicines[2]	91	74	40	45
Other essential medicines				
Aspirin or paracetamol (antipyretic)	99	93	91	91
Vitamin-A (any dose)	44	43	36	37
Iron tablet	27	15	21	20
Albendazole or mebendazole (deworming)	93	88	87	87
All other essential medicines	18	7	7	8
Number of facilities offering sick child services (weighted)	25	55	525	605

[1] ORS, at least one antimalarial, and at least one oral antibiotic.

[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin) or injectable chloramphenicol, and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set and sterile syringes

Table A-4.10 Facility utilisation statistics for outpatient care for sick children

Among facilities providing outpatient care for sick children, the median number of sick child consultations per month, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median monthly number of sick child consultations[1]	Number of facilities providing data on sick child consultations (weighted)
Type of facility		
Hospital	229	23
Health centre	145	55
Dispensary	97	508
Managing authority		
Government	143	393
Private for-profit	39	93
Parastatal	23	12
Faith-based	58	87
Zone		
Northern	91	99
Central	157	46
Southern Highlands	78	92
Western	167	81
Lake	142	88
Southern	109	60
Eastern	55	95
Zanzibar	133	24
Total	109	586

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of clients per month.

Table A-4.11 Information on user fees for outpatient care for sick children

Percentage of facilities offering outpatient care for sick children that charge user fees for specific items, and among facilities with any user fees for sick child services, percentage which publicly post fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities charging for:						Number of facilities offering sick child services (weighted)	Percentage where fees are posted in public view			Number of facilities having any user fees for sick child services (weighted)
	Client chart or record	Consultation	Medicines	Tests	Registration	No charges/ don't know		All fees are posted	Some fees are posted	No fees are posted	
Type of facility											
Hospital	9	37	46	48	41	50	25	12	11	76	12
Health centre	15	32	39	38	26	57	55	18	10	72	24
Dispensary	4	25	30	26	13	69	525	11	7	82	165
Managing authority											
Government	0	2	2	1	2	96	398	25	2	73	17
Private for-profit	11	84	92	84	44	8	102	11	7	82	94
Parastatal	0	20	20	20	0	80	14	0	0	100	3
Faith-based	19	65	95	81	42	5	91	10	10	80	86
Zone											
Northern	5	33	38	33	18	58	107	6	3	91	45
Central	0	6	9	6	9	91	46	3	0	97	4
Southern Highlands	7	23	34	24	17	63	95	12	15	73	35
Western	0	14	19	19	5	81	81	9	9	82	16
Lake	5	19	27	24	10	73	89	24	11	65	24
Southern	4	15	21	19	10	78	60	0	20	80	13
Eastern	11	52	55	49	29	45	102	14	2	83	56
Zanzibar	3	27	27	32	12	68	24	15	15	69	8
Total	5	26	32	28	15	67	605	12	8	81	200

Table A-4.12 Out-of-pocket payments for sick child consultations

Among interviewed caretakers of sick children, percentage who reported belonging to a programme to prepay or defer child health costs and percentage who reported paying any out-of-pocket fees for sick child services on the day of the survey; and among caretakers who paid any fees for services, median amount (in TSh) paid, by type of facility, Tanzania SPA 2006

Type of facility	Percentage who belong to prepayment or cost deferral programme	Percentage who paid any out-of-pocket fees this visit among those who:[1]		Number of interviewed caretakers (weighted)	Median out-of-pocket fees (in TSh) paid by caretakers who paid anything for child health services this visit, among those who:		Number of interviewed caretakers providing valid responses for out-of-pocket payments (weighted)	
		Belong to programme	Do not belong to programme		Belong to programme	Do not belong to programme	Belong to programme	Do not belong to programme
Hospital	11	1	28	142	3,707	2,306	2	39
Health centre	13	2	25	262	4,503	1,008	4	66
Dispensary	6	1	22	1,862	2,407	2,003	12	400
Total	7	1	22	2,267	3,001	1,963	19	506

[1] Includes any amount paid out-of-pocket, including fees for consultation, laboratory tests, medicines, or other.

Table A-4.13 Supportive management for providers of child health services

Among interviewed child health service providers, percentage who received training related to their work and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received:				Number of interviewed child health service providers (weighted)[2]
	Pre- or in-service training related to child health during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training on child health during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training related to child health 13-35 months preceding the survey	
Type of facility					
Hospital	21	67	14	16	408
Health centre	17	82	14	12	282
Dispensary	15	76	12	15	1,472
Managing authority					
Government	18	80	14	16	1,352
Private for-profit	12	70	9	11	328
Parastatal	6	53	0	3	53
Faith-based	17	67	12	14	430
Zone					
Northern	21	72	17	12	429
Central	15	92	13	13	148
Southern Highlands	16	75	9	13	282
Western	18	86	16	13	235
Lake	15	78	12	15	336
Southern	20	76	15	16	230
Eastern	10	65	7	18	427
Zanzibar	21	70	16	29	74
Total	16	75	13	15	2,163

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of child health services in facilities offering child health services.

Table A-4.14 Training for child health service providers

Among interviewed child health providers, percentage who received pre- or in-service training on specific topics related to child health during the 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	EPI and cold chain		ARI treatment[1]		Diarrhoea treatment		Nutrition and micronutrient deficiencies		IMCI[2]		Malaria treatment for children		Number of interviewed child health service providers (weighted)[3]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility													
Hospital	3	7	5	8	6	9	6	9	8	11	8	12	408
Health centre	3	7	4	7	4	9	5	8	6	11	8	10	282
Dispensary	4	8	3	6	5	9	4	6	6	9	8	12	1,472
Managing authority													
Government	4	8	4	6	5	8	4	6	8	10	9	11	1,352
Private for-profit	5	6	2	6	4	9	3	6	2	8	6	10	328
Parastatal	0	0	0	3	0	3	0	3	3	0	3	3	53
Faith-based	4	8	3	10	6	11	7	10	6	11	6	13	430
Zone													
Northern	4	5	4	4	7	6	7	6	9	9	9	9	429
Central	2	8	5	4	9	4	5	5	9	6	8	9	148
Southern Highlands	2	12	3	12	5	13	3	11	4	8	8	15	282
Western	5	4	9	6	8	6	5	5	10	9	9	9	235
Lake	5	11	2	7	3	12	3	8	3	10	9	14	336
Southern	3	6	3	7	4	8	4	7	9	8	11	12	230
Eastern	4	7	1	5	3	8	3	5	4	12	4	9	427
Zanzibar	10	15	3	13	4	18	2	8	4	22	12	20	74
Total	4	8	4	7	5	9	4	7	7	10	8	11	2,163

Continued…

Table A-4.14—*Continued*

Background characteristicss	Breastfeeding		Complementary feeding for infants		Pediatric AIDS training		Number of interviewed child health service providers (weighted)[1]
	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility							
Hospital	9	9	8	8	3	1	408
Health centre	6	10	6	9	1	0	282
Dispensary	5	8	4	6	1	0	1,472
Managing authority							
Government	6	8	5	6	1	1	1,352
Private for-profit	4	6	4	5	1	0	328
Parastatal	0	3	0	0	0	0	53
Faith-based	6	13	5	10	3	0	430
Zone							
Northern	9	8	7	7	3	1	429
Central	9	6	6	6	0	1	148
Southern Highlands	3	12	5	9	3	1	282
Western	7	6	6	6	0	1	235
Lake	3	9	2	7	0	0	336
Southern	6	9	6	6	1	0	230
Eastern	4	8	4	6	1	0	427
Zanzibar	3	14	3	6	1	0	74
Total	6	9	5	7	2	0	2,163

[1] Acute respiratory infection.
[2] Integrated management of childhood illness.
[3] Includes only providers of child health services in facilities offering child health services.

Table A-4.15 Supportive supervision for child health service providers

Among interviewed child health service providers who were personally supervised in the past 6 months, median number of times they were supervised and percentage who reported specific activities by the supervisor during the last visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers who reported that during the last supervisory visit, the supervisor:						Number of providers of child health services who were supervised in the past 6 months (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	95	89	90	73	90	47	272
Health centre	3	93	81	84	71	83	53	230
Dispensary	3	94	83	80	65	85	51	1,124
Managing authority								
Government	3	95	81	83	71	88	57	1,083
Private for-profit	3	91	93	80	56	78	24	229
Parastatal	3	100	92	81	42	73	39	28
Faith-based	3	93	83	81	65	83	51	287
Zone								
Northern	3	98	93	85	70	86	57	311
Central	5	96	86	94	87	86	70	136
Southern Highlands	2	93	70	74	69	87	38	210
Western	3	92	74	82	70	88	62	202
Lake	4	94	81	82	65	91	57	264
Southern	2	88	76	79	63	76	53	176
Eastern	3	94	94	82	55	82	28	276
Zanzibar	3	90	93	83	77	83	54	52
Total	3	94	83	82	67	85	51	1,627

[1] Includes only providers of child health services in facilities offering child health services.

Table A-4.16 Observed assessments, examinations, and treatments for sick children

Percentage of observed children for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Consultation conducted by physician/clinical officer	95	88	66	70
History: assessment of danger signs				
Inability to eat or drink anything	44	44	29	32
Vomiting everything	71	54	54	55
Convulsions	27	20	23	23
All danger signs	15	11	11	11
History: assessment of symptoms				
Cough or difficulty breathing	86	72	78	78
Diarrhoea	67	55	60	60
Fever	90	87	90	90
All three major symptoms[1]	53	38	47	46
Ear pain or discharge	18	13	16	16
All major symptoms[2]	13	10	12	12
Physical examination				
Assessed temperature by touch	52	43	43	44
Measured temperature[3]	60	49	65	63
Any assessment of temperature	83	74	79	79
Assessed anaemia: by looking at palms	32	37	27	28
Assessed anaemia by looking at eye conjunctiva or mucosa of mouth	45	39	33	35
Any assessment of anaemia	57	52	44	46
Assessed dehydration	24	21	19	20
Counted respiratory rate per minute	25	26	20	21
All key physical checks[4]	15	14	11	11
Ausculated	44	26	26	27
Looked in ear	16	15	12	12
Felt behind ear	15	10	11	12
Checked for pedal edema (press both feet)	8	13	6	7
Removed clothing and observed musculature	32	31	25	26
All physical checks[5]	1	0	0	0
Essential advice				
Increase fluids	17	21	15	16
Continue or increase feeding	24	28	19	20
Symptoms for immediate return	24	18	23	22
All three essential messages	5	7	5	6
Drinking and feeding practice during illness				
Asked about feeding or breastfeeding practices	37	36	27	28
Observed if child can drink or suck	24	19	18	19
Both assessments of drinking/feeding status	12	13	8	9
Number of observed children (weighted)	142	262	1,867	2,272

[1] Cough, diarrhoea, and fever.
[2] Cough, diarrhoea, fever, and ear symptoms.
[3] Either the provider or another health worker is observed measuring the child's temperature, or the facility has a system in which all sick children have their temperature measured prior to being seen by a provider.
[4] Counted respiratory rate, assessed presence of fever (either measured or by touch), and assessed presence of anaemia (either palms or mucosa).
[5] Counted respiratory rate, assessed presence of fever (either measured or by touch), assessed presence of anaemia (either palms or mucosa), ausculated, checked ear, checked feet (pedal edema), and checked musculature.

Table A-4.17 Children sent home with diagnosis and appropriate treatment

Percentage of observed children sent home after consultation with indicated diagnoses, and among them, percentage who received appropriate treatment, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Percentage of children who received diagnosis of:				
Severe diarrhoea without dysentery or amebiasis	1	3	2	2
Severe pneumonia/broncho-pneumonia	1	1	2	2
Severe malaria/fever	8	6	9	9
Any severe illness (diarrhoea, pneumonia, or malaria/fever)	10	7	12	12
Number of children sent home after consultation (weighted)	80	163	1,532	1,775
Among children with indicated diagnosis, percentage who received correct treatment				
Severe diarrhoea without dysentery or amebiasis	100	65	64	65
Severe pneumonia/broncho-pneumonia	39	0	36	34
Severe malaria/fever	57	59	77	76
Any severe illness (diarrhoea, pneumonia, or malaria/fever)	62	57	73	71
Among children sent home, percentage:				
Who received malaria diagnosis (severe through minor)	58	63	61	61
Where Tanzanian treatment guidelines for malaria[1] were followed	6	4	11	10

[1] Child has been sick for not more than one day with this illness, diagnosed with malaria at the facility, prescribed sulfadoxine-pyrethamine (Fansidar) or amodiaquine, caretaker counselled on signs and symptoms for which to immediately bring child back, caretaker seen with all medicines and/or prescriptions, and caretaker feels comfortable/confident about how to proceed with treatment at home.

Table A-4.18 Prescriptions and medicines provided for observed sick children

Among interviewed caretakers of sick children, percentage who reported child received dose of medicine or injection at the facility; among observed sick children who were prescribed or provided oral medicines, percentage whose caretakers were told how to administer medicine and percentage who received first dose at facility; and among interviewed caretakers of children who received medicine or a prescription, percentage who had medicines or prescriptions on departure from the facility, percentage who reported being told how to administer the medicine at home, and percentage who felt they understood how to give the medicine, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Reported by caretaker				
Child was provided a dose of oral medicine at the facility	18	20	20	20
Child received injection at the facility	17	15	22	21
Number of interviewed caretakers of sick children (weighted)	142	262	1,862	2,267
Observed during consultation				
Caretaker told how to administer medications	44	39	67	63
Caretaker was asked to repeat instructions	9	11	15	14
Child received first dose of prescribed oral medicine at facility	8	7	15	14
Antibiotic was prescribed	61	52	56	56
Number of observed sick children who were prescribed or provided oral medicines (weighted)	117	203	1,664	1,984
Observed during exit interview				
Caretaker has all medicines	57	54	76	73
Caretaker has some medicines and some prescriptions	23	37	19	21
Caretaker has only prescriptions	20	9	5	6
Child received or was prescribed an injectable medicine	20	19	22	22
Reported by caretaker				
Was told how to give the medicine at home	87	93	97	96
Feels comfortable in knowledge of how to provide medicine at home	86	93	97	96
Number of interviewed caretakers of sick children who received medicine, a prescription, or both (weighted)	113	198	1,630	1,940

Table A-4.19 Observed preventive assessments for sick children

Percentage of observed children whose weight, feeding, and immunisation status were assessed during the consultation, by age of child and type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Preventive measures				
Child weighed	47	29	35	35
Weight plotted	30	15	21	21
Normal feeding assessed				
Children age <24 months	31	33	21	23
Children age ≥24 months	26	27	18	20
Children of any age	30	31	20	22
Normal breastfeeding assessed				
Children age <24 months	26	30	17	19
Immunisation status assessed				
Children age <24 months	50	41	45	45
Children age ≥24 months	41	27	36	35
Children of any age	47	36	42	42
Number of observed children <24 months old (weighted)	98	172	1,213	1,484
Number of observed children ≥24 months old (weighted)	44	90	649	783
Total number of observed children (weighted)	142	262	1,862	2,267

Table A-4.20 Topics discussed and immunisations received by sick children

Percentage of interviewed caretakers of observed children who reported that a provider discussed selected topics; and percentage of interviewed caretakers of young children (<24 months) who brought an immunisation card to the facility and reported that the child received an immunisation during that visit, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Topics discussed by provider				
Weight or nutritional status of the child	33	33	25	27
General feeding practices	21	20	16	16
Give more food and liquid during the illness	15	18	15	15
Give same as usual amount of food and liquid during the illness	8	7	7	7
What the illness was	64	61	64	64
Number of interviewed caretakers of sick children (weighted)	142	262	1,862	2,267
Caretaker brought immunisation card to facility this visit	61	51	55	55
Caretaker reports child <24 month received immunisation that visit	4	2	4	4
Number of interviewed caretakers of children <24 months (weighted)	98	172	1,213	1,484

Table A-4.21 Feedback from caretakers of sick children on service problems

Percentage of interviewed caretakers of sick children who considered specific service issues to be a big problem for them on the day of the visit, by type of facility, Tanzania SPA 2006

Problems	Hospital	Health centre	Dispensary	Total percentage
Behaviour or attitude of provider	4	2	2	2
Inability to discuss problems or concerns	2	2	1	1
Insufficient explanation about child's illness	3	4	2	2
Waiting time to see provider	27	20	10	12
Quality of examination and treatment	4	2	2	2
Availability of medicines	11	19	11	12
Days facility is open	2	1	4	3
Hours facility is open	6	3	6	5
Cleanliness of facility	2	3	3	3
Cost of services	7	7	5	6
Insufficient visual privacy	4	0	1	1
Insufficient auditory privacy	4	0	1	1
Number of interviewed caretakers of sick children (weighted)	142	262	1,862	2,267

Table A-4.22 Caretaker choice of facility

Among interviewed caretakers of sick children, percentage who reported this was not the closest health facility to their home, and among these, the main reasons why they did not go to the closest facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed caretakers who report this is not the closest facility to their home	Number of interviewed caretakers of sick children (weighted)	Percentage of caretakers who say the main reason they did not go to the nearest facility is:							Number of interviewed caretakers for whom this was not the closest facility (weighted)
			Inconvenient operating hours	Bad reputation	Don't like personnel	No medicines	More expensive	Was referred to this facility	Don't know/ missing	
Type of facility										
Hospital	37	142	5	0	0	25	7	37	25	52
Health centre	19	262	3	7	4	11	7	31	37	50
Dispensary	11	1,862	10	0	1	13	11	29	36	208
Managing authority										
Government	9	1,727	7	2	2	7	14	35	32	150
Private for-profit	31	239	14	0	2	14	6	32	33	74
Parastatal	30	24	0	0	0	0	0	0	100	7
Faith-based	29	277	6	1	0	30	5	23	35	80
Zone										
Northern	19	373	4	3	5	17	15	26	30	72
Central	13	218	0	0	0	6	15	59	20	28
Southern Highlands	15	297	12	0	0	12	2	35	38	45
Western	11	345	18	3	0	15	11	16	36	38
Lake	12	377	10	0	0	18	11	36	24	44
Southern	3	246	17	0	0	9	0	23	50	8
Eastern	19	318	6	0	0	16	5	26	47	59
Zanzibar	16	92	9	0	0	11	9	28	43	15
Total	14	2,267	8	1	1	15	9	31	35	310

Table A-4.23 Educational characteristics of caretakers of observed sick children

Percent distribution of interviewed caretakers of sick children by educational level, and percentage of caretakers with primary, informal, or no education who are literate, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed caretakers who have:					Number of interviewed caretakers of sick children (weighted)	Percentage of interviewed caretakers with primary, informal, or no education who:			Number of interviewed caretakers with primary, informal, or no education (weighted)
	No education	Informal education	Primary education	Middle education	Secondary or higher education		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	14	1	73	2	11	142	18	3	76	125
Health centre	16	1	74	0	9	262	22	3	74	240
Dispensary	24	1	67	0	8	1,862	30	4	63	1,705
Managing authority										
Government	26	1	68	0	5	1,727	32	5	61	1,638
Private for-profit	6	1	64	1	29	239	8	2	87	169
Parastatal	0	0	71	0	29	24	0	0	100	17
Faith-based	14	1	73	0	11	277	17	2	75	246
Zone										
Northern	17	1	73	0	9	373	22	2	75	337
Central	34	0	63	0	3	218	41	3	56	211
Southern Highlands	15	1	77	0	6	297	22	3	75	278
Western	33	2	61	0	3	345	38	3	56	333
Lake	19	1	74	1	5	377	28	6	66	355
Southern	18	1	77	0	4	246	28	7	61	235
Eastern	19	0	63	1	17	318	16	3	69	263
Zanzibar	32	5	25	2	37	92	43	4	46	57
Total	22	1	68	0	8	2,267	28	4	65	2,069

Chapter 5

Table A-5.1 Methods of family planning offered

Among facilities offering family planning (FP) services, percentage that offer specific FP methods, by type of facility, Tanzania SPA 2006

Methods offered	Hospital	Health centre	Dispensary	Total percentage
Combined oral contraceptive pill	97	78	96	94
Progestin-only oral pill	93	70	86	84
Progestin-only injectable (two or three month intervals)	96	81	96	95
Combined injectable (monthly)	2	1	3	2
Male condom	95	84	95	94
Female condom	26	16	23	22
Intrauterine device (IUD)	88	40	44	46
Implant	80	39	43	44
Spermicide	12	14	16	15
Diaphragm	6	11	13	13
Counselling on natural (rhythm) method	79	80	62	64
Female sterilisation	92	34	4	11
Male sterilisation	35	14	2	5
At least two temporary modern FP methods[1]	97	81	97	96
At least four temporary modern FP methods[1]	94	70	85	84
Emergency contraceptive pill	63	54	38	41
Number of facilities offering temporary or permanent methods (weighted)	20	50	409	479

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUD, condoms (male or female), spermicides, or diaphragm. Permanent methods (sterilisation), natural methods (rhythm), and emergency contraceptive pills are not included.

Table A-5.2 Availability of family planning methods by type of facility

Among facilities offering the indicated family planning method, percentage where the method was available on the day of the survey, by type of facility, Tanzania SPA 2006

Methods	Hospital	Health centre	Dispensary	Total percentage
Combined oral contraceptive pill	93	100	89	90
Progestin-only oral pill	84	86	74	76
Progestin-only injectable (two or three month intervals)	84	87	81	81
Combined injectable (monthly)	35	100	0	3
Male condom	84	86	79	79
Female condom	11	0	7	7
Intrauterine device (IUD(	62	39	2	11
Implant	60	27	2	8
Spermicide	4	0	0	0
Diaphragm	9	0	0	0
Emergency contraceptive pill	86	99	81	83
All methods offered by a facility were available on the day of the survey	36	38	30	31

Table A-5.3 Availability of family planning methods by zone

Among facilities offering the indicated family planning method, percentage where the method was available on the day of the survey, by zone, Tanzania SPA 2006

Methods	Zone								Total percentage
	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	
Combined oral contraceptive pill	92	100	88	94	98	73	80	100	90
Progestin-only oral pill	91	76	63	93	88	48	67	63	76
Progestin-only injectable (two or three month intervals)	82	90	82	92	88	51	72	98	81
Combined injectable (monthly)	100	-	0	0	-	0	0	100	3
Male condom	96	84	82	85	91	37	65	88	79
Female condom	36	11	0	0	2	2	1	4	7
Intrauterine device (IUD)	18	3	8	17	22	5	2	5	11
Implant	13	4	4	12	14	6	10	4	8
Spermicide	0	0	0	2	0	0	0	0	0
Diaphragm	0	0	0	2	0	0	0	0	0
Emergency contraceptive pill	93	90	88	75	97	79	71	78	83
All methods offered by a facility were available on the day of the survey	47	40	19	42	47	9	7	32	31

Table A-5.4.1 Availability of infrastructure, resources, and systems for quality family planning services: Observed

Percentage of facilities offering family planning (FP) services where items to support good counselling, infection control, and physical examinations were observed to be available, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support quality counselling				
Visual and auditory privacy	92	100	95	96
Visual privacy only	3	0	4	3
No privacy	1	0	1	1
Individual client health cards	90	71	79	79
Written FP guidelines	78	56	52	53
Written STI guidelines	14	41	41	40
Visual aids for health education on family planning	98	83	90	89
Visual aids for health education on STIs, including HIV/AIDS	66	61	56	57
All items to support quality counselling[1]	69	51	41	43
All items to support quality counselling for FP and for STI services and client education[2]	8	23	13	14
Items for infection control				
Soap	91	88	80	81
Running water	78	57	45	48
Clean latex gloves	96	89	91	91
Disinfecting solution	72	57	70	68
Sharps box	97	91	89	90
All items for infection control[3]	49	33	28	29
Waste receptacle[4]	31	16	15	16
All items plus waste receptacle for infection control	16	6	4	4
Items for pelvic examination				
Visual and auditory privacy	91	100	94	94
Visual privacy only	4	0	6	5
Examination bed[5]	99	94	93	93
Examination light[6]	34	22	7	10
Vaginal speculum	68	19	2	7
All furnishings and equipment for pelvic examination[7]	24	2	0	1
All items for both infection control and pelvic examination	15	2	0	1
Number of facilities offering FP services (weighted)	20	47	409	476

[1] Either private room or visual barrier, individual client health cards, written guidelines for FP, and any visual aids for FP.
[2] All items to support quality counselling plus written STI guidelines and visual aids for health education on STIs, including HIV/AIDS.
[3] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[4] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[5] Any bed where a woman can lie down flat.
[6] Examination light, flashlight, or other spotlight source.
[7] Visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Table A-5.4.2 Availability of infrastructure, resources, and systems for quality family planning services: Observed and reported

Percentage of facilities offering family planning (FP) services where items to support good counselling, infection control, and physical examinations were observed or reported to be available, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support quality counselling				
Visual and auditory privacy	92	100	95	96
Visual privacy only	3	0	4	3
No privacy	1	0	1	1
Individual client health cards	91	71	84	83
Written FP guidelines	84	62	58	60
Written STI guidelines	27	55	51	50
Visual aids for health education on family planning	98	86	94	94
Visual aids for health education on STIs, including HIV/AIDS	74	67	68	68
All items to support quality counselling[1]	75	54	49	51
All items to support quality counselling for FP and for STI services and client education[2]	21	35	23	24
Items for infection control				
Soap	92	94	84	86
Running water	79	57	46	48
Clean latex gloves	96	100	94	95
Disinfecting solution	75	77	75	75
Sharps box	98	94	90	91
All items for infection control[3]	53	47	32	34
Waste receptacle[4]	32	16	16	16
All items plus waste receptacle for infection control	17	8	6	6
Items for pelvic examination				
Visual and auditory privacy	91	100	94	94
Visual privacy only	4	0	6	5
Examination bed[5]	99	94	93	94
Examination light[6]	41	30	10	13
Vaginal speculum	76	28	3	8
All furnishings and equipment for pelvic examination[7]	38	13	0	3
All items for both infection control and pelvic examination	19	5	0	1
Number of facilities offering FP services (weighted)	20	47	409	476

[1] Either private room or visual barrier, individual client health cards, written guidelines for FP, and any visual aids for FP.
[2] All items to support quality counselling plus written STI guidelines and visual aids for health education on STIs, including HIV/AIDS.
[3] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[4] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[5] Any bed where a woman can lie down flat.
[6] Examination light, flashlight, or other spotlight source.
[7] Visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Table A-5.5.1 Availability of teaching materials and visual aids: Observed

Percentage of facilities offering family planning (FP) services where specific teaching tools and visual aids were observed to be available, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Visual aids or teaching materials				
Samples of different methods	80	60	72	71
Other visual aids for teaching about FP	67	57	52	53
Posters for general promotion of FP	51	57	54	54
Visual aids about STIs	22	24	22	23
Visual aids about HIV/AIDS	29	36	21	23
Posters for general awareness of STIs or HIV/AIDS	26	43	32	33
Model for demonstrating how to use condom	54	34	23	25
Information for client to take home				
On FP	52	37	31	32
On STIs	34	15	18	18
On HIV/AIDS	36	29	20	22
Service guidelines				
Any FP guidelines	78	56	52	53
WHO guidelines for syndromic approach	7	34	23	24
Other guidelines for diagnosis and treatment of STIs	11	21	29	27
Number of facilities offering FP services (weighted)	20	47	409	476

Table A-5.5.2 Availability of teaching materials and visual aids: Observed and reported

Percentage of facilities offering family planning (FP) services where specific teaching tools or visual aids were observed or reported to be available, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Visual aids or teaching materials				
Samples of different methods	86	74	79	79
Other visual aids for teaching about FP	75	72	62	64
Posters for general promotion of FP	68	69	63	64
Visual aids about STIs	43	41	32	33
Visual aids about HIV/AIDS	49	47	27	30
Posters for general awareness of STIs or HIV/AIDS	42	48	43	43
Model for demonstrating how to use condom	66	34	29	31
Information for client to take home				
On FP	61	47	40	42
On STIs	44	30	27	28
On HIV/AIDS	49	39	26	28
Service guidelines				
Any FP guidelines	84	62	58	60
WHO guidelines for syndromic approach	21	53	32	34
Other guidelines for diagnosis and treatment of STIs	19	32	35	34
Number of facilities offering FP services (weighted)	20	47	409	476

Table A-5.5.3 Availability of teaching materials and visual aids in facilities that offer family planning and STI services

Among facilities that offer temporary family planning (FP) methods and STI services, percentage where the specific teaching materials or visual aids were observed to be available, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Visual aids or teaching materials				
Samples of different methods	91	56	59	59
Other visual aids for teaching about FP	88	55	47	48
Posters for general promotion of FP	68	53	41	43
Visual aids about STIs	44	44	17	20
Visual aids about HIV/AIDS	55	73	16	21
Posters for general awareness of STIs or HIV/AIDS	23	53	28	30
Model for demonstrating how to use condom	82	67	17	22
Information for client to take home				
On FP	59	15	23	23
On STIs	44	0	11	11
On HIV/AIDS	46	42	18	20
Service guidelines				
Any FP guidelines	88	40	46	47
WHO guidelines for syndromic approach	18	44	32	32
Other guidelines for diagnosis and treatment of STIs	33	15	38	36
Number of facilities offering temporary FP methods and STI services (weighted)	4	9	118	131

Table A-5.6 Location where family planning equipment is processed for reuse

Percentage of facilities offering family planning services (FP) in which FP equipment is processed for reuse in the FP service area, main facility area, delivery service area, or outside the facility, by type of facility, Tanzania SPA 2006

Type of facility	Percentage of facilities where FP service equipment is processed:[1]				Number of facilities offering FP services (weighted)
	In the FP service area	In the main facility area	In the delivery service area	Outside the facility (facility does not process FP equipment)	
Hospital	25	70	2	4	20
Health centre	27	43	10	20	47
Dispensary	5	66	1	28	409
Total	8	64	2	26	476

[1] Main facility area and FP service area may be a single location in a small facility

Table A-5.7.1 Sterilisation and disinfection capacity for family planning equipment: All facilities

Among all facilities offering family planning (FP) services, percentage where facility has all items to support quality sterilisation or high-level disinfection (HLD) process, and percentage with written guidelines at the site where FP equipment is processed for reuse, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where the indicated procedure is the highest level for which all conditions are met for quality sterilisation/HLD of FP equipment			Percentage of facilities with written guidelines for sterilisation or HLD procedures at processing site	Number of facilities offering FP services (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	32	2	66	61	20
Health centre	11	2	87	16	47
Dispensary	1	4	95	9	409
Managing authority					
Government	1	4	95	10	386
Private for-profit	8	0	92	12	33
Parastatal	0	20	80	0	7
Faith-based	13	0	86	27	50
Zone					
Northern	7	3	89	29	76
Central	1	3	96	3	43
Southern Highlands	1	3	96	10	83
Western	1	2	97	3	66
Lake	2	8	90	8	75
Southern	3	0	97	7	49
Eastern	5	4	91	14	67
Zanzibar	4	2	94	29	17
Total	3	4	93	12	476

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge is lacking or facility does not process FP equipment.

Table A-5.7.2 Sterilisation and disinfecting capacity for family planning equipment: Facilities where equipment is processed in the family planning service area

Among facilities offering family planning (FP) services and processing equipment in FP service area, percentage where facility has all items to support quality sterilisation or high-level disinfection (HLD) process, and percentage with written guidelines at the site where FP equipment is processed for reuse, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where the indicated procedure is the highest level for which all conditions are met for quality sterilisation/HLD of FP equipment			Percentage of facilities with written guidelines for sterilisation or HLD procedures at processing site	Number of facilities offering FP and processing equipment in FP service area (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	26	9	65	55	5
Health centre	0	0	100	18	13
Dispensary	6	2	92	12	21
Managing authority					
Government	4	2	94	16	34
Faith-based	26	2	72	45	5
Zone					
Northern	20	1	79	47	9
Central	3	0	97	3	3
Southern Highlands	14	0	86	14	2
Western	0	0	100	0	4
Lake	1	2	97	9	13
Southern	40	0	60	20	1
Eastern	6	6	89	17	2
Zanzibar	0	6	94	25	5
Total	7	2	91	20	39

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge is lacking or facility does not process FP equipment.

Table A-5.8.1 Storage conditions for sterilised or high-level disinfected family planning equipment: All facilities

Percentage of all facilities with stored, sterilised/high-level disinfected (HLD) family planning (FP) instruments present, and among these, percentage that meet standards for good storage, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with stored sterilised/ HLD FP items present	Number of facilities (weighted)	Sterile/ HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilised items	Number of facilities with stored sterilised/ HLD FP items (weighted)
Type of facility							
Hospital	97	20	92	5	30	30	19
Health centre	80	47	56	26	7	0	37
Dispensary	74	409	37	44	1	1	304
Managing authority							
Government	74	386	38	42	2	1	288
Private for-profit	66	33	72	21	23	16	21
Parastatal	80	7	50	25	0	0	6
Faith-based	91	50	51	40	3	3	45
Zone							
Northern	93	76	65	26	5	3	70
Central	100	43	9	85	0	0	43
Southern Highlands	72	83	40	34	5	5	60
Western	53	66	42	50	1	1	36
Lake	81	75	43	32	4	2	61
Southern	41	49	26	14	0	0	20
Eastern	81	67	45	36	4	4	54
Zanzibar	98	17	33	54	0	0	16
Total	76	476	42	40	3	2	360

[1] Items are wrapped and sealed with time-steam-temperature (TST) or are in a sterile/HLD box that clasps shut and storage area is dry and clean.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the steriliser of autoclave, or sitting in disinfecting solution, and storage area is dry and clean.

Table A-5.8.2 Storage conditions for sterilised or high-level disinfected family planning equipment: Facilities where equipment is stored in the family planning service area

Percentage of all facilities with stored, sterilised/high-level disinfected (HLD) items present in the family planning (FP) service area, and among these, percentage that meet standards for good storage, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with stored sterilised/ HLD items present in FP service area	Number of facilities (weighted)	Sterile/HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilised items	Number of facilities with stored sterilised/ HLD items present in the FP service area (weighted)
Type of facility							
Hospital	42	20	85	10	11	11	8
Health centre	36	47	61	7	7	0	17
Dispensary	12	409	54	30	3	3	48
Managing authority							
Government	16	386	56	22	3	1	62
Private for-profit	4	33	100	0	100	100	1
Parastatal	0	7	-	-	-	-	0
Faith-based	19	50	68	31	1	1	9
Zone							
Northern	30	76	77	6	13	8	23
Central	8	43	60	40	0	0	4
Southern Highlands	11	83	37	32	1	1	9
Western	17	66	52	48	1	1	11
Lake	18	75	67	2	1	1	13
Southern	5	49	27	11	0	0	2
Eastern	3	67	90	10	5	5	2
Zanzibar	50	17	31	54	0	0	8
Total	15	476	59	22	5	3	72

[1] Items are wrapped and sealed with time-steam-temperature (TST) or are in a sterile/HLD box that clasps shut and storage area is dry and clean.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the steriliser of autoclave, or sitting in disinfecting solution, and storage area is dry and clean.

Table A-5.9 Availability of medicines for treating sexually transmitted infections

Percentage of facilities offering temporary family planning (FP) methods where FP providers offer services for sexually transmitted infections (STIs), and among these, percentage with specific medicines available, and percentage with at least one treatment for each of four common STIs, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
FP providers offer STI services	19	19	29	27
Number of facilities offering temporary FP methods (weighted)	20	47	409	476
Medication (illness treated)				
Metronidazole (trichomoniasis)	91	83	86	86
Tinidazole (trichomoniasis)	12	0	5	5
Ceftriaxone (gonorrhoea)	41	0	15	15
Ciprofloxacin (gonorrhoea)	94	55	43	45
Amoxicillin (chlamydia)	94	83	76	77
Augmentin (chlamydia)	17	13	9	9
Norfloxacin (chlamydia, gonorrhoea)	6	0	5	4
Doxycycline (chlamydia, syphilis)	91	43	78	76
Tetracycline (chlamydia, syphilis)	6	13	5	5
Erythromycin (chlamydia, syphilis)	91	56	40	42
Any injectable or oral penicillin (syphilis)	100	100	98	98
Nystatin suppository or Miconazole (candidiasis)	33	43	48	47
Miconazole cream or suppository (candidiasis)	15	0	5	5
Clotrimazole cream or suppository (candidiasis)	91	56	37	40
At least one medication each for:				
Trichomoniasis	91	83	87	87
Gonorrhoea	97	55	44	46
Chlamydia	97	83	90	90
Syphilis	100	100	99	99
All four STIs1	88	55	44	46
Number of facilities offering temporary FP methods where FP service providers offer STI services (weighted)	4	9	118	131

[1] At least one medicine for treating trichomoniasis, gonorrhoea, chlamydia, and syphilis.

Table A-5.10 Availability of equipment and infrastructure for providing specific contraceptive methods

Among facilities providing contraceptive methods containing oestrogen, injectable methods, intrauterine devices (IUDs), or implants, percentage with the equipment and infrastructure required to provide the method safely, by type of facility, Tanzania SPA 2006

	Oestrogen-containing methods[1]		Injectables		IUDs			Implants		
Type of facility	Percentage with blood pressure apparatus[2]	Number of facilities providing methods with oestrogen (weighted)	Percentage with sterile needle and syringe	Number of facilities providing injectables (weighted)	Percentage with basic items for IUD insertion[3]	Percentage with all equipment, items for infection control, and infrastructure for quality IUD insertion[4]	Number of facilities providing IUDs (weighted)	Percentage with items for implant or Implanon insertion[5]	Percentage with all equipment, infection control, items, and infrastructure for implant or Implanon insertion[6]	Number of facilities providing implants (weighted)
Hospital	82	19	93	19						
Health centre	71	39	91	39	39	0	13	23	11	10
Dispensary	76	394	89	386	27	0	11	12	0	11
Total	76	452	89	444	39	8	39	23	10	35

[1] Combined oral pills and combined injectables.
[2] Stethoscope and sphygmomanometer.
[3] Clean latex gloves, iodine antiseptic, speculum, forceps for holding gauze to clean cervix, tenacula, and uterine sound (or IUD kit that includes a tenacula and uterine sound).
[4] Basic items for IUD insertion plus all infection control items (soap, water, clean latex gloves, disinfecting solution, and sharps box), visual privacy, an examination bed, an examination light, and an IUD method.
[5] Forceps for grasping implant, local anesthetic (Xylocaine), scalpel with blade, sterile needle and syringe, sterile gloves, antiseptic for cleaning skin.
[6] Equipment for implant insertions, all infection control items (soap, water, disinfecting solution, and sharps box), visual privacy, examination bed, examination light, and implant method or sealed Implanon packet with disposable sterile applicator

Table A-5.11 Availability of items for providing the intrauterine device

Among facilities that provide the intrauterine device (IUD), percentage that have specific supplies and equipment to support good quality IUD insertion and removal, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Clean or sterile latex gloves	97	80	88	89
Antiseptic solution	77	51	39	57
Sponge holding forceps	78	69	63	71
Speculum	89	69	88	82
Tenacula	65	69	51	62
Uterine sound	68	58	39	56
All basic items	48	39	27	39
IUD method available	73	59	24	54
All basic items plus method	31	30	24	29
Number of facilities offering IUD (weighted)	15	13	11	39

Table A-5.12 Availability of items for pelvic examination of STI clients

Among facilities where family planning (FP) providers offer services for sexually transmitted infections (STIs), percentage that have specific supplies and equipment to support good quality pelvic examinations, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Visual and auditory privacy	97	100	93	94
Examination bed	100	83	94	93
Examination light	53	25	11	13
Speculum	82	29	5	9
Protocol for STI diagnosis and treatment	36	44	51	50
All items	18	13	0	1
Number of facilities where FP providers offer STI services (weighted)	4	9	118	131

Table A-5.13 Availability of items for providing implants

Among facilities that offer the implant method, percentage that have specific supplies and equipment to support quality implant insertion and removal, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Sterile gloves	87	75	50	71
Antiseptic solution	76	50	37	56
Sponge-holding forceps	73	63	37	59
Local anaesthetic	83	63	37	63
Sterile syringe and needle	93	75	63	78
Scalpel with blade	60	49	25	45
Forceps for grasping implant	57	50	37	49
Canula and trochar for inserting implant plus Norplant method	51	37	12	35
Sealed Implanon pack	59	37	13	38
All items[1]	31	23	12	23
Number of facilities offering implants (weighted)	14	10	11	35

[1] Sterile gloves, antiseptic solution, sponge-holding forceps, local anaesthetic, sterile syringe and needle, scalpel with blade, any forceps, and any implant method with inserter.

Table A-5.14 Facility utilisation statistics for family planning clients

Median number of family planning (FP) consultations per month, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of FP consultations[1]	Number of facilities providing data on FP consultations (weighted)
Type of facility		
Hospital	107	19
Health centre	65	39
Dispensary	31	396
Managing authority		
Government	35	385
Private for-profit	46	23
Parastatal	32	7
Faith-based	35	39
Zone		
Northern	59	72
Central	32	43
Southern Highlands	31	78
Western	22	66
Lake	25	73
Southern	67	49
Eastern	39	57
Zanzibar	21	16
Total	35	454

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of clients per month.

Table A-5.15 Information on user fees for family planning services

Percentage of facilities offering family planning (FP) services that report charging user fees for specific items, and among facilities with any FP user fees, percentage that offer discounts and publicly post fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities charging for:						Number of facilities offering FP services (weighted)	Discount/ exemption for some clients	Percentage where fees are posted in public view			Number of facilities with any user fees for FP services (weighted)
	Client chart or record	Consulta-tion	Method	Lab tests	Registra-tion	No charges/ don't know			All fees posted	Some fees posted	No fees posted	
Type of facility												
Hospital	0	11	11	11	0	88	20	54	5	5	91	2
Health centre	3	6	6	6	6	94	47	50	0	0	100	3
Dispensary	0	1	1	3	1	97	409	78	0	13	87	13
Managing authority												
Government	0	0	0	0	0	100	386	-	-	-	-	0
Private for-profit	10	20	28	37	17	63	33	69	0	14	86	12
Parastatal	0	0	0	0	0	100	7	-	-	-	-	0
Faith-based	0	6	3	8	0	89	50	75	0	2	98	6
Zone												
Northern	2	0	0	2	2	98	76	0	0	0	100	1
Central	0	0	0	0	0	100	43	-	-	-	-	0
Southern Highlands	0	5	5	5	0	94	83	73	0	27	73	5
Western	0	0	0	0	0	100	66	-	-	-	-	0
Lake	0	0	4	5	0	94	75	100	0	3	97	4
Southern	0	0	0	3	0	97	49	100	0	0	100	1
Eastern	2	8	6	8	6	92	67	54	0	0	100	5
Zanzibar	2	2	2	3	0	97	17	*	*	*	*	*
Total	1	2	2	3	1	96	476	71	1	10	89	18

Table A-5.16.1 Out-of-pocket payments for all family planning services

Among observed and interviewed family planning (FP) clients, percentage who reported paying any out-of-pocket fees for FP services on the day of the survey and, among these, median amount (in TSh) paid on the day of the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed FP clients who paid out-of-pocket fees	Number of interviewed FP clients (weighted)	Median out-of-pocket payment (in TSh) by FP clients who paid anything for FP services on the day of survey[1]	Number of interviewed FP clients providing valid responses for out-of-pocket payments (weighted)
Type of facility				
Hospital	1	66	204	*
Health centre	0	121	-	0
Dispensary	3	519	203	16
Managing authority				
Government	1	623	106	6
Private for-profit	26	22	205	6
Parastatal	0	13	-	0
Faith-based	8	49	508	4
Zone				
Northern	2	137	1,010	3
Central	0	85	-	0
Southern Highlands	3	80	110	3
Western	4	64	-	3
Lake	0	100	-	0
Southern	1	126	-	1
Eastern	8	85	205	6
Zanzibar	2	29	160	1
Total	2	706	203	16

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.
* Number less than one

Table A-5.16.2 Out-of-pocket payments for specific family planning procedures

Among observed and interviewed FP clients who received an IUD insertion or removal, implant insertion or removal, injectable contraceptive, or a pelvic exam without another procedure, percentage who paid any out-of-pocket fees on the day of the survey, and among these, median amount paid (in TSh), by the main procedure received, Tanzania SPA 2006

Procedure	Percentage of clients receiving procedure who paid out-of-pocket fee	Number of interviewed FP clients who received procedure (weighted)	Median out-of-pocket payment (in TSh) paid by clients receiving procedure[1]	Number of interviewed clients who paid out-of-pocket fee for procedure (weighted)
IUD insertion[2]	0	0	-	0
Implant insertion/removal	3	4	-	0
Injectable contraceptive	3	408	201	12
Pelvic exam[3]	0	9	-	0

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.
[2] May or may not include IUD removal as well.
[3] Includes clients who received a pelvic exam but did not also receive an IUD procedure, implant insertion or removal, or injectable contraceptive.

Table A-5.17 Supportive management for providers of family planning services

Among interviewed family planning (FP) service providers, percentage who received training related to their work and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed FP service providers who: Received pre- or in-service training related to FP during the past 12 months[1]	Were personally supervised in the past 6 months	Received pre- or in-service training related to FP during the past 12 months and were personally supervised during the past 6 months	Received their most recent pre- or in-service training related to FP 13-35 months preceding the survey	Number of interviewed FP service providers (weighted)[2]
Type of facility					
Hospital	13	73	11	17	210
Health centre	9	88	8	12	169
Dispensary	4	82	4	11	989
Managing authority					
Government	5	83	5	11	1,087
Private for-profit	8	69	8	19	89
Parastatal	0	66	0	6	24
Faith-based	11	76	10	13	167
Zone					
Northern	11	81	10	12	271
Central	5	95	5	3	131
Southern Highlands	5	80	4	14	208
Western	6	90	5	16	157
Lake	2	81	2	15	219
Southern	5	84	5	12	130
Eastern	5	66	4	6	212
Zanzibar	15	83	15	29	41
Total	6	81	5	12	1,368

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of FP services in facilities offering FP services.

Table A-5.18 Training for family planning service providers on specific topics

Among interviewed family planning (FP) service providers, percentage who received pre- or in-service training on specific topics during the 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed FP service providers who received pre- or in-service training[1] on:										Number of interviewed FP service providers (weighted)[2]
	Counselling on FP		FP-related clinical issues		Update on symptoms and side-effects of methods		Symptom management for FP methods		FP for HIV+ women		
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	11	15	10	15	8	14	8	15	9	9	210
Health centre	7	12	5	14	4	11	6	11	3	4	169
Dispensary	4	10	3	10	3	8	3	9	1	3	989
Managing authority											
Government	4	11	4	10	4	9	4	9	2	3	1,087
Private for-profit	8	18	4	18	4	15	4	15	2	8	89
Parastatal	0	0	0	0	0	0	0	0	0	6	24
Faith-based	10	12	10	12	7	12	9	12	6	9	167
Zone											
Northern	11	10	9	7	8	7	8	8	4	5	271
Central	5	3	3	2	3	2	3	2	3	1	131
Southern Highlands	4	14	4	14	4	12	4	14	2	5	208
Western	5	15	3	14	3	12	4	11	3	4	157
Lake	1	12	1	13	1	10	1	12	2	3	219
Southern	1	15	1	15	1	11	2	13	4	6	130
Eastern	5	6	4	6	3	6	4	6	2	5	212
Zanzibar	15	27	13	31	13	25	12	24	4	7	41
Total	5	11	4	11	4	9	4	10	3	4	1,368

[1] Includes structured training sessions only; does not include individual instruction received during routine supervision.
[2] Includes only providers of FP services in facilities offering FP services.

Table A-5.19 Supportive supervision for family planning providers

Among interviewed family planning (FP) service providers who were personally supervised in the 6 months preceding the survey, median number of times they were supervised and percentage who report specific activities by the supervisor during the last visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of times providers were supervised in past 6 months	Percentage of providers who reported that, during the last supervisory visit, the supervisor:						Number of FP service providers who were supervised in the past 6 months (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	98	88	94	77	91	46	154
Health centre	3	96	83	87	76	83	58	148
Dispensary	3	95	80	82	68	86	58	809
Managing authority								
Government	3	95	82	85	73	87	58	905
Private for-profit	2	97	84	80	51	79	37	62
Parastatal	3	100	86	67	10	53	47	16
Faith-based	3	93	82	81	71	90	56	128
Zone								
Northern	3	97	91	87	70	86	63	221
Central	5	96	86	97	89	85	70	124
Southern Highlands	2	94	67	74	69	89	39	166
Western	4	94	72	80	68	88	69	140
Lake	4	96	79	85	66	91	59	178
Southern	2	94	83	83	70	72	59	109
Eastern	2	96	92	84	60	87	36	139
Zanzibar	3	90	91	85	83	85	57	34
Total	3	95	82	84	70	86	56	1,111

[1] Includes only providers of FP services in facilities offering FP services.

Table A-5.20 Description of observed family planning clients

Among observed female family planning (FP) clients[1], percentage for whom this was the first or followup visit for family planning at this facility, and percentage who were never pregnant, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of observed FP clients			Number of observed female FP clients (weighted)
	First visit	Followup visit	Never pregnant	
Type of facility				
Hospital	20	80	2	66
Health centre	29	71	1	120
Dispensary	22	78	2	518
Managing authority				
Government	23	77	1	620
Private for-profit	37	63	13	22
Parastatal	22	78	0	13
Zone				
Northern	26	74	2	137
Central	41	59	0	84
Southern Highlands	5	95	0	80
Western	19	81	2	63
Lake	28	72	1	99
Southern	18	82	1	126
Eastern	20	80	3	85
Zanzibar	24	76	0	29
Faith-based	16	84	0	49
Total	23	77	1	704

[1] Three male FP clients who were observed during the survey are excluded.

Table A-5.21 User status and principal reason for visit of observed family planning clients

Among observed female family planning (FP) clients[1], percent distribution by user status and principal reason for seeking FP services on the day of the survey, Tanzania SPA 2006

User status and principal reason for visit	Percentage of clients with indicated status
Current users	
Resupply current method, routine visit	65
Elective method change, discontinue family planning	3
Discuss problem with current method	2
Discuss non-FP health problem	0
Elective discontinuation of FP	0
Other or missing reason for visit	1
Non-users	
Used method in past	9
Never used method	19
Reason for visit not determined	1
Number of observed female family planning clients (weighted)	704

[1] Three male FP clients who were observed during the survey are excluded.

Table A-5.22 Method of choice for observed family planning clients

Among observed and interviewed female family planning (FP) clients[1], percentage who received, were prescribed, or continued using specific FP methods at the end of the visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of FP clients who received, were prescribed, or continued to use as their main method:									Number of observed and interviewed FP clients (weighted)
	Combined oral contraceptive (COC) or type unknown	Progestin-only pill (POP)	Progestin-only injectable (2- or 3- month intervals) (PIN)	Combined injectable (monthly) (CIN)	Condom	IUD	Implant	Other[2]	No method	
Type of facility										
Hospital	28	2	62	0	3	0	2	2	2	66
Health centre	23	0	66	0	5	0	2	5	0	120
Dispensary	29	5	59	0	3	0	0	1	2	518
Managing authority										
Government	26	4	62	0	4	0	1	2	2	620
Private for-profit	37	0	63	0	0	0	0	0	0	22
Parastatal	67	0	33	0	0	0	0	0	0	13
Faith-based	38	6	51	0	0	0	0	2	0	49
Zone										
Northern	28	3	59	0	6	0	1	2	1	137
Central	16	0	73	0	0	2	1	5	4	84
Southern Highlands	19	0	79	0	2	0	0	0	0	80
Western	14	7	64	0	4	0	2	10	0	63
Lake	16	4	75	0	3	0	0	0	3	99
Southern	60	5	30	1	1	0	0	1	3	126
Eastern	25	9	62	0	7	0	0	0	0	85
Zanzibar	34	1	62	0	1	0	0	1	0	29
Total	28	4	61	0	3	0	1	2	2	704

[1] Three male FP clients who were observed during the survey are excluded.
[2] May include emergency contraception or rhythm or female sterilisation.

Table A-5.23 Components of counselling among observed family planning clients

Among observed female family planning (FP) clients[1], percentage whose consultations included components that contribute to good quality counselling, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Visual privacy assured	97	90	84	86
Auditory privacy assured	95	96	83	86
Client was assured of confidentiality	80	67	57	61
Client was asked about concerns with methods discussed or used	84	88	73	76
All counselling conditions met[2]	68	57	40	46
Individual client card reviewed during consultation	74	78	65	68
Individual client card written on after consultation	91	93	83	86
Visual aids were used during consultation	42	35	17	22
Return visit was discussed	99	98	94	95
Number of observed family planning clients (weighted)	66	120	518	704

[1] Three male FP clients who were observed during the survey are excluded.
[2] Visual and auditory privacy assured, confidentiality assured, and client asked about concerns with methods discussed or currently used.

Table A-5.24 General assessments, examinations, and interventions for observed first-visit family planning clients

Percentage of observed first-visit family planning (FP) clients whose consultations included specific assessments and examinations, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Client history				
Age	72	80	55	62
Any history of pregnancy	87	93	73	79
Current pregnancy status	43	27	34	33
Desired timing for next child or desire for another child	59	60	30	39
Breastfeeding status (among clients ever pregnant)	54	51	39	43
Regularity of menstrual cycle	85	65	65	66
All elements of reproductive history[1]	16	12	12	12
Client medical history				
Smoking	4	3	0	1
Symptoms of sexually transmitted infections (STIs)	22	23	12	15
Any chronic illnesses	59	72	38	47
All risk-history[2]	3	0	0	0
Client examination				
Measured blood pressure	76	56	46	51
Measured weight	88	74	67	71
Client examination (specific exam information)				
Measured blood pressure (according to client)	68	56	45	50
Measured blood pressure (according to facility standard)	44	24	13	18
Measured weight (according to client)	76	70	63	66
Measured weight (according to facility standard)	51	30	28	30
Number of first-visit FP clients who have had a previous pregnancy (weighted)	13	35	109	157
Number of first-visit FP clients (weighted)	13	35	112	160

Continued…

Table A-5.24—*Continued*

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Discussion related to partner				
Partner's attitude toward FP	34	24	23	24
Partner's status[3]	26	10	10	11
Either partner's attitude or status	39	27	24	26
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	42	42	20	27
Use of condoms as dual method[4]	38	29	11	17
Any discussion related to STIs[5]	46	43	22	28
Individual client card reviewed during consultation	48	63	46	50
Individual client card written on after consultation	84	93	74	79
Visual aids were used during consultation	72	66	41	49
Client was assured of confidentiality	79	81	66	71
Number of first-visit FP clients (weighted)	13	35	112	160

[1] Asked about age, any history of pregnancy, current pregnancy status, breastfeeding status if client has ever been pregnant, desired timing for next child or desire for another child, and regularity of menstrual cycle.
[2] Asked about smoking, symptoms of STIs, and any chronic illness.
[3] Asked about other partners of self or partner and about absence of partner
[4] Both to prevent pregnancy and STIs
[5] Discussed risk of STIs, using condoms to prevent STIs, or using condom as dual method.

Table A-5.25 Assessments of clients who received contraceptives containing oestrogen

Among observed family planning (FP) clients who received a contraceptive containing oestrogen (either combined oral pills or combined injectables), percentage who had their blood pressure and weight measured, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Examinations specific to oestrogen-containing contraceptives				
Blood pressure measured	82	41	49	51
Weight measured	86	100	61	69
Number of observed FP clients who received contraceptive containing oestrogen (weighted)	19	28	153	200

Table A-5.26 Counselling and client knowledge related to injectables and oral contraceptives

Among observed and interviewed family planning (FP) clients who received oral contraceptive pills or injectables, percentage who were observed being told essential information about the method, percentage who reported that the provider explained their method to them, and percentage who knew the correct response to an exit interview question on their method, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Provider was observed to explain topic to client				
When to take the method	86	76	76	77
Menstrual changes (side-effects)	66	58	43	48
Non-menstrual side effects	54	43	31	35
Any side effects	73	60	47	51
What to do if she forgets	38	16	19	20
Mentioned follow-up visit	99	100	95	96
Client reported that the provider explained the topic				
How to use the method	91	94	83	86
Possible side effects	77	84	65	69
What to do for problems	80	88	68	72
Mentioned follow-up visit	96	100	95	96
Client correctly answered interview question				
Question about their method	98	97	97	97
Number of observed and interviewed FP pill and injectable clients (weighted)	61	108	487	655

Table A-5.27 Counselling and client knowledge related to condoms, IUDs, and implants

Among observed and interviewed clients who received or were prescribed condoms, IUDs, and implants, percentage who were observed being told essential information about the method; percentage who correctly answered a key question about using their method during the exit interview; and percentage who reported that provider instructed them on their method, Tanzania SPA 2006

Components of consultation	Percentage observed and interviewed clients
Condom clients were observed being told:	
Cannot use if allergic to latex	28
Use one time only	67
About lubricant	27
Can use as a backup method	16
About dual protection	67
Interviewed condom clients have received condom and know to use condom only once	98
Number of observed and interviewed clients receiving condom (weighted)	22
IUD clients were observed being told:	
To check string	7
About possible heavy bleeding	7
Interviewed IUD clients have received IUD and know how to check IUD	93
Number of observed and interviewed clients receiving IUD or prescription for IUD (weighted)	2
Implant clients were observed being told:	
Implant is good for three (five) years	97
About menstrual changes that might occur	97
About non-menstrual side effects that might occur	55
Number of observed and interviewed clients receiving implants or prescription for implant (weighted)	4
During exit interviews, condom, IUD, and implant clients:	
Knew the correct response to a question about their method	84
Reported provider explained how to use the method	89
Reported provider explained about possible side effects	54
Reported provider explained what to do for problems	53
Reported provider mentioned follow-up visit	90
Number of observed and interviewed FP clients receiving condoms, IUD, or implants, or a prescription for them (weighted)	28

Table A-5.28 Family planning client feedback on service problems

Percentage of interviewed family planning (FP) clients who considered specific service issues to be a big problem on the day of the visit, by type of facility, Tanzania SPA 2006

Client service issue	Hospital	Health centre	Dispensary	Total percentage
Behaviour or attitude of provider	1	0	1	1
Inability to discuss problems or concerns	1	0	1	1
Insufficient explanation about method or problems	1	0	2	2
Waiting time to see provider	13	8	8	9
Quality of examination and treatment	1	0	0	0
Availability of methods or medicines	2	2	9	7
Days facility is open	0	0	2	2
Hours facility is open	2	1	3	3
Cleanliness of facility	2	0	3	2
Cost of services	1	0	2	1
Insufficient visual privacy	4	0	1	1
Insufficient auditory privacy	1	0	1	1
Number of interviewed FP clients (weighted)	66	120	518	704

Table A-5.29 Client choice of facility

Among interviewed family planning (FP) clients, percentage who reported this was not the closest health facility to their home and among these clients, the main reasons they did not go to the nearest facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed FP clients who report this is not the closest facility to their home	Number of interviewed FP clients (weighted)	Percentage of family planning (FP) clients who say the main reason they did not go to the nearest facility is:						Number of interviewed FP clients for whom this was not the closest facility (weighted)
			Inconvenient operating hours	Don't like personnel	No medicines	Prefer anonymity	More expensive	Was referred to this facility	
Type of facility									
Hospital	15	66	13	2	10	3	3	37	10
Health centre	9	120	0	0	17	0	11	72	10
Dispensary	9	518	16	0	31	4	6	26	45
Managing authority									
Government	8	620	12	0	27	1	8	36	53
Private for-profit	13	22	0	0	50	50	0	0	3
Parastatal	0	13	-	-	-	-	-	-	0
Faith-based	21	49	23	1	14	0	0	40	10
Zone									
Northern	13	137	0	1	16	8	22	38	17
Central	8	84	0	0	88	0	0	5	7
Southern Highlands	3	80	69	0	0	0	5	20	2
Western	10	63	23	0	4	0	0	68	6
Lake	14	99	11	0	32	1	0	46	14
Southern	7	126	0	0	34	0	1	17	8
Eastern	7	85	66	0	2	0	2	30	6
Zanzibar	20	29	7	0	12	9	0	35	6
Total	9	704	13	0	26	3	6	35	66

Table A-5.30 Educational characteristics of family planning clients

Percentage distribution of interviewed and observed family planning (FP) clients according to educational level, and percentage of clients with primary, informal, or no education who are literate, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percent distribution of interviewed FP clients according to educational level					Number of interviewed FP clients (weighted)	Percent distribution of interviewed FP clients with primary, informal, or no education according to literacy status				Number of interviewed FP clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Middle	Secondary or higher		Cannot read or write	Can read, cannot write	Can read and write	Missing	
Type of facility											
Hospital	12	1	77	2	9	66	18	3	76	4	58
Health centre	11	0	84	0	5	120	24	3	73	0	114
Dispensary	21	1	72	0	7	518	25	4	68	3	484
Managing authority											
Government	19	1	74	0	6	620	25	4	68	3	583
Private for-profit	0	0	74	0	26	22	0	0	100	0	16
Parastatal	0	0	89	0	11	13	0	0	100	0	11
Faith-based	21	0	74	2	3	49	24	3	67	5	46
Zone											
Northern	10	1	84	1	5	137	20	2	78	0	130
Central	28	0	68	0	4	84	31	0	69	0	80
Southern Highlands	16	2	82	0	1	80	26	4	70	0	80
Western	21	2	70	0	6	63	16	5	75	5	59
Lake	17	0	74	0	9	99	27	3	69	0	90
Southern	22	0	76	0	2	126	29	5	62	5	123
Eastern	18	0	74	0	9	85	14	7	66	13	78
Zanzibar	23	4	30	1	42	29	40	6	53	2	17
Total	18	1	74	0	7	704	24	4	69	3	656

Chapter 6

Table A-6.1 Availability of antenatal care and other family health services on the day of the survey

Among facilities offering antenatal care (ANC), percentage offering ANC, tetanus toxoid (TT) vaccine, family planning (FP), outpatient curative care for sick children (SC), and child immunization (EPI) services on the day of the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering the following services on the day of the survey						Number of facilities offering ANC (weighted)
	ANC	ANC and TT vaccine	ANC and FP	ANC and SC	ANC and FP and SC services	ANC and EPI	
Type of facility							
Hospital	88	83	66	87	65	73	23
Health centre	79	71	66	79	66	59	51
Dispensary	72	56	63	72	63	40	425
Managing authority							
Government	74	60	70	74	70	44	385
Private for-profit	91	64	65	86	65	51	30
Parastatal	80	80	60	80	60	40	7
Faith-based	65	52	33	65	33	39	77
Zone							
Northern	80	61	69	80	69	42	82
Central	66	62	56	66	56	44	45
Southern Highlands	83	72	75	83	75	65	87
Western	62	56	56	62	56	35	66
Lake	71	64	60	71	59	42	76
Southern	67	32	58	67	58	27	57
Eastern	75	57	58	73	58	37	71
Zanzibar	96	62	90	96	90	62	16
Total	74	59	64	73	64	44	499

Table A-6.2 Frequency of availability of antenatal care and tetanus immunisation services

Among facilities offering antenatal care (ANC), percentage offering ANC and tetanus toxoid (TT) vaccine the indicated number of days per week, and the percentage offering TT every day that ANC is offered, by type of facility, managing authority and zone, Tanzania SPA 2006

Background characteristics	ANC services offered the indicated number of days per week[1]			TT services offered the indicated number of days per week[1]				TT offered every day ANC is offered	Number of facilities offering ANC (weighted)
	1-2 days	3-4 days	5+ days	Not offered	1-2 days	3-4 days	5+ days		
Type of facility									
Hospital	7	1	92	1	7	1	91	98	23
Health centre	23	8	69	5	18	8	69	88	51
Dispensary	26	8	66	4	34	5	55	80	425
Managing authority									
Government	24	8	68	3	29	4	62	83	385
Private for-profit	22	4	74	9	45	0	46	73	30
Parastatal	0	0	100	20	20	0	60	80	7
Faith-based	30	11	59	5	38	11	44	79	77
Zone									
Northern	33	13	54	2	45	5	48	79	82
Central	19	0	81	0	22	0	78	90	45
Southern Highlands	14	6	80	5	17	6	70	84	87
Western	34	13	53	4	30	8	53	83	66
Lake	33	9	58	0	24	9	65	91	76
Southern	22	5	74	2	47	2	44	68	57
Eastern	17	4	79	10	35	0	53	80	71
Zanzibar	14	16	70	8	32	0	58	68	16
Total	24	8	68	4	31	5	58	82	499

[1] Some facilities offer the services less than one day per week, so percentage may add up to less than 100%.

Table A-6.3.1 Availability of items to support quality antenatal care services: Observed

Percentage of facilities offering antenatal care (ANC) where supplies and equipment to support quality counselling, infection control, physical examinations, and basic ANC services were observed in the ANC service area or adjacent to the consultation or examination room, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support quality counselling				
Individual client health cards	68	69	82	80
Focused ANC orientation package for provider	59	37	29	31
Any ANC guidelines	63	51	40	42
Visual aids for health education	53	32	29	31
All items to support quality counselling[1]	28	14	12	13
Items for infection control				
Soap	94	92	80	82
Running water	79	58	45	48
Clean latex gloves	93	79	91	90
Disinfecting solution	69	49	68	66
Sharps box	88	91	88	88
All items for infection control[2]	49	35	28	30
Covered waste receptacle with plastic liner[3]	26	13	18	18
All items for infection control plus waste receptacle	16	1	4	4
Items for physical examination				
Visual and auditory privacy	91	100	94	94
Visual privacy only	5	0	6	5
Examination bed[4]	98	100	96	96
Examination light[5]	22	17	6	8
All elements for physical examination[6]	22	17	5	7
All elements for physical examination and specific components for infection control present[7]	12	13	2	4
Essential supplies for basic ANC				
Blood pressure apparatus	94	80	77	78
Foetoscope (Pinard)	100	100	97	98
Iron tablets[8]	75	83	74	75
Folic acid tablets[8]	90	89	86	86
Tetanus toxoid vaccine	96	76	78	79
All basic ANC equipment and medicines[9]	71	50	43	45
Number of facilities offering ANC (weighted)	23	51	425	499

[1] Individual client health cards, written ANC guidelines, and visual aids for health education.
[2] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box.
[3] While important for infection control, this is not an item that has been commonly introduced and thus was not included in the aggregate for infection control.
[4] May be any type of bed where a client can lie down flat.
[5] May be examination light, flashlight, or other spotlight source.
[6] Visual and auditory privacy, examination light, and bed.
[7] Visual and auditory privacy, examination light, bed, and all infection control items, excluding sharps box.
[8] Iron and folic acid may be separate tablets or one combined tablet.
[9] Blood pressure apparatus, foetoscope, iron and folic acid, and tetanus toxoid vaccine.

Table A-6.3.2 Availability of items to support quality antenatal care services: Observed or reported

Percentage of facilities offering antenatal care (ANC) where supplies and equipment to support quality counselling, infection control, physical examinations, and basic ANC services were observed or reported to be available in the ANC service area or adjacent to the consultation or examination room, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support quality counselling				
Individual client health cards	73	69	86	83
Focused ANC orientation package for provider	67	49	34	37
Any ANC guidelines	71	63	46	49
Visual aids for health education	65	41	36	38
All items to support quality counselling[1]	47	25	19	21
Items for infection control				
Soap	95	95	85	86
Running Water	79	58	46	49
Clean latex gloves	94	95	95	95
Disinfecting solution	72	73	74	74
Sharps box	89	94	90	91
All items for infection control[2]	52	48	31	34
Covered waste receptacle with plastic liner[3]	27	13	18	18
All items for infection control plus waste receptacle	19	3	5	6
Items for physical examination				
Visual and auditory privacy	91	100	94	94
Visual privacy only	5	0	6	5
Examination bed[4]	99	100	96	97
Examination light[5]	30	28	8	11
All elements for physical examination[6]	29	28	8	11
All elements for physical examination and specific components for infection control present[7]	15	17	4	6
Essential supplies for basic ANC				
Blood pressure apparatus	94	83	80	81
Foetoscope (Pinard)	100	100	98	98
Iron tablets[8]	76	83	74	75
Folic acid tablets[8]	90	89	86	87
Tetanus toxoid vaccine	96	76	79	79
All basic ANC equipment and medicines[9]	71	50	45	46
Number of facilities offering ANC (weighted)	23	51	425	499

[1] Individual client health cards, written ANC guidelines, and visual aids for health education.
[2] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box
[3] While important for infection control, this is not an item that has been commonly introduced and thus was not included in the aggregate for infection control.
[4] May be any type of bed where a client can lie down flat.
[5] May be examination light, flashlight, or other spotlight source.
[6] Visual and auditory privacy, examination light, and bed.
[7] Visual and auditory privacy, examination light, bed, and all infection control items, excluding sharps box.
[8] Iron and folic acid may be separate tablets or one combined tablet.
[9] Blood pressure apparatus, foetoscope, iron and folic acid, and tetanus toxoid vaccine.

Table A-6.4 Availability of medicines and guidelines for antenatal and postpartum services

Among facilities offering antenatal care (ANC), percentage with medicines for managing common complications during pregnancy, percentage that routinely provide the indicated medicine or test as a component of ANC, and percentage with items for postnatal care PNC), by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Medicines for managing common complications during pregnancy				
Antibiotic[1]	94	86	88	88
Albendazole (anthelminth)	77	40	33	36
Mebendazole (antihelminth)	78	84	79	80
Either albendazole or mebendazole	93	87	87	87
First line antimalarial	99	97	95	95
Other antimalarial	95	92	86	87
Methyldopa (Aldomet)	84	27	6	12
Medicines for STIs (illness treated)				
Metronidazole (trichomoniasis)	93	89	86	87
Tinidazole (trichomoniasis)	28	16	5	8
Ceftriaxone (gonorrhoea)	52	21	10	13
Ciprofloxacin (gonorrhoea)	96	61	47	51
Amoxicillin (chlamydia)	92	70	75	75
Augmentin (chlamydia)	25	8	8	9
Norfloxacin (chlamydia, gonorrhoea)	8	7	2	2
Doxycycline (chlamydia, syphilis)	88	68	75	75
Tetracycline (chlamydia, syphilis)	22	10	5	6
Erythromycin (chlamydia, syphilis)	96	49	41	45
Any injectable or oral penicillin (syphilis)	95	94	95	95
Nystatin suppository or oral (candidiasis)	74	58	47	49
Miconazole cream or suppository (candidiasis)	19	8	3	5
Clotrimazole cream or suppository (candidiasis)	90	56	41	45
At least one medication for:				
Trichomoniasis	93	89	87	87
Gonorrhoea	97	66	48	52
Chlamydia	98	91	89	90
Syphilis	99	97	97	97
At least one medication for each common STI[2]	92	63	43	48
All medicines for ANC complications[3]	75	18	4	8
ANC service components				
Preventive antimalarial services	93	90	94	93
ANC providers treat STIs if needed	31	22	41	39
Routine counselling about family planning	94	92	84	85
Counselling about HIV/AIDS	85	67	31	37
Any PMTCT	91	40	9	16
Equipment related to postnatal care				
Thermometer	61	73	90	87
Infant scale	69	74	76	75
Guidelines for other ANC				
Any STI guidelines	37	33	43	41
Guidelines for syndromic approach	17	28	32	31
Number of facilities offering ANC (weighted)	23	51	425	499

[1] Amoxicillin or cotrimoxazole;
[2] At least one medicine to treat trichomoniasis, gonorrhoea, chlamydia, and syphilis.
[3] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either albendazole or mebendazole; methyldopa (Aldomet); a first-line antimalarial; and at least one medicine for treating each of the following STIs: trichomoniasis, gonorrhoea, chlamydia, syphilis, and candidiasis.

Table A-6.5 Capacity to provide anaemia screening with antenatal care

Among facilities offering antenatal care (ANC), percentage that have the capacity to test for anaemia and and/or a standard to routinely screen ANC clients for anaemia, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct anaemia test[1]	Standard to screen ANC clients for anaemia	Standard to screen ANC clients for anaemia and capacity to conduct anaemia test	
Type of facility				
Hospital	96	94	90	23
Health centre	46	59	36	51
Dispensary	11	27	10	425
Managing authority				
Government	10	22	8	385
Private for-profit	59	82	54	30
Parastatal	40	40	20	7
Faith-based	46	67	40	77
Zone				
Northern	30	46	28	82
Central	1	5	1	45
Southern Highlands	18	23	15	87
Western	14	20	12	66
Lake	12	39	11	76
Southern	16	35	16	57
Eastern	35	47	25	71
Zanzibar	5	60	5	16
Total	19	33	16	499

[1] Any anaemia test. Specific tests assessed were use of haemoglobinometer or calorimeter, centrifuge and capillary tubes for haematocrit, or any of the blotting paper tests.

Table A-6.6 Capacity to test for urine protein with antenatal care

Among facilities that offer antenatal care (ANC), percentage that have the capacity to test urine for protein and/or a standard to routinely screen ANC clients for urine protein, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct urine protein test[1]	Standard to screen ANC clients for urine protein	Standard to screen ANC clients for urine protein and capacity to conduct urine protein test	
Type of facility				
Hospital	91	85	77	23
Health centre	60	44	34	51
Dispensary	11	19	8	425
Managing authority				
Government	10	16	6	385
Private for-profit	64	73	64	30
Parastatal	20	40	0	7
Faith-based	51	49	36	77
Zone				
Northern	27	36	22	82
Central	9	5	1	45
Southern Highlands	18	13	11	87
Western	10	6	2	66
Lake	16	31	14	76
Southern	21	30	16	57
Eastern	35	41	25	71
Zanzibar	9	50	9	16
Total	20	25	14	499

[1] Clinistix (Campus 3 or Campus 9 sticks) or flame, acetic acid, and test tube for testing urine albumin.

Table A-6.7 Capacity to test for urine glucose with antenatal care

Among facilities offering antenatal care (ANC), percentage that have the capacity to test urine for glucose and/or a standard to routinely screen ANC clients for urine glucose, by type of facility, zone, and managing authority, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct urine glucose test[1]	Standard to screen ANC clients for urine glucose	Standard to screen ANC clients for urine glucose and capacity to conduct urine glucose test	
Type of facility				
Hospital	90	63	60	23
Health centre	56	25	20	51
Dispensary	9	10	3	425
Managing authority				
Government	8	8	3	385
Private for-profit	64	50	41	30
Parastatal	20	40	0	7
Faith-based	47	26	21	77
Zone				
Northern	24	20	13	82
Central	8	4	0	45
Southern Highlands	16	8	6	87
Western	8	2	1	66
Lake	16	19	10	76
Southern	14	8	3	57
Eastern	35	30	16	71
Zanzibar	12	16	6	16
Total	18	14	8	499

[1] Dipstix (Campus 3 or Campus 9).

Table A-6.8 Capacity to provide blood grouping and Rh factor with antenatal care

Among facilities offering antenatal care (ANC), percentage that have the capacity to determine blood group and Rh factor and/or a standard to routinely offer blood grouping and Rh factor tests to ANC clients, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct blood Rh grouping and Rh factor test[1]	Standard to offer blood grouping and Rh factor tests to ANC clients	Standard to offer blood group and Rh factor tests to ANC clients and the capacity to conduct both tests	
Type of facility				
Hospital	87	34	32	23
Health centre	16	10	4	51
Dispensary	1	4	1	425
Managing authority				
Government	3	3	1	385
Private for-profit	14	25	6	30
Parastatal	0	0	0	7
Faith-based	22	13	9	77
Zone				
Northern	11	9	7	82
Central	2	0	0	45
Southern Highlands	7	1	1	87
Western	2	3	1	66
Lake	8	2	2	76
Southern	6	4	1	57
Eastern	8	16	4	71
Zanzibar	10	18	5	16
Total	7	6	3	499

[1] Anti-A, Anti-B, and Anti-AB blood grouping materials and glass slides

Table A-6.9 Capacity to provide test for syphilis with antenatal care

Among facilities that offer antenatal care (ANC), percentage that have the capacity to conduct test for syphilis and/or a standard to routinely screen ANC clients for syphilis, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct syphilis test[1]	Standard to screen ANC clients for Syphilis	Standard to screen ANC clients for syphilis and capacity to conduct syphilis test	
Type of facility				
Hospital	98	97	95	23
Health centre	50	82	44	51
Dispensary	13	45	12	425
Managing authority				
Government	12	49	11	385
Private for-profit	63	77	63	30
Parastatal	40	20	20	7
Faith-based	43	53	39	77
Zone				
Northern	29	58	28	82
Central	5	40	5	45
Southern Highlands	23	49	23	87
Western	12	37	10	66
Lake	18	60	17	76
Southern	16	57	15	57
Eastern	35	61	29	71
Zanzibar	7	13	3	16
Total	20	51	19	499

[1] Either Venereal Disease Research Laboratory (VDRL) test with functioning microscope or rapid plasma regain (RPR) test.

Table A-6.10 Utilisation of antenatal care and postnatal care services

Median number of antenatal care (ANC) visits (including new and repeat clients) and postnatal care (PNC) visits for the 12 months preceding the survey, by type of facility, Tanzania SPA 2006

Type of facility	Median number of ANC visits per month	Number of facilities reporting ANC data (weighted)	Median number of PNC visits per month	Number of facilities reporting PNC data (weighted)
Hospital	79	22	11	12
Health centre	38	48	-	23
Dispensary	25	418	-	139
Total	27	488	-	174

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of clients per month.

Table A-6.11 User fees for antenatal care services

Percentage of facilities offering antenatal care (ANC) that charge user fees for specific items or offer prepayment systems and discounts, and percentage of facilities charging user fees that publicly post fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities charging for:					Percentage that offer:		Number of facilities offering ANC (weighted)	Percentage posting fees in public view			Number of facilities with routine fees for ANC services (weight-ed)
	Client chart/ record	Consul-tation	Regis-tration	Medi-cines	Lab tests	System to prepay for multiple visits	Discount or exemp-tions for some clients		All fees are posted	Some fees are posted	No fees are posted	
Type of facility												
Hospital	0	13	18	30	10	14	8	23	30	0	70	7
Health centre	10	10	15	13	8	5	10	51	17	0	83	8
Dispensary	2	2	4	6	1	4	2	425	13	2	85	34
Managing authority												
Government	0	0	0	1	0	0	0	385	5	10	85	6
Private for-profit	18	33	42	60	17	29	29	30	18	0	82	18
Parastatal	0	0	0	0	0	0	0	7	-	-	-	0
Faith-based	9	9	19	24	5	17	9	77	17	0	83	25
Zone												
Northern	8	5	10	14	3	12	8	82	10	0	90	14
Central	0	0	0	0	0	0	0	45	-	-	-	0
Southern Highlands	0	4	4	4	0	3	0	87	42	0	58	6
Western	0	0	0	0	0	0	0	66	-	-	-	0
Lake	0	0	4	6	0	2	0	76	24	0	76	6
Southern	0	0	0	3	1	2	2	57	0	0	100	3
Eastern	8	15	18	22	9	10	13	71	13	0	87	15
Zanzibar	0	0	0	27	0	5	0	16	7	14	79	5
Total	2	4	5	8	2	5	3	499	16	1	83	49

Table A-6.12.1 Out-of-pocket payments for antenatal care services: First-visit clients

Among first-visit antenatal care (ANC) clients whose consultation was observed and who were interviewed, percentage who reported paying any out-of-pocket fees for ANC services on the day of the survey; among clients who paid any fees for services, median amount (TSh) paid on the day of the survey, by type of facility, Tanzania SPA 2006

Type of facility	Percentage of interviewed first-visit ANC clients who paid any out-of-pocket fees	Number of interviewed first-visit ANC clients (weighted)	Median amount (TSh) paid by first-visit ANC clients who paid anything for ANC services on the day of survey[1]	Number of interviewed first-visit ANC clients providing valid responses for out-of-pocket payments (weighted)
Hospital	30	51	1,010	15
Health centre	14	90	508	13
Dispensary	12	442	1,004	53
Total	14	584	1,003	81

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.

Table A-6.12.2 Out-of-pocket payments for antenatal care services: Followup clients

Percentage of interviewed antenatal care (ANC) clients making followup visits who reported paying any out-of-pocket fees for ANC services on the day of the survey, and among these, median amount (in TSh) paid for services, by type of facility, Tanzania SPA 2006

Type of facility	Percentage of interviewed followup visit ANC clients who paid any out-of-pocket fees	Number of interviewed ANC clients making followup visits (weighted)	Median amount paid (in TSh) by followup visit ANC clients who paid anything for ANC services on the day of survey[1]	Number of interviewed followup visit ANC clients providing valid responses for out-of-pocket payments (weighted)
Hospital	26	75	2,002	20
Health centre	18	84	506	15
Dispensary	9	557	402	49
Total	12	716	506	83

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.

Table A-6.13 Supportive management for providers of ANC

Among interviewed antenatal care (ANC) service providers, percentage who received work-related training and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to ANC during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training related to ANC during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	Number of interviewed ANC service providers (weighted)[2]
Type of facility					
Hospital	39	66	26	19	328
Health centre	27	83	24	26	230
Dispensary	26	81	22	24	1,042
Managing authority					
Government	30	82	25	26	1,164
Private for-profit	23	69	19	14	96
Parastatal	14	68	14	0	26
Faith-based	27	67	19	17	315
Zone					
Northern	36	75	28	21	330
Central	32	94	30	19	141
Southern Highlands	30	77	23	26	232
Western	28	87	23	27	173
Lake	23	81	18	27	248
Southern	30	75	24	24	187
Eastern	20	69	16	15	255
Zanzibar	38	83	33	37	35
Total	29	78	23	23	1,601

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.14.1 Pre- or in-service training for antenatal care service providers: Training on antenatal care

Among interviewed antenatal care (ANC) service providers, percentage who received pre- or in-service training[1] on topics related to ANC during the 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	ANC counselling		ANC screening		Complications of pregnancy		Risky pregnancies		Symptom management for pregnancy		Postnatal care		Number of interviewed ANC service providers (weighted)[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility													
Hospital	12	14	13	17	13	14	15	14	12	14	14	13	328
Health centre	7	17	9	17	8	15	7	17	7	15	6	14	230
Dispensary	8	10	9	10	9	11	9	12	9	11	7	11	1,042
Managing authority													
Government	9	12	10	13	10	13	9	13	9	12	8	13	1,164
Private for-profit	4	7	7	10	8	8	8	9	8	9	6	9	96
Parastatal	0	0	0	0	0	0	0	0	0	0	0	0	26
Faith-based	11	16	13	13	11	13	12	14	10	14	10	13	315
Zone													
Northern	9	17	11	16	9	13	11	13	10	13	9	11	330
Central	8	5	8	8	9	7	8	8	8	5	8	7	141
Southern Highlands	14	18	17	20	16	19	15	21	15	18	13	18	232
Western	7	4	10	5	7	6	7	6	6	6	6	7	173
Lake	7	12	7	11	10	14	11	14	9	15	7	14	248
Southern	7	11	7	11	7	14	7	15	7	14	7	15	187
Eastern	7	9	7	8	7	9	7	9	7	9	7	10	255
Zanzibar	13	16	14	23	13	22	14	24	12	23	14	26	35
Total	9	12	10	12	10	12	10	13	9	12	8	12	1,601

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of ANC services in facilities offering ANC services.

Table A-6.14.2 Pre- or in-service training for antenatal care service providers: Training on family planning, STIs, and PMTCT

Among interviewed antenatal care (ANC) service providers, percentage who received in-service training[1] on topics related to family planning, sexually transmitted infections (STIs), and the prevention of mother-to-child transmission (PMTCT) of HIV during the past 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Family planning		Any diagnosis or treatment of STIs		Antiretroviral (ARV) prophylaxis for PMTCT[2]		PMTCT counselling		Number of interviewed ANC service providers (weighted)[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	6	10	14	14	21	8	21	10	328
Health centre	4	8	13	21	8	5	11	6	230
Dispensary	4	10	13	17	5	2	6	4	1,042
Managing authority									
Government	4	10	14	19	8	4	9	5	1,164
Private for-profit	7	11	7	12	9	3	7	7	96
Parastatal	0	0	14	0	0	0	0	0	26
Faith-based	4	8	14	11	11	5	12	8	315
Zone									
Northern	8	8	19	19	10	10	12	12	330
Central	4	3	20	15	4	0	4	1	141
Southern Highlands	5	11	8	17	6	2	9	5	232
Western	4	14	15	18	12	1	11	1	173
Lake	0	10	10	19	6	2	6	5	248
Southern	2	13	15	18	16	1	13	2	187
Eastern	4	5	9	11	8	4	10	6	255
Zanzibar	17	28	9	26	5	8	6	9	35
Total	4	10	13	17	9	4	10	5	1,601

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.15 Supportive supervision for antenatal care service providers

Among interviewed antenatal care (ANC) service providers who were personally supervised during the 6 months preceding the survey, median number of times providers were supervised, and percentage who report specific activities by the supervisor during the last visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers who reported that during the last supervisory visit, the supervisor:						Number of interviewed ANC service providers who were supervised in past 6 months (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	96	89	91	72	90	45	218
Health centre	3	93	79	83	73	81	57	192
Dispensary	3	95	81	82	68	87	58	844
Managing authority								
Government	3	95	81	84	73	87	58	960
Private for-profit	2	95	93	83	54	88	38	66
Parastatal	3	100	88	70	19	57	43	18
Faith-based	3	94	83	80	65	84	54	210
Zone								
Northern	3	98	92	85	70	87	62	248
Central	4	96	87	94	87	86	70	133
Southern Highlands	2	95	67	76	71	91	40	178
Western	4	93	70	80	69	89	66	151
Lake	4	95	80	84	68	92	64	201
Southern	2	94	82	83	67	73	57	141
Eastern	2	96	93	84	56	85	34	175
Zanzibar	3	89	90	88	85	87	57	29
Total	3	95	82	83	70	86	56	1,254

[1] Includes only providers of ANC services in facilities offering ANC services.

Table A-6.16 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultation was observed, percentage making their first or followup ANC visit, percentage for whom this was their first pregnancy, and estimated gestational status, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	First ANC visit for this pregnancy	Followup ANC visit	First pregnancy	Month of pregnancy				Number of observed ANC clients (weighted)
				< 5m	≥5m	≥8m	Missing	
Type of facility								
Hospital	41	59	27	5	47	44	4	127
Health centre	52	48	23	12	62	25	0	174
Dispensary	44	56	19	10	60	30	1	1,000
Managing authority								
Government	45	55	19	11	60	29	1	1,011
Private for-profit	32	68	25	0	46	46	7	71
Parastatal	50	50	10	20	60	20	0	14
Faith-based	48	52	28	5	59	36	0	205
Zone								
Northern	45	55	28	4	60	35	1	192
Central	53	47	23	10	64	25	1	164
Southern Highlands	38	62	17	10	53	37	0	169
Western	53	47	20	15	64	22	0	186
Lake	40	60	16	8	59	33	1	271
Southern	46	54	19	15	61	24	0	118
Eastern	46	54	22	10	53	33	4	152
Zanzibar	37	63	24	12	51	36	1	50
Total	45	55	21	10	59	31	1	1,301

Table A-6.17 General assessments, examinations, and interventions for observed first-visit ANC clients

Among first-visit antenatal care (ANC) clients whose consultation was observed, percentage whose consultation included specific assessments, examinations, and interventions, and among ANC clients with prior pregnancies, percentage whose consultation included a discussion of prior complications, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Prior history and client characteristics				
Client age	63	74	85	81
Date of last menstrual period	71	82	80	80
Any prior pregnancy[1]	72	78	86	84
Complications during prior pregnancy, if applicable	49	51	62	59
Medications client is currently taking	17	14	12	13
All relevant elements for client history[2]	12	11	10	10
Laboratory tests and examinations				
Measured blood pressure	96	95	81	84
Weighed client	97	96	89	91
Urine test (protein)	53	24	36	36
Blood test (anaemia)	68	48	48	50
Preventive interventions				
Gave or prescribed iron tablets	47	58	58	57
Gave or prescribed tetanus toxoid vaccine	46	47	51	50
Number of observed first-visit ANC clients (weighted)	52	90	444	586
Among women with prior pregnancies, prior complications discussed				
Stillbirth	36	31	40	39
Infant mortality first one week after birth	31	26	33	31
Heavy bleeding during labour or postpartum	29	35	37	36
Assisted delivery	41	49	48	48
Previous abortion	56	48	63	60
Number of observed first-visit ANC clients with prior pregnancy (weighted)	37	72	358	467

[1] Any questions that would indicate whether the client had a prior pregnancy.
[2] Client age, last menstrual period, medicines, any prior pregnancy, and, if there was a prior pregnancy, any questions related to complications during prior pregnancies.

Table A-6.18 Assessment of current health status of antenatal care clients

Among all antenatal care (ANC) clients whose consultation was observed, percentage whose consultation included specific assessments, examinations, and interventions, by type of facility, Tanzania SPA 2006

Components of consultation	Hospital	Health centre	Dispensary	Total percentage
Client questioned regarding:				
Vaginal bleeding	27	19	13	15
Foetal movement (at least 5m pregnant)	57	44	44	45
Any other problems	57	53	45	47
Basic physical examination				
Measured blood pressure	97	94	75	79
Urine test (protein)	52	16	26	27
Checked foetal position (at least 8m pregnant)	100	100	98	99
Listened for foetal heart (at least 5m pregnant)	95	91	94	94
All questions and basic examination[1]	7	2	2	3
Other examinations				
Weighed client	97	96	88	90
Checked uterine height	97	97	98	98
Blood test (anaemia)	67	39	38	41
Preventive interventions				
Gave or prescribed iron tablets	48	52	55	54
Explained purpose of iron tablets	37	32	35	35
Explained how to take iron tablets	41	43	49	48
Gave or prescribed tetanus toxoid (TT) vaccine	32	37	36	36
Explained purpose of TT vaccine	18	17	16	16
Number of observed ANC clients at least 5 months pregnant (weighted)	116	152	895	1,163
Number of observed ANC clients at least 8 months pregnant (weighted)	56	44	298	398
Total number of observed ANC clients (weighted)	127	174	1,000	1,301

[1] Questions regarding vaginal bleeding and foetal movement (if at least 5 months pregnant), blood pressure measured, foetal position palpated or ultrasound performed (if at least 8 months pregnant), and provider listened for foetal heart (if at least 5 months pregnant).

Table A-6.19.1 Health education for antenatal care clients: Insecticide-treated bed nets

Among first and followup visit antenatal care (ANC) clients whose consultations were observed, percentage who were counselled on insecticide-treated nets (ITNs) and given vouchers to purchase an ITN, by type of facility, Tanzania SPA 2006

Counselling topics	Hospital	Health centre	Dispensary	Total percentage
First-visit ANC clients counselled on:				
Importance of using ITN	32	55	44	45
How to use ITN voucher	23	46	50	47
Cash value of voucher	21	45	40	39
Where to use voucher to purchase ITN	23	46	52	49
Need to pay extra money to purchase ITN	22	45	49	46
Voucher for ITN given to client	24	47	53	49
Number of observed first-visit ANC clients (weighted)	52	90	444	586
Followup visit ANC clients counselled on:				
Importance of using ITN	22	23	17	18
How to use ITN voucher	16	14	12	12
Cash value of voucher	15	11	10	11
Where to use voucher to purchase ITN	16	18	13	14
Need to pay extra money to purchase ITN	14	16	12	13
Voucher for ITN given to client	16	18	14	14
Number of observed followup visit ANC clients (weighted)	75	84	556	715

Table A-6.19.2 Health education for antenatal care clients: Malaria

Among first and followup visit antenatal care (ANC) clients, percentage observed to be counselled on intermittent prophylactic treatment (IPT) for malaria and given first dose of IPT in facility, by type of facility, Tanzania SPA 2006

Counselling topic	Hospital	Health centre	Dispensary	Total percentage
First-visit ANC clients counselled on:				
IPT explained or given	45	61	60	59
Purpose of IPT	36	50	41	42
How to take IPT	41	52	50	50
Possible side effects of IPT	7	5	7	7
Importance of 2nd dose of IPT	13	5	10	10
First dose of IPT given in facility	26	27	31	30
Number of observed first-visit ANC clients (weighted)	52	90	444	586
Followup visit ANC clients counselled on:				
IPT explained or given	37	54	35	37
Purpose of IPT	31	35	22	25
How to take IPT	33	31	29	29
Possible side-effects of IPT	7	6	4	4
Importance of 2nd dose of IPT	13	8	9	10
First dose of IPT given in facility	22	30	16	18
Number of observed followup visit ANC clients (weighted)	75	84	556	715

Table A-6.20.1 Observed content of ANC counselling: By type of facility

Percentage of first and followup visit antenatal care (ANC) clients who were observed to receive counselling on topics related to nutrition during pregnancy, the progress of their pregnancy, risk symptoms, delivery plans, exclusive breastfeeding, and family planning after birth, by type of facility, Tanzania SPA 2006

Counselling topic	Hospital	Health centre	Dispensary	Total percentage
First-visit ANC client				
Nutrition	27	23	16	18
Progress of pregnancy	60	59	40	45
Any risk symptoms for seeking help	56	40	20	26
Specific risk: vaginal bleeding	53	40	16	23
Specific risk: fever	32	20	8	12
Specific risk: shortness of breath or excessive fatigue	21	19	8	11
Specific risk: swelling in hands or face	37	27	12	17
Specific risk: headache or blurred vision	39	30	10	16
Delivery plans	43	53	44	45
Exclusive breastfeeding	22	12	14	15
Family planning after birth	41	44	38	39
Provider used any visual aids	8	3	5	5
Number of observed first-visit ANC clients (weighted)	52	90	444	586
Followup visit ANC client				
Nutrition	35	25	18	21
Progress of pregnancy	53	45	44	45
Any risk symptoms for seeking help	46	20	20	23
Specific risk: vaginal bleeding	39	16	15	17
Specific risk: fever	27	10	6	9
Specific risk: shortness of breath or excessive fatigue	18	8	5	7
Specific risk: swelling in hands or face	30	7	9	11
Specific risk: headache or blurred vision	32	12	8	11
Delivery plans	41	52	40	42
Exclusive breastfeeding	24	15	5	8
Family planning after birth	30	25	24	25
Provider used any visual aids	7	3	5	5
Number of observed followup visit ANC clients (weighted)	75	84	556	715
All observed ANC clients				
Nutrition	32	24	17	20
Progress of pregnancy	56	52	43	45
Any risk symptoms for seeking help	50	30	20	24
Specific risk: vaginal bleeding	44	28	15	20
Specific risk: fever	29	15	7	10
Specific risk: shortness of breath or excessive fatigue	19	14	6	9
Specific risk: swelling in hands or face	33	18	10	14
Specific risk: headache or blurred vision	35	22	9	13
Delivery plans	42	52	42	43
Exclusive breastfeeding	23	14	9	11
Family planning after birth	35	35	30	31
Provider used any visual aids	8	3	5	5
Number of all observed ANC clients (weighted)	127	174	1,000	1,301

Table A-6.20.2 Observed content of ANC counselling: By zone

Percentage of first and followup visit antenatal care (ANC) clients who were observed to receive counselling on topics related to nutrition during pregnancy, the progress of their pregnancy, risk symptoms, delivery plans, exclusive breastfeeding, and family planning after birth, by zone, Tanzania SPA, 2006

	Zone								
Counselling topic	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	Total percentage
First-visit ANC client									
Nutrition	19	13	14	21	13	9	30	50	18
Progress of pregnancy	46	40	32	39	54	63	47	30	45
Any risk symptoms for seeking help	38	25	23	25	20	11	39	28	26
Specific risk: vaginal bleeding	38	23	23	20	14	7	34	21	23
Specific risk: fever	22	20	10	4	7	4	15	15	12
Specific risk: shortness of breath or excess fatigue	12	17	12	8	6	2	16	17	11
Specific risk: swelling hands or face	26	20	12	13	15	4	20	23	17
Specific risk: headache or blurred vision	21	17	21	13	8	8	26	19	16
Delivery plans	49	50	29	35	60	35	48	48	45
Exclusive breastfeeding	17	12	9	19	17	1	20	5	15
Family planning after birth	43	37	38	43	47	22	35	35	39
Provider used any visual aids	5	0	0	12	7	0	1	12	5
Number of observed first-visit ANC clients (weighted)	87	86	64	99	108	54	70	19	586
Followup visit ANC client									
Nutrition	25	31	14	17	13	15	32	43	21
Progress of pregnancy	59	35	35	43	49	58	39	37	45
Any risk symptoms for seeking help	39	16	9	16	28	10	32	24	23
Specific risk: vaginal bleeding	33	12	8	10	21	8	21	19	17
Specific risk: fever	17	11	3	2	11	4	11	15	9
Specific risk: shortness of breath or excess fatigue	7	9	4	7	6	3	7	15	7
Specific risk: swelling in hands or face	21	5	3	9	12	7	17	18	11
Specific risk: headache or blurred vision	21	7	8	11	9	4	16	14	11
Delivery plans	39	53	31	32	51	37	39	58	42
Exclusive breastfeeding	18	6	1	9	11	4	6	2	8
Family planning after birth	34	24	18	20	33	18	19	18	25
Provider used any visual aids	2	0	2	13	10	0	3	8	5
Number of observed followup visit ANC clients (weighted)	105	78	105	87	163	64	82	32	715
All observed ANC clients									
Nutrition	22	21	14	19	13	12	31	46	20
Progress of pregnancy	53	38	34	41	51	60	43	34	45
Any risk symptoms for seeking help	38	21	14	21	25	10	35	26	24
Specific risk: vaginal bleeding	35	18	14	16	18	8	27	20	20
Specific risk: fever	19	16	6	3	9	4	12	15	10
Specific risk: shortness of breath or excess fatigue	10	13	7	8	6	2	11	15	9
Specific risk: swelling in hands or face	23	13	6	11	13	5	18	20	14
Specific risk: headache or blurred vision	21	12	13	12	9	6	21	16	13
Delivery plans	44	51	30	33	55	36	43	54	43
Exclusive breastfeeding	18	9	4	15	14	3	13	3	11
Family planning after birth	38	31	25	32	39	19	26	24	31
Provider used any visual aids	3	0	1	12	9	0	2	9	5
Number of all observed ANC clients (weighted)	192	164	169	186	271	118	152	50	1,301

Table A-6.21 Reported health education received and knowledge related to warning signs during pregnancy: By type of facility

Among interviewed antenatal care (ANC) clients, percentage who said provider counselled them on warning signs for pregnancy, percentage who named specific warning signs, and percentage who said provider told them what to do in case of warning signs and discussed breastfeeding, delivery plans and supplies, and family planning during this visit or a previous visit, by type of facility, Tanzania SPA, 2006

Issue discussed during current or previous visit	Hospital	Health centre	Dispensary	Total percentage
Provider counselled on:				
Any warning signs	56	46	38	41
Warning signs named by client				
Bleeding	47	28	23	26
Fever	13	14	10	11
Swollen face or hands	14	11	7	8
Tiredness or breathlessness	6	5	3	4
Headache or blurred vision	23	16	7	10
Convulsions	2	0	0	0
Reduced foetal movement	11	12	9	9
If warning signs occur, client was told to:				
Seek care at facility	55	43	36	39
Decrease activity level	1	5	2	2
Change diet	0	1	0	1
Provider discussed				
Exclusive breastfeeding	38	26	23	25
Exclusive breastfeeding for 6 months	22	15	11	13
Delivery plans	61	61	58	58
Supplies to prepare for delivery	60	62	48	51
Using family planning after birth	44	43	41	41
Number of interviewed ANC clients (weighted)	126	174	999	1,300

Table A-6.22 Reported health education received and knowledge related to warning signs during pregnancy: By zone

Among interviewed antenatal care (ANC) clients, percentage who said provider counselled them on warning signs for pregnancy, percentage who named specific warning signs, and percentage who said provider told them what to do in case of warning signs and discussed breastfeeding, delivery plans and supplies, and family planning during this visit or a previous visit, by zone, Tanzania SPA, 2006

Issue discussed during current or previous visit	Zone								Total percentage
	Northern	Central	Southern Highlands	Western	Lake	Southern	Eastern	Zanzibar	
Provider counselled on:									
Any warning signs	53	34	39	26	41	39	55	41	41
Warning signs named by client									
Bleeding	36	18	21	23	23	21	41	24	26
Fever	10	19	7	2	13	10	15	9	11
Swollen face or hands	10	8	10	7	4	4	12	14	8
Tiredness or breathlessness	4	4	3	1	3	4	7	5	4
Headache or blurred vision	16	14	9	8	6	5	11	6	10
Convulsions	0	0	1	0	0	0	2	0	0
Reduced foetal movement	14	9	3	6	12	12	7	8	9
If warning sign occurs, provider told client to:									
Seek care at facility	49	33	36	25	39	37	53	38	39
Decrease activity	3	1	1	1	4	1	2	0	2
Change diet	2	1	0	0	0	0	1	2	1
Provider discussed:									
Exclusive breastfeeding	37	19	26	10	24	20	35	28	25
Exclusive breastfeeding for 6 months	23	5	12	1	15	6	24	18	13
Delivery plans	63	69	58	44	67	56	46	60	58
Supplies to prepare for delivery	64	46	54	37	54	36	58	61	51
Using family planning after birth	44	46	42	36	44	38	36	40	41
Number of interviewed ANC clients (weighted)	192	164	169	186	270	118	152	50	1,300

Table A-6.23 Client plans for place of delivery

Among interviewed antenatal care (ANC) clients, percentage who reported planning for where they will deliver, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of ANC clients who plan to deliver at:				Number of interviewed ANC clients (weighted)
	This facility	Other facility	Private home	Don't know	
Type of facility					
Hospital	86	8	2	4	126
Health centre	58	35	2	5	174
Dispensary	39	51	4	6	999
Managing authority					
Government	45	46	4	5	1,011
Private for-profit	33	45	2	20	71
Parastatal	10	90	0	0	14
Faith-based	59	32	3	6	204
Zone					
Northern	42	47	5	6	192
Central	43	51	3	3	164
Southern Highlands	59	33	6	3	169
Western	59	33	2	6	186
Lake	47	42	3	8	270
Southern	40	49	3	7	118
Eastern	39	52	3	6	152
Zanzibar	11	73	11	5	50
Total	46	44	4	6	1,300

Table A-6.24 Use of individual client cards

Among first and followup visit antenatal care (ANC) clients whose consultation was observed, percentage of consultations in which the provider looked at the client card during the consultation and wrote on the client card at the end of the visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Provider looked at client card during consultation		Provider wrote on client card at end of visit		Number of observed first-visit ANC clients (weighted)	Number of observed followup visit ANC clients (weighted)
	First visit	Followup visit	First visit	Followup visit		
Type of facility						
Hospital	79	88	100	95	52	75
Health centre	57	79	100	98	90	84
Dispensary	67	87	100	100	444	556
Managing authority						
Government	65	89	100	99	458	553
Private for-profit	55	70	100	96	23	48
Parastatal	100	80	100	100	7	7
Faith-based	73	79	100	100	98	107
Zone						
Northern	57	94	98	100	87	105
Central	92	100	100	100	86	78
Southern Highlands	35	72	100	97	64	105
Western	71	83	100	98	99	87
Lake	75	86	100	99	108	163
Southern	60	90	100	99	54	64
Eastern	55	76	100	100	70	82
Zanzibar	84	94	98	100	19	32
Total	66	86	100	99	586	715

Table A-6.25 Outcome of observed consultations

Among antenatal care (ANC) clients whose consultations were observed, percentage who went home, were referred elsewhere in the same facility, were admitted to the facility, were referred outside the facility, and whose status was uncertain at the end of the observation, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of ANC consultations where: Client went home	Client referred elsewhere in same facility	Client admitted to facility	Client referred outside the facility	Don't know	Number of observed ANC clients (weighted)
Type of facility						
Hospital	62	35	3	0	0	127
Health centre	80	17	2	2	0	174
Dispensary	87	7	0	6	0	1,000
Managing authority						
Government	87	8	0	5	0	1,011
Private for-profit	87	13	0	0	0	71
Parastatal	70	20	0	10	0	14
Faith-based	70	26	2	2	0	205
Zone						
Northern	78	16	1	6	0	192
Central	87	13	0	0	0	164
Southern Highlands	84	10	0	6	0	169
Western	88	8	0	4	0	186
Lake	90	6	2	2	0	271
Southern	88	4	1	7	0	118
Eastern	63	25	0	11	1	152
Zanzibar	96	4	0	1	0	50
Total	84	11	1	4	0	1,301

Table A-6.26 Client feedback on service problems

Among interviewed antenatal care (ANC) clients, percentage who said that they considered specific service issues to be a big problem on the day of the visit, by type of facility, Tanzania SPA 2006

Client service issue	Hospital	Health centre	Dispensary	Total percentage
Behaviour or attitude of provider	1	0	1	0
Inability to discuss problems or concerns	1	3	1	1
Insufficient explanation about method or problems	0	1	2	1
Waiting time to see provider	12	18	12	13
Quality of examination and treatment	0	0	1	1
Availability of methods or medicines	3	10	7	7
Days facility is open	1	2	2	2
Hours facility is open	3	5	4	4
Cleanliness of facility	1	0	2	2
Cost of services	6	1	3	3
Insufficient visual privacy	1	0	0	0
Insufficient auditory privacy	1	0	0	0
Number of interviewed ANC clients (weighted)	126	174	999	1,300

Table A-6.27 Client choice of facility

Among interviewed antenatal care (ANC) clients, percentage who reported this was not the closest health facility to their home and, among these, the main reason they did not go to the nearest facility, by type of facility, managing authority and province Tanzania SPA 2006

Background characteristics	Percentage of interviewed ANC clients who report this is not the closest facility to their home	Number of interviewed ANC clients (weighted)	Percentage of ANC clients who say the main reason they did not go to the nearest facility is:							Number of interviewed ANC clients for whom this was not the closest facility (weighted)
			Incon-venient operating hours	Bad reputation	Don't like the personnel	No medicines	Prefer anonymity	More expensive	Was referred to this facility	
Type of facility										
Hospital	32	126	11	0	1	7	0	3	43	40
Health centre	26	174	8	0	3	3	0	3	51	45
Dispensary	8	999	11	0	4	6	2	4	31	76
Managing authority										
Government	11	1,011	4	0	4	4	0	3	44	107
Private for-profit	22	71	36	0	0	7	9	0	24	15
Parastatal	0	14	-	-	-	-	-	-	-	0
Faith-based	19	204	17	0	1	7	0	6	35	39
Zone										
Northern	14	192	5	0	2	6	0	4	35	27
Central	11	164	0	0	0	0	0	0	75	18
Southern Highlands	12	169	34	0	0	5	0	6	33	21
Western	9	186	9	1	15	15	0	8	33	17
Lake	11	270	9	0	5	5	5	5	48	30
Southern	18	118	0	0	0	0	0	0	29	21
Eastern	13	152	19	0	0	7	0	0	33	20
Zanzibar	16	50	0	0	0	0	5	1	23	8
Total	12	1,300	10	0	3	5	1	3	40	161

Table A-6.28 Educational characteristics of antenatal care clients

Percentage distribution of interviewed and observed antenatal care (ANC) clients by educational level, and percentage of clients with primary, informal, or no education who are literate, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percent distribution of all ANC clients by educational level					Number of interviewed ANC clients (weighted)	Percent distribution of ANC clients with primary, informal or no education by literacy status			Number of interviewed ANC clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Middle	Secondary or higher		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	13	1	69	0	17	126	17	1	79	105
Health centre	16	1	73	0	11	174	29	3	68	156
Dispensary	27	1	68	0	4	999	33	4	60	955
Managing authority										
Government	27	1	69	0	4	1,011	33	3	60	972
Private for-profit	12	0	52	0	36	71	21	15	63	45
Parastatal	10	0	70	0	20	14	13	0	87	11
Faith-based	16	0	75	0	9	204	21	2	76	186
Zone										
Northern	16	0	77	0	6	192	21	2	77	180
Central	34	0	65	0	1	164	40	3	56	162
Southern Highlands	18	0	74	0	7	169	29	4	68	156
Western	31	4	65	0	0	186	35	6	54	185
Lake	23	0	74	0	3	270	32	2	66	262
Southern	25	0	73	0	2	118	37	4	54	115
Eastern	21	0	62	0	17	152	18	6	66	126
Zanzibar	28	3	27	1	41	50	44	9	38	29
Total	24	1	69	0	6	1,300	31	4	63	1,215

Table A-6.29 Emergency maternity transportation systems

Among facilities with that support transportation for obstetric emergencies, percentage with specific emergency transportation systems and median transportation time to referral facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage using the following emergency transportation systems					Median transportation time (in minutes) to referral facility using most common mode of emergency transportation		Number of facilities supporting emergency transportation (weighted)
	Ambulance or other facility-based vehicle[1]	Vehicle at other facility[2]	Facility hires vehicle	Other arrangement to support cost[3]	Facility is referral site	Dry season	Wet season	
Type of facility								
Hospital	50	34	18	39	32	45	60	22
Health centre	45	42	24	40	0	60	90	39
Dispensary	8	42	13	60	0	60	120	184
Managing authority								
Government	11	46	8	59	2	61	120	177
Private for-profit	44	23	46	44	0	16	27	17
Parastatal	75	25	25	0	0	11	21	6
Faith-based	26	34	30	53	9	61	120	46
Zone								
Northern	24	44	17	52	1	60	90	41
Central	2	48	0	81	0	90	180	25
Southern Highlands	16	36	8	67	1	60	91	51
Western	5	31	5	68	2	61	120	33
Lake	10	39	8	49	5	60	90	37
Southern	33	64	33	27	5	61	120	21
Eastern	36	42	42	33	6	30	45	33
Zanzibar	25	31	18	59	3	26	31	4
Total	18	41	15	55	3	60	91	245

[1] Ambulance or other vehicle that stays at the facility.
[2] Facility calls for dedicated vehicle from other facility to collect emergency patient.
[3] This may include facility or community financial support or other system.

Table A-6.30.1 Availability of equipment, infrastructure, and staff for quality delivery services: Observed

Percentage of facilities offering delivery services that are observed to have equipment, supplies, infrastructure, and staff for infection control and delivery services in the delivery service area, by type of facility, Tanzania SPA 2006

Background characteristics	Hospital	Health centre	Dispensary	Total percentage
Infection control				
Soap	96	78	78	79
Running water	83	62	43	47
Clean latex gloves	93	80	91	90
Disinfecting solution	87	75	69	71
Sharps box	71	66	81	79
All items for infection control[1]	44	29	25	26
Covered waste receptacle with plastic liner[2]	39	25	18	20
All items for infection control plus waste receptacle	15	0	4	4
Infrastructure for delivery				
Visual privacy and auditory privacy	94	97	92	93
Visual privacy only	4	3	6	6
No privacy	2	0	1	1
Delivery bed[3]	100	98	96	96
Examination light[4]	57	30	7	12
All elements of infrastructure[5]	55	30	7	12
Other items to support quality services				
Blank partograph	86	66	60	62
Guidelines for normal /emergency obstetric care	35	7	5	7
Qualified delivery provider onsite 24 hours[6]	99	72	12	23
Qualified delivery provider on call 24 hours[6]	0	3	2	2
All other items to support quality services[7]	7	3	0	1
Number of facilities offering delivery services (weighted)	24	48	379	451

[1] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box.
[2] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[3] Any type of bed where a client can lie down flat.
[4] Examination light, flashlight, or other spotlight source.
[5] Both visual and auditory privacy, examination bed, and examination light.
[6] Qualified delivery providers include gynaecologists, doctors, clinical officers, assistant medical officers, qualified nurse-midwives, and nurses with training in midwifery. A duty schedule must be observed.
[7] Guidelines, partograph, and delivery staff available 24 hours per day, with duty schedule observed.

Table A-6.30.2 Availability of equipment, infrastructure, and staff for quality delivery services: Observed or reported

Percentage of facilities offering delivery services that are observed or reported to have equipment, supplies, infrastructure, and staff for infection control and delivery services in the delivery service area, by type of facility, Tanzania SPA 2006

Background characteristics	Hospital	Health centre	Dispensary	Total percentage
Infection control				
Soap	99	83	84	84
Water	83	62	44	48
Clean latex gloves	98	90	95	94
Disinfecting solution	93	83	75	77
Sharps box	73	66	84	81
All items for infection control[1]	54	31	27	29
Covered waste receptacle with plastic liner[2]	39	25	18	20
All items for infection control plus waste receptacle	20	0	4	5
Infrastructure for delivery				
Visual privacy and auditory privacy	94	97	92	93
Visual privacy only	4	3	6	6
No privacy	2	0	1	1
Delivery bed[3]	100	98	96	96
Examination light[4]	58	33	8	14
All elements of infrastructur5	55	33	8	14
Other items to support quality services				
Blank partograph	87	75	65	67
Guidelines for normal /emergency obstetric care	65	18	8	12
Qualified delivery provider onsite 24 hours[6]	100	78	24	34
Qualified delivery provider on call 24 hours[6]	0	10	25	22
All other items to support quality services[7]	19	3	0	1
Number of facilities offering delivery services (weighted)	24	48	379	451

[1] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box.
[2] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[3] Any type of bed where a client can lie down flat.
[4] Examination light, flashlight, or other spotlight source.
[5] Both visual and auditory privacy, examination bed, and examination light.
[6] Qualified delivery providers include gynaecologists, doctors, clinical officers, assistant medical officers, qualified nurse-midwives, and nurses with training in midwifery. A duty schedule must be observed.
[7] Guidelines, partograph, and delivery staff available 24 hours per day, with duty schedule observed.

Table A-6.31 Location where delivery equipment is sterilised or disinfected

Among facilities that offer delivery services, percentage that process delivery equipment for reuse by sterilisation or high-level disinfection (HLD) in the indicated locations, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where delivery service equipment is processed in:[1]				Number of facilities offering delivery services (weighted)
	Delivery service area	Main facility area	Family planning service area	No processing of delivery equipment in facility	
Type of facility					
Hospital	24	76	0	0	24
Health centre	29	65	6	0	48
Dispensary	6	87	2	6	379
Managing authority					
Government	10	82	3	5	363
Private for-profit	8	92	0	0	18
Parastatal	0	100	0	0	3
Faith-based	5	91	0	4	67
Zone					
Northern	8	86	0	6	71
Central	5	88	4	3	43
Southern Highlands	4	96	0	0	83
Western	3	79	4	14	69
Lake	24	67	7	2	74
Southern	9	83	0	7	53
Eastern	9	91	0	0	56
Zanzibar	59	23	0	18	2
Total	9	84	2	5	451

[1] Main facility area and delivery processing area may be the same location in small facilities

Table A-6.32.1 Sterilisation and disinfecting capacity for delivery service equipment: All facilities

Among all facilities offering delivery services, percentage where facility has all items to support quality sterilisation or high-level disinfection (HLD) processes, and percentage with written guidelines at the site where delivery equipment is processed for reuse, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where the indicated procedure is the highest level for which all conditions are met for quality sterilisation/HLD of delivery equipment			Percentage of facilities with written guidelines for sterilisation or HLD procedures at processing site	Number of facilities offering delivery services (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	36	1	63	56	24
Health centre	17	2	81	16	48
Dispensary	0	5	95	12	379
Managing authority					
Government	1	5	94	13	363
Private for-profit	5	0	95	13	18
Parastatal	0	50	50	0	3
Faith-based	16	2	82	24	67
Zone					
Northern	6	4	90	31	71
Central	1	3	96	4	43
Southern Highlands	2	5	93	19	83
Western	1	2	97	7	69
Lake	1	7	91	9	74
Southern	7	2	91	14	53
Eastern	8	5	87	14	56
Zanzibar	12	0	88	35	2
Total	4	4	92	15	451

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge was lacking or facility does not process delivery equipment.

Table A-6.32.2 Sterilisation and disinfecting capacity for delivery service equipment: Facilities where processing occurs in delivery service area

Among all facilities offering delivery services and processing equipment in the delivery service area, percentage where facility has all items to support quality sterilisation or high-level disinfection (HLD) processes, and percentage with written guidelines at the site where delivery equipment is processed for reuse, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where the indicated procedure is the highest level for which all conditions are met for quality sterilisation/HLD of delivery equipment			Percentage of facilities with written guidelines for sterilisation or HLD procedures at processing site	Number of facilities offering delivery services and processing equipment in delivery area (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	31	4	65	28	6
Health centre	0	0	100	8	14
Dispensary	0	6	94	31	22
Managing authority					
Government	3	4	93	26	37
Private for-profit	0	0	100	0	1
Faith-based	17	0	83	0	4
Zone					
Northern	4	2	94	48	6
Central	5	0	95	10	2
Southern Highlands	3	3	93	47	3
Western	17	0	83	12	2
Lake	1	8	91	9	17
Southern	11	0	89	27	5
Eastern	2	0	98	33	5
Zanzibar	20	0	80	30	1
Total	4	4	92	23	42

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge was lacking or facility does not process (sterilise or high-level disinfect) delivery equipment.

Table A-6.33.1 Storage conditions for sterilised or high-level disinfected delivery equipment: All facilities

Percentage of all facilities with stored sterilised/high-level disinfected (HLD) delivery instruments present, and among these, percentage that meet standards for good storage, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with stored sterilised/HLD delivery items present	Number of facilities (weighted)	Sterile/HLD storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD storage conditions and processing dates on sterilised items	Number of facilities with stored sterilised/HLD delivery items (weighted)
Type of facility							
Hospital	100	24	94	3	27	26	24
Health centre	100	48	70	25	3	3	48
Dispensary	98	379	34	46	1	1	373
Managing authority							
Government	99	363	36	44	2	2	358
Private for-profit	100	18	61	31	11	11	18
Parastatal	100	3	50	0	0	0	3
Faith-based	98	67	58	31	6	6	66
Zone							
Northern	94	71	69	29	3	3	67
Central	100	43	12	85	0	0	43
Southern Highlands	100	83	39	35	2	2	83
Western	98	69	26	55	0	0	68
Lake	100	74	46	30	8	8	74
Southern	100	53	39	27	0	0	53
Eastern	100	56	42	43	4	4	56
Zanzibar	82	2	93	7	0	0	2
Total	99	451	41	41	3	3	445

[1] Items are wrapped and sealed with time-steam-temperature (TST) sensitive tape or are in a sterile/HLD box that clasps shut.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the steriliser or autoclave, or sitting in disinfecting solution.

Table A-6.33.2 Storage conditions for sterilised or high-level disinfected delivery equipment: Facilities where items are present in delivery area

Percentage of facilities with stored sterilised/high-level disinfected (HLD) delivery instruments present in the delivery area, and among these, percentage that meet standards for good storage, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with stored sterilised/HLD delivery items present in the delivery area	Number of facilities (weighted)	Sterile/HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilised items	Number of facilities with stored sterilised/HLD delivery items in the delivery area (weighted)
Type of facility							
Hospital	60	24	94	4	10	9	14
Health centre	56	48	65	31	5	5	27
Dispensary	19	379	55	26	6	6	73
Managing authority							
Government	33	71	77	23	7	7	23
Private for-profit	8	43	48	52	0	0	4
Parastatal	19	83	64	26	1	1	16
Faith-based	11	69	30	35	1	1	8
	45	74	66	13	15	14	33
Zone	29	53	65	34	0	0	15
Northern	25	56	39	30	1	1	14
Central	59	2	90	10	0	0	1
Southern Highlands							
Western							
Lake	24	363	60	25	6	6	88
Southern	28	18	73	27	0	0	5
Eastern	50	3	0	0	0	0	1
Zanzibar	28	67	71	22	10	10	19
Total	25	451	62	25	6	6	114

Table A-6.34 Delivery service providers

Among facilities offering delivery services, percentage where a qualified, trained delivery service provider is available onsite or on call 24 hours a day to conduct deliveries, with or without an observed duty schedule, and percentage where the provider on duty at night is most commonly a doctor, midwife, nurse, or other staff member, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Qualified, trained delivery provider is available 24 hours, with observed duty schedule		Qualified, trained delivery provider is available 24 hours, with no observed duty schedule		Percentage of facilities where provider commonly on duty to conduct deliveries at night is:[1]				Number of facilities offering delivery services (weighted)
	Onsite	On call	Onsite	On call	Doctor[2]	Midwife[3]	Nurse[4]	Other[5]	
Type of facility									
Hospital	99	0	1	0	37	90	6	47	24
Health centre	72	3	7	8	21	71	3	53	48
Dispensary	12	2	13	23	14	19	0	38	379
Managing authority									
Government	19	2	12	23	14	25	1	43	363
Private for-profit	38	0	8	8	29	33	0	22	18
Parastatal	0	0	0	0	0	0	0	0	3
Faith-based	37	0	12	6	23	43	1	31	67
Zone									
Northern	30	2	19	6	27	38	0	38	71
Central	5	3	17	74	23	21	0	100	43
Southern Highlands	11	0	3	2	2	11	0	7	83
Western	15	2	14	18	18	23	2	36	69
Lake	41	6	9	13	12	38	1	53	74
Southern	23	0	5	35	5	28	2	36	53
Eastern	27	0	15	23	27	38	0	40	56
Zanzibar	65	0	0	0	6	65	0	27	2
Total	23	2	12	20	16	28	1	40	451

[1] There may be more than one type of staff who routinely conducts night deliveries at the same facility.
[2] Include gynaecologists, doctors, clinical officers, assistant medical officers and clinical assistants
[3] Qualified midwife or nurse with midwifery training
[4] Qualified nurse without midwifery training
[5] Primary/junior nurse or midwife or assistant or auxiliary staff.

Table A-6.35.1 Availability of medicines and supplies for quality delivery services: Observed

Percentage of facilities offering delivery services where specific medicines and supplies are observed to be in the delivery room (DR) and/or pharmacy, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Basic medicines and supplies for delivery				
Scissors or blade in DR	87	89	85	86
Cord clamp or tie in DR	82	68	48	52
Suction apparatus (bulb or machine) in DR	92	71	29	36
Suction bulb in DR	54	16	15	17
Suction machine in DR	80	68	18	27
Antibiotic eye ointment for newborn in DR	41	27	46	44
Antibiotic eye ointment for newborn in DR or pharmacy	72	63	71	70
Skin disinfectant for perineum in DR	84	68	77	77
All basic supplies for delivery[1]	41	25	10	13
Additional medicines and supplies for managing common complications of delivery				
Syringes and needles in DR	95	77	84	84
Syringes and needles in DR or pharmacy	99	92	90	91
Intravenous solution[2] and perfusion set in DR	83	56	27	33
Intravenous solution[2] and perfusion set in DR or pharmacy	99	81	48	54
Oral antibiotic[3] in DR or pharmacy	94	86	89	89
Injectable oxytocic medication in DR	88	18	5	11
Injectable oxytocic medication in DR or pharmacy	95	24	9	15
Suture material in DR	95	74	75	76
Needle holder in DR	82	64	53	56
All basic treatment interventions[4]	59	10	3	6
Additional medicines and supplies for managing serious complications				
Valium or magnesium sulfate in DR	78	50	60	60
Valium or magnesium sulfate in DR or pharmacy	96	90	89	90
Injectable amoxicillin or ampicillin in DR	46	6	0	3
Injectable amoxicillin or ampicillin in DR or pharmacy	78	11	2	7
Injectable procaine penicillin in DR	30	51	59	57
Injectable gentamicin in DR	47	14	6	9
Injectable gentamicin in DR or pharmacy	85	28	11	17
All other medicines for complications[5]	76	17	6	11
Injectable hydralazine in DR	52	2	1	4
Injectable ergometrine or Methergine in DR	88	61	70	70
Number of facilities offering delivery services (weighted)	24	48	379	451

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, and skin disinfectant for perineum

[2] Accepted Intravenous solutions were dextrose 5% and normal saline (D5NS), 0.9% normal saline, or Ringer's lactate.

[3] Oral amoxicillin, ampicillin, or cotrimoxazole.

[4] Needles and syringes, intravenous solution with perfusion set, injectable oxytocic, suture material, and needle holder all located in delivery room area, oral antibiotic (cotrimoxazole, amoxicillin, or ampicillin) located in pharmacy or delivery room area

[5] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area, and injectable antibiotics (penicillin and ampicillin), or gentamicin) in delivery room area or pharmacy

Table A-6.35.2 Availability of medicines and supplies for quality delivery services: Observed or reported

Percentage of facilities offering delivery services where specific medicines supplies are observed or reported to be available in the delivery room (DR) and/or pharmacy, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Basic medicines and supplies for delivery				
Scissors or blade in DR	100	100	91	93
Cord clamp or tie in DR	83	77	52	56
Suction apparatus (bulb or machine) in DR	92	71	29	37
Suction bulb in DR	57	20	16	18
Suction machine in DR	81	68	19	27
Antibiotic eye ointment for newborn in DR	41	27	46	44
Antibiotic eye ointment for newborn in DR or pharmacy	72	63	71	71
Skin disinfectant for perineum in DR	97	87	83	84
All basic supplies for delivery[1]	59	33	11	16
Additional medicines and supplies for managing common complications of delivery				
Syringes and needles in DR	97	88	91	91
Syringes and needles in DR or pharmacy	99	97	94	95
Intravenous solution[2] and perfusion set in DR	84	56	30	35
Intravenous solution[2] and perfusion set in DR or pharmacy	100	81	49	55
Oral antibiotic[3] in DR or pharmacy	94	86	89	89
Injectable oxytocic medication in DR	88	18	5	11
Injectable oxytocic medication in DR or pharmacy	95	24	9	15
Suture material in DR	98	85	84	85
Needle holder in DR	97	70	59	62
All basic treatment interventions[4]	73	10	3	7
Additional medicines and supplies for managing serious complications				
Valium or magnesium sulfate in DR	78	50	60	60
Valium or magnesium sulfate in DR or pharmacy	96	90	89	90
Injectable amoxicillin or ampicillin in DR	46	6	0	3
Injectable amoxicillin or ampicillin in DR or pharmacy	78	11	2	7
Injectable procaine penicillin in DR	30	51	59	57
Injectable gentamicin in DR	47	14	6	9
Injectable gentamicin in DR or pharmacy	85	28	11	17
All other medicines for complications[5]	76	17	6	11
Injectable hydralazine in DR	52	2	1	4
Injectable ergometrine or Methergine in DR	88	61	70	70
Number of facilities offering delivery services (weighted)	24	48	379	451

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, and skin disinfectant for perineum.
[2] Accepted Intravenous solutions were Dextrose 5% and normal saline (D5NS), 0.9% normal saline, or Ringers lactate.
[3] Oral amoxicillin, ampicillin, or cotrimoxazole.
[4] Needles and syringes, intravenous solution with perfusion set, injectable oxytocic, suture material, and needle holder all located in delivery room area, oral antibiotic (cotrimoxazole, amoxicillin, or ampicillin) located in pharmacy or delivery room area
[5] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area, and injectable antibiotics (penicillin and ampicillin) or gentamicin in delivery room area or pharmacy

Table A-6.36 Availability of services, equipment, and supplies for complications of labour and delivery

Percentage of facilities offering delivery services where specific services, equipment, and supplies are available for certain complications of labour and delivery, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Assisted labour	Removal of retained products		Blood transfusion services	Caesarean section	Emergency support for newborn		Number of facilities offering delivery services (weighted)
	Vacuum extractor	Vacuum aspirator	D&C kit[1]			Newborn respiratory support[2]	External heat source[3]	
Type of facility								
Hospital	59	47	42	99	96	78	39	24
Health centre	19	17	36	12	15	36	9	48
Dispensary	0	1	3	1	0	10	0	379
Managing authority								
Government	3	4	5	3	3	13	2	363
Private for-profit	8	22	22	32	24	29	13	18
Parastatal	0	0	0	0	0	0	0	3
Faith-based	18	10	21	23	20	32	8	67
Zone								
Northern	6	7	11	9	7	18	5	71
Central	1	4	0	2	2	8	1	43
Southern Highlands	4	3	6	4	4	17	2	83
Western	3	4	8	2	2	15	0	69
Lake	7	4	8	9	7	15	4	74
Southern	9	2	9	10	9	14	2	53
Eastern	8	10	12	12	15	25	8	56
Zanzibar	18	47	41	59	24	38	18	2
Total	5	5	8	7	7	16	3	451

[1] Dilation and curettage kit.
[2] Infant sized Ambu bag or equivalent.
[3] Most often an incubator, although heat light would be sufficient.

Table A-6.37 Capacity to conduct caesarean section

Among facilities that offer caesarean section, percentage where basic items and staff are available, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Basic item					Additional components		Provider for conducting caesarean section on duty 24 hours[3]	Number of facilities offering caesarean section (weighted
	Operating table	Operating light	Scrub area adjacent to operating room (OR)	Sterilised instruments	All basic items observed[1]	Anaesthetist[2]	Anaesthesia-giving set		
Type of facility									
Hospital	94	86	95	94	86	62	77	76	23
Health centre	80	80	80	59	59	20	20	20	7
Managing authority									
Government	97	90	98	84	76	61	58	68	11
Private for-profit	46	46	46	46	46	22	46	22	4
Faith-based	100	93	100	100	93	54	72	71	14
Zone									
Northern	98	78	100	100	78	49	91	71	5
Central	100	71	86	86	71	57	86	43	1
Southern Highlands	100	97	100	100	97	19	64	64	3
Western	100	92	100	100	92	77	85	85	1
Lake	98	98	98	67	67	67	52	69	5
Southern	97	95	100	100	95	31	31	34	5
Eastern	71	69	71	71	69	65	64	69	8
Zanzibar	-	-	-	-	-	-	-	-	0
Total	91	85	91	86	80	52	63	63	30

[1] Operating table, operating light, scrub area, and sterilised instruments.
[2] Duty schedule observed. An additional 32 percent of facilities reported they had an anaesthetist but there was no duty schedule.
[3] Duty schedule observed. An additional 28 percent of facilities reported they had a provider for conducting caesarean section but there was no duty schedule.

Table A-6.38 Newborn care practices

Percentage of facilities offering delivery services that report the indicated practice is a routine component of newborn care, by type of facility, Tanzania SPA 2006

Routine newborn care practices	Hospital	Health centre	Dispensary	Total percentage
Routine suction with catheter	58	46	15	20
Full immersion bath within 24 hours after birth	13	5	5	5
Newborn weighed	99	97	88	89
Infant scale available	71	50	61	60
Vitamin A given to mother	88	91	89	89
Vitamin A in delivery area	58	50	68	65
Vitamin A in pharmacy or delivery area	75	65	82	80
Provide oral polio vaccine to newborn	82	73	69	70
Provide BCG to newborn	76	52	34	38
Provide prelacteal liquids to newborn	21	1	3	4
Practices rooming-in[1]	99	92	92	92
Number of facilities offering delivery services (weighted)	24	48	379	451

[1] Newborn stays with mother

Table A-6.39.1 Emergency obstetric practices: All facilities

Among all facilities offering delivery services, percentage that ever provide specific interventions and the percentage that report providing the intervention during the past three months, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Assisted delivery[1]		Removal of retained products[2]		Parenteral oxytocic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Number of facilities offering delivery services (weighted)
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	68	49	97	77	78	77	70	57	89	74	99	90	24
Health centre	22	11	56	31	20	11	17	3	64	42	12	9	48
Dispensary	1	0	15	2	2	1	4	1	36	13	1	0	379
Managing authority													
Government	4	2	18	6	3	3	7	3	38	16	3	3	363
Private for-profit	13	5	69	25	40	32	11	11	63	40	32	11	18
Parastatal	0	0	0	0	0	0	0	0	0	0	0	0	3
Faith-based	20	14	44	22	25	15	18	9	55	35	23	21	67
Zone													
Northern	6	4	28	13	13	9	9	5	33	12	9	7	71
Central	2	2	28	1	1	1	1	1	48	14	2	1	43
Southern Highlands	4	4	16	6	6	4	11	6	21	9	4	3	83
Western	3	3	24	9	5	5	13	3	49	21	2	2	69
Lake	7	1	22	9	4	2	7	2	63	28	9	5	74
Southern	12	9	20	9	10	4	3	3	44	27	10	10	53
Eastern	12	5	35	14	17	14	15	8	37	27	12	12	56
Zanzibar	18	18	59	47	50	50	44	38	65	44	59	38	2
Total	7	4	24	9	8	6	9	4	41	19	7	6	451

[1] Via ventous (vacuum extractor)
[2] Via manual vacuum aspiration or dilatation and curettage

Table A-6.39.2 Emergency obstetric practices: Hospitals and health centres

Among hospitals and health centres offering delivery services, percentage that ever provide specific interventions and the percentage that report providing the intervention during the past three months, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Assisted delivery[1]		Removal of retained products[2]		Parenteral oxytocic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Number of facilities offering delivery services (weighted)
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	68	49	97	77	78	77	70	57	89	74	99	90	24
Health centre	22	11	56	31	20	11	17	3	64	42	12	9	48
Managing authority													
Government	30	15	58	38	21	20	36	19	73	44	24	22	44
Private for-profit	43	18	100	56	80	80	36	36	80	80	54	35	6
Faith-based	50	42	86	60	65	45	31	22	70	63	70	63	22
Zone													
Northern	31	20	69	55	44	44	33	24	65	42	44	33	14
Central	17	17	56	10	10	10	10	10	59	12	17	15	4
Southern Highlands	24	23	69	38	37	25	38	28	59	36	27	18	13
Western	26	21	58	25	7	7	26	11	84	38	16	16	9
Lake	37	7	60	49	16	16	50	12	73	62	33	33	11
Southern	59	55	62	59	62	27	22	17	60	59	66	66	8
Eastern	61	24	100	59	71	71	39	29	99	99	62	61	11
Zanzibar	27	27	91	73	77	77	68	59	100	68	91	59	1
Total	37	24	70	46	39	33	35	21	72	53	40	36	72

[1] Via ventous (vacuum extractor)
[2] Via manual vacuum aspiration or dilatation and curettage

Table A-6.40 Utilisation of delivery services

Median monthly number of vaginal deliveries and caesarean sections among facilities with data available on the day of the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of vaginal deliveries each month[1]	Number of facilities reporting vaginal delivery data (weighted)	Median number of caesarean sections each month[1]	Number of facilities reporting caesarean section data (weighted)
Type of facility				
Hospital	76	24	16	22
Health centre	16	48	4	6
Dispensary	6	363	-	0
Managing authority				
Government	6	354	15	11
Private for-profit	5	14	4	3
Parastatal	-	1	-	0
Faith-based	8	66	14	14
Zone				
Northern	5	68	19	5
Central	8	43	19	1
Southern Highlands	7	81	4	3
Western	10	66	20	1
Lake	8	72	11	5
Southern	4	53	3	5
Eastern	5	50	16	7
Zanzibar	92	1	9	1
Total	7	435	14	28

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were collected for the 12 months preceding the survey, but frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of cases calculated for each facility. This number was then used to calculate the median number of vaginal deliveries and caesarean sections per month.

Table A-6.41 User fees for delivery services

Percentage of facilities offering delivery services that charge user fees of various kinds, and among these, percentage that offer discounts or exemptions and that publicly post fees, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities charging for indicated item: Normal delivery	Fixed fee for ANC plus delivery	Medicines	Tests	No charges or don't know	Number of facilities offering delivery services (weighted)	Percentage of facilities charging for delivery services that offer discounts or exemptions	Percentage of facilities posting fees in public view: All fees are posted	Some fees are posted	No fees are posted	Number of facilities having any routine charges for delivery services (weighted)
Type of facility											
Hospital	48	31	41	45	49	24	51	30	0	70	12
Health center	26	11	25	23	72	48	58	22	10	68	14
Dispensary	13	3	10	7	85	379	55	13	3	85	55
Region											
Northern	23	10	14	15	77	71	58	9	8	83	17
Central	0	0	0	0	100	43	-	-	-	-	0
Southern Highlands	16	6	16	11	81	83	67	9	9	83	16
Western	8	0	6	2	92	69	51	26	0	74	6
Lake	16	5	15	8	80	74	39	14	0	86	15
Southern	15	3	10	10	85	53	38	5	0	95	8
Eastern	35	14	27	25	65	56	63	32	0	68	19
Zanzibar	32	6	0	21	62	2	15	54	0	46	1
Managing authority											
Government	0	0	0	0	99	363	74	21	0	79	2
Private for-profit	86	27	71	63	14	18	60	15	0	85	15
Parastatal	50	50	0	0	50	3	0	100	0	0	1
Faith based	85	28	68	51	9	67	54	15	4	81	62
Total	17	6	13	10	82	451	55	17	3	80	81

Table A-6.42 Supportive management for providers of delivery services

Among interviewed delivery service providers, percentage who received work-related training and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received:				Number of interviewed delivery service providers (weighted)[2]
	Pre- or in-service training related to delivery services during the past 12 months[1]	Personal supervision in the past 6 months	Received pre- or in-service training related to delivery services during the past 12 months and were personally supervised during the past 6 months	Most recent pre- or in-service training related to delivery services 13-35 months preceding the survey	
Type of facility					
Hospital	42	65	31	16	285
Health centre	28	82	24	14	245
Dispensary	15	82	13	12	924
Managing authority					
Government	23	82	19	13	1,084
Private for-profit	14	71	11	5	66
Parastatal	29	71	14	0	11
Faith-based	23	68	17	18	292
Zone					
Northern	23	76	17	18	283
Central	14	94	13	9	135
Southern Highlands	24	76	19	12	224
Western	26	89	24	13	181
Lake	19	81	16	17	245
Southern	28	76	18	13	165
Eastern	23	68	19	8	213
Zanzibar	30	72	23	30	9
Total	23	79	18	13	1,454

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of delivery services in facilities offering delivery services

Table A-6.43.1 Pre- and In-service training for delivery service providers: Topics related to delivery

Among interviewed delivery service providers, percentage who received in-service training on topics related to delivery during the 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Delivery care		Use of partograph		Life-saving skills		Post-abortion care		Exclusive breastfeeding		Number of interviewed delivery service providers (weighted)
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	11	12	10	12	10	10	7	10	11	10	285
Health centre	10	15	10	16	7	13	5	9	2	5	245
Dispensary	6	9	5	9	4	7	4	6	5	6	924
Managing authority											
Government	8	11	8	11	6	9	4	8	5	7	1,084
Private for-profit	6	3	3	3	3	3	3	3	6	0	66
Parastatal	0	0	0	0	0	0	0	0	0	0	11
Faith-based	6	13	5	11	5	9	6	8	6	8	292
Zone											
Northern	6	10	6	8	4	7	4	4	6	5	283
Central	2	7	3	10	3	6	1	6	0	5	135
Southern Highlands	11	13	10	13	7	8	6	8	5	9	224
Western	8	11	7	12	7	8	6	10	7	4	181
Lake	7	15	7	15	6	15	4	12	6	8	245
Southern	13	14	13	14	12	7	9	8	9	8	165
Eastern	4	4	2	5	3	3	3	3	4	5	213
Zanzibar	7	26	7	30	3	30	7	20	3	20	9
Total	7	11	7	11	6	8	5	7	5	7	1,454

Table A-6.43.2 Pre- and In-service training for delivery service providers: Newborn care and HIV/AIDS

Among interviewed delivery service providers, percentage who received in-service training on newborn care and HIV/AIDS during the 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Care of normal newborns		Neonatal resuscitation		Prevention of mother-to-child-transmission (PMTCT) of HIV		Nutrition counselling for mothers with HIV/AIDS		Obstetric practices for HIV/AIDS		Number of interviewed delivery service providers (weighted)
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	8	11	8	12	34	10	31	10	27	10	285
Health centre	3	7	5	6	20	6	19	4	14	3	245
Dispensary	4	7	4	6	8	5	7	3	5	2	924
Managing authority											
Government	4	8	5	7	15	5	14	4	10	3	1,084
Private for-profit	3	3	6	0	11	2	11	0	9	0	66
Parastatal	0	0	0	0	29	0	29	0	0	0	11
Faith-based	5	9	6	10	16	11	14	8	13	7	292
Zone											
Northern	5	6	5	6	14	14	13	9	10	9	283
Central	3	4	0	5	10	0	9	0	7	0	135
Southern Highlands	4	11	4	11	15	4	13	3	9	3	224
Western	4	6	5	5	18	6	17	5	14	3	181
Lake	5	10	7	10	8	4	7	3	6	3	245
Southern	7	9	9	10	21	2	20	2	14	2	165
Eastern	3	5	4	4	22	6	19	5	16	3	213
Zanzibar	0	20	0	20	26	6	26	6	26	6	9
Total	4	8	5	7	15	6	14	4	11	4	1,454

Table A-6.44 Supportive supervision for delivery service providers

Among interviewed delivery service providers who received a supervisory visit during the 6 months preceding the survey, median number of times providers were supervised, and percentage who report specific activities of the supervisor during the last visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of times providers were supervised in past 6 months	Percentage of providers who reported that during the last supervisory visit, the supervisor:						Number of delivery service providers who were supervised in past 6 months[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	12	95	90	91	72	91	48	185
Health centre	10	93	79	83	73	81	53	202
Dispensary	6	95	79	81	68	87	59	759
Managing authority								
Government	7	95	80	83	72	88	57	892
Private for-profit	4	93	85	93	54	96	50	47
Parastatal	2	100	100	80	41	80	20	8
Faith-based	9	92	83	81	61	80	54	198
Zone								
Northern	6	99	94	84	74	89	59	214
Central	9	96	86	95	88	85	70	127
Southern Highlands	7	92	66	77	69	87	44	170
Western	11	93	69	80	67	88	68	161
Lake	8	95	78	83	66	91	63	197
Southern	4	93	81	82	67	73	56	125
Eastern	5	94	91	86	58	88	31	146
Zanzibar	9	74	78	83	69	69	51	6
Total	7	95	81	83	69	87	56	1,146

[1] Includes only providers of delivery services in facilities offering delivery services

Table A-6.45 Use of partograph by delivery service providers

Among interviewed delivery service providers, percent distribution of reported partograph use, by type of facility, zone, and managing authority. Tanzania SPA 2006

Background characteristics	Partograph used						Total	Number of interviewed delivery service providers (weighted)
	During past 1 week	During past 2-4 weeks	During past 2-6 months	Over 6 months ago	Never	Don't know/ missing		
Type of facility								
Hospital	36	18	9	28	8	2	100	285
Health centre	37	24	11	15	8	4	100	245
Dispensary	27	19	8	15	22	9	100	924
Managing authority								
Government	29	21	9	16	17	7	100	1,084
Private for-profit	27	19	6	20	12	16	100	66
Parastatal	0	0	14	43	43	0	100	11
Faith-based	35	16	7	19	17	6	100	292
Zone								
Northern	25	25	11	20	15	5	100	283
Central	35	29	2	8	18	9	100	135
Southern Highlands	26	20	11	27	15	1	100	224
Western	26	12	7	15	32	7	100	181
Lake	34	14	9	15	15	14	100	245
Southern	34	21	11	15	13	7	100	165
Eastern	33	20	8	17	15	7	100	213
Zanzibar	46	8	3	29	7	6	100	9
Total	30	20	9	17	17	7	100	1,454

Chapter 7

Table A-7.1 Availability of services for sexually transmitted infections (STIs) in facilities reporting no primary STI services

Among facilities that do not offer primary services for sexually transmitted infections (STIs), percentage where service providers of antenatal care (ANC) and family planning (FP) report that they offer STI diagnosis and treatment to their clients, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities without primary STI services where STI services are offered by:		Number of facilities reporting no primary STI services (weighted)
	FP providers	ANC providers	
Type of facility			
Hospital	0	0	0
Dispensary	16	7	19
Stand-alone	0	0	3
Managing authority			
Government	21	9	14
Private for-profit	0	0	2
Faith-based	0	0	7
Zone			
Northern	0	0	6
Central	0	0	0
Western	0	0	3
Lake	50	0	3
Southern	23	23	6
Eastern	0	0	2
Zanzibar	9	0	3
Total	13	6	22

Table A-7.2.1 Availability of systems, infrastructure, and resources to support quality services for sexually transmitted infections: Observed

Among facilities offering services for sexually transmitted infections (STIs), percentage where the indicated systems and items to support utilisation of STI services, quality counselling, infection control, and physical examinations were observed, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support utilisation of STI services				
Active partner followup system	26	22	19	20
Passive partner followup system	100	92	95	95
No followup system for partners	0	8	5	5
Items to support quality counselling				
Individual client record or chart	66	59	59	60
Visual and auditory privacy	98	98	96	96
Visual privacy only	1	2	3	3
No privacy	1	0	1	1
Any guidelines for STIs	61	60	48	49
Guidelines for syndromic diagnosis of STIs	55	52	41	43
Any visual aids or educational materials for STIs	66	56	46	48
Educational materials for HIV/AIDS	62	49	38	40
Condoms at service delivery site	42	46	50	49
Condoms anywhere in facility	80	68	71	71
All items to support quality counselling[1]	23	18	15	15
Items for infection control				
Soap	90	75	81	81
Running water	87	69	50	53
Clean latex gloves	94	95	91	91
Disinfecting solution for contaminated equipment	42	46	65	62
Sharps box	50	75	65	65
All items for control of infection[2]	21	30	25	25
Waste receptacle[3]	34	26	18	20
All items for control of infection plus waste receptacle	8	7	5	5
Items for physical examination				
Visual and auditory privacy[4]	98	98	95	96
Visual privacy[5]	1	2	3	3
No privacy	1	0	1	1
Examination bed[6]	96	97	91	92
Examination light[7]	34	31	15	18
All items for examination	34	31	15	17
All items for infection control and physical examination				
All items for infection control and physical examination[8]	7	15	4	5
Number of facilities offering STI services (weighted)	24	55	509	589

[1] Private room assuring visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client chart, and condoms in STI service area.
[2] Soap, running water, latex gloves, disinfecting solution, and sharps box.
[3] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[4] Private room
[5] Private room or room with screen or curtain that can be pulled for visual privacy.
[6] Any type of bed where a woman can lie down flat.
[7] Examination light, flashlight, or other spotlight source.
[8] All items for infection control, visual and auditory privacy, examination bed, and examination light.

Table A-7.2.2 Availability of systems, infrastructure, and resources to support quality services for sexually transmitted infections: Observed or reported

Among facilities offering services for sexually transmitted infections (STIs), percentage where the indicated systems and items to support utilisation of STI services, quality counselling, infection control, and physical examinations were observed or reported, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items to support utilisation of STI services				
Active partner followup system	26	22	19	20
Passive partner followup system	100	92	95	95
No followup system for partners	0	8	5	5
Items to support quality counselling				
Individual client record/chart	80	76	67	68
Visual and auditory privacy	98	98	96	96
Visual privacy only	1	2	3	3
No privacy	1	0	1	1
Any guidelines for STIs	75	77	54	57
Guidelines for syndromic diagnosis STIs	69	63	48	50
Any visual aids or educational materials for STIs	72	70	54	56
Educational materials specific for HIV/AIDS	67	64	46	49
Condoms at service delivery site	49	63	54	54
Condoms anywhere in facility	81	73	73	73
All items to support quality counselling[1]	35	42	20	23
Items for infection control				
Soap	91	75	87	86
Running water	87	69	52	55
Clean latex gloves	96	100	97	97
Disinfecting solution for contaminated equipment	50	73	73	72
Sharps box	59	82	68	69
All items for control of infection[2]	26	47	28	30
Waste receptacle[3]	35	30	20	21
All items for control of infection plus waste receptacle	11	12	6	7
Items for physical examination				
Visual and auditory privacy[4]	98	98	95	96
Visual privacy[5]	1	2	3	3
No privacy	1	0	1	1
Examination bed[6]	96	100	92	93
Examination light[7]	45	39	19	22
All items for examination	45	37	18	21
All items for infection control and physical examination				
All items for infection control and physical examination[8]	14	24	4	7
Number of facilities offering STI services (weighted)	24	55	509	589

[1] Private room assuring visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client chart, and condoms in STI service area.
[2] Soap, running water, latex gloves, disinfecting solution, and sharps box.
[3] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[4] Private room
[5] Private room or room with screen or curtain that can be pulled for visual privacy.
[6] Any type of bed where a woman can lie down flat.
[7] Examination light, flashlight, or other spotlight source.
[8] All items for infection control, visual and auditory privacy, examination bed, and examination light.

Table A-7.3 Availability of tests and medicines for diagnosis and treatment of sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) that have equipment and tests for etiological diagnosis of STIs and medicines for treating STIs, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Items for etiologic examination				
Vaginal speculum	64	68	64	65
Swab stick for specimen	30	17	5	8
Syphilis test capacity[1]	97	51	18	24
Gonorrhoea test capacity[2]	69	24	3	7
Chlamydia test capacity[3]	7	0	0	1
Wet mounting test capacity[4]	98	69	29	36
HIV/AIDS testing capacity[5]	98	23	5	10
All five laboratory tests	6	0	0	0
Medicines (illness treated)				
Metronidazole (trichomoniasis)	92	87	88	88
Tinidazole (trichomoniasis)	27	17	14	15
Ceftriaxone (gonorrhoea)	52	19	14	16
Ciprofloxin (gonorrhoea)	96	64	53	56
Amoxicillin (chlamydia)	92	72	78	78
Augmentin (chlamydia)	25	10	10	11
Norfloxacin (chlamydia, gonorrhoea)	19	7	7	7
Doxycycline (chlamydia, syphilis)	86	70	76	76
Tetracycline (chlamydia, syphilis)	21	9	11	11
Erythromycin (chlamydia, syphilis)	94	51	49	51
Any injectable or oral penicillin (syphilis)	95	95	94	95
Nystatin cream or suppository (candidiasis)	72	61	47	49
Miconazole cream or suppository (candidiasis)	18	7	5	6
Clotrimazole cream or suppository (candidiasis)	90	60	45	48
At least one medication for:				
Trichomoniasis	92	90	89	89
Gonorrhoea	97	69	56	59
Chlamydia	98	92	91	92
Syphilis	99	97	97	97
Each of these four STIs[6]	91	66	50	53
Number of facilities offering STI services (weighted)	24	55	509	589

[1] Either venereal disease research laboratory (VDRL) test and functioning microscope, or reactive protein reagent (RPR) test kit.
[2] Gram stain reagents and functioning microscope and glass slides or culture capacity.
[3] Giemsa stain for chlamydia and functioning microscope and glass slides.
[4] Functioning microscope and glass slides.
[5] Enzyme-linked immunosorbent assay (ELISA), Western Blot, or rapid test.
[6] At least one medicine for treating trichomoniasis, gonorrhoea, chlamydia, and syphilis.

Table A-7.4 Supportive management of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who received training and supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to STIs during the past 12 months	Personal supervision in the past 6 months	Pre- or in-service training related to STIs during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training related to STIs 13-35 months preceding the survey	Number of interviewed providers of STI services (weighted)[1]
Type of facility					
Hospital	54	68	40	19	255
Health centre	41	83	33	23	175
Dispensary	28	78	23	22	1,009
Managing authority					
Government	36	82	29	23	932
Private for-profit	20	68	17	21	211
Parastatal	38	51	20	12	27
Faith-based	38	68	28	17	270
Zone					
Northern	36	76	30	22	312
Central	41	95	38	15	94
Southern Highlands	31	75	21	23	210
Western	39	89	34	20	155
Lake	27	84	24	25	209
Southern	50	77	37	15	153
Eastern	27	61	18	21	257
Zanzibar	31	69	23	35	50
Total	34	77	27	21	1,440

[1] Includes only providers of STI services in facilities where STI services are offered in any assessed clinic.

Table A-7.5 Training for providers of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who received pre- or in-service training on specific topics during the past 12 months or 13-35 months preceding the survey, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Any diagnosis and treatment of STIs		Syndromic approach for diagnosing and treating STIs		Any course related to HIV/AIDS		Specific course related to PMTCT[1]		Number of interviewed STI service providers (weighted)[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	18	21	15	19	32	12	28	8	255
Health centre	15	28	14	23	22	9	19	8	175
Dispensary	15	21	13	17	12	8	7	5	1,009
Managing authority									
Government	17	24	15	20	17	9	13	5	932
Private for-profit	9	19	9	13	10	10	5	4	211
Parastatal	20	13	26	6	25	6	20	5	27
Faith-based	15	19	9	16	21	7	13	8	270
Zone									
Northern	20	21	15	19	19	10	11	11	312
Central	30	20	25	16	8	1	8	0	94
Southern Highlands	11	23	6	16	19	7	12	5	210
Western	17	22	19	22	15	7	20	5	155
Lake	13	24	13	21	12	9	6	5	209
Southern	17	25	14	20	28	5	17	2	153
Eastern	9	17	9	11	16	14	13	5	257
Zanzibar	10	40	12	34	19	20	7	7	50
Total	15	22	13	18	17	9	12	6	1,440

[1] Prevention of mother-to-child transmission of HIV
[2] Includes only providers of STI services in facilities where STI services are offered in any assessed clinic

Table A-7.6 Supportive supervision for providers of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs) who were personally supervised in the past 6 months, median number of times they were supervised, and percentage who report specific activities by the supervisor during the last visit, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers who report that during the last supervisory visit, the supervisor:						Number of STI service providers who received supervision in past 6 months (weighted)
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	97	90	89	73	92	51	175
Health centre	3	95	85	83	71	86	61	146
Dispensary	3	94	83	80	65	85	51	785
Managing authority								
Government	3	95	83	83	70	88	58	762
Private for-profit	2	89	91	77	51	78	21	144
Parastatal	3	100	100	74	61	84	28	14
Faith-based	3	95	84	82	67	85	52	185
Zone								
Northern	3	99	93	85	68	86	58	236
Central	4	96	96	93	87	86	70	89
Southern Highlands	2	97	72	74	70	90	40	157
Western	3	90	71	81	63	87	58	138
Lake	4	94	81	81	65	89	55	176
Southern	3	90	80	82	63	75	63	118
Eastern	3	94	93	82	60	86	30	157
Zanzibar	3	89	91	80	75	84	54	34
Total	3	95	84	82	67	86	52	1,105

Table A-7.7 Utilisation of services for sexually transmitted infections

Median number of clients for services for sexually transmitted infections (STIs) each month, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Median number of STI clients per month[1]	Number of facilities reporting statistics (weighted)[2]
Type of facility		
Hospital	17	22
Health centre	10	51
Dispensary	5	444
Managing authority		
Government	6	353
Private for-profit	4	80
Parastatal	3	11
Faith-based	5	73
Zone		
Northern	8	87
Central	3	40
Southern Highlands	4	90
Western	7	71
Lake	9	82
Southern	5	55
Eastern	6	77
Zanzibar	4	16
Total	6	517

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of clients per month.

[2] All facilities did not have data available.

Table A-7.8 Service area where client was observed for sexually transmitted infections

Among observed clients who were assessed for possible sexually transmitted infections (STIs), percentage distribution of clients according to their primary reason for visiting the facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of observed STI clients who came to the facility primarily for:				Number of observed STI clients (weighted)
	Antenatal care services	Family planning services	Sick child services	STI or reproductive tract infection assessment	
Type of facility					
Hospital	4	3	6	87	23
Health centre	6	0	37	57	32
Dispensary	8	1	20	72	136
Managing authority					
Government	12	2	21	65	107
Private for-profit	0	0	16	84	43
Faith-based	0	0	26	74	42
Zone					
Northern	1	1	41	58	35
Central	28	5	0	66	27
Southern Highlands	0	0	27	73	15
Western	18	0	32	51	9
Lake	6	1	10	83	44
Southern	0	0	50	50	19
Eastern	0	1	11	88	38
Zanzibar	18	0	18	63	4
Total	7	1	21	71	191

Table A-7.9 Assessments, laboratory tests, and examinations for observed clients with symptoms of sexually transmitted infections

Among observed clients with symptoms of sexually transmitted infections (STIs), percentage who were reassured about confidentiality, asked about client history, had laboratory diagnostic tests, and had a physical examination, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Reassured about confidentiality	83	61	86	81
Client history elicited				
Client symptoms	100	91	97	96
How long symptoms have been present	97	100	96	97
History of recent sexual contact	86	76	65	70
Symptoms in partner	61	64	61	62
Partner status[1]	73	71	68	69
All elements of client history[2]	53	39	38	40
Types of laboratory tests				
Any laboratory test	34	22	25	26
Any blood test (reason not specified)	15	0	10	9
HIV test	7	4	1	2
Microscopic examination of specimen	24	22	20	21
Number of observed STI clients (weighted)	23	32	136	191
Examination				
Physical examination (male)	47	54	58	56
Number of observed male STI clients (weighted)	8	13	36	56
Physical examination (female)	69	68	51	56
Number of observed female STI clients (weighted)	16	19	100	135

[1] Monogamous, multiple partners, non-monogamous partners, etc.
[2] Client symptoms, how long symptoms have been present, history of recent sexual contacts, symptoms in partner, and partner status.

Table A-7.10.1 Physical examinations of clients assessed for sexually transmitted infection: Females

Percentage of observed physical examinations of female clients for sexually transmitted infections (STIs) that included the indicated components, and percentage of speculum examinations that followed indicated procedures, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Provider treatment of client				
Visual privacy assured	98	77	100	96
Auditory privacy assured	96	83	100	96
Explained procedure before starting	98	61	95	89
Asked client to relax	41	14	34	32
Infection control procedure				
Provider washed hands with soap prior to examination	27	0	13	13
Provider wore clean gloves	87	69	70	73
Provider washed hands after removing gloves	78	31	37	42
General examination				
Inspected labia	89	68	73	74
Used speculum	83	76	83	82
Number of observed female STI client examinations (weighted)	11	13	51	75
Procedures for speculum examination				
Used sterilized or HLD instruments	24	15	21	20
Prepared all instruments before starting	29	0	28	23
Used items placed in decontaminating solutions	37	18	10	16
Contaminated surfaces wiped with disinfectant	20	0	4	6
Procedures utilised				
Explained speculum procedure	25	15	22	21
Inspected cervix	33	15	27	26
Performed bimanual examination	55	29	27	32
Conducted all elements of pelvic examination[1]	11	0	1	2
Number of observed female STI clients with speculum examination (weighted)	9	10	43	62

[1] Used speculum, explained the speculum procedure, used sterilized or HLD instruments, prepared all instruments before starting, inspected the cervix, and performed a bimanual examination.

Table A-7.10.2 Physical examinations of clients assessed for sexually transmitted infections: Males

Percentage of observed physical examinations of male clients for sexually transmitted infections (STIs) that included the indicated components, by type of facility, Tanzania SPA 2006

Items	Hospital	Health centre	Dispensary	Total percentage
Conditions during physical examination[1]				
Visual privacy assured	91	100	93	94
Visual and auditory privacy assured	84	100	93	94
Provider washed hands with soap prior to examination	20	0	2	3
Provider wore clean latex gloves	55	0	28	25
Genitals fully exposed	91	19	47	46
All elements of examination[2]	17	0	2	3
Foreskin retracted (among uncircumcised males)	34	0	8	9
Number of observed male STI client examinations (weighted)	4	7	21	31
Number of uncircumcised male STI clients examined (weighted)	3	7	16	26

[1] These clients may have had only an external examination of the genitalia.
[2] Visual and auditory privacy assured, provider washed hands with soap prior to examination, provider wore clean latex gloves, and genitals were fully exposed.

Table A-7.11 Observed counselling for clients assessed for sexually transmitted infections

Among clients whose consultation for sexually transmitted infections (STIs) was observed, percentage for whom the indicated items were components of counselling, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Components of counselling				
Any mention of client diagnosis	88	62	84	81
Any mention of relationship between the infection and sexual activity	79	60	77	75
Client received prescription or medication	86	96	93	92
Client received prescription or medication for sexual partner	27	23	31	29
Client instructed about medications	73	56	80	75
Partner referral encouraged	68	65	68	67
Followup appointment discussed	61	40	66	61
Risk of HIV/AIDS mentioned	56	18	31	32
Wrote on client health card	99	100	94	96
Components of condom counselling				
Discussed condoms for prevention	23	5	25	21
Instructed how to use condom	10	0	8	7
Offered condoms	6	5	4	5
Demonstrated how to put on condom	9	0	4	4
Any discussion of condoms or HIV/AIDS	59	18	40	38
Number of observed STI consultations (weighted)	23	32	136	191

Table A-7.12 Knowledge and experience of condom use reported by clients

Among clients whose consultation for a sexually transmitted infection (STI) was observed and who were interviewed, percentage who reported previous condom use, factors contributing to lack of condom use, and receipt of condoms and counselling today, Tanzania SPA 2006

Item	Percentage of clients
Client and partner have used condoms before	42
Client agrees factor may contribute to lack of use of condoms	
Embarrassing to purchase	17
Problem with disposal	11
Embarrassing to discuss with partner	16
Reduces own sexual satisfaction	14
Reduces partner's sexual satisfaction	19
Client identified any of these factors as contributing to lack of use of condoms	35
Health workers talked about condoms today	29
Client received condoms today	5
Number of interviewed STI clients (weighted)	190
Among clients who reported any factors as contributing to lack of use of condoms, percentage who discussed the issue with provider	23
Number of interviewed STI clients who identified a factor as contributing to their lack of use of condoms (weighted)	66

Table A-7.13 Client feedback on service problems

Among interviewed clients who received services for a sexually transmitted infection (STI), percentage who considered specific service issues to be a big problem on the day of the visit, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Behaviour or attitude of provider	8	0	0	1
Inability to discuss problems or oncerns	7	6	1	3
Insufficient explanation about method or problems	11	4	1	3
Waiting time to see provider	20	27	12	15
Quality of examination and treatment	6	4	5	5
Availability of methods or medicines	9	18	6	8
Days facility is open	10	0	2	3
Hours facility is open	7	0	3	3
Cleanliness of facility	5	5	0	1
Cost of services	18	9	7	9
Insufficient visual privacy	8	0	1	2
Insufficient auditory privacy	8	0	0	1
Number of interviewed STI clients (weighted)	23	32	135	190

Table A-7.14 Client choice of facility

Among interviewed clients who received services for a sexually transmitted infection (STI), percentage who reported this was not the closest health facility to their home, and among these, the main reasons they did not go to the nearest facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed STI clients who report this is not the closest facility to their home	Number of interviewed STI clients (weighted)	Percentage of STI clients who say the main reason they did not go to the nearest facility is: Inconvenient operating hours	No medicines	More expensive	Was referred to this facility	Number of interviewed STI clients for whom this was not the closest facility (weighted)
Type of facility							
Hospital	64	23	3	5	4	58	15
Health centre	18	32	0	25	0	75	6
Dispensary	20	135	5	11	10	26	26
Managing authority							
Government	19	105	0	26	17	34	20
Private for-profit	28	43	12	0	0	42	12
Faith-based	37	42	3	0	0	52	15
Zone							
Northern	41	35	0	0	12	34	14
Central	14	27	0	6	3	8	4
Southern Highlands	21	15	0	0	0	83	3
Western	5	9	0	25	0	25	0
Lake	30	44	0	14	12	49	13
Southern	9	19	23	7	0	46	2
Eastern	26	37	14	29	0	42	10
Zanzibar	23	4	0	0	0	87	1
Total	25	190	4	11	7	42	47

Table A-7.15 Educational characteristics of STI clients

Among interviewed clients who received services for a sexually transmitted infection (STI), percent distribution according to educational status, and among STI clients with primary, informal, or no education, percent distribution according to literacy status, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percent distribution of interviewed STI clients according to educational level					Number of interviewed STI clients (weighted)	Percent distribution of interviewed STI clients with primary, informal, or no education according to literacy status				Number of interviewed STI clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Middle	Secondary or higher		Cannot read or write	Can read, cannot write	Can read and write	Missing	
Type of facility											
Hospital	21	1	56	5	17	23	28	2	70	1	18
Health centre	33	1	56	0	10	32	38	5	57	0	29
Dispensary	13	0	67	0	19	135	18	4	77	1	109
Managing authority											
Government	22	1	69	1	8	105	27	3	68	2	96
Private for-profit	7	0	55	0	38	43	11	0	89	0	26
Faith-based	18	0	60	2	19	42	19	9	73	0	33
Zone											
Northern	10	0	70	0	20	35	7	5	88	0	28
Central	19	0	74	0	7	27	33	6	61	0	25
Southern Highlands	26	1	57	7	10	15	32	0	68	0	13
Western	32	0	35	0	33	9	47	0	53	0	6
Lake	27	0	66	0	7	44	29	4	67	0	41
Southern	23	1	49	0	27	19	42	0	58	0	14
Eastern	4	0	70	0	26	37	1	5	89	5	27
Zanzibar	0	11	37	12	40	4	6	0	94	0	2
Total	18	0	64	1	17	190	23	4	73	1	155

Table A-7.16 Capacity to provide services for tuberculosis

Among facilities providing any tuberculosis (TB) services, percentage that have the capacity to test for TB and medicines for treating TB, by type of facility, Tanzania SPA 2006

Item	Hospital	Health centre	Dispensary	Total percentage
Ability to conduct microscopic sputum exam[1]	98	68	22	33
Ability to stain sputum for TB diagnosis[2]	87	50	6	17
Availability of medicines				
Isoniazid	56	31	11	17
Pyrazinamide	76	61	21	30
Rifampin	22	15	10	11
Ethambutal	80	64	30	38
Rifina (rifampin + isoniazid)	82	66	36	43
RHZ, Rifater (isoniazid + rifampin + pyrazinamide)	16	20	10	11
EH (isoniazid + ethambutol)	70	65	46	50
4FDC (INH + ethambutol + pyrazinamide + rifampin)	46	40	21	25
Streptomycin	58	22	5	11
Pre-packed DOTS TB drugs	41	47	29	32
All first-line treatments available[3]	87	80	45	52
All first and second-line treatments available[4]	58	22	5	10
Number of facilities providing TB diagnostic or treatment and followup services (weighted)	25	48	300	372

[1] Functioning microscope and glass slides.
[2] Functioning microscope and glass slides plus all stains for AFB or Ziehl-Neelson test.
[3] Any combination of pyrazinamide, rifampin, ethambutol, and isoniazid.
[4] All first-line medicines plus streptomycin.

Table A-7.17.1 Supportive management of tuberculosis services: Laboratory diagnostic services

Among interviewed providers of laboratory tuberculosis (TB) diagnostic services, percentage who received work-related training and personal supervision during specific time periods, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received:				Number of interviewed providers of lab TB diagnostic services (weighted)[1]
	Pre- or in-service training related to TB services during the past 12 months	Personal supervision in the past 6 months	Pre- or in-service training related to TB services during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training related to TB services 13-35 months preceding the survey	
Type of facility					
Hospital	19	78	16	20	54
Health centre	33	91	32	30	45
Dispensary	29	70	19	16	29
Managing authority					
Government	23	79	16	27	69
Private for-profit	38	86	38	0	12
Parastatal	0	100	0	0	2
Faith-based	29	81	29	23	46
Zone					
Northern	43	90	42	13	29
Central	5	95	5	58	6
Southern Highlands	44	83	31	22	22
Western	15	98	15	13	15
Lake	3	75	1	22	15
Southern	26	96	26	18	14
Eastern	10	51	10	28	20
Zanzibar	32	48	13	50	7
Total	26	81	22	23	128

[1] Includes only providers of TB services in facilities where lab TB services are offered in any assessed clinic

Table A-7.17.2 Supportive management of tuberculosis services: Clinical services

Among interviewed clinical providers of tuberculosis (TB) services, percentage who received training and supervision, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to TB services during the past 12 months	Personal supervision in the past 6 months	Pre- or in-service training related to TB services during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training related to TB services 13-35 months preceding the survey	Number of interviewed clinical providers of TB services (weighted)[1]
Type of facility					
Hospital	34	67	24	20	109
Health centre	52	90	50	17	90
Dispensary	33	81	26	21	352
Managing authority					
Government	39	84	33	22	406
Private for-profit	23	54	13	8	42
Parastatal	0	100	0	0	5
Faith-based	30	71	25	20	98
Zone					
Northern	36	73	28	24	81
Central	33	99	32	25	40
Southern Highlands	47	74	38	17	96
Western	35	92	35	18	67
Lake	20	91	18	22	77
Southern	42	80	33	15	72
Eastern	33	69	24	20	100
Zanzibar	47	74	33	31	18
Total	36	80	30	20	550

[1] Includes only clinical providers of tuberculosis (TB) services in facilities where clinical TB services are offered in any assessed clinic. Excludes providers of laboratory TB diagnostic services only..

Table A-7.18.1 Tuberculosis treatment and/or followup using the DOTS strategy: Protocols at all sites

Percentage of facilities following the direct observed treatment short-course (DOTS) strategy for tuberculosis (TB) and, among them, percentage reporting they are part of DOTS programme, and percentage with client register, treatment guidelines at all service sites, and all first-line medicines, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering:		Total number of facilities (weighted	Among facilities following DOTS strategy, percentage:					Number of facilities following DOTS strategy for TB treatment (weighted)
	Any TB services	DOTS strategy for TB		Reporting they are part of national DOTS programme	With observed client register for DOTS	With observed TB treatment guidelines or protocol at **ALL** sites offering TB treatment following DOTS strategy	With all first-line TB medicines available[1]	With all items for TB indicator[2]	
Type of facility									
Hospital	100	88	25	99	90	75	97	66	22
Health centre	88	76	55	84	83	90	90	70	42
Dispensary	57	49	528	68	42	46	52	19	258
Stand-alone	0	0	3	-	-	-	-	-	0
Managing authority									
Government	71	69	399	73	51	55	58	28	274
Private for-profit	37	10	104	72	72	59	72	59	10
Parastatal	40	20	14	100	100	0	100	0	3
Faith-based	49	36	94	63	42	48	71	31	34
Zone									
Northern	56	47	110	92	73	63	95	45	52
Central	48	45	47	54	47	53	53	27	21
Southern Highlands	61	55	95	69	40	48	48	22	52
Western	71	55	82	88	44	53	44	28	45
Lake	63	57	89	46	49	43	44	15	51
Southern	71	69	61	69	46	62	65	30	42
Eastern	58	43	102	74	59	55	74	40	43
Zanzibar	55	52	25	98	30	51	29	14	13
Total	61	53	611	73	51	54	60	29	321

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS, observed TB treatment protocols at all sites, and all first-line TB medicines in facility.

Table A-7.18.2 Tuberculosis treatment and/or followup using the DOTS strategy: Protocols at any site

Percentage of facilities following the direct observed treatment short-course (DOTS) strategy for tuberculosis (TB) and, among them, percentage reporting they are part of DOTS programme, and percentage with client register, treatment guidelines at any TB service site, and all first-line medicines, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering :		Total number of facilities (weighted)	Among facilities following DOTS strategy for TB treatment, percentage:					Number of facilities following DOTS strategy for TB treatment (weighted)
	Any TB services	DOTS strategy for TB		Reporting they are part of national DOTS programme	With observed client register for DOTS	With observed TB treatment protocol at **ANY** site offering TB treatment following DOTS strategy	With all first-line TB medicines available[1]	With all items for TB indicator[2]	
Type of facility									
Hospital	100	88	25	99	90	80	97	71	22
Health centre	88	76	55	84	83	90	90	70	42
Dispensary	57	49	528	68	42	46	52	19	258
Stand-alone	0	0	3	-	-	-	-	-	0
Managing authority									
Government	71	69	399	73	51	55	58	28	274
Private for-profit	37	10	104	72	72	59	72	59	10
Parastatal	40	20	14	100	100	0	100	0	3
Faith-based	49	36	94	63	42	49	71	33	34
Zone									
Northern	56	47	110	92	73	64	95	46	52
Central	48	45	47	54	47	53	53	27	21
Southern Highlands	61	55	95	69	40	48	48	22	52
Western	71	55	82	88	44	53	44	28	45
Lake	63	57	89	46	49	43	44	15	51
Southern	71	69	61	69	46	63	65	31	42
Eastern	58	43	102	74	59	55	74	40	43
Zanzibar	55	52	25	98	30	51	29	14	13
Total	61	53	611	73	51	54	60	29	321

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS, observed TB treatment protocols at any TB service site in facility, and all first-line TB medicines in facility.

Table A-7.19.1 Management of tuberculosis: Protocols at all sites

Among facilities offering any tuberculosis (TB) treatment and/or followup services, percentage with observed client register at any site offering TB treatment, with observed treatment protocol at **all** sites offering TB treatment, and with all first-line medicines, and average number of sites per facility offering TB services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering TB services with:				Number of facilities offering TB treatment and/or followup services (weighted)	Average number of sites offering any TB treatment and/or followup services (weighted)[3]
	Observed client register at any site offering TB treatment	Observed TB treatment protocol at **ALL** sites offering TB treatment	All first-line TB medicines available[1]	All items for TB indicator[2]		
Type of facility						
Hospital	92	58	97	50	22	1.5
Health centre	84	90	90	71	43	1.0
Dispensary	44	46	52	19	259	1.0
Managing authority						
Government	52	54	58	27	276	1.0
Private for-profit	72	49	72	49	10	1.1
Parastatal	100	0	100	0	3	1.0
Faith-based	45	46	72	31	35	1.2
Zone						
Northern	74	63	95	45	53	1.1
Central	54	52	53	26	21	1.0
Southern Highlands	43	48	48	22	53	1.0
Western	46	51	46	27	47	1.0
Lake	49	43	44	15	52	1.0
Southern	46	62	65	30	42	1.0
Eastern	59	49	74	34	43	1.0
Zanzibar	35	51	29	14	13	1.0
Total	52	52	60	28	324	1.0

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS at **any** TB treatment site, observed TB treatment protocols at **all** TB treatment sites, and all first-line TB medicines available in facility.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-7.19.2 Management of tuberculosis: Client register and protocols at any site

Among facilities offering any tuberculosis (TB) treatment and/or followup services, percentage with observed client register at **any** site offering TB treatment, with observed treatment protocol at **any** sites offering TB treatment, and with all first-line medicines, and average number of sites per facility offering TB services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering TB services with:				Number of facilities offering TB treatment/followup services (weighted)	Average number of sites offering any TB treatment and/or followup services (weighted)[3]
	Observed client register at any site offering TB treatment	Observed TB treatment protocol at **ANY** site offering TB treatment	All first-line TB medicines available[1]	All items for TB indicator[2]		
Type of facility						
Hospital	92	80	97	71	22	1.5
Health centre	84	90	90	71	43	1.0
Dispensary	44	46	52	19	259	1.0
Managing authority						
Government	52	55	58	28	276	1.0
Private for-profit	72	59	72	59	10	1.1
Parastatal	100	0	100	0	3	1.0
Faith-based	45	51	72	35	35	1.2
Zone						
Northern	74	65	95	47	53	1.1
Central	54	53	53	27	21	1.0
Southern Highlands	43	49	48	23	53	1.0
Western	46	51	46	28	47	1.0
Lake	49	43	44	16	52	1.0
Southern	46	63	65	31	42	1.0
Eastern	59	55	74	40	43	1.0
Zanzibar	35	51	29	14	13	1.0
Total	52	54	60	29	324	1.0

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS at **any** TB treatment site, observed TB treatment protocols at **any** TB treatment sites, and all first-line TB medicines available in facility.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-7.20 Resources and supplies for diagnosing tuberculosis

Percentage of all facilities offering specific tuberculosis (TB) diagnostic methods, and among those using sputum and X-rays, percentage with capacity for diagnostic activities, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that diagnose TB with any method[1], either onsite or through referrals to external lab	Percentage of facilities that diagnose TB onsite using the following method:[2]			Total number of facilities (weighted)	Among facilities using sputum test[3] to diagnose TB, percentage with:					Number of facilities diagnosing TB using sputum test (weighted)	Among facilities using X-rays to diagnose TB, percentage with:	
		Sputum[3]	X-ray	Clinical symptoms		All items for conducting sputum test for TB[4]	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for sputum test[5]	Staff trained in sputum TB test in past 35 months		X-ray capacity[6]	Number of facilities diagnosing TB using X-ray (weighted)
Type of facility													
Hospital	100	99	73	1	25	84	5	89	86	37	24	83	18
Health centre	80	56	2	10	55	34	23	87	49	58	31	100	1
Dispensary	34	6	1	15	528	40	8	37	22	31	34	0	6
Stand-alone	0	0	0	0	3	-	-	-	-	-	0	-	0
Managing authority													
Government	44	11	2	17	399	44	23	78	56	47	42	90	8
Private for-profit	32	17	6	11	104	43	5	40	34	21	18	15	6
Parastatal	30	20	0	0	14	50	0	0	0	0	3	-	0
Faith-based	40	27	11	7	94	66	0	81	53	54	25	77	10
Zone													
Northern	49	15	6	19	110	62	15	75	52	53	16	96	6
Central	21	9	2	3	47	21	44	66	66	47	4	100	1
Southern Highlands	25	17	3	6	95	65	8	81	64	54	16	96	3
Western	64	18	1	36	82	27	8	53	27	21	15	100	1
Lake	45	12	2	17	89	59	15	73	60	21	11	100	2
Southern	33	13	3	4	61	40	18	79	42	60	8	75	2
Eastern	41	14	10	8	102	53	7	62	50	32	14	24	10
Zanzibar	37	20	3	3	25	47	0	41	26	71	5	67	1
Total	41	14	4	14	611	50	12	68	49	42	89	65	25

[1] Includes sputum, X-ray, or clinical symptoms.
[2] Units within a facility may use different diagnostic methods so the percentages may add up to more than 100 percent.
[3] Includes sputum microscopy, culture, or rapid test.
[4] AFB or Ziehl-Neeson test, with stain, such as methyl blue present, and a functioning microscope and glass slides with covers **OR** agar plates for culture and a functioning incubator **OR** any rapid TB diagnostic test kit.
[5] All items for conducting test or documented system for sending sputum elsewhere, and record of test results.
[6] Functioning X-ray machine with films.

Table A-7.21 Tuberculosis and HIV services

Among facilities offering any tuberculosis (TB) services, percentage that refer TB clients for HIV testing, percentage with records of HIV status and testing of TB clients, and percentage with service providers trained on TB, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where newly diagnosed TB clients are referred for HIV testing		Percentage of facilities with observed records or register of:		Percentage of facilities in which at least one TB service provider received TB-related training in the:		Number of facilities offering any TB services (weighted)	Mean number of sites at facility offering any TB services[3]
	All cases routinely referred[1]	Only suspect cases referred[2]	Newly diagnosed TB clients referred for HIV testing	Current TB clients who are also HIV positive	Past 12 months	Past 13-35 months		
Type of facility								
Hospital	24	34	26	32	60	49	25	2.1
Health centre	13	24	13	13	56	36	48	1.1
Dispensary	7	7	3	4	32	26	300	1.0
Managing authority								
Government	9	12	5	7	39	31	282	1.1
Private for-profit	3	0	3	3	19	13	39	1.1
Parastatal	25	25	25	25	0	25	6	1.0
Faith-based	7	13	5	9	44	27	46	1.2
Zone								
Northern	21	15	10	13	35	31	61	1.2
Central	1	23	2	9	43	47	23	1.1
Southern Highlands	8	3	5	6	50	25	58	1.1
Western	4	14	6	6	29	22	58	1.0
Lake	1	18	6	4	25	24	56	1.0
Southern	13	2	1	2	43	29	43	1.0
Eastern	8	6	4	9	33	32	59	1.2
Zanzibar	5	3	8	3	56	31	14	1.0
Total	9	11	5	7	37	29	372	1.1

[1] All newly diagnosed TB clients are routinely referred for HIV testing regardless of whether they show any sign of HIV infection.
[2] Only those newly diagnosed TB clients who are suspected to be infected with HIV are referred for HIV testing.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-7.22.1 Malaria diagnosis and treatment: Protocol at all sites

Percentage of all facilities offering malaria treatment services, and among them, percentage with capacity to support malaria services at all sites, and mean number of sites per facility offering malaria treatment services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that offer malaria treatment services	Total number of facilities (weighted)	Among facilities offering malaria treatment, percentage with: Observed malaria treatment protocol in **ALL** relevant sites	All first line antimalarial medicines[1] available at facility	No stockout of first-line antimalarials in past 6 months	Lab diagnostic capacity for blood smear[2]	Lab diagnostic capacity for rapid test	Treatment protocol in **ALL** relevant sites and medicines available	Number of facilities offering malaria treatment services (weighted)	Mean number of sites offering malaria treatment services[3]
Type of facility										
Hospital	100	25	0	98	95	96	14	0	25	3.8
Health centre	100	55	17	97	91	67	7	17	55	1.9
Dispensary	100	528	35	95	92	26	0	33	526	1.0
Stand-alone	10	3	-	-	-	-	-	-	*	1.0
Managing authority										
Government	100	399	37	95	92	12	0	34	398	1.2
Private for-profit	98	104	22	96	92	79	4	21	102	1.2
Parastatal	100	14	20	90	90	50	0	20	14	1.0
Faith-based	99	94	26	94	88	69	4	24	92	1.5
Zone										
Northern	97	110	22	96	88	40	1	21	107	1.3
Central	99	47	3	100	100	12	0	3	47	1.1
Southern Highlands	100	95	53	94	90	24	1	52	95	1.2
Western	100	82	22	93	91	28	0	18	82	1.1
Lake	100	89	38	89	86	28	2	32	89	1.2
Southern	99	61	35	98	95	30	0	32	60	1.3
Eastern	100	102	30	97	94	52	4	30	102	1.2
Zanzibar	97	25	69	100	98	40	1	69	24	1.2
Total	99	611	32	95	92	33	1	30	606	1.2

[1] Sulfadoxine-pyrethamine (Fansidar), amodiaquine, and Coartem.
[2] Functional microscope, slides, and stain are available.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.
* Value less than 1.

Table A-7.22.2 Malaria diagnosis and treatment: Protocol at any site

Percentage of all facilities offering malaria treatment services, and among them, percentage with capacity to support malaria services at any site, and mean number of sites per facility offering malaria treatment services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities that offer malaria treatment services	Total number of facilities (weighted)	Among facilities offering malaria treatment, percentage with: Observed malaria treatment protocol in **ANY** relevant site	All first-line antimalarial medicines[1] available at facility	No stock-out of first-line antimalarials in past 6 months	Lab diagnostic capacity for blood smear[2]	Lab diagnostic capacity for rapid test	Treatment protocol in **ANY** relevant site and medicines available	Number of facilities offering malaria treatment services (weighted)	Mean number of sites offering malaria treatment services[3]
Type of facility										
Hospital	100	25	29	98	95	96	14	28	25	3.8
Health centre	100	55	45	97	91	67	7	43	55	1.9
Dispensary	100	528	36	95	92	26	0	33	526	1.0
Stand-alone	10	3	-	-	-	-	-	-	*	1.0
Managing authority										
Government	100	399	41	95	92	12	0	38	398	1.2
Private for-profit	98	104	24	96	92	79	4	23	102	1.2
Parastatal	100	14	20	90	90	50	0	20	14	1.0
Faith-based	99	94	34	94	88	69	4	33	92	1.5
Zone										
Northern	97	110	23	96	88	40	1	21	107	1.3
Central	99	47	3	100	100	12	0	3	47	1.1
Southern Highlands	100	95	59	94	90	24	1	58	95	1.2
Western	100	82	25	93	91	28	0	22	82	1.1
Lake	100	89	46	89	86	28	2	38	89	1.2
Southern	99	61	42	98	95	30	0	40	60	1.3
Eastern	100	102	32	97	94	52	4	32	102	1.2
Zanzibar	97	25	73	100	98	40	1	73	24	1.2
Total	99	611	36	95	92	33	1	34	606	1.2

[1] Sulfadoxine-pyrethamine (Fansidar), amodiaquine and Coartem
[2] A functional microscope, slides, and stain must be available.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.
* Value less than 1

Table A-7.23 Malaria: provision of bed nets and training

Among facilities offering malaria treatment services, percentage offering insecticide-treated nets (ITNs) and vouchers, and percentage where clinicians and nurses who provide malaria services have received relevant training, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering malaria treatment services that provide:		Among facilities offering malaria treatment services, percentage in which malaria-related pre- or in-service training was received by at least one:				Number of facilities offering malaria treatment services (weighted)
			Clinician provider[1] of malaria services in the:		Nurse provider[1] of malaria services in the:		
	ITN vouchers	ITNs	Preceding 12 months	Preceding 13-35 months	Preceding 12 months	Preceding 13-35 months	
Type of facility							
Hospital	48	37	49	41	24	32	25
Health centre	77	23	43	22	11	18	55
Dispensary	63	16	17	10	7	6	526
Managing authority							
Government	81	20	19	11	9	7	398
Private for-profit	4	8	24	14	3	6	102
Parastatal	40	10	10	0	10	0	14
Faith-based	59	20	22	19	8	13	92
Zone							
Northern	58	30	29	14	2	8	107
Central	92	3	11	14	4	4	47
Southern Highlands	69	6	20	13	9	6	95
Western	69	19	24	9	7	2	82
Lake	62	17	20	11	8	8	89
Southern	89	22	15	8	8	18	60
Eastern	47	23	20	15	9	7	102
Zanzibar	1	4	6	18	26	20	24
Total	63	18	20	13	8	8	606

[1] Consultants, medical doctors, medical officers, assistant medical officers, clinical officers, and clinical assistants.
[2] Registered nurses/nursing officers, nurse-midwives, public health nurses, and trained nurses.

Chapter 8

Table A-8.1 System for HIV testing: Policies and records at any service site

Percentage of facilities reporting an HIV testing system, and among these, percentage conducting HIV tests in facility or at external site, percentage with policies and records in **any** relevant service site in facility, and mean number of service sites with a HIV testing system per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities reporting an HIV testing system[1,2]	Total number of facilities (weighted)	Percentage of facilities with:						Number of facilities with HIV testing system (weighted)	Mean number of service sites with HIV testing system[8]
			HIV test available in facility or affiliated lab[3]	HIV test available only at external site[4]	Items observed in **ANY** relevant service site in the facility			All items for indicator[7]		
					Informed consent policy for HIV testing[5]	Register with HIV test results	Records of clients receiving HIV test results[6]			
Type of facility										
Hospital	98	25	100	0	86	100	93	79	24	2.4
Health center	64	55	89	4	71	96	79	62	35	1.1
Dispensary	19	528	72	10	39	72	63	30	98	1.0
Stand-alone	100	3	100	0	77	100	100	77	3	1.0
Zone										
Northern	41	110	88	3	59	94	70	41	45	1.2
Central	7	47	100	0	87	100	100	87	3	1.3
Southern Highlands	24	95	64	6	54	64	70	54	23	1.1
Western	30	82	88	12	55	100	94	55	24	1.2
Lake	18	89	66	0	57	75	57	49	16	1.3
Southern	14	61	100	0	100	100	98	98	8	1.3
Eastern	33	102	79	13	37	67	59	26	33	1.2
Zanzibar	28	25	57	20	25	63	63	20	7	1.5
Managing authority										
Government	22	399	82	8	59	89	80	51	89	1.3
Private for-profit	33	104	66	4	35	56	45	19	34	1.1
Parastatal	50	14	60	20	20	60	60	20	7	1.0
Faith based	32	94	95	5	69	95	83	64	30	1.3
Total	26	611	80	7	54	82	72	46	160	1.2

[1] Facility refers to any health service facility or other non-home based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test in the facility or in an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.
[3] HIV testing is confirmed in the facility or in an affiliated laboratory.
[4] HIV testing is not done in the facility, but there are observed records of testing conducted outside the facility, with test results.
[5] If any of the following guidelines are present, they are considered as having an informed consent policy: national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national guidelines for prevention of mother-to-child transmission, or guidelines for counsellors in Tanzania with emphasis on HIV/AIDS/STDs counselling.
[6] If rapid test is done, a record with client identifier and results is sufficient.
[7] Informed consent policy, observed register with HIV test results, and observed register for clients receiving HIV test results at any service site, plus HIV test available or records showing test results are received by facility.
[8] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.2 Availability and documentation of care and support systems for HIV/AIDS clients: Individual charts and appointment records at any site

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients; percentage of facilities offering clinical CSS; and among these, percentage with specific recordkeeping systems in any relevant service site, and mean number of clinical CSS service sites per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS[1] for HIV/AIDS clients	Percentage of facilities offering any clinical CSS[2] for HIV/AIDS clients	Total number of facilities (weighted)	Individual record/chart observed in **any** relevant service site	Register with HIV/AIDS-related client diagnoses observed in **any** relevant service site	Record system for individual client appointments observed in **any** relevant outpatient programme sites	Number of facilities offering any clinical CSS for HIV/AIDS clients (weighted)	Mean number of clinical CSS service sites[3]
Type of facility								
Hospital	100	100	25	97	91	70	25	3.8
Health center	95	95	55	87	80	25	52	2.0
Dispensary	82	81	528	71	71	4	428	1.0
Stand-alone	77	61	3	0	16	0	2	1.0
Zone								
Northern	80	77	110	74	77	12	85	1.4
Central	93	93	47	44	21	2	44	1.1
Southern Highlands	100	100	95	90	83	6	95	1.2
Western	90	90	82	64	87	7	74	1.1
Lake	85	85	89	65	82	7	76	1.2
Southern	70	65	61	100	76	19	40	1.4
Eastern	82	82	102	75	60	14	84	1.3
Zanzibar	42	40	25	48	67	26	10	1.3
Managing authority								
Government	83	82	399	68	72	10	327	1.2
Private for-profit	86	86	104	82	69	7	89	1.2
Parastatal	80	80	14	63	75	0	11	1.0
Faith based	84	84	94	89	75	13	79	1.5
Total	84	83	611	73	72	10	506	1.2

[1] Providers report providing any curative care for illnesses that may be related to HIV/AIDS, such as the diagnosis and treatment of opportunistic infections and they report providing or referring clients for counselling and/or social support services for help in living with HIV/AIDS.

[2] In addition to CSS, providers report providing or prescribing any of the following: treatment for opportunistic infections; systemic intravenous treatment of specific fungal infections, such as cryptococcal meningitis; treatment for Kaposi's sarcoma; palliative care for patients, such as symptom management, pain management, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and followup services for persons receiving ART.

[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.3 Availability of HIV testing systems and basic clinical care and support services for HIV/AIDS

Percentage of facilities that report an HIV testing system and offer treatment for various illnesses, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities[1] with: HIV testing system[2]	Treatment of tuberculosis (TB)	Treatment of STIs	Treatment of malaria	Preventive treatment for TB[3]	Preventive treatment for pneumonia	Any treatment of opportunistic infections[4]	All services listed	Total number of facilities (weighted)
Type of facility									
Hospital	98	90	99	100	19	83	100	19	25
Health centre	64	78	100	100	13	58	95	8	55
Dispensary	19	49	96	100	0	20	78	0	528
Stand-alone	100	0	10	10	0	0	61	0	3
Managing authority									
Government	22	69	96	100	2	25	79	1	399
Private for-profit	33	10	98	98	1	21	85	1	104
Parastatal	50	20	100	100	0	10	80	0	14
Faith-based	32	37	93	99	4	39	83	4	94
Zone									
Northern	41	49	95	97	3	33	76	3	110
Central	7	45	99	99	0	11	90	0	47
Southern Highlands	24	55	100	100	0	23	99	0	95
Western	30	57	97	100	0	18	85	0	82
Lake	18	58	97	100	5	34	81	2	89
Southern	14	69	91	99	3	26	58	0	61
Eastern	33	43	99	100	3	29	82	3	102
Zanzibar	28	52	86	97	2	14	39	2	25
Total	26	53	96	99	2	26	80	1	611

[1] Facility refers to any health service facility or other non-home based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.
[3] Using isoniazid.
[4] Must treat opportunistic infections other than TB.

Table A-8.4.1 Pre- and post-test counselling for HIV: Components in **all** testing sites

Among facilities that have a system for HIV testing, percentage with programme components at **all** HIV testing sites that support counselling and testing services, and mean number of service sites per facility with HIV testing system, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with:		Percentage of facilities where **ALL** HIV testing sites have:					Percentage of facilities with all items for counselling[3]	Number of facilities with HIV testing system[4] (weighted)	Mean number of service sites with HIV testing system[5]
	Observed written policy for routine provision of pre- and post-test counselling for HIV testing[1]	At least one counsellor trained in pre- and post-test counselling who is assigned to a HIV testing site	Observed guidelines for content of pre- and post-test counselling[2]	Observed guidelines or policy on confi-dentiality for HIV test results	Observed up-to-date records for clients receiving pre- and post-test counselling	Observed system linking test results with pre- and post-test counselling	Visual and auditory privacy possible in counselling areas			
Type of facility										
Hospital	26	100	46	9	22	41	90	3	24	2.4
Health centre	14	100	64	11	28	55	100	0	35	1.1
Dispensary	3	77	39	3	28	40	83	1	98	1.0
Stand-alone	0	100	26	0	0	29	100	0	3	1.0
Managing authority										
Government	12	92	49	7	35	49	91	2	89	1.3
Private for-profit	0	62	27	0	12	23	71	0	34	1.1
Parastatal	0	80	20	0	20	40	100	0	7	1.0
Faith-based	13	95	61	10	20	49	97	0	30	1.3
Zone										
Northern	9	100	51	6	18	52	93	3	45	1.2
Central	16	100	74	7	67	64	97	7	3	1.3
Southern Highlands	3	76	50	1	42	49	74	1	23	1.1
Western	8	71	41	6	17	34	77	0	24	1.2
Lake	11	66	39	1	12	23	85	1	16	1.3
Southern	48	100	88	38	41	55	98	0	8	1.3
Eastern	3	87	32	3	34	41	95	0	33	1.2
Zanzibar	2	91	13	0	27	28	94	0	7	1.5
Total	9	86	45	6	27	43	88	1	160	1.2

[1] Policy was observed in any relevant service site. Presence of national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national PMTCT guidelines, or guidelines for counsellors in Tanzania with emphasis on HIV/AIDS/STDs counselling was accepted as having a policy

[2] Pre-test counselling may consist of general education for groups or individual client counselling.

[3] Facility has written policy for HIV counselling, at least one trained counsellor assigned to CT, observed guidelines for content of counselling, policy on confidentiality, records of clients receiving counselling, system linking test results with pre- and post-test counselling, and visual and auditory privacy in all counselling areas.

[4] Facility conducts the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.

[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.4.2 Pre- and post-test counselling for HIV: Components in **any** testing site

Among facilities with a system for HIV testing, percentage with programme components at **any** HIV testing site that support counselling and testing services, and mean number of service sites per facility with HIV testing system, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities with: Observed written policy for routine provision of pre- and post-test counselling for HIV testing[1]	Percentage of facilities with: At least one counsellor trained in pre- and post-test counselling and assigned to a HIV testing site	Percentage of facilities where **ANY** HIV testing site has: Observed guidelines for content of pre- and post-test counselling	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record for clients receiving pre- and post-test counselling	Observed system linking test results with pre- and post-test counselling	Visual and auditory privacy possible in counselling areas	Percentage of facilities with all items for counselling[3]	Number of facilities with HIV testing system[4] (weighted)	Mean number of service sites with HIV testing system[5]
Type of facility										
Hospital	26	100	86	25	60	85	100	13	24	2.4
Health centre	14	100	71	11	32	59	100	0	35	1.1
Dispensary	3	77	39	3	28	40	83	1	98	1.0
Stand-alone	0	100	26	0	0	29	100	0	3	1.0
Managing authority										
Government	12	92	59	10	43	58	92	4	89	1.3
Private for-profit	0	62	29	0	15	26	71	0	34	1.1
Parastatal	0	80	20	0	20	40	100	0	7	1.0
Faith-based	13	95	69	13	28	60	100	2	30	1.3
Zone										
Northern	9	100	55	7	23	58	94	4	45	1.2
Central	16	100	87	16	80	77	100	16	3	1.3
Southern Highlands	3	76	54	2	46	52	76	2	23	1.1
Western	8	71	55	8	26	44	77	2	24	1.2
Lake	11	66	57	10	17	39	92	2	16	1.3
Southern	48	100	100	47	53	67	100	9	8	1.3
Eastern	3	87	37	3	40	46	96	0	33	1.2
Zanzibar	2	91	26	2	38	38	95	2	7	1.5
Total	9	86	53	8	33	51	89	3	160	1.2

[1] Policy was observed in any relevant service site. Presence of national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national PMTCT guidelines, or guidelines for counsellors in Tanzania with emphasis on HIV/AIDS/STDs counselling was accepted as having a policy

[2] Pre-test counselling may consist of general education for groups or individual client counselling.

[3] Facility has written policy for HIV counselling, at least one trained counsellor assigned to CT, observed guidelines for content of counselling, policy on confidentiality, records of clients receiving counselling, system linking test results with pre- and post-test counselling, and visual and auditory privacy in all counselling areas.

[4] Facility either conducts the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.

[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.5 Tuberculosis treatment at HIV service sites using DOTS

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with different tuberculosis (TB) activities; and among facilities offering CSS and following the direct observation and treatment, short course (DOTS) strategy for TB treatment, percentage with programme components that support TB treatment, and mean number of service sites per facility that offer CSS and TB services using the DOTS approach, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Total number of facilities (weighted)	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB activities			Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS strategy (weighted)	Mean number of CSS sites offering TB services using DOTS strategy[5]
			Any TB diagnostic or treatment services[1]	Report they are part of national DOTS programme	Follow DOTS strategy[2]		Observed client register for DOTS	Observed TB treatment protocol	All first-line TB medicines available[3]	All items for DOTS treatment[4]		
Type of facility												
Hospital	100	25	99	92	87	25	86	75	91	61	21	1.1
Health centre	95	55	90	65	77	52	82	93	89	72	40	1.0
Dispensary	82	528	59	34	50	434	43	46	51	18	216	1.0
Stand-alone	77	3	0	0	0	3	-	-	-	-	0	-
Managing authority												
Government	83	399	73	51	71	333	52	56	57	27	235	1.0
Private for-profit	86	104	42	8	10	90	73	68	73	57	9	1.0
Parastatal	80	14	50	25	25	11	100	0	100	0	3	1.0
Faith-based	84	94	54	29	39	79	46	52	72	34	31	1.0
Zone												
Northern	80	110	62	47	51	88	69	58	94	36	45	1.0
Central	93	47	48	23	45	44	51	50	43	28	20	1.0
Southern Highlands	100	95	61	38	55	95	40	48	48	22	52	1.0
Western	90	82	75	54	60	74	42	54	43	29	44	1.0
Lake	85	89	64	25	57	76	51	51	42	18	43	1.0
Southern	70	61	71	46	68	43	49	72	76	35	29	1.0
Eastern	82	102	65	37	47	84	63	57	72	37	39	1.0
Zanzibar	42	25	55	52	49	10	64	64	48	23	5	1.0
Total	84	611	64	39	54	513	52	55	60	29	277	1.0

[1] Unit conducts TB test or prescribes initial therapy or follows up TB patients.
[2] Treatment strategy followed is either direct-observe 2 months with 6 months followup, or direct observe 6 months.
[3] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[4] Observed client register for DOTS and observed TB treatment protocols and all first-line TB medicines available in facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.6.1 Tuberculosis treatment at HIV service sites: Protocol at **all** service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer any tuberculosis (TB) treatment services, and among these, percentage following different treatment strategies, percentage with programme components that support TB treatment (including treatment protocol at all sites), and mean number of service sites offering CSS and TB treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer any TB treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage that:[1]			Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and any TB treatment services (weighted)	Mean number of CSS sites offering any TB treatment services[7]
			Follow DOTS strategy[2]	Offer followup treatment[3] only	Use other treatment strategies[4]	Observed client register at **ANY** relevant service site	Observed TB treatment protocol at **ALL** relevant service sites	All first-line TB medicines available[5]	All items for TB treatment[6]		
Type of facility											
Hospital	89	25	97	3	18	87	71	92	58	22	1.4
Health centre	80	52	97	10	3	83	93	90	73	41	1.0
Dispensary	50	434	100	54	0	45	46	51	18	216	1.0
Stand-alone	0	3	-	-	-	-	-	-	-	0	-
Managing authority											
Government	71	333	100	45	1	54	56	57	27	236	1.0
Private for-profit	10	90	100	16	0	73	68	73	57	9	1.0
Parastatal	25	11	100	0	0	100	0	100	0	3	1.0
Faith-based	41	79	96	44	12	49	54	74	36	32	1.2
Zone											
Northern	53	88	97	24	7	70	58	94	37	46	1.1
Central	45	44	100	49	1	58	50	43	28	20	1.0
Southern Highlands	55	95	100	63	2	43	48	48	22	53	1.0
Western	60	74	100	39	0	45	54	43	29	44	1.0
Lake	57	76	100	60	0	52	51	43	18	43	1.0
Southern	68	43	100	60	0	49	72	76	34	29	1.0
Eastern	47	84	100	18	1	63	56	72	37	39	1.0
Zanzibar	49	10	100	18	0	76	64	48	23	5	1.0
Total	54	513	99	44	2	54	55	60	29	279	1.0

[1] More than one treatment strategy may apply if facility offers TB services at multiple sites.
[2] Either direct-observe 2 months with 6 months followup, or direct-observe 6 months.
[3] Site provides followup for TB clients after intensive treatment offered elsewhere.
[4] Either no directly observed treatment, or clients are treated while inpatients but discharged to other unit or facility for followup.
[5] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[6] Observed client register for DOT, observed TB treatment protocols, and all first-line TB medicines available in facility.
[7] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.6.2 Tuberculosis treatment at HIV service sites: Protocol at **any** service site

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer any tuberculosis (TB) treatment services, and among these, percentage following different treatment strategies, percentage with programme components that support TB treatment (including treatment protocol at any service site), and mean number of service sites offering CSS and TB treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer any TB treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage that:[1]			Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage with				Number of facilities offering CSS for HIV/AIDS clients and any TB treatment services (weighted)	Mean number of CSS sites offering TB treatment services[7]
			Follow DOTS strategy[2]	Offer followup treatment[3] only	Use other treatment strategies[4]	Observed client register at **ANY** relevant service site	Observed TB treatment protocol at **ANY** relevant service site	All first-line TB medicines available[5]	All items for TB treatment[6]		
Type of facility											
Hospital	89	25	97	3	18	87	78	92	65	22	1.4
Health centre	80	52	97	10	3	83	93	90	73	41	1.0
Dispensary	50	434	100	54	0	45	46	51	18	216	1.0
Managing authority											
Government	71	333	100	45	1	54	56	57	28	236	1.0
Private for-profit	10	90	100	16	0	73	68	73	57	9	1.0
Parastatal	25	11	100	0	0	100	0	100	0	3	1.0
Faith-based	41	79	96	44	12	49	55	74	38	32	1.2
Zone											
Northern	53	88	97	24	7	70	59	94	38	46	1.1
Central	45	44	100	49	1	58	50	43	28	20	1.0
Southern Highlands	55	95	100	63	2	43	48	48	22	53	1.0
Western	60	74	100	39	0	45	55	43	29	44	1.0
Lake	57	76	100	60	0	52	51	43	19	43	1.0
Southern	68	43	100	60	0	49	73	76	35	29	1.0
Eastern	47	84	100	18	1	63	57	72	38	39	1.0
Zanzibar	49	10	100	18	0	76	64	48	23	5	1.0
Total	54	513	99	44	2	54	56	60	29	279	1.0

[1] More than one treatment strategy may apply if facility offers TB services at multiple sites.
[2] Either direct-observe 2 months with 6 months followup, or direct-observe 6 months.
[3] Site provides followup for TB clients after intensive treatment offered elsewhere.
[4] Either no directly observed treatment, or clients are treated while inpatients but discharged to other unit or facility for followup.
[5] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[6] Observed client register for DOT, observed TB treatment protocols, and all first-line TB medicines available in facility.
[7] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.7 Resources and supplies for diagnosing tuberculosis at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that use specific tuberculosis (TB) diagnostic methods, and among those using sputum or X-rays, percentage with capacity for diagnostic activities, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients that diagnose TB with:				Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among CSS facilities using sputum test to diagnose TB[2], percentage with:				Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test (weighted)	Among CSS facilities using X-rays to diagnose TB, percentage with X-ray capacity[4]	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray (weighted)
	Any diagnostic method[1]	Sputum[2]	X-ray	Clinical symptoms		All items for conducting sputum test for TB	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for sputum test[3]			
Type of facility												
Hospital	99	99	74	1	25	87	5	89	86	24	83	18
Health centre	82	56	2	10	52	82	9	86	82	29	100	1
Dispensary	37	8	1	16	434	58	0	37	27	33	0	6
Stand-alone	0	0	0	0	3	-	-	-	-	0	-	0
Managing authority												
Government	46	12	2	18	333	78	7	78	68	40	90	8
Private for-profit	37	20	7	12	90	50	5	40	40	18	15	6
Parastatal	38	25	0	0	11	50	0	0	0	3	-	0
Faith-based	46	32	13	8	79	89	0	81	75	25	77	10
Zone												
Northern	54	19	7	20	88	85	7	75	66	16	96	6
Central	19	9	2	0	44	66	0	66	66	4	100	1
Southern Highlands	25	17	3	6	95	91	0	81	81	16	96	3
Western	67	20	1	36	74	53	0	53	35	15	100	1
Lake	47	12	3	20	76	68	17	69	69	9	100	2
Southern	41	19	4	6	43	95	2	79	76	8	75	2
Eastern	48	16	12	10	84	63	7	62	60	14	24	10
Zanzibar	49	40	6	3	10	63	0	46	30	4	67	1
Total	44	17	5	15	513	74	4	68	62	86	65	25

[1] Unit diagnoses TB either on-site or through referral.
[2] Includes sputum microscopy, culture, or rapid test.
[3] All items for conducting test or documented system for sending sputum elsewhere, plus record of test results.
[4] Functioning X-ray machine with films.

Table A-8.8.1 Malaria treatment at HIV service sites: Treatment protocol at **all** service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that also offer malaria treatment, and among these, percentage with programme components supporting malaria treatment services at all service sites, and mean number of CSS service sites offering malaria treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Percentage of offering CSS and malaria treatment services with:			Number of facilities offering CSS for HIV/AIDS clients and malaria treatment services (weighted)	Mean number of CSS sites offering malaria treatment services[2]
			Observed malaria treatment protocol in **ALL** relevant service sites	First-line anti-malarial medicines in facility[1]	Treatment protocol in **ALL** relevant service sites and medicines in facility		
Type of facility							
Hospital	100	25	0	98	0	24	3.6
Health centre	100	52	18	97	18	52	1.9
Dispensary	100	434	37	94	34	432	1.0
Stand-alone	12	3	0	100	0	0	1.0
Managing authority							
Government	100	333	38	95	35	331	1.2
Private for-profit	98	90	22	95	21	88	1.2
Parastatal	100	11	13	87	13	11	1.0
Faith-based	99	79	29	93	27	79	1.5
Zone							
Northern	96	88	25	97	23	85	1.4
Central	100	44	3	100	3	44	1.1
Southern Highlands	100	95	53	94	52	95	1.2
Western	100	74	24	92	21	74	1.1
Lake	100	76	44	87	36	76	1.2
Southern	99	43	28	100	28	42	1.3
Eastern	100	84	32	97	32	84	1.3
Zanzibar	100	10	66	100	66	10	1.3
Total	99	513	33	95	31	509	1.2

[1] Sulphadoxine-pyrimethamine (Fansidar), amodiaquine, and Coartem

[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.8.2 Malaria treatment at HIV service sites: Treatment protocol at **any** service site

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that also offer malaria treatment, and among these, percentage with programme components supporting malaria treatment services at any relevant service site, and mean number of CSS service sites offering malaria treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer malaria treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Percentage of facilities offering CSS and malaria treatment services with: Observed malaria treatment protocol in **ANY** relevant service site	First line anti-malarial medicines in facility[1]	Treatment protocol in **ANY** relevant service site and medicines in facility	Number of facilities offering CSS for HIV/AIDS clients and malaria treatment services (weighted)	Mean number of CSS sites offering malaria treatment services[2]
Type of facility							
Hospital	100	25	28	98	27	24	3.6
Health centre	100	52	45	97	42	52	1.9
Dispensary	100	434	37	94	35	432	1.0
Stand-alone	12	3	-	-	-	0	1.0
Managing authority							
Government	100	333	42	95	39	331	1.2
Private for-profit	98	90	24	95	22	88	1.2
Parastatal	100	11	13	87	13	11	1.0
Faith-based	99	79	39	93	37	79	1.5
Zone							
Northern	96	88	25	97	23	85	1.4
Central	100	44	3	100	3	44	1.1
Southern Highlands	100	95	59	94	58	95	1.2
Western	100	74	28	92	24	74	1.1
Lake	100	76	50	87	41	76	1.2
Southern	99	43	39	100	39	42	1.3
Eastern	100	84	34	97	34	84	1.3
Zanzibar	100	10	75	100	75	10	1.3
Total	99	513	38	95	35	509	1.2

[1] Sulphadoxine-pyrimethamine (Fansidar), amodiaquine, and Coartem

[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.9.1 Diagnosis and treatment of sexually transmitted infections at HIV service sites: Treatment protocol at **all** sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that treat sexually transmitted infections (STIs), and among them, percentage with programme components to support STI services (including treatment protocol at all sites), and mean number of CSS service sites offering STI treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer STI treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Percentage of facilities offering CSS for HIV/AIDS clients and STI treatment services, with:				Number of facilities offering CSS for HIV/AIDS clients and STI treatment services (weighted)	Mean number of CSS sites offering STI treatment services[3]
			Observed STI treatment protocol in **ALL** relevant service sites	Medications for treating major STIs in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Type of facility								
Hospital	100	25	18	91	78	17	24	3.0
Health centre	100	52	34	67	69	6	52	1.7
Dispensary	99	434	37	52	74	17	428	1.0
Stand-alone	12	3	-	-	-	-	0	1.0
Managing authority								
Government	98	333	43	46	88	20	327	1.1
Private for-profit	98	90	20	76	48	11	88	1.2
Parastatal	100	11	37	50	63	0	11	1.0
Faith-based	99	79	24	69	43	6	79	1.4
Zone								
Northern	96	88	27	55	81	15	85	1.3
Central	100	44	14	46	87	7	44	1.1
Southern Highlands	100	95	47	58	72	21	95	1.1
Western	96	74	38	25	86	6	71	1.0
Lake	98	76	46	64	82	32	74	1.2
Southern	99	43	45	56	47	10	42	1.2
Eastern	100	84	26	75	56	11	83	1.2
Zanzibar	97	10	54	34	65	6	10	1.2
Total	98	513	36	55	73	15	504	1.2

[1] At least one medicine for treating syphilis, (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).
[2] Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.9.2 Diagnosis and treatment of sexually transmitted infections at HIV service sites: Treatment protocol in **any** site

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that treat sexually transmitted infections (STIs) and among them, percentage having components to support STI services (including treatment protocol at any site), and mean number of CSS service sites offering STI treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS, percentage that offer STI treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Percentage of facilities offering CSS for HIV/AIDS clients and STI treatment services, with				Number of facilities offering CSS for HIV/AIDS clients and STI treatment services (weighted)	Mean number of CSS sites offering STI treatment services[3]
			Observed STI treatment protocol at **ANY** relevant site	Medications for treating each major STI in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Type of facility								
Hospital	100	25	48	91	78	34	24	3.0
Health centre	100	52	45	67	69	14	52	1.7
Dispensary	99	434	38	52	74	17	428	1.0
Stand-alone	12	3	-	-	-	-	0	1.0
Managing authority								
Government	98	333	46	46	88	22	327	1.1
Private for-profit	98	90	20	76	48	11	88	1.2
Parastatal	100	11	37	50	63	0	11	1.0
Faith-based	99	79	30	69	43	9	79	1.4
Zone								
Northern	96	88	28	55	81	16	85	1.3
Central	100	44	18	46	87	12	44	1.1
Southern Highlands	100	95	50	58	72	24	95	1.1
Western	96	74	38	25	86	7	71	1.0
Lake	98	76	51	64	82	34	74	1.2
Southern	99	43	50	56	47	12	42	1.2
Eastern	100	84	29	75	56	14	83	1.2
Zanzibar	97	10	57	34	65	8	10	1.2
Total	98	513	39	55	73	17	504	1.2

[1] At least one medicine for treating syphilis (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhoea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).
[2] Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.10.1 Supportive management practices for providers who treat HIV/AIDS-related infections: Protocols at all sites

Among facilities offering any care or support services (CSS) for HIV/AIDS, percentage with management practices that support treatment of HIV/AIDS-related infections, including protocols at **all** relevant service sites, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Total number of facilities (weighted)	Percentage of facilities offering CSS for HIV/AIDS clients with:			Number of facilities offering CSS for HIV/AIDS clients (weighted)
			Training for providers of TB, malaria, or STI services[1]	Supervision for providers of TB, malaria, or STI services[2]	All items for TB, malaria, and STI services, including protocols at **ALL** relevant service sites[3]	
Type of facility						
Hospital	100	25	79	80	0	25
Health centre	95	55	70	90	2	52
Dispensary	82	528	69	88	2	434
Stand-alone	77	3	12	12	0	3
Managing authority						
Government	83	399	78	92	3	333
Private for-profit	86	104	50	72	0	90
Parastatal	80	14	50	88	0	11
Faith-based	84	94	54	82	0	79
Zone						
Northern	80	110	72	89	3	88
Central	93	47	77	97	0	44
Southern Highlands	100	95	82	86	3	95
Western	90	82	61	88	4	74
Lake	85	89	72	93	2	76
Southern	70	61	70	89	0	43
Eastern	82	102	48	77	2	84
Zanzibar	42	25	81	76	0	10
Total	84	611	69	87	2	513

[1] At least half of the interviewed providers of TB, malaria, or STI services reported receiving pre- or in-service training related to one of these topics during the 3 years preceding the survey.

[2] At least half of the interviewed providers of TB, malaria, or STI services reported receiving personal supervision at least once during the 3 months preceding the survey.

[3] All records and medicines, protocols at all relevant service sites in the facility, and trained and supervised staff for offering tuberculosis, malaria, and STI services

Table A-8.10.2 Supportive management practices for providers who treat HIV/AIDS-related infections: Protocols at any site

Among facilities offering any care or support services (CSS) for HIV/AIDS, percentage with management practices that support treatment of HIV/AIDS-related infections, including protocols at **any** relevant service site, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Total number of facilities (weighted)	Percentage of facilities with:			Number of facilities offering CSS for HIV/AIDS clients (weighted)
			Training for providers of TB, malaria, or STI services[1]	Supervision for providers of TB, malaria, or STI services[2]	All items for TB, malaria, or STI services including protocols at **ANY** relevant service site[3]	
Type of facility						
Hospital	100	25	79	80	7	25
Health centre	95	55	70	90	8	52
Dispensary	82	528	69	88	2	434
Stand-alone	77	3	12	12	0	3
Managing authority						
Government	83	399	78	92	4	333
Private for-profit	86	104	50	72	0	90
Parastatal	80	14	50	88	0	11
Faith-based	84	94	54	82	0	79
Zone						
Northern	80	110	72	89	2	88
Central	93	47	77	97	0	44
Southern Highlands	100	95	82	86	3	95
Western	90	82	61	88	4	74
Lake	85	89	72	93	2	76
Southern	70	61	70	89	1	43
Eastern	82	102	48	77	5	84
Zanzibar	42	25	81	76	0	10
Total	84	611	69	87	3	513

[1] At least half of the interviewed providers of TB, malaria, or STI services received pre or in-service training related to one of these topics during the past 3 years.

[2] At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the past 3 months.

[3] All records and medicines, protocols at **any** relevant service site in the facility, and trained and supervised staff for offering tuberculosis, malaria, and STI services .

Table A-8.11.1 Isoniazid for preventing tuberculosis in HIV/AIDS clients: Protocol at **all** sites

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage that offer isoniazid preventive treatment for tuberculosis (TB) to HIV/AIDS clients, and among these, percentage with programme components supporting preventive treatment for TB (including treatment protocol at all service sites), and mean number of CSS services sites offering isoniazid preventive treatment, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering isoniazid preventive treatment for TB to HIV/AIDS clients			Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS and isoniazid preventive treatment for TB for HIV/AIDS clients, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer isoniazid preventive treatment for TB (weighted)	Mean number of CSS service sites that report ever offering isoniazid preventive treatment for TB[4]
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		Observed protocol for isoniazid preventive treatment for TB in **ALL** relevant service sites	Isoniazid available	At least one provider of isoniazid preventive treatment trained in past 3 years		
Type of facility									
Hospital	19	30	8	25	42	81	19	12	1.9
Health centre	14	15	8	52	29	37	8	15	1.8
Dispensary	0	4	4	434	13	53	0	21	1.0
Stand-alone	0	0	0	3	-	-	-	0	-
Managing authority									
Government	3	8	4	333	20	54	3	35	1.3
Private for-profit	1	0	8	90	0	0	100	1	4.0
Parastatal	0	12	13	11	100	100	0	1	1.0
Faith-based	5	8	4	79	38	58	14	10	1.8
Zone									
Northern	3	8	2	88	30	62	13	10	1.8
Central	0	1	0	44	40	100	40	1	1.0
Southern Highlands	0	2	0	95	12	94	0	2	1.1
Western	0	4	6	74	10	97	3	3	1.4
Lake	6	5	5	76	38	30	0	9	1.4
Southern	4	15	4	43	25	49	3	8	1.4
Eastern	4	13	14	84	22	52	11	14	1.4
Zanzibar	4	2	7	10	0	55	0	1	1.6
Total	3	7	5	513	26	55	7	48	1.5

[1] At least one site in facility routinely offers isoniazid preventive treatment to HIV/AIDS clients.
[2] At least one site in facility selectively offers isoniazid preventive treatment to HIV/AIDS clients, and no other site routinely offers it or refers clients for it.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for isoniazid preventive treatment, and no other site routinely or selectively offers it.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.11.2 Isoniazid for preventing tuberculosis in HIV/AIDS clients: Protocol at **any** site

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage that offer isoniazid preventive treatment for tuberculosis (TB) to HIV/AIDS clients, and among these, percentage with programme components supporting isoniazid preventive treatment for TB (including treatment protocol at any service site), and mean number of CSS services sites offering isoniazid preventive treatment for TB, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering isoniazid preventive treatment for TB to HIV/AIDS clients			Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering isoniazid preventive treatment for TB to HIV/AIDS clients, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer isoniazid preventive treatment for TB (weighted)	Mean number of CSS service sites that report ever offering isoniazid preventive treatment for TB[4]
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		Observed protocol for isoniazid preventive treatment for TB in **ANY** relevant service site	Isoniazid available	At least one provider of preventive treatment trained n past 3 years		
Type of facility									
Hospital	19	30	8	25	64	81	19	12	1.9
Health centre	14	15	8	52	47	37	8	15	1.8
Dispensary	0	4	4	434	13	53	0	21	1.0
Stand-alone	0	0	0	3	-	-	-	0	-
Managing authority									
Government	3	8	4	333	31	54	3	35	1.3
Private for-profit	1	0	8	90	100	0	100	1	4.0
Parastatal	0	12	13	11	100	100	0	1	1.0
Faith-based	5	8	4	79	42	58	14	10	1.8
Zone									
Northern	3	8	2	88	47	62	13	10	1.8
Central	0	1	0	44	40	100	40	1	1.0
Southern Highlands	0	2	0	95	12	94	0	2	1.1
Western	0	4	6	74	50	97	3	3	1.4
Lake	6	5	5	76	41	30	0	9	1.4
Southern	4	15	4	43	26	49	3	8	1.4
Eastern	4	13	14	84	32	52	11	14	1.4
Zanzibar	4	2	7	10	45	55	0	1	1.6
Total	3	7	5	513	37	55	7	48	1.5

[1] At least one site in facility routinely offers isoniazid preventive treatment to HIV/AIDS clients.
[2] At least one site in facility selectively offers isoniazid preventive treatment to HIV/AIDS clients, and no other site routinely offers it or refers clients for it.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for isoniazid preventive treatment, and no other site routinely or selectively offers it.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.12.1 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients: Protocol at all sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer cotrimoxazole preventive therapy (CPT) for pneumonia to HIV/AIDS clients, and among these, percentage with programme components supporting CPT (including a protocol at all service sites), and mean numbers of CSS service sites offering CPT, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CPT to HIV/AIDS clients			Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities ever offering CPT, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer CPT (weighted)	Mean number of CSS service sites that report ever offering CPT[4]
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		Observed protocol for CPT in **ALL** relevant service sites	Cotrimoxazole available	At least one provider of CPT trained in past 3 years		
Type of facility									
Hospital	84	11	0	25	15	92	42	23	3.1
Health centre	62	16	5	52	17	83	16	40	2.1
Dispensary	24	22	3	434	33	89	7	200	1.0
Stand-alone	0	0	21	3	-	-	-	0	-
Managing authority									
Government	29	19	3	333	33	87	14	161	1.3
Private for-profit	25	24	4	90	23	87	5	43	1.3
Parastatal	13	25	12	11	33	33	33	4	1.0
Faith-based	46	24	2	79	21	95	7	55	1.6
Zone									
Northern	42	17	3	88	29	88	14	52	1.5
Central	12	30	3	44	8	92	4	18	1.2
Southern Highlands	23	17	1	95	50	86	21	38	1.3
Western	20	19	5	74	31	85	2	29	1.2
Lake	40	18	7	76	38	84	9	44	1.3
Southern	37	19	1	43	5	99	15	24	1.7
Eastern	36	29	0	84	23	90	10	54	1.3
Zanzibar	33	6	6	10	11	72	18	4	1.4
Total	31	21	3	513	29	88	12	263	1.4

[1] At least one site in facility routinely offers CPT to HIV/AIDS clients.
[2] At least one site in facility selectively offers CPT to HIV/AIDS clients, and no other site routinely offers CPT or refers clients for CPT.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for CPT, and no other site routinely or selectively offers CPT.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.12.2 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients: Protocol at any site

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer cotrimoxazole preventive therapy (CPT) for pneumonia to HIV/AIDS clients, and among these, percentage with programme components supporting CPT (including a protocol at any service site), and mean numbers of CSS service sites offering CPT, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CPT to HIV/AIDS clients			Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities ever offering CPT, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer CPT (weighted)	Mean number of CSS service sites that report ever offering CPT
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		Observed protocol for CPT in **ANY** relevant service site	Cotrimoxazole available	At least one provider of CPT trained in past 3 years		
Type of facility									
Hospital	84	11	0	25	83	92	42	23	3.1
Health centre	62	16	5	52	57	83	16	40	2.1
Dispensary	24	22	3	434	33	89	7	200	1.0
Stand-alone	0	0	21	3	-	-	-	0	-
Managing authority									
Government	29	19	3	333	45	87	14	161	1.3
Private for-profit	25	24	4	90	30	87	5	43	1.3
Parastatal	13	25	12	11	33	33	33	4	1.0
Faith-based	46	24	2	79	38	95	7	55	1.6
Zone									
Northern	42	17	3	88	45	88	14	52	1.5
Central	12	30	3	44	21	92	4	18	1.2
Southern Highlands	23	17	1	95	58	86	21	38	1.3
Western	20	19	5	74	42	85	2	29	1.2
Lake	40	18	7	76	48	84	9	44	1.3
Southern	37	19	1	43	37	99	15	24	1.7
Eastern	36	29	0	84	28	90	10	54	1.3
Zanzibar	33	6	6	10	22	72	18	4	1.4
Total	31	21	3	513	41	88	12	263	1.4

[1] At least one site in facility routinely offers CPT to HIV/AIDS clients.
[2] At least one site in facility selectively offers CPT to HIV/AIDS clients, and no other site routinely offers CPT or refers clients for CPT.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for CPT, and no other site routinely or selectively offers CPT.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.13 Availability of trained providers to support advanced services for HIV/AIDS

Among facilities reporting they offer any care and support services (CSS) for HIV/AIDS clients, percentage with trained and supervised providers to offer each of these services, and mean number of CSS service sites per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering CSS for HIV/AIDS clients, percentage with at least one trained provider for:[1]						Percentage of facilities offering CSS for HIV/AIDS clients that have:		Number of facilities offering CSS for HIV/AIDS clients (weighted)	Mean number of sites offering CSS for HIV/AIDS clients[3]
	Psychosocial counselling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for persons infected with HIV/AIDS	Supervised provider of CSS for PLHA[2]	Trained and supervised staff available for all key services		
Type of facility										
Hospital	97	72	35	36	37	42	68	14	25	4.0
Health centre	58	23	9	5	12	17	81	3	52	2.2
Dispensary	20	8	5	3	2	5	58	1	434	1.0
Stand-alone	87	0	0	0	0	67	67	0	3	1.0
Managing authority										
Government	26	11	5	4	3	7	64	1	333	1.2
Private for-profit	25	13	7	5	4	10	54	0	90	1.2
Parastatal	37	37	25	0	0	25	75	0	11	1.0
Faith-based	38	16	8	7	11	12	51	4	79	1.6
Zone										
Northern	50	14	10	7	6	12	68	2	88	1.4
Central	12	2	1	1	0	0	38	0	44	1.1
Southern Highlands	25	24	14	10	9	18	56	5	95	1.2
Western	17	7	4	0	4	6	63	0	74	1.2
Lake	16	11	1	2	1	4	68	1	76	1.3
Southern	23	9	3	3	2	3	64	1	43	1.5
Eastern	37	13	6	6	5	7	60	0	84	1.3
Zanzibar	35	21	9	3	8	13	50	0	10	1.3
Total	28	13	6	5	5	9	60	1	513	1.3

[1] At least one provider of indicated HIV/AIDS service trained in past 3 years on a topic related to the indicated service

[2] At least half of interviewed providers of care and support services for people living with HIV/AIDS (PLHA) reported receiving personal supervision during the 3 months preceding the survey.

[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.14.1 Protocols and guidelines to support advanced services for HIV/AIDS: All sites

Among facilities reporting they offer clinical care and support services (CSS) for HIV/AIDS clients, percentage with protocols or guidelines for specific services in all clinical CSS service sites, and mean number of clinical CSS service sites, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with observed guidelines and protocols for the following services in **ALL** clinical CSS sites:					Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)	Mean number of sites offering clinical CSS for HIV/AIDS clients[1]
	Opportunistic infections	Symptomatic and palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	Confidentiality guidelines		
Type of facility							
Hospital	11	11	11	11	8	25	3.8
Health centre	19	19	19	19	25	52	2.0
Dispensary	28	28	28	28	14	428	1.0
Stand-alone	0	0	0	0	0	2	1.0
Managing authority							
Government	29	28	29	28	16	327	1.2
Private for-profit	17	17	17	17	10	89	1.2
Parastatal	12	12	25	12	25	11	1.0
Faith-based	29	29	29	31	17	79	1.5
Zone							
Northern	29	29	29	31	20	85	1.4
Central	10	10	10	10	3	44	1.1
Southern Highlands	49	49	49	49	23	95	1.2
Western	19	19	19	19	13	74	1.1
Lake	26	26	26	26	15	76	1.2
Southern	16	16	16	16	10	40	1.4
Eastern	20	18	21	18	12	84	1.3
Zanzibar	6	6	6	6	11	10	1.3
Total	26	26	26	26	15	506	1.2

[1] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.14.2 Protocols and guidelines to support advanced services for HIV/AIDS: Any site

Among facilities reporting they offer clinical care and support services (CSS) for HIV/AIDS clients, percentage with protocols or guidelines for specific services in any clinical CSS site, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with observed guidelines and protocols for the following services in **ANY** clinical CSS site:					Number of facilities offering CSS for HIV/AIDS clients (weighted)	Mean number of sites offering CSS for HIV/AIDS clients[1]
	Opportunistic infections	Symptomatic and palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	Confidentiality guidelines		
Type of facility							
Hospital	81	81	81	82	78	25	3.8
Health centre	60	60	60	60	48	52	2.0
Dispensary	28	28	28	28	14	428	1.0
Stand-alone	0	0	0	0	0	2	1.0
Managing authority							
Government	36	35	36	35	21	327	1.2
Private for-profit	22	22	22	22	15	89	1.2
Parastatal	12	12	25	12	25	11	1.0
Faith-based	42	42	42	44	25	79	1.5
Zone							
Northern	40	40	40	42	30	85	1.4
Central	15	15	15	15	9	44	1.1
Southern Highlands	55	55	55	55	28	95	1.2
Western	24	24	24	24	16	74	1.1
Lake	32	32	32	32	21	76	1.2
Southern	37	37	37	37	16	40	1.4
Eastern	25	23	27	23	16	84	1.3
Zanzibar	15	15	15	15	17	10	1.3
Total	34	34	34	34	21	506	1.2

[1] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.15 Availability of advanced care and support services for HIV/AIDS

Among facilities that offer care and support services (CSS) for HIV/AIDS clients, percentage that report offering palliative care, antiretroviral therapy (ART), inpatient care, post-exposure prophylaxis (PEP), and all advanced CSS services, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Palliative care					ART	Inpatient care	PEP	All advanced CSS[2]	Number of facilities offering CSS (weighted)
	Treatment for cryptococcal infections	Treatment for Kaposi's sarcoma	Symptomatic or pain relief	Nutritional rehabilitation	Any psychosocial support services[1]					
Type of facility										
Hospital	89	53	88	92	100	70	99	61	31	25
Health centre	40	28	63	80	95	10	75	5	2	52
Dispensary	7	5	41	51	92	1	2	1	0	434
Stand-alone	0	0	0	67	100	0	0	0	0	3
Managing authority										
Government	9	7	44	58	96	4	10	3	2	333
Private for-profit	18	8	39	45	76	4	13	4	0	90
Parastatal	0	13	50	37	100	0	0	0	0	11
Faith-based	33	20	59	65	96	11	31	9	4	79
Zone										
Northern	20	13	41	58	92	6	20	7	4	88
Central	2	1	28	48	97	2	6	1	1	44
Southern Highlands	8	2	73	67	99	3	11	3	1	95
Western	7	5	47	37	94	4	7	2	1	74
Lake	16	9	32	75	98	4	16	2	2	76
Southern	22	16	50	65	91	11	22	2	2	43
Eastern	21	17	40	42	80	7	13	7	2	84
Zanzibar	8	13	21	57	88	2	19	10	2	10
Total	14	9	46	56	93	5	14	4	2	513

[1] Facility may offer the service or provider can name a specific referral site for the service.
[2] All palliative care, ART, inpatient care, and PEP.

Table A-8.16 Availability of treatments for opportunistic infections and conditions

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with medicines to treat or manage opportunistic infections and other conditions, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with at least one medicine to manage or treat the following conditions or with the indicated item:									Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)
	Topical fungal infection[1]	Bacterial pneumonia[2]	Other bacterial infections[3]	Vitamin supple-mentation[4]	Manage-ment of chronic diarrhea[5]	Basic manage-ment of pain[6]	Deworming[7]	Intravenous fluid with infusion set for rehydration[8]	Oral rehydration salts	
Type of facility										
Hospital	92	98	99	32	32	99	93	93	91	25
Health centre	70	95	97	12	10	95	87	73	75	52
Dispensary	62	89	96	8	10	92	88	53	81	428
Stand-alone	16	16	16	0	0	16	16	0	0	2
Managing authority										
Government	61	91	96	2	2	91	86	42	84	327
Private for-profit	74	84	95	24	36	92	90	84	74	89
Parastatal	50	75	100	0	0	100	87	63	37	11
Faith-based	69	93	100	25	22	98	95	86	81	79
Zone										
Northern	74	88	96	16	17	95	92	60	83	85
Central	70	100	100	7	6	94	90	23	82	44
Southern Highlands	67	93	97	3	3	94	90	41	91	95
Western	60	90	96	2	0	86	79	50	81	74
Lake	51	85	91	8	6	85	82	71	60	76
Southern	53	90	100	6	8	100	92	63	82	40
Eastern	73	90	97	17	30	95	92	75	83	84
Zanzibar	34	53	97	23	21	87	85	76	85	10
Total	64	90	96	9	11	92	88	56	81	506

[1] Fluconazole, clotrimazole, ketoconazole, or nystatin,
[2] Amoxicillin, ampicillin, or chloramphenicol.
[3] Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, or penicillin.
[4] Iron or iron with folate, any multivitamin, and B6 or other B vitamin.
[5] Loperamide, diphenoxylate, or oral codeine.
[6] Paracetamol, aspirin, or ibuprofen.
[7] Albendazole or mebendazole.
[8] Normal saline, D5NS, Ringer's lactate, or plasma expanders, plus an infusion set

Table A-8.17 Availability of medicines for advanced care of people living with HIV/AIDS

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with medicines to manage opportunistic infections and provide palliative care for the advanced care of people living with HIV/AIDS, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering systemic IV treatment for fungal infections	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with at least two medicines to treat:								Percentage of facilities with fortified protein supplement[9]	Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)
		Crypto-coccus infection[1]	Bacterial respiratory infection[2]	Other bacterial infections[3]	Herpes[4]	Parasites[5]	Herpes ophthalmic infection[6]	AIDS dementia complex[7]	Pain[8]		
Type of facility											
Hospital	92	32	94	99	0	91	28	97	95	0	25
Health centre	40	15	68	100	0	79	8	86	42	0	52
Dispensary	8	6	56	94	0	78	5	87	36	0	428
Stand-alone	0	0	16	16	0	16	0	16	0	0	2
Managing authority											
Government	10	1	46	94	0	77	1	89	16	0	327
Private for-profit	18	27	82	93	2	84	14	81	81	0	89
Parastatal	0	12	62	100	0	50	12	62	75	0	11
Faith-based	33	15	86	98	0	82	14	91	82	0	79
Zone											
Northern	21	10	62	93	0	79	8	87	58	0	85
Central	2	0	49	100	0	84	0	94	8	0	44
Southern Highlands	10	4	58	96	1	77	6	93	24	0	95
Western	7	0	34	94	0	73	0	79	19	0	74
Lake	16	6	65	93	0	76	4	79	37	0	76
Southern	24	12	64	100	0	83	5	93	40	0	40
Eastern	23	24	78	97	0	87	15	88	73	0	84
Zanzibar	10	3	47	70	0	49	0	89	40	0	10
Total	15	8	59	95	0	79	6	87	39	0	506

[1] Amphotericin B, fluconazole, Itraconazole, and ketoconazole
[2] Cceftriaxone, ciprofloxacine, gentamicin, cotrimoxazole, and dapsone
[3] Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, cloxacillin oral, cloxacillin inj., Augmentin, amoxicillin oral, amoxicillin inj., ampicillin inj., ampicillin inj., chloramphenicol oral, chloramphenicol inj., clarithromycin oral, kanamycin inj., metronidazole i.v., spectinomycin inj., nitrofurantoin, cefalexin, cefotaxime and sulfadiazine.
[4] Acyclovir and gancyclovir
[5] Metronidazole, tinidazole, nalidixic acid, and cotrimoxazole
[6] One of: Acyclovir opthalmic or acyclovir oral
[7] Cotrimoxazole, phenobarbital, Fansidar, and dexamethasone
[8] One from each group: Group 1 (diazepam, dapsone, indomethacin, prednisolone). Group 2 (oral codeine, diclofenac inj., dipyrone inj., morphine oral)
[9] Fortified protein supplement

Table A-8.18 Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with laboratory capacity to conduct various tests or a system for receiving results when test is conducted outside the facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with laboratory capacity[1] to conduct the following tests OR a documented system for sending blood and receiving results for the test:											Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)
	Kit for spinal tap	Culture media and incubator	Haemo-globin or haematocrit	White cell count	Platelet count	BUN and serum creatinine	Liver function test	Serum glucose	Indian ink test	Gram stain	Enzyme-linked immunos-orbent assay (ELISA) for HIV	
Type of facility												
Hospital	33	20	97	53	53	35	35	76	12	69	19	25
Health centre	10	0	55	12	12	5	5	34	3	25	5	52
Dispensary	1	0	21	2	2	2	2	8	0	3	0	428
Stand-alone	0	0	16	0	0	0	0	0	0	16	0	2
Managing authority												
Government	2	1	14	2	2	2	2	6	1	4	1	327
Private for-profit	3	3	53	12	12	8	7	33	0	9	4	89
Parastatal	0	0	38	0	0	0	0	13	0	13	13	11
Faith-based	11	2	59	14	14	8	8	27	3	25	3	79
Zone												
Northern	4	1	37	8	8	7	7	23	1	11	2	85
Central	0	0	9	1	1	0	0	1	0	2	0	44
Southern Highlands	2	0	24	4	4	2	2	12	0	11	0	95
Western	2	1	22	3	3	3	3	9	0	4	0	74
Lake	3	3	20	4	4	3	1	9	1	7	1	76
Southern	10	2	26	6	6	3	3	8	1	16	1	40
Eastern	4	2	48	12	12	7	7	26	2	9	6	84
Zanzibar	5	1	31	4	4	2	2	16	1	8	0	10
Total	3	1	28	6	6	4	4	14	1	8	2	506

[1] Laboratory has all equipment and reagents needed to conduct the test.

Table A-8.19 Services and supporting infrastructure for inpatient care for people living with HIV/AIDS

Percentage of facilities offering inpatient care and support services (CSS) for HIV/AIDS, and among these, percentage offering various services, percentage possessing infrastructure to support inpatient services for HIV/AIDS, and mean number of inpatient CSS sites, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS	Total number of facilities (weighted)	Among facilities offering inpatient CSS for HIV/AIDS clients, percentage offering the following services at any inpatient or outpatient site:						Among facilities offering inpatient CSS services, percentage with:				Number of facilities offering inpatient CSS for HIV/AIDS (weighted)	Mean number of inpatient CSS sites for HIV/AIDS[3]
			HIV testing system	Treatment for tuberculosis, malaria and STIs	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Anti-retroviral therapy (ART)	Regular electric supply[1]	Functioning client latrine for inpatients	Running water in all inpatient client units	All services and infrastructure for inpatient care[2]		
Type of facility														
Hospital	98	25	98	90	100	53	89	70	83	100	57	23	24	2.9
Health centre	71	55	71	80	100	37	72	10	51	100	54	0	39	1.7
Dispensary	1	528	7	38	100	62	69	0	93	100	69	0	4	1.0
Stand-alone	0	3	-	-	-	-	-	-	-	-	-	-	0	-
Managing authority														
Government	9	399	83	99	100	38	67	34	45	100	43	10	34	2.1
Private for-profit	10	104	57	31	100	28	86	20	100	100	71	0	10	1.6
Parastatal	0	14	-	-	-	-	-	-	-	-	-	-	0	-
Faith-based	25	94	75	75	100	61	91	31	80	100	70	10	23	2.3
Zone														
Northern	14	110	91	76	100	56	71	33	64	99	72	13	16	2.5
Central	6	47	100	100	100	16	100	29	96	100	16	4	3	1.5
Southern Highlands	11	95	74	86	100	8	100	15	38	100	93	5	10	2.3
Western	6	82	100	100	100	41	76	28	50	100	6	4	5	1.9
Lake	14	89	30	71	100	24	52	22	63	100	20	6	12	1.6
Southern	14	61	95	100	100	83	98	55	60	100	49	12	8	2.5
Eastern	11	102	75	64	100	68	79	40	97	100	73	7	11	1.9
Zanzibar	7	25	100	88	100	18	68	12	65	100	82	12	2	1.6
Total	11	611	76	81	100	44	78	31	65	100	56	8	67	2.1

[1] Regular central electricity or a back-up generator with fuel available on the day of survey

[2] Facility offers counselling and testing services, treatment for illnesses relevant to HIV/AIDS (tuberculosis, malaria, and STIs), treatment for opportunistic infections and Kaposi's sarcoma, palliative care, and ART, plus facility has regular electric supply, client latrine, and running water in all inpatient CSS service sites.

[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.20 Facilities with links to home and community care for HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with components supporting home and community care (HC), by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients with:							Number of facilities offering CSS for HIV/AIDS clients (weighted)
		HC through referral						
	HC in facility or through outreach	At least one site in the facility has a written document naming a HC referral site[1]	No written document, but at least one site can name a HC referral site[2]	At least one site has an observed written form for client referral[3]	Facility offers antiretroviral therapy (ART) and has links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients	
Type of facility								
Hospital	66	5	13	76	47	34	99	25
Health centre	65	0	10	58	5	22	79	52
Dispensary	25	0	10	13	0	5	9	434
Stand-alone	67	0	33	33	0	67	67	3
Managing authority								
Government	39	0	7	22	3	11	17	333
Private for-profit	9	1	10	10	0	5	23	90
Parastatal	25	0	25	25	0	12	25	11
Faith-based	24	0	21	24	6	4	33	79
Zone								
Northern	35	2	15	31	4	10	29	88
Central	19	0	7	20	1	1	9	44
Southern Highlands	34	0	19	16	1	10	22	95
Western	22	0	6	7	2	1	14	74
Lake	34	0	6	22	2	15	18	76
Southern	33	0	8	32	9	16	19	43
Eastern	33	1	7	19	2	7	23	84
Zanzibar	50	0	4	39	2	17	30	10
Total	31	1	10	21	3	9	21	513

[1] The facility offers HC through referrals, and at least one service site in the facility has a written document that names a referral site.
[2] The facility offers HC through referrals but no service site in the facility is able to show a document that names a referral site. However, staff at one or more service sites in the facility are able to verbally name a referral site
[3] The facility offers HC, either in the facility, through outreach, or through referrals, and at least one site in the facility has an observed referral form for client HC services.

Table A-8.21 Youth-friendly services for HIV/AIDS

Percentage of facilities with an HIV-testing system that offer youth-friendly services (YFS) for counselling and testing for HIV/AIDS, and among these, percentage with components supporting YFS, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering youth-friendly HIV testing services	Number of facilities with an HIV testing system (weighted)	Percentage of facilities with:			Number of facilities offering youth friendly HIV testing services (weighted)
			Observed policy and guidelines for YFS	At least one trained provider for YFS[1]	All items for YFS[2]	
Type of facility						
Hospital	11	24	22	91	22	3
Health centre	21	35	0	69	0	7
Dispensary	15	98	19	90	19	15
Stand-alone	61	3	0	100	0	2
Managing authority						
Government	19	89	3	92	3	17
Private for-profit	18	34	23	81	23	6
Parastatal	40	7	50	50	50	3
Faith-based	3	30	15	100	15	1
Zone						
Northern	35	45	10	85	10	16
Central	10	3	0	100	0	0
Southern Highlands	7	23	0	100	0	2
Western	5	24	0	100	0	1
Lake	10	16	0	93	0	2
Southern	0	8	-	-	-	0
Eastern	14	33	31	71	31	5
Zanzibar	18	7	17	100	17	1
Total	17	160	13	85	13	27

[1] Provider reports having received training related to youth-specific services within the 3 years preceding the survey, or facility in-charge reports there is such a trained provider, but the provider was not present on the day of the survey

[2] Facility offers youth-friendly HIV testing services, has observed policy and guidelines for YFS, and has at least one provider trained in YFS.

Table A-8.22 Components supporting antiretroviral therapy services: recordkeeping and staff

Among facilities offering antiretroviral therapy (ART), percentage prescribing ART or only providing followup services, and percentage with recordkeeping systems, trained staff, and supervision to support ART services, by type of facility, managing authority, and zone, Tanzania SPA 2006

	Percentage of facilities offering ART that:									
			Have an observed:			Have trained provider for:[1]				
Background characteristics	Prescribe ART	Provide followup only	Record system for individual appoint-ments for ART clients	Individual records or charts for ART clients	Up-to-date register or client cards that permit calculation of number of current ART clients	ART prescription or clinical services	Counselling on adherence to ART	Nutritional rehabilitation related to HIV/AIDS	Offer routine supervision to providers[2]	Number of facilities offering ART (weighted)
Type of facility										
Hospital	100	0	86	99	98	69	22	55	75	17
Health centre	100	0	100	46	46	100	0	24	100	5
Dispensary	50	50	0	0	0	0	0	0	50	3
Managing authority										
Government	100	0	90	78	78	74	11	47	84	13
Private for-profit	59	41	59	59	59	59	0	29	59	3
Faith-based	100	0	72	84	81	61	26	40	75	8
Zone										
Northern	100	0	96	98	96	65	46	24	71	5
Central	100	0	71	100	100	86	43	29	100	1
Southern Highlands	54	46	40	54	54	36	0	40	43	3
Western	100	0	88	100	100	79	4	83	96	3
Lake	100	0	68	100	96	75	13	66	63	3
Southern	100	0	97	39	39	75	3	14	89	5
Eastern	100	0	74	76	76	69	4	54	89	6
Zanzibar	100	0	100	100	100	100	50	50	50	0
Total	95	5	80	77	77	68	15	42	78	25

[1] At least one interviewed provider of indicated service reports receiving related pre- or in-service training in the 12 months preceding the survey.
[2] At least half of interviewed providers of ART, adherence counselling, or nutritional rehabilitation for ART clients report receiving personal supervision in the 3 months preceding the survey.

Table A-8.23 Components supporting antiretroviral therapy services: Medicines and lab capacity

Among facilities offering antiretroviral therapy (ART), percentage with medicines, pharmacy stock cards, storage capacity for antiretorvirals (ARVs),and lab capacity, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	ART medicines			ARVs stored:			Lab capacity for monitoring ART[1]	ART monitoring tests conducted outside, observed record of test results	Number of facilities prescribing ART[2] (weighted)
	First-line ART regimen available	No stock-outs for any normally stocked ARV during past 6 months	Up-to-date pharmacy stock cards for ARVs	Separately from other medicines	In locked storage area or with limited access	In separate location with limited access			
Type of facility									
Hospital	98	67	83	44	73	44	60	5	17
Health centre	24	24	24	0	24	0	22	24	5
Managing authority									
Government	77	52	58	34	60	33	42	13	13
Private for-profit	100	100	100	50	50	50	50	0	2
Faith-based	70	46	69	26	56	26	57	4	8
Zone									
Northern	77	61	77	31	75	31	80	0	5
Central	100	86	29	14	43	14	57	14	1
Southern Highlands	100	60	67	60	67	60	47	13	2
Western	92	83	79	29	88	29	33	46	3
Lake	100	58	87	62	92	58	62	8	3
Southern	39	23	23	12	23	12	28	0	5
Eastern	76	50	74	30	39	30	33	6	6
Zanzibar	100	50	100	100	100	100	50	0	0
Total	76	54	65	32	58	32	48	9	24

[1] Lab in facility can either conduct CD4, viral load, or total lymphocyte count (TLC)".
[2] Totals include one (weighted) dispensary

Table A-8.24.1 Protocols and guidelines for antiretroviral therapy services available at all service sites

Percentage of facilities prescribing antiretroviral therapy (ART), and among these, percentage with observed guidelines and protocols at **all** ART service sites, and mean number of sites prescribing ART per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities prescribing ART	Total number of facilities (weighted)	Guidelines and protocols observed in **ALL** ART service sites for:							Number of facilities prescribing ART (weighted)	Mean number of sites prescribing ART[2]
							ART treatment				
			Opportunistic infections	Symptomatic palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	National guidelines for the clinical management of HIV/AIDS	Other ART treatment guidelines for adults or children	All items for ART services[1]		
Type of facility											
Hospital	70	25	87	85	85	87	87	1	1	17	1.1
Health centre	9	55	54	54	54	54	54	0	0	5	1.0
Dispensary	0	528	0	0	0	0	0	0	0	1	1.0
Stand-alone	0	3	-	-	-	-	-	-	-	0	-
Managing authority											
Government	3	399	84	83	83	84	84	1	1	13	1.0
Private for-profit	2	104	50	50	50	50	50	0	0	2	1.5
Parastatal	0	14	-	-	-	-	-	-	-	0	-
Faith-based	9	94	66	65	65	66	66	1	1	8	1.0
Zone											
Northern	5	110	68	68	68	68	70	0	2	5	1.0
Central	2	47	100	100	100	100	100	0	0	1	1.0
Southern Highlands	2	95	100	100	100	100	100	0	0	2	1.0
Western	3	82	50	50	50	50	50	0	0	3	1.0
Lake	3	89	92	83	83	92	83	8	0	3	1.0
Southern	7	61	94	94	94	94	94	0	0	5	1.0
Eastern	6	102	58	58	58	58	59	0	2	6	1.2
Zanzibar	1	25	100	100	100	100	100	0	0	0	1.0
Total	4	611	75	74	74	75	75	1	1	24	1.1

[1] Observed record for individual client appointments, individual client records/charts, current register of ART clients, staff with pre- or in-service training related to ART services (specifically for adherence counselling and nutritional rehabilitation during the 12 months preceding the survey), routine supervision of ART service providers (at least half supervised in the past 3 months), first-line ART regimen available with no stock-outs of normally stocked ARVs during past 6 months, an up-to-date pharmacy stock cards for ARVs, ARVs stored with limited access, lab capacity for monitoring ART, and guidelines observed at all ART sites for: opportunistic infections, symptomatic/palliative care, care for children (and adults) living with HIV/AIDS, and ART treatment (either the national ART guidelines or other ART treatment guidelines).

[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.24.2 Protocols and guidelines for antiretroviral therapy services available at any service site

Percentage of facilities prescribing antiretroviral therapy (ART), and among these, percentage with observed guidelines and protocols at any ART service site, and mean number of sites prescribing ART per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities prescribing ART	Total number of facilities (weighted)	Observed guidelines and protocols in **ANY** ART site for:						Number of facilities prescribing ART (weighted)	Mean number of sites prescribing ART services[1]
			Opportunistic infections	Symptomatic palliative care	Care of children living with HIV/AIDS	Care of adults living with HIV/AIDS	ART treatment: National guidelines for the clinical management of HIV/AIDS	ART treatment: Other ART treatment guidelines for adults or children		
Type of facility										
Hospital	70	25	93	91	91	93	91	1	17	1.1
Health centre	9	55	54	54	54	54	54	0	5	1.0
Dispensary	0	528	0	0	0	0	0	0	1	1.0
Stand-alone	0	3	-	-	-	-	-	-	0	-
Managing authority										
Government	3	399	84	83	83	84	83	1	13	1.0
Private for-profit	2	104	100	100	100	100	100	0	2	1.5
Parastatal	0	14	-	-	-	-	-	-	0	-
Faith-based	9	94	66	65	65	66	65	1	8	1.0
Zone										
Northern	5	110	68	68	68	68	68	0	5	1.0
Central	2	47	100	100	100	100	100	0	1	1.0
Southern Highlands	2	95	100	100	100	100	100	0	2	1.0
Western	3	82	50	50	50	50	50	0	3	1.0
Lake	3	89	92	83	83	92	83	8	3	1.0
Southern	7	61	94	94	94	94	94	0	5	1.0
Eastern	6	102	74	74	74	74	74	0	6	1.2
Zanzibar	1	25	100	100	100	100	100	0	0	1.0
Total	4	611	79	78	78	79	78	1	24	1.1

[1] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.25 Post-exposure prophylaxis

Percentage of facilities where staff have access to post-exposure prophylaxis (PEP) and among these, percentage with programme components that support or document PEP, and mean number of PEP service sites, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities where staff have access to PEP[1]	Total number of facilities (weighted)	Percentage of facilities offering PEP that have:				Percentage of facilities offering PEP that store ARVs for PEP:			Number of facilities where staff have access to PEP (weighted)	Mean number of service sites where PEP is prescribed[2]
			Observed PEP guidelines present in **ANY** PEP service site	Any record or register of staff receiving PEP services	Any observed record for monitoring full compliance with PEP regime	Observed antiretro-virals (ARVs) for PEP	Separately from other medications	In locked area or with limited access	In separate location with limited access		
Type of facility											
Hospital	61	25	87	40	8	67	5	13	5	15	4.8
Health centre	9	55	5	45	0	5	0	5	0	5	1.3
Dispensary	1	528	25	50	0	25	25	25	25	6	1.2
Stand-alone	0	3	-	-	-	-	-	-	-	0	-
Managing authority											
Government	3	399	50	57	6	39	4	13	4	13	3.5
Private for-profit	3	104	100	27	0	100	45	45	45	4	4.5
Parastatal	0	14	-	-	-	-	-	-	-	0	-
Faith-based	9	94	53	28	4	35	0	4	0	9	2.7
Zone											
Northern	10	110	43	56	3	33	12	18	12	11	2.3
Central	1	47	83	100	17	83	0	0	0	1	4.7
Southern Highlands	3	95	45	22	0	36	4	9	4	2	3.5
Western	2	82	100	23	0	46	0	0	0	1	5.6
Lake	2	89	75	37	0	44	0	0	0	2	3.4
Southern	1	61	57	29	14	43	0	0	0	1	3.3
Eastern	6	102	69	31	5	67	4	9	4	6	4.4
Zanzibar	4	25	79	32	21	79	42	79	42	1	4.7
Total	4	611	58	43	4	46	8	14	8	26	3.4

[1] Facility offers PEP or has a system to refer staff for PEP.
[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-8.26 Availability of service records for PMTCT services

Percentage of facilities offering any services for the prevention of mother-to-child transmission (PMTCT) of HIV, and among these, percentage with up-to-date service records and PMTCT guidelines, and mean number of service sited offering PMTCT per facility, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering any PMTCT services[1]	Total number of facilities (weighted)	Among facilities offering any PMTCT services, percentage with: Observed record of women attending ANC who accepted HIV testing	Observed record of women who received HIV test results	Observed record of women who received post-test counselling (by serostatus)	Observed record of HIV+ pregnant women who were offered a complete course of antiretrovirals (ARVs) for PMTCT	All records and results[2]	All PMTCT sites have PMTCT guidelines	Number of facilities offering any PMTCT services (weighted)	Mean number of sites offering PMTCT services[3]
Type of facility										
Hospital	88	25	79	77	47	81	44	34	22	1.6
Health centre	35	55	81	55	28	62	9	40	19	1.1
Dispensary	7	528	71	64	36	75	21	32	39	1.0
Stand-alone	0	3	-	-	-	-	-	-	0	-
Managing authority										
Government	13	399	84	69	42	84	27	36	53	1.2
Private for-profit	5	104	39	39	19	36	19	0	6	1.2
Parastatal	30	14	67	67	33	67	33	33	4	1.0
Faith-based	18	94	65	64	26	53	17	41	17	1.2
Zone										
Northern	21	110	80	63	31	65	13	23	23	1.1
Central	5	47	100	96	96	96	87	9	3	1.2
Southern Highlands	5	95	96	96	96	69	67	35	5	1.2
Western	16	82	100	91	24	100	15	74	14	1.2
Lake	6	89	96	68	45	98	43	12	6	1.4
Southern	8	61	100	98	20	92	20	85	5	1.4
Eastern	24	102	43	37	32	56	21	22	25	1.1
Zanzibar	1	25	-	-	-	-	-	-	*	1.7
Total	13	611	76	66	37	74	25	35	80	1.2

* Less than one

[1] Facility reports offering any services to pregnant women with the intention of preventing the transmission of HIV from an HIV positive mother to a child. These include, but are not limited to, HIV counseling and/or testing, counseling on infant feeding, family planning, and ARV prophylaxis.

[2] Observed record of women attending ANC and who accepted HIV testing, observed record of women who received HIV test results, observed record of women who received post-test counseling, and observed record of HIV positive pregnant women who were offered a complete ARV course for PMTCT.

[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site

Table A-8.27 Availability of service records for PMTCT plus services,

Among facilities offering services for prevention of mother-to-child transmission (PMTCT) of HIV and antiretroviral therapy (ART) for HIV-positive women and their families, percentage with up-to-date records, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Percentage of facilities offering PMTCT plus services[1]	Total number of facilities (weighted)	Among facilities offering PMTCT plus, percentage with:			Number of facilities offering PMTCT plus services (weighted)	Mean number of sites offering PMTCT plus services
			Observed records of HIV+ pregnant women who receive therapeutic ARV	All elements and records of PMTCT plus[2]	PMTCT women and family referred elsewhere for ART, with no followup by PMTCT site		
Type of facility							
Hospital	51	25	49	16	27	13	1.3
Health centre	4	55	0	0	0	2	1.0
Dispensary	1	528	0	0	0	3	1.0
Stand-alone	0	3	-	-	-	0	-
Managing authority							
Government	3	399	22	16	25	12	1.2
Private for-profit	2	104	100	0	0	2	1.5
Parastatal	10	14	0	0	0	1	1.0
Faith-based	3	94	67	5	20	3	1.3
Zone							
Northern	2	110	35	18	0	3	1.2
Central	0	47	0	0	0	0	1.0
Southern Highlands	1	95	18	18	45	1	1.4
Western	3	82	9	5	32	2	1.1
Lake	2	89	21	11	32	2	1.2
Southern	3	61	40	26	41	2	1.5
Eastern	7	102	49	5	9	7	1.2
Zanzibar	0	25	100	100	0	0	1.0
Total	3	611	35	11	19	18	1.2

[1] PMTCT plus services Include CT services, ARV prophylaxis for mother and newborn, counselling on infant feeding, family planning for HIV-positive women, and ARV treatment for HIV-positive women and family members.

[2] All PMTCT plus services listed above, plus counselling and testing records for ANC clients, records of ARV prophylaxis offered, and records of therapeutic ARVs for women receiving PMTCT services.

Table A-8.28 Facilities with record-keeping systems for monitoring HIV/AIDS care and support

Among facilities offering HIV testing, prescribing antiretroviral therapy (ART), and offering care and support services (CSS) for HIV/AIDS clients, percentage with up-to-date client records and percentage submitting reports on services offered, by type of facility, managing authority, and zone, Tanzania SPA 2006

Background characteristics	Among facilities reporting an HIV testing system, percentage:			Among facilities prescribing ART, percentage:			Among facilities offering CSS for HIV/AIDS clients, percentage:			Among facilities offering HIV testing, ART, and CSS for HIV/AIDS clients, percentage:	
	With records of clients receiving pre- and post- test counselling and receiving test results	That submit any reports on HIV testing services	Number of facilities reporting an HIV testing system (weighted)	With records of number of clients on ART	That submit any reports on ART services	Number of facilities prescribing ART (weighted)	With records of clients treated for HIV/AIDS-related illnesses	That submit any reports on HIV/AIDS-related illnesses treated	Number of facilities offering CSS for HIV/AIDS clients (weighted)	With records of HIV/AIDS services offered and that routinely submit reports on these services	Number of facilities offering CT, ART and CSS for HIV/AIDS clients (weighted)
Type of facility											
Hospital	37	89	24	98	95	17	75	98	25	21	17
Health centre	52	82	35	46	24	5	60	93	52	0	5
Dispensary	35	48	98	0	0	1	53	77	434	0	1
Stand-alone	29	100	3	-	-	0	12	12	3	-	0
Managing authority											
Government	43	77	89	78	74	13	55	80	333	16	13
Private for-profit	19	21	34	100	100	2	41	71	90	0	2
Parastatal	40	40	7	-	-	0	75	63	11	-	0
Faith-based	48	73	30	81	69	8	61	87	79	18	8
Zone											
Northern	47	76	45	96	75	5	64	84	88	24	5
Central	64	100	3	100	100	1	22	29	44	43	1
Southern Highlands	49	70	23	100	93	2	84	90	95	47	2
Western	34	43	24	100	96	3	43	92	74	0	3
Lake	22	49	16	96	96	3	62	87	76	17	3
Southern	52	100	8	39	39	5	71	83	43	14	5
Eastern	32	48	33	76	72	6	22	72	84	2	6
Zanzibar	23	63	7	100	100	0	46	55	10	0	0
Total	39	63	160	81	74	24	54	79	513	15	24

Appendix B Weighting of Facilities in TSPA 2006

A sampling frame is a listing of all facilities eligible to be included in a survey. It forms the basis for determining the proportional representation of different types of facilities within each region and the country as a whole. If the sampling frame is incomplete, this influences how representative the sample findings are. For example, if the sampling frame only includes government-managed facilities, the findings will only be representative of government-managed facilities. Similarly, if the sampling frame includes only certain types of non-governmental facilities (for example, facilities managed by faith-based organisations) and excludes others (such as for-profit facilities) this must be reflected in discussing the representativeness of the data.

In principle, a survey selects a sample of facilities proportionally to represent each type of facility and region. For certain types of facilities, however, this may leave too few facilities to provide enough information for meaningful analysis at the level at which data is presented. This is especially significant when services of special interest, such as HIV/AIDS services, are more likely to be found in these particular facilities. Typically a survey will over-sample this type of facility in order to have sufficient numbers for appropriate analysis.

When presenting the findings, the data need to be weighted to make sure that data from these over-sampled facilities are not over-represented in the results. In effect, mathematical weighting corrects the proportion of facilities in the sample, so that their information contributes proportionally to their actual numbers. This is especially important when data from multiple types of facilities are aggregated to provide results at the regional and national levels.

In the case of Tanzania, hospitals were over-sampled because they exist in small numbers in the country and also provide most HIV/AIDS services. The resulting number of hospitals visited—128—corresponds to 21 percent of the total sample. However, hospitals only make up 4 percent of all facilities in the national list of facilities, i.e., the sampling frame for the Tanzania Service Provision Assessment survey. Therefore, the number of hospitals was weighted down to 25, which reflects their actual proportion.

In the report weighted numbers are given in the tables so as to provide information on what proportion of the total information comes from any particular type of facility or region. It is important to note, however, that **all** facilities in the sample are used when calculating percentages. For example, when calculating the percentage of hospitals providing a particular service, data from all of the 128 hospitals visited are used and not 25. Thus whenever a weighted number looks too small to be meaningful, it is important to review the unweighted number to know how many actual facilities or interviews contribute to the percentage in question.

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Appendix D Survey Instruments

COVER SHEET

1. Facility Identification

001 NAME OF FACILITY _____

002 LOCATION OF FACILITY _____

003 REGION . . . . . ☐☐

004 DISTRICT . . . . . ☐

005 WARD CODE . . . . . ☐☐☐

006 URBAN/RURAL
RURAL **1**
URBAN **2**

007 FACILITY NUMBER . . . . . ☐☐☐

008 **TYPE OF FACILITY**

REFERRAL HOSPITAL	01
REGIONAL HOSPITAL	02
DISTRICT HOSPITAL	03
OTHER HOSPITAL	04
SPECIALIZED HOSPITAL	05
HEALTH CENTER	06
DISPENSARY	07
STAND-ALONE (VCT, PMTCT OR ART	08
OTHER _____ (SPECIFY)	96

009 ADJACENT TO FACILITY
YES 1
NO 2

010 **MANAGING AUTHORITY**

GOVERNMENT-PUBLIC	1
GOVERNMENT-NOT PUBLIC (MILITARY, ETC	2
PARASTATAL	3
FAITH BASED ORGANIZATION	4
PRIVATE	5
OTHER _____ (SPECIFY)	6

2. Information about Interview

011 Date:_____
DAY . . . . . ☐☐
MONTH . . . . . ☐☐
YEAR . . . . . ☐☐☐☐

012 Name of the interviewer _____
INTERVIEWER CODE . . . . . ☐☐

013 INTERVIEWER VISITS:

	Visit 1	Visit 2	Visit 3
DATE	_____	_____	_____
TEAM LEADER	_____	_____	_____

014 RESULT CODES:
1 = COMPLETED
2 = RESPONDENT NOT AVAILABLE
3 = REFUSED
4 = PARTIALLY COMPLETED
6 = OTHER

RESULT CODE . . . . . ☐

3. GPS READING

015	WAYPOINT NAME (FACILITY NUMBER)	☐☐☐
016	ZONE	☐☐☐
017	EASTING	☐☐☐☐☐☐☐
018	NORTHING	☐☐☐☐☐☐☐

4. NUMBER OF OBSERVATION/EXIT & PROVIDER QUESTIONNAIRES COMPLETED AT FACILITY:

1	PROVIDER INTERVIEWS	☐☐
2	CHILD OBSERVATION	☐☐
3	FP OBSERVATION	☐☐
4	ANC OBSERVATION	☐☐
5	STI OBSERVATION	☐☐

019 CHECKED BY MONITOR/SUPERVISOR: ☐

SIGNATURE _____ DATE _____

FACILITY CHECKLIST FOR HIV/AIDS QUESTIONNAIRES:
OUTPATIENT & INPATIENT SERVICES **FACILITY NUMBER:** | | | |

I would like to start by asking about the overall facility organization and availability of services.
For each of the clinics/units/departments that I mention, please indicate if it exists as a separate/distinct entity in the facility and not a component of another clinic/unit/department.
IF A DISTINCT CLINIC/UNIT/DEPARTMENT EXISTS, ASK: Are services offered from this particular clinic offered only by providers from this clinic/unit/department, or are they offered by providers from the OPD, IPD or other clinic/unit/department.

IF THE CLINIC/UNIT/DEPARTMENT EXISTS AS A DISTINCT ENTITY, LIST IT AND DETERMINE WHAT APPLICABLE SPECIALTY QUESTIONNAIRES NEED TO BE COMPLETED FOR THAT CLINIC/UNIT/DEPARTMENT, MARKING THE SERVICE BOX ON THE SAME LINE AS THAT CLINIC/UNIT/DEPARTMENT. COMPLETE AN OPD/IPD QRE FOR ALL LISTED UNITS, AS WELL AS THE INDICATED SPECIALTY QRE FOR SERVICES PROVIDED FROM THAT MAIN CLINIC/UNIT. IN THE "ELIGIBLE QUESTIONNAIRE" COLUMN, INDICATE WITH AN " / " IF A PARTICULAR QUESTIONNAIRE IS REQUIRED, AND AS SOON AS THAT SECTION IS DONE, MAKE A COMPLETE "X" IN THE BOX TO INDICATE THAT THIS SECTION WAS REQUIRED AND IT IS DONE

LINE #	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C OPD or IPD	Mod D HMIS	Mod E LAB	Mod F PHARM	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT
01	1 8	Service statistics (HMIS/med records)		/						
02	1 9	Laboratory			/					
03	2 0	Pharmacy/Medical supplies				/				
04		Outpatient (OPD) or Inpatient (IPD)	/							
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

OUTPATIENT (OPD) CLINIC/UNITS

01= General Outpatient
02= Pediatric Outpatient
03= Antenatal Care
04= Family Planning
05= Delivery (Outpatient)
06= Tuberculosis (TB)
07= VCT or CT (may be stand alone)
08= PMTCT
09= Specific HIV/AIDS Only (may be ART unit)
10= Specific Diagnoses (Including HIV/AIDS)
11= STI
12= Gynecology
13= Urology
15= Emergency/Casualty
16= Social Services Department/ home-based care/community services (not HIV/AIDS specific)
17= Social Services Department/home based care/ community services (HIV/AIDS specific)
18= Service statistics/medical records/HMIS
19= Laboratory (OPD &/or IPD)
20= Pharmacy
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

22=Inpatient medical (adult or adult and pediatric)
23= Inpatient medical/surgical (adult or adult and pediatric)
24=Inpatient surgical (adult or adult and pediatric)
25=Inpatient pediatric
26= HIV/AIDS Only Inpatient
27= Specific Diagnoses (Including HIV/AIDS)
28= Tuberculosis (TB)
29= Delivery (Inpatient)
30= Hospice
97= Other IPD

LINE #	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C OPD or IPD	Mod D HMIS	Mod E LAB	Mod F PHARM	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
			OPD or IPD	HMIS	LAB	PHARM	TB	VCT	ART	PMTCT
		TOTAL QRES COMPLETED								

OUTPATIENT (OPD) CLINIC/UNITS

01= General Outpatient
02= Pediatric Outpatient
03= Antenatal Care
04= Family Planning
05= Delivery (Outpatient)
06= Tuberculosis (TB)
07= VCT or CT (may be stand alone)
08= PMTCT
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10= Specific Diagnoses (Including HIV/AIDS)
11= STI
12= Gynecology
13= Urology
15= Emergency/Casualty
16= Social Services Department/ home-based care/community services (not HIV/AIDS specific)
17= Social Services Department/home based care/ community services (HIV/AIDS specific)
18= Service statistics/medical records/HMIS
19= Laboratory (OPD &/or IPD)
20= Pharmacy
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

22=Inpatient medical (adult or adult and pedi
23= Inpatient medical/surgical (adult or adult and pediatric)
24=Inpatient surgical (adult or adult and pediatric)
25=Inpatient pediatric
26= HIV/AIDS Only Inpatient
27= Specific Diagnoses (Including HIV/AIDS)
28= Tuberculosis (TB)
29= Delivery (Inpatient)
30= Hospice
97= Other IPD

1. General Information/Overview

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR PATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health and National Bureau of Statistics to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
(Indicates respondent's willingness to participate)

100	May I begin the interview?	YES . . . . . 1 NO 2	→STOP

First I would like to ask you some general questions about how this facility is organized, and what infrastructure and resources are available. Then I will have some specific questions about HIV/AIDS services that may be provided from this facility.

101	In addition to regular healthcare services, does the facility ever provide services for clients who are known or suspected to be HIV/AIDS infected or to have HIV/AIDS related illnesses?	YES . . . . . 1 NO 2	→ 103
102	Is there one person who is responsible overall for services specifically related to HIV/AIDS services? IF YES, ASK THE NAME AND ASK IF THAT PERSON CAN BE CALLED TO PARTICIPATE IN THE GENERAL DISCUSSION. IF THERE IS A DIFFERENT PERSON FOR INPATIENT AND FOR OUTPATIENT SERVICES RELATED TO HIV/AIDS ASK FOR THE PERSON MOST KNOWLEDGEABLE ABOUT OUTPATIENT SERVICES RELATED TO CARE AND SUPPORT FOR HIV/AIDS CLIENTS WHO IS AVAILABLE TODAY. WHILE THE HIV/AIDS PERSON IS BEING CALLED, CONTINUE WITH Q103.	YES, _____ . . . 1 NAME OF HIV/AIDS SERVICE RESPONSIBLE PERSON NO ONE PERSON RESPONSIBLE FOR HIV/AIDS SERVICES . . . 2	

2. Information About Services

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
103	How many days each week is the facility routinely open for outpatient curative services?	NUMBER OF DAYS . . . . . [ ] DON'T KNOW 8	
104	Does a trained health provider live on the facility premises?	YES . . . . . 1 NO 2	
105	Is there a trained health provider assigned to and present at the facility at all times (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	YES, DUTY SCHEDULE OBSERVED . . . . . 1 YES, 24-HR ONSITE STAFF NO DUTY SCHEDULE SEEN . . . 2 NO 24-HOUR ONSITE STAFF . . . 3	→107
106	Is there a trained health provider available away from the facility but officially on call, at all times, (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	YES, DUTY SCHEDULE OBSERVED . . . . . 1 YES, 24-HR ON CALL STAFF NO DUTY SCHEDULE SEEN . . . 2 NO 24-HOUR ON CALL STAFF . . . 3	

107 Now I have some questions about staffing for this facility. Please tell me how many staff with this qualification this facility is authorized to have, that is staffing norms, and then tell me how many staff with this qualification are actually in post and the average full time numbers at post past 3 months. We want to know the highest technical qualification that any staff may hold (such as a nurse or doctor) regardless of the person's actual assignment or specialist studies.
IF NO STAFFING NORM, RECORD '000'

	QUALIFICATION	(a) STAFFING NORMS	(b) ACTUAL NUMBER IN POST	(C) AVERAGE NUMBER FULL-TIME AT POST PAST 3 MONTHS
01	Anaesthesiologist/Anaesthetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
02	Clinical Officer Anaethetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
03	Nurse Anaesthetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
04	Obstetrician/Gynaecologist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
05	Surgeon	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
06	Pediatrician	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
07	Other Physician Specialist/Consultant .	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
08	Medical Doctor	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
09	Medical Officer	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
10	Assistant Medical Officer	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
11	Other Clinical Officer	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
12	Registered Nurse/Nursing Officer . .	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
13	Nurse Midwife	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
14	Public Health Nurse	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
15	Trained Nurse	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
	QUALIFICATION	(a) STAFFING NORMS	(b) ACTUAL NUMBER IN POST	(C) AVERAGE NUMBER FULL-TIME AT POST PAST 3 MONTHS	
16	Auxiliary Nurse/Medical Attendant . .				
17	Pharmacist				
18	Pharmaceutical Technician				
19	Pharmaceutical Assistant				
20	Laboratory Technologist				
21	Laboratory Technician				
22	Laboratory Assistant				
23	Nutritionist/Nutrition Technician				
24	Health Education Officer				
25	Record Technician/Statistical Clerk . .				
26	Health Administrative Officer				
27	Social Worker				
28	HIV/AIDS Counselor				
29	Other Counselor				
30	Pathologist				
31	Clinical Assistant				
32	All other staff with clinical training or providing client services				
33	All other support staff (non-clinical manager, medical records, cleaners, etc)				
34	SUM THE NUMBER OF STAFF REPORTED IN COLUMN (b)				
	You have told me that there are (TOTAL STAFF) who are employed by this facility. Is this correct? IF NOT CORRECT, PROBE AND CHANGE ITEM 107 (01-33) AS NECESSARY.				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	In addition to the previously mentioned staff, who are employed by the facility, does this facility have any people who are not officially employed but who work routinely (either full or part time part time) and who provide client services? This might include seconded staff from other organizations or volunteers.	YES . . . . . 1 NO 2	→ 111
109	Please tell me the qualification of the people who are **seconded** to the facility and indicate if they work specifically with HIV/AIDS related services or with other services.	SERVICES (a) HIV/AIDS ONLY / (b) OTHER DOCTOR . . . MEDICAL OFFICER . . . AMO . . . CLINICAL OFFICER . . . NURSE . . . . COUNSELOR . LAB TECH/ ASSISTANT . COMMUNITY WORKER . . OTHER . . . (SPECIFY)	
110	SUM THE NUMBER OF SECONDED STAFF IN Q109 WHO WORK WITH THE FACILITY.	TOTALS	
111	How many staff (either regular or seconded) work here who are foreign? PROBE, IF NECESSARY	NUMBER OF FOREIGN STAFF . . DON'T KNOW 98	
112	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility? IF YES: How many people is that?	CATCHMENT POPULATION NO CATCHMENT AREA . . . . . 9999995 DON'T KNOW SIZE OF CATCHMENT POPULATION 9999998	
113	Does this facility routinely provide inpatient care?	YES . . . . . 1 NO 2	→115
114	Does this facility have beds for overnight observation?	YES . . . . . 1 NO 2	→116

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	How many overnight or inpatient beds does this facility have?	NUMBER OF BEDS [ ][ ][ ][ ]	
116	Does this facility have routine meetings for reviewing managerial or administrative matters?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →119 →119
117	How often do meetings to discuss the facility managerial and administrative matters take place?	MONTHLY OR MORE OFTEN . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS THAN EVERY 6 MONTHS OR IRREGULARLY 4	 →119
118	Is an official record of management meetings maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES OR NOTES) FROM THE MOST RECENT MEETING.	YES, RECORD OBSERVED . . . 1 YES, REPORTED, NOT SEEN 2 NO RECORD MAINTAINED 3	
119	Are there any *routine* meetings about facility activities or management issues that include both facility staff and community members?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →122 →122
120	How often are routine meetings held with both facility staff and community members?	MONTHLY OR MORE OFTEN . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS THAN EVERY 6 MONTHS OR IRREGULARLY 4	 →122
121	Is an official record of the meetings with both facility staff and community members maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES OR NOTES) FROM THE MOST RECENT MEETING.	YES, RECORD OBSERVED . . . 1 YES, REPORTED, NOT SEEN . . 2 NO RECORD MAINTAINED 3	
122	Does this facility have any system for determining clients' opinions about the health facility or its services? IF YES, CIRCLE ALL METHODS THAT ARE USED FOR ELICITING CLIENTS' OPINIONS. PROBE FOR ALL METHODS USED.	SUGGESTION BOX . . . . . A CLIENT SURVEY FORM . . . . . B CLIENT INTERVIEW FORM . . . . . C OFFICIAL MEETING WITH COMMUNITY LEADERS . . . . . D INFORMAL DISCUSSIONS WITH CLIENT OR COMMUNITY . . . E OTHER _____ (SPECIFY) . . . X NO CLIENT FEEDBACK . . . . . Y DON'T KNOW . . . . . Z	 →125 →125
123	Is there a procedure for reviewing or reporting on clients' opinions? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED.	YES, REPORT SEEN . . . . . 1 YES, REPORT NOT SEEN . . . . . 2 NO 3	
124	In the past 3 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.	YES, CHANGE IN SERVICES OR TIMES OFFERED OR WAY SERVICES ARE PROVIDED . . . . A YES, CHANGE FOR CLIENT COMFORT . . . . . B OTHER _____ (SPECIFY) . . . X NO . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
125	Does this facility routinely carry out quality assurance activities? By this I mean some formal review system or comparison of work or systems to a standard?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →129 →129
126	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY . . . . . 1 ONLY SPECIFIC SERVICES . . . 2	

		METHOD USED			
		DOCUMENT OBSERVED	DOCUMENT REPORTED, NOT SEEN	METHOD NOT USED	DON'T KNOW
127	Now I want to ask about common quality assurance activities. For each activity I ask, please tell me if this is used anywhere in the facility. IF YES, ASK: Can I see some document or record that shows this has been carried out during the past year? A REPORT OR MINUTES OF A MEETING WHERE THE QA ACTIVITY IS REFERRED TO ARE ACCEPTABLE.				
01	Supervisory checklist of health system components (such as service-specific equipment, medications, and records)	1	2	3	8
02	Supervisory checklist of health service provision (such as an observation checklist)	1	2	3	8
03	Facility-wide review of mortality	1	2	3	8
04	Periodic audit of medical records or service registers	1	2	3	8
05	Quality assurance committee or staff reports	1	2	3	8
06	Other _____ (SPECIFY)	1	2	3	8

128	Please tell me who is responsible for the quality assurance activities, and if they are assigned within the facility (INTERNAL) or outside the facility (EXTERNAL) or both from within and external to the facility.					
	FOR EACH OF THE LISTED OPTIONS, INDICATE WHICH RESPONSE BEST DESCRIBES THE PERSONNEL RESPONSIBLE FOR QUALITY ASSURANCE	INTERNAL TO FACILITY	EXTERNAL TO FACILITY	BOTH INTERNAL AND EXTERNAL	NOT ACTIVE WITH QUALITY ASSURANCE	DK
01	Individual staff members	1	2	3	4	8
02	Individual supervisors	1	2	3	4	8
03	Management committee (MAY BE DISTRICT OR REGIONAL MANAGEMENT TEAM)	1	2	3	4	8
04	Special quality assurance committee or team	1	2	3	4	8
05	Special quality assurance staff	1	2	3	4	8
06	Other _____ (SPECIFY)	1	2	3	4	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
129	When was the last time a supervisor from outside this facility came here to visit?	WITHIN THE PAST 6 MONTHS . . . 1 MORE THAN 6 MONTHS AGO . . . 2 NEVER SUPERVISED FROM OUTSIDE FACILITY 3	 →131 →131
130	The most recent time during the past 6 months that a supervisor from outside the facility visited, did he or she	YES NO DON'T KNOW	
01	Check some registers or books	CHECKED REGISTERS 1 2 8	
02	Discuss problems	DISCUSSED PROBLEMS 1 2 8	
03	Discuss policy or administrative matters	DISCUSSED POLICY 1 2 8	
04	Discuss technical protocols or issues in service delivery practices	DISCUSSED TECH. MATTERS . . 1 2 8	
05	Hold an official staff meeting	STAFF MEETING . . 1 2 8	
06	Observe individual staff providing services	SERVICE OBSERVED 1 2 8	
131	When you refer a client **to another facility** for services, do you use an official referral form? That is a preprinted form that specifies information about the client that should be shared? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO FORM USED . . . . . 3 NEVER REFER CLIENTS . . . . . 4 DON'T KNOW 8	→133
132	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER_____ . . . . . 6 (SPECIFY) NO 7	
133	Does this facility have a program for routine maintenance and repair of **infrastructure?** IF YES, ASK: Is the person responsible for maintenance and repair of infrastructure assigned to the facility, or from outside the facility?	YES, ONSITE STAFF . . . . . 1 YES, OUTSIDE SUPPORT . . . . . 2 YES, BOTH ONSITE AND OUTSIDE STAFF . . . . . 3 NO ROUTINE MAINTENANCE . . . 4 DON'T KNOW 8	
134	Does this facility have a program for routine preventive maintenance for major equipment such as a generator, refrigerator, and sterilization equipment? This means the equipment is checked periodically even if there is no problem. IF YES, ASK: Is the person responsible for routine preventive maintenance for major equipment assigned to the facility or from outside the facility?	YES, ONSITE STAFF . . . . . 1 YES, OUTSIDE SUPPORT . . . . . 2 YES, BOTH ONSITE AND OUTSIDE STAFF . . . . . 3 NO ROUTINE MAINTENANCE . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
135	What is the system used for repairing or replacing small equipment (such as blood pressure cuffs or stethoscopes)? PROBE AND CIRCLE ALL THAT APPLY.	ONSITE MAINTENANCE . . . . . A PETTY CASH FOR PURCHASE REPLACEMENT OR REPAIR . . . B SEND ELSEWHERE FOR REPAIR . . . . . C OTHER _____ (SPECIFY) X NO SYSTEM . . . . . Y DON'T KNOW . . . . . Z	
136	Does this facility have any routine user-fees or charges for any services for sick adults? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES 2	→139
137	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for sick adults:	YES / NO / DON'T KNOW	
01	Is there a fee for the client health card?	CLIENT CARD 1 2 8	
02	Is there a fee for each consultation?	CONSULTATION 1 2 8	
03	Does the user fee vary depending on the diagnosis?	FEE VARIES BY DIAGNOSIS 1 2 8	
04	Are there user fees for medications?	MEDICINE 1 2 8	
05	Are there user fees for laboratory tests?	TESTS 1 2 8	
06	Is there a fee for registration?	REGISTRATION 1 2 8	
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS 1 2 8	
08	Is there a system for clients to pre-pay for multiple visits for curative care?	PRE-PAY FOR MULTIPLE 1 2 8	
138	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	
139	Does this facility receive any funding that helps to cover the cost of services provided to clients, other than from the routine running budget or direct client fees? For example, do insurance programs, the government, community programs, or donors ever reimburse the facility for services provided to clients for whom fees were exempted or discounted? IF YES, ASK: Which type of plans are used? PROBE FOR RESPONSE.	EQUITY (CHARITY) FUND FOR POOR . . . . . A REIMBURSED BY EMPLOYER OF CLIENT . . . . . B INSURANCE . . . . . C OTHER _____ (SPECIFY) X NO . . . . . Y DON'T KNOW . . . . . Z	
140	Please tell me the most common means of transport used by patients who are referred from other facilities to this facility for emergency services.	AMBULANCE . . . . . A PRIVATE CAR/BUS . . . . . B PUBLIC CAR/BUS . . . . . C MOTORCYCLE . . . . . D BICYCLE . . . . . E PEOPLE CARRY/PUSH OR PULL PATIENT . . . . . F ANIMALS CARRY/PULL PATIENTS . . . . . G OTHER _____ (SPECIFY) . . . X NEVER RECEIVE REFERRALS . . . Y DON'T KNOW . . . . . Z	
141	Does this facility have a ***functional*** ambulance or other vehicle for emergency transportation for clients? ACCEPT REPORTED RESPONSE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→143 →143
142	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
143	Please tell me if this facility has any of the following systems to support emergency referrals.	YES NO DON'T KNOW	
01	Are there any funds set aside to help clients with emergency transportation?	PROVIDE FUNDS 1 2 8	
02	Does the facility hire a vehicle locally to provide emergency transportation?	HIRE VEHICLE 1 2 8	
03	Is there a community health insurance scheme that helps to fund emergency referrals?	COMMUNITY SUPPORT 1 2 8	
04	Is fuel set aside for emergency referrals?	FUEL SET ASIDE 1 2 8	
05	Is there a revolving fund system for transportation for emergency referrals?	REVOLVING FUND 1 2 8	
06	Does the facility radio or phone another facility to send transportation for emergency referrals?	PHONE FOR TRANSPORT 1 2 8	
07	Is there any other system? If YES, SPECIFY _____	OTHER 1 2 8	
144	Does this facility have a generator for electricity? This may be a back-up or stand-by generator.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . 2 NO . . . . . 3 DON'T KNOW 8	 →146 →146
145	Is the generator functional and is there fuel today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES, FUNCTIONAL WITH FUEL . 1 YES, FUNCTIONAL, NO FUEL 2 NOT FUNCTIONAL . . . . . 3 DON'T KNOW 8	
146	Does this facility ever obtain electricity from a source other than a generator?	YES, CENTRAL SUPPLY . . . . . 1 YES, SOLAR OR OTHER SOURCE . . . . . 2 NO 3	 →149
147	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS AVAILABLE . . . . . 1 SOMETIMES INTERRUPTED . . . 2	→149
148	IF SOMETIMES INTERRUPTED, ASK: How many *days* during the past week was the electricity *not available for at least 2 hours* during a time the facility was open for services? THIS INCLUDES EMERGENCY SERVICES.	NUMBER OF DAYS *NOT AVAILABLE* PAST WEEK . ☐ NEVER INTERRUPTED 2 HOURS OR MORE 0	
149	What is the *most commonly used* source of water for the facility *at this time?*	PIPED FROM PROTECTED SOURCE . . . . . 10 PIPED FROM UNPROTECTED SOURCE . . . . . 11 PIPED FROM UNKNOWN SOURCE . . . . . 12 NON-PIPED PROTECTED (E.G., PROTECTED WELL) . . . 20 NON-PIPED UNPROTECTED (E.G. UNPROTECTED WELL, RAIN) . . . 21 RIVER OR LAKE OR POND . . . . . 30 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 NO WATER SOURCE 00	 →153

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
150	Is water outlet from this source available onsite (that is, within 500m of the facility?) REPORTED RESPONSE IS ACCEPTABLE	YES, ONSITE . . . . . 1 NO 2	
151	Does the availability of water from this source vary by season?	YES . . . . . 1 NO 2	
152	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES . . . . . 1 NO 2	
153	Does this facility have a working phone or shortwave radio to call outside, that is available at all times client services are offered? CLARIFY THAT IF 24-HOUR EMERGENCY SERVICES ARE OFFERED, THIS REFERS TO 24-HOUR AVAILABILITY.	YES, LANDLINE . . . . . 1 YES, CELL PHONE . . . . . 2 YES, PAY PHONE OR PERSONAL CELL PHONE ONLY . . . . . 3 YES, RADIO . . . . . 4 NO 5	→155 →155 →155 →155
154	Is there a phone or shortwave radio within 5 minutes' distance from the facility that staff can use in an emergency? IF YES, ASK: Is that phone or shortwave radio available at all times services are offered?	YES, AVAILABLE ALL TIMES . . . 1 YES, NOT AVAILABLE ALL TIMES . . . . . 2 NO, NONE WITHIN 5 MINUTES . . . 3	
155	Does the facility have a computer? IF YES, ASK: Is the computer functioning today? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING . . . . . 1 YES, NOT FUNCTIONING . . . . . 2 NO 3	→ 157
156	Is there ever access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES . . . . . 1 NO 2	
157	AT THIS TIME CHECK Q101 TO SEE IF THE FACILITY OFFERS HIV/AIDS RELATED SERVICES.	YES . . . . . 1 NO 2	→169
158	Are new staff who work with HIV/AIDS clients in any capacity, routinely trained or instructed on a policy for confidentiality and disclosure of HIV test results or client status?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
159	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV. Are at-risk clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILITY . . . 1 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 2 NO PEP AVAILABLE . . . . . 3 DON'T KNOW 8	
160	Is PEP available for staff in this facility if they are exposed to HIV? IF YES, ASK: Is the PEP available in this facility or do staff receive PEP from another facility?	YES, THIS FACILITY . . . . . 1 YES, OTHER FACILITY ONLY . . . 2 NO PEP AVAILABLE 3	→169

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
161	Is there a central location in the facility where staff receive prescriptions or referrals for PEP?	YES . . . . . 1 NO, PROVIDERS IN VARIOUS SITES PRESCRIBE PEP . . . 2 NO PEP DRUGS AND NO SYSTEM FOR REFERRAL . . . 3	→169
162	GO TO MAIN PEP SERVICE SITE. IF NO CENTRAL SERVICE SITE FOR PEP, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP . . . A YES, RECEIVED PRE-PEP HIV TEST . . . . . B YES, RECEIVED PEP ARV DRUGS . . . . . C YES, RECEIVED POST-PEP HIV TEST . . . . . D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS E NO RECORD, INFORMATION IN INDIVIDUAL HEALTH RECORDS ONLY . . . . . F NO RECORD FOR PEP . . . . . Y	
163	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES.	YES, OBSERVED, COMPLETE . . . 1 YES, OBSERVED, INCOMPLETE 2 YES, REPORTED, NOT SEEN . . . 3 NO 4	
164	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE, AND IF YES, IF INFORMED CONSENT WAS RECEIVED FROM RESPONDENT.	NO PEP MEDICINES IN FACILITY 1 PEP MEDICINES STORED SAME AREA AS ARVS FOR TREATMENT . . . . . 2 YES, INFORMED CONSENT . . . 3 NO INFORMED CONSENT 4	→169 →169
165	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE/LAMIVUDINE . . . . . B STAVUDINE/LAMIVUDINE *plus* INDINAVIR . . . . . C STAVUDINE/LAMIVUDINE and EFV or NVP . . . . . D OTHER COMBINATION _____ (SPECIFY) E OTHER ONE ARV USED ALONE _____ (SPECIFY) F NONE . . . . . Y	→169
166	What is the PEP regimen that is most commonly prescribed?	COMBIVIR (ZDV/3TC) . . . . . 1 STAVUDINE/LAMIVUDINE . . . . . 2 STAVUDINE/LAMIVUDINE *plus* INDINAVIR . . . . . 3 STAVUDINE/LAMIVUDINE and EFV or NVP..... . . . . 4 OTHER ONE ARV USED ALONE _____ 5 OTHER _____ (SPECIFY) 6	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
167	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH OTHER ARVS AND APART FROM OTHER MEDICINES . . . . . 2 STORED WITH NON-ARV MEDS 3 OTHER _____ . . . . . 6 (SPECIFY)	
168	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE 2 UNLOCKED OR NO LIMITED ACCESS 3	
	ASK THE RESPONDENT TO TAKE YOU TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE PROCESSES USED.		
169	What procedure is used for ***decontaminating* and *cleaning*** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . 05 OTHER _____ . . . 06 (SPECIFY) NO EQUIPMENT EVER REUSED. . 07 DON'T DECONTAMINATE 95	→ 176
170	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	
171	Besides ***decontaminating and cleaning,*** what is the method most commonly used for sterilizing reusable syringes and needles? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM . . . . . D CHEMICAL METHOD . . . . . E DISCARD/DISPOSABLES ONLY F OTHER _____ X (SPECIFY) NONE . . . . . Y	
172	Besides ***decontaminating* and *cleaning***, what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS MINOR SURGICAL EQUIPMENT.	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM . . . . . D CHEMICAL METHOD . . . . . E PROCESS OUTSIDE FACILITY F OTHER _____ X (SPECIFY) NONE . . . . . Y	→174(6) →174(6)

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
	GO TO WHERE EQUIPMENT IS PROCESSED AND ASK IF THE INDICATED ITEMS ARE AVAILABLE IN THE MAIN PROCESSING AREA, AND ASSESS THE FUNCTIONING STATUS AND PROCEDURES FOLLOWED AT THIS SITE.							
173	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 → 02	8 → 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET H)	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 → 05	8 → 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→b	2→b	3 → 07	8 → 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 → 08	8 → 08	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or disinfection	1	2	3	8			

174	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIMEPROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	**(2)** Autoclave (steam with pressure)	**(3)** Boil	**(4)** Steam without pressure	**(5)** Chemical High Level Disinfectant (HLD)	**(6)** Initial decontamination
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . 1 NOT USED 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 → 6	USED . . . . . 1 NOT USED . . 2 → 175
B	Temperature (centigrade)	TEMPERATURE ☐☐☐ AUTOMATIC . . . . 666 DON'T KNOW . . . 998	TEMPERATURE ☐☐☐ AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
C	Pressure		PRESS-URE ☐☐☐ AUTOMATIC 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . 3 MILLIMETER HG . . 4				
E	Minutes-when equipment is not wrapped in cloth	MINUTES ☐☐☐ AUTOMATIC . . . . 666 DON'T KNOW . . . 998	MINUTES ☐☐☐ AUTOMATIC . . . . 666 DON'T KNOW 998	MINUTES ☐☐☐ DON'T KNOW . . . 998	MINUTES ☐☐☐ DON'T KNOW . . . 998	MINUTES ☐☐☐ DON'T KNOW . . . 998	MINUTES ☐☐☐ DON'T KNOW . . . 998
F	Minutes when equipment is wrapped		MINUTES WRAPPED ☐☐☐ AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
G	Chemical disinfectant used					GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8	GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8
H	Percent solution before dilution					PERCENT ☐☐ DON'T KNOW 98	PERCENT ☐☐ DON'T KNOW 98
I	Mixture, parts solution and water					MIXTURE PARTS a) DISINFECTANT ☐ b) WATER ☐☐ DK 000	MIXTURE PARTS a) DISINFECTANT ☐ b) WATER ☐☐ DK 000

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
175	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other clean	1	2	3	8	
07	Other not clean	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Is storage location dry and clean?	1	2	3	8	
176	Now I would like to ask you a few questions about the waste disposal practices for **sharp items** such as **needles or blades**. How does this facility finally dispose of sharp items, or what is the final disposal process for filled sharps boxes?	BURNED IN INCINERATOR . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . 05 BURIED, NOT BURNED 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE . . 08 REMOVED OFFSITE . . . . . 09 OTHER_____ 96 (SPECIFY)				
177	Now I would like to ask you a few questions about the waste disposal practices for hazardous waste such as used bandages. How does this facility finally dispose of contaminated waste?	SAME AS FOR SHARP ITEMS 01 BURNED IN INCINERATOR . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . 05 BURIED, NOT BURNED . . . . 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE . . 08 REMOVED OFFSITE . . . . . 09 OTHER_____ 96 (SPECIFY)				→ 179
178	ASK TO SEE THE PLACE USED FOR WASTE DISPOSAL OF SHARP ITEMS AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8				
179	ASK TO SEE THE PLACE USED FOR WASTE DISPOSAL OF CONTAMINATED WASTE AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
180	CHECK **Q176** AND **Q177;** IS **04** OR **09** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL?) YES ☐ NO ☐ → 182		
181	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED . . . . . 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ (SPECIFY) . 6 DON'T KNOW 8	
182	Is there a waiting area for clients where they are protected from sun and rain?	YES . . . . . 1 NO 2	
183	Is there a toilet (latrine) in functioning condition that is available for clients to use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING AND CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING . . . 3 NO CLIENT TOILET/LATRINE . . 4	
184	ASSESS GENERAL CLEANLINESS OF FACILITY • A FACILITY IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A FACILITY IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	FACILITY CLEAN . . . . . 1 FACILITY NOT CLEAN 2	

2a. Vaccine Logistical System

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
200	Now I would like to find out about immunization services provided to children or pregnant women either by or at your facility. Are any immunization services provided, either as outreach or at the facility itself? IF YES: ASK: Do you provide immunizations for children only, for pregnant women only, or for both children and pregnant women? CIRCLE RESPONSE.	YES, CHILDREN ONLY . . . . . 1 YES, PREGNANT WOMEN ONLY . . . . . 2 BOTH CHILDREN AND PREGNANT WOMEN . . . . . 3 NO IMMUNIZATION SERVICES EVER PROVIDED 4	Section **2b** (Q250)
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF IMMUNIZATION SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW: IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q201. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? _____ Interviewer's signature (Indicates respondent's willingness to participate) _____ Date		
201	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
202	Does this facility routinely store *any* vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided? KEEPING VACCINES 1-2 DAYS ONLY FOR IMMEDIATE USE IS NOT CONSIDERED AS STORING VACCINES	YES, STORES VACCINES . . . . . 1 STORES NO VACCINES 2	→ 215
203	ASK TO GO WHERE VACCINES ARE STORED, AND EXPLAIN: I want to find out about your system for keeping vaccines. What type of equipment do you usually use to store your vaccines? CIRCLE ALL THAT APPLY	ELECTRIC REFRIGERATOR . . . . . A KEROSENE REFRIGERATOR . . . . . B GAS REFRIGERATOR . . . . . C SOLAR REFRIGERATOR . . . . . D COLD BOX . . . . . E	
204	INDICATE THE TEMPERATURE INSIDE THE REFRIGERATOR OR COLD BOX. IF MORE THAN ONE SYSTEM/STORAGE EQUIPMENT IS USED, SELECT THE ONE WHERE DPT-HB IS STORED AND CHECK THE TEMPERATURE	TEMPERATURE CENTIGRADE . . . . . ☐☐ NOT OBSERVED . . . . . 94 THERMOMETER NOT FUNCTIONING . . . . . 95 NO THERMOMETER 96	→ 206 → 206 → 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	INDICATE WHETHER TEMPERATURE INSIDE COOLING UNIT IS ABOVE OR BELOW 0 (ZERO) DEGREES CENTIGRADE. FOR 0 DEGREES, CIRCLE 1.	POSITIVE (+) . . . . . 1 NEGATIVE (-) 2	
206	Do you have a cold-chain temperature-monitoring chart? IF YES, ASK: May I see it?: IF MORE THAN ONE SYSTEM/STORAGE EQUIPMENT IS USED, SELECT THE ONE WHERE DPT-HB IS STORED AND CHECK THE TEMPERATURE CHART	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	 →208 →208
207	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS.	YES, COMPLETED . . . . . 1 NO, NOT COMPLETED 2	
208	INDICATE WHETHER THE REFRIGERATOR OR COLD BOX IS PROTECTED FROM DIRECT SUNLIGHT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
209	Is there a register or stock cards where the amount of each vaccine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	 →211 →211
210	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	STOCK RECORDS UPDATED DAY ITEM DISBURSED . . . . 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT REGISTER OF DISTRIBUTED ITEMS OBSERVED . 2 OTHER _____ . 6 (SPECIFY)	

211 ASK TO SEE THE VACCINES. CHECK ALL OF EACH VACCINE, TO VERIFY 1) IF THEY WERE ARRANGED BY EXPIRY DATE OR VVM; 2) IF THERE ARE ANY EXPIRED UNITS PRESENT; AND 3) THAT THE INVENTORY AND SUPPLY MATCH (Q214). IF NECESSARY, ADD ITEMS FROM DAILY RECORD OR PRESCRIPTIONS AND SUBTRACT THESE FROM THE INVENTORY TO DETERMINE THE SUPPLY THAT SHOULD BE AVAILABLE TODAY.
NOTE: IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE.
FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE.

	VACCINES	(a) AVAILABILITY OF VACCINES						(b) STOCK OUT IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q214) FOR ALL RELEVANT ITEMS	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	YES	NO	DK
01	Tetanus toxoid [GO TO LOCATION WHERE TT IS STORED]	1→b	2→b	03 02	4 02	5 02	6 02	1	2	8
02	BCG and dilutant	1→b	2→b	03 03	4 03	5 03	6 03	1	2	8
03	Oral polio (OPV)	1→b	2→b	03 04	4 04	5 04	6 04	1	2	8
04	DPTHB (DPT+HepB)	1→b	2→b	03 05	3 05	5 05	6 05	1	2	8
05	Measles and dilutant	1→b	2→b	03 06	4 06	5 06	6 06	1	2	8
06	Vitamin A	1→b	2→b	03 212	4 212	5 212	6 212	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
212	Were any expired vaccines observed?	YES . . . . . 1 NO 2	
213	WERE THE VACCINES ORGANIZED ACCORDING TO DATE OF EXPIRATION (FIRST EXPIRE, FIRST OUT) IN THE FRIDGE OR COLD BOX? VERIFY WHEN COMPLETING Q211	YES, VERIFIED . . . . . 1 NO 2	
214	FOR EACH OF THE FOLLOWING VACCINES RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER MATCH THE INVENTORY OBSERVED IN STORAGE OR IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED	STOCK AND INVENTORY MATCH YES / NO / VACCINE NEVER AVAILABLE / DK/ REGISTER NOT AVAIL	
01	TETANUS TOXOID	1 2 3 8	
02	BCG	1 2 3 8	
03	ORAL POLIO	1 2 3 8	
04	DPTHB (DPT+HepB combined)	1 2 3 8	
05	MEASLES	1 2 3 8	
215	When was the last time that you received a routine supply of vaccines?	WITHIN PRIOR 4 FULL WEEKS 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 DON'T KNOW 8	
216	Does this facility determine the quantity of vaccines required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DIFFER BY VACCINE) . . . . . 3 DON'T KNOW 8	→219 →221
217	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . . 2 DON'T KNOW 8	
218	CHECK Q216 TO SEE IF '3' (BOTH) IS CIRCLED. YES ☐ NO ☐		221
219	Routinely, when you order vaccines, which best describes the system you use to determine **how much** of each to order? Do you:		
	- **Review** the amount of each vaccine remaining, and order to bring the stock amount to a pre-determined (fixed) amount?	ORDER TO MAINTAIN FIXED STOCK 1	
	- **Order** exactly the same quantity each time, regardless of the existing stock?	ORDER SAME AMOUNT 2	
	- **Review** the amount of each vaccine used since the previous order, and plan based on prior utilization and expected future activity?	ORDER BASED ON UTILIZATION 3	
	- **Other**_____ (SPECIFY)	OTHER 6	
	- **Don't know**	DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
220	Which of the following best describes the routine system for deciding **when** to order vaccines? Do you: - **Place** order whenever stock levels fall to a predetermined level? - **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - **Place** an order whenever there is believed to be a need, regardless of stock level? - **Other** _____ (SPECIFY) - **Don't know**	PREDETERMINED LEVEL . . . . 1 FIXED TIME . . . . . 2 EVERY . ☐☐ WEEKS ORDER WHEN NEEDED . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
221	During the past 3 months, have you always, sometimes, or almost never received the amount of vaccines that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 SOMETIMES . . . . . 2 ALMOST NEVER 3	
222	How many vaccine carriers do you have available?	ONE . . . . . 1 TWO OR MORE . . . . . 2 NONE 3	→224
223	Are there ice packs for the vaccine carriers (four or five per carrier)?	YES, ONE SET . . . . . 1 YES, TWO OR MORE SETS . 2 NO, USE PURCHASED ICE . 3 NO 4	
224	What type of injection equipment is used during routine immunization sessions at this facility?	SINGLE-USE . . . . . A STERILIZABLE . . . . . B AUTO-DESTRUCT . . . . . C OTHER _____ X (SPECIFY)	

2b. Child Health Services

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
250	Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis?	YES . . . . . 1 NO 2	→Section 3a(Q300)

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF CURATIVE CHILD HEALTH SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q251.
READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature Date
(Indicates respondent's willingness to participate)

251	May I begin the interview?	YES . . . . . 1 NO 2	→ Section 3a(Q300)

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
252	Now I would like to ask you specifically about child health services. For each of the following services, please tell me whether the service is offered by your facility, and if so, how many days per month the service is provided *at the facility, and how many days per month outreach services are provided (if any).*		

	CHILD HEALTH SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS FOR OUTREACH)	(a) FACILITY SERVICE	(b) OUTREACH (VILLAGE LEVEL SERVICES
01	Routine series of immunizations for children **(DPT-HB, polio)**	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00
02	Routine series of immunizations for children **(Measles)**	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00
03	BCG immunizations	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00
04	Routine Vitamin A supplementation	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00
05	Consultation or curative services for a sick child	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00
06	Growth monitoring or growth promotion (where a *healthy child* is routinely weighed, has the weight charted on a growth chart, and feeding advice is given.)	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00

253	CHECK 252 (01a) AND INDICATE WHETHER ROUTINE CHILD IMMUNIZATIONS ARE EVER PROVIDED AT THE FACILITY YES ☐ NO ☐ →		268
254	Are routine immunizations for children available at the facility today?	YES . . . . . 1 NO 2	
255	Are immunizations offered in the facility on every day that sick child consultations are provided? IF YES: Are all vaccines offered?	YES, ALL VACCINES . . . . . 1 YES, SOME VACCINES, NOT ALL . . . . . 2 NO . . . . . 3 DON'T KNOW 4	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
256	Does this facility have any routine user-fees or charges for any child immunization services? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES . 2				→259
257	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for child immunization services:		YES	NO	DON'T KNOW	
01	Is there a fee for the child immunization chart or record?	IMMUNIZATION CHART/RECORD	1	2	8	
02	Is there a fee for syringes provided by the facility?	SYRINGES	1	2	8	
03	Is there a fee for immunization services?	IMMUNIZATION SERVICE	1	2	8	
04	Is there a fee for any vaccines?	VACCINE	1	2	8	
05	Are there any other elements for which user-fees or charges are routinely asked for immunization services? IF YES, SPECIFY _____	OTHER	1	2	8	
258	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3				
259	ASK TO SEE THE ROOM(S) WHERE IMMUNIZATIONS ARE GIVEN. WAS THE ROOM ALREADY OBSERVED WHEN ASSESSING THE THERAPEUTIC INJECTION ROOM?	YES, DATA PROVIDED IN THERAPEUTIC INJ ROOM [284-285] . . . . . 1 YES, DATA PROVIDED IN EXAMINATION ROOM [280-281] . . . . . 2 NO, DATA NOT YET COLLECTED 3				→262 →262

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
260	ASK TO GO TO THE ROOM WHERE IMMUNIZATIONS ARE ADMINISTERED. CHECK FOR EACH OF THE FOLLOWING ITEMS FOR WHETHER THE ITEM IS EITHER IN THE ROOM WHERE IMMUNIZATIONS ARE PROVIDED OR IN AN ADJACENT ROOM.					
	ITEMS FOR IMMUNIZATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Sharps box for disposable needles and syringes	1	2	3	8	
02	BCG syringes, at least five (with needles)	1	2	3	8	
03	At least five 2-5 ml syringes (with 21 gauge needles)	1	2	3	8	
04	At least 5 autodestruct syringes	1	2	3	8	
05	Waste receptacle with lid and plastic liner	1	2	3	8	
06	Hand-washing soap	1	2	3	8	
07	Single-use hand-drying towel	1	2	3	8	
08	Water for washing hands	1	2	3 → 262	8 → 262	
261	How is water being made available for use in the immunization area *today*?	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3				
262	OTHER ITEMS REQUIRED FOR IMMUNIZATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Blank, individual child immunization cards or MCH card No. 1	1	2	3	8	
02	Tally sheets or register sheets	1	2	3	8	
03	Permanent register for recording immunizations	1	2 → 264	3 → 264	8 → 264	
263	ASK WHEN IMMUNIZATIONS WERE MOST RECENTLY PROVIDED IN THE FACILITY AND VERIFY THAT THE REGISTER IS UP-TO-DATE.	UP-TO-DATE . . . . . 1 NOT UP TO DATE 2				
264	What is the current estimate for your DPT dropout rate?	DPT DROPOUT RATE (%) . . . . . [ ][ ][ ] DON'T KNOW 998				
265	Do you have an estimate of the target population for child immunizations in the facility catchment area? IF YES: How many children is that?	TARGET POPULATION [ ][ ][ ][ ][ ] NO CATCHMENT AREA . 99995 → 267 DON'T KNOW . . . . . 99998 → 267				
266	What is the current estimate for your facility's measles coverage?	MEASLES COVERAGE (%) . . [ ][ ][ ] DON'T KNOW 998				
267	RECORD THE SOURCE(S) OF INFORMATION FOR % COVERAGE AND DROPOUT RATE ESTIMATES.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER _____ X (SPECIFY) NO COVERAGE RATES . . . . . Y SOURCE NOT KNOWN . . . . . Z				

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
268	CHECK Q252(05a): DOES FACILITY PROVIDE SICK-CHILD CONSULTATIONS? YES ☐ NO ☐ →					3a(Q300)
269	How many staff assigned to this unit have received training on IMCI guidelines?	NUMBER OF STAFF TRAINED IN IMCI ☐☐ NONE 00 DON'T KNOW 98				
270	Are IMCI guidelines ever used when assessing and treating sick children? IF YES, CLARIFY IF THE GUIDELINES ARE ROUTINELY FOLLOWED OR SOMETIMES, DEPENDING ON THE SITUATION.	ALWAYS FOLLOW IMCI 1 SOMETIMES FOLLOW IMCI 2 NEVER USE IMCI GUIDELINES 3 DON'T KNOW 8				
271	Does this facility have any routine user-fees or charges for any services related to curative care for children? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES . 2				→ 274
272	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for curative care for children:		YES	NO	DON'T KNOW	
01	Is there a fee for the child health chart or record?	IMMUNIZATION CARD/RECORD	1	2	8	
02	Is there a fee for the consultation service?	FEE FOR CONSULT	1	2	8	
03	Is there a different fee depending on the child's diagnosis?	VARY BY DIAGNOSIS	1	2	8	
04	Are there user fees for medications?	MEDICINES	1	2	8	
05	Are there user fees for laboratory tests?	TESTS	1	2	8	
06	Is there a fee for registration?	REGISTRATION	1	2	8	
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS	1	2	8	
08	Is there a system for clients to pre-pay for multiple visits for curative care?	PREPAY FOR MULTIPLE	1	2	8	
273	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3				
274	Does this facility have a system whereby certain measures and activities are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE SICK CHILDREN ARE SEEN BEFORE THE CONSULTATION .	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				→ 277 → 277

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
275	OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW	
01	Weighing the child	1	2	3	8	
02	Plotting child's weight on graph	1	2	3	8	
03	Taking child's temperature	1	2	3	8	
04	Assessing child's immunization status	1	2	3	8	
05	Assessing Vitamin A supplementation status	1	2	3	8	
06	Group health education	1	2	3	8	
07	Paracetamol and/or sponge for fever	1	2	3	8	
276	Is there an ORT corner at the facility? IF YES, ASK TO SEE WHERE THE ORT IS PROVIDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO ORT CORNER . . . . . 3 DON'T KNOW 8				
277	Is there a routine system for someone other than the health worker who examines the child to give him or her the first dose of **prescribed** oral medication? IF YES, ASK TO SEE WHERE THE FIRST DOSE IS PROVIDED.	YES, OBSERVED CHILD RECEIVING DOSE . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO ROUTINE SYSTEM . . . . . 3 DON'T KNOW 8				
278	Does this facility ever use blood tests to verify the diagnosis of malaria?	YES . . . . . 1 NO 2				→280

279 For each of the tests for malaria that I mention, please tell me if the test is conducted in this facility, if the specimen is collected and sent elsewhere, or if the client is sent elsewhere, or if the test is not utilized at all.

FOR EACH MALARIA TEST CONDUCTED AT FACILITY, ASSESS AVAILABILITY OF EQUIPMENT AND SUPPLIES USING LAB QUESTIONNAIRE.

ASSESS IN COLUMN "B" IF TEST IS ALWAYS, SOMETIMES OR NEVER USED.

		a					b	
		CONDUCT TEST	COLLECT SPECI-MEN	SEND CLIENT ELSEWHERE	TEST NOT UTILIZED	DON'T KNOW	ALWAYS	SOMETIMES
01	Giemsa Stain,	1→b	2→b	3→b	4	8	1	2
02	Field Stain.	1→b	2→b	3→b	4	8	1	2
03	Acridine Orange	1→b	2→b	3→b	4	8	1	2
04	Rapid test	1→b	2→b	3→b	4	8	1	2
05	Other test for malaria _____ (SPECIFY)	1→b	2→b	3→b	4	8	1	2

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
280	ASK TO GO TO THE PLACE WHERE EXAMINATIONS OF SICK CHILDREN ARE CARRIED OUT. CHECK WHETHER EACH OF THE ITEMS BELOW IS EITHER IN THE ROOM WHERE THE SERVICE IS GIVEN OR IN AN ADJACENT ROOM.							
	ITEMS FOR SICK CHILD CONSULTATIONS	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Infant scale	1→b	2→b	3 02	8 02	1	2	8
02	Child scale	1→b	2→b	3 03	8 03	1	2	8
03	Thermometer	1→b	2→b	3 04	8 04	1	2	8
04	Timer or facility provided watch/clock with second hand	1→b	2→b	3 05	8 05	1	2	8
05	Staff has watch with second hand	1	2	3	8			
06	Butterfly or scalp vein 21-23g, or branula (intercath) 22-24g	1	2	3	8			
07	Intravenous fluid (D5NS, NS, ringers lactate (1/2 strength-darrows, or full strength Hartman's)	1	2	3	8			
08	D5W intravenous fluid	1	2	3	8			
09	Perfusion sets	1	2	3	8			
10	Jar or pitcher for oral rehydration solution (ORS)	1	2	3	8			
11	Cup and spoon	1	2	3	8			
12	ORS PACKETS	1	2	3	8			
13	Sharps container	1	2	3	8			
14	BCG syringes, at least 5 (with needles)	1	2	3	8			
15	At least five 2-5 ml syringes (with 21 gauge needles)	1	2	3	8			
16	At least 5 auto-destruct syringes	1	2	3	8			
17	Waste receptacle with lid and plastic liner	1	2	3	8			
18	Already mixed decontaminating solution	1	2	3	8			
19	Disinfectant (not yet mixed)	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

	ITEMS FOR SICK CHILD CONSULTATIONS	(a) AVAILABILITY: OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
20	Hand-washing soap	1	2	3	8
21	Single-use hand-drying towel	1	2	3	8
22	Water for washing hands	1	2	3 → 282	8 → 282

281	How is water being made available for use in the child consultation area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3	

	ASK TO SEE THE FOLLOWING MATERIALS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
282					
01	Medical protocols or clinical guidelines for children's illnesses	1	2	3	8
02	IMCI chart booklet	1	2	3	8
03	IMCI counseling cards for provider to use	1	2	3	8
04	IMCI mother's cards (to give to caretaker)	1	2	3	8
05	Other visual aids for teaching caretakers	1	2	3	8

283	ASK TO SEE THE ROOM(S) WHERE THERAPEUTIC (TREATMENT) INJECTIONS ARE GIVEN. WAS THE ROOM ALREADY OBSERVED WHEN ASSESSING THE IMMUNIZATION OR THE EXAMINATION ROOM?	YES, DATA PROVIDED IN : IMMUNIZATION ROOM [260-261] . . . . . 1 YES, DATA PROVIDED IN : EXAMINATION ROOM [280-281] . . . . . 2 NO, DATA NOT YET COLLECTED . . . . . 3 NO THERAPEUTIC INJ. 4	→286 →286 →286

284	FOR THE FOLLOWING ITEMS, CHECK WHETHER EACH ITEM IS EITHER IN THE ROOM WHERE NON-VACCINATION INJECTIONS ARE BEING PROVIDED OR IN AN ADJACENT ROOM.					
	ITEMS REQUIRED TO PROVIDE INJECTION SERVICES	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Sharps container	1	2	3	8	
02	BCG syringes, at least five (with needles)	1	2	3	8	
03	At least five 2-5 ml syringes (with 21 gauge needles)	1	2	3	8	
04	At least 5 autodestruct syringes	1	2	3	8	
05	Waste receptacle with lid and plastic liner	1	2	3	8	
06	Hand-washing soap	1	2	3	8	
07	Single-use hand drying towel	1	2	3	8	
08	Water for washing hands	1	2	3 → 286	8 → 286	

285	How is water being made available for use in the injection room area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
286	Is there a patient register where information on the diagnosis for each child is written? IF YES, ASK TO SEE THE REGISTER. TO BE VALID, THE REGISTER MUST INDICATE THAT THE CHILD IS BELOW 5 YEARS OF AGE AND THE DIAGNOSIS OR MAJOR SYMPTOM.	OBSERVED, SEPARATE <5 REGISTER . . . . . 1 OBSERVED COMBINED ADULT AND <5 REGISTER . . . . . 2 YES, REPORTED, NOT SEEN . . . 3 NO REGISTER 4	→290 →290
287	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . 1 MORE THAN 7 DAYS OLD . . . 2	
288	RECORD THE NUMBER OF SICK CHILDREN, BELOW 5 YEARS OF AGE, WHO RECEIVED CONSULTATION SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER ☐☐☐☐☐☐ DON'T KNOW 999998	→ 290
289	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98	
290	Are individual health records or charts maintained for sick children? IF YES, ASK TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	
291	Are curative child health services available at the facility today?	YES . . . . . 1 NO 2	
292	If a sick child today is noticed to need an immunization, can it be provided today? IF YES, CLARIFY THE SYSTEM FOR PROVIDING THE IMMUNIZATION	YES, SEND TO ROUTINE IMMUNIZATION SERVICE . . . . . 1 YES, SPECIAL SYSTEM FOR IMMUNIZATIONS FOR SICK CHILDREN . . . . . 2 NO 3	
293	Is there any system for recording referrals that are made to specialists or for laboratory tests? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM TO KEEP TRACK OF REFERRALS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	

3a. Family Planning Services

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
300	Are sterilization procedures for men or women ever performed at this facility? IF YES, INDICATE WHICH PROCEDURES ARE CONDUCTED.	YES, MALE STERILIZATION . A YES, FEMALE STERILIZATION B NO STERILIZATION . . . . . Y	
301	Does this facility offer any other family planning services—including clinical methods or counseling on natural family planning?	YES . . . . . 1 NO 2	→ Sec. 4 (Q400)

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF FAMILY PLANNING SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q302.
READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
(Indicates respondent's willingness to participate)

302	May I begin the interview now?	YES . . . . . 1 NO 2	→ Sec. 4 (Q400)
303	How many days of the week are family planning services offered at this facility?	NUMBER OF DAYS . . . . . ☐	
304	Are family planning services being offered at this facility today?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
305	Which of the following methods of contraception is provided, prescribed, or do you provide counseling about in this facility?	PROVIDED	PRESCRIBED/ COUNSELED	NOT OFF-ERED	
01	Combined oral pill	1	2	3	
02	Progestin-only pill	1	2	3	
03	Combined injectable (with estrogen) (1 monthly)	1	2	3	
04	Progestin-only injectable (2 or 3 monthly) (e.g., DEPO or Microgynon)	1	2	3	
05	Male condom	1	2	3	
06	Female condom	1	2	3	
07	Intrauterine device	1	2	3	
08	Implant (6 rod, 1 rod, Norplant, Implanon)	1	2	3	
09	Spermicides	1	2	3	
10	Diaphragm	1	2	3	
11	Emergency contraceptive pill	1	2	3	
12	Counseling on natural methods	1	2	3	
13	Others _____ (SPECIFY)	1	2	3	
306	Does this facility have any routine user-fees or charges for any services related to family planning? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES . 2			→309
307	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for family planning services:		YES	NO	DON'T KNOW
01	Is there a fee for the client family planning chart or record?	FP CARD/RECORD	1	2	8
02	Is there a fee for the consultation service? EITHER FIRST OF FOLLOW-UP VISIT	FEE FOR CONSULT	1	2	8
03	Is there a different fee depending on the method of contraception provided?	VARY BY METHOD	1	2	8
04	Are there any fees or charges for the method provided?	METHOD	1	2	8
05	Are there any fees or charges for laboratory tests?	LAB TESTS	1	2	8
06	Is there a fee for registration?	REGISTRATION	1	2	8
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTION	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
308	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	
309	Does this facility have a system in which measurements of or activities for family planning are routinely carried out before the consultation or client examination takes place?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →311 →311

NO.		OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
310	ASK TO SEE THE PLACE WHERE FAMILY PLANNING CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE. OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all family planning clients?				
01	Weighing clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Other _____ (SPECIFY)	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
311	ASK TO SEE WHERE COUNSELING FOR FAMILY PLANNING IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AND AUDITORY PRIVACY . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . 3 NO PRIVACY 4	

NO.		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
312	Are any of the following visual aids for teaching available in the counseling room or the examination room?				
01	Samples of various family planning methods	1	2	3	8
02	Other visual aids for teaching about family planning or specific contraceptive methods	1	2	3	8
03	Visual aids for teaching about STIs	1	2	3	8
04	Visual aids for teaching about HIV/AIDS	1	2	3	8
05	Model for demonstrating how to use condoms	1	2	3	8
06	Posters for general promotion of family planning	1	2	3	8
07	Posters for general awareness of STIS or HIV/AIDS	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
313	Are any of the following types of information booklets or pamphlets for clients to take home available in the counseling or the examination room?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Printed matter about family planning	1	2	3	8	
02	Printed matter about STIs	1	2	3	8	
03	Printed matter about HIV/AIDS	1	2	3	8	
314	Are any of the following guidelines or protocols for delivery of services available in the counseling room or the examination room?					
01	Family Planning Program components and standards	1	2	3	8	
02	Family Planning Procedure manual 2004	1	2	3	8	
03	Any other Guidelines or protocols on family planning	1	2	3	8	
04	Syndromic diagnosis and treatment of STIs (based on WHO guidelines)	1	2	3	8	
05	Other guidelines for STI diagnosis or treatment	1	2	3	8	
315	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE THE REGISTER. FOR THE REGISTER TO BE VALID, IT MUST SHOW THE CHOSEN METHOD AND STATUS (NEW OR CONTINUING) FOR EACH CLIENT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				 → 319 → 319
316	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . 1 MORE THAN 7 DAYS OLD . . . 2				
317	RECORD THE NUMBER OF TOTAL CLIENTS , NEW AND CONTINUING, WHO RECEIVED FAMILY PLANNING SERVICES DURING THE PAST 12 COMPLETED MONTHS.	TOTAL CLIENTS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998				 → 319
318	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q317.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98				
319	Are individual records or charts maintained for family planning clients? IF YES, ASK TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				
320	Does the family planning provider routinely treat STIs, or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIs . . . 1 REFERS TO OTHER PROVIDER OR LOCATION . . . . . 2 NO TREATMENT PROVIDED . . 3				
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED.					
321	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 322-324, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	ANTENATAL [Q428-Q430] . . . 1 DELIVERY [Q520-Q522] . . . . . 2 STI [Q622-Q624] . . . . . 3 NOT PREVIOUSLY SEEN 4				→ 325 → 325 → 325

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
322	DESCRIBE THE SETTING OF THE EXAMINATION ROOM. IF THIS IS THE SAME ROOM AS THAT USED FOR COUNSELING (Q311), CIRCLE THE SAME RESPONSE AS IN Q311	PRIVATE ROOM WITH VISUAL AND AND AUDITORY PRIVACY . . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . 3 NO PRIVACY 4	

323 FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.

	ITEMS REQUIRED TO PROVIDE FAMILY PLANNING SERVICES	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam flashlight/torch or exam light acceptable)	1→ b	2→ b	3 02	8 02	1	2	8
02	Table or bed for gynecological exam	1	2	3	8			
03	Clean (or sterile) latex gloves	1 05	2	3	8			
04	Other disposable, non-latex gloves	1	2	3	8			
05	Sharps container	1	2	3	8			
06	At least five or more 2-5 ml syringes (with needles) MAY BE WITH INJ. METHOD	1	2	3	8			
07	Already mixed decontaminating solution	1	2	3	8			
08	Disinfectant (not yet mixed)	1	2	3	8			
09	Waste receptacle with lid and plastic liner	1	2	3	8			
10	Hand-washing soap	1	2	3	8			
11	Single-use hand drying towel	1	2	3	8			
12	Water for hand washing	1	2	3 325	8 325			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
324	How is water being made available for use in the family planning service area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3	

325 NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.

		(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Blood pressure apparatus	1 →b	2 →b	3 → 02	8 → 02	1	2	8
02	Stethoscope	1 →b	2 →b	3 → 326	8 → 326	1	2	8

326 CHECK Q305(07) and (08):
DOES FACILITY OFFER IUD OR IMPLANT?

YES → NO → 332

327	NOTE THE AVAILABILITY OF COMMON SUPPLIES FOR IUD OR IMPLANT SERVICES.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Sterile gloves	1	2	3	8
02	Antiseptic solution (such as iodine)	1	2	3	8
03	Sponge holding forceps	1	2	3	8
04	Gauze pad or cotton wool	1	2	3	8

328 CHECK Q305(07):
DOES FACILITY OFFER IUD?

YES → NO → 330

329	NOTE THE AVAILABILITY OF MATERIALS FOR THE INSERTIONS OF IUD	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Vaginal speculum small	1	2	3	8
02	Vaginal speculum medium	1	2	3	8
03	Vaginal speculum large	1	2	3	8
04	Tenacula	1	2	3	8
05	Uterine sound	1	2	3	8

330 CHECK Q305(08):
DOES FACILITY OFFER IMPLANT?

YES → NO → 332

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
331	NOTE THE AVAILABILITY OF THE FOLLOWING ITEMS:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Local anesthetic (such as lidocaine)	1	2	3	8
02	Sterile syringe and needle	1	2	3	8
03	Cannula and trochar for inserting Implant	1	2	3	8
04	Sealed implanon pack	1	2	3	8
05	Scalpel with blade	1	2	3	8
06	Forceps for grasping implant (artery forceps or hemostat or tweezers or mosquito forceps)	1	2	3	8
332	What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . 05 OTHER _____ (SPECIFY) . 06 NO EQUIPMENT EVER REUSED . . . . 07 DON'T DECONTAMINATE 95			→ END
333	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3			
334	Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "3 " AND CONTINUE.	SECTION 1 [Q173-174] . . . . . 1 DELIVERY [Q555-556] . . . . . 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY 4 NO EQUIPMENT PROCESSED 5			→337(6) →337(6) →337(6) →337(6)

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
334a	*Besides decontaminating and cleaning,* what is the final process most commonly used for sterilizing reusable syringes and needles?	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E DISCARD/DISPOSABLES ONLY . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y	
335	*Besides decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY . . . F OTHER _____ X (SPECIFY) NONE . . . . . Y	→338 → END

GO TO WHERE EQUIPMENT IS PROCESSED AND ASK IF THE INDICATED ITEMS ARE AVAILABLE IN THE MAIN PROCESSING AREA, AND ASSESS THE FUNCTIONING STATUS AND PROCEDURES FOLLOWED AT THIS SITE.

336	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 ┐ 02 ↵	8 ┐ 02 ↵	1	2	8
02	Non-electric autoclave (PRESSURE/WET H)	1→b	2→b	3 ┐ 03 ↵	8 ┐ 03 ↵	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 ┐ 04 ↵	8 ┐ 04 ↵	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 ┐ 05 ↵	8 ┐ 05 ↵	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment	1→b	2→b	3 ┐ 07 ↵	8 ┐ 07 ↵	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 ┐ 08 ↵	8 ┐ 08 ↵	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or disinfection	1	2	3	8			

337	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIMEPROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	**(2)** Autoclave (steam with pressure)	**(3)** Boil	**(4)** Steam without pressure	**(5)** Chemical High Level Disinfectant (HLD)	**(6)** Initial decontamination
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . 1 NOT USED 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 → 6	USED . . . . . 1 NOT USED . . 2 → 338
B	Temperature (centigrade)	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
C	Pressure		PRESS-URE AUTOMATIC 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . 3 MILLIMETER HG . . 4				
E	Minutes-when equipment is not wrapped in cloth	MINUTES AUTOMATIC . . . . 666 DON'T KNOW . . . 998	MINUTES AUTOMATIC . . . . . 666 DON'T KNOW 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998
F	Minutes when equipment is wrapped		MINUTES WRAPPED AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
G	Chemical disinfectant used					GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8	GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture, parts solution and water					MIXTURE PARTS a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
338	ASK TO SEE WHERE EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO USING. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "3" AND CONTINUE.	SECTION 1 [Q175] . . . . . 1 DELIVERY [Q558] . . . . . 2 NOT PREVIOUSLY SEEN 3				→ **End** → **End**
339	INDICATE STORAGE CONDITIONS FOR PROCESSED EQUIPMENT USED FOR THIS SERVICE DELIVERY AREA.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other stored, clean and covered	1	2	3	8	
07	Other stored, not clean and/or uncovered	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Storage location dry and clean	1	2	3	8	

3b. Availability of Contraceptive Supplies

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
350	Are any contraceptive methods ever stored in this facility?	YES, IN FAMILY PLANNING SERVICE AREA . . . . . 1 YES, IN PHARMACY OR OTHER SITE NOT FP SERVICE AREA . 2 YES, AREA LOCKED, NO ACCESS . . . . . 3 NO 4	→ STOP → STOP
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF FAMILY PLANNING COMMODITIES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH 351. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see stock records. No patient names from records will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? _____ Interviewer's signature (Indicates respondent's willingness to participate) _____ Date		
351	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
352	Is there a register or stock cards where the amount of each contraceptive method received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 354 → 354
353	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	STOCK RECORDS UPDATED DAY ITEM DISBURSED . . . . . 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT REGISTER OF DISTRIBUTED ITEMS OBSERVED 2 OTHER _____ (SPECIFY) 6	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
354	FOR ALL ITEMS INDICATE THE CORRECT AVAILABILITY STATUS, ASK ABOUT STOCK-OUT DURING THE PAST 6 MONTHS, AND CHECK THE CURRENT STOCK AGAINST THE INVENTORY RECORDS, MARKING THE CORRECT RESPONSE IN Q356. IF UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE.		

	CONTRACEPTIVE METHODS	(a) AVAILABILITY OF CONTRACEPTIVES						(b) STOCK OUT IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q357) FOR ALL RELEVANT ITEMS	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Combined oral pill	1 → b	2 → b	3 → 02	4 → 02	5 → 02	6 → 02	1	2	8
02	Progestin-only pill	1 → b	2 → b	3 → 03	4 → 03	5 → 03	6 → 03	1	2	8
03	Combined injectable (monthly)	1 → b	2 → b	3 → 04	4 → 04	5 → 04	6 → 04	1	2	8
04	Progestin-only injection (2 or 3 monthly)	1 → b	2 → b	3 → 05	4 → 05	5 → 05	6 → 05	1	2	8
05	Condoms (male)	1 → b	2 → b	3 → 06	4 → 06	5 → 06	6 → 06	1	2	8
06	Condoms (female)	1 → b	2 → b	3 → 07	4 → 07	5 → 07	6 → 07	1	2	8
07	Intrauterine device (IUD)	1 → b	2 → b	3 → 08	4 → 08	5 → 08	6 → 08	1	2	8
08	Implant	1 → b	2 → b	3 → 09	4 → 09	5 → 09	6 → 09	1	2	8
09	Spermicide	1 → b	2 → b	3 → 10	4 → 10	5 → 10	6 → 10	1	2	8
10	Diaphragm	1 → b	2 → b	3 → 11	4 → 11	5 → 11	6 → 11	1	2	8
11	Emergency contraceptive	1 → b	2 → b	3 → 355	4 → 355	5 → 355	6 → 355	1	2	8

355	WERE ANY EXPIRED METHODS OBSERVED?	YES . . . . . 1 NO 2	
356	WERE THE METHODS ORGANIZED ACCORDING TO EXPIRY DATE (“first expire, first out”)? (VERIFY WHEN COMPLETING PREVIOUS SECTION).	YES, VERIFIED . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
357	FOR EACH OF THE FOLLOWING METHODS RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER MATCH THE INVENTORY OBSERVED IN STORAGE OR IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED	STOCK AND INVENTORY MATCH YES	NO	METHOD NEVER AVAILABLE	DK/ REGISTER NOT AVAIL.
01	COMBINED ORAL PILL	1	2	3	8
02	PROGESTIN-ONLY PILL	1	2	3	8
03	COMBINED MONTHLY INJ	1	2	3	8
04	PROGESTIN ONLY INJ	1	2	3	8
05	MALE CONDOM	1	2	3	8
06	FEMALE CONDOM	1	2	3	8
07	IUD	1	2	3	8
08	IMPLANT	1	2	3	8
09	SPERMICIDE	1	2	3	8
10	DIAPHRAGM	1	2	3	8
11	EMERGENCY CONTRACEPTIVE	1	2	3	8
358	Are contraceptive supplies stored in the same location as other medicines?	YES . . . . . 1 NO 2			→ 360
359	OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.				
01	ARE THE METHODS OFF THE FLOOR AND PROTECTED FROM WATER?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
02	ARE THE METHODS PROTECTED FROM SUN?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
360	When was the last time that you received a routine supply of contraceptive methods?	WITHIN PRIOR 4 FULL WEEKS 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 DON'T KNOW 8			
361	Does this facility determine the quantity of each contraceptive method required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 DON'T KNOW 8			→ 363 → 365
362	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . 2 DON'T KNOW 8			→365 →365 →365

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
363	Routinely, when you order contraceptive methods, which best describes the system you use to determine **how much** of each to order? Do you:		
	- **Review** the amount of each method remaining, and order to bring the stock amount to a pre-determined (fixed) amount?	ORDER TO MAINTAIN FIXED STOCK 1	
	- **Order** exactly the same quantity each time, regardless of the existing stock?	ORDER SAME AMOUNT 2	
	- **Review** the amount of each method used since the previous order, and plan based on prior utilization and expected future activity?	ORDER BASED ON UTILIZATION 3	
	- **Other** _____ (SPECIFY)	OTHER 6	
	DON'T KNOW	DON'T KNOW 8	→ 365
364	Which of the following best describes the routine system for deciding **when** to order contraceptive methods? Do you:		
	- Place order whenever stock levels fall to a predetermined level?	PREDETERMINED LEVEL 1	
	- Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.	FIXED TIME . . . . . 2 EVERY ☐☐ WEEKS	
	- Place an order whenever there is believed to be a need, regardless of stock level?	ORDER WHEN NEEDED 3	
	- Other _____ (SPECIFY)	OTHER 6	
	Don't know	DON'T KNOW 8	
365	If there is a shortage of a specific method between routine orders, what is the most common procedure followed by this facility?		
	- Submit special order to normal supplier	SPECIAL ORDER 1	
	- Facility purchases from private market	FACILITY PURCHASE 2	
	- Clients must purchase from outside the facility	CLIENT PURCHASE OUTSIDE 3	
366	During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 SOMETIMES . . . . . 2 ALMOST NEVER 3	

4. Antenatal and Postpartum Care

Facility Number: ☐☐☐ **Interviewer Code** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
400	Does this facility offer antenatal services , postpartum services, or both? INDICATE THE SERVICES OFFERED.	YES, ANTENATAL . . . . . A YES, POSTPARTUM . . . . . B NO, NEITHER SERVICE . . . . . Y	→ 433

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF ANTENATAL CARE SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q401.
READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature (Indicates respondent's willingness to participate) Date

401	May I begin the interview now?	YES . . . . . 1 NO 2	→STOP
402	How many days of the week are antenatal-care services provided at the facility?	NUMBER OF DAYS . . . . . ☐	
403	Are antenatal-care services being provided at the facility today?	YES . . . . . 1 NO 2	
404	Does this facility have any routine user-fees or charges for any services related to antenatal care services? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES 2	→407

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
405	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for antenatal care services:		YES	NO	DON'T KNOW	
01	Is there a fee for the client health card?	ANC CARD/RECORD	1	2	8	
02	Is there a fee for each consultation?	FEE FOR CONSULT	1	2	8	
03	Are there user fees for medications?	MEDICINE	1	2	8	
04	Are there user fees for laboratory tests?	TESTS	1	2	8	
05	Is there a fee for registration?	REGISTRATION	1	2	8	
06	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS	1	2	8	
07	Is there a system for clients to pre-pay for multiple visits for care during pregnancy?	PRE-PAY FOR MULTIPLE	1	2	8	
406	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3				
407	Does this facility have a system whereby measurements or procedures for ANC clients are routinely carried out before the consultation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				 →409 →409

408	ASK TO SEE THE PLACE WHERE ANTENATAL CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.				
	OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all antenatal care clients?	OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Urine test for protein	1	2	3	8
04	Blood test for anemia	1	2	3	8
05	Conducting group health education sessions	1	2	3	8

		(a) ROUTINE TESTING			(b) ITEMS FOR TEST AVAILABLE ANC UNIT TODAY		
409	Which of the following activities are performed as part of routine services, that is, each client has this test at least once. INDICATE CORRECT RESPONSE FOR (B) FOR EACH TEST CONDUCTED.	YES	NO	DON'T KNOW	YES	NO	TEST IN LAB
01	Blood test for anemia	1→ b	2→ 02	8→ 02	1	2	3
02	Blood test for syphilis	1→ b	2→ 03	8→ 03	1	2	3
03	Blood group	1→ b	2→ 04	8→ 04	1	2	3
04	Test for RH factor	1→ b	2→ 05	8→ 05	1	2	3
05	Urine test for protein	1→ b	2→ 06	8→ 06	1	2	3
06	Urine test for glucose	1→ b	2→ 410	8→ 410	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
410	Which of the following types of treatment and services are routinely offered to antenatal clients?	ROUTINELY OFFERED TO ALL ANC CLIENTS YES NO DK	
01	Preventive antimalarial medication	1 2 8	
02	Counseling about family planning	1 2 8	
03	Voluntary counseling about HIV/AIDS	1 2 8	
04	Voluntary testing for HIV/AIDS	1 2 8	
411	Is tetanus toxoid vaccination available all days antenatal care services are offered?	YES . . . . . 1 NOT ALL ANC DAYS . . . . . 2 TT NEVER OFFERED 3	→ 414
412	How many days each week are tetanus toxoid vaccinations offered at this facility?	DAYS PER WEEK . . . . . [ ] NEVER OFFERED . . . . . 0 DON'T KNOW 8	
413	Is tetanus toxoid immunization available today?	YES . . . . . 1 NO 2	
414	Do antenatal care providers here routinely treat STIs, or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIs . . . . 1 REFERS . . . . . 2 NO TREATMENT PROVIDED . . 3	
415	Is there a register where information on antenatal care clients' visits is recorded? IF YES, ASK TO SEE THE REGISTER. FOR THE REGISTER TO BE VALID IT MUST SHOW CLIENTS' STATUS (NEW OR CONTINUING).	YES, REGISTER SEEN . . . . . 1 YES, REGISTER NOT SEEN . . 2 NO REGISTER KEPT 3	→ 419 → 419
416	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . . 1 MORE THAN 7 DAYS OLD 2	
417	RECORD THE NUMBER OF ANTENATAL CLIENTS, NEW AND FOLLOW-UP WHO RECEIVED SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF ANC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	→ 419
418	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98	
419	Is there a register where client information from postpartum (PP) visits is recorded? IF YES, ASK TO SEE REGISTER. FOR THE REGISTER TO BE VALID, IT MUST SHOW THE NUMBER OF DAYS POSTPARTUM AND INDICATE WHETHER OR NOT THERE ARE COMPLICATIONS.	YES, REGISTER SEEN . . . . . 1 YES, REGISTER NOT SEEN . . 2 NO REGISTER KEPT . . . . . 3 NO PP SERVICES 4	→ 423 → 423 → 423

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
420	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . . 1 MORE THAN 7 DAYS OLD 2	
421	How many postpartum visits took place during the previous 12 complete months?	NUMBER OF PNC VISITS ☐☐☐☐☐☐ DON'T KNOW 999998	→ 423
422	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
423	Do you have an estimate of the annual number of deliveries (births) in the facility's catchment areas?	NUMBER OF BIRTHS . . . . ☐☐☐☐☐☐ NO CATCHMENT AREA . . . 999995 DON'T KNOW 999998	→ 426 → 426
424	What is the estimated annual rate of antenatal-care coverage for this facility?	ANC % COVERAGE . . . . . ☐☐☐ DON'T KNOW 998	→426
425	RECORD THE SOURCE OF INFORMATION FOR ESTIMATED PERCENT OF ANTENATAL CARE COVERAGE.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER_____ X (SPECIFY) SOURCE NOT KNOWN . . . . . Z	
426	Are individual client cards/charts/records maintained for antenatal care clients? IF YES, AS TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
427	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR ANTENATAL OR POSTPARTUM CLIENTS ARE CONDUCTED.		
	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 428-430, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q322-Q324] 1 DELIVERY [Q520-Q522] . . . . . 2 STI [Q622-Q624] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 431 → 431 → 431
428	DESCRIBE THE SETTING OF THE EXAMINATION ROOM.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . 3 NO PRIVACY 4	

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
429	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.							
	EQUIPMENT REQUIRED FOR ANTENATAL CARE POSTPARTUM SERVICES	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam flashlight/torch or exam light acceptable)	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Table or bed for gynecological exam	1	2	3	8			
03	Clean (or sterile) latex gloves	1 → 05	2	3	8			
04	Other disposable, non-latex gloves	1	2	3	8			
05	Sharps container	1	2	3	8			
06	At least five or more 2-5 ml syringes (with 21 gauge needles)	1	2	3	8			
07	Already mixed decontaminating solution	1	2	3	8			
08	Disinfectant (not yet mixed)	1	2	3	8			
09	Waste receptacle with lid and plastic liner	1	2	3	8			
10	Hand washing soap	1	2	3	8			
11	Single-use hand drying towel	1	2	3	8			
12	Water for hand washing	1	2	3 → 431	8 → 431			
430	How is water being made available for use in the antenatal care service area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3						

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
431	NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.							
		(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Blood pressure apparatus	1→b	2→b	3 02	8 02	1	2	8
02	Stethoscope	1→b	2→b	3 03	8 03	1	2	8
03	Fetal stethoscope (Pinard)	1→b	2→b	3 04	8 04	1	2	8
04	Thermometer	1→b	2→b	3 05	8 05	1	2	8
05	Infant scale	1→b	2→b	3 06	8 06	1	2	8
06	Adult weighing scale	1→b	2→b	3 07	8 07	1	2	8
07	Vaginal speculum (s)	1	2	3	8			
08	Vaginal speculum (m)	1	2	3	8			
09	Vaginal speculum (l)	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
432	NOTE THE AVAILABILITY OF PROTOCOLS AND TEACHING MATERIALS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Focused Antenatal care, malaria and syphilis during pregnancy orientation package for service providers (FANC)	1	2	3	8	
02	Any other Guidelines or protocols for antenatal care	1	2	3	8	
03	Guidelines for Syndromic Approach for STIs	1	2	3	8	
04	Other guidelines or protocols for diagnosing or treating STIs	1	2	3	8	
05	Visual aids for client education on subjects related to pregnancy or antenatal care	1	2	3	8	
433	Does this facility have a formal relationship with traditional birth attendants (TBAs) in which they receive training or other types of support?	YES . . . . . 1 NO 2				→ 437
434	Is there any documentation on activities with TBAs (such as lists of affiliated TBAs or records of their training)?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3				
435	Please tell me how many TBAs report to this facility? ENTER "00" FOR "NONE"	# OF TBAs REPORTING . . . . . [ ][ ] DON'T KNOW 98				
436	Does anyone from this facility supervise the activities of the TBAs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				
437	Do the TBAs refer women to this facility?	YES . . . . . 1 NO 2				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
438	What is the *most common* means of transport used by women coming from their homes to this facility for help during obstetric emergencies? IF THERE IS MORE THAN ONE MOST COMMON MEANS, CIRCLE THE NUMBER FOR ALL THAT APPLY.	AMBULANCE . . . . . A PRIVATE CAR/BUS . . . . . B PUBLIC CAR/BUS . . . . . C MOTORCYCLE . . . . . D BICYCLE . . . . . E PEOPLE CARRY/PUSH OR PULL PATIENT . . . . . F ANIMALS CARRY/PULL PATIENTS . . . . . G OTHER _____ (SPECIFY) . . X NEVER RECEIVE EMERGENCY Y	
439	Does this facility have a functional ambulance or other vehicle for emergency obstetric transportation? ACCEPT REPORTED RESPONSE. CIRCLE 3 IF FACILITY IS REFERRAL SITE.	YES . . . . . 1 NO . . . . . 2 REFERRAL SITE . . . . . 3 DON'T KNOW 8	→ 441 → 443 → 441
440	Is fuel available today? ACCEPT REPORTED RESPONSE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
441	Please tell me if this facility has any of the following systems to support emergency obstetric referrals.	YES / NO / DON'T KNOW	
01	Are there any funds set aside to help clients with emergency transportation?	PROVIDE FUNDS 1 2 8	
02	Does the facility hire a vehicle locally to provide emergency obstetric transportation?	HIRE VEHICLE 1 2 8	
03	Is there a community health insurance scheme that provides support for emergency obstetric referrals?	COMMUNITY SUPPORT 1 2 8	
04	Is fuel set aside for emergency obstetric referrals?	FUEL SET ASIDE 1 2 8	
05	Is there a revolving fund system for transportation for emergency obstetric referrals?	REVOLVING FUND 1 2 8	
06	Does the facility radio or phone another facility to send transportation for emergency obstetric referrals?	PHONE FOR TRANSPORT 1 2 8	
07	Is there any other system? IF YES, SPECIFY _____	OTHER 1 2 8	
442	How long does it take, using this form of transportation, to get to the nearest referral facility? ASK THE TIME FOR DRY AND WET SEASON. IF CALL ELSEWHERE MUST BE MADE TO OBTAIN A VEHICLE, RECORD AVERAGE TIME FROM THE CALL TO THE PATIENT'S ARRIVAL AT THE REFERRAL FACILITY.	01 DRY SEASON MINUTES . . . . . [ ][ ][ ] DON'T KNOW . . . . . 998 02 WET SEASON MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
443	Are ANC clients with HIV/AIDS or suspected HIV/AIDS ever provided services related to HIV/AIDS in this clinic/unit? This includes services related to prevention of mother to child transmission (PMTCT).	YES . . . . . 1 NO 2	**Q: PMTCT QRE**

5. Delivery and Newborn Care

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
500	Does this facility offer services for normal deliveries? IF YES, INDICATE RESPONSE THAT BEST REFLECTS THE CURRENT PRACTICE FOR DELIVERIES.	YES . . . . . 1 NO, HAVE INFRASTRUCTURE, NO SERVICE PROVIDED . 2 ONLY HOME DELIVERIES 3 NO 4	→ 540 → 540 → 540
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF DELIVERY SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q501. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
501	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
502	Please tell me the total number of beds in the maternity ward/unit in this facility	# OF BEDS IN MATERNITY ☐☐☐	
503	Does the facility provide 24 hour coverage for delivery services?	YES . . . . . 1 NO 2	→ 506
504	Is a person skilled in conducting deliveries present at the facility or on call 24 hours a day, including weekends, to provide delivery care? IF YES, ASK TO SEE A SCHEDULE FOR 24-HOUR STAFF ASSIGNMENT.	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . 2 YES, ON-CALL SCHEDULE OBSERVED . . . . . 3 YES, ON-CALL, SCHEDULE REPORTED, NOT SEEN . . . . 4 NO 5	→ 506

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
505	At night, what level of provider is most commonly on duty to conduct deliveries? IF DIFFERENT LEVELS ARE COMMONLY AVAILABLE, CIRCLE ALL RELEVANT LEVELS.	OBSTETRICIAN/ GYNECOLOGIST . . . . . A MEDICAL DOCTOR . . . . . B MEDICAL OFFICER . . . . . C ASSISTANT MEDICAL OFFICER D CLINICAL OFFICER . . . . . E MIDWIFE (NURSE TRAINED IN MIDWIFERY OR MIDWIFE . . . F QUALIFIED NURSE (NOT TRAINED IN MIDWIFERY) . . . . G PRIMARY LEVEL (NURSE OR MIDWIFE) . . . . . H ASSISTANT/AUXILIARY . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
506	During normal working hours, what level of provider is most commonly available to conduct complicated deliveries?	OBSTETRICIAN/ GYNECOLOGIST . . . . . A MEDICAL DOCTOR . . . . . B MEDICAL OFFICER . . . . . C ASSISTANT MEDICAL OFFICER D CLINICAL OFFICER . . . . . E MIDWIFE (NURSE TRAINED IN MIDWIFERY OR MIDWIFE F QUALIFIED NURSE (NOT TRAINED IN MIDWIFERY) . . . . G PRIMARY LEVEL (NURSE OR MIDWIFE) . . . . . H ASSISTANT/AUXILIARY . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
507	Does this facility have any routine user-fees or charges for any services related to delivery services? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES . . . 2	→ 510
508	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for antenatal care services:	YES NO DON'T KNOW	
01	Is there a fee for normal delivery?	FEE FOR DELIVERY 1 2 8	
02	Is there a fee for the package of ANC and delivery services?	FIXED ANC PLUS DELIVERY FEE 1 2 8	
03	Are there any fees or charges for medicines?	MEDICINES 1 2 8	
04	Are there fees for laboratory or other diagnostic tests?	TESTS 1 2 8	
05	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS 1 2 8	
509	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	
510	Is there a register where client information from attended births is recorded? IF YES, ASK TO SEE THE REGISTER. FOR THE REGISTER TO BE VALID, IT MUST SHOW BIRTH OUTCOME FOR MOTHER AND INFANT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 514 → 514
511	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 30 DAYS . . . 1 MORE THAN 30 DAYS OLD 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
512	How many women delivered at this facility during the previous 12 completed months? (EXCLUDE C-SECTION IF POSSIBLE)	NUMBER OF DELIVERIES ☐☐☐☐☐ DON'T KNOW 99998	→ 514
513	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
514	What percentage of deliveries in your catchment area are conducted by this facility (what is your estimated annual coverage rate?)	% COVERAGE . . . . ☐☐☐ NO CATCHMENT AREA . . . 995 DON'T KNOW 998	→ 516 → 516
515	RECORD THE SOURCE OF INFORMATION FOR THE ESTIMATED DELIVERY COVERAGE.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER _____ X (SPECIFY) SOURCE NOT KNOWN . . . . . Z	
516	Do midwives routinely provide home deliveries or attend home delivery emergencies as a part of the facility's services?	YES, ROUTINELY . . . . . 1 YES, EMERGENCY ONLY . . . . 2 NO 3	→ 519
517	Is there a home delivery bag or kit? IF YES, ASK TO SEE THE BAG/KIT.	YES, BAG SEEN . . . . . 1 YES, BAG NOT SEEN . . . . . 2 NO 3	→ 519 → 519
518	INDICATE WHETHER THE ITEMS LISTED ARE IN THE DELIVERY BAG OR NOT.	YES NO	
01	Soap	1 2	
02	Scissor or blade	1 2	
03	Clamp or umbilical tie	1 2	
04	Ergometrine oral	1 2	
05	Ergometrine inj. with syringe and needle	1 2	
06	Decontaminant	1 2	
07	IV Fluid with infusion set	1 2	
08	Sutures	1 2	
09	Dissecting forceps	1 2	
10	Clean gloves	1 2	
11	Cotton wool	1 2	
	ASK TO SEE THE ROOM WHERE NORMAL DELIVERIES ARE CONDUCTED.		
519	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 520-522, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q322-Q324] 1 ANTENATAL [Q428-Q430] . . . . 2 STI [Q622-Q624] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 523 → 523 → 523
520	DESCRIBE THE SETTING OF THE DELIVERY ROOM.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . 3 NO PRIVACY 4	

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
521	NOTE THE AVAILABILITY AND CONDITION OF SUPPLIES AND EQUIPMENT REQUIRED FOR DELIVERY SERVICES. EQUIPMENT MAY BE IN DELIVERY ROOM OR AN ADJACENT ROOM.							
	EQUIPMENT REQUIRED FOR DELIVERY SERVICES	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam (flashlight/torch or exam light acceptable)	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Table or bed for delivery	1	2	3	8			
03	Sterile latex gloves	1 → 05	2	3	8			
04	Other disposable non-latex gloves	1	2	3	8			
05	Sharps container	1	2	3	8			
06	At least five or more 2-5 ml syringes (with 21 gauge needles)	1	2	3	8			
07	Already mixed decontaminating solution	1	2	3	8			
08	Disinfectant (not yet mixed)	1	2	3	8			
09	Waste receptacle with lid and plastic liner	1	2	3	8			
10	Soap for hand washing	1	2	3	8			
11	Single-use hand-drying towel	1	2	3	8			
12	Water for hand washing	1	2	3 → 523	8 → 523			
522	How is water being made available for use in the delivery service area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3						

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
523	NOTE THE AVAILABILITY AND CONDITION OF OTHER SUPPLIES AND EQUIPMENT.							
		(a) AVAILABILITY				(b) FUNCTIONING		
	OTHER SUPPLIES AND EQUIPMENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	24-hour functioning light source (lantern acceptable)	1→b	2→b	3 02	8 02	1	2	8
02	Skin antiseptic (such as Chlorhexidine, Savlon, or Dettol)	1	2	3	8			
03	Intravenous infusion set	1	2	3	8			
04	Syringes and needles	1	2	3	8			
05	Suture material with needle	1	2	3	8			
06	Sterile scissors or blade	1	2	3	8			
07	Needle holder	1	2	3	8			
08	Sterile gloves	1	2	3	8			
524	MEDICATIONS IN DELIVERY SERVICE AREA					(b) AT LEAST ONE VALID		
						YES	NO	DON'T KNOW
01	Intravenous solutions: either Ringers lactate, D5NS, or NS infusion	1→b	2 02	3 02	8 02	1	2	8
02	Injectable ergometrine/ methergine	1→b	2 03	3 03	8 02	1	2	8
03	Injectable oxytocin/ syntocin	1→b	2 04	3 04	8 04	1	2	8
04	Injectable diazepam	1→b	2 05	3 05	8 05	1	2	8
05	Injectable magnesium sulfate	1→b	2 06	3 06	8 06	1	2	8
06	Hydralazine or apresoline inj.	1→b	2 07	3 07	8 07	1	2	8
07	Injectable amoxicillin or ampicillin	1→b	2 08	3 08	8 08	1	2	8
08	Injectable gentamicin	1→b	2 09	3 09	8 09	1	2	8
09	Antibiotic eye drops or ointment (not chloramphenicol)	1→b	2 10	3 10	8 10	1	2	8
10	Vitamin A 200,000 IU (oral)	1→b	2 11	3 11	8 11	1	2	8
11	Procaine penicillin injection	1→b	2 12	3 12	8 12	1	2	8
12	Nevirapine tabs	1→b	2 13	3 13	8 13	1	2	8
13	Nevirapine syrup	1→b	2 525	3 525	8 525	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
525	EQUIPMENT AND SUPPLIES FOR NEWBORN CARE	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Bag and mask or tube and mask (infant size) for resuscitation	1→b	2→b	3 02	8 02	1	2	8
02	Incubator	1→b	2→b	3 03	8 03	1	2	8
03	Other source of heat for premature infant	1→b	2→b	3 04	8 04	1	2	8
04	Infant scale	1→b	2→b	3 05	8 05	1	2	8
05	Suction bulb for mucus extraction	1→b	2→b	3 06	8 06	1	2	8
06	Suction apparatus for use with catheter	1→b	2→b	3 07	8 07	1	2	8
07	Resuscitation table for baby with heat source	1	2	3	8			
08	Disposable cord ties or clamps	1	2	3	8			
09	Towel or blanket to wrap baby	1	2	3	8			
10	Vitamin K (Inj)	1	2	3	8			
11	Referral card for a newborn	1	2	3	8			
526	GUIDELINES/ PROTOCOLS							
01	Guidelines for normal delivery	1	2	3	8			
02	Guidelines for emergency obstetric care	1	2	3	8			
03	Blank partographs ANY PARTOGRAPH REGARDLESS OF WHETHER IT IS SEPARATE PAPERS OR ON THE MOTHERS CARD	1	2	3	8			
527	CHECK Q525(02) IF INCUBATOR IS AVAILABLE IN UNIT YES, OBSERVED OR REPORTED ☐ NO ☐ →							529
528	Is there someone in the unit who has received technical training to operate the incubator?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8						
529	Now I want to ask you about routine practices related to the newborn at this facility. I am using the word “routine” to indicate that the activity is conducted for essentially all newborns or their mothers.							
01	Is rooming-in the normal practice in this facility? That is, does the newborn stay in the same room with the mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8						
02	Does this facility routinely provide vitamin A to mothers before their discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8						

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
530	Does this facility routinely observe any of the following practices postpartum or related to newborns?	YES / NO / DON'T KNOW	
01	Suction the newborn by means of catheter	1 / 2 / 8	
02	Weigh the newborn	1 / 2 / 8	
03	Give full bath (immerse newborn in water) within 24 hours of birth	1 / 2 / 8	
04	Give the newborn prelacteal liquids	1 / 2 / 8	
05	Give the newborn OPV prior to discharge	1 / 2 / 8	
06	Give the newborn BCG prior to discharge	1 / 2 / 8	
531	Does the facility participate in regular reviews of maternal or newborn deaths or "near-misses"?	YES, FOR MOTHERS . . . . . 1 YES, FOR NEWBORNS . . . . . 2 YES, FOR BOTH . . . . . 3 NO, DOES NOT PARTICIPATE 4	→ 533
532	How often are reviews of maternal and/or infant deaths and/or near misses carried out?	EVERY ☐☐ WEEKS . . . . . . WHEN CASE OCCURS . . . . . 53 DON'T KNOW 98	
533	Does this facility handle assisted deliveries—that is, use forceps or ventouse (vacuum extractor)? IF YES, ASK TO SEE THE EQUIPMENT USED.	YES . . . . . 1 NO 2	→ 536

534	CHECK WHETHER THE EQUIPMENT IS IN THE DELIVERY ROOM OR AN ADJACENT ROOM.							
		(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Ventouse (vacuum extractor)	1→b	2→b	3 535	8 535	1	2	8

535	Has an assisted delivery been conducted in this facility within the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
536	Is this facility able to extract retained products of conception when necessary? IF YES, ASK TO SEE THE EQUIPMENT USED.	YES . . . . . 1 NO 2	→ 538

537	CHECK WHETHER THE EQUIPMENT IS IN THE DELIVERY ROOM OR AN ADJACENT ROOM.							
	EQUIPMENT	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Manual vacuum aspirator	1→b	2→b	3 02	8 02	1	2	8
02	Dilatation and curettage (D&C) kit	1→b	2→b	3 03	8 03	1	2	8
03	Other_____	1→b	2→b	3 538	8 538	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
538	Has manual vacuum aspiration or D & C been used to remove retained products of conception by this facility during the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

539 Now I am going to ask you about other medical interventions for management of complications during labor or delivery. For each intervention, please tell me if this is ever provided at this facility, and if yes, if it has been conducted in this facility within the past 3 months.

	INTERVENTION	(a) EVER PROVIDE			(b) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	Parenteral oxytocin drugs	1 → b	2 → 02	8 → 02	1	2	8
02	Parenteral anti-convulsants for pregnancy-induced hypertension	1 → b	2 → 03	8 → 03	1	2	8
03	Manual removal of placenta	1 → b	2 → 540	8 → 540	1	2	8

540	Does this facility provide blood transfusions? IF YES: Is there a blood bank or are there transfusion services only?	YES, TRANSFUSION, YES, BLOOD BANK . . . . . 1 YES, TRANSFUSION, NO BLOOD BANK . . . . . 2 NO BLOOD TRANSFUSION 3	→ 542
541	Has blood transfusion been performed for maternity care by this facility during the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
542	Does this facility ever perform caesarean sections?	YES . . . . . 1 NO 2	→ 550

543 ASK TO SEE THE ROOM WHERE CAESAREAN SECTIONS ARE PERFORMED. CHECK IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE AVAILABLE IN THE ROOM OR IN AN ADJACENT ROOM.

	EQUIPMENT AND SUPPLIES FOR CAESAREAN SECTION	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Operating table	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Operating light	1 → b	2 → b	3 → 03	8 → 03	1	2	8
03	Anesthesia giving set	1 → b	2 → b	3 → 04	8 → 04	1	2	8
04	Scrub area adjacent to or in the operating room	1	2	3	8			
05	Tray, drum, or package with sterilized instruments ready for use	1	2	3	8			
06	Emergency source of light	1 → b	2 → b	3 → 07	8 → 07	1	2	8
07	Suction machine	1 → b	2 → b	3 → 544	8 → 544	1	2	8

544	Does this facility have a health worker who can perform a caesarean section present in the facility or on call 24 hours a day (including weekends)?	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . 2 YES, ON-CALL SCHEDULE OBSERVED . . . . . 3 YES, ON-CALL, SCHEDULE REPORTED, NOT SEEN . . . . 4 NO 5	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
545	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends)?	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . 2 YES, ON-CALL SCHEDULE OBSERVED . . . . . 3 YES, ON-CALL, SCHEDULE REPORTED, NOT SEEN . . . . 4 NO 5	
546	Is there a register where caesarean section data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 550 → 550
547	RECORD THE NUMBER OF CAESAREAN SECTIONS CONDUCTED AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF CAESAREAN . [ ][ ][ ][ ] DON'T KNOW 9998	→ 549
548	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98	
549	What is the date of the last caesarean section? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH [ ][ ] YEAR [ ][ ][ ][ ] DON'T KNOW 989998	
550	AT THIS POINT, CHECK IF EITHER Q500 OR Q542 IS "1" [FACILITY OFFERS DELIVERY SERVICES]	YES . . . . . 1 NO 2	→ **Sec. 6 (Q601)**
551	After completing a delivery, what procedures does this service follow for initial handling of contaminated equipment (such as speculums, scalpel handles, etc.) that will be reused another time? IF THE UNIT PROCESSES SOME EQUIPMENT AND SENDS OTHER EQUIPMENT ELSEWHERE, INDICATE THE PROCEDURE FOR EQUIPMENT PROCESSED IN THIS SERVICE DELIVERY UNIT **IF VAGINAL DELIVERIES ARE CONDUCTED IN A DIFFERENT ROOM THAN CAESAREAN SECTION DELIVERIES, ASSESS THE PROCESSING EQUIPMENT FOR VAGINAL DELIVERIES.**	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . 05 OTHER_____ . . . 06 (SPECIFY) NO EQUIPMENT EVER REUSED 07 DON'T DECONTAMINATE 95	→ END
552	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	
553	Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "3 " AND CONTINUE.	SECTION 1 [Q173-174] . . . . . 1 FAMILY PLANNING [Q336-337] 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY 4 NO EQUIPMENT PROCESSED 5	→ 556(6) → 556(6) → 556(6) → 556(6)
553a	Besides *decontaminating and cleaning,* what is the final process most commonly used for sterilizing reusable syringes and needles? CIRCLE ALL THAT APPLY	DRY-HEAT STERILIZATION . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E DISCARD/DISPOSABLES ONLY . . F OTHER_____ X (SPECIFY) NONE . . . . . Y	
554	Besides *decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY F OTHER_____ X (SPECIFY) NONE . . . . . Y	→ 557 → END

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
555	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 02	8 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET H)	1→b	2→b	3 03	8 03	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 04	8 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 05	8 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment	1→b	2→b	3 07	8 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 08	8 08	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization of disinfection	1	2	3	8			

556	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	**(2)** Autoclave (steam with pressure)	**(3)** Boil	**(4)** Steam without pressure	**(5)** Chemical High Level Disinfectant (HLD)	**(6)** Initial decontamination
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . 1 NOT USED 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 → 6	USED . . . . . 1 NOT USED . . 2 → 557
B	Temperature (centigrade)	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
C	Pressure		PRESS-URE AUTOMATIC 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . 3 MILLIMETER HG . . 4				
E	Minutes-when equipment is not wrapped in cloth	MINUTES AUTOMATIC . . . . 666 DON'T KNOW . . . 998	MINUTES AUTOMATIC . . . . . 666 DON'T KNOW 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998
F	Minutes when equipment is wrapped		MINUTES WRAPPED AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
G	Chemical disinfectant used					GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8	GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture, parts solution and water					MIXTURE PARTS a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
557	INDICATE ALL STORAGE CONDITIONS IN THIS SERVICE DELIVERY AREA FOR PROCESSED EQUIPMENT (SUCH AS SPECULUM , FORCEPS) READY FOR REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT PREVIOUSLY ASSESSED, CIRCLE "3" AND CONTINUE.	SECTION 1 [Q175] . . . . . 1 FAMILY PLANNING [Q339] 2 NOT PREVIOUSLY SEEN 3			→ **Sec. 6** → **Sec. 6**
558	INDICATE STORAGE CONDITIONS FOR PROCESSED EQUIPMENT USED FOR THIS SERVICE DELIVERY AREA.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8
02	Stored in sterile container with lid that clasps shut	1	2	3	8
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	Other stored, clean and covered	1	2	3	8
07	Other stored, not clean and/or uncovered	1	2	3	8
08	Date of sterilization written on packet or container with processed items	1	2	3	8
09	Storage location dry and clean	1	2	3	8

6. Services for Reproductive Tract and Sexually Transmitted Infections

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
601	First, I want to ask specifically about services for clients with symptoms that may be STIs. If a client comes with symptoms that may be an STI, does this facility offer any services for diagnosis or treatment of STIs?	YES . . . . . 1 NO 2	→ 627
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF SERVICES FOR STIS. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q602. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
602	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
603	Are services for STI clients being offered at this facility today?	YES . . . . . 1 NO 2	
604	Are STI services primarily offered in a special clinic or through general outpatient services?	SPECIAL CLINIC . . . . . 1 GENERAL OUTPATIENT 2	
605	How many days per week are STI services available in either the special/the general clinic?	NUMBER OF DAYS . . . . . ☐	
606	How are diagnoses of STIs made in this facility? CIRCLE ALL THAT APPLY.	SYNDROMIC APPROACH . . A ETIOLOGIC (LAB) . . . . . B CLINICAL JUDGMENT C	
607	Does this facility have a protocol regarding confidentiality for STI clients? IF YES, ASK TO SEE A COPY.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
608	Does the facility normally perform partner notification or follow-up? IF YES: Is the follow-up ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	YES, SOMETIMES ACTIVE . . 1 YES, ONLY PASSIVE . . . . . 2 NO 3	→ 610 → 610
609	Do you have a form–a referral form or a register where records are kept about clients for active follow-up? IF YES, ASK TO SEE A COPY.	YES, FORM OBSERVED . . . . 1 YES, REGISTER OBSERVED .. 2 YES, FORM/REGISTER REPORTED, NOT SEEN . . 3 NO 4	
610	Is there a register where information is recorded on STI consultations? IF YES, ASK TO SEE THE REGISTER. FOR THE REGISTER TO BE VALID, IT MUST SHOW CLIENTS' NAME, AGE, SEX, AND DIAGNOSIS OR MAIN SYMPTOM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	→ 615 → 615
611	Does the register indicate a specific type of STI that was diagnosed?	YES . . . . . 1 NO 2	
612	How recent is the date of the most recent entry for a probable STI or reproductive tract infection?	WITHIN THE PAST 7 DAYS . . 1 MORE THAN 7 DAYS OLD . . 2	
613	RECORD THE NUMBER OF CLIENTS WHO RECEIVED STI SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF STI CLIENTS . . ☐☐☐☐ DON'T KNOW 9998	→ 615
614	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
615	Do you submit an official report externally (usually to the Ministry of Health or a public-health agency responsible for communicable diseases) that specifically identifies numbers of cases of venereal diseases (syphilis, gonorrhea) or HIV/AIDS seen by the facility services? IF YES: Is the report generated from consultation records or from the laboratory?	YES, CONSULTATION . . . . . 1 YES, LABORATORY . . . . . 2 YES, BOTH . . . . . 3 NO 4	
616	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH SYMPTOMS OF STI IS PROVIDED. DESCRIBE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . 3 NO PRIVACY 4	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM (OR AN ADJACENT ROOM) WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE.					
617	**VISUAL AIDS FOR TEACHING CLIENT:**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	About STIs	1	2	3	8	
02	About HIV/AIDS	1	2	3	8	
03	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8	
04	Posters on HIV/AIDS					
05	Model to demonstrate use of condom	1	2	3	8	
	INFORMATION FOR CLIENT TO TAKE HOME					
06	About STIs	1	2	3	8	
07	About HIV/AIDS	1	2	3	8	
08	Condoms that can be given to the client	1	2	3	8	
618	**SERVICE DELIVERY STANDARDS/PROTOCOLS**					
01	Sexually transmitted infections, a manual for service providers, 2003(RCHS,NACP)	1	2	3	8	
02	National Guidelines for STI treatment	1	2	3	8	
03	Etiologic (laboratory) diagnosis of STIs	1	2	3	8	
04	Any other Treatment protocols for STIs	1	2	3	8	
05	Syndromic approach guidelines (treatment chart)	1	2	3	8	
06	Guidelines for diagnosing HIV/AIDS	1	2	3	8	
619	Is there a policy that all STI clients should be offered an HIV/AIDS test? IF YES, ASK TO SEE THE POLICY	1	2	3	8	
620	Are individual client health records or charts used? IF YES, ASK TO SEE EITHER A USED OR NEW CLIENT HEALTH CARD/CHARD/RECORD.	1	2	3	8	
621	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR STIs ARE CONDUCTED.					
	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 622-624, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FP [Q322-Q324] . . . . . 1 ANTENATAL [Q428-Q430 . . . . 2 DELIVERY [Q520-Q522] . . . . 3 NOT PREVIOUSLY SEEN . . . . 4 COUNSELING AND EXAM IN SAME ROOM [Q616] 5				→ 625 → 625 → 625
622	DESCRIBE THE SETTING OF THE EXAMINATION ROOM. IF THIS IS THE SAME ROOM WHERE COUNSELING OCCURS (Q616), CIRCLE THE SAME RESPONSE AS IN Q616	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . 3 NO PRIVACY 4				

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
623	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.					
	SUPPLIES AND EQUIPMENT REQUIRED FOR EXAMINATION	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam (flashlight/torch or exam light acceptable)	1→ b	2→ b	3 → 02	8 → 02	1	2	8
02	Table or bed for gynecological exam	1	2	3	8			
03	Clean (or sterile) latex gloves	1 → 05	2	3	8			
04	Other clean disposable gloves	1	2	3	8			
05	Sharps container	1	2	3	8			
06	At least five or more 2-5 ml syringes (with 21 gauge needles)	1	2	3	8			
07	Already mixed decontaminating solution	1	2	3	8			
08	Disinfectant (not yet mixed)	1	2	3	8			
09	Waste receptacle with lid and plastic liner	1	2	3	8			
10	Soap for hand washing	1	2	3	8			
11	Single-use hand-drying towel	1	2	3	8			
12	Water for hand washing	1	2	3 → 625	8 → 625			
624	How is water being made available for use in the service area *today?*	PIPED . . . . . 1 BUCKET WITH TAP . . . . . 2 BUCKET OR BASIN 3						
625	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN AN ADJACENT ROOM.							
	OTHER EQUIPMENT REQUIRED FOR EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW			
01	Vaginal speculum (s)	1	2	3	8			
02	Vaginal speculum (m)	1	2	3	8			
03	Vaginal speculum (l)	1	2	3	8			
04	Swab sticks for taking specimens.	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION					GO TO
626	FOR EACH OF THE FOLLOWING LABORATORY TESTS, ASK: Does this service use any laboratory test for diagnosing [THE INDICATED ILLNESS]? IF NOT, ASK: Do you collect the specimen and send it elsewhere for the test, or does the client have to go somewhere else for the test?						
	FOR EACH TEST CONDUCTED AT FACILITY, ASSESS AVAILABILITY OF EQUIPMENT AND SUPPLIES USING LABORATORY QRE.	CONDUCT TEST	COLLECT SPECI-MEN	SEND CLIENT ELSEWHERE	TEST NOT UTILIZED	DON'T KNOW	
01	Syphilis	1	2	3	4	8	
02	Gonorrhea	1	2	3	4	8	
03	HIV/AIDS test	1	2	3	4	8	
04	Chlamydia	1	2	3	4	8	
627	Are clients with HIV/AIDS or suspected HIV/AIDS, or with tuberculosis ever provided services related to HIV/AIDS in this clinic/unit?	YES . . . . . 1 NO 2					**End Q: OPD**

SECTION B: HIV/AIDS OUTPATIENT CARE

Facility Number: ☐☐☐

QRE TYPE **B**

Interviewer: Code ☐☐

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE.

200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	☐☐ Line # ☐☐ Unit #
201	**MANAGING AUTHORITY** GOVERNMENT-PUBLIC . . . . . 1 GOVERNMENT-NOT PUBLIC (MILITARY, ETC) . . . . . 2 PARASTATAL . . . . . 3 FAITH BASED ORGANIZATION . . . . . 4 PRIVATE . . . . . 5 OTHER _____ 6 (SPECIFY)	
202	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT Q206, Q208 & Q210: 1 / 2 PMTCT Q215: 1 / 2 TB Q219 (01, 02, 03): 1 / 2 ART Q225 (07, 08): 1 / 2

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q203 BELOW AND GO ON TO Q205.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE CLINIC/UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____

Interviewer's signature Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
203	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP
205	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
206	Other than for PMTCT, do providers in this clinic/unit provide any **individual counseling for HIV tests?** By this I mean either pre- or post-test counseling?	YES . . . . . 1 ONLY PROVIDE GENERAL ADVICE FOR TESTING AND PREVENTION . 2 NO, COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/U . 3 NO COUNSELING FOR HIV TESTING . 4	**Q:VCT**
207	Do providers in this clinic/unit ever prescribe HIV tests or refer clients to other clinic/units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	→214
208	Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** TEST IN THIS CLINIC/UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . . B CLIENT SENT TO PMTCT CLINIC/UNI . . . C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT . . . D BLOOD DRAWN IN THIS CLINIC/UNIT **BY CLINIC/UNIT STAFF** AND SENT TO LAB . . . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF** AND SENT TO LAB . . . . . F CLIENT SENT TO LAB . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H BLOOD SENT OUTSIDE FACILITY FOR TESTING . . . . . I OTHER _____ X (SPECIFY)	**Q:VCT** **Q:VCT**
209	CHECK Q208. ARE H OR I CIRCLED TO INDICATE THAT CLIENTS OR THEIR BLOOD ARE TESTED FOR HIV OUTSIDE THIS FACILITY?	YES TESTED OUTSIDE FACILITY . . . . 1 NO 2	→214

NO.	QUESTIONS	CODING CATEGORIES	GO TO
210	Does this clinic/unit have an agreement with the referral site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?	YES . . . . . 1 NO 2	Q:VCT → 212
211	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS . . . 1 YES, RECORD MAINTAINED IN LAB . . 2 YES, RECORD REPORTED, BUT NOT SEEN . . . . . 3 NO RECORD MAINTAINED 4	
212	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY . . 4 DON'T KNOW 8	→214
213	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
214	What is the normal practice for this clinic/unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT . . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY . . . . . 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
215	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	Q: PMTCT
216	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER CLINIC/UNIT . . . . . 3 CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS . . . 4 OTHER _____ SPECIFY . . . . . 6 NO INDIVIDUAL CLIENT CHART/ RECORD 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
217	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see the written policy?	YES, OBSERVED WRITTEN POLICY OR DOCUMENT PROVIDED TO CLIEN . . . 1 YES, OBSERVED WRITTEN POLICY OR NATIONAL VCT GUIDELINES . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 219
218	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

		SERVICE OFFERED IN THIS FACILITY		NO SERVICE THIS FACILITY	
219	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers assigned to this clinic/unit ever provide the service, refer clients for the service, or never offer the service at all.	PROVIDE SERVICE THIS CLINIC	SERVICE BY PROVIDERS FROM OTHER CLINIC/UNIT THIS FACILITY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
01	Do providers assigned to this clinic/unit prescribe medicines for treatment of tuberculosis?	1 → TB QRE	2	3	4
02	Do providers assigned to this clinic/unit make diagnosis that a client has tuberculosis?	1 → TB QRE	2	3	4
03	Do providers assigned to this clinic/unit provide follow-up treatment for clients with tuberculosis?	1 → TB QRE	2	3	4
04	Do providers assigned to this clinic/unit prescribe treatment for sexually transmitted infections (STI)?	1	2	3	4
05	Do providers assigned to this clinic/unit prescribe treatment for malaria?	1	2	3	4

220	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS . . 3	→ 224

NO.	QUESTIONS	CODING CATEGORIES				GO TO
221	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR	
01	National Guidelines for the clinical management of HIV and AIDS	1 → b	2 → b	3 → 02	4 → 02		
02							
03	National Infection Prevention and control guidelines for health care services in Tanzania	1 → b	2 → b	3 → 04	4 → 04		
04	National Guidelines for Voluntary Counseling and Testing	1 → b	2 → b	3 → 05	4 → 05		
05	Guidelines for management of HIV/AIDS for Frontline workers	1 → b	2 → b	3 → 06	4 → 06		
06	National guidelines for prevention of mother-to-child transmission of HIV(PMTCT)	1 → b	2 → b	3 → 07	4 → 07		
07	Guidelines for Home Based Care Services	1 → b	2 → b	3 → 08	4 → 08		
08	Guidelines for home based care services in Tanzania	1 → b	2 → b	3 → 09	4 → 09		
09	A Guideline for counselors in Tanzania with special emphasis on HIV/AIDS/STDs counseling	1 → b	2 → b	3 → 10	4 → 10		
10	Guidelines and Standards for Counseling and Supervision	1 → b	2 → b	3 → 11	4 → 11		
11	Management of Tuberculosis, manual for health workers	1 → b	2 → b	3 → 12	4 → 12		
12	Manual of the national Tuberculosis and Leprosy program in Tanzania	1 → b	2 → b	3 → 222	4 → 222		
222	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/GUIDELINES 2 → 224					
223	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON MANUAL YEAR	
01	Other protocols/guidelines for infection control	1 → b	2 → b	3 → 02	4 → 02		
02	Other protocols/guidelines for diagnosis or treatment of sexually transmitted infections?	1 → b	2 → b	3 → 03	4 → 03		
03	WHO protocols/guidelines on syndromic management of STIs?	1 → b	2 → b	3 → 04	4 → 04		
04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → b	3 → 05	4 → 05		
05	Protocols/guidelines for intermittent preventive treatment (IPT) for malaria, during pregnancy?	1 → b	2 → b	3 → 06	4 → 05		
06	Protocols/guidelines for routinely offering HIV tests to all STI clients?	1 → b	2 → b	3 → 07	4 → 07		
07	Any guidelines for post-exposure prophylaxis?	1 → b	2 → b	3 → 224	4 → 224		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
224	Do providers assigned to this clinic/unit ever provide any curative care for illnesses that may be HIV/AIDS related, such as opportunistic infections, or provide or refer the clients for counseling or social support services for help in living with HIV/AIDS?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE IN THIS FACILITY . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . 4	→230 →233 →247

NO.	QUESTIONS	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY		
225	For each service I will mention, please tell me if providers in this clinic/unit personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally : [READ EACH TOPIC BELOW]					
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	3	4	5
02	Provide systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment?	1 ART QRE	2	3	4	5
08	Provide follow-up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES					GO TO
226	Next I want to ask about preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if every HIV positive client is offered the service regardless of their condition (routinely offered) or if the service is offered based on the condition of the client (selectively offered) or if it is never offered. If offered, is the preventive service offered in this clinic/unit or is the client referred elsewhere to receive the preventive service?	PROVIDE THE SERVICE IN THIS CLINIC/UNIT		REFER CLIENTS FOR THE SERVICE		NEVER OFFER SERVICE	
		ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY	ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY		
01	Testing or screening for tuberculosis?	1	2	3	4	5	
02	Preventive treatment for TB (INH)	1	2	3	4	5	
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5	
04	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5	
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5	
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5	

227	Other than the protocols and guidelines we have already seen, do you have any other written materials specific to HIV/AIDS services?	YES . . . . . 1 NO 2	→229

		(a)				(b)
228	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL YEAR
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection in adults	1 → b	2 → b	3 → 02	4 → 02	
02	Other protocols/guidelines for management of opportunistic infections in adults.	1 → b	2 → b	3 → 03	4 → 03	
03	Other protocols/guidelines for the clinical management of HIV/AIDS infection in children	1 → b	2 → b	3 → 04	4 → 04	
04	Protocols/guidelines on micronutrient supplementation	1 → b	2 → b	3 → 05	4 → 05	
05	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → b	3 → 06	4 → 06	
06	Protocols/guidelines on provision of symptomatic or palliative care?	1 → b	2 → b	3 → 07	4 → 07	
07	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → b	3 → 08	4 → 08	
08	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → b	3 → 09	4 → 09	
09	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → b	3 → 10	4 → 10	
10	Other protocols/guidelines on counseling for HIV testing or VCT?	1 → b	2 → b	3 → 11	4 → 11	
11	Other protocols/guidelines on PMTCT	1 → b	2 → b b	3 → 12	4 → 12	
12	Other protocols/guidelines on ART/ARVs	1 → b	2 → b	3 → 13	4 → 13	
13	Other protocols/guidelines on PEP	1 → b	2 → b	3 → 229	4 → 229	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
229	I want to ask about various support services that are commonly needed by people with HIV/AIDS. For each service I ask about, please tell me if providers in this clinic/unit ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL			NO SERVICE OR REFERRAL
			REFERRAL SITE OBSERVED ON WRITTEN LIST	REFERRAL LIST NOT SEEN. PROVIDER: CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE	REFERRAL LIST NOT SEEN. PROVIDER: CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5
03	Emotional/spiritual support for clients and/or family?	1	2	3	4	5
04	Support for orphans or other vulnerable children?	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families?	1	2	3	4	5
06	Legal services?	1	2	3	4	5
07	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5
08	Education on HIV care for patients and their families?	1	2	3	4	5
09	Involve or refer to other providers such as herbalist, acupuncture, traditional	1	2	3	4	5
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5

230	Is there a record maintained of client referrals outside this clinic/unit? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED ON CLIENT CHART ONLY 3 NO . . . . . 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5	→238
231	When you refer a client **to another clinic/unit** within this facility, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER WITHIN FACILITY . . . . . 4 DON'T KNOW 8	→233 →233

NO.	QUESTIONS	CODING CATEGORIES	GO TO
232	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . 4 OTHER _____ (SPECIFY) . . . 6 NO . . . 7	
233	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO FORM USED . . . 3 NEVER REFER OUTSIDE FACILITY . . . 4 DON'T KNOW . . . 8	→235 →235 →237 →235
234	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO . . . 3	→236 →236 →236
235	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . 4 OTHER _____ (SPECIFY) . . . 6 NO . . . 7	
236	Is there any system for providing or receiving feedback for referrals made by or received by this clinic/unit? PROBE TO DETERMINE IF FEEDBACK IS EVER RECEIVED OR PROVIDED. ASK TO SEE DOCUMENTATION THAT SHOWS FEEDBACK HAS BEEN PROVIDED OR RECEIVED. CIRCLE ALL THAT APPLY.	YES, RECEIVE FEEDBACK, DOCUMENTATION OBSERVED . . . A YES, PROVIDE FEEDBACK DOCUMENTATION OBSERVED . . . B REPORTED SYSTEM, BUT NO DOCUMENTATION OBSERVED . . . C PROVIDE FEEDBACK ONLY IF REQUESTED BY PROVIDER D NO FEEDBACK FOR REFERRALS . . . Y	
237	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY EVIDENCE THAT THE SYSTEM FUNCTIONS	YES, OBSERVED . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO . . . 3	
238	CHECK Q225 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . 1 NO . . . 2	→247

NO.	QUESTIONS	CODING CATEGORIES	GO TO
239	Where can we find information on the numbers of clients seen in this clinic/unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? PROBE TO DETERMINE THE SYSTEM USED. IF THE CLINIC/UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION. CLINIC/UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE CLINIC/UNIT REGISTER AS INSTRUCTED BELOW.	CLINIC/UNIT REGISTER/RECORDS OR COMPUTER . 1 CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) . 2 NO RECORD MAINTAINED 3	→244 →247
240	EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.		
	1 ORAL CANDIDIASIS/MOUTH SORES	NUMBER OF VISITS	
	2 CRYPTOCOCCAL MENINGITIS	. . . . .	
	3 TOXOPLASMOSIS	. . . . .	
	4 KAPOSI'S SARCOMA	. . . . .	
	5 AIDS-RELATED COMPLEX (ARC) . . .	. . . . .	
	6 HERPES ZOSTER/SIMPLEX	. . . . .	
	7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . .	
	8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	. . . . .	
	9 WASTING SYNDROME . . . . . FAILURE TO THRIVE (FTT)	. . . . .	
	10 CHRONIC DIARRHEA . . . . . (MUST SPECIFY CHRONIC)	. . . . .	
	11 TUBERCULOSIS	. . . . .	
	12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	. . . . .	
	13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY) _____	. . . . .	
241	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QRE	NUMBER OF FULL MONTHS OF DATA	
242	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
243	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	
244	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit?	YES . . . . . 1 NO 2	→247
245	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→247
246	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . . . . B DISTRICT LEVEL (MOH/CBOH/NAC) . C REGIONAL LEVEL (MOH/CBOH/TACAIDS) D NATIONAL LEVEL (MOH/CBOH/TACAIDS) E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
247	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this clinic/unit? IF YES, ASK: Do providers in this clinic/unit prescribe the PEP or refer staff for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY . . . 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRED 3 NO ACCESS TO PEP 4	→255 →255 →255
248	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or have been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP . . . . . A YES, RECEIVED PRE-PEP HIV TEST . . B YES, RECEIVED PEP ARV DRUGS . C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS LOCATION BUT RECORDS KEPT IN DIFFT SERVICE UNITS . . . . . E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP . . . . . Y	
249	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED COMPLETE . . . . . 1 YES, OBSERVED, INCOMPLETE . . . . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
250	What is the PEP regimen that is most commonly prescribed?	COMBIVIR (ZDV/3TC) . . . . . 1 STAVUDINE/LAMIVUDINE . . . . . 2 STAVUDINE/LAMIVUDINE ***plus*** INDINAVIR . . . . . 3 STAVUDINE/LAMIVUDINE ***and*** EFV or NVP . . . . . 4 OTHER ONE ARV USED ALONE _____ 5 (SPECIFY) OTHER _____ 6 (SPECIFY)	
251	Are any PEP drugs stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→255
252	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE/LAMIVUDINE . . . . . B STAVUDINE/LAMIVUDINE ***plus*** INDINAVIR . . . . . C STAVUDINE/LAMIVUDINE ***and*** EFV or NVP . . . . . D OTHER COMBINATION _____ E (SPECIFY) OTHER ONE ARV USED ALONE _____ F (SPECIFY) NONE . . . . . Y	→255

NO.	QUESTIONS	CODING CATEGORIES	GO TO
253	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES . . . . . 2 STORED WITH NON-ARV MEDS . . . . . 3 OTHER_____ . . . . . 6 (SPECIFY)	
254	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE . . 2 UNLOCKED OR NO LIMITED ACCESS . . 3	
255	Does this clinic/unit ever keep patients overnight for observation or treatment? IF THE RESPONSE IS NO, PROBE FOR CORRECT RESPONSE.	YES . . . . . 1 NO, PATIENTS NEEDING OBSERVATION OR TREATMENT ARE ADMITTED TO THE FACILITY INPATIENT UNITS . . 2 NO OVERNIGHT CARE 3	
256	Is there a waiting area for clients where they are protected from sun and rain?	YES . . . . . 1 NO 2	
257	Is there a client toilet or latrine that patients from this clinic/unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4	
	ASK TO SEE THE AREA(S) IN THIS CLINIC/UNIT WHERE MOST CLIENTS WITH HIV/AIDS RELATED ILLNESSES OR THOSE RECEIVING HIV/AIDS RELATED SERVICES ARE EXAMINED. OBSERVE THE CONDITIONS UNDER WHICH CLIENT EXAMINATION TAKES PLACE. IF THERE ARE SEVERAL ROOMS FOR THE SAME PURPOSE, RANDOMLY PICK ONE TO ASSESS		

258	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 →03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 →08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 →10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 →259	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
259	Is there a procedure room in this clinic/unit that is different from the clinic/unit just assessed? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2			→ 261
260	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 261	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	
261	Is this the main outpatient clinic/unit?	YES . . . . . 1 NO 2			→ 266

NO.	QUESTIONS	CODING CATEGORIES			GO TO
262	Is there a separate dermatology, or dental clinic/unit? IF YES, GO TO EACH UNIT AND ASSESS THE PROCEDURES ROOM. IF NO PROCEDURES ROOM, ASSESS A CLIENT EXAMINATION ROOM FOR THE FOLLOWING ITEMS. INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FROM.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NONE 3			→ 266
263	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 264	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	
264	INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FOR. IF NO ELIGIBLE UNIT REMAINS, CIRCLE '3'.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NO ELIGIBLE UNITS 3			→ 266

NO.	QUESTIONS	CODING CATEGORIES			GO TO
265	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 266	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	
266	ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE. What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ (SPECIFY) . . . . 06 NO EQUIPMENT EVER REUSED . . . . . 07 DON'T DECONTAMINATE 95			→ 274
267	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
268	Where is this equipment then processed prior to reuse?	THIS CLINIC/UNIT . . . . . 1 OTHER CLINIC/UNIT THIS FACILITY . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] NON CLINIC/UNIT (E.G., CENTRAL PROCESSING, THEATER, THIS FACILITY) . . . . . 3 SEND TO OTHER FACILITY . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	QRE:OPD →272(06) →272(06) →272(06) →272(06)
269	*Besides decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing syringes and needles? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E DISCARD/USE DISPOSABLE ONLY . F OTHER _____ . . . . X (SPECIFY) NONE . . . . . Y	
270	*Besides decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY . . . . . F OTHER _____ . . . . X (SPECIFY) NONE . . . . . Y	→272(06) →272(06)

NO.	QUESTIONS	CODING CATEGORIES				GO TO
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)						
271	ITEM	(a) AVAILABILITY				(b) FUNCTIONING
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES NO DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→ b	2→ b	3 02	8 02	1 2 8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1→ b	2→ b	3 03	8 03	1 2 8
03	Electric dry heat sterilizer	1→ b	2→ b	3 04	8 04	1 2 8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 05	8 05	1 2 8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8	
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→ b	2→ b	3 07	8 07	1 2 8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→ b	2→ b	3 08	8 08	1 2 8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8	
09	Written protocols or guidelines for sterilization of disinfection	1	2	3	8	

272 FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED

		(1) Dry heat sterilization	(2) Autoclave (steam with pressure)	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) Initial decontamination
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . 1 NOT USED 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 → 6	USED . . . . . 1 NOT USED . . 2 → 273
B	Temperature (centigrade)	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
C	Pressure		PRESS-URE AUTOMATIC 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . 3 MILLIMETER HG . . 4				
E	Minutes-when equipment is not wrapped in cloth	MINUTES AUTOMATIC . . . . 666 DON'T KNOW . . . 998	MINUTES AUTOMATIC . . . . 666 DON'T KNOW 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998
F	Minutes when equipment is wrapped		MINUTES WRAPPED AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
G	Chemical disinfectant used					GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8	GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture, parts solution and water					MIXTURE PARTS a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CATEGORIES				GO TO
273	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	STORAGE CONDITIONS OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other clean	1	2	3	8	
07	Other not clean	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Is storage location dry and clean?	1	2	3	8	
274	Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this clinic/unit finally dispose of sharp items, or what is the final disposal process for filled sharps boxes? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.	BURNED IN INCINERATOR . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED, NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 95 OTHER _____ 96 (SPECIFY)				
275	Now I would like to ask you a few questions about the waste disposal practices for hazardous waste such as used bandages. How does this clinic/unit finally dispose of contaminated waste? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.	SAME AS FOR SHARP ITEMS 01 BURNED IN INCINERATOR . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . 05 BURIED, NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 95 OTHER _____ 96 (SPECIFY)				→ 277

NO.	QUESTIONS	CODING CATEGORIES	GO TO
276	ASK TO SEE THE PLACE USED BY THIS CLINIC/UNIT FOR DISPOSAL OF SHARP ITEMS AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF NOT APPLICABLE, CIRCLE '8'.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8	
277	ASK TO SEE THE PLACE USED FOR WASTE DISPOSAL OF CONTAMINATED WASTE AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF NOT APPLICABLE, CIRCLE '8'.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8	
278	CHECK Q274 AND 275, IS 04 or 09 CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL? YES ☐ NO ☐ → 280		
279	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED . . . . . 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ . 6 (SPECIFY) DON'T KNOW 8	
280	ASSESS GENERAL CLEANLINESS OF CLINIC/UNIT • A CLINIC/UNIT IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A CLINIC/UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	CLINIC/UNIT CLEAN . . . . . 1 CLINIC/UNIT NOT CLEAN 2	

SECTION C: INPATIENT CARE

Facility Number: ☐☐☐ QRE TYPE **C**

Interviewer Code: ☐☐

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE.

300	INDICATE WHICH INPATIENT UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	☐☐ Line # ☐☐ Unit #
301	MANAGING AUTHORITY GOVERNMENT-PUBLIC . . . . . 1 GOVERNMENT-NOT PUBLIC (MILITARY, ETC . . . . . 2 PARASTATAL . . . . . 3 FAITH BASED ORGANIZATION . . . . . 4 PRIVATE . . . . . 5 OTHER _____ 6 (SPECIFY)	
302	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT Q306, Q308 & Q310: 1 / 2 PMTCT Q315: 1 / 2 TB Q319 (01, 02, 03): 1 / 2 ART Q326 (07, 08): 1 / 2

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q303 BELOW AND GO ON TO Q305.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your f unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
303	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP
305	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
306	Other than for PMTCT, do providers in this clinic/unit provide any **individual counseling for HIV tests?** By this I mean either pre- or post-test counseling? IF COUNSELORS SERVE BOTH OPD AND IPD, AND VCT/PMTCT QRE WILL DUPLICATE INFORMATION ALREADY COLLECTED FOR OPD, CIRCLE '3'.	YES . . . . . 1 ONLY PROVIDE GENERAL ADVICE FOR TESTING AND PREVENTION . . . 2 NO, COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT 3 NO COUNSELING FOR HIV TESTING . . 4	Q:VCT
307	Do providers in this unit ever prescribe HIV tests or refer clients to other units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	→ 314
308	Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** TEST IN THIS UNIT . . . . . A CLIENT SENT TO (V)CT UNIT . . . . . B CLIENT SENT TO PMTCT UNIT . . . . . C CLIENT REFERRED OTHER UNIT THIS FACILITY (NON-VCT/PMTCT) . D BLOOD DRAWN IN THIS UNIT **BY UNIT STAFF AND SENT** TO LAB . . . . . E BLOOD DRAWN IN THIS UNIT BY **EXTERNAL OR UNIT STAFF** INTEGRATED WITH OPD VCT/PMTCT SERVICES . . . . . F CLIENT SENT TO LAB . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H BLOOD SENT OUTSIDE FACILITY FOR TESTING . . . . . I OTHER _____ X (SPECIFY)	Q:VCT Q:VCT
309	CHECK Q308. ARE H OR I CIRCLED TO INDICATE THAT CLIENTS OR THEIR BLOOD ARE TESTED FOR HIV OUTSIDE THIS FACILITY?	YES TESTED OUTSIDE FACILITY . . . . . 1 NO 2	→314
310	Does this unit have an agreement with the referral site for HIV tests that test results will be returned to the unit, either directly or through the client?	YES . . . . . 1 NO 2	Q:VCT →312

NO.	QUESTIONS	CODING CATEGORIES	GO TO
311	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS . . . . . 1 YES, RECORD MAINTAINED IN LAB . . 2 YES, RECORD REPORTED, BUT NOT SEEN . . . . . 3 NO RECORD MAINTAINED 4	
312	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY . . . 4 DON'T KNOW 8	→ 314
313	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
314	What is the normal practice for this unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS UNIT . . . . . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . . 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY . . . . . 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMEN . . 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
315	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	**Q:PMTCT**
316	Is an individual client chart/record/card maintained for clients who receive services through this UNIT? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER UNIT . . . . . 3 ENTER UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ SPECIFY . . . . . 6 NO INDIVIDUAL CLIENT CHART/ RECORD 7	
317	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this UNIT? IF YES: May I see the written policy?	YES, OBSERVED WRITTEN POLICY OR DOCUMENT PROVIDED TO CLIEN . . 1 YES, OBSERVED WRITTEN POLICY . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 319

NO.	QUESTIONS	CODING CATEGORIES	GO TO
318	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . 1 NO 2	

NO.	QUESTIONS	SERVICE OFFERED IN THIS FACILITY: PROVIDE SERVICE THIS CLINIC	SERVICE OFFERED IN THIS FACILITY: SERVICE BY PROVIDERS FROM OTHER CLINIC/UNIT THIS FACILITY	NO SERVICE THIS FACILITY: REFER CLIENTS OUTSIDE FACILITY	NO SERVICE THIS FACILITY: NO SERVICE OR REFERRAL
319	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers assigned to this UNIT ever provide the service, refer clients for the service, or never offer the service at all.				
01	Do providers assigned to this unit prescribe medicines for treatment of tuberculosis?	1 → TB QRE	2	3	4
02	Do providers assigned to this unit make diagnosis that a client has tuberculosis?	1 → TB QRE	2	3	4
03	Do providers assigned to this unit provide follow-up treatment for clients with tuberculosis?	1 → TB QRE	2	3	4
04	Do providers assigned to this unit prescribe treatment for sexually transmitted infections (STI)?	1	2	3	4
05	Do providers assigned to this unit prescribe treatment for malaria?	1	2	3	4

NO.	QUESTIONS	CODING CATEGORIES	GO TO
320	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . . 2 NO GUIDELINES OR PROTOCOLS 3	3 → 324

NO.	QUESTIONS	(a) OBSERVED, COMPLETE	(a) OBSERVED, INCOMPLETE	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
321	First I would like to ask about national ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?					
01	National Guidelines for the clinical management of HIV and AIDS	1 → b	2 → b	3 → 02	4 → 02	☐☐☐☐
02	[redacted]					
03	National Infection Prevention and control guidelines for health care services in Tanzania	1 → b	2 → b	3 → 04	4 → 04	☐☐☐☐
04	National Guidelines for Voluntary Counseling and Testing	1 → b	2 → b	3 → 05	4 → 05	☐☐☐☐
05	Guidelines for management of HIV/AIDS for Frontline workers	1 → b	2 → b	3 → 06	4 → 06	☐☐☐☐
06	National guidelines for prevention of mother-to-child transmission of HIV (PMTCT)	1 → b	2 → b	3 → 07	4 → 07	☐☐☐☐
07	Guidelines for Home Based Care Services	1 → b	2 → b	3 → 08	4 → 08	☐☐☐☐
08	Guidelines for home based care services in Tanzania	1 → b	2 → b	3 → 09	4 → 09	☐☐☐☐
09	A Guideline for counselors in Tanzania with special emphasis on HIV/AIDS/STD counseling	1 → b	2 → b	3 → 10	4 → 10	☐☐☐☐
10	Guidelines and Standards for Counseling and Supervision	1 → b	2 → b	3 → 11	4 → 11	☐☐☐☐
11	Management of Tuberculosis, manual for health workers	1 → b	2 → b	3 → 12	4 → 12	☐☐☐☐
12	Manual of the national Tuberculosis and Leprosy program in Tanzania	1 → b	2 → b	3 → 322	4 → 322	☐☐☐☐

NO.	QUESTIONS	CODING CATEGORIES	GO TO
322	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/GUIDELINES 2	→ 324

323	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED, COM-PLETE	(a) OBSERVED, INCOM-PLETE	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for infection control	1 → b	2 → b	3 → 02	4 → 02	
02	Other protocols/guidelines for diagnosis or treatment of sexually transmitted infections?	1 → b	2 → b	3 → 03	4 → 03	
03	WHO protocols/guidelines on syndromic management of STIs?	1 → b	2 → b	3 → 04	4 → 04	
04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → b	3 → 05	4 → 05	
05	Protocols/guidelines for intermittent preventive treatment (IPT) for malaria, during pregnancy?	1 → b	2 → b	3 → 06	4 → 05	
06	Protocols/guidelines for routinely offering HIV tests to all STI clients?	1 → b	2 → b	3 → 07	4 → 07	
07	Any guidelines for post-exposure prophylaxis?	1 → b	2 → b	3 → 324	4 → 324	

324	Do providers assigned to this clinic/unit ever provide any curative care for illnesses that may be HIV/AIDS related, such as opportunistic infections, or provide or refer the clients for counseling or social support services for help in living with HIV/AIDS?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES 4	→ 331 → 334 → 350
325	Where are inpatients who may have HIV/AIDS placed, in relation to other non-HIV/AIDS inpatients? PROBE FOR CORRECT RESPONSE.	MIXED (HIV/AIDS AND OTHER) . . . . . 1 CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) . . . . . 2 SEPARATE UNIT/ROOM FOR HIV/AID . . 3	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
326	For each service I will mention, please tell me if providers in this UNIT personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally : [READ EACH TOPIC BELOW]	SERVICE OFFERED IN THIS UNIT BY: PROVIDERS FROM THIS UNIT	SERVICE OFFERED IN THIS UNIT BY: PROVIDERS FROM OTHER CLINIC/ UNIT	CLIENT REFERRED: CLINIC/UNIT IN THIS FACILITY	CLIENT REFERRED: OUTSIDE FACILITY	SERVICE NEVER OFFERED
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	3	4	5
02	Provide systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment	1 ART QRE	2	3	4	5
08	Provide follow up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES				GO TO
327	Next I want to ask about preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if every HIV positive client is offered the service regardless of their condition (routinely offered) or if the service is offered based on the condition of the client (selectively offered) or if it is never offered. If offered, is the preventive service offered in this clinic/unit or is the client referred elsewhere to receive the preventive service?	PROVIDE THE SERVICE IN THIS CLINIC/UNIT: ROUTINELY, FOR ALL HIV/AIDS CLIENTS	PROVIDE THE SERVICE IN THIS CLINIC/UNIT: SOMETIMES/ SELECTIVELY	REFER CLIENTS FOR THE SERVICE: ROUTINELY, FOR ALL HIV/AIDS CLIENTS	REFER CLIENTS FOR THE SERVICE: SOMETIMES/ SELECTIVELY	NEVER OFFER SERVICE
01	Testing or screening for tuberculosis?	1	2	3	4	5
02	Preventive treatment for TB (INH)	1	2	3	4	5
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5
04	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5

328	Other than the protocols and guidelines we have already seen, do you have any other written materials specific to HIV/AIDS services?	YES . . . . . 1 NO . . . . . 2 →	330

		(a) OBSERVED, COM-PLETE	(a) OBSERVED, INCOM-PLETE	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
329	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES					
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection in adults	1 → b	2 → b	3 → 02	4 → 02	
02	Other protocols/guidelines for management of opportunistic infections in adults.	1 → b	2 → b	3 → 03	4 → 03	
03	Other protocols/guidelines for the clinical management of HIV/AIDS infection in children	1 → b	2 → b	3 → 04	4 → 04	
04	Protocols/guidelines on micronutrient supplementation	1 → b	2 → b	3 → 05	4 → 05	
05	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → b	3 → 06	4 → 06	
06	Protocols/guidelines on provision of symptomatic or palliative care?	1 → b	2 → b	3 → 07	4 → 07	
07	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → b	3 → 08	4 → 08	
08	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → b	3 → 09	4 → 09	
09	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → b	3 → 10	4 → 10	
10	Other protocols/guidelines on counseling for HIV testing or VCT?	1 → b	2 → b	3 → 11	4 → 11	
11	Other protocols/guidelines on PMTCT	1 → b	2 → b	3 → 12	4 → 12	
12	Other protocols/guidelines on ART/ARVs	1 → b	2 → b	3 → 13	4 → 13	
13	Other protocols/guidelines on PEP	1 → b	2 → b	3 → 330	4 → 330	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
330	I want to ask about various support services that are commonly needed by people with HIV/AIDS. For each service I ask about, please tell me if providers in this UNIT ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL			NO SERVICE OR REFERRAL
			REFERRAL SITE OBSERVED ON WRITTEN LIST	REFERRAL LIST NOT SEEN. PROVIDER: CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE	REFERRAL LIST NOT SEEN. PROVIDER: CANNOT NAME SITE	
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5
03	Emotional/spiritual support for clients and/or family?	1	2	3	4	5
04	Support for orphans or other vulnerable children?	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families?	1	2	3	4	5
06	Legal services?	1	2	3	4	5
07	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5
08	Education on HIV care for patients and their families?	1	2	3	4	5
09	Involve or refer to other providers such as herbalist, acupuncture, traditional	1	2	3	4	5
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5

331	Is there a record maintained of client referrals outside this UNIT? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED ON CLIENT CHART ONLY 3 NO . . . . . 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5	→ 339
332	When you refer a client to another UNIT within this facility, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER WITHIN FACILITY . . . . 4 DON'T KNOW 8	→ 334 → 334

NO.	QUESTIONS	CODING CATEGORIES	GO TO
333	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
334	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY . 4 DON'T KNOW 8	→ 336 → 336 → 338 → 336
335	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 337 → 337 → 337
336	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
337	Is there any system for providing or receiving feedback for referrals made by or received by this UNIT? PROBE TO DETERMINE IF FEEDBACK IS EVER RECEIVED OR PROVIDED. ASK TO SEE DOCUMENTATION THAT SHOWS FEEDBACK HAS BEEN PROVIDED OR RECEIVED. CIRCLE ALL THAT APPLY.	YES, RECEIVE FEEDBACK, DOCUMENTATION OBSERVED . . . . . A YES, PROVIDE FEEDBACK DOCUMENTATION OBSERVED . . . . . B REPORTED SYSTEM, BUT NO DOCUMENTATION OBSERVED . . . . . C PROVIDE FEEDBACK ONLY IF REQUESTED BY PROVIDER D NO FEEDBACK FOR REFERRALS . . . . . Y	
338	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY EVIDENCE THAT THE SYSTEM FUNCTIONS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
339	CHECK Q326 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→ 348

NO.	QUESTIONS	CODING CATEGORIES	GO TO
340	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? PROBE TO DETERMINE THE SYSTEM USED. IF THE UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE UNIT REGISTER AS INSTRUCTED BELOW.	INFORMATION COLLECTED FROM: UNIT REGISTER/RECORDS OR COMPUTER . . . . . 1 CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) . . 2 NO RECORD MAINTAINED 3	→ 345 → 348

341 EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL.

IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.

		NUMBER OF ADMISSIONS/DISCHARGES
1	ORAL CANDIDIASIS/MOUTH SORES	. . . . .
2	CRYPTOCOCCAL MENINGITIS	. . . . .
3	TOXOPLASMOSIS	. . . . .
4	KAPOSI'S SARCOMA	. . . . .
5	AIDS-RELATED COMPLEX (ARC) . . .	. . . . .
6	HERPES ZOSTER/SIMPLEX	. . . . .
7	PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . .
8	IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	. . . . .
9	WASTING SYNDROME. . . . . FAILURE TO THRIVE (FTT)	. . . . .
10	CHRONIC DIARRHEA . . . . . (MUST SPECIFY CHRONIC)	. . . . .
11	TUBERCULOSIS	. . . . .
12	OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	. . . . .
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)_____	. . . . .

NO.	QUESTIONS	CODING CATEGORIES	GO TO
342	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ]	
343	RECORD THE TOTAL NUMBER OF ADMISSIONS/DISCHARGES FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER . . . . . [ ][ ][ ][ ]	
344	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	
345	Are reports regularly compiled on the number of admissions/discharges of clients for this unit?	YES . . . . . 1 NO 2	→ 348
346	How frequently are the compiled reports submitted to someone outside of this unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 348
347	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/CBOH/TACAIDS) C REGIONAL LEVEL (MOH/CBOH/TACAIDS D NATIONAL LEVEL (MOH/CBOH/TACAIDS) E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
348	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that are inpatients in this unit today. I am also interested in knowing about how many adult and pediatric inpatients are here today, in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A TOTAL IS PROVIDED **FOR ALL UNITS COVERED IN THIS QRE**, BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many adult inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By adults I mean people 15 years and older.	ADULTS, HIV/AIDS . . . . . [ ][ ][ ] DON'T KNOW 998	
02	How many pediatric inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By pediatric I mean people younger than 15 years of age.	PEDIATRICS, HIV/AIDS . . . . . [ ][ ][ ] DON'T KNOW 998	
03	How many adult inpatients are there today in total, including all diagnoses.	ADULTS, TOTAL . . . . . [ ][ ][ ] DON'T KNOW 998	
04	How many pediatric inpatients are there today in total, including all diagnoses.	PEDIATRICS, TOTAL [ ][ ][ ] DON'T KNOW 998	
349	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE UNIT TODAY	REGISTER/RECORDS . . . . . A VERBAL FROM STAFF IN INPATIENT UNITS . . . . . B NO INFORMATION AVAILABLE . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
350	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this UNIT? IF YES, ASK: Do providers in this UNIT prescribe the PEP or refer staff for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNI . . . . . 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY . . . . . 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRE . . 3 NO ACCESS TO PEP 4	→ 358 → 358 → 358
351	Is there a register or record maintained in this UNIT for workers who have been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP . . . . . A YES, RECEIVED PRE-PEP HIV TEST . . B YES, RECEIVED PEP ARV DRUGS . . C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS UNIT E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP . . . . . Y	
352	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED COMPLETE . . . . 1 YES, OBSERVED, INCOMPLETE . . . . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
353	What is the PEP regimen that is most commonly prescribed?	COMBIVIR (ZDV/3TC) . . . . . 1 STAVUDINE/LAMIVUDINE . . . . . 2 STAVUDINE/LAMIVUDINE ***plus*** INDINAVIR . . . . . 3 STAVUDINE/LAMIVUDINE ***and*** EFV or NVP . . . . . 4 OTHER ONE ARV USED ALONE . . . . . 5 _____ (SPECIFY) OTHER _____ (SPECIFY) 6	
354	Are any PEP drugs stored in this UNIT? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→ 358
355	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE/LAMIVUDINE . . . . . B STAVUDINE/LAMIVUDINE ***plus*** INDINAVIR . . . . . C STAVUDINE/LAMIVUDINE ***and*** EFV or NVP . . . . . D OTHER COMBINATION _____ (SPECIFY) E OTHER ONE ARV USED ALONE _____ (SPECIFY) F NONE . . . . . Y	→ 358
356	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES 2 STORED WITH NON-ARV MEDS 3 OTHER _____ (SPECIFY) 6	
357	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE . 2 UNLOCKED OR NO LIMITED ACCESS 3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
358	Is there a client toilet or latrine that patients from this unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND INDICATE THE CONDITION	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4			
359	RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.				
	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 360	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	
360	Is there a treatment/procedure room in this unit that is different from the patient area we just assessed? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2			→ 362

NO.	QUESTIONS	CODING CATEGORIES			GO TO
361	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
12	RAPID TEST FOR HIV	1	2	3	
13	DISPOSABLE NEEDLES	1	2	3	
14	DISPOSABLE SYRINGES	1	2	3	
15	EXAMINATION TABLE	1	2	3	
16	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 362	2	3	
17	AUDITORY PRIVACY	1	2	3	
18	VISUAL PRIVACY	1	2	3	
362	ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE. What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ (SPECIFY) . . . . . 06 NO EQUIPMENT EVER REUSED . . . . . 07 DON'T DECONTAMINATE 95			→ 370
363	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
364	Where is this equipment then processed prior to reuse?	THIS UNIT . . . . . 1 OTHER UNIT THIS FACILITY . 2 ENTER UNIT NUMBER . . . . . [ ][ ][ ][ ] NON UNIT (E.G., CENTRAL PROCESSING, THEATER, THIS FACILITY) . . . . . 3 SEND TO OTHER FACILITY . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	→368(6) →368(6) →368(6) →368(6)
365	*Besides decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing syringes and needles? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E DISCARD/USE DISPOSABLE ONLY . F OTHER _____ . . . . . X (SPECIFY) NONE . . . . . Y	
366	*Besides decontaminating and cleaning,* what is the final process most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD'S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATIO . . . . . D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY . . . F OTHER _____ . . . . . X (SPECIFY) NONE . . . . . Y	→368(6) →368(6)

NO.	QUESTIONS	CODING CATEGORIES				GO TO		
ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)								
367	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→ b	2→ b	3 → 02	8 → 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1→ b	2→ b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1→ b	2→ b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 → 05	8 → 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→ b	2→ b	3 → 07	8 → 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→ b	2→ b	3 → 08	8 → 08	1	2	8
08	TTS Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization of disinfection	1	2	3	8			

368	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	**(2)** Autoclave (steam with pressure)	**(3)** Boil	**(4)** Steam without pressure	**(5)** Chemical High Level Disinfectant (HLD)	**(6)** Initial decontamination
A	Method	USED . . . . . 1 NOT USED . . 2 → 2	USED . . . . . 1 NOT USED . . 2 → 3	USED . 1 NOT USED 2 → 4	USED . . . . . 1 NOT USED . . 2 → 5	USED . . . . . 1 NOT USED . . 2 → 6	USED . . . . . 1 NOT USED . . 2 → 369
B	Temperature (centigrade)	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998	TEMPERATURE AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
C	Pressure		PRESS-URE AUTOMATIC 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UNITS OF PRESSURE: KG/SQ CM . . 1 ATM PRESSURE . . 2 KILOPASCAL . . . 3 MILLIMETER HG . . 4				
E	Minutes-when equipment is not wrapped in cloth	MINUTES AUTOMATIC . . . . 666 DON'T KNOW . . . 998	MINUTES AUTOMATIC . . . . 666 DON'T KNOW 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998	MINUTES DON'T KNOW . . . 998
F	Minutes when equipment is wrapped		MINUTES WRAPPED AUTOMATIC . . . . 666 DON'T KNOW . . . 998				
G	Chemical disinfectant used					GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8	GIK . . . . . 1 CHLORINE . . . . . 2 CIDEX . . . . . 3 BETADINE . . . . . 4 ALCOHOL . . . . . 5 OTHER . . . . . 6 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture, parts solution and water					MIXTURE PARTS a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CATEGORIES				GO TO
369	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	STORAGE CONDITIONS OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other clean	1	2	3	8	
07	Other not clean	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Is storage location dry and clean?	1	2	3	8	
370	Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this unit finally dispose of sharp items, or what is the final disposal process for filled sharps boxes? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.	BURNED IN INCINERATOR . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . 05 BURIED, NOT BURNED 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 95 OTHER _____ 96 (SPECIFY)				
371	Now I would like to ask you a few questions about the waste disposal practices for hazardous waste such as used bandages. How does this unit finally dispose of contaminated waste? IF ITEMS ARE TAKEN TO CENTRAL LOCATION FOR FINAL DISPOSAL, CIRCLE '09' REMOVED OFFSITE.	SAME AS FOR SHARP ITEMS 01 BURNED IN INCINERATOR . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . 05 BURIED, NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT 07 THROWN IN PIT LATRINE . . . . 08 REMOVED OFFSITE . . . . . 09 NOT APPLICABLE . . . . . 95 OTHER _____ 96 (SPECIFY)				→ 373

NO.	QUESTIONS	CODING CATEGORIES	GO TO
372	ASK TO SEE THE PLACE USED BY THIS UNIT FOR DISPOSAL OF SHARP ITEMS AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8	
373	ASK TO SEE THE PLACE USED FOR WASTE DISPOSAL OF CONTAMINATED WASTE AND INDICATE THE CONDITION OBSERVED. IF WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE WASTE IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL.	WASTE VISIBLE, *NOT* PROTECTED . . . . . 1 WASTE VISIBLE, PROTECTED . . . . . 2 NO WASTE VISIBLE . . . . . 3 WASTE SITE NOT INSPECTED 8	
374	CHECK **Q370 AND 371,** IS **04** OR **09** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL? YES ☐ NO ☐ → 376		
375	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 TAKEN TO LOCAL DUMP AND BURNED . . . . . 2 TAKEN TO LOCAL DUMP AND NOT BURNED . . . . . 3 OTHER _____ . 6 (SPECIFY) DON'T KNOW 8	
376	ASSESS GENERAL CLEANLINESS OF UNIT. • A UNIT IS CLEAN IF THE FLOORS ARE SWEPT AND COUNTERS AND TABLES ARE WIPED AND FREE OF OBVIOUS DIRT OR WASTE. • A UNIT IS NOT CLEAN IF OBVIOUS DIRT OR WASTE OR BROKEN OBJECTS ARE ON THE FLOORS OR COUNTERS.	UNIT CLEAN . . . . . 1 UNIT NOT CLEAN 2	
377	Now I would like to ask you few questions about availability of adult and pediatrics beds and bed nets ASK TO SEE THE WARD AND COUNT NUMBER OF BEDS WITH AND WITHOUT BED NETS FOR THIS WARD		
		OBSERVED PRESENT / NOT AVAILABLE	
01	How many adult beds are in this ward?	☐☐☐☐ 9995	
02	How many adult bed nets are in this ward	☐☐☐☐ 9995	
03	How many pediatric beds are in this ward?	☐☐☐☐ 9995	
04	How many pediatric bed nets are in this ward	☐☐☐☐ 9995	

SECTION D. HEALTH MANAGEMENT INFORMATION SYSTEM

Facility Number: ☐☐☐ QRE TYPE **D**

Interviewer Code: ☐☐ ☐☐ 1 8 ☐☐

Line # Unit # Parent Line #

400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT 3	

401 **MANAGING AUTHORITY**

GOVERNMENT-PUBLIC	1
GOVERNMENT-NOT PUBLIC (MILITARY, ETC)	2
PARASTATAL	3
FAITH BASED ORGANIZATION	4
PRIVATE	5
OTHER _____ (SPECIFY)	6

FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS HMIS REPORTS PREPARED BY THE FACILITY.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q402 BELOW AND GO ON TO Q404.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY SERVICE DATA, WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about the types of HIV/AIDS- related statistics and reports compiled by this facility. We will ask to see various reports and records for HIV/AIDS related services. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____

Interviewer's signature Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

402	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
404	What is your technical background for completing the HMIS reports? PROBE IF NECESSARY	CLERK/ACCOUNTANT . . . . . A HEALTH STATISTICS/MED RECORDS . B CLINICAL SERVICE PROVIDER . . . . . C NON-CLINICAL SERVICE PROVIDER . D LABORATORY WORKER . . . . . E COMPUTER TRAINING . . . . . F OTHER _____ X (SPECIFY)	
405	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO 3	→ 408
406	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	NUMBER OF DAYS . . . . . 1 ☐☐ NUMBER OF MONTHS . . . . . 2 ☐☐	
407	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS . . . . . 1 IN PAST 1-3 YEARS . . . . . 2 MORE THAN 3 YEARS AGO 3	
408	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS . . . . . ☐☐	
409	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD 'FORMAL'.	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO 3	→ 414
410	Who do you train in HMIS?	STAFF IN HMIS UNIT . . . . . 1 STAFF IN SERVICE UNITS . . . . . 2 STAFF IN HMIS AND SERVICE UNITS . 3	
411	Have you or other staff in this unit ever had any training in Strategic Information, such as monitoring and evaluation, or surveillance for HIV/AIDS?	YES . . . . . 1 NO 2	→ 414
412	Was the training on strategic information for HIV/AIDS, formal or informal? IF BOTH, RECORD 'FORMAL'.	FORMAL . . . . . 1 INFORMAL 2	
413	How long was the most recent training on strategic information for HIV/AIDS?	DAYS . . . . . ☐☐	

414	Do you have the following guidelines? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	HMIS reporting guidelines	1	2	3
02	HIV/AIDS surveillance reporting guidelines	1	2	3
03	National technical guidelines for integrated disease surveillance and response	1	2	3
04	National HIV/AIDS reporting guidelines	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
415	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
01	Outpatient services	1	2	3	4
02	Inpatient services	1	2	3	4
03	Laboratory services	1	2	3	4
04	Tuberculosis services	1	2	3	4
05	HIV counseling and testing services	1	2	3	4
06	Antiretroviral treatment services	1	2	3	4
07	Prevention of mother-to-child transmission services	1	2	3	4
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4
416	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 419	3 → 421	4 → 421
417	RECORD THE NUMBER OF DEATHS ATTRIBUTED TO HIV/AIDS REPORTED FOR PAST 12 MONTHS	NUMBER OF DEATHS			
418	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA			
419	How frequently are reports on deaths submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5			→ 421
420	To whom outside the facility, are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/CBOH/NAC) . . . C REGIONAL LEVEL (MOH/CBOH/NAC) . . . D NATIONAL LEVEL (MOH/CBOH/NAC) . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)			
421	Do you receive or compile reports of newly diagnosed HIV cases in the facility? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 424	3 → 426	4 → 426
422	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS	NEW HIV/AIDS CASES			
423	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA			
424	How frequently are reports on newly diagnosed HIV cases submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5			→ 426

NO.	QUESTIONS	CODING CATEGORIES	GO TO
425	To whom are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/CBOH/NAC) . . . C REGIONAL LEVEL (MOH/CBOH/TACAIDS) D NATIONAL LEVEL (MOH/CBOH/TACAID . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
426	Do you receive or compile reports on client diagnoses for inpatient admissions/discharges and/or outpatient visits? IF YES, ASK TO SEE A REPORT. RECORD THE NUMBER OF PATIENTS WITH THE FOLLOWING DIAGNOSES- USE EITHER THE COMPILED REPORT, THE COMPUTER SYSTEM, OR CLINIC/UNIT RECORDS SUBMITTED TO THE HMIS, WHICHEVER TYPE OF REPORT INCLUDES THE DIAGNOSES REQUESTED BELOW.	INFORMATION AVAILABLE, DATA NOT YET RECORDED . . . . . 1 INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE . . . . . 2 INFORMATION REPORTED AVAILABLE, BUT NOT SEEN . . . . . 3 INFORMATION NOT AVAILABLE 4	→ END → END → END
427	INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.	OUTPATIENT CLIENTS ONLY 1 INPATIENT CLIENTS ONLY 2 BOTH OUTPATIENT AND INPATIENT 3	
428	RECORD THE NUMBER OF CLIENTS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.		
		NUMBER (A) OUTPATIENT VISITS (B) INPATIENT ADMISSIONS/DISCHARGES	
	1 ORAL CANDIDIASIS/MOUTH SORES		
	2 CRYPTOCOCCAL MENINGITIS		
	3 TOXOPLASMOSIS		
	4 KAPOSI'S SARCOMA		
	5 AIDS-RELATED COMPLEX (ARC)		
	6 HERPES ZOSTER/SIMPLEX		
	7 PCP (PNEUMOCYSTIS CARINII PNEUMONIA)		
	8 IMMUNOSUPPRESSION/ HIV/AIDS OR RVD		
	9 WASTING SYNDROME . . . . . FAILURE TO THRIVE (FTT)		
	10 CHRONIC DIARRHEA . . . . . (MUST SPECIFY CHRONIC)		
	11 TUBERCULOSIS		
	12 OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY		
	13 OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)		
429	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
430	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/ DISCHARGES FOR ALL HIV AND NON-HIV DIAGNOSES, FOR THE TIME PERIOD INDICATED IN Q.428	TOTAL OPD VISITS TOTAL IPD ADMISSIONS	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION E: LABORATORY AND OTHER DIAGNOSTICS

Facility Number: ☐☐☐ QRE TYPE **E**

Interviewer: Code ☐☐ **CLINIC/UNIT CODE** ☐☐ Line # 1 9 Unit # ☐☐ Parent Line #

500	INDICATE SETTING FOR LAB	LAB IN FACILITY . . . . . 1 AFFILIATED EXTERNAL LAB . . . . . 2 AREA LOCKED/NO ACCESS . . . . . 3 FACILITY HAS NO LAB 4	→ STOP
501	Does this lab provide services for both outpatients and inpatients, or does it provide services for outpatients only, or inpatients only?	OUTPATIENT ONLY . 1 INPATIENT ONLY . . . . . 2 BOTH OUT- AND INPATIENTS 3	
502	**MANAGING AUTHORITY** GOVERNMENT-PUBLIC . . . . . 1 GOVERNMENT-NOT PUBLIC (MILITARY, ETC) . . . . . 2 PARASTATAL . . . . . 3 FAITH BASED ORGANIZATION . . . . . 4 PRIVATE . . . . . 5 OTHER _____ 6 (SPECIFY)		
503	CHECK QUESTION Q500. IS THE RESPONSE '3', NO ACCESS?	YES . . . . . 1 NO 2	→ STOP
504	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT (Q529) 1 / 2	

START DATA COLLECTION IN THE MAIN LABORATORY.
FOR EACH OF THE LABORATORY PROCEDURES OF INTEREST, GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE TEST/INFORMATION IS LOCATED. IF A TEST/INFORMATION IS NOT IN THAT LOCATION, ASK IF IT IS ANYWHERE ELSE IN THE FACILITY, AND GO THERE TO COMPLETE THE QUESTIONNAIRE. COMPLETE ONE DIFFERENT QUESTIONNAIRE FOR SERVICES AVAILABLE ONLY TO INPATIENTS, ONE FOR SERVICES ONLY AVAILABLE TO OUTPATIENTS, AND ONE FOR SERVICES AVAILABLE TO BOTH OUTPATIENTS AND INPATIENTS.

IF THE PROVIDER IS DIFFERENT FROM ANY OF THE PREVIOUS RESPONDENTS, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE IS WILLING TO ANSWER A FEW QUESTIONS ABOUT LABORATORY SERVICES. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1' (YES) IN Q505 BELOW AND GO ON TO Q506.

Hello. My name is _____. We are here on behalf of the Ministry of Health, and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various laboratory services and will ask to see laboratory registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

505	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
506	How many days in a week is the lab open to serve clients?	NUMBER OF DAYS OPEN	
507	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
508	First I would like to know about guidelines and protocols that are available in this laboratory area.		
	For each topic I mention, please tell me if you have any protocols and guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines please?	(a) OBSERVED, COM-PLETE / INCOM-PLETE; REPORTED AVAIL. NOT SEEN / NOT AVAIL. — (b) DATE ON OBSERVED MANUAL YEAR	
01	Laboratory Safety Protocols	1 → b 2 → b 3 → 02 4 → 02	
02	National Infection Prevention and control guidelines for health care services in Tanzania, MOH	1 → b 2 → b 3 → 03 4 → 03	
03	Other guidelines for blood safety	1 → b 2 → b 3 → 04 4 → 04	
04	Other universal /standard precautions for healthcare workers	1 → b 2 → b 3 → 05 4 → 05	
05	Other infection prevention guidelines	1 → b 2 → b 3 → 06 4 → 06	
06	Guidelines for post-exposure (HIV/AIDS) prophylaxis for healthcare workers	1 → b 2 → b 3 → 07 4 → 07	
07	Manual for laboratory technicians for TB screening	1 → b 2 → b 3 → 08 4 → 08	
08	Any standard operating procedures (SOPs)	1 → b 2 → b 3 → 509 4 → 509	
	HIV TESTING		
509	Does this laboratory conduct any tests for HIV? IF YES, CIRCLE ALL THAT APPLY	FOR CLIENT HIV STATUS . . . . . A BLOOD SCREENING FOR TRANSFUSION . . . . . B MANDATORY (FOR EMPLOYMENT/ VISA/WORK PERMIT . . . . . C NO . . . . . Y	→ 524

NO.	QUESTIONS	CODING CATEGORIES	GO TO
510	Are there any guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please.	(a) OBSERVED, COM-PLETE / INCOM-PLETE; REPORTED AVAIL. NOT SEEN; NOT AVAIL. — (b) DATE ON OBSERVED MANUAL YEAR	
01	National standard guidelines for health laboratory services	1 → b; 2 → b; 3 → 02; 4 → 02	
02	N a tional guidelines on Voluntary Counseling and Testing	1 → b; 2 → b; 3 → 03; 4 → 03	
03	Other protocols/guidelines for HIV testing procedures (who to test, which test to use)	1 → b; 2 → b; 3 → 04; 4 → 04	
04	Any written guidelines on how to conduct HIV test (may be manufacturers instructions)	1 → b; 2 → b; 3 → 05; 4 → 05	
05	Written guidelines on confidentiality and disclosure of HIV test results	1 → b; 2 → b; 3 → 06; 4 → 06	
06	Other guidelines relevant to HIV/AIDS or related services _____ (SPECIFY)	1 → b; 2 → b; 3 → 511; 4 → 511	

511	Now I would like to see the equipment and the reagents necessary to conduct various tests.								
	For each of the following tests or equipment, I would like to know if it is used, if it is functioning today, and, if relevant, if all items to conduct the test are available today.	(a) TEST CONDUCTED		(b) ARE ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ELISA scanner/reader and all items for test	1 → b	2 → 02	1 → c	2 → c	3 → 02	1	2	8
02	CD4 Count machine, and all items for test	1 → b	2 → 03	1 → c	2 → c	3 → 03	1	2	8
03	Dynabeads with vortex mixer	1 → b	2 → 04	1 → c	2 → c	3 → 04	1	2	8
04	Rapid test for HIV	1 → b	2 → 05	1	2	3 → 05			
05	All items for Western Blot test	1 → b	2 → 06	1	2	3 → 06			
06	All items for PCR for viral load	1 → b	2 → 07	1	2	3 → 07			
07	Other HIV test _____ (SPECIFY)	1 → b	2 → 512	1	2	3 → 512			

512	Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.	YES . . . . . 1 NO 2	→ 514

NO.	QUESTIONS	CODING CATEGORIES	GO TO
513	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	(A) RECORD AVAILABLE AND OBSERVED: YES / REPORTED, NOT SEEN / NO RECORD; (B) NUMBERS FROM OBSERVED RECORDS: NUMBER OF CLIENTS / MONTHS OF DATA	
01	TOTAL CLIENTS RECEIVING HIV TEST	1→b; 2→02; 3→02	
02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1→b; 2→03; 3→03	
03	TOTAL CLIENTS OR PROVIDERS WHO WERE PROVIDED TEST RESULTS	1→b; 2→04; 3→04	
04	TOTAL CLIENTS WITH POSITIVE TESTS WHERE RESULTS WERE PROVIDED	1→b; 2→514; 3→514	
514	Is there an established system for **external** quality control for the HIV tests conducted by this laboratory? IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	YES, PROFICIENCY PANEL . . . . . A YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE . B SEND BLOOD FOR RETESTING . C NOT ROUTINE, BUT SOMETIMES . D NO EXTERNAL QUALITY CONTROL Y	A→517 B→517 D→517 Y→520
515	CHECK PREVIOUS QUESTION. IS C CIRCLED? IF YES ASK: How do you determine when to send a blood sample for retesting?	YES, SEND EVERY FIXED NUMBER OF TESTS . . . . . 1 YES, SEND PERCENT OF TESTS . 2 YES, BUT NO FIXED NUMBER . 3 DO NOT SEND BLOOD ELSEWHERE 4	3→517 4→520
516	Please tell me how you decide when to send a blood sample for retesting.	RECORD CORRECT NUMBER FOR 1 OR 2 IN Q515	
517	Is there a record of the results from the external quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	2→520 3→520
518	What is the most recent date for an external quality check test result or error rate?	WITHIN PAST ONE MONTH . . . . . 1 WITHIN PAST 2-6 MONTHS . . . . . 2 MORE THAN 6 MONTHS 3	
519	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE . . . . . DON'T KNOW 98	
520	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	INTERNAL QUALITY CONTROL . . . . 1 OTHER _____ (DESCRIBE) 2 NO 3	3→522
521	Is there a record of the results from the internal/ other quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES				GO TO
522	Are there any fees assessed for any services or items related to HIV/AIDS tests?	YES . . . . . 1 NO 2				→ 524
523	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	YES	(a) FEE NO	NA	(b) AMOUNT IN TSHS.	
01	FEE FOR RAPID TEST	1 → b	2 → 02	3 → 02		
02	FEE FOR ELISA TEST	1 → b	2 → 03	3 → 03		
03	FEE FOR CD4 TEST	1 → b	2 → 04	3 → 04		
04	FEE FOR COMPLETE BLOOD COUNT	1 → b	2 → 524	3 → 524		
524	Do you send blood outside the facility for HIV diagnostic testing?	YES . . . . . 1 NO 2				→529
525	For which HIV test do you send blood outside?	ELISA . . . . . A WESTERN BLOT . . . . . B PCR . . . . . C OTHER _____ X SPECIFY				
526	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3				→528
527	Does the register indicate if the client or the provider has received the results?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3				
528	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER/CLINIC/UNIT AND THEY TELL CLIENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8				
529	Is any pre or post HIV test counseling ever provided to clients in the laboratory area?	YES . . . . . 1 NO 2				Q:VCT
530	Do you send blood outside the facility for CD4 count, total lymphocyte count or viral load testing?	YES . . . . . 1 NO 2				→533
531	Do you have a record with results of the tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3				
532	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
533	Does this laboratory or unit regularly compile reports of newly diagnosed HIV/AIDS cases?	YES . . . . . 1 NO 2	→538
534	How frequently are the compiled reports submitted to someone outside of this clinic/unit laboratory?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→536
535	To whom are the reports sent? CIRCLE ALL THAT APPLY	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . B DISTRICT LEVEL (MOH/CBOH/TACAII. C REGIONAL LEVEL (MOH/CBOH/TACAID D NATIONAL LEVEL (MOH/CBOH/TACAIDS E DONOR AGENCY F MAIN FACILITY LABORATORY G OTHER _____ X (SPECIFY)	
536	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER OF CASES.	NEW HIV/AIDS CASES [ ][ ][ ][ ][ ] REPORT NOT SEEN 99996	→538
537	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
538	Do you record results by the clinic/unit ordering the HIV test or test results? IF YES, ASK TO SEE THE REGISTER AND INDICATE FROM WHICH CLINICS/UNITS RESULTS FOR TESTS ARE RECORDED.	YES . . . . . 1 NO 2	→540

539	HIV RESULTS ARE RECORDED SEPARATELY FOR:	YES	NO	NOT APPLICABLE
01	VCT	1	2	3
02	PMTCT/VCT	1	2	3
03	Surveillance	1	2	3
04	Blood bank or blood for transfusion	1	2	3
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3
06	In-patient units, either by separate units or as total inpatient units	1	2	3
07	By sero-status, irrespective of source	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
540	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 541	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
541	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
542	Is blood for HIV/AIDS testing drawn in the laboratory or an adjacent area? IF YES, INDICATE IF THIS IS THE SAME AREA ASSESSED IN Q540.	YES, SAME AREA . . . . . 1 DIFFERENT AREA . . . . . 2 NO BLOOD DRAWN 3			→544 →544

NO.	QUESTIONS	CODING CATEGORIES			GO TO
543	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	PRIVATE ROOM (VISUAL AND AUDITORY PRIVACY)	1 → 544	2	3	
11	AUDITORY PRIVACY	1	2	3	
12	VISUAL PRIVACY	1	2	3	
544	Is there a functioning autoclave in this laboratory or an immediately adjacent area?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO 4			
545	Do you decontaminate hazardous waste prior to disposal? IF YES, ASK WHAT PROCEDURE IS USED FOR DECONTAMINATION.	AUTOCLAVE . . . . . A DECONTAMINATE IN CHLORINE-BASE SOLUTION . . . . . B OTHER _____ (SPECIFY) . X NO . . . . . Y			
546	What is the final procedure for disposing of hazardous laboratory waste?	BURNED IN INCINERATOR . . . . . 02 BURNED AND BURIED . . . . . 03 BURNED AND REMOVED TO OFFSITE DUMP . . . . . 04 BURNED AND NOT BURIED . . . . . 05 BURIED, NOT BURNED . . . . . 06 THROWN IN TRASH/OPEN PIT . . . . 07 THROWN IN PIT LATRINE . . . . . 08 REMOVED OFFSITE . . . . . 09 OTHER _____ (SPECIFY) 96			

NO.	QUESTIONS	CODING CATEGORIES								GO TO
547	Now I would like to see specific equipment necessary for other tests Is the following equipment available, and is it functioning today?	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01	ANY HEMATOLOGY TESTS	1	2 → 548							
02	Hemotology analyzer/Coulter (for total lymphocyte count, full blood count, platelet count,)	1 → b	2 → 03	1 → c	2 → c	3 → 03	1 → 548	2	8	
03	Hemoglobinometer/hemacue	1 → b	2 → 04	1 → c	2 → c	3 → 04	1	2	8	
04	Colorimeter or spectroscope	1 → b	2 → 06	1 → c	2 → c	3 → 06	1	2	8	
05	Drabkin's solution (for colorimeter)			1	2	3				
06	Centrifuge for hematocrit	1 → b	2 → 08	1 → c	2 → c	3 → 08	1	2	8	
07	Capillary tubes for hematocrit			1	2	3				
08	Litmus paper for hemoglobin test (with valid expiration date)	1 → b	2 → 09	1	2	3				
09	Other anemia test_____ (SPECIFY)	1 → b	2 → 548	1	2	3				
548 01	SYPHILIS TESTS	1	2 → 549							
02	VDRL	1 → b	2 → 04	1	2	3				
03	Rotator or shaker			1 → c	2 → c	3 → 04	1	2	8	
04	Rapid plasma reagin test (RPR)	1 → b	2 → 549	1	2	3				

BLOOD TRANSFUSION AND SCREENING

549	Does this facility ever conduct blood typing? IF YES, ASK TO SEE THE REAGENTS BELOW.	YES . . . . . 1 NO 2			→ 551
550		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	Anti-A Reagent (valid expiration date)	1	2	3	
02	Anti-B Reagent (valid expiration date)	1	2	3	
03	Anti-AB Reagent (valid expiration date)	1	2	3	
551	Is blood ever transfused in this facility?	YES . . . . . 1 NO 2			→ 556
552	Does any place in this facility do blood screening for infectious diseases prior to transfusion?	YES . . . . . 1 BLOOD SCREENED OUTSIDE FACILITY . . . . . 2 NO SCREENING TESTS DONE 3			→ 556

NO.	QUESTIONS	CODING CATEGORIES				GO TO
553	Is blood that is transfused in this facility screened for any of the following diseases? IF YES, ASK, Is the blood screened for this disease always, most of the time, rarely, or never?	ALWAYS	MOST OF THE TIME	RARELY	NEVER	
01	Syphilis	1	2	3	4	
02	Hepatitis B	1	2	3	4	
03	Hepatitis C	1	2	3	4	
04	HIV	1	2	3	4	
554	Do you ever send blood outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2				→556
555	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST YES	NO	(b) RECORD OF TEST RESULTS OBSERVED YES	NO	
01	Syphilis	1 → b	2	1	2	
02	Hepatitis B	1 → b	2	1	2	
03	Hepatitis C	1 → b	2	1	2	
04	HIV	1 → b	2	1	2	
556	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2				→559
557	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED		REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03		2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1		2	3	
03	HAND-WASHING SOAP	1		2	3	
04	SINGLE-USE HAND DRYING TOWELS	1		2	3	
05	SHARPS CONTAINER	1		2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08		2	3	
07	DISPOSABLE NON-LATEX GLOVES	1		2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 558		2	3	
09	DISINFECTANT (NOT YET MIXED)	1		2	3	
558	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	BIOCHEMISTRY		

		(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
559	Are items for the indicated tests available today? Is the equipment functioning?	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Blood chemistry analyzer that provides serum creatinine, glucose, liver function tests)	1→b	2 → 02	1→ c	2 → c	3 → 02	1→ 560	2	8
02	Other means for serum glucose	1→b	2 → 560	1→ c	2 → c	3 → 560	1	2	8
560 01	URINE TESTS	1	2 → 561						
02	Any dip sticks for urine protein (with valid expiration date)	1→b	2 → 03	1	2	3			
03	Any dip sticks for urine glucose (with valid expiration date)	1→b	2 → 04	1	2	3			
04	Acetic acid for checking urine albumin	1→b	2 → 06	1	2	3			
05	Flame for heating acetic acid			1→ c	2 → c	3 → 06	1	2	8
06	Benedict's solution (for glucose testing)	1→b	2 → 08	1	2	3			
07	Stove for boiling Benedict's solution			1→ c	2 → c	3 → 08	1	2	8
08	Centrifuge for urine testing	1→b	2 → 561	1→ c	2 → c	3 → 561	1	2	8
561	Pregnancy test	1→b	2 → 562	1	2	3			

562	Do you ever send blood or urine outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2	→564

		(a) SEND BLOOD OUTSIDE FOR TEST		(b) RECORD OF TEST RESULTS OBSERVED	
563	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	YES	NO	YES	NO
01	Blood chemistries (serum creatinine and glucose)	1 → b	2	1	2
02	Liver Function Test (LFT)	1 → b	2	1	2
03	Urinalysis	1 → b	2	1	2
04	Pregnancy test	1 → b	2	1	2

564	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2	→567

NO.	QUESTIONS	CODING CATEGORIES			GO TO
565	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 04	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 566	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
566	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			

MICROBIOLOGY

		(a) EQUIPMENT/ TEST USED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
567	Now I want to ask you about different laboratory equipment and tests. For each item I mention, please tell me if the item/test is available, if all items to conduct the test are present, and if equipment is functioning today,	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Microscope	1→b	2 → 02	1 → c	2 → c	3 → 02	1	2	8
02	Refrigerator	1→b	2 → 03	1 → c	2 → c	3 → 03	1	2	8
03	Incubator	1→b	2 → 04	1 → c	2 → c	3 → 04	1	2	8
04	Test tubes	1→b	2 → 05	1	2	3			
05	Glass slides and covers	1→b	2 → 568	1	2	3			
568		1	2 → 569						
01	MALARIA TESTS								
02	Giemsa stain	1→b	2 → 03	1	2	3			
03	Field stain	1→b	2 → 04	1	2	3			
04	Rapid test (test strips, ICT, paracheck, etc)	1→b	2 → 05	1	2	3			
05	Acridine Orange (AO microscope, and acridine orange stain)	1→b	2 → 06	1	2	3			
06	Other test for malaria_____ (SPECIFY)	1→b	2 → 569	1	2	3			

NO.	QUESTIONS	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			GO TO
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW	
569	Indian ink stain	1→b	2 570	1	2	3				
570 01	GONORRHEA TESTS	1	2 571							
02	Chocolate agar (culture medium)	1→b	2 571	1	2	3				
571 01	GRAM STAIN	1	2 572							
02	Crystal violet			1	2	3				
03	Lugol's iodine			1	2	3				
04	Acetone			1	2	3				
05	Neutral red, carbol fuchsin, or other counterstain			1	2	3				
572 01	CHLAMYDIA TEST	1	2 573							
02	Giemsa stain	1→b	2 03	1	2	3				
03	Other test for chlamydia_____ (SPECIFY)	1	2 573	1	2	3				
573 HIV	Urine microscopy	1→b	2 574	1	2	3				
574 01	TUBERCULOSIS TEST	1	2 575							
02	AFB or Ziehl-Neelson test, with stain, such as methyl blue, present	1→b	2 03	1	2	3				
03	New rapid test for TB	1→b	2 04	1	2	3				
04	Agar plates for culture	1→b	2 05	1	2	3				
05	All items for other tests for TB _____ (SPECIFY)	1→b	2 575	1	2	3				
575	Does this facility ever send sputum outside the facility for testing?	YES . . . . . 1 NO 2								
576	Does this laboratory have a record of TB test results? IF YES: May I please see the register?			YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3						 →578 →578
577	When was the last entry in the register for TB test results?			WITHIN 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO 2						
578	Do you ever send blood outside for any of the previously mentioned tests?			YES . . . . . 1 NO 2						 →580

NO.	QUESTIONS	CODING CATEGORIES		GO TO
579	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST YES NO	(b) RECORD OF TEST RESULTS OBSERVED YES NO	
01	Gram stain	1 → b 2	1 2	
02	Indian ink stain	1 → b 2	1 2	
03	Malaria	1 → b 2	1 2	
04	Specimen for culture	1 → b 2	1 2	
580	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2		→583

581	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER	1 →03	2	3
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3
03	HAND-WASHING SOAP	1	2	3
04	SINGLE-USE HAND DRYING TOWELS	1	2	3
05	SHARPS CONTAINER	1	2	3
06	DISPOSABLE LATEX GLOVES	1 →08	2	3
07	DISPOSABLE NON-LATEX GLOVES	1	2	3
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 →582	2	3
09	DISINFECTANT (NOT YET MIXED)	1	2	3

582	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
583	Does this facility have a pathology department or other location where PAP smears or histology exams are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES . . . . . 1 NO 2	→585

584	Do you have all items today, for performing.	ARE ALL ITEMS FOR TEST AVAILABLE?				
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW
		OBSERVED	REPORTED, NOT SEEN			
01	PAP smears?	1	2	3	4	8
02	Histology?	1	2	3	4	8

NO.	QUESTIONS	CODING CATEGORIES						GO TO
585	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES . . . . . 1 NO 2						→**END**
586	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	(b) **EQUIPMENT/ITEMS AVAILABLE?**			(c) **ITEM IN WORKING ORDER?**			
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW	
01	X-RAY MACHINE	1 → c	2 → c	3 → 02	1	2	8	
02	FILM FOR X-RAYS	1	2	3				
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE							

SECTION F: MEDICATION AND SUPPLIES

Facility Number: ☐☐☐ **Interviewer Code** ☐☐ QRE TYPE **F**

CLINIC/UNIT CODE ☐☐ 2 0 ☐☐ (Line # Unit # Parent Line #)

600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT . . . . . 3 AREA LOCKED/NO ACCESS . . 4 NO MEDICINES STORED IN FACILITY 5	→STOP
601	MANAGING AUTHORITY GOVERNMENT-PUBLIC . . . . . 1 GOVERNMENT-NOT PUBLIC (MILITARY, ETC.) . . . . . 2 PARASTATAL . . . . . 3 FAITH BASED ORGANIZATION . . . . . 4 PRIVATE . . . . . 5 OTHER _____ 6 (SPECIFY)		
602	CHECK QUESTION Q600. IS THE RESPONSE 4', NO ACCESS?	YES . . . . . 1 NO 2	→STOP
603	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT Q605 (A) 1 / 2 ART (Q605 (B) 1 / 2	

FIND THE PERSON IN CHARGE OF MEDICINES. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT PHARMACEUTICAL PROCEDURES.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.
IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q604 BELOW AND GO ON TO Q605.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE PHARMACEUTICALS WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:
Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various medicines and pharmaceutical practices for this facility. We will ask to see various reports and records for pharmaceuticals. No patient names from registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports t unit will only present information in aggregate form so that your facility can not be identified.
We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.
You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ Interviewer's signature _____ Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

604	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
605 HIV	Is counseling related to HIV/AIDS ever provided by staff from this medicine storage area? By counseling, I mean providing information and support other than telling clients how to take the medicines you provide.	YES, GENERAL COUNSELING RELATED TO HIV/AIDS . . . . . A YES, ADHERENCE COUNSELING FOR ART . . . . . B NO COUNSELING . . . . . Y	QRE:VCT QRE:ART
606	Is there a register or stock cards where the amount of each medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→608
607	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	STOCK RECORDS UPDATED DAY ITEM DISBURSED . . . . . 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT REGISTER OF DISTRIBUTED ITEMS OBSERVED . . . 2 OTHER _____ 6 (SPECIFY)	

ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN A DIFFERENT PART OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS.

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
608	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q615) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Acetaminophen/ paracetamol (oral)		2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Acetylsalicylic acid/ aspirin (oral)		2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Acyclovir (ophthalmic)		2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Acyclovir (oral)		2 → b	3 05	4 05	5 05	6 05	1	2	8
05	Albendazole (oral)		2 → b	3 06	4 06	5 06	6 06	1	2	8
* 06	Amoxicillin (amoxil)	1 → b	2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Amoxicillin/clavulanate (Augmentin) (oral)		2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Amoxicillin (inj)	1 → b	2 → b	3 09	4 09	5 09	6 09	1	2	8
* 09	Ampicillin (inj)	1 → b	2 → b	3 10	4 10	5 10	6 10	1	2	8
10	Ampicillin (oral)	1 → b	2 → b	3 11	4 11	5 11	6 11	1	2	8
11	Amphotericin B (inj)		2 → b	3 12	4 12	5 12	6 12	1	2	8
12	Bleomycin (Inj)		2 → b	3 13	4 13	5 13	6 13	1	2	8
13	Cefalexin (oral)		2 → b	3 14	4 14	5 14	6 14	1	2	8
14	Cefotaxime (Inj)		2 → b	3 15	4 15	5 15	6 15	1	2	8
15	Ceftriaxone (Rocephin)(inj)	1 → b	2 → b	3 16	4 16	5 16	6 16	1	2	8
* 16	Chloramphenicol (oral)	1 → b	2 → b	3 17	4 17	5 17	6 17	1	2	8
17	Chloramphenicol (inj)	1 → b	2 → b	3 18	4 18	5 18	6 18	1	2	8
18	Cidofovir		2 → b	3 19	4 19	5 19	6 19	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q615) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
19	Cidovar	1 → b	2 → b	3 → 20	4 → 20	5 → 20	6 → 20	1	2	8
* 20	Ciprofloxacin (oral)		2 → b	3 → 21	4 → 21	5 → 21	6 → 21	1	2	8
21	Clarithromycin (Biaxin) (oral)		2 → b	3 → 22	4 → 22	5 → 22	6 → 22	1	2	8
22	Clindamycin (oral or inj)		2 → b	3 → 23	4 → 23	5 → 23	6 → 23	1	2	8
23	Clotrimazole (topical)		2 → b	3 → 24	4 → 24	5 → 24	6 → 24	1	2	8
24	Clotrimazole (vaginal supp)		2 → b	3 → 25	4 → 25	5 → 25	6 → 25	1	2	8
25	Codein (oral)		2 → b	3 → 26	4 → 26	5 → 26	6 → 26	1	2	8
* 26	Co-trimoxazole (oral)		2 → b	3 → 27	4 → 27	5 → 27	6 → 27	1	2	8
27	Cloxacillin (oral)		2 → b	3 → 28	4 → 28	5 → 28	6 → 28	1	2	8
28	Cloxacillin (inj)		2 → b	3 → 28	4 → 28	5 → 28	6 → 28	1	2	8
29	Dapsone (oral)		2 → b	3 → 30	4 → 30	5 → 30	6 → 30	1	2	8
30	Dexamethasone (oral)		2 → b	3 → 31	4 → 31	5 → 31	6 → 31	1	2	8
31	Dexamethasone (inj)		2 → b	3 → 32	4 → 32	5 → 32	6 → 32	1	2	8
32	Diazepam (oral)		2 → b	3 → 33	4 → 33	5 → 33	6 → 33	1	2	8
33	Diazepam (inj) (Valium)		2 → b	3 → 34	4 → 34	5 → 34	6 → 34	1	2	8
34	Diclofenac (oral or inj)		2 → b	3 → 35	4 → 35	5 → 35	6 → 35	1	2	8
35	Dipyrone (inj) (Novalgin)		2 → b	3 → 36	4 → 36	5 → 36	6 → 36	1	2	8
36	Diphenoxylate (lomotil) (oral)		2 → b	3 → 37	4 → 37	5 → 37	6 → 37	1	2	8
* 37	Doxycycline (oral)	1 → b	2 → b	3 → 38	4 → 38	5 → 38	6 → 38	1	2	8
38 MCH	Ergometrine or methergine Oral)		2 → b	3 → 39	4 → 39	5 → 39	6 → 39	1	2	8
39 MCH	Syntocin or oxytocin (inj)		2 → b	3 → 40	4 → 40	5 → 40	6 → 40	1	2	8
* 40	Erythromycin (oral)	1 → b	2 → b	3 → 41	4 → 41	5 → 41	6 → 41	1	2	8
41	Famciclovir		2 → b	3 → 42	4 → 42	5 → 42	6 → 42	1	2	8
42	Fluconazole (oral or inj)		2 → b	3 → 43	4 → 43	5 → 43	6 → 43	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q615) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
43	Folic Acid (oral)		2 → b	3 44	4 44	5 44	6 44	1	2	8
44	Ganciclovir (oral or inj)		2 → b	3 45	4 45	5 45	6 45	1	2	8
* 45	Gentamicin (inj)		2 → b	3 46	4 46	5 46	6 46	1	2	8
46	Gentian Violet (GV paint)		2 → b	3 47	4 47	5 47	6 47	1	2	8
47	Ibuprofen (oral)		2 → b	3 48	4 48	5 48	6 48	1	2	8
48	Indomethacin (suppository)		2 → b	3 49	4 49	5 49	6 49	1	2	8
49	Iron tablets (oral)		2 → b	3 50	4 50	5 50	6 50	1	2	8
50	Iron tablets with folic		2 → b	3 51	4 51	5 51	6 51	1	2	8
51	Itraconazole (oral)		2 → b	3 52	4 52	5 52	6 52	1	2	8
52	Kanamycin (inj)	1 → b	2 → b	3 53	4 53	5 53	6 53	1	2	8
53	Ketoconazole (oral or topical)	1 → b	2 → b	3 54	4 54	5 54	6 54	1	2	8
54	Loperamide (immodium) (oral)	1 → b	2 → b	3 55	4 55	5 55	6 55	1	2	8
55	Magnesium sulfate (inj)		2 → b	3 56	4 56	5 56	6 56	1	2	8
56	Mebendazole (oral)		2 → b	3 57	4 57	5 57	6 57	1	2	8
57	Methyldopa (aldomet) (oral)		2 → b	3 58	4 58	5 58	6 58	1	2	8
58	Metronidazole intravenous		2 → b	3 59	4 59	5 59	6 59	1	2	8
* 59	Metronidazole (oral)		2 → b	3 60	4 60	5 60	6 60	1	2	8
60	Miconazole (vaginal supp)	1 → b	2 → b	3 61	4 61	5 61	6 61	1	2	8
61	Miconazole cream		2 → b	3 62	4 62	5 62	6 62	1	2	8
62	Morphine (oral)		2 → b	3 63	4 63	5 63	6 63	1	2	8
63	Multivitamins (oral)		2 → b	3 64	4 64	5 64	6 64	1	2	8
* 64	Nalidixic acid (oral)		2 → b	3 65	4 65	5 65	6 65	1	2	8
65	Nitrofurantoin (oral)		2 → b	3 66	4 66	5 66	6 66	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q615) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
66	Nitrofurazone (ointment)		2 → b	3 67	4 67	5 67	6 67	1	2	8
67	Norfloxacin (oral)	1 → b	2 → b	3 68	4 68	5 68	6 68	1	2	8
68	Nystatin (oral)	1 → b	2 → b	3 69	4 69	5 69	6 69	1	2	8
69	Nystatin (vaginal supp.)	1 → b	2 → b	3 70	4 70	5 70	6 70	1	2	8
70	Oral rehydration salts	1 → b	2 → b	3 71	4 71	5 71	6 71	1	2	8
* 71	Penicillin, Benzathine (inj)		2 → b	3 72	4 72	5 72	6 72	1	2	8
72	Penicillin Benzyl (inj)	1 → b	2→ b	3 73	4 73	5 73	6 73	1	2	8
* 73	Penicillin, procaine (inj)	1 → b	2 → b	3 74	4 74	5 74	6 74	1	2	8
74	Penicillin-V (oral)	1 → b	2 → b	3 75	4 75	5 75	6 75	1	2	8
75	Phenobarbital (oral or inj)	1 → b	2 → b	3 76	4 76	5 76	6 76	1	2	8
76	Prednisolone (or other steroid) (oral)		2 → b	3 77	4 77	5 77	6 77	1	2	8
77	Silver nitrate eye drop		2 → b	3 78	4 78	5 78	6 78	1	2	8
78	Spectinomycin, inj		2 → b	3 79	4 79	5 79	6 79	1	2	8
79	Sulfadiazine (oral)	1→ b	2→ b	3 80	4 80	5 80	6 80	1	2	8
80	Tetracycline (oral)		2 → b	3 81	4 81	5 81	6 81	1	2	8
81	Tetracycline eye ointment		2 → b	3 82	4 82	5 82	6 82	1	2	8
82	Tinidazole (oral)		2→ b	3 83	4 83	5 83	6 83	1	2	8
83	Valganciclovir		2 → b	3 84	4 84	5 84	6 84	1	2	8
84	Vincristine (inj)		2 → b	3 85	4 85	5 85	6 85	1	2	8
85	Vitamin A (25,000 or 50,000 iu)		2→ b	3 86	4 86	5 86	6 86	1	2	8
86	Vitamin A (10,000iu)		2 → b	3 87	4 87	5 87	6 87	1	2	8
87	Vitamin B6 (pyridoxine) (oral)		2 → b	3 88	4 88	5 88	6 88	1	2	8
88	Other B vitamins (oral)		2 → b	3 89	4 89	5 89	6 89	1	2	8
89	Xylocaine or lidocaine 1% or 2% (inj)		2 → b	3 90	4 90	5 90	6 90	1	2	8
90	Vitamin K (inj)		2 → b	3 609	4 609	5 609	6 609	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
609	**ANTIMALARIALS**	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
		ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	YES	NO	DK
01	Artemisinin (oral) (Cotexin,Arinate, Artesunate)	1 → b	2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Artemether-Lumefantrin (COARTEM)	1 → b	2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Sulfadoxin+Pyrimethamine Fansidar,Metakelfin,Oradar)	1 → b	2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Quinine (oral)	1 → b	2 → b	3 05	4 05	5 05	6 05	1	2	8
05	Quinine (inj)	1 → b	2 → b	3 06	4 06	5 06	6 06	1	2	8
06	Chloroquine (oral)	1 → b	2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Chloroquine (inj)	1 → b	2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Amodiaquine (oral)	1 → b	2 → b	3 09	4 09	5 09	6 09	1	2	8
09	Other _____ (SPECIFY)	1 → b	2 → b	3 610	4 610	5 610	6 610	1	2	8
610	**TUBERCULOSIS**									
01	Ethambutol (oral)		2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Isoniazid (oral)		2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Pyrazinamide (oral)		2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Rifampin (oral)		2 → b	3 05	4 05	5 05	6 05	1	2	8
05	Streptomycin (inj)		2 → b	3 06	4 06	5 06	6 06	1	2	8
06	Isoniazid + rifampin (Rifina) (oral)		2 → b	3 610	4 610	5 610	6 610	1	2	8
07	Isoniazid+rifampin+ pyrazinamide (RHZ, Rifater)		2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Isoniazid + ethambutol (EH)		2 → b	3 09	4 09	5 09	6 09	1	2	8
09	4FDC (combination INH, Ethambutol, pyrazinamide, rifampin)		2 → b	3 10	4 10	5 10	6 10	1	2	8
10	Other _____ (SPECIFY)		2 → b	3 611	4 611	5 611	6 611	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
611	**INTRAVENOUS SOLUTION**	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT (Q615) FOR ALL ITEMS WHERE * IS BESIDE ITEM NUMBER	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Normal Saline (0.9%NS)		2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Dextrose and Normal Saline (D5NS)		2 → b	3 03	4 03	5 03	6 03	1	2	8
* 03	Ringers Lactate	1 → b	2 → b	3 04	4 04	5 04	6 04	1	2	8
* 04	Plasma Expander	1 → b	2 → b	3 612	4 612	5 612	6 612	1	2	8
612	**OTHER**									
01	Infant formula		2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Fortified protein supplement		2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Male condom		2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Female condom		2 → b	3 613	4 613	5 613	6 613	1	2	8
613	WERE ANY EXPIRED MEDICINES OBSERVED?				YES . . . . . 1 NO 2					
614	WERE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out") VERIFY WHEN CHECKING INDICATED MEDICINES FOR ALL BEING VALID				YES, VERIFIED . . . . . 1 NO . . . . . 2 DON'T KNOW 8					

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES			
615	FOR EACH OF THE FOLLOWING MEDICINES RECORD IF THE AMOUNT OF STOCK ON THE STOCK CARD OR REGISTER MATCH THE INVENTORY OBSERVED IN STORAGE OR IF THE CORRECT AMOUNT CAN RAPIDLY BE CALCULATED	STOCK AND INVENTORY MATCH YES	NO	MEDICINE NEVER AVAILABLE	
01	Amoxicillin oral	1	2	3	
02	Ampicillin injectable	1	2	3	
03	Chloranphenicol oral	1	2	3	
04	Ciprofloxacin oral	1	2	3	
05	Co-trimoxazole oral	1	2	3	
06	Doxycycline oral	1	2	3	
07	Erythromycin oral	1	2	3	
08	Gentamicin, injectable	1	2	3	
09	Metronidazole oral	1	2	3	
10	Nalidixic acid oral	1	2	3	
11	Penicillin, Benzathine, injectable	1	2	3	
12	Penicillin, procaine, injectable	1	2	3	
13	Ringers Lactate	1	2	3	
14	Plasma Expander	1	2	3	

616	FOR EACH OF THE FOLLOWING MEDICINES, INDICATE IF THERE IS AN OVERSTOCKAGE TODAY (THAT IS, IS THERE MORE THAN _____ PRESENT?)	(a) ESTIMATED NUMBER OF TABLETS/VIALS DISTRIBUTED PRIOR 6 FULL MONTHS	(b) NUMBER OF TABLETS/VIALS AVAILABLE TODAY	
01	Artemisinin (oral) (Cotexin, Arinate, Artesonate)	NONE 000000 DK 999998	NONE 000000 DK 999998	
02	Artemether-Lumefantrin (COARTEM)	NONE 000000 DK 999998	NONE 000000 DK 999998	
03	Sulfadoxin+Pyrimethamine Fansidar,Metakelfin,Oradar)	NONE 000000 DK 999998	NONE 000000 DK 999998	
04	Quinine (oral)	NONE 000000 DK 999998	NONE 000000 DK 999998	
05	Quinine (inj)	NONE 000000 DK 999998	NONE 000000 DK 999998	
06	Chloroquine (oral)	NONE 000000 DK 999998	NONE 000000 DK 999998	
07	Chloroquine (inj)	NONE 000000 DK 999998	NONE 000000 DK 999998	
08	Amodiaquine (oral)	NONE 000000 DK 999998	NONE 000000 DK 999998	
09	Acetaminophen/ paracetamol (oral)	NONE 000000 DK 999998	NONE 000000 DK 999998	
10	Other antimalarial_____ (SPECIFY)	NONE 000000 DK 999998	NONE 000000 DK 999998	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
617	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE THE MEDICINES OFF THE FLOOR AND PROTECTED FROM WATER?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
02	ARE THE MEDICINES PROTECTED FROM SUN?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
03	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
618	When was the last time that you received a routine supply of medicines?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 DON'T KNOW 8	
619	Does this facility determine the quantity of each medicine required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 DON'T KNOW 8	→ 621 → 623
620	Do you always receive a standard fixed supply or does the quantity you receive vary according to the activity level that you report?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	→ 623 → 623 → 623

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
621	Routinely, when you order medicines, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount of each medicine remaining, and order to bring the stock amount to a pre-determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each method used since the previous order, and plan based on prior utilization and expected future activity? - **Other** _____ (SPECIFY) - Don't know	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON UTILIZATION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
622	Which of the following best describes the routine system for deciding ***when*** to order medicines? Do you: - **Place** order whenever stock levels fall to a predetermined level? - **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - **Place** an order whenever there is believed to be a need, regardless of stock level? - **Other** _____ (SPECIFY) - Don't know	PREDETERMINED LEVEL . . 1 FIXED TIME . . . . . 2 EVERY ☐☐ WEEKS ORDER WHEN NEEDED . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
623	If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility? - Submit special order to normal supplier - Facility purchases from private market - Clients must purchase from outside the facility.	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . 3	
624	During the past 3 months, have you always, sometimes, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 SOMETIMES . . . . . 2 ALMOST NEVER 3	
625	Does this facility stock any antiretroviral medicines? IF YES, CLARIFY THE PURPOSE OF THE ANTIRETROVIRAL MEDICINES	YES, FOR HIV/AIDS TREATMENT 1 YES, FOR PEP ONLY 2 NO 3	→ 636
626	Is there a register or stock cards where the amount of each antiretroviral medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→628

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES
627	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	REGISTER/STOCK CARDS NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES . . 1 REGISTER/STOCK CARDS UPDATED DAILY . . . . . 2 OTHER _____ (SPECIFY) 6

628 **ASK TO SEE THE FOLLOWING ANTIRETROVIRALS. IF THESE ARE LOCATED IN A DIFFERENT PART OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS**

	ANTIRETROVIRAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY AND STOCK AGREEMENT FOR ALL RELEVANT ITEMS	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Zidovudine (ZDV,AZT)	1 →b	2 →b	3 02	4 02	5 02	6 02	1	2	8
02	Zidovudine (ZDV,AZT) syrup	1 →b	2 →b	3 03	4 03	5 03	6 03	1	2	8
03	Abacavir/ABC	1 →b	2 →b	3 04	4 04	5 04	6 04	1	2	8
04	Didanisine/ddI	1 →b	2 →b	3 05	4 05	5 05	6 05	1	2	8
05	Efavirenz(EFZ)200	1 →b	2 →b	3 06	4 06	5 06	6 06	1	2	8
06	Efavirenz(EFZ)600	1 →b	2 →b	3 07	4 07	5 07	6 07	1	2	8
07	Lamivudine/3TC	1 →b	2 →b	3 08	4 08	5 08	6 08	1	2	8
08	Lamivudine/3TC syrup	1 →b	2 →b	3 09	4 09	5 09	6 09	1	2	8
09	Nevirapine (NVP)	1 →b	2 →b	3 10	4 10	5 10	6 10	1	2	8
10	Nevirapine(NVP) syrup	1 →b	2 →b	3 11	4 11	5 11	6 11	1	2	8
11	Stavudine 40 (D4T)	1 →b	2 →b	3 12	4 12	5 12	6 12	1	2	8
12	Stavudine 30 (D4T)	1 →b	2 →b	3 13	4 13	5 13	6 13	1	2	8
13	COMBINED-3DRUGS [3TC/d4T(30)/NVP	1 →b	2 →b	3 14	4 14	5 14	6 14	1	2	8
14	COMBINED 3 DRUGS [3TC/d4T(40)/NVP]	1 →b	2 →b	3 15	4 15	5 15	6 15	1	2	8
15	COMBINED - 2 DRUGS [AZT+3TC)	1 →b	2 →b	3 16	4 16	5 16	6 16	1	2	8
16	COMBINED 2 DRUGS [ZDV+3TC]	1 →b	2 →b	3 17	4 17	5 17	6 17	1	2	8
17	COMBINED 2 DRUGS [D4T(30)+3TC	1 →b	2 →b	3 18	4 18	5 18	6 18	1	2	8
18	COMBINED 2 DRUGS [D4T(40)+3TC]	1 →b	2 →b	3 19	4 19	5 19	6 19	1	2	8
19	NRTIs (Tenofovir disoproxil fumarate [Viread])	1 →b	2 →b	3 20	4 20	5 20	6 20	1	2	8
20	Protease inhibitors (indinavir [Crixivan], nelfinavir [Viracept], ritonavir [Norvir], saquinavir [Invirase])	1 →b	2 →b	3 21	4 21	5 21	6 21	1	2	8
21	Other _____ (SPECIFY)	1 →b	2 →b	3 629	4 629	5 629	6 629	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
629	DESCRIBE THE STORAGE OF THE ANTIVIRAL MEDICINES. ARE THE ANTIVIRALS STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH NON-ARV MEDICINES . . . . . 2 OTHER _____ 6 (SPECIFY)	
630	DESCRIBE THE SECURITY FOR THE ANTIRETROVIRAL MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE . . . . . 2 UNLOCKED OR NO LIMITED ACCESS 3	
631	CHECK ALL ANTIRETROVIRAL DRUGS. IS THE AMOUNT PRESENT ON THE REGISTER/STOCK CARD THE SAME AS THAT YOU SEE IN THE INVENTORY FOR ALL AVAILABLE ANTIRETROVIRAL DRUGS OR CAN THE AMOUNTS CAN RAPIDLY BE RECONCILED?	YES . . . . . 1 NO 2	
632	Are antiretroviral medicines for PEP stored in the same area as ARVs for treatment? IF YES, ASK TO SEE THE PEP MEDICINES.	YES . . . . . 1 NO 2	→636
633	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	COMBIVIR (ZDV/3TC) . . . . . A STAVUDINE/LAMIVUDINE . . . B STAVUDINE/LAMIVUDINE +INDINAVIR . . . . . C STAVUDINE/LAMIVUDINE and EFV or NVP..... D OTHER COMBINATION _____ E (SPECIFY) OTHER ONE ARV USED ALONE _____ F (SPECIFY) NONE . . . . . Y	→636
634	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH OTHER ARVS APART FROM OTHER MEDS 2 STORED WITH NON-ARV MEDICINES . . . . . 3 OTHER _____ . . . . . 6 (SPECIFY)	
635	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS S. 2 UNLOCKED OR NO LIMITED ACCESS 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
636	Finally, I would like to see supplies that you have in stock. Please show me the following stock supply items:	a			b		
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	OUT OF STOCK IN LAST SIX MONTHS		
					YES	NO	DK
01	Disposable needles (19 or 21 guage)	1 →b	2 → 02	3 → 02	1	2	8
02	Disposable syringes (2,3, or 5 ml)	1 →b	2 → 03	3 → 03	1	2	8
03	Infusion sets for intravenous solution	1 →b	2 → 04	3 → 04	1	2	8
04	Cannulae for intravenous	1 →b	2 → 05	3 → 05	1	2	8
05	Clean non-latex, gloves	1 →b	2 → 06	3 → 06	1	2	8
06	Clean latex gloves	1 →b	2 → 07	3 → 07	1	2	8
07	Sterile latex gloves	1 →b	2 → 08	3 → 08	1	2	8
08	Spinal tap/lumbar puncture kits	1 →b	2 → 09	3 → 09	1	2	8
09	Disinfectant for cleaning surfaces (bleach or other cleaning solution such as chlorine or chlorhexidine)	1 →b	2 → 10	3 → 10	1	2	8
10	Hand-washing soap	1 →b	2 → 11	3 → 11	1	2	8
11	Insecticide treated bed net	1 →b	2 → 12	3 → 12	1	2	8
12	Voucher book for ITN	1 →b	2 → **End**	3 → **End**	1	2	8

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION G: TUBERCULOSIS DIAGNOSIS AND TREATMENT

Facility Number: ☐☐☐

QRE TYPE **G**

Interviewer Code: ☐☐

700	INDICATE THE SERVICE SETTING FOR THIS SECTION	☐☐ Line # ☐☐ Unit #

701 **MANAGING AUTHORITY**

GOVERNMENT-PUBLIC	1
GOVERNMENT-NOT PUBLIC (MILITARY, ETC)	2
PARASTATAL	3
FAITH BASED ORGANIZATION	4
PRIVATE	5
OTHER _____ (SPECIFY)	6

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT THE TB SERVICES IN THIS CLINIC/UNIT, AND IF RELEVANT, SPECIFICALLY TB SERVICES RELATED WITH HIV/AIDS SERVICES.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT TUBERCULOSIS SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q702 BELOW AND GO ON TO Q704.

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about the tuberculosis services, and services for HIV/AIDS and tuberculosis. We will ask to see various reports and records for tuberculosis services. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

702	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
704	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
705	What is the most common method used by providers in this clinic/unit for diagnosing TB?	SPUTUM SMEAR ONLY . . . . . 1 X-RAY ONLY . . . . . 2 EITHER SPUTUM OR X-RAY . . . . . 3 BOTH SPUTUM AND X-RAY . . . . . 4 CLINICAL SYMPTOMS ONLY 5 REFER TO OUTSIDE FACILITY . . . 6 NO TB DIAGNOSIS SERVICES . . . 7	→ 710 → 710 → 710 → 710 → 710
706	Does this clinic/unit have an agreement with a referral site for TB test results to be returned to the clinic/unit either directly or through the client?	YES . . . . . 1 NO 2	→ 708
707	Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3	
708	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY 4 DON'T KNOW 8	→ 710 → 710
709	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER_____ . . . . . 6 (SPECIFY) NO 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
710	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→711 (03)
711	Do you have any guidelines/protocols for diagnosis and treatment of tuberculosis? IF YES, ASK: May I see the guidelines/ protocols?	(a) OBSERVED, REPORTED AVAIL. NOT SEEN: COMPLETE; INCOMPLETE; NOT AVAIL. — (b) DATE ON OBSERVED MANUAL: YEAR	
01	Management of Tuberculosis, manual for health workers	1 →b 2 →b 3 → 02 4 → 02	
02	Manual of the national Tuberculosis and Leprosy program in Tanzania	1 →b 2 →b 3 → 03 4 → 03	
03	**Other than previously mentioned national** guidelines, are there any other protocols or guidelines for TB diagnosis and treatment available? IF YES, SPECIFY . _____	1 →b 2 →b 3 → 712 4 → 712	
712	Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past twelve months?	YES, OBSERVED . . . . . 1 NO 2	→ 715
713	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST COMPLETED 12 MONTHS.	NUMBER OF CLIENTS [ ][ ][ ][ ]	
714	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
715	Is this facility included in the national DOTS program?	YES . . . . . 1 NO 2	
716	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 6M . . . . . 1 DIRECT OBSERVE 6M . . . . . 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE . . . . . 3 DIAGNOSE AND TREAT WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP . . . 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE . . . . . 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP . . . . . 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE 7	→ 720 → 721 → 720 → 721 → **END**
717	What is the strategy for the direct observed treatment during the first two months of treatment or until the client is sputum negative? CIRCLE ALL STRATEGIES USED BY THIS FACILITY FOR THE DOT.	CLIENT HOSPITALIZED . . . . . A CLIENT COMES TO FACILITY . . . . . B OUTREACH WORKER GOES TO CLIENT . . . . . C COMMUNITY WORKER/ FAMILY OBSERVES . . . . . D OTHER _____ X (SPECIFY)	
718	Do you have a record or register that show the clients who are currently receiving DOTS? IF YES, ASK TO SEE THE REGISTER/ RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 720 → 720

NO.	QUESTIONS	CODING CATEGORIES	GO TO
719	Is the record/register up-to-date for the prior week for all clients receiving their DOTS medications?	YES . . . . . 1 NO 2	
720	Does this clinic/unit provide routine follow-up for any clients who are placed on TB treatment? That is, follow-up clients when they are at home, and after the initial 2 months of treatment? IF NO, PROBE TO DETERMINE WHERE FOLLOW-UP OF TB CLIENTS FROM THIS CLINIC/UNIT IS CONDUCTED.	YES . . . . . 1 NO 2	→733
721	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
722	Do you have a register or list of clients currently being followed by this unit for TB treatment, including those being treated on DOTS and no direct observation?	YES, REGISTER OR LIST OBSERVED . . . . . 1 ONLY HAVE DOTS CLIENTS 2 NO 3	→ 726
723	ASK TO SEE THE REGISTER AND INDICATE THE DATE THE MOST RECENT CLIENT WAS ADMITTED TO TB TREATMENT.	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	→ 726
724	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT [ ][ ][ ][ ]	
725	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT BY THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS [ ][ ][ ][ ] DON'T KNOW 9998	
726	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 UNIT DOES NOT PROVIDE TB FOLLOW-UP SERVICES . . . 3 NO 4	
727	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit), referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL REFERRED . . . . . 1 SUSPECT CASES ONLY REFERRED 2 NO . . . . . 3 DON'T KNOW 8	→ 731 → 731
728	Do you have a register or list of new TB patients who were referred for an HIV test or for HIV test counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 731 → 731
729	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED [ ][ ][ ][ ]	
730	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
731	Do you have any record of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 733
732	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF TB CLIENTS WITH HIV/AIDS [ ][ ][ ][ ] DON'T KNOW 9998	
733	What is the original source of your TB medicines? IF MEDICINES ARE SUPPLIED FROM OTHER FACILITIES, CLARIFY IF THIS IS PART OF THE NATIONAL TB CONTROL PROGRAM OR NOT. CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM A OTHER FACILITY (NOT PART OF NATIONAL TB PROGRAM) . . . . . B DIRECT PURCHASE . . . . . C DONATIONS FROM NGOS . . . . . D OTHER _____ X (SPECIFY)	
734	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS.	YES, AVAILABLE FOR ALL CLIENTS 1 YES, AVAILABLE FOR SOME, NOT ALL CLIENTS . . . . . 2 NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT . . . 3 NO TB MEDICINES STORED IN CLINIC/UNIT AREA 4	→ **END**
735	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES.	YES . . . . . 1 BULK MEDICINES NOT IN THIS CLINIC/UNIT . . . . . 2 NO TB MEDICINES IN FACILITY. 3	→ **END** → **END**

736	**BULK JAR MEDICINES FOR TUBERCULOSIS**	a				b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	OUT OF STOCK IN LAST SIX MONTHS		
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO	DK
01	Ethambutol		2 → b	3 → 02	4 → 02	1	2	8
02	Isoniazid		2 → b	3 → 03	4 → 03	1	2	8
03	Pyrazinamide		2 → b	3 → 04	4 → 04	1	2	8
04	Rifampin		2 → b	3 → 05	4 → 05	1	2	8
05	Streptomycin		2 → b	3 → 06	4 → 06	1	2	8
06	Isoniazid + rifampin (Rifina)		2 → b	3 → 07	4 → 07	1	2	8
07	Isoniazid + rifampin + pyrazinamide (RHZ, Rifater)		2 → b	3 → 08	4 → 08	1	2	8
08	Isoniazid + ethambutol (EH)		2 → b	3 → 09	4 → 09	1	2	8
09	4FDC (combination INH, Ethambutol, pyrazinamide, rifampin)		2 → b	3 → 10	4 → 10	1	2	8
10	Other _____ (SPECIFY)		2 → b	3 → 737	4 → 737	1	2	8

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION H: COUNSELING AND TESTING

Facility Number: ☐☐☐ QRE TYPE **H**

Interviewer Code: ☐☐

800	INDICATE THE SERVICE SETTING FOR THIS SECTION.		☐☐☐☐ Line # Unit #

801 **MANAGING AUTHORITY**

GOVERNMENT-PUBLIC	1
GOVERNMENT-NOT PUBLIC (MILITARY, ETC)	2
PARASTATAL	3
FAITH BASED ORGANIZATION	4
PRIVATE	5
OTHER _____ (SPECIFY)	6

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q802 BELOW AND GO ON TO Q804.

Now I will read a statement explaining the survey and asking your consent for responding to survey questions.

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ Interviewer's signature

_____ Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

802	Do I have your agreement to participate? Thank you. Let's begin now.	YES NO	→ STOP

NO	QUESTIONS	CODING CATEGORIES	GO TO
804	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
805	How many days each week are counseling services for HIV/AIDS available in this clinic/unit? This means the counseling is conducted by staff in this clinic/unit.	DAYS PER WEEK . . . . . [ ] NO COUNSELING SERVICES 0	→815
806	How many months have **counseling services** been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
807	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . 2 NO 3	
808	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
809	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4	→ 812 → 813
810	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, ... [ ][ ][ ] NUMBER OF SESSIONS NO RECORDS ON GROUP COUNSELING 995	→ 812
811	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	

NO	QUESTIONS	CODING CATEGORIES	GO TO
812	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY. 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE-TEST COUNSELING 5	
813	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING. . . . . 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
814	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING. . . . . 4 NO POST TEST COUNSELING 5	
815	Are records kept for clients who receive any counseling or testing from this clinic/unit? IF YES, ASK TO SEE THE RECORDS AND INDICATE WHAT TYPE OF INFORMATION IS AVAILABLE.	RECORD AVAILABLE THIS CLINIC/ UNIT . . . . . 1 RECORD IN CLIENT INDIVIDUAL RECORD ONLY . . . . . 2 RECORDS MAINTAINED BY VCT/CT COUNSELORS FROM OUTSIDE CLINIC/UNIT . . . . . 3 NO RECORDS 4	→ 819 → 819 → 819

NO	QUESTIONS	CODING CATEGORIES				GO TO
816	REVIEW THE COUNSELING AND/OR TESTING RECORDS AVAILABLE ON THIS CLINIC/ UNIT, AND INDICATE WHICH INFORMATION IS AVAILABLE.	(A) RECORD AVAILABILITY			(B) NUMBERS FROM OBSERVED RECORDS	
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → b	2 02	3 02		→ 06
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 03	3 03		
03	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 04	3 04		
04	TOTAL CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 05	3 05		
05	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → b	2 06	3 06		
06	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → b	2 07	3 07		
07	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → b	2 08	3 08		
08	TOTAL CLIENTS AGE 15-24 YEARS RECEIVING HIV TEST	1 → b	2 09	3 09		
09	TOTAL CLIENTS RECEIVING HIV TEST	1 → b	2 817	3 817		
817	What is the most recent date recorded for any counseling?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO RECORD FOR COUNSELING . 4 → 819				
818	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES . . . . . 1 NO 2				
819	How many days each week are testing services for HIV available in this clinic/unit? This means that a client can receive the HIV test or have their blood drawn for testing either inside or outside the facility.	DAYS PER WEEK . . . . . [ ] NO HIV TESTING SERVICE . . . . . 0 → 823				
820	How many months have HIV testing services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ]				

NO	QUESTIONS	CODING CATEGORIES	GO TO
821	DID YOU OBSERVE RECORDS FOR HIV TESTING AND TEST RESULTS? IF NO, ASK, Where are the records for HIV testing kept? AND RECORD THE CORRECT RESPONSE.	YES, OBSERVED . . . . . 1 RECORDS MAINTAINED ELSEWHERE IN FACILITY 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] RECORDS IN LAB . . . . . 3 RECORDS IN STATISTICS/ MED REC. OFFICE . . . . . 4 OTHER _____ . . . 6 (SPECIFY) NO HIV TEST RECORDS . . . . . 7 DON'T KNOW 8	
822	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
823	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS? IF YES, ASK FOR EACH QUESTION AND CIRCLE LETTER FOR INFORMATION THAT IS COMPILED	YES, NEGATIVE TEST RESULTS . . . A YES, POSITIVE TEST RESULTS . . . . B YES, COUNSELING . . . . . C NO . . . . . Y	→ 826
824	How frequently are any of the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN . 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 826
825	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVIS . . . . B DISTRICT LEVEL (MOH/CBOH/TACA . C REGIONAL LEVEL(MOH/CBOH/TACAII D NATIONAL LEVEL(MOH/CBOH/TACA . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
826	When a client agrees to an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** TEST IN THIS CLINIC/UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . B CLIENT SENT TO PMTCT CLINIC/UNIT C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) D BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF, TEST CONDUCTED ELSEWHERE . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF, TEST** CONDUCTED ELSEWHERE . . . F CLIENT SENT TO LAB THIS FACILITY . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H OTHER _____ X (SPECIFY)	

NO	QUESTIONS	CODING CATEGORIES			GO TO
	FILTER: CHECK PREVIOUS QUESTION: IF A OR E OR F CIRCLED: → GO TO Q827 **ONLY** IF A OR E OR F NOT CIRCLED AND: B OR C OR D OR G CIRCLED: → GO TO Q829 IF **ONLY** H OR X CIRCLED: → GO TO Q830				
827	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	RAPID TEST FOR HIV	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	DISPOSABLE SYRINGES	1	2	3	
14	EXAMINATION TABLE	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 828	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
828	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
829	CHECK Q826. IF RESPONSE IS B,C OR D, ENSURE ELIGIBLE OPD/IPD **AND** VCT/PMTCT QRE IS COMPLETED FOR INDICATED UNIT PRIOR TO LEAVING FACILITY. IF RESPONSE IS 'G' ENSURE ELIGIBLE LABORATORY QRE HAS BEEN COMPLETED.				

NO	QUESTIONS	CODING CATEGORIES	GO TO
830	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 833
831	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS . 3	→ 835

832	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED, COM-PLETE	(a) OBSERVED, INCOM-PLETE	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL	(b) DATE ON OBSERVED MANUAL YEAR
01	National Guidelines for the clinical management of HIV and AIDS	1 → b	2 → b	3 → 02	4 → 02	
02						
03	National Infection Prevention and control guidelines for health care services in Tanzania	1 → b	2 → b	3 → 04	4 → 04	
04	National Guidelines for Voluntary Counseling and Testing	1 → b	2 → b	3 → 05	4 → 05	
05	Guidelines for management of HIV/AIDS for Frontline workers	1 → b	2 → b	3 → 06	4 → 06	
06	National guidelines for prevention of mother to child transmission of HIV(PMTCT)	1 → b	2 → b	3 → 07	4 → 07	
07	Guidelines for Home Based Care Services	1 → b	2 → b	3 → 08	4 → 08	
08	Guidelines for home based care services in Tanzania	1 → b	2 → b	3 → 09	4 → 09	
09	A Guideline for counselors in Tanzania with special emphasis on HIV/AIDS/STDs counselling	1 → b	2 → b	3 → 10	4 → 10	
10	Guidelines and Standards for Counseling and Supervision	1 → b	2 → b	3 → 833	4 → 833	

833	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES 2	→ 835

NO	QUESTIONS	CODING CATEGORIES					GO TO
			(a)			(b)	
834	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL	DATE ON OBSERVED MANUAL YEAR	
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 → 02	4 → 02		
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 → 03	4 → 03		
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 → 04	4 → 04		
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 → 05	4 → 05		
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 → 06	4 → 06		
06	Is there a written informed consent document for the client to sign or keep?	1 → b	2 → b	3 → 07	4 → 07		
07	Any other informed consent policy?	1 → b	2 → b	3 → 08	4 → 08		
08	Is there a written policy on confidentiality provided to the client, that specifies that no one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 → 09	4 → 09		
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 → 835	4 → 835		
835	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER FACILITY AREA . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ (SPECIFY) . . . . . 6 NO INDIVIDUAL CLIENT CHART/ RECORD 7					

NO	QUESTIONS	CODING CATEGORIES	GO TO
	YOUTH FRIENDLY SERVICES		
836	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	 → 840 → 840
837	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
838	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	
839	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C EDUCATION/COUNSELING . . . . . D OTHER _____ X (SPECIFY)	
840	Are family planning services routinely provided for all HIV positive clients?	YES, ALWAYS . . . . . 1 YES, SOMETIMES . . . . . 2 NO 3	 → 844
841	Who most often provides counseling about use and methods of family planning available?	PROVIDER, THIS CLINIC/UNIT . . . . 1 PROVIDER FP CLINIC/UNIT . . . 2 REFERRED OUTSIDE THIS FACILITY 3	 → 844 → 844
842	Who most often examines the client and provides or prescribes methods of family planning for HIV positive clients?	PROVIDER, THIS CLINIC/UNIT . . . . 1 PROVIDER FP CLINIC/UNIT . . . 2 REFERRED OUTSIDE THIS FACILITY 3	
843	Please show me any guidelines or protocols on counseling and screening for appropriate family planning methods.	GUIDELINES OBSERVED . . . . . 1 GUIDELINES REPORTED, NOT SEEN 2 NO GUIDELINES AVAILABLE 3	

NO	QUESTIONS	CODING CATEGORIES	GO TO
	COMMUNITY BASED SERVICES		
844	Does this facility have links with community based health workers or volunteers? IF YES, ASK: What types of services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS . . . . . A YES, REFER FOR ART ELIGIBILITY B YES, HOME CARE . . . . . C YES, CLIENT TREATMENT SUPPORT D YES, PRETEST COUNSELING E YES, PREVENTIVE EDUCATION . . . . . F YES, OTHER HIV/AIDS RELATED . . . X NO . . . . . Y	→ **END**
845	When clients are referred to community based health workers or volunteers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: ASK: What method do you use?	YES, REFERRAL SLIP OBSERVED . 1 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD . . . . . 3 WRITE ON PRESCRIPTION FORM/ LETTERHEAD . . . . . 4 PROVIDER GIVES VERBAL REPORT TO SITE (MAY . . . . ACCOMPANY CLIENT) . . . . . 5 WRITE NOTE/LETTER . . . (UNSTRUCTURED) . . . . . 6 OTHER _____ . . . 7 (SPECIFY) NO METHOD USED 8	
846	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?	YES, REFERRAL SLIP OBSERVED . 1 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD . . . . . 3 WRITE ON PRESCRIPTION FORM/ LETTERHEAD . . . . . 4 PROVIDER GIVES VERBAL REPORT TO SITE (MAY . . . . ACCOMPANY CLIENT) . . . . . 5 WRITE NOTE/LETTER . . . (UNSTRUCTURED) . . . . . 6 OTHER _____ . . . 7 (SPECIFY) NO METHOD USED 8	
847	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
848	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
849	When was the most recent ***training session*** for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2--6 MONTHS . . . . . 2 WITHIN PAST 7-12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGC . . . . . 4 NO TRAINING . . . . . 5 DON'T KNOW 8	
850	When was the most recent ***meeting*** with community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2--6 MONTHS . . . . . 2 WITHIN PAST 7-12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGC . . . . . 4 NO TRAINING . . . . . 5 DON'T KNOW 8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION I: ANTIRETROVIRAL THERAPY

Facility Number: ☐☐☐ QRE TYPE **I**

Interviewer Code: ☐☐

900	INDICATE THE SERVICE SETTING FOR THIS SECTION	☐☐☐☐ Line # Unit #

901 **MANAGING AUTHORITY**

GOVERNMENT-PUBLIC	1
GOVERNMENT-NOT PUBLIC (MILITARY, ETC)	2
PARASTATAL	3
FAITH BASED ORGANIZATION	4
PRIVATE	5
OTHER _____ (SPECIFY)	6

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q902 BELOW AND GO ON TO Q904.

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____

Interviewer's signature Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

902	Do I have your agreement to participate? Thank you. Let's begin now.	YES 1 NO 2	→STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
904	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
905	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK	
906	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS	
907	Is there a person specifically in charge of ART? IF YES, ASK: Is the person in charge of ART assigned to this clinic/unit, or assigned to another clinic/unit?	YES, ASSIGNED THIS CLINIC/UNIT 1 YES, ASSIGNED OTHER CLINIC/UNIT 2 NO ONE PERSON IN CHARGE OF ART 3	→ 909 → 909
908	What is the qualification of the person in charge of ARV services?	CONSULTANT/SPECIALIST . . . . . 01 MEDICAL DOCTOR . . . . . 02 MEDICAL OFFICER/AMO 03 CLINICAL OFFICER . . . . . 04 NURSING OFFICER/PHN . . . . . 05 NURSE/MIDWIFE/TRAINED NURSE 06 PHARMACY WORKER (ANY QUAL) 07 OTHER _____ 96 (SPECIFY)	
909	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY. AFTER THE RESPONSE, READ THE NAME OF EACH DRUG THAT IS NOT MENTIONED, TO VERIFY THAT THE DRUG IS NOT PRESCRIBED. BY THIS CLINIC/UNIT IF A COMBINATION DRUG IS USED, CIRCLE THE COMPONENTS THAT ARE INDICATED IN LIST (E.G., FOR STAVUDINE40+LAMIVUDINE+ NEVIRAPINE, CIRCLE "J, F, AND G)	AZT+3TC . . . . . A ZIDOVUDINE (ZDV,AZT) . . . . . B ABACAVIR (ABC) . . . . . C DIDANOSINE (DDL) . . . . . D EFAVIRENZ (EFZ) . . . . . E LAMIVUDINE (3TC) . . . . . F NEVIRAPINE (NVP) . . . . . G NRTI (TENOFOVIR DISOPROXIL FUMARATE/VIREAD) H PROTEASE INHIBITORS (INDINAVIR [CRIXIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE] . . . . . I STAVUDINE (d4T) OR D3T . . . . . J OTHER _____ X (SPECIFY)	
910	What is the most commonly prescribed first-line ART regimen?	STAVUDINE (d4T) + LAMIVUDINE (3TC) *plus* NEVIRAPINE (NVP) . . . . . 1 ZIDOVUDINE (AZT) + LAMIVUDINE (3TC) *plus* NEVIRAPINE (NVP) . . . . . 2 STAVUDINE (d4T) + LAMIVUDINE (3TC) *plus* EFAVIRENZ (EFV) . . . . . 3 ZIDOVUDINE (AZT) + LAMIVUDINE (3TC) *plus* EFAVIRENZ (EFV) . . . . . 4 NO ROUTINE FIRST-LINE REGIMEN . . 6	

NO.	QUESTIONS	CODING CATEGORIES	GO TO

911 Now I want to know about any eligibility criteria used for placing clients on ARV Therapy. For each stage of AIDS that I will describe & each criteria I mention please indicate if a client at that stage is eligible for ART from this facility.

READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY

WHO stage 1=No symptoms of illness
WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY
WHO STAGE 3 = SOME SYMPTOMS IN BED MORE THAN NORMAL
WHO STAGE 4 = SOME SYMPTOMS MOST OF TIME IN BED

		ELIGIBILITY CRITERIA					
		CLIENT NOT ELIGIBLE	ADHER. CRITERIA	CD4+ T LYMPH. COUNT	HIV VIRAL LOAD	COMMIT-TEE	DOCTOR OPINION
01	WHO stage 1 - No symptoms of illness	A	B	C	D	E	F
02	WHO stage 1 - No symptoms and pregnant	A	B	C	D	E	F
03	WHO stage 2 - Symptomatic	A	B	C	D	E	F
04	WHO stage 2 - Symptomatic and pregnant	A	B	C	D	E	F
05	WHO stage 3 - Symptomatic	A	B	C	D	E	F
06	WHO stage 3 - Symptomatic and pregnant	A	B	C	D	E	F
07	WHO stage 4 - Symptomatic	A	B	C	D	E	F
08	WHO stage 4 - Symptomatic and pregnant	A	B	C	D	E	F
09	Current active life-threatening OI disease (e.g., TB, meningitis)	A	B	C	D	E	F
10	Newborn of HIV infected mother	A	B	C	D	E	F

912 Are social or other criteria related to the client's personal situation considered prior to starting ART? IF YES, Tell me which of the following criteria are considered prior to starting ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.

GEOGRAPHIC CRITERIA . . . . . A
PROOF OF CAPACITY TO ATTEND CLINIC REGULARLY . . . . . B
DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) C
NO ART IF SOCIAL PROBLEM:
ALCOHOLIC . . . . . D
DRUG ADDICT . . . . . E
MENTAL ILLNESS . . . . . F
HOMELESS . . . . . G
ABILITY TO PAY . . . . . H
OTHER _____ X
(SPECIFY)
NO SOCIAL CRITERIA APPLIED . . . . Y

913 Are adherence criteria considered prior to starting ART? IF YES, Tell me which of the following eligibility criteria are considered prior to starting a client on ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.

CONSISTENT USE OF COTRIM . . . . A
REQUIRED PRE-ART CLINIC VISITS MADE ON TIME . . . . . B
TREATMENT ASSISTANT IDENTIFIED C
OTHER _____ X
(SPECIFY)
NO ADHERENCE CRITERIA APPLIE . . Y

914 Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for providing the test?

YES, CONDUCTED IN THIS FACILIT . . 1
YES, CLIENT GOES ELSEWHERE . . 2
YES, BLOOD SENT ELSEWHERE . . 3
NO . . . . . 4 → 916

NO.	QUESTIONS	CODING CATEGORIES	GO TO
915	After the initial TLC test, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2-3 MONTHS . . . . . 03 EVERY 4-6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY, WITHIN 1 MONTH . . . . . 06 OTHER _____ 96 (SPECIFY) NO FOLLOW-UP 95	
916	Is a CD4 T Cell count always determined prior to starting ART? IF YES, What is the most common practice for providing the test?	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT REFERRED OUTSIDE 2 YES, BLOOD SENT OUTSIDE . . . . . 3 NO 4	→ 918
917	After the initial CD4 T cell count, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2-3 MONTHS . . . . . 03 EVERY 4-6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY, WITHIN 1 MONTH 06 OTHER _____ 96 (SPECIFY) NO FOLLOW-UP 95	
918	Is an HIV RNA Viral load level always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT REFERRED OUTSIDE 2 YES, BLOOD SENT OUTSIDE . . . . . 3 NO 4	→ 920
919	After the initial HIV RNA Viral load level, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow-up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2-3 MONTHS . . . . . 03 EVERY 4-6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY WITHIN 1 MONTH . . . . . 06 OTHER _____ 96 (SPECIFY) NO FOLLOW-UP 95	

920 For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.

		TEST CONDUCTED			
		ROUTINELY	SELECTIVELY	NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	Pregnancy test for women	1	2	3	8
04	Serum electrolytes (including serum creatinine)	1	2	3	8
05	Urinalysis	1	2	3	8
06	Liver function tests (Serum transaminases)	1	2	3	8
07	TB sputum test	1	2	3	8
08	Chest X-ray	1	2	3	8
09	Any other routine tests _____ (SPECIFY)	1	2	3	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO
921	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre-treatment medication counseling?	1	2	3	8	
02	Follow-up counseling to discuss adherence to ART medicines?	1	2	3	8	
03	Follow-up counseling to discuss adherence to medication plan in presence of significant others?	1	2	3	8	
922	CHECK Q921 IF THERE IS ANY COUNSELING RELATED TO ART, (01) OR (O2) OR (03) = 1 OR 2	YES ..... 1 NO 2				→ 925
923	Who provides the counseling for ART medicines? CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN 921 ARE CODED '1', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING PHYSICIAN/MO/AMO OR CLINICAL OFFICER ..... A OTHER CONSULTANT/PHYSICIAN/ CLINICAL OFFICER ..... B REG NURSE/NURSING OFFICER ... C N. MIDWIVE/PHN/TRAINED NRS ... D TRAINED COUNSELOR ..... E PHARMACIST ..... F COMMUNITY/PLHA WORKER ..... G OTHER _____ X (SPECIFY) NO COUNSELING ..... Y				→ 925
924	Have all of the people you just mentioned, who provide counseling for ART medicines been trained in counseling for adherence to ART?	YES ..... 1 NO ..... 2 DON'T KNOW 8				
925	Are there any fees assessed for any services or items related to ARV treatment?	YES ..... 1 NO 2				→ 927
926	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee		(a) FEE		(b) AMOUNT IN [TSHS]	
		YES	NO	NA		
01	FEE FOR ART CLIENT CARD/CHART	1 → b	2 → 02	3 → 02		
02	FEE FOR CONSULTATION SERVICE	1 → b	2 → 03	3 → 03		
03	FEE FOR ARV MEDICINE	1 → b	2 → 04	3 → 04		
04	FEE FOR LAB TEST CD4 COUNT	1 → b	2 → 927	3 → 927		
927	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES ..... 1 NO 2				→ 930
928	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE ..... 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN ..... 2 NO GUIDELINES OR PROTOCOLS 3				→ 932

NO.	QUESTIONS	CODING CATEGORIES					GO TO
929	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED, COM-PLETE	(a) OBSERVED, INCOM-PLETE	(a) REPORTED AVAIL NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR	
01	National Guidelines for the clinical management of HIV and AIDS	1 → b	2 → b	3 → 02	4 → 02		
02							
03	National Infection Prevention and control guidelines for health care services in Tanzania	1 → b	2 → b	3 → 04	4 → 04		
04	National Guidelines for Voluntary Counseling and Testing	1 → b	2 → b	3 → 05	4 → 05		
05	Guidelines for management of HIV/AIDS for Frontline workers	1 → b	2 → b	3 → 06	4 → 06		
06	National guidelines for prevention of mother to child transmission of HIV(PMTCT)	1 → b	2 → b	3 → 07	4 → 07		
07	Guidelines for Home Based Care Services	1 → b	2 → b	3 → 08	4 → 08		
08	Guidelines for home based care services in Tanzania	1 → b	2 → b	3 → 09	4 → 09		
09	A Guideline for counselors in Tanzania with special emphasis on HIV/AIDS/STDs counseling	1 → b	2 → b	3 → 10	4 → 10		
10	Guidelines and Standards for Counseling and Supervision	1 → b	2 → b	3 → 930	4 → 930		
930	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES 2					→ 932

NO.	QUESTIONS	CODING CATEGORIES					GO TO
		(a)				(b)	
931	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL NOT SEEN	NOT AVAIL.	DATE ON MANUAL month year	
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 → 02	4 → 02		
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 → 03	4 → 03		
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 → 04	4 → 04		
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 → 05	4 → 05		
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 → 06	4 → 06		
06	Is there a written informed consent document for the client?	1 → b	2 → b	3 → 07	4 → 07		
07	Any other informed consent policy?	1 → b	2 → b	3 → 08	4 → 08		
08	Is there a written policy on confidentiality for the client that specifically states one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 → 09	4 → 09		
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 → 932	4 → 932		
932	Where is information for patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY. ASK TO SEE THE REGISTERS USED FOR FOLLOW-UP OF ART PROGRAM	GENERAL OPD REGISTER WITH HIV/AIDS AND NON HIV/AIDS CLIENTS ... A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS ... B SPECIFIC REGISTER ONLY FOR CLIENTS RECEIVING ART ... C INDIVIDUAL CLIENT CHART/RECORD ... D COMPUTER ... E NO RECORD KEPT ... Y → 945					
933	SKIM THE REGISTER FOR ALL NEW ENTRIES THE PAST ONE FULL MONTH AND INDICATE WHICH INFORMATION IS COMPLETED FOR ALL CLIENTS STARTED ON ART.	ELIGIBILITY CRITERIA ... A DATE OF ELIGIBILITY ... B NEITHER INFORMATION COMPLETED ... Y					
934	ASK TO SEE CLIENT INDIVIDUAL RECORDS. RANDOMLY SELECT 10 INDIVIDUAL CLIENT RECORDS/CHARTS/CARDS AND INDICATE WHICH INFORMATION IS PRESENT ON ALL 10 CARDS.	TREATMENT SUPPORTER ... A DATE OF ENROLLMENT IN ART ... B ELIGIBILITY CRITERIA ... C ARV REGIME BEING USED ... D NONE OF ABOVE ITEMS ... Y					
935	ASK TO SEE THE REGISTER/CLIENT CHART/ COMPUTER RECORDS, AND INDICATE THE DATE OF THE MOST RECENT TIME ART WAS PROVIDED.	WITHIN PAST 30 DAYS ... 1 MORE THAN 30 DAYS AGO ... 2 REGISTER/RECORDS NOT SEEN ... 3 → 945					

NO.	QUESTIONS	CODING CATEGORIES	GO TO
936	How many patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF CLIENTS ON ART . . ☐☐☐☐ NONE 0000	
937	How many female patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART . . . . . ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW 9998	
938	How many children below 18 months of age are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF < 18 MONTH CHILDREN ON ART ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW 9998	
939	Since the beginning of the ART services, how many clients have been lost to follow-up or are defaulters. This is the number who began ART and no longer receive ART and you do not know their status (transferred or died).	NUMBER ART CLIENTS LOST TO FOLLOW-UP ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW 9998	
940	Among ART clients who began treatment before January 2006, how many were late to pick up their medicines, to avoid missing a dose, during the past 6 months.	NUMBER OF IRREG-ULAR ART CLIENTS ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW . . . . . 9998 ART PROGRAM OPERATING < 6M 9995	
941	During the past 12 full months, how many ART clients have died?	NUMBER OF CLIENTS DIED . . . . . ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW 9998	→ 943
942	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . ☐☐	
943	During the past 12 full months, how many ART clients have been lost to follow-up?	NUMBER OF CLIENTS LOST TO FOLLOW-UP ☐☐☐☐ NONE . . . . . 0000 DON'T KNOW 9998	→ 945
944	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . ☐☐	
945	Are reports regularly compiled on the numbers of clients receiving ART?	YES . . . . . 1 NO 2	→ 948
946	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN . . . 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 948
947	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/CBOH/TACAID C REGIONAL LEVEL (MOH/CBOH/ NAC) D NATIONAL LEVEL (MOH/CBOH/TACAID E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
948	Is an individual client chart/record/card where information on an individual client is recorded, and which provides information on previous visits of this client maintained? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3 ENTER CLINIC/UNIT NUMBER ..... [ ][ ][ ][ ] NO 4	
949	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	→ 951
950	Does the appointment system indicate if the client kept the appointment or not?	YES ..... 1 NO 2	
951	Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVIDING FORTIFIED PROTEIN SUPPLEMENT (FPS). IF YES, ASK: Which of the following are routine components of nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	NUTRITIONAL COUNSELING ..... A TEACH EARLY IDENTIFICATION OF DEFICIENCIES ..... B PROVIDE VITAMINS ..... C PROVIDE FORTIFIED PROT. SUPP. D PROVIDE HIGH PROTEIN FOODS E PROVIDE OTHER DIET SUPPLEMENT _____ X (SPECIFY) NO SERVICES ..... Y	
	COMMUNITY BASED SERVICES		
952	Does this facility have links with community based health workers or volunteers? IF YES, ASK: What types of services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS ..... A YES, REFER FOR ART ELIGIBILITY B YES, HOME CARE ..... C YES, CLIENT TREATMENT SUPPORT D YES, PRETEST COUNSELING .... E YES, PREVENTIVE EDUCATION F YES, ADHERENCE COUNSELING .. G YES, EMOTIONAL/SOCIAL SUPPORT H YES, DEFAULTER FOLLOW-UP .. I YES, NOT HIV/AIDS RELATED ..... J YES, OTHER HIV/AIDS RELATED .. X _____ (SPECIFY) NO ..... Y	→ 958
953	When clients are referred to community based health workers or volunteers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: What method do you use?	YES, REFERRAL SLIP OBSERVED 01 YES, REFERRAL SLIP NOT OBSERVED ..... 02 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD ..... 03 WRITE ON PRESCRIPTION FORM/ LETTERHEAD ..... 04 PROVIDER GIVES VERBAL REPORT TO SITE (MAY ACCOMPANY CLIENT) ..... 05 WRITE NOTE/LETTER (UNSTRUCTURED) ..... 06 OTHER _____ ... 96 (SPECIFY) NO METHOD USED 98	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
954	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?	YES, REFERRAL SLIP OBSERVED 01 YES, REFERRAL SLIP NOT OBSERVED ..... 02 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD ..... 03 WRITE ON PRESCRIPTION FORM/ LETTERHEAD ..... 04 PROVIDER GIVES VERBAL REPORT TO SITE (MAY ACCOMPANY CLIENT) ..... 05 WRITE NOTE/LETTER (UNSTRUCTURED) ..... 06 OTHER _____ ... 96 (SPECIFY) NO METHOD USED 98	
955	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
956	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
957	When was the most recent ***training*** session for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS ..... 1 WITHIN PAST 2--6 MONTHS ..... 2 WITHIN PAST 7-12 MONTHS ..... 3 MORE THAN 12 MONTHS AGO ..... 4 NO TRAINING 5	
958	Are the support and care services provided by this facility/clinic/unit supported by external agency?	YES ..... 1 SPECIFY_____ NO ..... 2 DK 8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION J: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

Facility Number: ☐☐☐

QRE TYPE **J**

Interviewer Code: ☐☐

1000	INDICATE THE SERVICE SETTING FOR THIS SECTION	☐☐ Line # ☐☐ Unit #	
1001	**MANAGING AUTHORITY** GOVERNMENT-PUBLIC . . . . . 1 GOVERNMENT-NOT PUBLIC (MILITARY, ETC) . . . . . 2 PARASTATAL . . . . . 3 FAITH BASED ORGANIZATION . . . . . 4 PRIVATE/PARASTATAL . . . . . 5 OTHER _____ 6 (SPECIFY)		
1002	HOW ARE THE PMTCT SERVICES FOR THIS CLINIC/UNIT PROVIDED?	SEPARATE PMTCT SERVICES . . . . . 1 PMTCT AND VCT SERVICES TOGETHER 2 PMTCT WITH ANC SERVICES . . . . . 3 PMTCT WITH ANC AND DELIVERY (ONE SYSTEM) . . . . . 4 PMTCT WITH DELIVERY 5	

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES PROVIDED IN THIS CLINIC/UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1003 BELOW AND GO ON TO Q1005.

Now I will read a statement explaining the survey and asking your consent for responding to survey questions.

Hello. My name is _____. We are here on behalf of the Ministry of Health and the National Bureau of Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____

Interviewer's signature Date

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1003	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1005	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1006	How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS	

1007 For each service I will mention, please tell me if providers in this clinic/unit offer the service or refer the client for the service, either in this facility or outside, for prevention of mother to child transmission of HIV.

	SERVICE	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
		OUTPATIENT		INPATIENT SERVICE ONLY		
		OFFERED THIS CLINIC/UNIT	REFER TO OTHER CLINIC/UNIT THIS FACILITY			
01	Offer HIV testing	1	2	3	4	5
02	Offer group pretest information or counseling	1	2	3	4	5
03	Offer individual HIV pretest information or counseling	1	2	3	4	5
04	Offer individual HIV post-test counseling	1	2	3	4	5
05	Offer couple counseling for women who are HIV positive	1	2	3	4	5
06	Offer counseling on infant feeding to HIV positive women	1	2	3	4	5
07	Offer counseling on maternal nutrition to HIV positive women	1	2	3	4	5
08	Offer counseling on family planning	1	2	3	4	5
09	Offer family planning services	1	2	3	4	5
10	Offer counseling on condom use for dual protection	1	2	3	4	5
11	Distribute condoms to PMTCT clients	1	2	3	4	5
12	Offer ARV prophylaxis for pregnant women	1	2	3	4	5
13	Offer ARV prophylaxis for newborn	1	2	3	4	5
14	Provide breast-milk substitutes for newborns of HIV positive women	1	2	3	4	5
15	Offer follow up counseling for HIV positive women	1	2	3	4	5
16	Offer ARV therapy (long-term treatment) for HIV positive women	1	2	3	4	5
17	Offer ARV therapy for family members of HIV positive women	1	2	3	4	5
18	Offer women-to-women support groups	1	2	3	4	5
19	Offer PMTCT services with delivery services	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1008	When the various services offered for PMTCT are provided, is this recorded anywhere so that you can see what services a pregnant woman has received? IF YES, AS TO SEE WHERE THIS INFORMATION IS RECORDED AND ANSWER THE FOLLOWING QUESTIONS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED IN INDIVIDUAL CLIENT CHART/RECORD, NOT COMPILED FOR REPORTING . . . . . 3 NO 4	→ 1010 → 1010 → 1010

1009	RECORD THE FOLLOWING INFORMATION FOR ANC CLIENTS. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL ANC CLIENTS RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 04	3 → 04		
04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → b	2 → 05	3 → 05		
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → b	2 → 1010	3 → 1010		

1010	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	→ 1014 → 1014
1011	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED, COMPLETE . . . . . 1 YES, OBSERVED, NOT COMPLETE . 2 YES, REPORTED NOT SEEN . . . . . 3 NO 4	
1012	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1013	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C EDUCATION/COUNSELING . . . . . D OTHER _____ X (SPECIFY)	
1014	WAS INFORMATION FOR OPD QRE 221 OR IPD Q321, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 1017
1015	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS . . . 3	→ 1019

1016	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	National Guidelines for the clinical management of HIV and AIDS	1 → b	2 → b	3 → 02	4 → 02	
02	[redacted]					
03	National Infection Prevention and control guidelines for health care services in Tanzania	1 → b	2 → b	3 → 04	4 → 04	
04	National Guidelines for Voluntary Counseling and Testing	1 → b	2 → b	3 → 05	4 → 05	
05	Guidelines for management of HIV/AIDS for Frontline workers	1 → b	2 → b	3 → 06	4 → 06	
06	National guidelines for prevention of mother to child transmission of HIV(PMTCT)	1 → b	2 → b	3 → 07	4 → 07	
07	Guidelines for Home Based Care Services	1 → b	2 → b	3 → 08	4 → 08	
08	Guidelines for home based care services in Tanzania	1 → b	2 → b	3 → 09	4 → 09	
09	A Guideline for counselors in Tanzania with special emphasis on HIV/AIDS/STDs counseling	1 → b	2 → b	3 → 10	4 → 10	
10	Guidelines and Standards for Counseling and Supervision	1 → b	2 → b	3 → 1017	4 → 1017	

1017	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES 2	→ 1019

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		(a)				(b)
1018	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED, COM-PLETE	OBSERVED, INCOM-PLETE	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL YEAR
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → b	3 → 02	4 → 02	
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → b	3 → 03	4 → 03	
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → b	3 → 04	4 → 04	
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → b	3 → 05	4 → 05	
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → b	3 → 06	4 → 06	
06	Is there a written informed consent document for the client to sign or keep?	1 → b	2 → b	3 → 07	4 → 07	
07	Any other informed consent policy?	1 → b	2 → b	3 → 08	4 → 08	
08	Is there a written policy on confidentiality provided to the client, that specifies that no one will be told the HIV test result without the permission of the client?	1 → b	2 → b	3 → 09	4 → 09	
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → b	3 → 10	4 → 10	
10	Any other guidelines for PMTCT services?	1 → b	2 → b	3 → 1019	4 → 1019	
1019	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1020	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
1021	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4	→ 1024 → 1025
1022	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, ... NUMBER OF SESSIONS ☐☐☐ NO RECORDS ON GROUP COUNSELING 995	 → 1024
1023	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . ☐☐	
1024	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY . 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE-TEST COUNSELING 5	
1025	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
1026	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING . . . 5	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1027	When a client agrees to an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** TEST IN THIS CLINIC/UNIT . . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . B CLIENT SENT TO PMTCT CLINIC/UNIT C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) D BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF, TEST CONDUCTED ELSEWHERE . . . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF, TEST** CONDUCTED ELSEWHERE . . . . . F CLIENT SENT TO LAB THIS FACILITY . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H OTHER _____ X (SPECIFY) CLIENT NEVER OFFERED HIV TEST Y	

FILTER: CHECK PREVIOUS QUESTION: IF A OR E OR F CIRCLED: → GO TO Q1028.
ONLY IF A OR E OR F NOT CIRCLED AND:
B OR C OR D OR G CIRCLED: → GO TO Q1030
IF **ONLY** H or X CIRCLED: → GO TO Q1031
IF **ONLY** Y CIRCLED: → GO TO Q1034

1028	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	RAPID TEST FOR HIV	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	DISPOSABLE SYRINGES	1	2	3	
14	EXAMINATION TABLE	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1029	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1029	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
1030	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK . . . . . [ ] DON'T KNOW 8	
1031	What is the most common procedure followed, for offering HIV testing to pregnant women? RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN . . . . . 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT . . . . . 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT, BASED ON SOCIAL/MEDICAL HISTORY . . . 3 OTHER _____ 5 (SPECIFY)	
1032	Are all HIV positive women instructed to bring the child for an HIV test? IF YES, ASK WHETHER ALL PMTCT CLIENTS ARE INSTRUCTED OR ONLY THOSE DELIVERING AT THE FACILITY.	YES, FOR ALL HIV POSITIVE WOMEN 1 YES, FOR FACILITY DELIVERIES ONLY . . . . . 2 NO 3	→ 1034
1033	At what age are the women instructed to bring the child for HIV testing? INDICATE AGE IN MONTHS	AGE (IN MONTHS) INFANT TO BE BROUGHT FOR HIV TESTING [ ][ ] DON'T KNOW 98	
1034	Does this clinic/unit actually prescribe or provide the antiretroviral medicine to HIV positive women for PMTCT? IF YES, ASK: What is the ARV regime used? CIRCLE ALL THAT APPLY.	NEVIRAPINE ALONE . . . . . A ZIDOVUDINE ALONE . . . . . B ZIDOVUDINE AND LAMIVUDINE TOGETHER . . . . . C ZIDOVUDINE AND NEVIRAPINE . . . D OTHER _____ X SPECIFY NO ARV AVAILABLE FROM THIS CLINIC/UNIT FOR PMTCT . . . . . Y	→ 1039
1035	What is the practice for providing the ARV prophylaxis to the HIV positive woman?	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION AT TIME OF LABOUR. . . . . A GIVEN TO CHW/TBA TO GIVE TO WOMAN AT HOME DURING LABOUR . . . . . B **ONLY** PROVIDE TO WOMEN WHO DELIVER IN FACILITY, AT TIME OF DELIVERY . . . . . C OTHER _____ X (SPECIFY)	→ 1037
1036	What is the most common practice for when the ARV is provided to the HIV positive client or to the CHW/TBA?	SAME DAY HIV STATUS IS CONFIRMED. . . . . 0 PROVIDED AT SPECIFIC STAGE OF PREGNANCY. INDICATE MONTHS OF PREGNANCY [ ]	
1037	Which ARV is used for the newborn for PMTCT?	NEVIRAPINE . . . . . 1 ZIDOVUDINE (or AZT) . . . . . 2 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1038	What is the practice for providing the ARV prophylaxis to the newborn of the HIV positive woman?	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION TO NEWBORN AFTER BIRTH . . . . . A GIVEN TO CHW/TBA TO GIVE AT HOME AFTER BIRTH . . . . . B INSTRUCT MOTHER TO BRING CHILD TO FACILITY FOR ARV AROUND 72 HOURS AFTER BIRTH . . . . . C OTHER _____ X (SPECIFY) NO ARV PROPHYLAXIS FOR NEWBORN . . . . . Y	
1039	Now I would like to look at ANC records, including those that provide information on any PMTCT counseling and testing services		
	Do you have a record or register of the total number of first-visit ANC clients over the past 12 months? IF YES, ASK TO SEE THE RECORD/REGISTER.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1042 → 1042
1040	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS ☐☐☐☐	
1041	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN PREVIOUS QUEST.	MONTHS OF DATA . . . . . ☐☐	
1042	Are there any records or registers that provide numbers of ANC clients receiving pre or post test counseling or HIV testing? GO TO WHERE PMTCT RECORDS ARE MAINTAINED FOR THE FOLLOWING INFORMATION. THE INFORMATION MAY BE KEPT IN ANC AND DELIVERY UNITS.	YES . . . . . 1 YES, IN VCT STATISTICS BUT NOT SPECIFIC FOR ANC . . . . . 2 NO 3	→ 1045 → 1045

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1043	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → b	2 → 02	3 → 02		→ 06
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 → 03	3 → 03		
03	TOTAL ANC CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 → 04	3 → 04		
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 → 05	3 → 05		
05	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → b	2 → 06	3 → 06		
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b	2 → 07	3 → 07		
07	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → b	2 → 1044	3 → 1044		
1044	WHAT IS THE MOST RECENT DATE RECORDED FOR HIV TEST COUNSELING?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO COUNSELING RECORDED 4				→ 1047
1045	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO . . . . . 3 SEROSTATUS NOT ASSESSED 4				→ 1049
1046	Is there a system for linking the counseling and test results with the receipt of ARV for the mother and the newborn? IF YES, ASK TO SEE THE RECORDS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3				

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1047	AMONG THE WOMEN FOR WHOM TESTING INFORMATION WAS AVAILABLE **(Q1043)** INDICATE IF INFORMATION ON RECEIVING ARV, AND ON THEIR NEWBORN IS AVAILABLE. IF INFORMATION ONLY AVAILABLE IN DELIVERY AREA, CIRCLE '2'.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	NUMBER OF HIV POSITIVE WOMEN WHO WERE PROVIDED ARV FOR PMTCT	1 → b	2 → 02	3 → 02		
02	NUMBER OF NEWBORNS OF HIV POSITIVE WOMEN WHO WERE PROVIDED ARV	1 → b	2 → 03	3 → 03		
03	NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN	1 → b	2 → 04	3 → 04		
04	NUMBER OF HIV POSITIVE INFANTS.	1 → b	2 → 05	3 → 05		
05	TOTAL NUMBER OF BIRTHS FOR ALL WOMEN	1 → b	2 → 1048	3 → 1048		
1048	Is there any record of HIV positive pregnant women who begin ARV treatment? IF YES, ASK TO SEE THE RECORD/REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW-UP THIS CLINIC/UNIT . . . . . 3 NO . . . . . 4 ART TREATMENT NOT AVAILABLE . 5				
1049	Are any reports regularly compiled on the pregnant women or infants in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN AND CIRCLE THE RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, REPORTS COMBINE PREGNANT AND NON-PREGNANT CLIENTS . . . 1 YES, PREGNANT CLIENTS REPORTED SEPARATELY . . . . . 2 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANT CLIENTS SPECIFIED . 3 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANCY STATUS NOT SPECIFIED 4 NO 5				→ 1053
1050	Which statistics do you submit for pregnant women receiving PMTCT services? CIRCLE ALL THAT APPLY	**NUMBER OF PREGNANT WOMEN** RECEIVING PRETEST COUNSELING . . A RECEIVING POSTTEST COUNSELING B TESTED FOR HIV . . . . . C SERO POSITIVE FOR HIV . . . . . D RECEIVING ARV FOR PMTCT . . . . . E **INFANTS OF HIV POSITIVE WOMEN** WHO ARE TESTED FOR HIV F RECEIVING ARV FOR PMTCT G				
1051	How frequently are any of the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . 4 NEVER 5				→ 1053

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1052	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . . . . B DISTRICT LEVEL (MOH/CBOH/TACAIDS) C REGIONAL LEVEL (MOH/CBOH/TACAIDS) D NATIONAL LEVEL (MOH/CBOH/TACAIDS) E DONOR AGENCY . . . . F OTHER _____ X (SPECIFY)	
1053	Are there any fees assessed for any services or items related to PMTCT services?	YES . . . . . 1 NO 2	→ 1055
1054	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE: YES / NO / NA; (b) AMOUNT IN TSH	
01	Fee for HIV test	1→b / 2 02 / 3 02	
02	Fee for antiretroviral prophylaxis for mother	1→b / 2 03 / 3 03	
03	Fee for antiretroviral prophylaxis for newborn	1→b / 2 1055 / 3 1055	
1055	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER FACILITY AREA . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
1056	Are there delivery services in this facility, where PMTCT clients can receive services? IF YES ASK: Is there any system for linking the PMTCT clients from ANC to women who deliver in this facility and receive PMTCT? PROBE TO DECIDE IF PMTCT SERVICES IN THE DELIVERY UNIT ARE LINKED WITH PMTCT SERVICES FROM ANC, OR WHETHER THE DELIVERY UNIT PROVIDES PMTCT AS A SEPARATE PROGRAM.	YES, DELIVERY SERVICES LINKED WITH PMTCT FROM ANC 1 DELIVERY SERVICES PROVIDE PMTCT SERVICES UNDER DIFFERENT SYSTEM- REQUIRES SEPARATE IPD AND PMTCT QRE 2 NO DELIVERY SERVICES 3	→ GO TO DELIVERY UNIT & CONT. QRE → **END** → **END**
1057	Is the HIV serostatus routinely assessed for all women who deliver in the facility? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY . . . . . A CLIENT ANC RECORD . . . . . B ROUTINE TESTING . . . . . C OFFERED TO ALL/TEST ONLY IF WOMAN GIVES CONSENT . . . . . D OFFER ONLY IF SUSPECT HIV . . . . . E OTHER _____ X SPECIFY SEROSTATUS NOT ROUTINELY ASSESSED . . . . . Y	
1058	Is pretest counseling routinely offered to women in labour whose HIV status is unknown?	YES . . . . . 1 NO 2	→ 1061
1059	Who provides the pretest counseling for women in labour. CIRCLE ALL THAT APPLY.	TRAINED PMTCT COUNSELOR COMES TO UNIT . . . . . A TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . B NOT ALWAYS COUNSELED BY TRAINED STAFF . . . . . C PRETEST COUNSELING NOT ROUTINE . . D	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1060	What is the most common practice for providing post-test counseling to HIV positive women who were tested when admitted for delivery?	TRAINED PMTCT COUNSELOR COMES TO UNIT . . . . . A TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . B NOT ALWAYS COUNSELED BY TRAINED STAFF . . . . . C POST TEST COUNSELING NOT ROUTINE D	
1061	Are there any guidelines for HIV test counseling in the delivery unit? IF YES, ASK TO SEE THE GUIDELINES AND INDICATE IF THEY SPECIFY BOTH PRE AND POST TEST COUNSELING.	YES, NATIONAL PMTCT GUIDELINES OBSERVED . . . . . 1 YES, NATIONAL VCT GUIDELINES OBSERVED . . . . . 2 YES, OTHER GUIDELINES REPORTED NOT SEEN . . . . . 3 NO, GUIDELINES NOT AVAILABLE 4	
1062	Are records on HIV test counseling available in this clinic/unit? IF YES, ASK TO SEE RECORDS AND VERIFY IF BOTH PRETEST AND POST TEST ARE RECORDED.	YES, OBSERVED RECORD OF PRE AND POST TEST COUNSELING . . . . . 1 REPORTED RECORDS KEPT WITH PMTCT/VCT CLINIC/UNIT . . . . . 2 RECORDED IN CLIENT INDIVIDUAL CHART/RECORD ONLY . . . . . 3 COUNSELING NOT ROUTINELY RECORDEI 4	
1063	Is there a written protocol/guideline for providing ARV prophylaxis for PMTCT to HIV positive women who deliver in this facility? IF YES, ASK TO SEE THE GUIDELINE	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1064	Is there a register or record where the HIV positive women who deliver in the facility and receive the ARV at the time of delivery are recorded? IF YES, ASK TO SEE THE REGISTER (THIS MAY BE THE SAME REGISTER KEPT FOR ANC PMTCT RECIPIENTS)	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1066 → 1066

1065	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL DELIVERIES IN THE FACILITY	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → b	2 → 1066	3 → 1066		

1066	Other than previously observed guidelines, do you have any guidelines or protocols for delivery to prevent mother to child transmission of HIV/AIDS? IF YES, ASK TO SEE THEM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1067	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV/AIDS? DO NOT READ RESPONSES. PROMPT THE RESPONDENT BY ASKING: For example, have you changed any delivery practices because of the risk of HIV/AIDS? CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY . . . . . A MINIMIZE INSTRUMENT DELIVERY . . . . B HIBITANE VAGINAL CLEANSING . . . . . C MINIMIZE VAGINAL EXAM . . . . . D MINIMIZE ARTIFICIAL RUPTURE MEMBRANES . . . . . E CAESAREAN SECTION . . . . . F ARV PROPHYLAXIS IF HIV POSITIVE . . G AVOID MILKING CORD/IMMEDIATE CLAMP CORD . . . . . H AVOID SUCTION . . . . . I ENCOURAGE EXCLUSIVE BREAST FEEDIN J OTHER _____ X (SPECIFY) NONE . . . . . Y DON'T KNOW . . . . . Z	

1068	ASK TO SEE THE DELIVERY ROOM AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER	1 → 03	2	3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1	2	3	
03	HAND-WASHING SOAP	1	2	3	
04	SINGLE-USE HAND DRYING TOWELS	1	2	3	
05	SHARPS CONTAINER	1	2	3	
06	DISPOSABLE LATEX GLOVES	1 → 08	2	3	
07	DISPOSABLE NON-LATEX GLOVES	1	2	3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10	2	3	
09	DISINFECTANT (NOT YET MIXED)	1	2	3	
10	CONDOMS	1	2	3	
11	RAPID TEST FOR HIV	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	DISPOSABLE SYRINGES	1	2	3	
14	EXAMINATION TABLE	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → **END**	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

MEASURE *DHS* + SERVICE PROVISION ASSESSMENT
Observation of Sick-Child Consultation

1. Facility Identification

QTYPE . . . . . [O] [S] [C]

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . [ ][ ][ ]

2. Provider Information

Provider category:

Consultant	01	Nurse Midwife	13
Medical Doctor	08	Public Health Nurse	14
Medical Officer	09	Trained Nurse	15
Ast.Med.Officer (AMO) . .	10	Aux. Nurse/Med Attnd. . . .	16
Clinical Officer	11	Clinical Assistant	31
RN/Nursing Officer . . .	12		

Other _____ 96
(SPECIFY)

PROVIDER CATEGORY . . . . . [ ][ ]

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . [ ]

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERVATION

PROVIDER SL NUMBER . . . . . [ ][ ]

3. Information About Observation

Date: _____

DAY . . . . . [ ][ ]
MONTH . . . . . [ ][ ]
YEAR . . . . . [ ][ ][ ][ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ]

Client code:

CLIENT CODE . . . . . [ ][ ]

4. Observation of Sick-Child Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CHILD'S CARETAKER. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how health care for sick children is provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CARETAKER: Hello, I am_____. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	☐☐ : ☐☐	
103	RECORD SEX OF THE CHILD.	MALE . . . . . 1 FEMALE 2	
104	RECORD THE VISIT TYPE (THIS REFERS TO THIS SICKNESS).	FIRST VISIT . . . . . 1 FOLLOW-UP . . . . . 2 DON'T KNOW 8	

5. Provider's Interaction With Caretaker and Child

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING **MAJOR SYMPTOMS**.	YES	NO	DK	
01	Cough or difficult breathing (e.g. fast breathing)	1	2	8	
02	Diarrhea	1	2	8	
03	Fever or body hotness	1	2	8	
04	Ear pain or discharge	1	2	8	
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING.				
01	Whether the child is unable to drink or breastfeed at all	1	2	8	
02	Whether the child vomits everything	1	2	8	
03	Whether the child has had convulsions with this sickness	1	2	8	
107	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING **PHYSICAL EXAMINATIONS**.				
01	Take child's temperature by thermometer	1	2	8	
02	Feel the child for fever or body hotness	1	2	8	
03	Count respiration (breaths)	1	2	8	
04	Auscultate child (listen to chest with sthethoscope)	1	2	8	
05	Check skin turgor for dehydration (pinch abdominal skin)	1	2	8	
06	Check for pallor by looking at palms	1	2	8	
07	Check for pallor by looking at conjunctiva or mouth	1	2	8	
08	Look in child's ear	1	2	8	
09	Feel behind child's ear	1	2	8	
10	Undress child to examine (up to shoulders/ down to ankles)	1	2	8	
11	Press both feet to check for edema	1	2	8	
12	Assessed for suspected symptomatic HIV infection	1	2	8	
13	Weigh the child IF YES:	1	2 → 108	8 → 108	
14	Plot weight on growth chart	1 → 108	2	8	
15	Compare child's weight to standard weight	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
108	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH **BY DOING ANY OF THE FOLLOWING.**	YES	NO	DK		
01	Offer the child something to drink or ask the mother to put the child to the breast (IF CHILD DRINKS OR FEEDS AT BREAST DURING VISIT, THIS COUNTS AS "YES")	1	2	8		
02	Ask about normal feeding practices when the child is not ill	1	2	8		
03	Ask about normal breastfeeding practices when the child is not ill	1	2	8		
04	Ask about feeding or breastfeeding practices for the child during this illness	1	2	8		
05	Mention the child's weight or growth to the caretaker, or discuss the growth chart with the caretaker	1	2	8		
06	Look at the child's immunization card or ask the caretaker about child's vaccination history	1	2	8		
07	Ask if child received Vitamin A	1	2	8		
08	Look at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or when examining the child (THIS ITEM MAY BE EITHER THE VACCINATION CARD OR ANOTHER HEALTH CARD).	1	2	8		
109	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING WHEN COUNSELING THE CARETAKER.	YES	NO	DK	NA	
01	Provide general information about feeding or breast-feeding the child even when not sick	1	2	8		
02	Tell the caretaker to give extra fluids to the child during this sickness	1	2	8		
03	Tell the caretaker to continue feeding the child during this sickness	1	2	8		
04	Tell the caretaker what illness(es) the child has	1	2	8		
05	Describe signs or symptoms in the child for which the caretaker should immediately bring the child back	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
110	RECORD WHETHER THE CHILD WAS REFERRED TO ANOTHER PROVIDER OR FOR A LABORATORY TEST	1	2 → 111	8 → 111		
01	WAS CHILD REFERRED TO ANOTHER PROVIDER?	1	2	8		
02	WAS CHILD REFERRED FOR A LABORATORY TEST?	1	2	8		
03	DID THE PROVIDER EXPLAIN THE REASON FOR THE REFERRAL?	1	2	8		
04	WAS A REFERRAL SLIP GIVEN?	1	2	8		
05	DID THE PROVIDER EXPLAIN WHERE/ WHOM TO GO?	1	2	8		
06	DID THE PROVIDER EXPLAIN WHEN TO GO FOR REFERRAL?	1	2	8		
111	THIS QUESTION REFERS TO MEDICINES THE CARETAKER WILL GIVE TO THE CHILD AT HOME, AND DOES NOT INCLUDE PARACETAMOL OR ORS PROVIDED FOR IMMEDIATE TREATMENT BUT NOT PRESCRIBED FOR HOME TREATMENT TREATMENT.	YES	NO	DK		
01	Prescribe or provide oral medications during consultation	1	2 → 112	8 → 112		
02	Explain how to administer oral treatment(s)	1	2	8	5	
03	Ask the caretaker to repeat the instructions for the medications	1	2	8	5	
04	Give the first dose of the oral treatment	1	2	8	5	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	RECORD WHETHER A PROVIDER USED ANY VISUAL AIDS WHEN PROVIDING INDIVIDUAL HEALTH EDUCATION OR COUNSELING TO THE CARETAKER ABOUT THE CHILD.	YES NO DK 1 2 8	
113	RECORD WHETHER THE MAIN PROVIDER REFERRED TO THE CHILD'S HEALTH CARD/ BOOK BEFORE OR DURING THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD/BOOK USED . . . . . 3 DON'T KNOW 8	→ 115
114	RECORD WHETHER THE MAIN PROVIDER WROTE ON THE CHILD'S HEALTH CARD/ BOOK.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD/BOOK USED . . . . . 3 DON'T KNOW 8	
115	RECORD WHETHER ANYONE DISCUSSED A FOLLOW-UP VISIT FOR THE CHILD	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
116	RECORD THE OUTCOME OF THE CONSULTATION. [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	CHILD SENT HOME . . . . . 1 CHILD REFERRED TO PROVIDER AT SAME FACILITY . . . . . 2 CHILD ADMITTED TO SAME FACILITY . . . . . 3 CHILD SENT TO LAB . . . . . 4 CHILD REFERRED TO OTHER FACILITY 5	
117	RECORD THE TIME WHEN THE CONSULTATION ENDED.	☐☐ : ☐☐	

6. Diagnosis and Classification and Treatment

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS. EXPLAIN THAT FOR ANY DIAGNOSIS OR SYMPTOM YOU WANT TO KNOW IF THE PROBLEM WAS SEVERE, MODERATE, OR MINOR. THEN ASK ABOUT THE TREATMENT PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.

	DIAGNOSIS OR MAIN SYMPTOMS (IF NO DIAGNOSIS)	1 SEVERE	2 MOD-ERATE	3 MINOR	4 NO	8 DON'T KNOW
201	**RESPIRATORY SYSTEM**					
	1) PNEUMONIA	1	2		4	8
	2) BRONCHO-PNEUMONIA	1	2		4	8
	3) BRONCHIAL SPASM/ASTHMA	1	2	3	4	8
	4) UPPER RESPIRATORY INFECTION (URI)	1	2	3	4	8
	5) RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN	1	2	3	4	8
	6) COUGH, DIAGNOSIS UNCERTAIN	1	2	3	4	8
202	**DIGESTIVE SYSTEM**					
	1) PERSISTENT DIARRHEA	1	2	3	4	8
	2) DIARRHEA	1	2	3	4	8
	3) DYSENTERY	1	2	3	4	8
	4) AMEBIASIS	1	2	3	4	8
	5) OTHER DIARRHEA _____ (SPECIFY)	1	2	3	4	8
203	**DEHYDRATION**					
	1) DEHYDRATION	1	2	3	4	8
204	**MALARIA**					
	1) MALARIA (CLINICAL DIAGNOSIS)	1	2	3	4	8
	2) MALARIA (BLOOD SMEAR)	1	2	3	4	8
	3) PROBABLE MALARIA (BY SYMPTOMS)	1	2	3	4	8
205	**FEVER**					
	1) FEVER	1	2	3	4	8
	2) MEASLES	1	2	3	4	8
	3) MEASLES WITH COMPLICATIONS	1	2	3	4	8
206	**EAR**					
	1) MASTOIDITIS	1	2	3	4	8
	2) ACUTE EAR INFECTION	1	2	3	4	8
	3) CHRONIC EAR INFECTION	1	2	3	4	8
207	**THROAT**					
	1) STREPTOCOCCAL SORE THROAT	1	2	3	4	8
	2) NON-STREPTOCOCCAL SORE THROAT	1	2	3	4	8
	3) OTHER THROAT OR EAR DIAGNOSIS _____ (SPECIFY)	1	2	3	4	8
208	**OTHER**					
	1) OTHER DIAGNOSIS _____ (SPECIFY)	1	2	3	4	8

209	CHECK RESPIRATORY ILLNESSES IN 201. IF CODES 1, 2 OR 3 ARE CIRCLED, CLARIFY WITH THE PROVIDER IF THERE WAS WHEEZING OR NOT.	YES, WHEEZING . . . . . 1 NO WHEEZING . . . . . 2 NOT APPLICABLE . . . . . 5 NOT CERTAIN 8	
	ASK ABOUT PRESCRIPTION, TREATMENT AND ACTIONS TAKEN FOR ILLNESS AND PROBE "ANYTHING ELSE?"	YES NO DK	
210	1 NO TREATMENT	1 → 217 2 8	
211	**TREATMENT FOR VARIOUS ILLNESSES**		
	1) BENZATHINE PENICILLIN INJECTION	1 2 8	
	2) OTHER ANTIBIOTIC INJECTION	1 2 8	
	3) OTHER INJECTION	1 2 8	
	4) ANTIBIOTIC TABLET/SYRUP	1 2 8	
	5) CO-TRIMOXAZOLE/AMOXICILLIN	1 2 8	
	6) PARACETAMOL	1 2 8	
	7) ZINC (for Diarrhea) (SPECIFY DOSE in mg) ☐☐☐☐	1 2 8	
	8) VITAMINS	1 2 8	
	9) COUGH SYRUPS/OTHER MEDICATION FOR SYMPTOMATIC TREATMENT	1 2 8	
212	**RESPIRATORY**		
	1) NEBULIZED OR INHALER	1 2 8	
	2) INJECTABLE BRONCHODILATOR (ADRENALINE)	1 2 8	
	3) ORAL BRONCHODILATOR	1 2 8	
	4) DRY EAR BY WICKING	1 2 8	
213	**MALARIA**		
	1) INJECTABLE QUININE, FANSIDAR (SP) OR ARTEMETHER	1 2 8	
	2) INJECTABLE CHLOROQUINE	1 2 8	
	3) OTHER INJECTABLE ANTIMALARIAL	1 2 8	
	4) ORAL ANTIMALARIAL	1 2 8	
	5) ORAL CHLOROQUIN	1 2 8	
	6) ORAL FANSIDAR (SP)	1 2 8	
	7) ORAL ARTEMISNIN	1 2 8	
	8) ORAL AMODIAQUINE	1 2 8	
	9) ORAL ARTEMETER	1 2 8	
	10) OTHER ORAL ANTIMALARIAL _____ (SPECIFY)	1 2 8	
214	**DEHYDRATION**		
	1) HOME ORT	1 2 8	
	2) INITIAL ORT IN FACILITY (4 HOURS)	1 2 8	
	3) INTRAVENOUS FLUIDS	1 2 8	

215	**MEASLES**	YES NO DK	
	1) VITAMIN A	1 2 8	
	2) FEEDING SOLID FOODS	1 2 8	
	3) FEEDING EXTRA LIQUIDS	1 2 8	
	4) FEEDING BREAST MILK	1 2 8	
216	1 OTHER TREATMENT _____ (SPECIFY)	1 2 8	
217	Did you give or refer the child for an immunization? IF NO: Why not?	PROVIDER GAVE . . . . . 1 PROVIDER REFERRED . . . . . 2 NOT DUE FOR IMMUNIZATION/ COMPLETED IMMUNIZATIC . . . . 3 VACCINE NOT AVAILABLE . . . . . 4 CHILD TOO SICK . . . . . 5 NOT DAY FOR IMMUNIZATION . . . . . 6 DID NOT CHECK FOR IMMUNIZATION 7	
218	RECORD THE TIME THE OBSERVATION ENDED.	☐☐ : ☐☐	
	Observer's comments:		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT

Exit Interview for Caretaker of Sick Child

1. Facility Identification

QTYPE . . . . . [X] [S] [C]

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . [ ][ ][ ]

2. Information About Interview

Date: _____	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]
Name of the interviewer: _____	INTERVIEWER CODE . . . . . [ ][ ]
Client code [USE SAME NUMBER FROM OBSERVATION]	CLIENT CODE: . . . . . [ ][ ]
Sex of caretaker (1=Male; 2=Female)	SEX OF CARETAKER . . . . . [ ]

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CARETAKER: Hello, I am_____. As my colleague mentioned, we are representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ STOP
101	RECORD THE TIME THE INTERVIEW STARTED . . . . . :		
102	What is the name of the sick child?	NAME _____	
103	What month and year was [NAME] born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
104	WERE YOU ABLE TO ASCERTAIN THE COMPLETE BIRTH DATE OF THE CHILD?	YES . . . . . 1 NO 2	
105	How old is [NAME] in completed months?	AGE IN MONTHS . . . . . [ ][ ]	
106	Did you bring [NAME] to the facility today because he or she had any of the following problems?	YES NO	
01	Cough or difficult breathing	COUGH/DIFF. BREATH. 1 2	
02	Diarrhea	DIARRHEA 1 2	
03	Fever/body hotness at home	FEVER/BODY HOTNESS 1 2	
04	Vomiting everything	VOMITING EVERYTHING 1 2	
05	Feeding problems	FEEDING PROBLEMS 1 2	
06	Convulsions	CONVULSIONS 1 2	
07	Excessive sleepiness	SLEEPINESS 1 2	
107	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS. PROBE: Anything else?	EYE PROBLEMS . . . . . A SKIN SORE/PROBLEMS B INJURY . . . . . C OTHER NON-SERIOUS W OTHER SERIOUS _____ X (SPECIFY) NO OTHER REASON . . . . . Y	
108	Has [NAME] been brought to this facility before for this same sickness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 110 → 110

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
109	IF YES: How long ago was that?	WITHIN THE PAST WEEK . . . 1 WITHIN THE PAST 2-4 WEEKS 2 MORE THAN 4 WEEKS AGO . 3 DON'T KNOW 8	
110	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, WRITE 00 IN THE BOXED CELLS.	DAYS AGO . . . . . [ ][ ] DON'T KNOW 98	
111	Did the provider tell you what illness [NAME] has?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
112	What will you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY . . . . . 1 GO TO OTHER FACILITY . . . 2 GO TO OTHER HEALTH WORKER/PHARMACY . . . . . 3 GO TO TRADITIONAL HEALER . . . . . 4 WAIT . . . . . 5 DON'T KNOW 8	
113	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately? CIRCLE THE SYMPTOM LISTED IF THE CARETAKER UNDERSTANDS THAT THE CHILD SHOULD BE BROUGHT BACK IF THE SYMPTOM EITHER FAILS TO GO AWAY OR BECOMES WORSE.	FEVER . . . . . A BREATHING PROBLEMS . . . . . B BECOMES SICKER . . . . . C BLOOD IN STOOL . . . . . D VOMITING . . . . . E POOR/NOT EATING . . . . . F POOR/NOT DRINKING . . . . . G OTHER _____ X (SPECIFY) NO, NONE . . . . . Y DON'T KNOW . . . . . Z	
114	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES . . . . . A IF SYMPTOMS INCREASE OR BECOME WORSE . . . . . B FOLLOW-UP APPOINTMENT C CHILD ADMITTED . . . . . D ROUTINE IMMUNIZATION . . . . . E OTHER _____ X (SPECIFY) NO . . . . . Y DON'T KNOW . . . . . Z	
115	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS . . . . . 1 YES, GAVE PRESCRIPTION . 2 GAVE MEDS AND PRESCRIPTION . . . . . 3 NO 8	→ 120
116	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS . . . . . 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY . . . 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
117	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
118	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and how often to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	Has [NAME] been given a dose of any of these medications here at the facility already?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
120	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJ . . . . . 1 YES, RECEIVED PRESC. FOR INJ. . . . . 2 NO . . . . . 3 DON'T KNOW 8	
121	Now I want to ask you some questions about [NAME]. When not sick, what types of food or fluid does [NAME] normally take?	ONLY BREASTMILK . . . . . 1 OTHER MILKS . . . . . 2 BREASTMILK AND LIQUIDS . 3 BREASTMILK AND OTHER FOODS AND LIQUIDS . . . . . 4 NO BREASTMILK . . . . . 5 DON'T KNOW 8	
122	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES . . . . . 1 NO . . . . . 2 CANNOT REMEMBER 8	
123	Did anyone at the health facility weigh [NAME] today?	YES . . . . . 1 NO 2	
124	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES . . . . . 1 NO 2	
125	Since becoming ill, has the way that [NAME] drinks changed from normal? IF YES: CLARIFY WHETHER THE CHILD IS CONSUMING MORE OR LESS THAN NORMAL.	MORE THAN NORMAL . . . . . 1 SAME AS NORMAL . . . . . 2 LESS THAN NORMAL . . . . . 3 NOT DRINKING . . . . . 4 NOT CERTAIN 8	
126	Since becoming ill, has the way that [NAME] eats changed from normal? IF YES: CLARIFY WHETHER THE CHILD IS CONSUMING MORE OR LESS THAN NORMAL.	MORE THAN NORMAL . . . . . 1 SAME AS NORMAL . . . . . 2 LESS THAN NORMAL . . . . . 3 NOT EATING . . . . . 4 HAS NOT BEGUN SOLIDS . . . 5 NOT CERTAIN 8	
127	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . 3 GIVE NOTHING/DON'T FEED . . 4 DIDN'T DISCUSS . . . . . 6 NOT CERTAIN 8	
128	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . 3 GIVE NOTHING/DON'T FEED . . 4 DIDN'T DISCUSS . . . . . 6 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
129	Was [NAME] given a vaccination today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
130	Do you have [NAME]'s vaccination card with you?	YES . . . . . 1 NO 2	→ 133
131	ASK TO SEE THE CHILD'S VACCINATION CARD. INDICATE WHETHER THE RECORD SHOWS THAT THE CHILD WAS VACCINATED TODAY.	YES . . . . . 1 NO 2	

132 CHECK THE CHILD'S HEALTH CARD AND INDICATE IN COLUMN "A" WHETHER THE CHILD HAS EVER RECEIVED ANY OF THE FOLLOWING VACCINATIONS. ALSO CHECK THE DATE THAT EACH OF THE VACCINATIONS WAS GIVEN AND WRITE THE DATE IN COLUMN "B". IF NO DATE IS RECORDED ON THE CARD, ENTER 66 FOR THE DAY AND MONTH AND 6666 FOR THE YEAR.

		HAS CHILD **EVER** RECEIVED VACCINATION?	DATE DAY MONTH YEAR
		a	b
01	POLIO-0	YES . . . . . 1 NO OR NO RECORD . . 2→ 02	
02	BCG	YES . . . . . 1 NO OR NO RECORD . . 2→ 03	
03	POLIO-1	YES . . . . . 1 NO OR NO RECORD . . 2→ 04	
04	POLIO-2	YES . . . . . 1 NO OR NO RECORD . . 2→ 05	
05	POLIO-3	YES . . . . . 1 NO OR NO RECORD . . 2→ 06	
06	DPTHB-1	YES . . . . . 1 NO OR NO RECORD . . 2→ 07	
07	DPTHB-2	YES . . . . . 1 NO OR NO RECORD . . 2→ 08	
08	DPTHB-3	YES . . . . . 1 NO OR NO RECORD . . 2→ 09	
09	MEASLES	YES . . . . . 1 NO OR NO RECORD . . 2→ 133	

133	Did the provider instruct you to go to another facility, another provider, or for a laboratory test for further care for your child?	YES . . . . . 1 NO 2	→ 135

134		YES	NO	DK
01	Were you given any paper or record to take with you for the referral?	1	2	8
02	Were you told where to go for the referral?	1	2	8
03	Were you told who to see for the referral?	1	2	8
04	Were you told why you were to go for the referral?	1	2	8

135	Did you see another health provider or traditional healer before coming here? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER . . . . . A YES, TRADITIONAL HEALER . B NO . . . . . Y	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION					GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve family planning services.						
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998					
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.						
			LARGE	SMALL	NO PROB-LEM	DK	
01	Time you waited	WAIT	1	2	3	8	
02	Ability to discuss problems or concerns about your child's health with the provider	DISCUSS PROBLEMS	1	2	3	8	
03	Amount of explanation you received about the problem or treatment	EXPLAIN PROB. OR TREATMENT	1	2	3	8	
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8	
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8	
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8	
07	Availability of medicines at this facility	MEDICINES	1	2	3	8	
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8	
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8	
10	The cleanliness of the facility	CLEAN	1	2	3	8	
11	How the staff treated you	HOW TREATED	1	2	3	8	
12	Cost for services or treatments	COST	1	2	3	8	
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8	
203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8					
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2					→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDI-CINE [ ][ ][ ][ ][ ][ ] 4) CON-SULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility? IF CARETAKER MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . .01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . .05 IT IS MORE EXPENSIVE . . . . 06 REFERRAL . . . . . .07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
300	What is your relationship to [NAME]?	MOTHER . . . . . 1 FATHER . . . . . 2 SIBLING . . . . . 3 AUNT OR UNCLE . . . . . 4 OTHER _____ 6 (SPECIFY)	
301	How old were you at your last birthday?	AGE IN YEARS	
302	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
303	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 MIDDLE . . . . . 3 SECONDARY . . . . . 4 HIGHER 5	→ 305
304	What is the highest grade you completed at that level?	GRADE	
305	Do you know how to read or how to write?	YES, READ AND WRITE . . 1 YES, READ ONLY . . . . . 2 NO 3	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME THE INTERVIEW ENDED	. .	
307	**Interviewer's comments:**		

Sample List for Sick Child Observation

Date | | | | | | | | |
DAY MONTH YEAR

		FAC #

IF THERE ARE MORE THAN 25 CHILDREN YOU MAY INDICATE THE TOTAL NUMBER HERE | |

	INITIALS OF CHILD	AGE (MONTHS)	SYMPTOM	
			SICK	INJURY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

MEASURE *DHS+* SERVICE PROVISION ASSESSMENT
Observation of Family Planning Consultation

1. Facility Identification

QTYPE . . . . . O | F | P

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | |

2. Provider Information

Provider category:

Consultant	01	NurseMidwife . . .	13
Medical Doctor	08	Public Health Nurse	14
Medical Officer	09	Trained Nurse	15
Ast. Med. Officer (AMO)	10	Aux. Nurse/Med Attnd.	16
Clinical Officer	11	Clinical Assistant	31
RN/Nursing Officer	12		

Other _____ 96
SPECIFY

PROVIDER CATEGORY . . . . . | |

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . |

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERVATION

PROVIDER SL NUMBER . . . . . | |

3. Information About Observation

DAY . . . . . | |

Date: _____

MONTH . . . . . | |

YEAR . . . . . | | | | |

Name of the observer: _____

OBSERVER CODE . . . . . | |

Client code:

CLIENT CODE . . . . . | |

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	☐☐ : ☐☐	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
103	RECORD THE SEX OF CLIENT.	MALE . . . . . 1 FEMALE 2				
104	CLIENT STATUS. (OBSERVER TO COMPLETE)	YES	NO	DK	NA	
01	INDICATE WHETHER THE CLIENT HAS HAD ANY PREVIOUS CONTACT WITH A PROVIDER AT THIS FAMILY PLANNING CLINIC.	1	2	8		
02	INDICATE WHETHER THE CLIENT HAS EVER BEEN PREGNANT.	1	2	8	5	
105	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:					
01	Age of client	1	2	8		
02	Number of living children	1	2	8		
03	Last delivery date or age of youngest child	1	2	8	5	
04	History of complications with pregnancy	1	2	8	5	
05	Current pregnancy status	1	2	8	5	
06	Desire for a child or more children	1	2	8		
07	Desired timing for birth of next child	1	2	8		
08	Breastfeeding status	1	2	8	5	
09	Regularity of menstrual cycle	1	2	8	5	
106	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS.	YES	NO	DK		
01	Take the client's blood pressure	1	2	8		
02	Weigh the client	1	2	8		
03	Ask the client about smoking	1	2	8		
04	Ask the client about symptoms of STIs (e.g., abnormal discharge)	1	2	8		
05	Ask the client about chronic illnesses (heart disease, diabetes, hypertension, liver or jaundice problem, breast cancer)	1	2	8		
06	Look at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
107	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY.	YES	NO	DK	
01	Ensure visual privacy	1	2	8	
02	Ensure auditory privacy	1	2	8	
03	Assure the client orally of confidentiality	1	2	8	
04	Ask the client about questions or concerns regarding methods currently used	1	2	8	
05	DID THE CLIENT SAY SHE HAD ANY CONCERNS, OR ASK ANY QUESTIONS ABOUT SIDE-EFFECTS OR ABOUT THE METHOD?	1	2	8	
108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THESE ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.				
01	Partner's attitude toward family planning	1	2	8	
02	Partner status (number of partners for client or for client's partner; partner's absence)	1	2	8	
03	Risk of STIs	1	2	8	
04	Use of condoms to prevent STIs	1	2	8	
05	Using condoms as well as or along with another method (dual method) to attempt to prevent STIs	1	2	8	
109	INDICATE WHICH METHOD(S) WERE **PROVIDED OR PRESCRIBED** DURING THIS VISIT. IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. [IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED]	COMBINED PILL A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C MALE CONDOM D FEMALE CONDOM E IUD F SPERMICIDE G DIAPHRAGM H INJECTABLE DEPO PROVERA I INJECTABLE NORIGYNON J IMPLANT . . . . . K NATURAL METHODS (RHYTHM) . . . . . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER _____ X (SPECIFY) NO METHOD . . . . . Y			→ 111

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
110	FOR THE METHOD(S) IN QUESTION 109, INDICATE WHETHER THE RELEVANT INFORMATION INDICATED WAS ASSESSED OR DISCUSSED.	YES	NO	DK	NA
	PILLS OR INJECTIONS				5 → 05
01	When to take (pill daily; injection either every month or every 3 months)	1	2	8	
02	Changes that may occur with menstruation (decreased flow, spotting)	1	2	8	
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	1	2	8	
04	What to do if forget pill or do not get injection on time	1	2	8	
	CONDOMS				5 → 10
05	Client cannot use if allergic to latex	1	2	8	
06	Can be used only one time	1	2	8	
07	Some lubricants may be used (male condom—water soluble only; female condom—any lubricant)	1	2	8	
08	Use as backup if client fears other method will fail	1	2	8	
09	Dual protection (from pregnancy and against STI)	1	2	8	
	IUD				5 → 12
10	User should regularly check string after menstruation	1	2	8	
11	May cause heavy bleeding or spotting	1	2	8	
	SPERMICIDE/FOAM				5 → 14
12	May cause irritation	1	2	8	
13	Insert before each occurrence of intercourse	1	2	8	
	IMPLANT				5 → 17
14	Good for 5 years	1	2	8	
15	Changes that may occur with menstruation (decreased flow, spotting)	1	2	8	
16	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	1	2	8	
	RHYTHM METHOD or PERIODIC ABSTINENCE				5 → 19
17	How to identify a woman's fertile period	1	2	8	
18	No intercourse during woman's fertile period without alternative method (condom/spermicide)	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		YES	NO	DK	NA
	LAM				5 → 22
19	Slight risk of pregnancy during the time shortly before menstruation resumes	1	2	8	
20	Most effective with exclusive breastfeeding without menstruation	1	2	8	
21	Not effective after menstruation begins again	1	2	8	
	VASECTOMY/FEMALE STERILIZATION				5 → 25
22	Permanent: cannot impregnate or become pregnant again	1	2	8	
23	Slight discomfort at incision site may occur	1	2	8	
24	Male must use condom or some other method for the next 20 ejaculations or for 3 months	1	2	8	5
	EMERGENCY CONTRACEPTION				5 →111
25	If vomit within 2 hours, need another dose	1	2	8	
26	If next period is unusually light or fails to occur within 4 weeks, return for pregnancy check	1	2	8	
27	First dose to be taken within 72 hours of contact	1	2	8	
28	Second dose should be taken 12 hours after first dose	1	2	8	
29	Regimen not to be repeated/taken more than three times in any one month	1	2	8	
111	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD USED . . . 3 DON'T KNOW 8			
112	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING ABOUT FAMILY PLANNING METHODS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
113	RECORD WHETHER THE PROVIDER DISCUSSED A RETURN VISIT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			

5. Clinical Observation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	INDICATE WHETHER ANY CLINICAL PROCEDURE WAS CONDUCTED DURING THIS VISIT. CLINICAL PROCEDURES INCLUDE PELVIC EXAMINATIONS, OR PROVIDING THE IUD, INJECTABLE METHOD, OR IMPLANT.	YES . . . . . 1 NO 2	→ 301
202	INDICATE WHETHER CLINICAL PROVIDER IS PERSON WHO PROVIDED COUNSELING.	YES . . . . . 1 NO 2	→ 206
	READ TO PROVIDER: Hello, I am representing the Ministry of Health. We are carrying out a survey of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Mrs. ___] has agreed that she has no objection to my presence. Observing all components of the services provided to [Mrs. ___] will help us to better understand how health services are provided. Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me. Do you have any questions for me? Do I have your permission to be present during this procedure? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
204	RECORD THE TYPE OF PROVIDER PERFORMING MOST OF THE CLINICAL EXAMINATION.	CONSULTANT . . . . . 01 MEDICAL DOCTOR . . . . . 08 MEDICAL OFFICER . . . . . 09 ASST. MED. OFFICER (AMO) 10 CLINICAL OFFICER . . . . . 11 RN/NURSING OFFICER . . . . . 12 NURSE MIDWIFE . . . . . 13 PUBLIC HEALTH NURSE . . . . 14 TRAINED NURSE . . . . . 15 AUX. NURSE/MED ATTND. . . 16 CLINICAL ASSISTANT . . . . . 31 OTHER_____ 96 (SPECIFY)	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE . . . . . 1 FEMALE 2	
206	INDICATE CLINICAL PROCEDURE (S) CONDUCTED DURING THIS VISIT.	PELVIC EXAM . . . . . A IUD INSERTED/REMOVED . . B INJECTABLE GIVEN . . . . . C IMPLANT INSERTED/ REMOVED . . . . . D	

6. Pelvic Examination

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
207A	CHECK Q206: WAS A PELVIC EXAMINATION CONDUCTED?	YES . . . . . 1 NO 2			→ 208A
207	RECORD WHETHER THE FOLLOWING OCCURRED DURING OR AFTER THE EXAMINATION		YES	NO	NA
01	ENSURE THAT CLIENT HAD VISUAL PRIVACY	VISUAL PRIVACY	1	2	
02	ENSURE THAT CLIENT HAD AUDITORY PRIVACY	AUDITORY PRIVACY	1	2	
03	EXPLAIN PROCEDURE BEFORE STARTING	EXPLAIN PROCEDURE BEFOREHAND	1	2	
04	PREPARE ALL INSTRUMENTS BEFORE STARTING PROCEDURE	PREPARED INSTRUMENTS	1	2	
05	USE STERILIZED OR HIGH LEVEL DISINFECTED INSTRUMENTS	STERILIZED/HLD INSTRUMENTS	1	2	
06	WASH HIS/HER HANDS WITH SOAP BEFORE STARTING PROCEDURE	WASHED HANDS	1	2	
07	PUT ON NEW OR DISINFECTED LATEX GLOVES BEFORE STARTING PROCEDURE	PUT ON GLOVES	1	2	
08	ASK THE CLIENT TO TAKE SLOW DEEP BREATHS AND RELAX MUSCLES	ASK CLIENT TO RELAX MUSCLES	1	2	
09	INSPECT THE EXTERNAL GENITALIA	INSPECT GENITALIA	1	2	
10	EXPLAIN SPECULUM PROCEDURE (IF USED)	EXPLAIN SPECULUM	1	2	5
11	INSPECT THE CERVIX AND VAGINAL MUCOSA (USE SPECULUM AND LIGHT)	INSPECT CERVIX	1	2	5
12	PERFORM A BIMANUAL EXAMINATION (ONE HAND IN VAGINA OTHER PALPATING ABDOMEN)	BIMANUAL EXAM	1	2	
13	WASH HANDS AFTER REMOVING GLOVES	WASH HANDS AFTER	1	2	
14	WIPE CONTAMINATED SURFACES WITH DISINFECTANT	DISINFECT AREA	1	2	
15	PLACE REUSABLE GLOVES OR INSTRUMENTS IN CHLORINE SOLUTION IMMEDIATELY AFTER THE PROCEDURE.	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2	

7. IUD Insertion and/or Removal

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
208A	CHECK 206: WAS AN IUD EITHER INSERTED OR REMOVED?	YES . . . . . 1 NO 2				→ 210A
208	INDICATE PROCEDURE CONDUCTED.	IUD INSERTION . . . . . A IUD REMOVAL . . . . . B				
209	RECORD WHETHER THE FOLLOWING OCCURRED DURING OR AFTER THE EXAMINATION		YES	NO	NA	
01	ENSURE THAT CLIENT HAD VISUAL PRIVACY	VISUAL PRIVACY	1	2		
02	ENSURE THAT CLIENT HAD AUDITORY PRIVACY	AUDITORY PRIVACY	1	2		
03	EXPLAIN PROCEDURE BEFORE STARTING	EXPLAIN PROCEDURE BEFOREHAND	1	2		
04	(FOR NEW CLIENT) RECONFIRM CLIENT CHOICE OF METHOD	RECONFIRM CHOICE	1	2	5	
05	(FOR NEW CLIENT, CONFIRM CLIENT NOT PREGNANT	CONFIRM CLIENT NOT PREGNANT	1	2	5	
06	PREPARE ALL INSTRUMENTS BEFORE STARTING PROCEDURE	PREPARED INSTRUMENTS	1	2		
07	USE STERILIZED OR HIGH LEVEL DISINFECTED INSTRUMENTS	STERILIZED/HLD INSTRUMENTS	1	2		
08	WASH HIS/HER HANDS WITH SOAP BEFORE STARTING PROCEDURE	WASHED HANDS	1	2		
09	PUT ON NEW OR DISINFECTED LATEX GLOVES BEFORE STARTING PROCEDURE	PUT ON GLOVES	1	2		
10	PERFORM A SPECULUM EXAM (FOR RTI OR STI) BEFORE CONDUCTING BIMANUAL EXAMINATION	SPECULUM EXAM	1	2	5	
11	PERFORM A BIMANUAL EXAMINATION (ONE HAND IN VAGINA OTHER PALPATING ABDOMEN)	BIMANUAL EXAM	1	2	5	
12	INSPECT THE CERVIX AND VAGINAL MUCOSA (USE SPECULUM AND LIGHT)	VISUALIZE CERVIX	1	2	5	
13	USE A TENACULUM	USE TENACULUM	1	2	5	
14	SOUND THE UTERUS BEFORE INSERTING IUD	SOUND UTERUS	1	2	5	
15	USE THE NO-TOUCH TECHNIQUE FOR INSERTION	NO-TOUCH TECHNIQUE	1	2	5	
16	WASH HANDS AFTER REMOVING GLOVES	WASH HANDS AFTER	1	2		
17	ASK CLIENT TO WAIT AND REST FOR 15 MINUTES AFTER INSERTION OF IUD	ASK CLIENT TO WAIT	1	2		
18	WIPE CONTAMINATED SURFACES WITH DISINFECTANT	DISINFECT AREA	1	2		
19	PLACE REUSABLE GLOVES OR INSTRUMENTS IN CHLORINE SOLUTION IMMEDIATELY AFTER THE PROCEDURE.	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2		
20	WAS THE CLIENT INSTRUCTED TO REGULARLY CHECK THE STRING AFTER MENSTRUATION?	INSTRUCTED CHECK STRING	1	2	5	
21	WAS THE CLIENT TOLD THAT SHE MAY EXPERIENCE HEAVY BLEEDING OR SPOTTING WITH THE IUD?	TOLD ABOUT BLEEDING/SPOTTING	1	2	5	

8. Injectable Contraceptive

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
210A	CHECK Q206: WAS A CONTRACEPTIVE INJECTION GIVEN?	YES . . . . . 1 NO 2			→ 212A
210	RECORD WHETHER THE PROVIDER DID THE FOLLOWING:		YES	NO	NA
01	(With a **new client**) Reconfirm the client's choice of method	RECONFIRM CHOICE	1	2	5
02	(With a **new client**) Verify that client was not pregnant	CONFIRM CLIENT NOT PREGNANT	1	2	5
03	(**Continuing client**) Check the client's card to ensure giving injection at correct time	ENSURE CORRECT TIMING	1	2	5
04	Wash his or her hands with soap before giving the injection	WASHED HANDS	1	2	
05	(**If using reusables**) Use newly reprocessed needle and syringe	USE NEW/CLEAN NEEDLE	1	2	5
06	Remove needle from multiple dose vial each time	REMOVE NEEDLE	1	2	5
07	Stir or mix the bottle *before* drawing dose (DEPO)	STIR BOTTLE	1	2	5
08	Clean and air-dry the injection site *before* injection	CLEAN AND AIR-DRY THE SITE	1	2	
09	Draw back plunger *before* giving injection	DRAW BACK PLUNGER	1	2	
10	Allow dose to self-disperse instead of massaging the site	NO MASSAGE	1	2	
11	Dispose of sharps in puncture-resistant containers	DISPOSE OF SHARPS	1	2	
211	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY . . . . 1 PROVIDED BY CLIENT . . . . 2 DON'T KNOW 8			

9. Implant Insertion or Removal

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
212A	CHECK 206: WERE IMPLANTS EITHER INSERTED OR REMOVED?	YES . . . . . 1 NO 2			→ 301
212	INDICATE PROCEDURE CONDUCTED.	INSERTION . . . . . A REMOVAL . . . . . B			
213	RECORD WHETHER THE PROVIDER DID THE FOLLOWING:		YES	NO	NA
01	Reconfirm the client's choice of method	RECONFIRM CHOICE	1	2	5
02	Verify that client was not pregnant	CONFIRM CLIENT NOT PREGNANT	1	2	5
03	Ensure that the client had visual privacy	VISUAL PRIVACY	1	2	
04	Ensure that the client had auditory privacy	AUDITORY PRIVACY	1	2	
05	Explain the procedure before starting it	EXPLAIN PROCEDURE BEFOREHAND	1	2	
06	Prepare all instruments before the procedure	PREPARED INSTRUMENTS	1	2	
07	Use sterilized or high-level disinfected instruments	STERILIZED/HLD INSTRUMENTS	1	2	
08	Wash his or her hands with soap, *before* the procedure	WASHED HANDS	1	2	
09	Put on sterile gloves and maintain sterility during insertion	GLOVES AND STERILITY	1	2	
10	Clean skin where incision will be made with antiseptic	USE ANTISEPTIC	1	2	
11	Use sterile towel to protect area	USE STERILE TOWEL	1	2	
12	Use new or sterilized needle and syringe for local anesthetic	USE STERILE NEEDLE	1	2	
13	Allow time for local anesthetic to take effect prior to making incision	ALLOW TIME FOR ANESTHETIC TO WORK	1	2	
14	Dispose of sharps in puncture-resistant containers	DISPOSE OF SHARPS	1	2	
15	Wipe contaminated surfaces with disinfectant	DISINFECT AREA	1	2	
16	Place reusable gloves and instruments in a chlorine solution immediately after completing the procedure	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2	
17	Wash hands *after* removing gloves	WASH HANDS AFTER	1	2	
18	Explain care of incision area and removal of the bandage	EXPLAIN INCISION CARE	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
			YES	NO	NA
19	Discuss return visit to remove plaster	DISCUSS RETURN	1	2	
20	Provide woman with card stating date implant was inserted and date when 5 years of implant would be completed	PROVIDE CARD	1	2	5
21	WAS THE CLIENT INSTRUCTED THAT THE IMPLANT IS GOOD FOR 3-5 YEARS?	TOLD IMPLANT GOOD 3-5 YEARS	1	2	5
22	WAS THE CLIENT TOLD ABOUT POSSIBLE MENSTRUAL CHANGES (SIDE EFFECTS)?	TOLD MENSTRUAL CHANGES	1	2	5
23	WAS THE CLIENT TOLD ABOUT OTHER (NON-MENSTRUAL) SIDE-EFFECTS SUCH AS NAUSEA, WEIGHT GAIN, OR BREAST TENDERNESS?	TOLD OTHER SIDE-EFFECTS	1	2	5
214	Did the provider show each implant stick removed to the client and reassure her that all were removed?	SHOW REMOVED IMPLANT	1	2	5
215	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY . . . . 1 PROVIDED BY CLIENT . . . . . 2 DON'T KNOW 8			

10. Client's Family Planning Status			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	AFTER THE CONSULTATION, COMPLETE THE FOLLOWING INFORMATION		
301	RECORD THE CLIENT'S FAMILY PLANNING STATUS AT THE BEGINNING OF THE CONSULTATION.	CURRENT USER . . . . . 1 NONUSER, USED IN PAST . . 2 NONUSER, NO PAST USE . . 3 NOT DETERMINED 8	 → 304 → 306 → 306
302	RECORD THE CLIENT'S PRINCIPAL REASON FOR THE VISIT.	RESUPPLY/ROUTINE FOLLOW-UP . . . . . 1 DISCUSS PROBLEM WITH METHOD . . . . . 2 DESIRE TO CHANGE METHOD (NO PROBLEM) 3 DESIRE TO DISCONTINUE FP (NO PROBLEM) 4 DISCUSS OTHER PHYSICAL PROBLEM 5	
303	RECORD THE OUTCOME OF THE VISIT. (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD . . . . . 1 SWITCHED METHOD . . . . . 2 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD . . . . . 3 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD . . . . . 4 DECIDED TO STOP USING FAMILY PLANNING 5	→ 307 → 307 → 307 → 307 → 308
304	RECORD THE CLIENT'S MOST RECENT USE OF CONTRACEPTION. (NON-USER, USED IN THE PAST)	WITHIN PAST 6 MONTHS . . . . 1 SIX MONTHS OR MORE AGO . . 2 NOT DETERMINED 8	
305	RECORD THE OUTCOME OF THE VISIT. (NON-USER, USED IN THE PAST)	RESTARTED PRIOR METHOD 1 ADOPTED DIFFERENT METHOD . . . . . 2 PLANNED DIFFERENT METHOD, NOT RECEIVED TODAY . . . 3 RECEIVED INFORMATION/ COUNSELING ONLY . . . . . 4 NOT DETERMINED 8	→ 307 → 307 → 307 → 308 → 308
306	RECORD THE OUTCOME OF THE VISIT. (NON-USER, NO PAST USE)	ACCEPTED TO START METHOD . . . . . 1 DID NOT DECIDE ON METHOD 2	 → 308
307	DID CLIENT LEAVE FACILITY WITH METHOD? IF NO: RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD . . 1 NO, METHOD NOT IN STOCK . . 2 NO, REQUIRES APPOINTMENT . . . . . 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM . . . 4 NO, PREGNANCY STATUS UNCERTAIN . . . . . 5 OTHER_____ 6 (SPECIFY)	
308	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S RECORD OR CARD AFTER THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO INDIVIDUAL CARD USED . . 3 DON'T KNOW 8	
309	RECORD THE TIME THE OBSERVATION ENDED	☐☐ : ☐☐	
310	**Observer's comments:**		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Exit Interview for Family Planning Client

1. Facility Identification

QTYPE . . . . . X F P

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . ☐☐☐

2. Information About Interview

Date: _____	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐
Name of the interviewer: _____	INTERVIEWER CODE . . . . . ☐☐
Client code:	CLIENT CODE: . . . . . ☐☐

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ STOP
101	RECORD THE TIME THE INTERVIEW STARTED	☐☐ : ☐☐	
102	Have you ever been to this clinic before for family planning services?	YES (FEMALE CLIENT) 1 NO (FEMALE CLIENT) 2 YES (MALE CLIENT) 3 NO (MALE CLIENT) 4	→ 104 → 104
103	Have you ever been pregnant?	YES . . . . . 1 NO 2	
104	Were you doing anything to prevent pregnancy when you came today?	YES . . . . . 1 NO 2	→ 106
105	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES . . . . . 1 NO 2	→ 112
106	What method were you (last) using? IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJECTABLE DEPO-PROVERA I INJECTABLE NORIGYNON . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____ X (SPECIFY)	
107	Did the provider ask you today whether you were having (or had had) a problem with the method?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	Have you been having (did you have) a problem with the method?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 111 → 111
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD . . 1 SWITCH METHOD . . . . . 2 STOP USING METHOD (DUE TO PROBLEMS) . . . . . 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS) 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES . . . . . 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES . . . . . 1 NO 2	→ 115
113	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJ PROGESTERONE (2-3M) I INJ NORIGYNON (1M) . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER _____ X (SPECIFY)	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	What (other) family planning methods did the provider talk with you about? CIRCLE ALL METHODS MENTIONED.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJ PROGESTERONE (2-3M) I INJ NORIGYNON (1M) . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____ X (SPECIFY) NONE . . . . . Y	
116	What family planning method did you either receive or get a prescription or referral for? CIRCLE ALL METHODS THE CLIENT HAS RECEIVED (REC) OR HAS A PRESCRIPTION OR A REFERRAL (PRES) FOR. IF THE CLIENT IS CONTINUING USING A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION, OR REFERRAL ON THIS VISIT, CIRCLE Y. CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	REC / PRES COMBINED PILL . . . . . A A PROGESTIN-ONLY PILL . . . . . B B PILL (TYPE UNSPECIFIED) . C C MALE CONDOM . . . . . D D FEMALE CONDOM . . . . . E E IUD . . . . . F F SPERMICIDE . . . . . G G DIAPHRAGM . . . . . H H INJ PROGESTERONE (2-3M) I I INJ NORIGYNON (1M) . . . . J J IMPLANT . . . . . K K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L L BREASTFEEDING/LAM . . . . . M M VASECTOMY . . . . . N N FEMALE STERILIZATION . . . . . O O EMERGENCY CONTRACEPTION . . . . . P P CONTINUING WITH METHOD IN QUESTION 106 . . . . . Y Y OTHER_____ X X (SPECIFY) NO METHOD . . . . . Z → 201 Z → 201 ***[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED, IE, NO METHOD EITHER RECEIVED OR PRESCRIBED]. OTHEWISE CONTINUE TO Q117***	
117	Does your method protect against Sexually Transmitted Infections (STIs) and HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

118	During your consultation, did the provider	YES	NO	DK
01	Explain how to use the method?	HOW TO USE 1	2	8
02	Talk about possible side effects?	TELL SIDE EFFECTS . . 1	2	8
03	Tell you what to do if you have any problems?	TELL PROBLEMS 1	2	8
04	Tell you when to return for follow-up?	TELL WHEN RETURN . . 1	2	8

NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
119	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
01	Pill (Any pill)	How often do you take the pill?	ONCE A DAY . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
02	Condom (both male and female)	How many times can you use a condom?	ONCE . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
03	Condom (female)	What type of lubricant can you use with the female condom?	ANY OIL OR LUBRICANT . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
04	IUD	What should you do to make sure that your IUD is in place?	CHECK STRING . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
05	Spermicide	Approximately how long before intercourse should you insert the vaginal tablet?	BETWEEN 15 MINUTES AND 1 HOUR . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
06	Diaphragm	Approximately how long after intercourse should the diaphragm remain in place?	AT LEAST 6 HOURS (BUT NO LONGER THAN 24 HOURS) . . 1 OTHER . . . . . 2 DON'T KNOW 8	
07	Injectable (e.g., Depo-Provera 2-3 months)	How long does the injection provide protection from pregnancy?	2-3 MONTHS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
08	Injectable (Norigynon) (monthly)	How long does the Norigynon injection provide protection from pregnancy?	1 MONTH . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
09	Implant	How long does your implant provide protection against pregnancy?	3-5 YEARS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
10	Natural method (RHYTHM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA . . . . . B DAYS 12–16 OF THE MENSTRUAL CYCLE . . . . . C OTHER . . . . . X DON'T KNOW . . . . . Z	
11	Breastfeeding/LAM	Can you use this method if your menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
12	Male sterilization (Vasectomy)	After you have been sterilized (and after the first 3 months), can you make a woman pregnant again?	NO . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
13	Female sterilization	After you have been sterilized, could you ever become pregnant again?	NO . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve family planning services.		
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB-LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your health with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about any problem or method of family planning	EXPLAIN PROB. OR TREATMENT	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines or methods at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY .... 000000 DON'T KNOW ..... 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDI-CINE [ ][ ][ ][ ][ ][ ] 4) CON-SULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS ..... 01 BAD REPUTATION ..... 02 DON'T LIKE PERSONNEL .... 03 NO MEDICINE ..... 04 PREFERS TO REMAIN ANONYMOUS ..... 05 IT IS MORE EXPENSIVE .... 06 REFERRAL ..... 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES ..... 1 NO 2	

5. Personal Characteristics of Client			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . ☐☐	
302	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
303	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 MIDDLE . . . . . 3 SECONDARY . . . . . 4 HIGHER 5	→ 305
304	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
305	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME THE INTERVIEW ENDED.	☐☐ : ☐☐	
307	**Interviewer's comments:**		

Sample List for Family Planning Client Observation

Date | | | | | | | | |
DAY MONTH YEAR

		FAC #

IF THERE ARE MORE THAN 25 CLIENTS YOU MAY SIMPLY INDICATE THE TOTAL NUMBER OF FIRST VISIT AND TOTAL NUMBER OF FOLLOW-UP VISITS		

	NAME	FIRST VISIT	FOLLOW-UP
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

MEASURE *DHS* + SERVICE PROVISION ASSESSMENT

Observation of Antenatal-Care Consultation

1. Facility Identification

QTYPE | O | A | N |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | | |

2. Provider Information

Provider category:

Consultant	01	Nurse Midwife . . .	13
Medical Doctor	08	Public Health Nurse	14
Medical Officer	09	Trained Nurse	15
Ast. Med. Officer (AMO)	10	Aux. Nurse/Med Attnd.	16
Clinical Officer	11	Clinical Assistant	31
RN/Nursing Officer	12		

Other _____ 96
(SPECIFY)

PROVIDER CATEGORY . . . . . | | |

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . | |

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERV.

PROVIDER SL NUMBER . . . . . | | |

3. Information About Observation

Date: _____

DAY . . . . . | | |
MONTH . . . . . | | |
YEAR . . . . . | | | | |

Name of the observer: _____

OBSERVER CODE . . . . . | | |

Client code: _____

CLIENT CODE . . . . . | | |

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	☐☐ : ☐☐	
103	CLIENT STATUS. (OBSERVER TO COMPLETE)	YES NO DK	
01	RECORD WHETHER THIS IS CLIENT'S FIRST VISIT FOR ANTENATAL CARE **AT THIS FACILITY** FOR THIS PREGNANCY.	1 2 8	
02	RECORD WHETHER THIS IS THE CLIENT'S FIRST PREGNANCY.	1 2 8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	YES	NO	DK	
01	Client's age	1	2	8	
02	Medications the client is taking	1	2	8	
03	Date client's last menstrual period began	1	2	8	
04	Number of prior pregnancies client has had	1	2	8	
105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:				
01	Prior stillbirth(s)	1	2	8	
02	Infant(s) who died in the first week of life	1	2	8	
03	Heavy bleeding, during or after delivery	1	2	8	
04	Previous assisted delivery (caesarean section, ventouse, or forceps)	1	2	8	
05	Previous abortions	1	2	8	
106	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY:				
01	Bleeding	1	2	8	
02	Fever	1	2	8	
03	Headache or blurred vision	1	2	8	
04	Swollen face or hands	1	2	8	
05	Tiredness or breathlessness	1	2	8	
06	Whether the client has felt the baby move	1	2	8	
07	Whether there are any other symptoms or problems the client thinks might be related to this pregnancy	1	2	8	
107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	YES	NO	DK	
01	Take the client's blood pressure	1	2	8	
02	Weigh the client				
03	Palpate the client's abdomen for fetal presentation (or conduct ultrasound)	1	2	8	
04	Palpate the client's abdomen for uterine height (or conduct ultrasound)	1	2	8	
05	Listen to the client's abdomen for fetal heartbeat	1	2	8	
06	Perform or refer for anemia test	1	2	8	
07	Perform or refer for urine test	1	2	8	
08	Perform or refer the client for a syphilis test	1	2	8	
09	Perform or refer for HIV test	1	2	8	
10	Provide or refer for counseling related to HIV test	1	2	8	
11	Look at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
108	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS OR COUNSELING:	YES	NO	DK	
01	Prescribe or give iron pills or folic acid (IFA) or both	1	2 → 05	8 → 05	
02	Explain the purpose of iron or folic acid	1	2	8	
03	Explain how to take iron or folic-acid pills	1	2	8	
04	Explain side effects of iron pills	1	2	8	
05	Prescribe or give a tetanus toxoid (TT) injection	1	2 → 07	8 → 07	
06	Explain the purpose of the TT injection	1	2	8	
07	Prescribe or give anti-malarial prophylaxis	1	2 → 13	8 → 13	
08	Explain the purpose of the preventive treatment with malaria medications	1	2	8	
09	Explain how to take the anti-malarial medications	1	2	8	
10	Explain possible side effects of malaria pills	1	2	8	
	DIRECT OBSERVATION:				
11	Observed that the 1st dose of IPT is given in the facility	1	2	8	
12	Importance of a second dose of IPT explained	1	2	8	
13	Importance of using ITN explained explicitly	1	2	8	
14	Given voucher for ITN	1	2 → 109	8 → 109	
15	Explanation is given about using the voucher for ITN	1	2	8	
16	Cash value of the voucher (2750 shillings) explained	1	2	8	
17	Explained where she can use the voucher to buy an ITN	1	2	8	
18	Explained she will have to pay extra money to get an ITN	1	2	8	
109	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS:	YES	NO	DK	
01	Discuss quantity or quality of food to eat during pregnancy	1	2	8	
	Mention the following signs and symptoms as risk factors for which the woman should return to the facility:	YES	NO	DK	
02	Vaginal bleeding	1	2	8	
03	Fever	1	2	8	
04	Excessive tiredness or breathlessness	1	2	8	
05	Swollen hands and face	1	2	8	
06	Severe headache or blurred vision	1	2	8	
07	Inform the client about the progress of the pregnancy	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
110	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	YES NO DK	
01	Ask the client where she will deliver	1 2 8	
02	Advise the client to use a skilled health worker during delivery	1 2 8	
03	Discuss with client what items to have on hand at home for delivery (including for delivery at home), e.g., sterile blades	1 2 8	
04	Discussed importance of immunization for the newborn	1 2 8	
111	RECORD WHETHER THE PROVIDER ADVISED EXCLUSIVELY BREASTFEEDING THE INFANT FOR UP TO 6 MONTHS.	1 2 8	
112	RECORD WHETHER THE PROVIDER DISCUSSED FAMILY PLANNING (OR BIRTH CONTROL) FOR USE AFTER DELIVERY.	1 2 8	
113	RECORD WHETHER THE PROVIDER ASKED WHETHER THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	1 2 8	
114	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING DURING THE CONSULTATION.	1 2 8	
115	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD USED . . . . 3 DON'T KNOW 8	
116	ASK THE PROVIDER HOW MANY WEEKS PREGNANT THE CLIENT IS.	WEEK OF PREGNANCY . . . . . ☐☐ DON'T KNOW 98	
117	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT SENT HOME . . . . . 1 CLIENT REFERRED (TO LABORATORY OR OTHER PROVIDER) AT SAME FACILITY . . . . . 2 CLIENT ADMITTED TO SAME FACILITY . . . . . 3 CLIENT REFERRED TO OTHER FACILITY . . . . . 4 DON'T KNOW 8	
118	RECORD THE TIME THE OBSERVATION ENDED.	. . . . . ☐☐ : ☐☐	
119	**Observer's comments:**		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT

Exit Interview for Antenatal-Care Client

1. Facility Identification

QTYPE | X | A | N |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | | |

2. Information About Interview

Date: _____	DAY . . . . . | | |
	MONTH . . . . . | | |
	YEAR . . . . . | | | | |
Name of the interviewer: _____	INTERVIEWER CODE . . . . . | | |
Client code:	CLIENT CODE . . . . . | | |

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview now?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	 → STOP
101	RECORD THE TIME THE INTERVIEW STARTED.	:	
102	Do you have an antenatal-care card/book, or an immunization card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES . . . . . 1 NO, CARD KEPT WITH FACILITY . . . . . 2 NO CARD/BOOK USED 3	 → 105 → 105
103	CHECK ANTENATAL-CARE CARD/BOOK, OR IMMUNIZATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME . . . . . 1 YES, 2 OR MORE TIMES . . . . 2 NO . . . . . 3 DON'T KNOW 8	
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD?	WEEKS	→ 106
105	How many weeks pregnant do you think you are? IF RESPONSE IS IN MONTHS, CALCULATE WEEKS, USING 4 WEEKS PER MONTH.	WEEKS	
106	Is this your first pregnancy?	YES . . . . . 1 NO 2	
107	Is this your first antenatal visit at this facility for this pregnancy?	YES . . . . . 1 NO 2	
108	During this visit, or previous visits, did the provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	 → 110 → 113 → 113
109	ASK TO SEE THE CLIENT'S IRON/FOLIC ACID/IRON WITH FOLIC ACID PILLS.	SAW PILLS . . . . . 1 SAW PRESCRIPTION . . . . . 2 NO PILLS OR PRESCRIPTION SEEN 3	
110	During this visit or previous visits, has a provider explained to you how to take the iron pills?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
111	During this or previous visits, has a provider discussed with you the side effects of the iron pill?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	Please tell me any side effects of the iron pill that you know of.	NAUSEA . . . . . A BLACK STOOLS . . . . . B CONSTIPATION . . . . . C OTHER_____ X (SPECIFY) DON'T KNOW . . . . . Z	
113	During this or previous visits, has a provider given or prescribed any anti-malarial pills for you? SHOW THE CLIENT CAPSULES OF CHLOROQUINE AND FANSIDAR.	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	→ 115 → 116 → 116
114	ASK TO SEE THE CLIENT'S ANTI-MALARIAL PILLS.	SAW PILLS . . . . . 1 SAW PRESCRIPTION . . . . . 2 NO PILLS OR PRESCRIPTION SEEN 3	
115	Did a provider explain to you how to take the anti-malarial pills?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
116	During this visit or previous visits, has a provider asked you whether you had ever received a tetanus toxoid (TT) injection?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
117	Have you ever received a tetanus toxoid (TT) injection, including one you may have received today? IF YES: Including any TT injection you received today, how many times in total during your lifetime have received a tetanus toxoid injection? (INJECTION MAY HAVE BEEN RECEIVED EITHER AT THIS FACILITY OR ELSEWHERE.)	NUMBER OF TETANUS INJECTIONS RECEIVED ☐☐ NEVER . . . . . 96 DON'T KNOW 98	
118	During this visit or previous visits, has a provider discussed things you should have in preparation for your delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for home delivery.	YES . . . . . 1 NO 2	
119	Please tell me any things you know of that you should have in preparation for your delivery. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT	EMERGENCY TRANSPORT . . A MONEY . . . . . B DISINFECTANT . . . . . C STERILE BLADE/SCISSORS TO CUT CORD . . . . . D OTHER_____ X (SPECIFY) DON'T KNOW . . . . . Z	
120	Do you have money set aside for the delivery? IF YES, PROBE	YES, ENOUGH . . . . . 1 YES, BUT NOT ENOUGH . . . . 2 NO 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
121	During this visit or previous visits, has a provider talked with you about any signs of complications (danger signs) that should warn you of problems with the pregnancy?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	 → 125 → 125
122	Please tell me any signs of complications (danger signs) that you know of. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT	ANY VAGINAL BLEEDING . . A FEVER . . . . . B SWOLLEN FACE OR HAND . . C TIREDNESS OR BREATHLESSNESS . . . . . D HEADACHE OR BLURRED VISION . . . . . E CONVULSIONS . . . . . F BABY STOPS MOVING OR REDUCED FETAL MOVEMENT . . . . . G OTHER_____ X (SPECIFY) DON'T KNOW . . . . . Z	
123	What did the provider advise you to do if you experienced any of the warning signs? CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.	SEEK CARE AT A FACILITY . .A DECREASE ACTIVITY . . . . . B CHANGE DIET . . . . . C OTHER_____ X (SPECIFY)	
124	Do you know any danger signs during/after delivery? IF YES: What danger signs do you know?	BLEEDING . . . . . A FEVER . . . . . B GENITAL INJURIES . . . . . C NONE . . . . . Y	
125	During this visit or previous visits, has a provider talked to you about what you should eat during your pregnancy?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
126	During this visit or previous visits, has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	 → 128 → 128
127	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby liquid or food in addition to your breast milk?	MONTHS . . . . . ☐☐ DON'T KNOW 98	
128	During this visit or previous visits, did the provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
129	Have you decided where you will go for the delivery of your baby? IF YES: PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY . . 1 AT OTHER HEALTH FACILITY 2 IN A PRIVATE HOME . . . . . 3 OTHER _____ 6 (SPECIFY)(SPECIFY) DON'T KNOW 8	
130	During this or previous visits, did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help us to improve services.		
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB-LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your pregnancy with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about your pregnancy or any problems	EXPLAIN PROB. OR PREGNANCY	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDICINE [ ][ ][ ][ ][ ][ ] 4) CONSULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . 06 REFERRAL . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . ☐☐	
302	Have you ever attended school?	YES . . . . . 1 NO 2	→ 305
303	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY 2 MIDDLE . . . . . 3 SECONDARY . . . . . 4 HIGHER 5	→ 305
304	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
305	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME THE INTERVIEW ENDED.	☐☐ : ☐☐	
307	**Interviewer's comments:**		

Sample List for Antenatal Care Client Observation

Date	DAY	MONTH	YEAR	FAC #

IF THERE ARE MORE THAN 25 CLIENTS YOU MAY SIMPLY INDICATE THE TOTAL NUMBER OF FIRST VISIT AND TOTAL NUMBER OF FOLLOW-UP VISITS

	NAME	FIRST VISIT	FOLLOW-UP
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

MEASURE *DHS* + SERVICE PROVISION ASSESSMENT
Observation of STI Consultation

1. Facility Identification

QTYPE . . . . . O | S | I

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | |

2. Provider Information

Provider category:

Consultant	01	Nurse Midwife . . .	13
Medical Doctor	08	Public Health Nurse	14
Medical Officer	09	Trained Nurse	15
Ast. Med. Officer (AMO)	10	Aux. Nurse/Med Attnd.	16
Clinical Officer	11	Clinical Assistant	31
RN/Nursing Officer	12		

Other _____ 96
SPECIFY

PROVIDER CATEGORY . . . . . | |

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . |

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERV.

PROVIDER SL NUMBER . . . . . | |

3. Information About Observation

Date: _____

DAY . . . . . | |
MONTH . . . . . | |
YEAR . . . . . | | | | |

Name of the observer: _____

OBSERVER CODE . . . . . | |

Service where client is observed

ANC	1	SC	3
FP	2	STI	4

SERVICE WHERE OBSERVATION OCCURRED . . . . . |

Client code:

CLIENT CODE . . . . . | |

4. Observation of STI Client Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT. DO NOT TAKE PART IN THE INTERACTION BETWEEN THE PROVIDER AND THE CLIENT. TRY TO SIT BEHIND THE CLIENT AND TO ONE SIDE, SO YOU WILL NOT BE SITTING DIRECTLY IN FRONT OF THE PROVIDER. FOR EACH OF THE ITEMS BELOW, CIRCLE THE ANSWER THAT BEST EXPRESSES YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do I have your permission to be present at this consultation? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you. receive. If, at any point, you would prefer I leave please feel free to tell me. Do you have any questions for me? Do I have your permission to be present at this consultation? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED ☐☐:☐☐		

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
		YES	NO	DK				
103	RECORD WHETHER THE PROVIDER ADVICED THE CLIENT THAT ANY INFORMATION SHARED DURING THE CONSULTATION IS CONFIDENTIAL	1	2	8				
104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR WHETHER THE CLIENT GAVE ANY OF THE FOLLOWING INFORMATION ABOUT MEDICAL SYMPTOMS AND TYPES OF RELATIONSHIPS:							
01	Symptoms the client is having	1	2	8				
02	How long the client has had the present symptoms	1	2	8				
03	The client's recent history of sexual contacts	1	2	8				
04	Symptoms in sexual partners	1	2	8				
05	The client's current sexual relationship status (monogamous; multiple partners; nonmonogamous partners)	1	2	8				
105	RECORD IF THE CLIENT IS MALE OR FEMALE	MALE . . . . . 1 FEMALE 2						
106	RECORD WHETHER THE PROVIDER EXAMINED THE CLIENT'S GENITALIA	YES, MALE CLIENT . . . . . 1 YES, FEMALE CLIENT . . . . . 2 NO . . . . . 3 DON'T KNOW 8						 → 109 → 110 → 110
107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING ACTIONS IN REGARD TO PRIVACY AND HYGIENE (FOR MALE CLIENTS)				YES	NO	DK	NA
01	Ensure the client's visual privacy	VISUAL PRIVACY			1	2	8	
02	Ensure the client's auditory privacy	AUDITORY PRIVACY			1	2	8	
03	Explain the procedure to the client before beginning	EXPLAIN PROCEDURE FIRST			1	2	8	
04	Wash hands with soap before conducting the examination	WASH HANDS BEFORE			1	2	8	
05	Wear clean latex gloves	WEAR GLOVES			1	2	8	
06	Make sure the client's genitalia were fully exposed	FULLY EXPOSED			1	2	8	
07	FOR MALE CLIENTS NOT CIRCUMCISED: Retract foreskin to inspect for lesions or discharge	RETRACT FORESKIN			1	2	8	5
08	Place reusable gloves and instruments in a disinfectant solution immediately after complete procedure	DECONTAMINATE GLOVES AND INSTRUMENTS			1	2	8	5
09	Wash hands with soap after removing his/her gloves.	WASH HANDS AFTER			1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
108	SKIP Q109 IF CLIENT IS MALE ☐ →					110
109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING THE PHYSICAL EXAMINATION FOR THE FEMALE CLIENT:		YES	NO	DK	NA
01	Ensure the client's visual privacy	VISUAL PRIVACY	1	2	8	
02	Ensure the client's auditory privacy	AUDITORY PRIVACY	1	2	8	
03	Explain the procedure to the client before beginning	EXPLAIN PROCEDURE FIRST	1	2	8	
04	Wash his/her hands with soap before the examination.	WASH HANDS BEFORE	1	2	8	
05	Put on new or disinfected latex gloves before the examination	PUT ON GLOVES	1	2	8	
06	Have client lie down during the examination	HAVE CLIENT LIE DOWN	1	2	8	
07	Separate and inspect labia for lesions or discharge	SEPARATE AND INSPECT LABIA	1	2	8	
08	Explain the speculum procedure (if pertinent)	EXPLAIN SPECULUM	1	2	8	5
09	Prepare all instruments before the examination	PREPARE INSTRUMENTS	1	2	8	5
10	Use sterilized (or high-level disinfected) instruments	DISINFECT INSTRUMENTS	1	2	8	5
11	Ask the client to take slow, deep breaths and relax all muscles	ASK CLIENT TO RELAX MUSCLES	1	2	8	
12	Inspect the cervix and vaginal mucosa (by aiming a light inside the inserted speculum)	INSPECT CERVIX	1	2	8	
13	Perform a bimanual exam (one hand inside the vagina and the other palpating the uterus through the abdomen)	BIMANUAL EXAMINATION	1	2	8	
14	Wash hands with soap after removing his/her gloves.	WASH HANDS AFTER	1	2	8	
15	Wash contaminated surface with disinfectant	DISINFECT AREA	1	2	8	
16	Place reusable gloves and instruments in a disinfectant solution immediately after complete procedure	DECONTAMINATE GLOVES AND INSTRUMENTS	1	2	8	5
110	RECORD WHETHER A SPECIMEN WAS TAKEN OR A LABORATORY EXAMINATION WAS ORDERED FOR THE CLIENT.	YES NO DON'T KNOW		1 2 8		 → 113 → 113
111	RECORD WHETHER ANY OF THE FOLLOWING TYPES OF TESTS WERE MENTIONED:		YES	NO	DK	
01	Blood - not specifying for HIV/AIDS	BLOOD TEST	1	2	8	
02	Microscopic examination of specimen of vaginal or urethral discharge	DISCHARGE MICROSCOPY	1	2	8	
03	Test for HIV or AIDS	HIV/AIDS	1	2	8	
112	DID THE PROVIDER AT ANY TIME ASK THE CLIENT FOR PERMISSION TO TEST FOR AN INFECTION THAT MIGHT BE SEXUALLY TRANSMITTED OR ASK TO TEST FOR A SPECIFIC STI SUCH AS SYPHILIS OR HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	RECORD WHETHER THE PROVIDER MENTIONED TO OR DISCUSSED WITH THE CLIENT THE FOLLOWING TOPICS:		
01	The diagnosis	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
02	Any relationship between the infection and sexual activity	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
114	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING ACTIONS WITH REGARD TO PRESCRIPTIONS OR MEDICATIONS		
01	Give the client a prescription or medication(s)	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →116 →116
02	Give the client a prescription or medication(s) for the client's sexual partner	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
115	RECORD WHETHER THE PROVIDER INSTRUCTED THE CLIENT ON THE IMPORTANCE OF COMPLETING THE FULL COURSE OF TREATMENT	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
116	RECORD WHETHER THE CLIENT WAS ENCOURAGED TO REFER HIS/HER SEXUAL PARTNER(S) FOR TREATMENT	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
117	RECORD WHETHER THE PROVIDER GAVE THE CLIENT A FOLLOW-UP DATE ON WHICH TO RETURN FOR A REEXAMINATION	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
118	RECORD WHETHER ANY VISUAL AIDS WERE USED FOR CLIENT EDUCATION ABOUT STIs OR HIV/AIDS	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	RECORD WHETHER THE RISK OF HIV/AIDS WAS MENTIONED	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
120	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING IN REGARD TO STIs AND PROPHYLACTICS	YES NO DK	
01	Talk about the role of condoms in preventing STIs and HIV/AIDS transmission	DISCUSS CONDOMS 1 2 8	
02	Instruct the client on how to use condoms	INSTRUCT 1 2 8	
03	Demonstrate how to put on a condom	DEMONS-TRATE 1 2 8	
04	Offer condoms to the client	OFFER 1 2 8	
121	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD . . . . . 3 DON'T KNOW 8	

DIAGNOSIS AND CLASSIFICATION AND TREATMENT

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	EXPLAIN TO THE PROVIDER THAT YOU WANT TO ASK A FEW QUESTIONS ABOUT THE DIAGNOSIS AND THE TREATMENT PROVIDED/PRESCRIBED FOR THE CLIENT.		
	Which of the following best describes the diagnosis you made for this client? READ EACH RESPONSE AND CIRCLE A RESPONSE FOR EACH CATEGORY THAT APPLIES.	YES NO DK	
01	Bacterial vaginosis	1 2 8	
02	Cervicitis	1 2 8	
03	Candidiasis	1 2 8	
04	Trichomoniasis	1 2 8	
05	Chlamydia	1 2 8	
06	Genital ulcers	1 2 8	
08	Genital herpes	1 2 8	
09	Gonorrhea	1 2 8	
10	Syphilis	1 2 8	
11	Chancroid	1 2 8	
12	Non-specific vaginal discharge	1 2 8	
13	Non-specific urethral discharge/urethritis	1 2 8	
14	Other _____ (SPECIFY)	1 2 8	
202	Which treatment did you prescribe or give the client? DO NOT READ RESPONSES. ACCEPT EITHER ORAL RESPONSE OR WRITTEN PRESCRIPTIONS OF PROVIDER.	YES — IF YES, WRITE DOSE: MG/DAY AND NO. DAYS — NO	
01	ACYCLOVIR, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
02	AMOXICILLIN, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
03	CEFTRIAXONE, INJ	1 ☐☐☐☐☐☐☐ ☐☐ 2	
04	CIPROFLOXACIN, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
05	CLOTRIMAZOLE, SUPP.	1 ☐☐☐☐☐☐☐ ☐☐ 2	
06	DOXYCYCLINE, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
08	ERYTHROMYCIN, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
09	FAMCICLOVIR, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
10	METRONIDAZOLE, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
11	MICONAZOLE, SUPP	1 ☐☐☐☐☐☐☐ ☐☐ 2	
12	NYSTATIN, SUPP	1 ☐☐☐☐☐☐☐ ☐☐ 2	
13	NYSTATIN, ORAL	1 ☐☐☐☐☐☐☐ ☐☐ 2	
14	PENICILLIN, BENZATHINE INJ	1 ☐☐☐☐☐☐☐ ☐☐ 2	
15	SPECTINOMYCIN, INJ	1 ☐☐☐☐☐☐☐ ☐☐ 2	
16	OTHER _____ SPECIFY ALL OTHER TREATMENTS	1 ☐☐☐☐☐☐☐ ☐☐ 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	WAS A PRESCRIPTION WRITTEN FOR CONDOMS?	YES . . . . . 1 NO 2	
204	RECORD THE TIME WHEN THE OBSERVATION ENDED	☐☐:☐☐	
	Observer's comments:		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT

Exit Interview for STI Client

1. Facility Identification

QTYPE . . . . . X S I

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . ☐☐☐

2. Information About Interview

Date: _____

DAY . . . . . ☐☐

MONTH . . . . . ☐☐

YEAR . . . . . ☐☐☐☐

Name of the interviewer: _____

INTERVIEWER CODE . . . . . ☐☐

Client Code: _____

CLIENT CODE: . . . . . ☐☐

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither you name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature (Indicates respondent's willingness to participate) _____ Date		
100	May I begin the interview now?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ STOP
101	RECORD THE TIME THE INTERVIEW STARTED ☐☐ : ☐☐		
102	Did the health worker give you a diagnosis of your medical problem today - that is, did he or she tell you what is causing it?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
103	Were you given a prescription or medications today?	YES . . . . . 1 RECEIVED INJECTION BUT NO OTHER MEDICATIONS OR PRESCRIPTIONS . . . . . 2 NO 3	→ 106 → 106
104	ASK TO SEE ALL MEDICATIONS THAT THE CLIENT RECEIVED AND ANY PRESCRIPTIONS NOT YET FILLED CIRCLE THE RESPONSE THAT BEST DESCRIBES THE MEDICATIONS OR PRESCRIPTIONS SEEN	HAS ALL MEDS . . . . . 1 HAS SOME MEDS; SOME PRESCRIPTION NOT SUPPLIED 2 NO MEDS SEEN; HAS PRESCRIPTION ONLY 3	
105	How long do you plan to take these medications?	UNTIL SYMPTOMS DISAPPEAR . 1 UNTIL MEDICATION IS COMPLETED . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
106	Did a health worker talk to you about how to protect yourself against sexually transmitted infections or HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
107	What are some ways you can protect yourself from infections transmitted by sexual activity?	USE CONDOMS . . . . . A HAVE ONLY ONE SEXUAL PARTNER . . . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108	Did the health worker offer you an HIV/AIDS test or ask you to have one done, or did you ask to have an HIV/AIDS test?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
109	Did you receive a blood test today or did the health worker take a specimen from you for a laboratory examination?	YES . . . . . 1 NO 2	→ 111
110	Did the health worker explain to you what the laboratory test was for? IF YES: What was the test for?	YES, INFECTION OR STI . . . . . A YES, HIV OR AIDS . . . . . B YES, OTHER . . . . . X NO . . . . . Y DON'T KNOW . . . . . Z	
111	Have you ever used condoms?	YES . . . . . 1 NO 2	
112	I want to ask your opinion of some reasons people might not use a condom. As I mention each please tell me if you think that it might be, or has been, a reason you might not use condoms. Tell me if you think it has been or could be a large problem, a small problem, or not a problem for you to decide whether to use condoms.		

	How great a problem is each of the following about condoms		LARGE	SMALL	NO PROB-LEM	DK
01	Embarrassing to purchase or obtain condoms	EMBARRASSING TO OBTAIN	1	2	3	8
02	Difficult to dispose of	PROBLEM WITH DISPOSAL	1	2	3	8
03	Embarrassing to discuss with your sex partner	EMBARRASSING TO DISCUSS	1	2	3	8
04	Reduces your own sexual satisfaction	REDUCES OWN	1	2	3	8
05	Reduces your partner's sexual satisfaction	REDUCES PARTNER'S	1	2	3	8

113	Did you discuss with the health worker any of the issues related to using condoms that we just referred to?	YES . . . . . 1 NO 2	
114	Did the health worker talk to you about condoms or mention condoms today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
115	Were you given any condoms today?	YES . . . . . 1 NO 2	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help us to improve services.		
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB-LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your pregnancy with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about your sickness or any problems	EXPLAIN PROB. OR TREATMENT	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services as treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT ☐☐☐☐☐☐ PAID NO MONEY .... 000000 DON'T KNOW ..... 999998 2) LAB ☐☐☐☐☐☐ 3) MEDI-CINE ☐☐☐☐☐☐ 4) CON-SULT ☐☐☐☐☐☐ 5) OTHER ☐☐☐☐☐☐	
206	Is this the closest health facility to your home?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS .....01 BAD REPUTATION ..... 02 DON'T LIKE THE PERSONNEL 03 NO MEDICINE ..... 04 PREFERS TO REMAIN ANONYMOUS ..... 05 IT IS MORE EXPENSIVE ...06 REFERRAL .....07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES ..... 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . ☐☐	
302	Have you ever attended school?	YES . . . . . 1 NO 2	 → 305
303	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 MIDDLE . . . . . 3 SECONDARY . . . . . 4 HIGHER 5	→ 305
304	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
305	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME WHEN THE INTERVIEW ENDED	☐☐ : ☐☐	
307	**Interviewer's comments:**		

Sample List for STI Client Observation

Date DAY MONTH YEAR FAC #

IF THERE ARE MORE THAN 25 CLIENTS YOU MAY SIMPLY INDICATE THE TOTAL NUMBER OF MALE AND FEMALE CLIENTS

	NAME	GENDER		SYMPTOM/DIAGNOSIS
		MALE	FEMALE	
1				
2				
3				
4				
5				
6				
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24				
25				

HEALTH WORKER INTERVIEW

QRE **K**

Facility Number: ☐☐☐ **CLINIC/UNIT CODE** ☐☐☐☐ Line # Unit #

Interviewer Code: ☐☐ **Provider SL Number:** ☐☐

DATE: ☐☐ DAY ☐☐ MONTH ☐☐☐☐ YEAR **Provider Sex:** (1=MALE; 2=FEMALE) ☐

Provider Status: (1=Assigned; 2=Seconded) ☐

Number of ANC Observations Associated with Provider . . . . . ☐

Number of FP Observations Associated with Provider . . . . . ☐

Number of Sick Child Observations Associated with Provider . . . . . ☐

Number of STI Observations Associated with Provider . . . . . ☐

READ THE FOLLOWING CONSENT FORM

Hello. My name is _____. We are here on behalf of the Ministry of Health and National Bureau of Statistics to assist the government in knowing more about how services are provided in health facilities. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received. The information you provide us may be used by the MOH and organizations supporting services in your facility, for planning service improvements or further studies of services. The information you share may also be provided to researchers for analyses, however, any reports that use your data will only present information in aggregate form so that neither you nor your facility can be identified.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____

Interviewer's signature Date

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

1. Education and Experience

NO.	QUESTIONS	CODING CLASSIFICATION	
102	May I begin the interview now?	YES . . . . . 1 NO 2	→STOP
103	What year did you start working in this facility?	YEAR ☐☐☐☐	
104	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education did you complete in total?	YEARS . . . . . ☐☐	

NO.	QUESTIONS	CODING CLASSIFICATION	
105	What is your current technical qualification?	CONSULTANT . . . . . 01 MEDICAL DOCTOR . . . . . 08 MEDICAL OFFICER . . . . . 09 ASST. MED OFFICER (AMO) . . . . . 10 CLINICAL OFFICER . . . . . 11 RN/NURSING OFFICER . . . . . 12 NURSE MIDWIFE . . . . . 13 PUBLIC HEALTH NURSE . . . . . 14 TRAINED NURSE . . . . . 15 AUX. NURSE/MED ATTENDANT . . . . 16 PHARMACIST . . . . . 17 PHARM. TECHNICIAN . . . . . 18 PHARMACY ASSISTANT . . . . . 19 LAB. TECHNOLOGIST . . . . . 20 LAB. TECHNICIAN . . . . . 21 LAB ASSISTANT . . . . . 22 NUTRITIONIST/NUTR. TECH . . . . 23 HEALTH EDU. OFFICER . . . . . 24 RECORD TECH/STATS CLERK . . . . . 25 HEALTH ADMIN. OFFICER . . . . . 26 SOCIAL WORKER . . . . . 27 HIV/AIDS COUNSELOR . . . . . 28 OTHER COUNSELOR . . . . . 29 PATHOLOGIST . . . . . 30 CLINICAL ASSISTANT . . . . . 31 OTHER STAFF PROVIDING CLIENT SERVICES _____ 96 SPECIFY	
106	What year did you graduate with this qualification? IF NO TECHNICAL QUALIFICATION, ASK: What year did you complete any basic training for your current position? IF NO BASIC TRAINING, WRITE 0000.	YEAR ☐☐☐☐	
107	How many years of study were required for this qualification (AFTER COMPLETING THE BASIC EDUCATION DESCRIBED IN Q104)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS . . . . . ☐☐ MONTHS . . . . . ☐☐	
108	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE	YEAR . . . . ☐☐☐☐	
109	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) . ☐☐	

NO.	QUESTIONS	CODING CLASSIFICATION			
	2. GENERAL TRAINING AND SERVICES PROVIDED IN CURRENT POSITION IN THIS FACILITY				
200	First I want to ask you about some general training courses. During the past 3 years, have you received any pre or in-service training on: [READ TOPIC]. IF YES, ASK: Was that training within the past 1 year? IF NOT WITHIN THE PAST 1 YEAR, ASK: Was that training within the past 3 years?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	Universal precautions?	1	2	3	
02	Any other training related to infection prevention?	1	2	3	
03	Health Information Systems (HIS) or reporting requirements for any service?	1	2	3 3	
04	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS (PLHA)?	1	2	3	
201	Are you a manager or in-charge for any clinical services?	YES . . . . . 1 NO 2			
202	Do you provide any client services other than conducting laboratory tests?	YES . . . . . 1 ONLY LAB TESTS . . . 2 NO CLIENT SERVICES OR LAB TESTS . . . 3			→ 701 →STOP
203	Now I want to ask you about services you personally provide. For each service I mention, tell me if you provide the service, and then I want to know if you have received any pre or in-service training related to the topic and during the past 3 years, even if you don't currently provide the service. Remember, I am asking about service provided as a part of your current position for this facility.				
	Do you ever provide services for [READ TOPIC]. IF INDICATED, ASK: How long have you provided this service, either in this facility or in another service setting? IF LESS THAN 1 YEAR WRITE '00'.	a YES NO		b	
01	Diagnosis and/or treatment of STIs?	1 →b 2 ↓ 02			
02	Diagnosis and/or treatment of malaria ?	1 2			
03	Diagnosis, treatment, or follow-up for tuberculosis? IF YES, ASK: do you [READ FOLLOWING LIST OF SERVICES]	1 →b 2 ↓ 09			
04	Diagnose tuberculosis based on clinical symptoms?	1 2			
05	Diagnose tuberculosis based on sputum?	1 2			
06	Prescribe treatment for tuberculosis?	1 2			
07	Provide follow-up treatment for tuberculosis?	1 2			
08	Participate in the Direct Observation Treatment Short-course (DOTS) strategy?	1 2			
09	Do you provide any services that are designed to be Youth Friendly, that is, that have a specific aim to encourage adolescent utilization?	1 2			

NO.	QUESTIONS	CODING CLASSIFICATION		
204	Now I want to ask about any in-service or preservice training you have received during the past 3 years on any of the topics I have just mentioned. During the past three years have you received any preservice or in-service training on [READ TOPIC]? IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Diagnosing and treating sexually transmitted infections (STIs)?	1	2	3
02	The WHO syndromic management for STIs?	1	2	3
03	Any topic related to malaria? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 07
04	Diagnosis and treatment of malaria?	1	2	3
05	Specifically diagnosing and treating malaria in children?	1	2	3
06	Intermittent Preventive Treatment (IPT) of malaria for pregnant women?	1	2	3
07	Any topic related to tuberculosis? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 205
08	Diagnosing tuberculosis (TB) using sputum test?	1	2	3
09	Diagnosing TB using clinical symptoms?	1	2	3
10	Prescribing treatment for TB?	1	2	3
11	The DOTS (Direct observed treatment-short-course) strategy?	1	2	3
12	Follow-up treatment for TB clients?	1	2	3
205	Any topic specific to youth friendly services? This includes addressing psychological or health issues of particular relevance to adolescents?	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			
	3. Child Health Services				
301	In your **current** position, and as a part of your work for this facility, do you ever personally provide any child health services?	YES . . . . . 1 NO 2			→ 303
302	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS			
303	During the past three years have you received any pre-service or in-service training on subjects related to child health or illness?	YES . . . . . 1 NO 2			→ 401
304	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	EPI/cold chain	1	2	3	
02	ARI treatment	1	2	3	
03	Diarrhea treatment	1	2	3	
04	Malaria treatment for children	1	2	3	
05	Nutrition/micronutrient deficiencies	1	2	3	
06	Breast feeding (including exclusive breast-feeding)	1	2	3	
07	Complementary feeding of infant	1	2	3	
08	Integrated Management of Childhood Illness (IMCI)	1	2	3	
09	Other training specific to child health: _____ (SPECIFY)	1	2	3	
	4. Family Planning				
401	In your **current** position, and as a part of your work for this facility, do you ever personally provide any family planning services?	YES . . . . . 1 NO 2			→ 403
402	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS			
403	During the past three years have you received any pre-service or in-service training on subjects related to family planning?	YES . . . . . 1 NO 2			→ 501
404	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	General counseling for family planning?	1	2	3	
02	Clinical issues related to providing family planning methods?	1	2	3	
03	Symptom updates related to family planning methods	1	2	3	
04	Symptom management for family planning methods	1	2	3	
05	Topics specific for family planning for HIV infected women?	1	2	3	
06	Other family planning topics? _____	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION			
	5. Maternal Health				
501	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES . . . . . 1 NO 2			→503
502	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3	
02	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3	
03	Optimal obstetric practices as relates to HIV	1	2	3	
503	In your **current** position, and as a part of your work for this facility, do you ever personally provide any antenatal or postpartum care? IF YES, INDICATE WHICH SERVICE IS PROVIDED.	YES, ANTENATAL . . . . . 1 YES, POSTPARTUM . . . . . 2 YES, BOTH . . . . . 3 NO, NEITHER 4			→ 505
504	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS			
505	During the past three years have you received any pre-service or in-service training on subjects related to antenatal or postpartum care?	YES . . . . . 1 NO 2			→507
506	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	ANC counseling (preventive or symptomatic management)	1	2	3	
02	ANC services or screening	1	2	3	
03	Complications of pregnancy	1	2	3	
04	Symptom management for pregnancy	1	2	3	
05	Management of risk pregnancies	1	2	3	
06	Postpartum care	1	2	3	
07	Counseling for prevention of mother to child transmission of HIV?	1	2	3	
08	Antiretroviral treatment for prevention of mother to child transmission (PMTCT) of HIV?	1	2	3	
09	Nutritional counseling for the newborn of mothers with HIV/AIDS?	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION			
		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
10	Nutrition counseling for the pregnant woman with HIV/AIDS?	1	2	3	
11	Other training for antenatal or postpartum care: _____ (SPECIFY)	1	2	3	
507	In your **current** position, and as a part of your work for this facility, do you ever personally provide delivery services? By that I mean conducting the actual deliveries of newborns.	YES . . . . . 1 NO 2			→ 511
508	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS			
509	During the past 6 months, approximately how many deliveries have you conducted as the principal provider (include deliveries conducted for private practice and for facility)?	TOTAL DELIVERIES			
510	When was the last time you used a partograph?	NEVER . . . . . 1 IN PAST WEEK . . . . . 2 IN PAST MONTH . . . . . 3 IN PAST 6 MONTHS . . . . . 4 OVER 6 MONTHS AGO . . . . . 5 DON'T KNOW 8			
511	During the past three years have you received any pre-service or in-service training on subjects related to delivery care?	YES . . . . . 1 NO 2			→ 513
512	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	Care during labor or delivery	1	2	3	
02	Use of partograph	1	2	3	
03	Essential obstetric care/Life saving skills	1	2	3	
04	Lifesaving skills/emergency complications	1	2	3	
05	Post abortion care	1	2	3	
06	Optimal delivery care for preventing maternal to child transmission (PMTCT) of HIV/AIDS?	1	2	3	
07	Other training related to delivery services _____ (SPECIFY)	1	2	3	
513	In your **current** position, and as a part of your work for this facility, do you ever personally provide care for the newborn?	YES . . . . . 1 NO 2			→ 515
514	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS			
515	During the past three years have you received any pre-service or in-service training on subjects related to newborn care?	YES . . . . . 1 NO 2			→ 601

NO.	QUESTIONS	CODING CLASSIFICATION		
516	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Care of the normal newborn/neonatal care	1	2	3
02	Neonatal resuscitation	1	2	3
03	Exclusive breastfeeding	1	2	3
04	Nutrition for the newborn of the HIV infected woman	1	2	3
05	Other training related to newborn health: _____ (SPECIFY)	1	2	3

6. HIV/AIDS SERVICES

		a		b
601	Now I want to ask you about services specifically related to HIV/AIDS. IF INDICATED, ASK HOW LONG THE PROVIDER HAS BEEN PROVIDING THE SERVICE. IF LESS THAN ONE YEAR, WRITE '00'.	YES	NO	DURATION
01	Do you provide any counseling related to HIV testing? IF YES, ASK: How long? Now, do you provide:	1 →b	2 ↓ 602	
02	Pre-test counseling?	1	2	
03	Post-test counseling for HIV positive clients?	1	2	
04	Follow-up counseling for HIV, after the initial post-test counseling or emotional support?	1	2	
602 01	Do you provide education to patients and families on prevention of HIV/AIDS?	1	2	
02	Do you provide counseling on care and support of the HIV/AIDS infected person who is seriously ill?	1	2	
03	Do you provide nutrition counseling to HIV/AIDS infected clients?	1	2	
04	Do you yourself actually prescribe the HIV test for clients?	1	2	
603 01	Do you provide any services related to prevention of mother to child transmission of HIV/AIDS? IF YES: How long?	1 →b	2 ↓ 604	
02	Do you provide nutrition counseling for the newborn of the HIV infected woman?	1	2	
03	Do you counsel HIV positive women about family planning?	1	2	
04	Do you ever provide or prescribe the preventive antiretroviral therapy for prevention of mother to child transmission?	1	2	
604 01	Do you ever provide any follow-up services for HIV positive clients? This includes providing preventive treatments, treatment for opportunistic infections, ART, and palliative care, that is providing treatment for pain and symptoms of the seriously ill HIV/AIDS clients? IF YES, ASK: How long? Now, do you provide:	1 →b	2 ↓ 605	
02	Clinical management of HIV/AID-related neurological disorders?	1	2	
03	Diagnosis and/or treatment of opportunistic infections?	1 →b	2 ↓ 04	
04	Prescribe antiretroviral therapy (ART)?	1 →b	2 ↓ 05	

NO.	QUESTIONS	CODING CLASSIFICATION		
		a		b
		YES	NO	DURATION
05	Provide medical follow-up for clients on antiretroviral therapy?	1	2	
06	Provide adherence counseling for ART?	1	2	
07	Provide or prescribe preventive treatment for TB (INH)?	1	2	
08	Provide or prescribe preventive treatment for other opportunistic infections (OIs) such as cotrimoxazole preventive therapy (CPT)?	1	2	
09	Prescribe, counsel, or provide nutritional rehabilitation for HIV/AIDS patients?	1	2	
10	Provide pediatric AIDS care?	1	2	
11	Provide nursing care, or train caregivers and patients in how to care for someone with HIV/AIDS? This includes providing palliative, or symptomatic care and support services?	1 → b	2 ↓ 12	
12	Do you either provide home based care, or provide training or support for others who provide home based care?	1	2	
605	Do you ever provide counseling or prescriptions for post-exposure prophylaxis (PEP)?	1	2	

606	Now I want to know about preservice or in-service training you have received during the past 3 years on any of the topics I have just mentioned. First I want to know about specific trainings, then, I want to know if your received any other training on the topics I mention. Did you attend [READ TRAINING COURSE] IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	In-depth training for HIV/AIDS counselors (6 weeks)	1	2	3
02	Refreshing training on HIV/AIDS counseling (2 weeks)	1	2	3
03	Comprehensive Care and Treatment course (6 days)	1	2	3
04	HIV/AIDS Training of trainers course (TOT), (2 weeks)	1	2	3
05	Supervisors training course for counselors at district and regional level (VCT) (2 weeks)	1	2	3
06	Basic training for home based care providers (3 weeks)	1	2	3
07	Health facility home based providers training (3 weeks)	1	2	3
08	Community based home based care providers training course (3 weeks)	1	2	3
09	Syndromic STI care management training (2 weeks)	1	2	3
10	Syphilis screening training (4 days)	1	2	3
11	Indent system training on STI commodities	1	2	3
12	Peer health education training (7 days)	1	2	3
13	Youth friendly health service training (YFS) (2 weeks)	1	2	3
14	HMIS training (2 weeks) (1 week in Zanzibar)	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			
607	**Other than any previously mentioned trainings**, during the past 3 years, have you received any training related to any aspect of HIV/AIDS prevention, counseling, or care and support?	YES . . . . . 1 NO . . . . . 2→701			
608	IF YES, Ask: Did any other pre or in-service education provide information about [READ TOPIC]? IF YES, ASK: was this during the past 1 year? MULTIPLE TOPICS MAY HAVE BEEN COVERED IN ONE TRAINING. MAKE SURE RESPONDENT ONLY REPORTS ON TRAINING THAT WAS A NOT A PART OF PREVIOUSLY RECORDED TRAINING COURSES.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	HIV pre-test counseling?	1	2	3	
02	HIV post-test counseling?	1	2	3	
03	HIV testing procedures, that is, which tests to order, and when?	1	2	3	
04	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients?	1	2	3	
05	Educational needs of patients and families about HIV/AIDS care?	1	2	3	
06	General nutritional counseling for HIV/AIDS clients?	1	2	3	
07	Primary prevention of HIV, such as behavior change education, partner counseling, condom promotion and distribution?	1	2	3	
08	Tuberculosis INH preventive therapy for HIV/AIDS clients?	1	2	3	
09	Cotrim preventive therapy (CPT) for HIV/AIDS clients for pneumonia?	1	2	3	
10	Clinical management of HIV/AIDS-related neurological disorders?	1	2	3	
11	Diagnosis and treatment of opportunistic infections?	1	2	3	
12	Prescribing antiretroviral therapy (ART)?	1	2	3	
13	Ordering or prescribing laboratory tests for monitoring of ART?	1	2	3	
14	Nutritional rehabilitation for HIV/AIDS patients?	1	2	3	
15	Any topic specific to pediatric AIDS care?	1	2	3	
16	Training on provision of palliative care, to manage symptoms of the seriously ill HIV/AIDS client?	1	2	3	
17	Ordering or prescribing Post-exposure prophylaxis (PEP)?	1	2	3	
18	Training on nursing care or training caregivers to provide care for HIV/AIDS patients? This might include training related to home-based care.	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION			
	7. Laboratory services				
701	In your **current** position, and as a part of your work for this facility, do you ever personally actually conduct laboratory tests for tuberculosis or HIV/AIDS? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES . . . . . 1 NO . . . . . 2 → 800			
702	Do you conduct any of the following laboratory tests?		a PROVIDES SERVICE		
			YES	NO	
01	Checking sputum for tuberculosis?		1	2	
02	Any of the blood tests for HIV?		1	2	
03	Any of the laboratory tests for monitoring antiretroviral therapy?		1	2	
703	During the past three years have you received any pre-service or in-service training related to different laboratory tests for tuberculosis, HIV or for screening blood prior to transfusion?	YES . . . . . 1 NO . . . . . 2 → 800			
704	Did you receive preservice or in-service training for [READ TOPIC] during the past 3 years? IF YES, ASK: Was this during the past 1 year?		YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Microscopic examination of sputum for diagnosing tuberculosis?		1	2	3
02	HIV testing?		1	2	3
03	CD4 testing?		1	2	3
04	Blood screening for HIV or hepatitis prior to transfusion?		1	2	3
05	Tests for monitoring ART		1	2	3
06	Other_____ (SPECIFY)		1	2	3
800	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ☐☐			
801	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS. When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percent of your time do you estimate this is? IF NO HIV/AIDS-RELATED SERVICES CODE "000"	AVERAGE WEEKLY PERCENTAGE OF WORK TIME . ☐☐☐			

NO.	QUESTIONS	CODING CLASSIFICATION	
802	During the past 12 months, if you add together all of the formal training you have received related to HIV/AIDS, how many days is this? By formal training I mean training where there was a structured session. This may have been conducted by this facility or external to the facility. I am interested in actual days of training. For example, a one week training usually entails 5 actual days of training, a four week training usually entails 20 days of training. IF THE TRAINING WAS LESS THAN ONE FULL DAY, ENTER 001. PROBE IF NECESSARY. IF NO DAYS OF TRAINING, ENTER 000	NUMBER OF DAYS OF HIV/AIDS RELATED TRAINING . . . . . [ ][ ][ ]	
803	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work? IF YES, ASK: When was the most recent time?	YES, IN THE PAST 3 MONTHS . . . . 1 YES, IN THE PAST 4-6 MONTHS . . . . 2 YES, IN THE PAST 7-12 MONTHS . . . . 3 → 806 YES, MORE THAN 12 MONTHS AGO . . 4 → 806 NO . . . . . 5 → 806	
804	How many times in the past six months has your work been supervised?	NUMBER OF TIMES . . . . . [ ][ ]	
805	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	
01	Deliver supplies	DELIVERED SUPPLIES 1 2 8	
02	Check your records or reports	CHECKED RECORD 1 2 8	
03	Observe your work	OBSERVED 1 2 8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK 1 2 → 07 8	
05	Give you verbal feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 1 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 1 2 8	
08	Discuss problems you have encountered	DISCUSS 1 2 8	
806	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3	
807	Are there any opportunities for promotion in your current job?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	
808	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES . . . . . 1 NO 2	→ 810
809	Which type of salary supplement do you receive?	MONTHLY OR DAILY SALARY SUPPLEMENT . . . . . A PERDIEM WHEN ATTENDING TRAINING . . . . . B DUTY ALLOWANCE . . . . . C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED) . . D OTHER _____ X (SPECIFY)	
810	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES . . . . . 1 NO 2	→ 812
811	Describe any incentives that you have received. CIRCLE ALL THAT APPLY.	UNIFORMS, BACKPACKS, CAPS ETC. . . . . A DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. . . . . B TRAINING . . . . . C FOOD RATION . . . . . D SUBSIDIZED HOUSING . . . . . E MONETARY BONUS (IRREGULAR) F OTHER _____ X (SPECIFY)(SPECIFY)	
812	Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS? CIRCLE ONLY THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.	MORE SUPPORT FROM SUPERVISOR . . . . . A MORE KNOWLEDGE/ TRAINING . . . . . B MORE SUPPLIES/STOCK . . . . . C BETTER QUALITY EQUIPMENT/ SUPPLIES . . . . . D LESS WORKLOAD (i.e. MORE STAFF) . . . . . E BETTER WORKING HOURS . . . F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) . . . . . G TRANSPORTATION FOR PATIENTS WHO ARE REFERRED . . . . . H PROVIDING ART . . . . . I INCREASED SECURITY . . . . . J BETTER FACILITY INFRASTRUCTURE . . . . . K MORE AUTONOMY /INDEPENDENCE . . . . . L EMOTIONAL SUPPORT FOR STAFF (COUNSELING/ GROUP SOCIAL ACTIVITIES) . . M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	
	Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS		
900	What should you do if you got a needle stick injury? PROBE: Anything else? CIRCLE ALL THAT ARE MENTIONED.	SQUEEZE FINGER . . . . . A WASH/SOAK IN DISINFECTANT (BLEACH, IODINE, ALCOHOL) . . B WASH WITH SOAP AND WATER . . C REPORT TO MANAGER . . . . . D LEARN PATIENT HIV STATUS . . . E GET AN HIV TEST IMMEDIATELY . . F GET AN HIV TEST AFTER SOME TIME . . . . . G GET HIV TEST DEPENDING ON HIV STATUS OF PATIENT . . H GET ANTIRETROVIRAL OR REFERRAL FOR ARVs . . . . . I OTHER _____ (SPECIFY) X NOTHING . . . . . Y DON'T KNOW . . . . . Z	
901	Do you think that a health care worker who has HIV but is not sick, should be allowed to continue to work?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
902	In the past 12 months, have you seen or observed the following happen in this health care facility because a client was known or suspected of having HIV/AIDS? READ EACH SCENARIO BELOW		

		YES	NO	NA	DK
01	Testing a client for HIV infection without their consent	1	2	5	8
02	Requiring some clients to be tested for HIV before scheduling surgery	1	2	5	8
03	Using latex gloves for performing noninvasive exams on clients suspected of HIV	1	2	5	8
04	Extra precautions been taken in the sterilization of instruments used on HIV-positive patients	1	2	5	8
05	Health providers gossiping about a client's HIV status	1	2	5	8
06	Because a patient is HIV-positive a senior health provider pushing the client to a junior provider	1	2	5	8
07	An HIV-positive patient receiving less care/attention than other patients	1	2	5	8

903	Have you ever heard the word "unyanyapaa" (stigma)?	YES . . . . . 1 NO 2	→910
904	Does stigma occur **in** health facilities?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	→906 →906

NO.	QUESTIONS	CODING CLASSIFICATION	
905	Please give me some examples of stigma in the health facility PROBE BY ASKING: Any other examples?	USING LATEX GLOVES FOR NON-INVASIVE PROCEDURE ON SUSPECT/HIV+ CLIENTS . . A EXTRA PRECAUTION IN THE STERILIZATION OF EQUIP USED ON HIV+ CLIENTS . . . . . B PROVIDERS GOSSIPING ABOUT A CLIENT'S HIV STATUS . . . . . C LESS CARE/ ATTENTION GIVEN TO HIV+ CLIENTS . . . . D SENIOR STAFF PUSHING HIV+ CLIENT TO JUNIOR STAFF . . . . E STAFF UNWILLING TO SHAKE HANDS WITH HIV+ CLIENTS . . . . F OTHER _____ X (SPECIFY)	
906	Does stigma occur **outside** health facilities?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	→ 910 → 910
907	Where have you observed or heard stigma occur?	HOUSEHOLD/FAMILY . . . . . A COMMUNITY . . . . . B WORKPLACE . . . . . C PLACES OF WORSHIP . . . . . D PLACES OF ENTERTAINMENT . . . . E OTHER _____ X (SPECIFY)	
908	Please give me some examples of stigma that occur **outside** health facility	SEPARATION/DIVORCE WHEN ONE PARTNER BECOMES HIV+ . . . . A NEIGHBORS/FAMILY GOSSIPING ABOUT CLIENT'S HIV STATUS B NOT BUYING FROM OR PATRONIZING HIV+ PERSON'S BUSINESS . . . . . C FAMILIES/NEIGHBORS RELUCTANT TO PROVIDE MONEY TOWARDS CARE FOR HIV+ PERSONS . . . . . D FAMILY MEMBERS UNWILLING TO SHARE BED/UTENSILS WITH HIV+ PERSONS . . . . . E OTHER _____ X (SPECIFY)	
909	If you ever saw any of the above types of stigma happening to a client because s/he is a PLHA, would you be willing to report to higher authorities?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
910	I don't want to know the result, but have you ever had an HIV test?	YES . . . . . 1 NO 2	→ 912
911	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF . . . . . 1 WAS OFFERED . . . . . 2 WAS REQUIRED 8	
912	Finally, please tell me: In your opinion, how effective are condoms in preventing HIV infections when used correctly? Are they completely effective (100 percent) or not at all effective (0 percent) or somewhere between? HELP THE RESPONDENT TO ESTIMATE A PERCENTAGE.	CONDOM ☐☐☐ DON'T KNOW 998	
	Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential.		

FACILITY NUMBER: | | | | **INTERVIEWER CODE:** | | |

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT.
WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS.
CHECK IF PROVIDER INTERVIEWED FOR INDIVIDUAL HEALTH WORKER INTERVIEW

PROV. SL NUM	CLIN/UNIT NUMBER line	CLIN/UNIT NUMBER unit	Provider first name or initials	Qual-ification Code	SERVICE PROVIDED: ART	Any HIV counseling testing, PMTCT, VCT	Treatment: HIV/AIDS related illnesses	Treatment: Malaria STI TB	ANC FP Delivery	Other client services	Conduct lab tests	INTERVIEWED: Check if staff interview conducted — Yes individual
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01	ANAESTHESIOLOGIST/ANAESTH	12	REGISTERED NURSE/NURSING OFFICER	23	NUTRITIONIST/NUTR TECHNICIAN
02	CLINICAL OFFICER ANAESTHETIST	13	NURSE MIDWIFE	24	HEALTH EDUCATION OFFICER
03	NURSE ANAESTHETIST	14	PUBLIC HEALTH NURSE	25	RECORD TECHNICIAN/STATS CLERK
04	OB/GYNAECOLOGIST	15	TRAINED NURSE	26	HEALTH ADMINISTRATIVE OFFICER
05	SURGEON	16	AUXILIARY NURSE/MEDICAL ATTENDANT	27	SOCIAL WORKER
06	PEDIATRICIAN	17	PHARMACIST	28	HIV/AIDS COUNSELOR
07	OTHER PHYSICIAN SPECIALIST	18	PHARMACEUTICAL TECHNICIAN	29	OTHER COUNSELOR
08	MEDICAL DOCTOR	19	PHARMACEUTICAL ASSISTANT	30	PATHOLOGIST
09	MEDICAL OFFICER	20	LABORATORY TECHNOLOGIST	31	CLINICAL ASSISTANT
10	ASST. MEDICAL OFFICER (AMO)	21	LABORATORY TECHNICIAN	96	OTHER CLINICAL STAFF
11	OTHER CLINICAL OFFICER	22	LABORATORY ASSISTANT		

FACILITY NUMBER: ☐☐☐ - ☐☐☐ **INTERVIEWER CODE:** ☐☐

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					SERVICE PROVIDED								INTERVIEWED
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CHECK IF PROVIDER INTERVIEWED FOR INDIVIDUAL HEALTH WORKER INTERVIEW

						SERVICE PROVIDED								INTERVIEWED
								Treatment						
PROV. SL. NUM	CLIN/UNIT NUMBER line	unit	Provider first name or initials	Qual-ification Code		ART	Any HIV counseling testing, PMTCT, VCT	HIV/AIDS related illnesses	Malaria STI TB	ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted Yes individual
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