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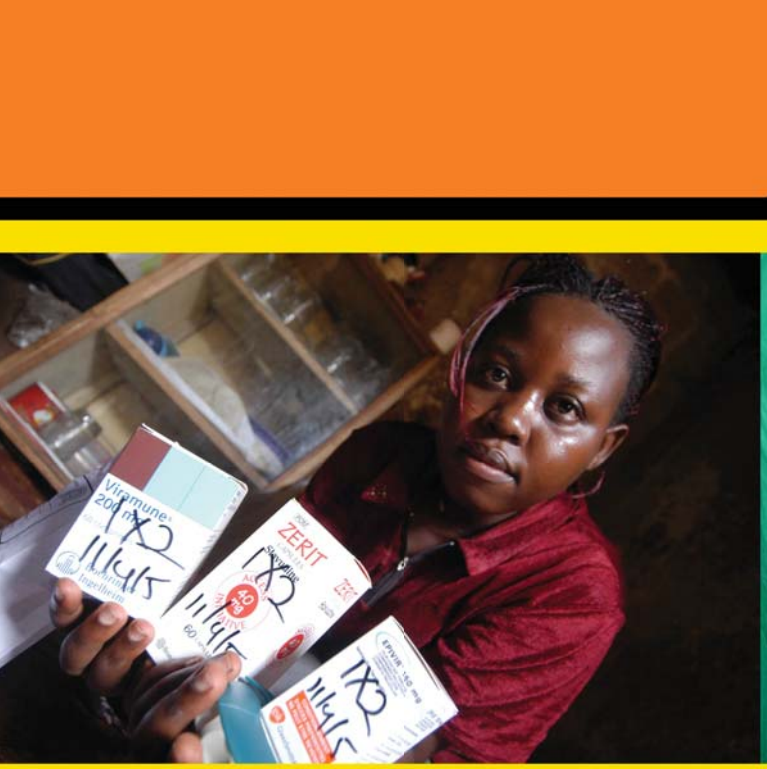

Service Provision Assessment Survey 2007

MINISTRY OF HEALTH

Uganda
Service Provision Assessment Survey
2007

Ministry of Health
Kampala, Uganda

and

Macro International Inc.
Calverton, Maryland, USA

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This report presents findings of the 2007 Uganda Service Provision Assessment Survey (2007 USPA) which was conducted by the Uganda Ministry of Health in collaboration with the Uganda Bureau of Statistics (UBOS). Macro International Inc. provided technical assistance. The 2007 USPA 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. The survey was funded by the United States Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), and the President's Malaria Initiative (PMI). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the donor organizations.

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Preface

The 2007 Uganda Service Provision Assessment (USPA) Survey was conducted by the Ministry of Health in collaboration with the Uganda Bureau of Statistics (UBOS) and Macro International Inc. It is the first national facility-based survey to cover maternal and child health (MCH) and HIV/AIDS services, facility-level infrastructure, sexually transmitted infections (STIs), tuberculosis, and malaria.

A nationally representative sample of 501 health facilities was selected for the survey. The facilities surveyed included all hospitals, health centres (IV, III and II), and stand-alone facilities offering HIV/AIDS-related services. The selected facilities included those managed by the government and by the private sector.

The 2007 USPA was designed to provide detailed information on the availability and quality of facility infrastructure, resources, and management systems. Detailed information was also collected on services for child health, family planning, maternal health, antenatal care, and delivery care. Furthermore, selected infectious diseases, namely STIs and tuberculosis, were also covered under the survey.

Information was collected on the capacity of health facilities to provide quality HIV/AIDS services. Check-lists used to obtain information on general infrastructure, supplies, health providers, and clients, along with direct observation of client-provider interaction, provided a comprehensive overview of the health care system in Uganda.

The 2007 USPA collected information that is important for policy-makers, planners, and programme managers. This information will be used to assess the capacity of health facilities in Uganda to provide high-quality services. The information will also assist health providers to determine the strengths and weaknesses of health facilities during the implementation of health care delivery programmes.

The Ministry of Health is therefore pleased and honored to present the results of the 2007 Uganda Service Provision Assessment.

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Abbreviations

ABC	Abstinence, Being faithful, Condom use
ACT	Artemisinin-based Combination Therapy
AHSPR	Annual Health Sector Performance Report
AIDS	Acquired Immune Deficiency 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 Distribution
CBO	Community-based Organisation
CBTBC	Community-based TB Care
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
DHT	District Health Team
DHMT	District Health Management Team
DMO	District Medical Officer
DOT	Direct Observation of Treatment
DOTS	Internationally recommended strategy for TB control
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
GoU	Government of Uganda
HC	Home and Community Care
HFS	Health Financing Strategy
HIV	Human Immunodeficiency Virus
HIPC	Heavily Indebted Poor Country
HLD	High-level Disinfection
HMIS	Health Management Information System
HSSP-II	Health Sector Strategic Plan-II
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INH	Isoniazid
IPT	Intermittent Preventive Treatment

ITN	Insecticide-Treated Net
IUD	Intra-uterine Device
IV	Intravenous
LRA	Lord's Resistance Army
LTEF	Long-Term Expenditure Framework
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDRI	Multi-lateral Debt Relief Initiative
MDR-TB	Multi-Drug-Resistant Tuberculosis
NMCP	National Malaria Control Programme
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NACP	National AIDS Control Programme
NCD	Non-communicable Diseases
NGO	Non-governmental Organisation
NHIS	National Health Insurance Scheme
NHS	National Health System
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	Out-patient 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
PHP	Private Health Practitioners
PID	Pelvic Inflammatory Disease
PMO-RALG	Prime Minister's Office for Regional Administration and Local Government
PMTCT	Prevention of Mother-To-Child Transmission
PNC	Postnatal Care
PNFP	Private Not-For-Profit
PPC	Post-partum 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
RHU	Reproductive Health Uganda
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RPR	Rapid Plasma Reagin
RTI	Reproductive Tract Infection
SHI	Social Health Insurance
SP	Sulfadoxine-pyrimethamine (Fansidar)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis

TBA	Traditional Birth Attendant
TCMP	Traditional and Complementary Medicine Practitioners
TST	Time-, Steam-, and Temperature-sensitive (tape)
TT	Tetanus toxoid
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNMHCP	Uganda National Minimum Health Care Package
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organisation
WHO-GPA	World Health Organisation's Global Programme on AIDS

Key Findings

The 2007 Uganda Service Provision Assessment (USPA) survey collected data from a representative sample of 491 health facilities throughout Uganda. The survey covered all levels of facilities, from HC-IIs to hospitals, and sampled facilities operated by different managing authorities, including government, private-for-profit, parastatal, and faith-based organisations. Survey personnel collected information using facility audit questionnaires, interviews with health service providers, observations of client-provider consultations, and exit interviews with clients, not only to assess the capacity of facilities to provide quality services, but also to assess 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 2007 USPA was undertaken by the Ministry of Health (MOH) in collaboration with the Uganda Bureau of Statistics (UBOS), with technical assistance from Macro International Inc. under the MEASURE DHS project.

Facility-Level Infrastructure, Resources, and Systems

- A full package of basic services—including outpatient care for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring—is available in approximately 5 of 10 facilities. Facility-based, 24-hour delivery services are universally available in all hospitals and HC-IVs, and in 80 percent of HC-IIIs.

- Less than 1 in 10 facilities have regular supplies of water and electricity, and client comfort amenities, such as a functioning client latrine, protected waiting area, and a basic level of cleanliness. About two-thirds of facilities have some safe onsite water supply (i.e., piped water from any source, water from a protected well/pump or protected spring water, tapped rain water or bottled water, or a water outlet within 500 metres of the facility).

- About three-quarters of facilities report holding routine management meetings at least once every six months; however, only half of facilities report having routine management meetings at least every six months and also had documentation of a recent meeting. One-quarter of facilities routinely charge some form of user fees for adult curative care; these are mostly hospitals and private facilities. Most facilities charge for laboratory tests, client consultations, and medicines; a small proportion of facilities charge for client registration and client charts or record cards.

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

- About 7 in 10 facilities have an adequate final disposal system for infectious and sharps waste. Government facilities are less likely to have adequate waste disposal systems.

Child Health Services

- About two-thirds of facilities offer all three basic child health services, namely outpatient curative care for sick children, childhood immunisations, and growth monitoring. Three-

fourths of facilities that offer child immunisation services and also store vaccines had all basic vaccines (BCG, pentavalent, polio, and measles) for children available on the day of the survey.

- Nearly all facilities offer outpatient curative care for sick children. About 8 in 10 of these facilities have treatment guidelines and protocols for sick child services; however, only 16 percent have Integrated Management of Childhood Illness (IMCI) counselling cards for providers available. All three first-line oral medicines (ORS, first-line anti-malarials, and at least one oral antibiotic) are available in one-quarter of facilities that offer sick child services, while pre-referral medicines (at least one first-line injectable antibiotic, at least one second-line injectable antibiotic [or chloramphenicol], and an intravenous solution with perfusion set) are available in 4 of 10 facilities.

- One-third of facilities offering curative care for sick children offer routine training related to child health services for their staff; however, only 14 percent of all interviewed child health service providers in these facilities reported receiving EPI or cold chain training, and 10 percent reported receiving IMCI training during the 12 months preceding the survey.

- Providers rarely assessed sick children for general danger signs during client visits. Among observed sick child consultations, during only one-quarter of consultations did providers assess sick children for all three IMCI general danger signs: ability to eat and drink, vomiting, and febrile convulsions.

- About 9 of 10 observed children diagnosed with pneumonia or other severe respiratory infections were given an antibiotic. Contrary to current recommendations, children with respiratory conditions not warranting antibiotics were also prescribed antibiotics; about 9 of 10 children with a cough and other non-severe respiratory conditions were provided antibiotics. Providers seldom gave caretakers essential information for taking care of the sick child at home. For example, less than 20 percent of caretakers received all three IMCI recommendations regarding fluid intake, food intake, and symptoms for which the child must return immediately.

- Providers are missing opportunities to promote preventive health interventions. They assessed the sick child's immunisation status, weight, and feeding habits in at most half of consultations with sick children under age 24 months old. Visual aids to educate caretakers are available in only 4 of 10 facilities that offer sick child services, and are rarely used during consultations (3 percent). Major complaints from caretakers about services are the waiting time to see a provider and the lack of medicines to treat child.

Family Planning Services

- About 8 in 10 Ugandan health facilities offer temporary modern methods of family planning; the majority of these facilities (three-fourths) offer family planning services five or more days per week. The most commonly offered temporary family planning methods are the combined oral contraceptive pills, progestin-only injectables, male condoms, and progestin-only oral contraceptive pills.

- Nearly 9 in 10 family planning facilities assure both visual and auditory privacy during family planning counselling sessions. Visual aids for client education on family planning are widely available; however, only 6 in 10 of these facilities have family planning guidelines and protocols available. One-third have all infection control items (soap, running water, clean latex gloves, disinfecting solution, and sharps box) available in the family planning service area. Disinfecting solution, latex gloves, and running water are the items most often missing. Only 1 percent of facilities have all of the furnishings and equipment necessary for quality

pelvic examinations; while privacy and an examination table are generally available, an examination light and a vaginal speculum are often lacking.

- Family planning providers in about 80 percent of family planning facilities routinely treat STIs. In these family planning facilities where family planning providers routinely treat STIs, medicines for treating syphilis, trichomoniasis, and chlamydia are more frequently available than medicines for treating gonorrhoea.

- Up-to-date family planning registers are available in 7 of 10 family planning facilities, especially in government facilities and HC-IVs. Less than one-fifth of family planning facilities provide routine training for family planning service providers; however, individual supervision of these providers is quite 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

- Antenatal care (ANC) services are available in 7 of 10 facilities; ANC services are least available in the Northeast Region. Only 3 of 10 facilities offer antenatal care, post-partum care (PPC), and tetanus toxoid (TT) vaccine together. Among facilities that offer antenatal care, 7 in 10 offer TT services every day that ANC services are offered.

- Items that support quality ANC counselling (including visual aids, ANC guidelines, and individual client cards) are not available in most facilities that offer ANC services; only one-fifth of these facilities have all essential equipment and supplies (blood pressure apparatus, foetoscope, iron and folic acid tablets, and TT vaccine) for basic antenatal care. Individual infection control items (soap, running water, gloves, disinfecting solution, and sharps box) are each available in two-thirds or more of ANC facilities; however, all items are available in just one-third of these facilities. Medicines for managing common complications of pregnancy (antibiotics, anthelmintics, first-line anti-malarials, and antihypertensives) are generally individually available in most facilities.

- ANC service providers routinely provide STI treatment in approximately 9 in 10 facilities. About half of ANC facilities had medicines to treat each of the four main STIs: syphilis, gonorrhoea, chlamydia, and trichomoniasis. Private facilities are more likely than government facilities to routinely screen ANC clients for anaemia, urine protein, urine glucose, and syphilis; they are also more likely to have the capacity to carry out these routine tests.

- While the majority of antenatal care facilities have up-to-date ANC registers, only 5 percent have a PPC register. Just 1 in 10 ANC facilities have documentation indicating that they monitor ANC coverage rates. Providers of antenatal care do not commonly counsel pregnant women on nutrition, risk signs and symptoms, or exclusive breastfeeding during ANC consultations. On average, delivery plans are discussed with just over half of ANC clients who are at least eight months pregnant.

- Normal delivery services are universally available in hospitals, HC-IVs, and HC-IIIs; only one-quarter of HC-IIs provide these services. Delivery services are least likely to be available in the Southwest, Western, and Northeast regions. Caesarean sections are available mostly in hospitals and in Kampala. Similarly, transportation support for maternity emergencies is available mainly in hospitals, HC-IVs, and in Kampala.

- Less than half of facilities that offer normal delivery services have all infection control items (soap, running water, sharps box, disinfecting solution, and clean latex gloves) at the service

site. The item most commonly missing is running water. About 1 in 10 of these facilities have all the elements needed to support quality sterilisation of delivery equipment, and only 5 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 one-third of 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. Almost all hospitals offering delivery services provide blood transfusion and caesarean section services. Among facilities that perform caesarean sections, 9 of 10 have all of the needed equipment, including an operating table, operating light, scrub area adjacent to operating room, and sterilised instruments.

- Emergency support for newborns is lacking in most facilities; newborn respiratory support (infant-sized Ambu bag or equivalent) is available in less than half of facilities, while external heat source is available in 10 percent of hospitals, HC-IVs that offer delivery facilities. Practices that are considered supportive of newborn health, such as weighing the newborn, providing vitamin A to the mother, and rooming-in, are common. Up-to-date delivery registers are commonly available in facilities that offer delivery services; however, only one-quarter conduct reviews of maternal or newborn deaths and near-misses.

STI and Tuberculosis Services

- STI services are offered in almost all health facilities as part of general outpatient curative services. About half of facilities integrate STI services into antenatal care and family planning services, as well as general curative care. Specialised STI services are rare, available only in a small proportion of hospitals. The syndromic approach is the most widely used method to diagnose and treat STIs in Ugandan health facilities. Less than half of STI facilities have at least one medicine for each of the four common STIs.

- A little over 8 of 10 STI facilities provide STI counselling under conditions that ensure both visual and auditory privacy; STI guidelines are available at the service delivery site in a little over half of STI facilities; STI- and HIV-related visual aids and educational materials are more widely available. Condoms are available at the service delivery site in just over half of these facilities; however, they are available elsewhere in these facilities.

- TB diagnosis, treatment, and/or follow-up services are universally available in all hospitals and HC-IVs. Close to 9 of 10 facilities that offer TB treatment and/or follow-up services follow the DOTS strategy. Of facilities following the DOTS strategy, about 9 of 10 have all first-line TB medicines available. On average, 4 of 5 facilities that provide any TB services routinely refer all TB cases for HIV testing.

Malaria Services

- All facilities offer malaria diagnosis and/or treatment services. Laboratory diagnostic capacity is available, on average, in one-quarter of facilities, mostly in hospitals and HC-IVs. First-line anti-malarial medicines are available in 8 of 10 facilities. Malaria treatment guidelines/protocols are available at all relevant service sites in just half of facilities.

- Three-fourths of facilities that offer malaria diagnosis and/or treatment services had insecticide-treated nets (ITNs) in the facility; however, only a small proportion of ANC providers were observed offering free ITNs to ANC clients.

- Almost all children who were diagnosed with malaria received an anti-malarial; however, only 7 of 10 received the recommended first-line anti-malarial.

HIV/AIDS Services

- About 3 of 10 facilities in Uganda report having an HIV testing system; practically all hospitals and HC-IVs report having an HIV testing system. Only one-quarter of facilities with an HIV testing system have an informed consent policy for HIV testing. Approximately 9 in 10 of these facilities have a register with HIV test results, and about three-fourths have records of clients receiving their HIV test results.

- One-fifth of facilities with an HIV testing system have youth-friendly HIV testing services. Three-fourths of these facilities have at least one provider trained in youth-friendly services (YFS); however, guidelines and policies for YFS are rarely available.

- Care and support services (CSS) for HIV/AIDS clients are available in approximately 6 of 10 facilities. A little over half of these facilities offer TB treatment and/or diagnosis, 45 percent report they are part of the national DOTS programme, although only 2 of 5 implement the DOTS treatment strategy.

- On average, 8 percent of all facilities offer antiretroviral therapy (ART) services; 8 of 10 hospitals and half of HC-IVs offer ART services. Items to support ART services, such as guidelines for the clinical management of ART, are not widely available in these facilities. Services for the prevention of mother-to-child transmission (PMTCT) of HIV are available in approximately 3 of 10 facilities; hospitals and HC-IVs are more likely than other facility types to offer PMTCT services. Three-fourths of facilities with PMTCT services offer all four basic components of PMTCT. Services for post-exposure prophylaxis (PEP) are available in 6 percent of facilities and are concentrated in hospitals.

Chapter 1 Survey Methodology

1.1 Overview

The 2007 Uganda Service Provision Assessment (USPA) is a facility-based survey designed to provide information on the general performance of facilities that offer maternal, child, and reproductive health services as well as services for specific infectious diseases, including sexually transmitted infections (STIs), HIV/AIDS, tuberculosis (TB), and malaria.

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 both the public (government) and private sectors (non-governmental [NGO], private-for-profit organisations, and faith-based organisations) in all 80 districts of the country.

The 2007 USPA provides national- and regional-level representative information for hospitals and health centres (HC-IIs, HC-IIIs, and HC-IVs) offering maternal and child health (MCH) and HIV/AIDS-related services. Findings can supplement household-based health information from the Uganda Demographic and Health Survey conducted in 2005-06, which provides information on health and the utilisation of services by the overall population.

1.2 Institutional Framework and Objectives of the USPA

The 2007 USPA was implemented by the Uganda Ministry of Health (MOH) in collaboration with the Uganda Bureau of Statistics (UBOS). The survey received technical support from Macro International Inc. under the MEASURE DHS project. Financial support for the survey was received from the United States Agency for International Development.

The objectives of the 2007 USPA were to—

- Describe how well-prepared facilities are to provide 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 ongoing supervisory systems.
- Describe the processes used in providing child, maternal, and reproductive health services and the extent to which accepted standards for quality service provision are followed.
- Provide information for periodically monitoring progress in improving the delivery of reproductive, child health, and HIV/AIDS services at Ugandan health facilities.
- Provide input into the evolution of a system of accreditation of health facilities in Uganda.
- Provide baseline information on the capacity of health facilities to provide basic and advanced 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 Audit Questionnaires and provider interviews were used to collect information on whether a facility has the capacity to provide the service at acceptable standards.

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 use 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 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 2007 USPA collected data on whether 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?

USPA 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, antenatal care (ANC), and injections (mostly therapeutic). 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 2007 USPA Content and Methods for Data Collection

1.3.1 Content of the 2007 USPA

The 2007 USPA 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 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 2007 USPA 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 with the standards set in the guidelines for the World Health Organisation's Integrated Management of Childhood Illness.

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 ANC visits, the delivery service environment, and post-partum 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: the *Facility Audit Questionnaires,* the *Observation Protocol, Exit Interviews,* and *Health Worker/Provider Interviews.*

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 (including family planning), HIV/AIDS, laboratory, and pharmacy sections. The HIV/AIDS sections 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 practices related to collecting and reporting HIV/AIDS-related records and statistics for services provided to clients through the health facility.

The *Observation Protocol* was tailored to the service being provided. For sick child, ANC, 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 were recorded in a checklist and 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. Clients receiving injections (therapeutic) were also observed to assess how providers carry out the procedure and infection control practices.

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 or her recall of instructions received about treatment or preventive behaviour. The interviewer also elicited the client's perception of the service delivery environment.

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 in the country, a sample of health service providers at each sampled facility, and a sample of sick children, family planning, ANC, and STI clients.

1.4.1 Sample of Facilities

The sample used for the 2007 USPA was obtained from a list of 3,000 functioning health facilities in Uganda at the time of the survey. The list included hospitals and health centres (HC-IVs, HC-IIIs, and HC-IIs) with different managing authorities, including government, private-for-profit, parastatal, and faith-based organisations. For the purposes of the survey, specialised HIV/AIDS facilities or clinics, such as The AIDS Support Organisation (TASO), that may be providing purely HIV services (such as HIV counselling and testing, or antiretroviral therapy only) are categorised with HC-IIs. All facilities not managed by the government (private-for-profit, NGO, and faith-based facilities) were grouped together as private facilities.

A sample size of 500 facilities was selected initially for the survey, based on logistic considerations as well as the minimum sample size required for the desired analysis. The sample allows for national and

regional estimates for key indicators. All hospitals throughout Uganda (national referral, regional, general, and other hospitals), and about half of all HC-IVs were purposely included in the sample. HC-IIIs and HC-IIs were sampled in such a way as to provide national and regional-level representation. Thus, the USPA final sample covered approximately 16 percent of all facilities in the country.

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 on HIV, but also may be offered to sick clients attending outpatient clinics and clients admitted to inpatient 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. Likewise, 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 quality services.

Throughout the report, indicators are presented by type of facility (Hospital, HC-IV, HC-III, and HC-II), managing authority (Government and Private), and region. The regions, though not official administrative regions, are the same nine regions used in the 2004-05 Uganda Sero-behavioural survey and allow for the analysis of geographical differentials (MOH and Macro International, 2006). The regions, and the districts they comprise, are as follows:

Central	Kalangala, Kiboga, Luwero, Masaka, Mpigi, Mubende, Nakasongola, Rakai, Sembabule, and Wakiso districts
Kampala	Kampala district
East Central	Bugiri, Iganga, Jinja, Kamuli, Kayunga, Mayuge, and Mukono districts
Eastern	Busia, Kapchorwa, Mbale, Pallisa, Sironko, and Tororo districts
Northeast	Kaberamaido, Katakwi, Kotido, Kumi, Moroto, Nakapiripirit, and Soroti districts
North Central	Apac, Gulu, Kitgum, Lira, and Pader districts
West Nile	Adjumani, Arua, Moyo, Nebbi, and Yumbe districts
Western	Bundibugyo, Hoima, Kabarole, Kamwenge, Kasese, Kibaale, Kyenjojo, and Masindi districts
Southwest	Bushenyi, Kabale, Kanungu, Kisoro, Mbarara, Ntungamo, and Rukungiri districts

Data were weighted during analysis to account for differentials caused by oversampling and undersampling 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, managing authority, and region. 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

Table 1.1 Distribution of facilities by background characteristics

Percent distribution of facilities (weighted) and number of facilities (weighted and unweighted), by background characteristics, Uganda SPA 2007

Background characteristic	Percent distribution of facilities (weighted)	Number of facilities	
		Weighted	Unweighted
Type of facility			
Hospital	4	19	119
HC-IV	6	27	81
HC-III	32	158	127
HC-II	58	287	164
Managing authority			
Government	76	373	351
Private	24	119	140
Region			
Central	20	98	81
Kampala	2	9	40
East Central	16	78	69
Eastern	10	49	50
Northeast	8	41	38
North Central	7	37	39
West Nile	7	37	39
Western	12	60	56
Southwest	17	83	79
Total	100	491	491

Table 1.2 Percentage of facilities providing specific services

Percentage (weighted) and number of facilities (weighted and unweighted) providing specific services, Uganda SPA 2007

Service provided	Percentage of facilities providing services (weighted)	Number of facilities providing services	
		Weighted	Unweighted
Immunisation	88	433	450
Curative care for sick children	98	481	478
Family planning	80	395	403
Antenatal care	71	347	399
Delivery	53	261	346
Sexually transmitted infections[1]	98	484	483
TB[2]	44	218	332
HIV testing system[3]	29	143	279
Any care and support services	61	299	374
Antiretroviral therapy (ART) services[4]	8	42	164
Prevention of mother-to-child transmission (PMTCT) services	30	146	253
Total	-	491	491

[1] This may include only laboratory examinations, only preventive measures, or client care.
[2] This may be diagnosis only, treatment and/or follow-up only, or both
[3] 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
[4] Facility reports that providers in the facility prescribe antiretroviral treatment and/or provide medical follow-up for ART clients, or provide other non-clinical follow-up services such as community based services.

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 USPA. 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 nine of the sampled facilities for security reasons. Survey protocol required that facilities that could not be surveyed be replaced with the nearest facility of the same type, under the same managing authority, and in the same district. However, there were no facilities in these districts that met the replacement criteria. Consequently, 491 facilities were assessed at the end.

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 USPA. 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. 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 used for the analysis. Appendix Table A-1.2 provides additional information on the weighted and unweighted number of interviewed providers.

Table 1.3 Distribution of interviewed providers

Percent distribution (weighted) of interviewed providers and number of interviewed providers (weighted and unweighted), by background characteristics, Uganda SPA 2007

Background characteristic	Percent distribution of interviewed providers (weighted)	Number of interviewed providers	
		Weighted	Unweighted
Type of facility			
Hospital	20	357	689
HC-IV	12	204	364
HC-III	34	603	390
HC-II	34	607	328
Managing authority			
Government	69	1,219	1,221
Private	31	552	550
Region			
Central	21	380	278
Kampala	4	75	193
East Central	14	246	256
Eastern	7	127	130
Northeast	7	119	135
North Central	11	196	179
West Nile	8	148	152
Western	12	219	188
Southwest	15	263	260
Qualification of provider			
Clinicians[1]	12	221	329
Nurses/midwives	38	669	835
Counsellors/social workers	5	88	22
Lab staff[2]	6	113	198
Pharmacy staff[3]	1	11	14
Other clinical/technical services[4]	36	629	370
Non-clinical/technical services[5]	2	39	3
Total	100	1,771	1,771

[1] Clinicians include all consultants, physician specialists, medical officers and clinical officers.
[2] Lab staff include: lab technologists, lab technicians and lab assistants
[3] Pharmacy staff include: pharmacists and pharmacy dispensers
[4] Other clinical/technical service providers include: nursing assistants and nursing aides, nutritionists, health educators and any other client service providers.
[5] Non-clinical/technical service providers include: statisticians, records clerks and hospital administrators

1.4.3 Sample for Observations and Exit Interviews

The sample for observations was opportunistic, meaning clients were selected for observation as they arrived, because 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

[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.

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 five 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 follow-up 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: 769 sick children, 87 family planning clients, 373 ANC clients, 118 STI clients, and 752 clients receiving injections. 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. 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].

Appendix Tables A-1.4 through A-1.7 describe other aspects of service delivery, including the size of the facilities' catchment population (Appendix Table A-1.4), and the median number of staff assigned to facilities and present on the day of the survey, by provider and facility type (Appendix Table A-1.5-A-1.5.4). 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, and Appendix Table A-1.7 shows the median number of years of basic education and technical training (or qualification) as reported by the interviewed providers.

Table 1.4 Distribution of observed consultations

Percent distribution (weighted) of observed consultations and number of observed consultations (weighted and unweighted) for outpatient curative care for sick children, family planning, antenatal care, sexually transmitted infections, and injections, by type of facility, Uganda SPA 2007

Type of facility	Percent distribution of observed consultations (weighted)	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	8	60	388
HC-IV	11	85	273
HC-III	41	318	275
HC-II	40	306	175
Total	100	769	1,111
FAMILY PLANNING			
Hospital	21	18	114
HC-IV	21	18	60
HC-III	30	26	29
HC-II	28	24	16
Total	100	87	219
ANTENATAL CARE			
Hospital	17	63	391
HC-IV	20	76	231
HC-III	48	180	150
HC-II	14	54	30
Total	100	373	802
SEXUALLY TRANSMITTED INFECTIONS			
Hospital	12	14	91
HC-IV	18	21	66
HC-III	44	52	44
HC-II	26	31	17
Total	100	118	218
INJECTIONS			
Hospital	9	65	397
HC-IV	10	77	236
HC-III	39	294	255
HC-II	42	317	172
Total	100	752	1,060

1.5 Survey Implementation

1.5.1 Data Collection Instruments

The 2007 USPA survey instruments were based on generic questionnaires developed by the MEASURE DHS project and were adapted for Ugandan health services after consulting with technical specialists from the MOH, NGOs, and other key stakeholders knowledgeable about the health services and service programme priorities covered by the USPA. All questionnaires were drafted in English.

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

The survey instruments were pretested from April 16 to May 3, 2007. A total of 21 interviewers comprising nurses, nurse midwives, clinical officers, and social scientists underwent a two-week intensive training session in Jinja in the application of the questionnaires prior to pre-test data collection in eight facilities in Jinja, Iganga, and Mukono districts. The questionnaires were then finalised for main fieldwork and data collection.

1.5.2 Training and Supervision of Data Collectors

Data collectors were primarily recruited from among nurses, nurse midwives, counsellors, clinical officers, and demographers experienced in survey implementation and interviewing. A total of 68 interviewers/data collectors completed a three-week training (June 25 to July 13, 2007) for the main survey. Training included classroom lectures/discussion, practical demonstrations, roleplaying, and field practices. A consultant from Macro International Inc. and two medical doctors from the MOH conducted the training. At the end of the three-week training, 11 teams were formed, each consisting of a team leader and four interviewers. Each team was allocated a vehicle and a driver.

1.5.3 Data Collection

Data collection commenced on July 18, 2007 and ended October 10, 2007. One interviewer in each team was selected to be the team leader, and he or 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 at least one day before the visit so that they could prepare to receive the interviewers.

Fieldwork supervision was coordinated at MOH headquarters; two MOH officers periodically visited the teams to review their work and monitor data quality.

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, 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 MOH officers. Field check tables generated by the data entry programme were also used to check the quality of the collected data, and where necessary MOH 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 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.** Eight data operators entered the data under the supervision of one data entry manager and one UBOS staff. CSPro software developed by Macro International Inc. was used for data entry. All questionnaires were entered twice (100 percent verification) to ensure that the data had been accurately keyed in. Data entry took place from July through November 2007. All 'other' responses were reviewed by MOH staff and recoded into categories relevant for data analysis.

- **Data processing.** The design of the tabulation plan and the preparation of the programmes for producing statistical tables were carried out from August through September 2007. Data analysis, including clarification of unclear information, was carried out from December 2007 through March 2008. During data analysis, the analysis plan was revised on the basis of feedback from the USPA management team to ensure that the analysis was appropriate for the Ugandan health system.

- **Development of the final report.** The final report was written with input from the MOH and Macro International Inc.

1.5.5 Data Analysis

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

- **Assessing the availability of items.** Unless specifically indicated, the 2007 USPA 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 pressure, 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, according to a checklist. 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 2007 USPA, only providers that offer the service in the particular facility he or she found during the survey were included in the analysis for that service.

- **Development of aggregate variables.** Aggregating the data into subsets makes it possible to analyse 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 because 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 USPA. 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 policy-makers and programme implementers.

Chapter 2 Overview of the Health System in Uganda

This chapter provides an overview of the health care system in Uganda and its general organisation, as a context in which to view the findings of the 2007 Uganda Service Provision Assessment (USPA) survey.

2.1 Health Status in Uganda

The 2005 Population and Housing census estimated Uganda's population at 26.7 million; at a projected rate of 3.5 percent growth per annum, this gives a total of 28 million people in 2008. The 2006 Uganda Demographic and Health Survey (UDHS) indicates that 62 percent of its population is less than age 20 years (UBOS and Macro International, 2007). According to the Health Sector Strategic Plan, the population faces a high disease burden, including perinatal and maternal mortality (20.4 percent), malaria (15.4 percent), respiratory infections (10.5 percent), HIV/AIDS (9.1 percent), and diarrhoea (8.4 percent). Malaria, acute respiratory tract infections, diarrhoea, and malnutrition contribute to over 70 percent of overall child mortality (MOH, 2005a: 34).

Despite the high disease burden, recently there have been notable social and economic improvements in Uganda. The education and health sectors are doing relatively well, as is the country's economic performance. Child mortality declined from 89 deaths per 1,000 in the period 1994-2000 to 75 per 1,000 in the period 2004-2005, while under-five mortality fell from 158 per 1,000 to 137 per 1,000 during the same period (UBOS and Macro International, 2007). Children's nutrition has also improved. According to the latest UDHS, the prevalence of exclusive breastfeeding among children under 6 months is 60 percent. There is a reduction in prevalence of underweight from 23 percent to 16 percent, an increase in vitamin A supplementation from 37 percent to 70 percent, and a 100 percent sustained household consumption of iodised salt.

Maternal mortality ratio (MMR) is still high, even though there was a decline from 527 to 435 maternal deaths per 100,000 live births between the last two surveys (UBOS and Macro International, 2007). High fertility, the high incidence of infectious diseases, poverty, and poor health services for pregnant mothers all contribute to high levels of maternal mortality. Uganda, like other developing countries, is also seeing the emergence of a "double burden of disease" because of changing lifestyles and the aging of the population. While communicable diseases remain common, there is also a growing incidence of non-communicable diseases (NCD)—such as heart disease, diabetes, cancer, and mental illness—and 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 Ugandans is 50.4 years on average, with females living slightly longer (52 years) than males (48.8 years). This is an increase of just one year over the life expectancy of 49 years in the 2000 Census (UBOS, 2001).

2.2 Enabling Policies and Strategies to Improve Health Status

Since 1978, Uganda adopted the Primary Health Care (PHC) Strategy as the main approach of service delivery. The strategy emphasises disease prevention (immunisation), management of common diseases (malaria, pneumonia, diarrhoea, HIV/AIDS), health education and promotion, and rehabilitation of people with disability. The government has consistently focused its development strategies on combating ignorance, disease, and poverty. Investing in health is recognised as central to improving the quality of life, but the government faces socio-economic challenges in strengthening the country's health services. In response, the government has adopted the following seven enabling policies and strategies, which include commitments at both the national and international levels.

2.2.1 Uganda Development Vision 2035

The main objective of the Uganda Development Vision 2035 is a high-quality livelihood for all Ugandans (Vision 2035 Development Plan-National Planning Authority, 2008). The Ministry of Health (MOH) is expected to contribute to this goal by working to improve the health status and life expectancy of the people of Uganda.

2.2.2 Poverty Reduction Strategy

Under the Poverty Reduction Strategy (PRS), MOH used a greater proportion of the health budget to target cost-effective interventions, such as the immunisation of children under five years, reproductive and child health, family planning, and control of malaria, HIV/AID, 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 had been accomplished 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 Millennium Development Goals

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

2.2.4 National Health Policy

The vision is to make a contribution to the well-being of the people that will result in expanded economic growth and increased social development. The mission is to attain a good standard of health for all people in Uganda to promote a healthy and productive life. The health sector facilitates the provision of basic health services that are proportional, equitable, of high quality, affordable, sustainable, and gender-sensitive. The objective is to reduce morbidity and mortality from the largest causes of ill health in the population and increase access to health services nationwide. The national policy has provided strategic direction towards a sector-wide approach, which is aimed at increasing growth in the health resource envelope as well as shifting the pattern of financing in the sector towards an increasing proportion of external funding in form of budget support.

2.2.5 Health Sector Strategic Plan

The primary purpose of the Health Sector Strategic Plan II (HSSP-II) for 2005/6-2009/10 is to achieve improved health of the people. The programme goal for HSSP-II is to reduce morbidity and mortality from major causes of ill health and premature death. The main approach for achieving the sector programme goal is through implementing the Uganda National Minimum Health Care Package (UNMHCP). The main objectives of HSSP-II are to implement a health care system that is effective, equitable, and responsive; to strengthen the integrated support systems; to reform and enforce the legal and regulatory framework; to implement evidence-based policies and programmes; and to use such data for planning and development. Successful implementation of HSSP-II will depend on the active participation of all stakeholders as well as the availability of resources.

The MOH 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 (i.e., services available within 5 kilometres of

residence). This new strategy, which is part of the HSSP-II 2005/06-2009/10, proposes the following six levels of care, namely HC-II, HC-III, HC-IV, General Hospital, Regional Referral Hospital, and National Teaching Referral and Research Hospital.

2.2.6 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 services so that they have the capacity, systems, and culture for continuous improvement. Sectoral reforms are being executed to implement these objectives.

2.2.7 Health Sector Reform

The goal of the 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 MOH, 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 Introduction

The National Health System (NHS) comprises all the institutions, structures, and actors whose actions have the *primary purpose* of achieving and sustaining good health. The boundaries of Uganda's National Health System encompass the public sector, including the health services of the army, police, and prisons; the private health delivery system comprising of the private not-for-profit organisations (PNFP), private health practitioners (PHP), the traditional and complementary medicine practitioners (TCMP); and the communities. The role of government in health service provision will continue to be vital for the foreseeable future, and full integration of private providers into the National Health System will remain an important policy objective. Far-reaching restructuring of the NHS was achieved through implementation of the 1999 National Health Policy and HSSP-I.

2.3.2 Functions of the National Health System

The core functions of a national health system are the following:

1. Stewardship of the sector, including policy appraisal and development; oversight of health sector activities; assuring quality, health equity, and fairness in contribution towards the cost of health care; harnessing the contribution of other health-related sectors; ensuring that the sector is responsive to expectations of the population; and being accountable for the performance of the wider health sector

2. Provision of preventive, promotive, curative, and rehabilitative services

3. Policy and planning, monitoring and evaluation

4. Mobilisation of resources, including human resources; health infrastructure; medicines; and other health supplies, data, and information

The structures and mechanisms established to fulfil these core functions have been extensively reviewed in the context of the Annual Reports of the Ministry of Health (MOH, 2007a), the formal Mid-term Review of HSSP-I (MOH, 2003a), the Joint Review Missions (MOH, nd), and special studies (MOH, 2007a).

2.3.3 Government Stewardship

The Government of Uganda, through the Ministry of Health, has the lead role and responsibility for delivering the outputs of the HSSP. Various other partners have defined roles to play and contributions to make. The Ministry of Health initiates policy and coordinates overall sector activities; it brings together stakeholders at the central, district, and community level. The Ministry of Health organises the annual meeting for district health officers, the annual meeting for hospital managers, and the National Health Assembly, all of which provide for a for detailed consultation with the districts and other major stakeholders. The stewardship function extends to the district level, whereby the district leadership is responsible for coordinating all the stakeholders within the district.

The HSSP-I Mid-term Review recognised the impressive achievements of the Ministry of Health in shouldering its leadership and coordinating functions. The Ministry of Health achieved this despite the heavy workload resulting from the demands of implementing the sector reform programme and the new working arrangements called for by the Sector-Wide Approach Partnership (SWAP). During HSSP-II, the separation of its policy and management functions will be made clearer, and the process of decision-making streamlined further.

2.4 Organisation of the Health Care System

The National Health Policy objective for the National Health System is to restructure the organisation and management of the Ministry of Health and the District Health System to ensure effective harmony and linkages between the centre and the districts on the one hand and the public and private components on the other (MOH, 1999). It further calls for the establishment of 'a network of functional, efficient, and sustainable health infrastructure for effective health care delivery closer to the people'. In pursuit of this objective, the government shall do the following:

1. Develop mechanisms to ensure equity in access to basic services for the most life-threatening health problems, particularly to avert pregnancy and birth-related deaths and the childhood killer diseases

2. Build and strengthen the capacity of health facilities to improve health service provision

3. Strengthen and rationally expand the national health infrastructure through a medium-term health facility development plan

4. Establish an appropriate and efficiently functioning referral system

The national standard is to have the following structures in place and functional[1]:

1. Ministry of Health and other national-level institutions
2. National Referral Hospitals (27,000,000 population)
3. Regional Referral Hospitals (2,000,000 population)
4. District Health Services (District level, 500,000 population)
5. Health Sub-District
    - Referral Facility — General Hospital (District level—500,000 population) or HC-IV (County level—100,000 population)
    - HC-III — (Sub-county level—20,000 population)
    - HC-II — (Parish level—5,000 population
    - HC-I — (Village Health Team—1,000 population)

[1] This is in reference to the public and PNFP health infrastructure.

The functions and responsibilities of each level of the delivery system have been defined. Minimum service standards and staffing levels have been set for each tier of service delivery. These will be updated in light of the HSSP-II orientation.

2.4.1 Ministry of Health and other National-Level Institutions

Ministry of Health

The Ministry of Health was restructured in line with its mandate and core functions. The National Health Policy (MOH, 1999) defines the core functions of the Ministry of Health as follows:

1. Policy formulation, setting standards, and quality assurance
2. Resource mobilisation
3. Capacity development, training and technical support
4. Provision of nationally coordinated services (e.g., epidemic control)
5. Coordination of health research
6. Monitoring and evaluation of the overall sector performance

The Ministry of Health retains responsibility for such central services as health emergency preparedness and response, epidemic prevention, and control. Other nationally delivered services are by specialised institutions under the stewardship of the Ministry of Health.

National-Level Institutions

The autonomous national-level institutions include the National Referral Hospitals, National Medical Stores, National Drug Authority, Uganda Virus Research Centre, Uganda Cancer Institute, National Blood Transfusion Service, National Public Health Laboratories, and the Uganda National Chemotherapeutic Research Laboratory. The Regional Referral Hospitals and the National Blood Transfusion Services have been accorded self-accounting status and will become fully autonomous during HSSP-II.

Health Services Commission

The Health Service Commission is a statutory body established in the 1995 Constitution. It is responsible for reviewing the terms and conditions of service of health workers. It reports directly to Parliament, from which it gets its budget. The Health Services Act governs the operational aspects of the Commission and establishes the code of conduct of all health workers.

2.4.2 Hospitals

Hospitals represent the top end of a continuum of care providing referral services for both clinical and public health conditions to the District Health Services. They play an important complementary role to primary care and constitute an important and integral part of the National Health System.

Hospital Structure

In Uganda, hospital services are provided by public, private not-for-profit, and private institutions. The degree of specialisation varies between hospitals. Public hospitals are divided into three groups, according to the level of services available and their responsibilities: General Hospitals, Regional Referral Hospitals, and National Referral Hospitals. Private hospitals are designated General Hospitals, but the services they provide vary, with some providing specialist services usually found only in referral hospitals.

General Hospitals

These hospitals provide preventive, promotive, outpatient curative, maternity, inpatient health services, emergency surgery, blood transfusion, laboratory, and other general services. They also provide in-service training, consultative services, and research in support of community-based health care programmes.

Regional Referral Hospitals

As well as the services offered by the General Hospital, these hospitals offer specialist services, such as psychiatry; ear, nose, and throat (ENT); radiology; pathology; ophthalmology; and higher-level surgical and medical services including teaching and research.

National Referral Hospitals

As well as the services offered by the Regional Referral Hospital, these hospitals provide comprehensive specialist services and are involved in teaching and health research.

In addition, all hospitals are expected to provide support supervision to the level below (i.e., General Hospitals to lower-level health units in the district; Regional Referral Hospitals to General Hospitals and HC-IVs; and National Referral Hospitals to Regional Referral Hospitals through the specialist programme. All hospitals maintain linkages with the communities through their Community Health Departments.

Hospital Governance and Management

The public General Hospitals are under the respective local governments. The hospitals are managed by the district local governments according to guidelines from the Ministry of Health. These hospitals have Management Committees appointed by the respective district councils.

The regional hospitals have been granted self-accounting status by the Ministry of Finance, Planning, and Economic Development. Some of the hospitals have Management Boards appointed by the Minister of Health on the recommendation of the district councils within the catchment area. In the future, these boards will be prepared for autonomous management on a case-by-case basis. The two National Referral Hospitals, Mulago and Butabika, have interim boards, and preparations for full autonomy are ongoing. All the PNFP hospitals have self-accounting status granted by the legal owners (trustees) and are governed by boards appointed by the trustees. The board in turn appoints a team of managers.

2.4.3 District Health System

In line with the 1995 Constitution and the 1997 Local Governments Act, the new roles of the Local Authorities (in the context of the health sector) are as follows:

1. Health service delivery
2. Recruitment and management of personnel for District Health Services
3. Passing by-laws related to health
4. Planning, budgeting, additional resource mobilisation, and allocation for health services

The District Health System is, more or less, a self-contained segment of the National Health System. It consists of various tiers under the overall direction of the District Director of Health Services (DDHS). The District Health System comprises a well-defined population living within a clearly delineated administrative and geographic boundary and includes all actors in the recognised spheres of health within the district. It is expected that the activities of the diverse partners in health are reflected in the District Health Sector Strategic Plan, which in turn is an integral part of the rolling District Development Plan. The National Health System established the Health Sub-District (HSD) as

a functional subdivision or service zone of the district health system to bring good quality essential care closer to the people, allow for identification of local priorities, involve communities in the planning and management of health services, and increase the responsiveness to local needs.

District Health Teams

Under decentralisation, the roles and responsibilities of the centre and the districts were redefined. The transfer of responsibility for service delivery to the HSD necessitated redefining the roles of the DDHS office. The District Health Teams (DHTs) retain the functions of planning, budgeting, coordinating resource mobilisation, and monitoring of overall district performance.

HSSP-II will give priority to capacity development of DHTs based on needs assessment in areas of human resource development and management, logistics, and working environment.

To strengthen the public-private partnership in health care delivery, the expanded District Health Team will include district representatives of PNFP and other civil society service providers that are active in each district. A new structure of local government will be implemented during the HSSP-II.

Health Sub-District

The National Health Policy devolved operational responsibility for delivery of the minimum package to the Health Sub-Districts (HSDs). Each HSD management team is expected to provide overall day-to-day management oversight of the health units and community-level health activities under its jurisdiction. Its specific functions include the following:

1. Leadership in the planning and management of health services within the HSD, including supervision and quality control

2. Provision of technical, logistical, and capacity development support to the lower health units and communities including procurement and supply of drugs

Conscious of the central role of the HSD in the delivery of the Uganda National Minimum Health Care Package (UNMHCP), high priority will be given during the HSSP-II to making HSDs fully functional. This will be achieved through preferential allocation of necessary personnel and elements of health infrastructure form making the HSDs effective.

Referral Facility (General Hospital or HC-IV)

The leadership of the HSD is located in an existing hospital or an HC-IV (public or PNFP) located within the HSD. Its functions are primarily the following:

1. Provision of basic preventive, curative, and rehabilitative care in the immediate catchments

2. Provision of second-level referral services for the HSD, including life-saving medical, surgical, and obstetrical emergency care (such as blood transfusion, caesarean section, and other medical and surgical emergency interventions)

3. Provision of the physical base of the HSD Management Team

HC-III

The HC-III offers continuous basic preventive, promotive, and curative care and provides support supervision of the community and HC-IIs under its jurisdiction. There are provisions for laboratory services for diagnosis, maternity care, and first referral coverage for the sub-county.

HC-II

The HC-II represents the first level of interface between the formal health sector and the community. It provides only ambulatory services, except in strategic locations (e.g., poor access to HC-III or HC-IV) where maternity services are being provided as an interim strategy. An Enrolled Comprehensive Nurse is key to the provision of comprehensive services and linkages with the Village Health Team (VHT).

Village Health Teams (HC-Is)

The National Health System calls for the establishment of a network of functional Village Health Teams (VHTs) to facilitate the process of community mobilisation and empowerment for health actions. Each village would have a VHT comprising 9-10 people to be selected by the village. Women's participation in the VHT is promoted through an affirmative action measure requiring at least one-third of the team members to be women, thus ensuring their active participation in health activities at this level.

2.5 Human Resource Staffing

Availability of appropriately trained human resources staff is an important prerequisite for the delivery of the minimum health care package. HSSP-I defined the minimum staffing norms for each level of service delivery and aimed initially at attaining at least 75 percent of the minimum staffing norms at each level of the district health service system. This target was revised to 52 percent of all approved posts to be filled by appropriately trained staff. Approximately 2,900 health workers were recruited during HSSP-I. This increased the proportion of approved posts filled with trained health workers from 33 to 68 percent (when nursing assistants are included, the proportion increases to 86 percent). Table 2.1 shows the number of staff working in the public and private health sectors in Uganda. The total number of staff in the public health sector including private not-for-profit staff was about 30,000. The human resources inventory of the Ministry of Health and the Government of Uganda payroll indicated that there are 953 doctors working in government and private not-for-profit health facilities in Uganda: 2,074 clinical officers, 3,061 midwives, and 6,449 nurses.

Table 2.1 Number and density of medical personnel

Cadre of staff	Districts	DDHS	Total districts	RH	Mulago	Butabika	Total GoU	PNFP	**Total**
Doctors	308	50	358	164	111	15	648	305	**953**
Clinical officers	1,319	53	1,372	168	91	7	1,638	436	**2,074**
Midwives	1,635	18	1,653	312	147	35	2,147	914	**3,061**
Nursing	2,542	34	2,576	758	1,114	86	4,534	1,915	**6,449**
Total Medical/Clinical	5,804	155	5,959	1,402	1,463	143	8,967	3,570	**12,537**
Nursing Assistants	4,165	21	4,186	175	123	0	4,484	2,005	**6,489**
Diagnostic	356	4	360	79	75	3	517	358	**875**
Pharmacy	76	22	98	29	25	6	158	43	**201**
Other medical related	988	161	1,149	63	144	5	1,361	126	**1,487**
Other staff	1,627	245	1,872	462	433	79	2,846	3,052	**5,898**
Total	**13,016**	**608**	**13,624**	**2,210**	**2,263**	**236**	**18,333**	**9,154**	**27,487**

Source: Human resources inventory, MOH, August 2004

2.6 Public Health Programmes (Uganda National Minimum Health Care Package)

Communicable diseases (particularly malaria, acute respiratory infections, diarrhoeal diseases, malnutrition, perinatal and maternal conditions, HIV/AIDS, and TB) together continue to account for the overwhelming proportion of disease and premature death in Uganda. There are proven cost-effective interventions that were applied during HSSP-I and constituted the Uganda National Minimum Health Care Package (UNMHCP). The package is still appropriate for HSSP-II. HSSP-II therefore represents a consolidation and extension of the achievements of HSSP-I.

During HSSP-I, many bottlenecks were identified in implementation of the UNMHCP. These include an inadequate level of prioritisation, inadequate investment in critical inputs, piecemeal implementation, and poor coordination of technical interventions. These factors hindered rapid achievement of national service coverage and health outcome targets. In light of these results, the emphasis of HSSP-II is to focus efforts and resources on a limited set of evidence-based, cost-effective interventions included under each element of the UNMHCP. These interventions will receive priority in the allocation of available resources for scaling up to full national coverage.

The elements of the UNMHCP have been regrouped into four clusters. This grouping is meant to demonstrate more clearly the integrated approach and to foster increased coordination in planning, budgeting, and implementation at the various levels.

The clusters of the UNMHCP are as follow:

- *Cluster 1* comprises the crosscutting areas of health promotion, disease prevention and community health initiatives, environmental health and school health, as well as gender and health.

- *Cluster 2* represents integrated maternal and child health that emphasises safe motherhood, newborn care, and child survival.

- *Cluster 3* groups together the prevention and control of communicable diseases, with emphasis on HIV/AIDS, TB, malaria, and diseases targeted for elimination or eradication.

- *Cluster 4* addresses non-communicable diseases (NCDs), with emphasis on healthy lifestyles for prevention of NCDs and control of poverty-producing conditions such as poor mental health, deafness, blindness, old age, and disability.

2.7 Health Financing

2.7.1 Introduction

Inadequate financing remains the primary constraint inhibiting health sector development in Uganda. The different health financing options for the sector and their potential to raise funds for health services were elaborated in the Health Financing Strategy (HFS 2002/03-2012/2013). The financing gap facing the health sector was estimated and, to close the gap by 2019/20, the strategy was dependent on the health sector achieving 15 percent of a government budget growing at approximately 6 percent per year. Funding a basic package of services in developing countries has been estimated at US$30-40 per capita[2]. On the other hand, the HFS made an estimate of US$28 per capita, excluding antiretrovirals (ARVs) and the pentavalent vaccine. The current level of funding of US$9 per capita falls far below the estimated requirements; in effect, only 30 percent of HSSP-I was funded. Attempts have been made to mobilise additional funds for the health sector, but these have been constrained by macroeconomic concerns and rigid sector ceilings.

The goal and objectives of health financing, funding requirements for HSSP-II, resources likely to be available, and the process of prioritisation (given limited resources and strategies to mobilise additional resources for the health sector) are provided below. Factors external to the health sector, such as performance of the national economy, macroeconomic policies, size of the resource envelope, price of drugs and medical equipment, the international labour market for health workers, and investment opportunities in the private sector dictate the pace at which progress will be realised.

2.7.2 Goal

The goal of health financing for the HSSP is to raise sufficient financial resources to fund the plan while ensuring equity and efficiency in resource mobilisation, allocation, and utilisation during the plan period.

[2] Commission for Macroeconomics and Health

Medium-Term Objectives

1. Mobilise additional resources to fund the HSSP-II
2. Ensure effectiveness, efficiency, and equity in resource allocation and utilisation
3. Ensure transparency and accountability in resource utilisation

2.7.3 Financing Mechanisms for HSSP-II

The Ministry of Health completed National Health Accounts studies for Uganda covering the years 1997/98-2000/01. The sources of financing for the health sector include the central government budget (including donor budget support and project funding), local government and parastatal contributions, private not-for-profit agencies, private firms, and households (through insurance and out-of-pocket contributions). Financing the Uganda National Minimum Package for HSSP-II necessitates identification of financing mechanisms that are able to bring forth significant and sustainable amounts of funds in the medium to long term while upholding equity principles. The following financing mechanisms are envisaged during the HSSP-II.

2.7.4 Government Budget and Donor Budget Support

The government budget includes both government funds and donor budget support. As in the HSSP-I, the mode of funding preferred by the health sector is the government budget. This is a flexible funding source in which the government has the control to allocate resources to agreed priorities. During the HSSP-I, it became apparent that the government budget was by far the most efficient financing mechanism for turning financial resources into health care outputs.

Allocations to the health sector increased over the period of the HSSP-I from 7.6 percent of the government budget in 2000/01 to 10.3 percent in 2004/05. These figures exclude the contributions from donor projects. Increases are envisaged over the period of the Long-Term Expenditure Framework (LTEF) reaching 15 percent by 2012/13. The current LTEF policy is that project funding will displace Government of Uganda funding, although project funding may not necessarily address HSSP priorities. The Health Sector Working group will continue to review, approve, and align project funding to sector priorities.

2.7.5 Donor Project Funding

A systematic and comprehensive analysis of the donor projects with respect to funding composition, flow of funds, and compatibility with HSSP, will continue to be done. This is particularly crucial given Ministry of Finance, Planning, and Economic Development's position on including donor project funding within sector ceilings, and the knowledge that, in the past, donor project funds have not always been well aligned with sector priorities, efficiency, and equity. Caution will be exercised to ensure that donor project funding and global funding initiatives do not displace Government of Uganda budget money for crucial services and do not suppress overarching objectives of the sector. It is prudent for the government to consider accepting donor contributions that address the HSSP priorities under the LTEF. For district-level projects, the role of the District Director of Health Services as a coordinator will be emphasised. (Please note that some donor funding does not support the MOH budget according to the SWAP arrangement. Some donors, like the United States, do not contribute to budget support but directly support vertical projects such as UPHOLD).

2.7.6 Global Funding Initiatives

The sector will continue to mobilise resources from global funding initiatives, such as PEPFAR, GFATM, GAVI Alliance; and schistosomiasis and filariasis control initiatives[3]. At present, funds from these initiatives tend to be channelled through the donor project funding mode, but in the future, it is envisaged that more of these resources will pass through the government budget. To improve

[3] PEPFAR—President's Emergency Plan for AIDS Relief [USA]; GFATM—Global Fund to Fight AIDS, Tuberculosis, and Malaria

overall efficiency in the sector, it is planned that funding from global initiatives will be better integrated with HSSP activities and made more predictable in the future.

Social Health Insurance

A feasibility study undertaken in 2001 recommended that Social Health Insurance (SHI) be phased in cautiously over the medium to long term, starting with people employed in the formal sector. Currently, the Ministry is drafting a law to govern this health insurance plan. The plan is envisioned to be fully operational over the medium to long term. During the HSSP-II, Social Health Insurance activities are likely to concentrate on setting up institutions and management systems. When well established with all formal sector employees (public and private) country-wide subscribing to Social Health Insurance at a rate of 10 percent of salaries per month, the plan is expected to rise up to 60 billion UShs in a year. To put this in context, this sum is less than one-quarter of the health sector budget. The plan will be designed to work in harmony with other social security benefits under development in other government sectors.

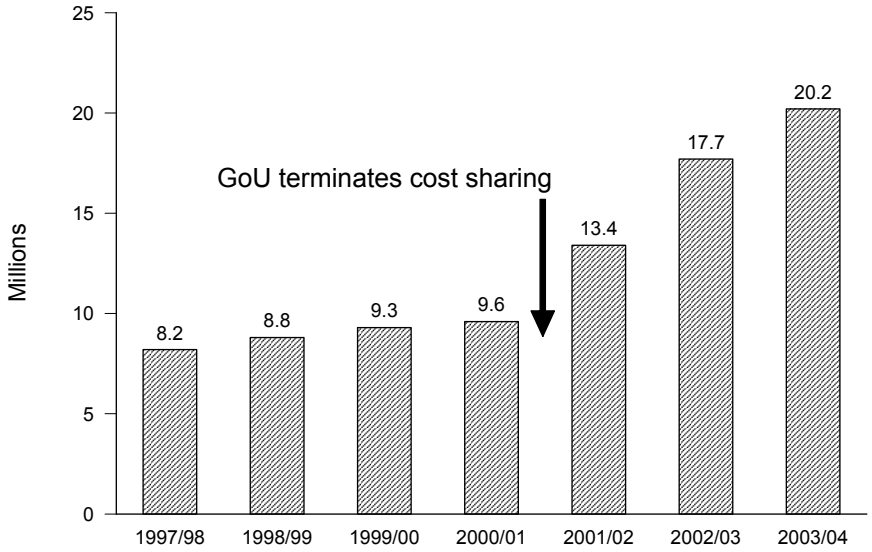
2.7.7 Community-Based Health Insurance Plans

Currently, there are 11 community-based health insurance (CBHI) plans in the whole country. Current analysis shows that these health insurance plans have been beset by a number of challenges, including low recruitment and retention rates, high management costs, and low uptake by poor people. More work will be undertaken to guide the future actions of these CBHI plans in line with the overall health sector financing goal of efficiency and equity.

2.7.8 User Fees in Private Wings of Public Hospitals

The government's policy of scrapping cost sharing (user fees) for minimum package services in government health units (except private wings in public hospitals) has been very successful. Country-wide data has shown that scrapping fees dramatically increased the consumption of Uganda National Minimum Health Care Package services, especially by poor people. Information from the Health Management Information System (Figure 2.1) shows the increase in demand for services following the abolition of fees; also, recent research by the Ministry of Health, the World Health Organisation, and the World Bank (among others) has proved that the poor benefited disproportionately.

Figure 2.1 **Number of Outpatient Visits to Government and Private Not-for-Profit Health Units**

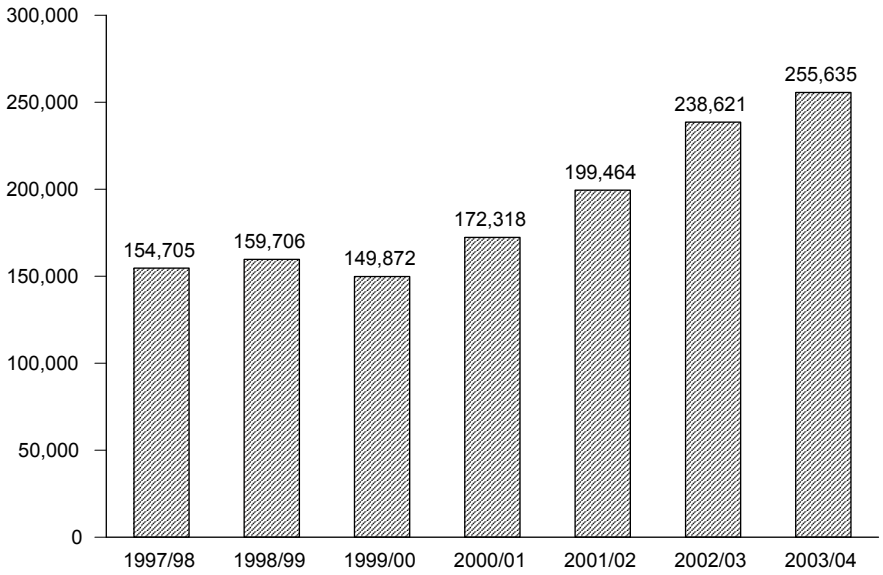


However, in recognising that there are sections of society with a greater ability to pay for health services, especially in urban areas, the MOH will maintain a system of patient charges in private wings of hospitals. During HSSP-II, this mechanism will be strengthened, with caution being exercised to ensure that services in the general wing are not displaced. Options of partial autonomy and privatisation will be undertaken so as to increase efficiency and expand the scope of services.

2.7.9 User Fees in Private Not-for-Profit Units

Whereas the abolition of cost sharing in government health units does not extend directly to Private Not-for-Profit (PNFP) units, it is envisaged that these facilities will minimise their charges in order to benefit the poor. During the latter stages of HSSP-I, a number of PNFP units chose to use their rising government grants to reduce and flatten their fee structures. These units also witnessed large increases in the consumption of their services (see Figure 2.2). As it is one of the main principles of the HSSP that there be equitable access to services, the Ugandan government and private not-for-profit health units will work together to maintain the downward pressure on patient charges in all units covered by the plan.

Figure 2.2 **Total Admissions in Private Not-for-Profit Hospitals, 1997-2004**



Note: Figure is based on a sample of 65 percent of all PNFP hospitals.

Table 2.2 Costing of the HSSP-II (billion UShs)

	2005/06	2006/07	2007/08	2008/09	2009/10
RECURRENT COSTS	**535.07**	**675.39**	**761.43**	**836.43**	**926.86**
1 Human resources	**242.51**	**282.28**	**329.65**	**386.13**	**454.32**
Salary and wages (includes lunch allowance)	154.82	185.99	223.40	268.29	322.16
Salaries and wages for NGOs (shadow cost to government)	47.31	49.68	52.16	54.77	57.51
Supervision allowances	30.96	37.20	44.68	53.66	64.43
In-service training	9.41	9.41	9.41	9.41	10.22
2 Medicines, vaccines, and health supplies	**168.96**	**261.01**	**297.76**	**309.41**	**317.48**
Essential medicines, vaccines (BCG, OPV, measles), health supplies	77.82	93.04	104.94	116.95	131.68
Pentavalent vaccines DPT-HepB - Hib)	27.19	28.31	29.15	30.34	31.73
Additional cost of Hib included above	0.00	0.00	0.00	0.00	0.00
Family planning and condoms	9.00	10.40	11.50	12.50	13.50
Antiretrovirals	21.60	55.62	67.86	72.90	77.94
Additional cost of branded artemisinin-based combination therapy for malaria	27.45	68.63	79.88	72.75	59.10
Insecticide-treated nets	14.90	15.41	15.93	16.47	17.03
3 Other supplemental immunisation activities	**7.35**	**10.32**	**2.14**	**2.25**	**9.11**
Vaccines (US$1:1,800 UShs)	3.28	2.66	0.61	0.66	2.27
Other activities	4.07	7.66	1.53	1.59	6.83
4 Minimum Health Care Package	**144.17**	**152.53**	**161.40**	**170.81**	**180.79**
5 Operational and maintenance costs	**116.25**	**121.78**	**131.88**	**138.64**	**145.96**
Patient feeding and linen	25.00	27.10	29.38	31.84	34.52
Utilities	19.36	20.91	22.58	24.39	26.34
Capital maintenance	35.88	36.11	40.67	41.30	42.02
Replacement costs	8.90	9.35	9.81	10.30	10.82
Travel	11.01	11.56	12.14	12.74	13.38
Administration	10.19	10.70	11.24	11.80	12.39
Health Management Information System supplies	1.91	1.85	1.65	1.63	1.63
Research and development	4.00	4.20	4.41	4.63	4.86
6 CAPITAL COSTS	**104.58**	**107.02**	**98.48**	**103.63**	**109.01**
Buildings (construction and renovation; energy sources)	65.03	64.91	54.02	56.72	59.56
Medical equipment	13.04	24.60	25.83	27.12	28.47
Vehicles and bicycles	21.96	12.45	13.08	13.73	14.42
Long-term training	4.56	5.06	5.56	6.06	6.56
OVERALL TOTAL	**783.82**	**934.94**	**1,021.31**	**1,110.87**	**1,216.67**
Resource envelope (Long Term Expenditure Framework)	508.66	504.31	527.23	573.00	649.00
Gap	-275.16	-430.63	-494.08	-537.87	-567.67
Population (in millions)	26.73	27.64	28.58	29.55	30.55
Per capita expenditure	29.00	34.00	36.00	38.00	40.00
US$ per capita; X rate US$1:1,800 UShs	16.30	18.80	19.90	20.90	22.10

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

Government policies with a health component not only outline the challenges facing Uganda'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 to allow such community ownership to take place.

Planners must recognise 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 resources 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 supplies, and essential drugs.

The gradual introduction of Social Health Insurance 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 resources and critical support systems and infrastructure 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 essential 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 and resources needed to support good quality services and appropriate service utilisation. This information includes availability of—

- A basic package of health services and qualified staff
- Facility infrastructure that is supportive of client utilisation and ensures the delivery of satisfactory services
- Access to 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
- 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
- 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 a basic package of health services, the frequency with which these services are offered, the presence of qualified staff, and accessibility of the health care system all contribute to client utilisation of services in a health facility. The Uganda health care service delivery system comprises a network of facilities providing both preventive and curative health services. Most hospitals and health centres are expected to offer the full range of basic services. Such services include outpatient services for all age groups, maternal and child health care services such as antenatal care (ANC), delivery, postnatal care, family planning and gynaecological management, treatment of sexually transmitted infections (STIs), immunisation, and child growth monitoring. However, some facilities (such as The AIDS Support Organisation [TASO]) specialise in HIV/AIDS-related service delivery, and may not offer all the other services. 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 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 region, is provided in Appendix Tables A-3.1.1 and A-3.1.2.

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

Percentage of all facilities that provide basic services at minimum frequencies and 24-hour delivery services, with qualified staff, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with: All basic services[1]	All basic services provided 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, and at least one qualified staff[3]	Number of facilities (weighted)
Type of facility					
Hospital	61	55	55	55	19
HC-IV	82	71	70	70	27
HC-III	66	60	53	52	158
HC-II	31	21	6	5	287
Managing authority					
Government	51	43	32	30	373
Private	32	23	12	12	119
Region					
Central	77	56	42	40	98
Kampala	62	60	45	45	9
East Central	27	25	11	11	78
Eastern	57	56	42	39	49
Northeast	36	26	25	25	41
North Central	52	44	41	41	37
West Nile	27	21	21	15	37
Western	33	25	17	17	60
Southwest	40	36	17	16	83
Total	46	38	27	25	491

[1] The basic services include: outpatient curative services for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring.
[2] The services and defined minimum frequencies are: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (any temporary methods of family planning, antenatal care, immunisation, and growth monitoring) at least one day per week.
[3] Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.

Overall, 46 percent of health facilities offer the full range of basic services, defined as outpatient curative services for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, immunisation, and child growth monitoring (Table 3.1). Half (51 percent) of government facilities offer the full range of services; only one-third (32 percent) of private facilities offer the full range of services. HC-IVs (82 percent) and facilities in the Central Region (77 percent) are more likely to offer all basic services than other facility types and those in other regions.

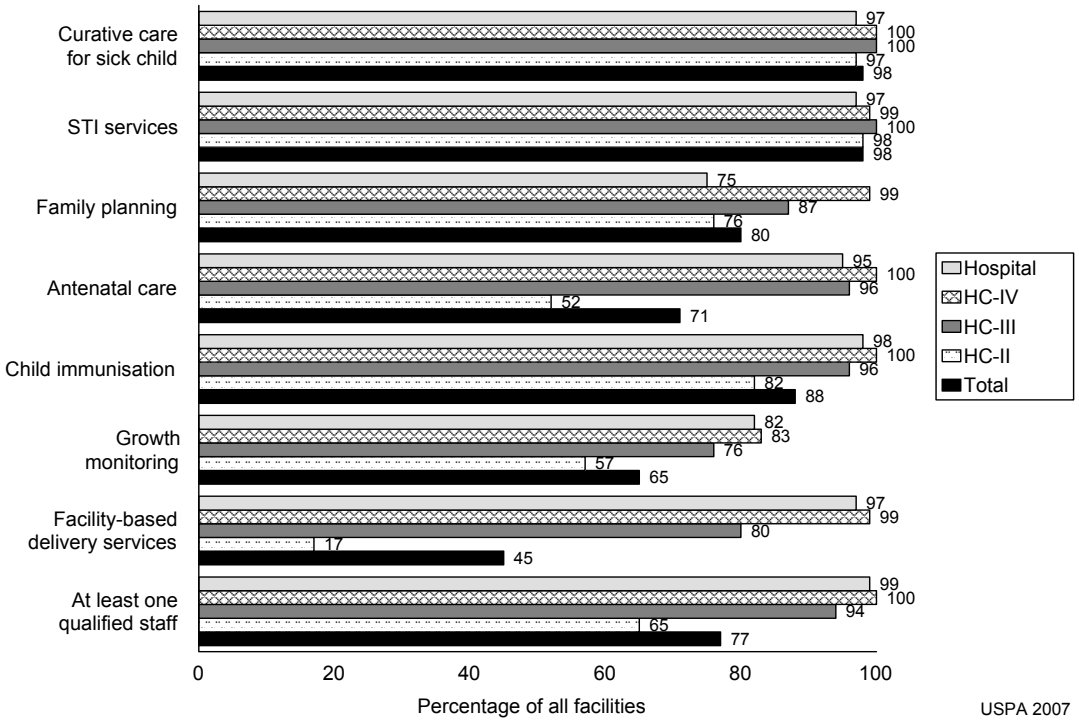
Thirty-eight percent of all facilities provide the full range of basic services at minimum frequencies as defined by the Service Provision Assessment (SPA) (see Table 3.1 for the definition of minimum frequencies). HC-IVs (71 percent) are more likely than other types of facilities to offer all basic services at minimum frequencies. Similarly, government-managed facilities (43 percent), facilities in Kampala (60 percent), and those in Central and Eastern regions (each 56 percent) are more likely than other facilities to provide all basic services at minimum frequencies.

About one-fourth (27 percent) of facilities offer the full range of services at minimum frequencies and also offer 24-hour facility-based delivery services. About the same proportion of facilities (25 percent), offer all of these services and also have at least one qualified staff. Overall, HC-IVs (70 percent), facilities managed by government (30 percent), and those in Eastern, Central, North Central, and Kampala (39, 40, 41, and 45 percent, respectively) 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).

Sometimes HC-IIs are excluded from the analysis because they are not expected by government policy to provide 24-hour delivery services. When this happens, the overall proportion of facilities offering all basic services at minimum frequencies—plus 24-hour facility-based delivery services and having at least one qualified staff—improves from 25 percent to 55 percent (data not shown).

Curative care for sick children and for adult STIs, are universally available in Ugandan health facilities (Figure 3.1, Appendix Tables A-3.1.1 and A-3.1.2). This suggests that the country has successfully achieved a wide distribution of STI services, as anticipated by the government. Other basic services are not as widely available among all facility types, ranging from 65 percent of facilities offering child growth monitoring, to 88 percent offering child immunisation services. Family planning is offered by 80 percent and ANC by 71 percent of facilities. These services are generally less likely to be available in HC-IIs.

Figure 3.1 **Availability of services and staff to meet basic client needs (N=491)**



Approximately three-quarters of all facilities (77 percent) have at least one qualified staff available, with HC-IIs least likely to have such staff.

Facility-based, 24-hour delivery services are available in almost all hospitals and HC-IVs, and in 80 percent of HC-IIIs. Although HC-IIs are not expected to offer 24-hour delivery services, 17 percent do (Figure 3.1).

3.1.2 Facility Infrastructure Supportive of Client Utilisation and Quality Services

Relatively good health services can be provided even in minimal service delivery settings. Clients and staff are, however, more likely to be satisfied with a facility if basic amenities and infrastructure components are available, such as a constant and clean supply of water, a comfortable waiting area, and a clean latrine for clients. These components also help staff provide better services. Table 3.2 provides summary information on these infrastructure components by facility type, ownership, and region. Appendix Tables A-3.2.1, A-3.2.2, A-3.3.1, and A-3.3.2 provide more details on their availability.

Table 3.2 Service and facility infrastructure

Percentage of facilities with client comfort amenities, a regular water supply on-site, and regular electricity, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with: All client comfort amenities[1]	Regular water supply[2]	Regular electricity or generator[3]	All basic client amenities, regular electric and water supply	Number of facilities (weighted)
Type of facility					
Hospital	46	64	89	30	19
HC-IV	32	52	55	11	27
HC-III	42	37	29	7	158
HC-II	42	23	14	3	287
Managing authority					
Government	40	24	19	3	373
Private	47	51	40	14	119
Region					
Central	63	15	27	5	98
Kampala	70	86	60	48	9
East Central	29	26	19	1	78
Eastern	16	44	28	3	49
Northeast	16	28	10	1	41
North Central	13	43	24	5	37
West Nile	58	56	36	14	37
Western	47	32	31	12	60
Southwest	55	25	17	3	83
Total	42	31	24	6	491

[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 metres of facility
[3] Electricity routinely available during service hours or a backup generator with fuel

About 4 of 10 health facilities have the full range of client comfort amenities, which consists of a functioning client latrine, a protected waiting area, and a basic level of cleanliness. The proportion ranges from 32 percent of HC-IVs to 46 percent of hospitals having all client comfort amenities. Client comfort amenities are more prevalent in facilities in Kampala (70 percent), Central (63 percent), West Nile (58 percent), and Southwest (55 percent) regions.

Regular water supply is defined by the Uganda Service Provision Assessment (USPA) as year-round water supplied by tap in the facility or available within 500 meters of the facility. Just one-third (31 percent) of all facilities have a regular water supply. Higher-level health facilities (64 percent of hospitals and 52 percent of HC-IVs) are more likely than lower-level facilities (37 percent of HC-IIIs and 23 percent of HC-IIs) to have a regular water supply. Private facilities are much more likely to have a regular water supply than government facilities (51 and 24 percent, respectively).

About one-quarter (24 percent) of all facilities have regular electricity or a generator with fuel. Availability of electricity follows a similar trend as that of water supply, with higher-level facilities more likely than lower-level facilities to have regular electricity or a generator with fuel. Health facilities in Kampala have far better availability of regular electricity or a generator with fuel (60 percent) compared with facilities in other regions (10 to 36 percent). Similarly, private facilities are more likely than government facilities to have regular electricity or a generator with fuel (40 and 19

percent, respectively). Only 6 percent of facilities have all the basic client comfort amenities, as well as regular water supply and electricity. Overall, hospitals, facilities in the private sector, and those in Kampala are more likely than other facility types, government facilities, and facilities in other regions to have all or any of these components (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 2007 USPA, a facility is said to have basic 24-hour emergency services if it offers emergency on-site treatment and it has the capacity to monitor a seriously ill client overnight until it is possible to refer the client to an inpatient setting or another facility. This means the facility must have at least two qualified staff, a duty schedule indicating that staff are on-site or on call 24 hours a day, available overnight beds, a client latrine, 24-hour emergency communication, and an on-site water source at least sometime during the year.

Tables 3.3.1 and 3.3.2 provide information on facilities that meet the above 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.

Twelve percent of all facilities have the basic components to support 24-hour emergency services. Facilities in Kampala (51 percent) and the West Nile Region (34 percent) are most likely to meet all the criteria, while those in the East Central (3 percent), Northeast (4 percent), and Southwest (7 percent) regions are the least likely. However, these calculations include HC-IIs, which are not expected to provide 24-hour emergency services (Table 3.3.1). When HC-IIs are excluded from the analysis, the proportion of facilities having all the basic components to support 24-hour emergency services is 25 percent (Table 3.3.2), even though the Ministry of Health (MOH) expects all hospitals, HC-IVs, and HC-IIIs to be able to provide 24-hour services. In fact, 45 percent of hospitals do not have the basic components to support 24-hour emergency services. Interestingly, government facilities (19 percent) are much less likely to support 24-hour emergency services than private facilities (49 percent), even when HC-IIs are excluded from the analysis.

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 background characteristics, Uganda SPA 2007

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	55	41	19
HC-IV	32	13	27
HC-III	20	5	158
HC-II	3	0	287
Managing authority			
Government	10	2	373
Private	20	11	119
Region			
Central	10	3	98
Kampala	51	36	9
East Central	3	1	78
Eastern	13	5	49
Northeast	4	1	41
North Central	19	4	37
West Nile	34	9	37
Western	15	7	60
Southwest	7	2	83
Total	12	4	491

[1] At least two qualified providers assigned to facility, observed duty schedule indicating staff are on site or on call 24 hours a day, overnight beds, client latrine, 24-hour emergency communication, and on-site water source at least some times during the year.
[2] All basic components plus a year-round on-site 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, HC-IVs and HC-IIIs

Percentage of hospitals, HC-IVs and HC-IIIs with basic components to support 24-hour emergency services and regular supplies of water and electricity, by background characteristics, Uganda SPA 2007

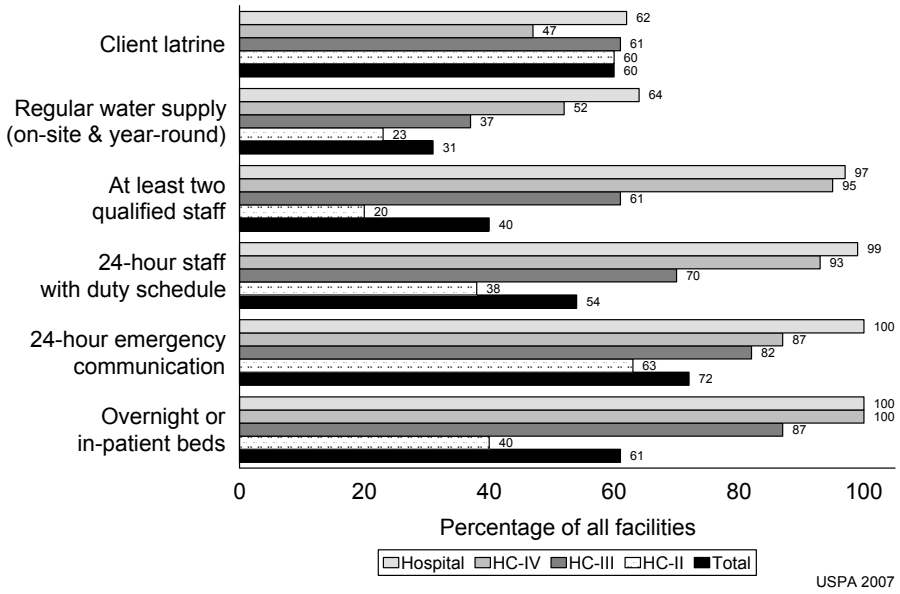
Background characteristics	Percentage of facilities with: Basic components to support 24-hour emergency services[1]	Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities (weighted)
Type of facility			
Hospital	55	41	19
HC-IV	32	13	27
HC-III	20	5	158
Managing authority			
Government	19	4	164
Private	49	33	41
Region			
Central	21	7	39
Kampala	63	44	7
East Central	11	4	22
Eastern	18	8	27
Northeast	9	2	20
North Central	25	9	17
West Nile	64	21	17
Western	35	15	26
Southwest	19	4	31
Total	25	10	205

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

According to the USPA definition, a regular source of water (non-seasonal and on-site) and a regular supply of electricity (24-hour electricity with minimum interruption or a generator with fuel) are not considered essential for supporting 24-hour emergency services—however, they are certainly preferable. The basic 24-hour components described above, plus a regular supply of water and electricity, are available at only 10 percent of hospitals, HC-IVs, and HC-IIIs (Table 3.3.2). Hospitals, private facilities, and facilities in Kampala are more likely than others to have the basic components to support 24-hour emergency services, plus regular water and electricity.

The 2007 USPA 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 (99 percent) and HC-IVs (93 percent) (Figure 3.2). HC-IIs are less likely to have 24-hour staff with a duty schedule. Twenty-four-hour emergency communication is available in all hospitals; HC-IVs and HC-IIIs (87 and 82 percent, respectively) and HC-IIs (63 percent) are relatively less likely to have 24-hour emergency communication.

Figure 3.2 **Availability of items to support quality 24-hour emergency services (N=491)**



Practically all hospitals (97 percent) and HC-IVs (95 percent) have at least two qualified staff assigned to them (Figure 3.2). A review of the availability of overnight beds shows that essentially all hospitals, all HC-IVs, and 87 percent of HC-IIIs are adequately equipped to provide overnight emergency care (Appendix Table A-3.2.1). It is common for health facilities to have qualified staff living on facility premises. On average, 78 percent of all facilities have staff living on-site, with up to 91 percent and above of HC-IIIs, HC-IVs, and hospitals having qualified staff living on-site. Sixty-two percent of HC-IIs have staff living on-site.

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, child immunisation, and child growth monitoring) is available in about 46 percent health facilities. It is available at minimum frequencies defined by the USPA in 38 percent of facilities. The full package is most commonly available in HC-IVs and HC-IIIs.

A full package of services available at the minimum frequency, together with 24-hour facility-based delivery services, is available on average in 27 percent of all facilities. This includes 70 percent of HC-IVs, and a little over half of HC-IIIs and hospitals.

Infrastructure and emergency services
Forty-two percent of facilities have all the basic amenities to ensure client comfort, and approximately one-third have a regular year-round water supply. About one-quarter have regular electricity or a generator. All client comfort amenities, year-round water supplies, and regular electricity are available in only 6 percent of facilities. Infrastructure to support 24-hour emergency services is mostly available in hospitals (55 percent). Facilities in Kampala (51 percent) and to some degree those in West Nile (34 percent) are more likely than facilities in other regions 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-3.4 and A-3.5.

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 2007 USPA 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 followup on issues that are discussed. Service delivery at the district level is managed by District Health Teams (DHTs).

Overall, 76 percent of health facilities report having routine management committee meetings at least every six months; however, only 52 percent have documentation of a recent meeting (Figure 3.3, Table 3.4). Thirty-nine percent of the facilities report that management committee meetings occur monthly or more often, while 31 percent report that meetings are held every 2-3 months. Only 6 percent report that committees meet every 4–6 months (Appendix Table A-3.4). Compared with other types of facilities that report having management committee meetings monthly or more often, hospitals (76 percent) and HC-IVs (55 percent) are more likely to have regular management committee meetings and have documentation of recent meetings. Facilities in the Southwest (68 percent) and West Nile (65 percent) regions are more likely than facilities in other regions to have regular management committee meetings and have documentation of recent meetings (Table 3.4).

Figure 3.3 Facilities reporting routine management committee meetings (N=491)

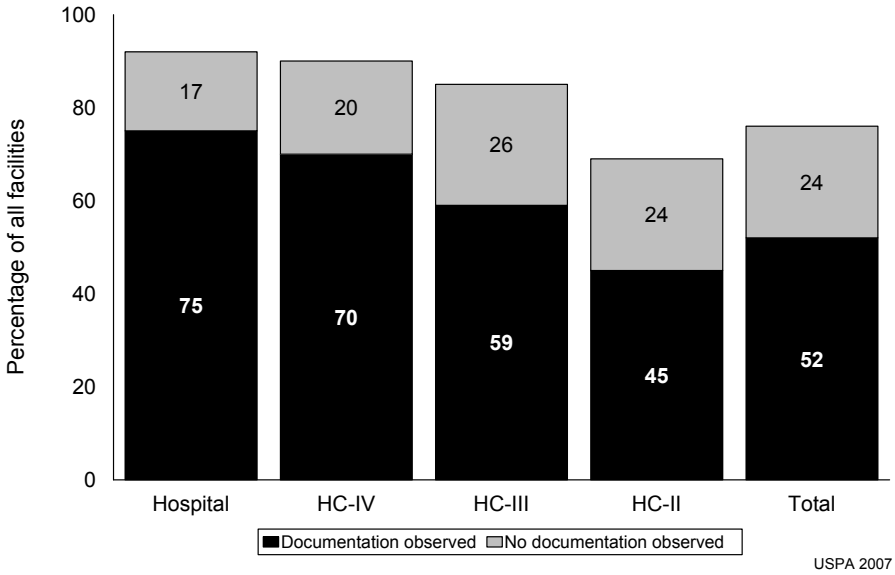


Table 3.4 Management, quality assurance, and referral systems

Percentage of facilities with documentation of management committee meetings, quality assurance (QA) activities and referral systems, by background characteristics, Uganda SPA 2007

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 - documentation observed	Referral form observed[1]	Number of facilities (weighted)
Type of facility				
Hospital	75	62	5	19
HC-IV	70	51	7	27
HC-III	59	35	39	158
HC-II	45	16	41	287
Managing authority				
Government	49	25	37	373
Private	61	30	36	119
Region				
Central	59	19	45	98
Kampala	61	31	16	9
East Central	45	22	22	78
Eastern	43	25	37	49
Northeast	18	15	14	41
North Central	54	39	46	37
West Nile	65	41	63	37
Western	46	35	29	60
Southwest	68	24	46	83
Total	52	26	37	491

[1] If the facility routinely sends the client record or file with the client 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 check-lists 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 3.4 and Figures 3.4, 3.5, and 3.6 provide information on facilities reporting QA activities and the specific QA activities they implement. The following activities and approaches are assessed:

- A *supervisory check-list for health systems* which looks for the presence of equipment and supplies, the completeness of HMIS accounts, and other process indicators.
- A *supervisory check-list for health service provision* which 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*, 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* which check medical records for the presence of specific items or information and may assess if protocols were followed.

Less than half (40 percent) of health facilities in the country report QA activities, and just one-quarter (26 percent) have documentation of their QA activities (Table 3.4, Figure 3.4). Hospitals (79 percent) and HC-IVs (62 percent) are more likely to report QA activities, and they are also more likely to have documentation (62 and 51 percent, respectively) (Figure 3.4). Private facilities are relatively more likely (30 percent) to report and have documentation of QA activities (Table 3.4). Health facilities in the West Nile (41 percent), North Central (39 percent), and Western (35 percent) regions are more likely than facilities in other regions to report and have documentation of QA activities.

Figure 3.4 **Facilities reporting quality assurance activities (N=419)**

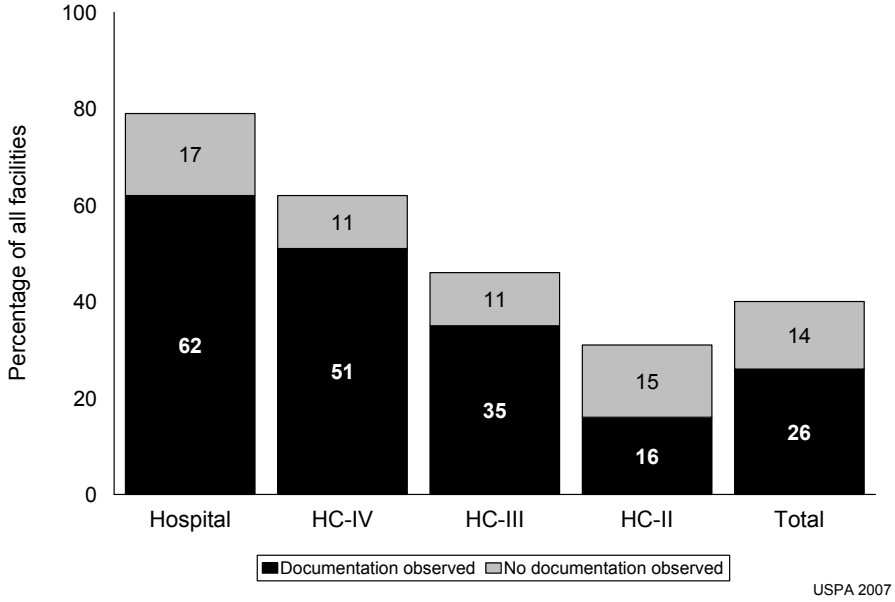
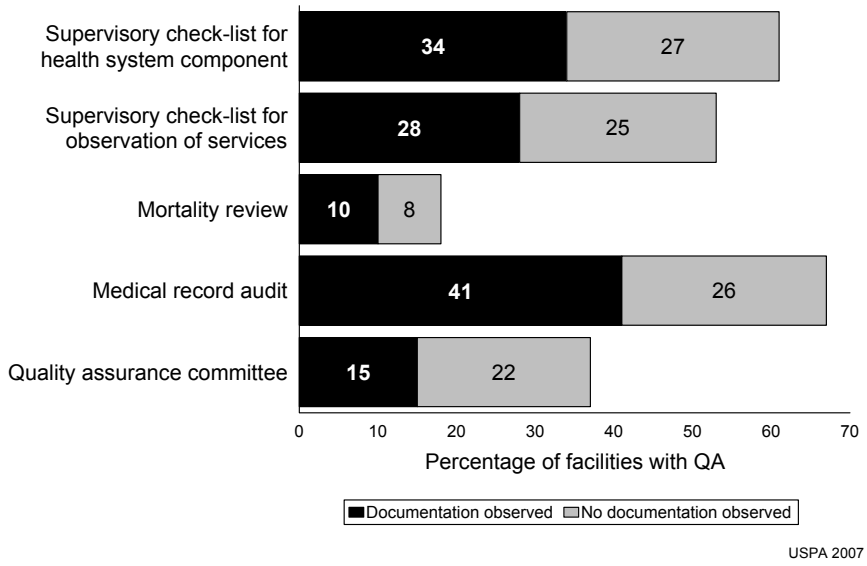


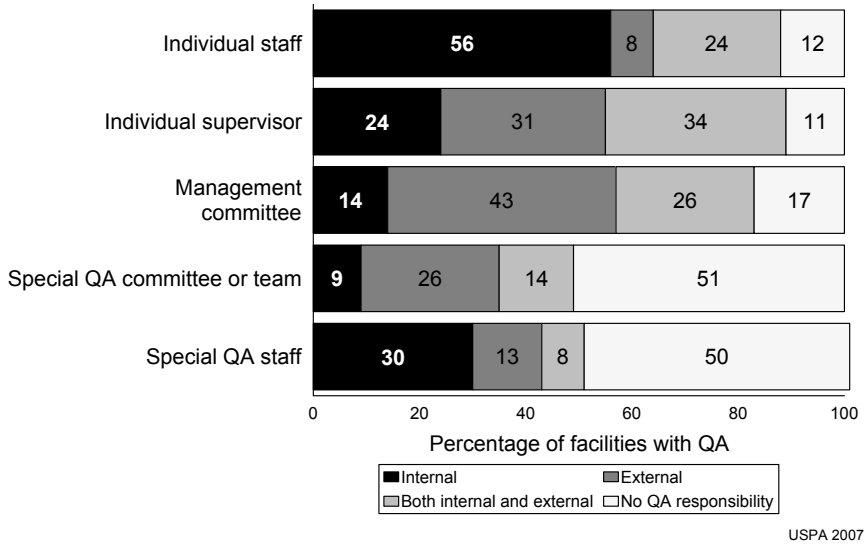
Figure 3.5 **Reported quality assurance activities (N=213)**



Among facilities reporting QA activities, the most common activities are medical record audits (reported by 67 percent, with 41 percent having documentation), and supervisory check-lists for health system components (reported by 61 percent of facilities, with 34 percent having documentation) (Figure 3.5). Eighteen percent report conducting facility-wide review of mortality; however, only 10 percent have documentation of this activity.

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) with QA report that individual staff members based within the facility are responsible for the facility's QA activities, while 12 percent report that individual staff members have no QA responsibilities. Only 14 percent of facilities with QA report that an internal management committee is responsible for QA activities, while 43 percent report that an external management committee is responsible.

Figure 3.6 **Person(s) or group(s) responsible for implementation and/or review of QA activities, by whether they are internal or external to the facility (N=213)**



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 2007 USPA 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 37 percent of facilities had observed referral forms or documents (Table 3.4). HC-IIIs (39 percent) and HC-IIs (41 percent) were more likely than hospitals (5 percent) and HC-IVs (7 percent) to have referral forms. Government facilities (37 percent) and private facilities (36 percent) do not differ in availability of referral forms. At the regional level, facilities in the West Nile Region (63 percent) seem more likely to have client referral forms, while facilities in the Northeast Region (14 percent) and Kampala (16 percent) are least likely to have referral forms.

3.2.2 Supportive Management for Providers

The 2007 USPA collected information on whether facilities have supervisory and staff development activities, which are important for supporting quality health 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-3.6 and A-3.7.

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 2007 USPA, 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, 89 percent of facilities have routine external supervision, with HC-IIIs and HC-IVs (92 and 95 percent, respectively) being more likely than other facility types to have such supervision (Table 3.5). Facilities in the Southwest (92 percent), West Nile (94 percent), and Central (98 percent) regions have strong routine external supervision compared with facilities in the Kampala and Northeast Region (76 and 73 percent, respectively).

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 USPA assessed whether providers had received any formal or structured training related to the services they offer during the 12 months preceding the survey. While it is recognised that providers may receive new information and individual instruction related to their work during routine supervisory visits, the 2007 USPA 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 USPA as having routine staff development activities.

Overall, about three-fourths (76 percent) of facilities satisfy these criteria (Table 3.5). The coverage is generally good, with HC-IVs (92 percent) doing better than the rest of the categories; 85 percent of hospitals, 83 percent of HC-IIIs, and 70 percent of HC-IIs. Facilities in Kampala (100 percent) and North Central (100 percent) are more likely than facilities in other regions to have routine staff development activities. Government (77 percent) and private (73 percent) facilities have similar proportions with routine 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 USPA defines the facility as providing routine staff supervision. Over 90 percent of facilities meet the criteria for routine staff supervision (Table 3.5). HC-IIIs (97 percent) and HC-IVs (98 percent) are more likely to have routine staff supervision. Government facilities are relatively more likely than private facilities to have routine staff supervision. At the regional level, the weakest level of supervision is among facilities in Kampala, where only 76 percent meet the criterion. Overall, 72 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 6 months preceding the survey, and percentage of facilities where at least half of the interviewed health service providers report receiving routine training related to their work and personal supervision, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with external supervisory visit during the 6 months preceding the survey	Number of facilities (weighted)	Percentage of facilities where staff report receiving routine:			Percentage of facilities with supportive management practices[3]	Number of facilities where at least one eligible health service provider was interviewed[4] (weighted)
			Training[1]	Personal supervision[2]	Training and personal supervision		
Type of facility							
Hospital	88	19	85	88	76	69	19
HC-IV	95	27	92	98	90	86	27
HC-III	92	158	83	97	81	76	154
HC-II	87	287	70	88	64	59	282
Managing authority							
Government	90	373	77	93	73	68	364
Private	87	119	73	88	68	61	119
Region							
Central	98	98	87	96	83	81	98
Kampala	76	9	100	76	76	63	9
East Central	88	78	67	95	67	59	74
Eastern	89	49	74	91	70	65	46
Northeast	73	41	62	82	61	47	41
North Central	89	37	100	93	93	89	37
West Nile	94	37	70	99	69	64	37
Western	82	60	84	84	73	65	58
Southwest	92	83	65	92	59	58	83
Total	89	491	76	92	72	66	483

[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 sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine 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 external supervisory visit(s) during the 6 months preceding the survey and staff received routine training and personal supervision.
[4] Interviewed providers who did not personally provide one of the services assessed by the SPA (e.g., 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 increases chances for better health-seeking behaviour, which in turn may improve the health of the population. Government policy recommends interface with communities starting at HC-IIIs.

Community representation

Overall, 53 percent of facilities have routine community participation in some management meetings (Table 3.6). Community participation in management meetings is more common in HC-IVs (64 percent). At the regional level, facilities in the Central (80 percent) and Northeast (73 percent) regions are more likely to have routine community participation in management meeting.

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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities: Where community participation in some management meetings is routine	Where client opinion is elicited and a system for review implemented[1]	That have any mechanism for obtaining community input for services[2]	Number of facilities (weighted)
Type of facility				
Hospital	50	24	65	19
HC-IV	64	15	68	27
HC-III	53	16	59	158
HC-II	52	4	52	287
Managing authority				
Government	52	8	55	373
Private	53	14	59	119
Region				
Central	80	7	81	98
Kampala	34	20	49	9
East Central	51	6	52	78
Eastern	65	11	65	49
Northeast	73	1	73	41
North Central	38	3	39	37
West Nile	47	5	50	37
Western	19	10	28	60
Southwest	39	20	46	83
Total	53	9	56	491

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

Client feedback

The 2007 USPA also assessed whether facilities have a system to elicit and review client opinion. Of all facilities, only 9 percent on average have such a system (Table 3.6). Hospitals (24 percent) are more likely than other types of facilities to have client feedback systems. Among the different management authorities, private facilities (14 percent) are relatively more likely than government (8 percent) facilities to elicit and review client opinion. Client feedback systems, though low across all regions, is almost non-existent in the Northeast Region (1 percent). This is despite facilities in the Northeast being among those most likely to have routine community participation in some management meetings.

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

User fees may have a positive effect on the use 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. 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 use by poor clients, but also reimburse facilities for client services. These methods 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, if they charge for any services. This improves accountability, reduces the likelihood of corruption, and helps clients calculate the costs they will incur in seeking services.

All, except very few, of the services received by Ugandans through the general public sector facilities are free by government policy. 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. Insurance plans cover services that their members receive from government health facilities through public-private partnerships.

User fees and additional sources of funding

All facilities in Uganda are expected to charge some form of user fees. According to government policy, government-owned facilities are not expected to charge user fees except in some specific services. Services like routine immunisation for infants are supposed to be free regardless of where they are received from, be it private or government facilities. The 2007 USPA findings show that facilities have adopted this new policy.

Table 3.7 summarises 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-3.8 and A-3.9.

One-quarter of all the facilities routinely charge some form of user fees for adult curative services (Table 3.7). As indicated in the table, up to 93 percent of private facilities charge for adult curative services. Among facilities charging for adult curative services, only 23 percent post all the fees for all to see (Table 3.7), 85 percent charge for medicines, and 81 percent charge for client consultations (Appendix Table A-3.9). Sixty-two percent charge for laboratory tests.

Ninety-three percent of all the facilities report that they had an external source of revenue or funding during the 2006/07 financial year (Table 3.7). This includes funding from the MOH and other public ministries, reimbursement by employers, insurance schemes, government contribution to private-for-profit organisations, out-of-pocket revenue, donor agencies, community programmes, and private/philanthropic agencies (Table 3.7, Appendix Table A-3.9). Facilities in North Central (76 percent) are the least likely to report external sources of revenue or funding.

Table 3.7 Funding mechanism utilised in facilities

Percentage of facilities with routine user fees for adult curative care and any external source of revenue or funding, and percentage of facilities charging user fees that post all fees, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with any routine user fee for adult curative care	Percentage of facilities with any external source of revenue or funding during 2006/2007 financial year[1]	Number of facilities (weighted)	Percentage of facilities that post all fees	Number of facilities having any user fees (weighted)
Type of facility					
Hospital	62	97	19	43	12
HC-IV	4	95	27	33	1
HC-III	21	96	158	42	33
HC-II	27	91	287	12	77
Managing authority					
Government	3	94	373	14	13
Private	93	91	119	24	110
Region					
Central	27	100	98	4	26
Kampala	62	98	9	13	5
East Central	24	89	78	14	19
Eastern	22	99	49	45	11
Northeast	19	100	41	43	8
North Central	6	76	37	28	2
West Nile	35	90	37	85	13
Western	25	88	60	3	15
Southwest	28	94	83	17	23
Total	25	93	491	23	123

[1] This includes any revenue or funding from sources such as Ministry of Health and other public ministries, insurance schemes, reimbursement by employers, government contribution to private-for-profit health facilities or organisations, out-of-pocket revenue, donor agencies, community programmes and private/philanthropic agencies.

3.2.5 Maintenance and Repair of Equipment

To provide 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 2007 USPA, infrastructure refers to 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-3.10 and A-3.11.

Among facilities that have major equipment (such as a generator, steriliser, electric autoclave, and x-ray machines), 79 percent report having preventive maintenance programmes for their equipment (Table 3.8). Of 287 HC-IIs surveyed, 12 had major equipment of which all reported preventive maintenance programmes for such equipment. Of the remaining categories of facilities, HC-IIIs are more likely to have preventive maintenance programmes (84 percent) than hospitals (78 percent) or HC-IVs (64 percent). Private facilities with major equipment are more likely than government facilities to have preventive maintenance programmes (88 and 70 percent, respectively).

Among facilities with major equipment, 26 percent assign on-site staff responsible for the routine maintenance of this major equipment, while 35 percent use external technicians (Table A-3.10). About 1 in 5 of these facilities uses both internal and external staff for their maintenance work, and another 1 in 5 have no routine maintenance programme.

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 building or infrastructure, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with preventive maintenance programme for major equipment[1]	Number of facilities with major equipment (weighted)[2]	Percentage of facilities with: System for repair or replacement of small equipment[3]	Percentage of facilities with: System for maintenance and repair of building or infrastructure	Number of facilities (weighted)
Type of facility					
Hospital	78	19	97	77	19
HC-IV	64	17	91	51	27
HC-III	84	10	86	43	158
HC-II	100	12	77	30	287
Managing authority					
Government	70	27	81	31	373
Private	88	31	84	59	119
Region					
Central	95	15	92	65	98
Kampala	73	6	100	59	9
East Central	50	6	84	35	78
Eastern	78	7	78	19	49
Northeast	68	3	66	47	41
North Central	93	2	75	23	37
West Nile	69	3	82	41	37
Western	83	10	86	32	60
Southwest	77	6	75	20	83
Total	79	57	82	37	491

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

Regarding small equipment, such as stethoscopes and sphygmomanometers, 82 percent of facilities have systems for their repair or replacement (Table 3.8). Such systems are widespread among facilities of all types, with higher-level facilities more likely than lower-level facilities to have a system for repair or replacement. The systems for repair or replacement were equally available in government and private facilities; however, at the regional level, facilities in the Northeast Region are among the least likely (66 percent), while those in Central Region (92 percent) and Kampala (100 percent) are most likely to have such a system. Facilities use different methods to maintain or replace small equipment, including on-site repair, sending equipment outside for repair or replacement, and

purchasing or paying for new equipment from funds on hand (Appendix Table A-3.10). Only 8 percent of facilities report on-site repair, while about one-third utilise any of the other methods.

Thirty-seven percent of all facilities have a system for maintaining and repairing their buildings or infrastructure (Table 3.8). Most hospitals (77 percent) have such a system, as do private facilities (59 percent). Government facilities (31 percent) are less likely to have such a system, perhaps because most government facilities are lower-level health facilities. There is wide variation at the regional level, where the proportion of facilities with a system for maintenance and repair of buildings or infrastructure ranges from 19 percent in the Eastern Region to 65 percent in the Central Region.

Key Findings

About three-quarters of facilities report holding routine management meetings; however, only 52 percent have documentation of a recent meeting.

Forty percent of health facilities report quality assurance activities, and 26 percent have documentation of the qualitative assessment tools used.

About 9 of 10 facilities report receiving external supervision during the six months preceding the survey. External supervision was comparatively weak in the Northeast Region and Kampala, where only 76 and 73 percent of facilities, respectively, received a visit, compared with 98 percent of facilities in the Central Region.

Three-quarters 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 half of health facilities have routine community participation in management meetings, and only 9 percent have any formal means for seeking client feedback.

One-quarter of facilities routinely charge some form of user fees for adult curative services. More than 9 in 10 private facilities charge for adult curative care. Most charge for medicines and consultation.

Seventy-nine percent of facilities that use major equipment (such as generators and sterilisers) have preventive maintenance programmes for this equipment.

Eighty-two percent of all facilities have a system for repair or replacement of small equipment, and 37 percent have a system for maintaining and repairing their building or infrastructure. Private facilities are relatively more likely to have such systems. There is a marked geographic variation, with facilities in the Central Region and Kampala 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 minimise waste resulting from commodity expiration, and systems to monitor stock and ensure timely ordering and resupply.

Summary information on storage conditions and stock monitoring for vaccines is presented in Table 3.9; information on contraceptive methods, medicines, and antiretrovirals (ARVs) is presented in Table 3.10. Information on inventory systems for stored 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, medicines, and ARVs is provided in Figures 3.10, 3.11, and 3.12. Further details on storage conditions are provided in Appendix Tables A-3.12 and A-3.13. Details on commodity ordering systems and storage are given in Appendix Tables A-3.14 through A-3.18.

Table 3.9 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with adequate systems for monitoring storage temperature and stocks, by background characteristics, Uganda SPA 2007

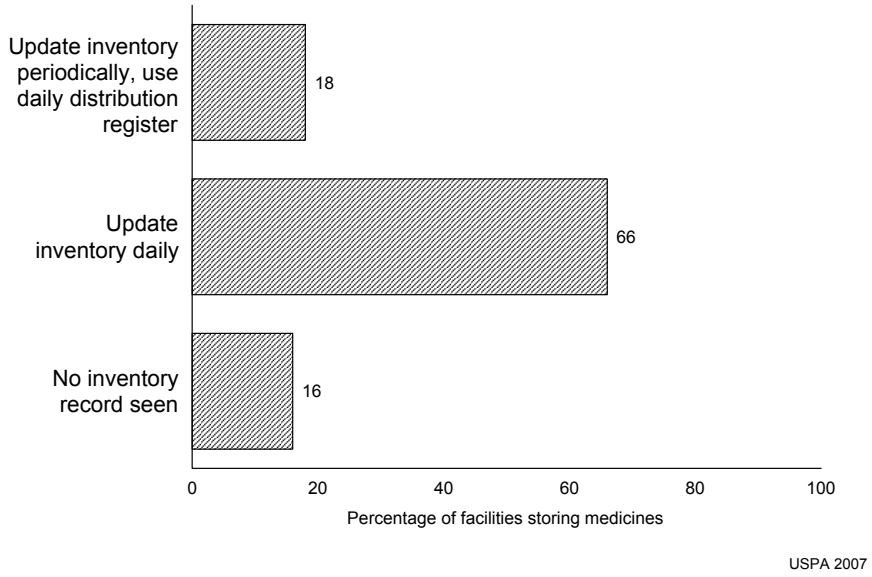
Background characteristics	Percentage of facilities with adequate system for monitoring: Storage temperature[1]	Vaccine stock[2]	Number of facilities with stored vaccines observed[3] (weighted)
Type of facility			
Hospital	77	35	19
HC-IV	67	42	27
HC-III	75	41	139
HC-II	63	22	125
Managing authority			
Government	71	33	256
Private	62	33	53
Region			
Central	79	29	62
Kampala	62	24	6
East Central	58	28	39
Eastern	89	54	26
Northeast	71	64	36
North Central	83	36	29
West Nile	76	6	26
Western	50	9	35
Southwest	58	39	49
Total	70	33	309

[1] Functioning thermometer in refrigerator, up-to-date temperature chart, and refrigerator temperature between zero and 8°C at time of survey
[2] No expired items present, items stored by expiration, and up-to-date inventory is available
[3] There were no stored vaccines (or the vaccine storage area was not observed) for 3 (weighted) facilities that store vaccines.

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 medicines is presented in Figure 3.7. Sixty-six percent of facilities update the inventory daily. Eighteen percent use daily distribution registers and only update inventory records periodically (as opposed to daily) for 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.

Figure 3.7 **Inventory system used for stored medicines (N=471)**



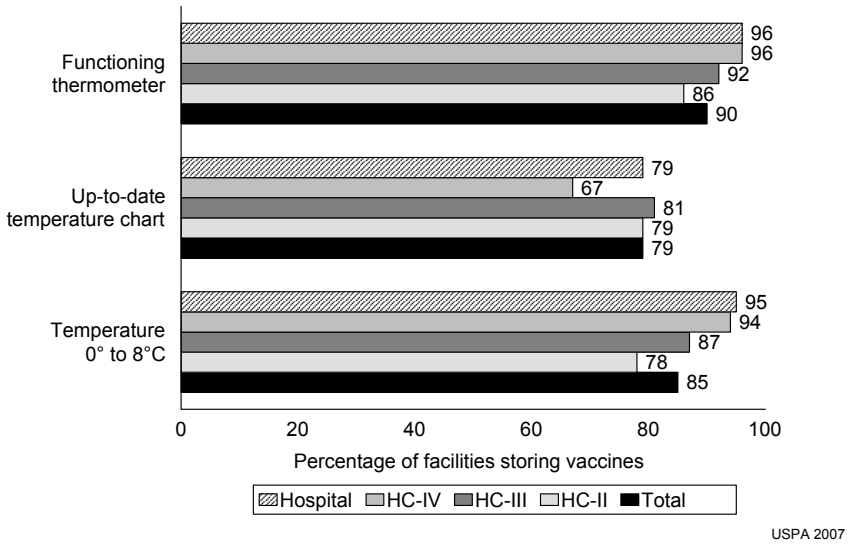
3.3.1 Storage and Stock Monitoring Systems for Vaccines

Vaccines must be stored at an appropriate temperature to maintain their potency. It is the policy of the World Health Organisation (WHO) and the United Nations 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 vaccine refrigerator, (2) a temperature of zero 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 and where vaccines were observed, 70 percent had all the necessary components for adequate temperature monitoring (Table 3.9). Hospitals (77 percent) and HC-IIIs (75 percent), government facilities (71 percent), and facilities in the Eastern (89 percent) and North Central (83 percent) regions are more likely than other facilities to meet all three criteria for monitoring storage temperatures. While about 90 percent of the facilities have a functioning thermometer, only 79 percent had a completed temperature chart (Table A-3.12). A temperature of zero to 8°C in the vaccine refrigerator was found at the time of the survey in 85 percent of facilities. All facilities (98 percent) position their vaccine refrigerator so that it is protected from direct sunlight (Appendix Table A-3.12).

Figure 3.8 **Elements for monitoring vaccine storage conditions (N=309)**

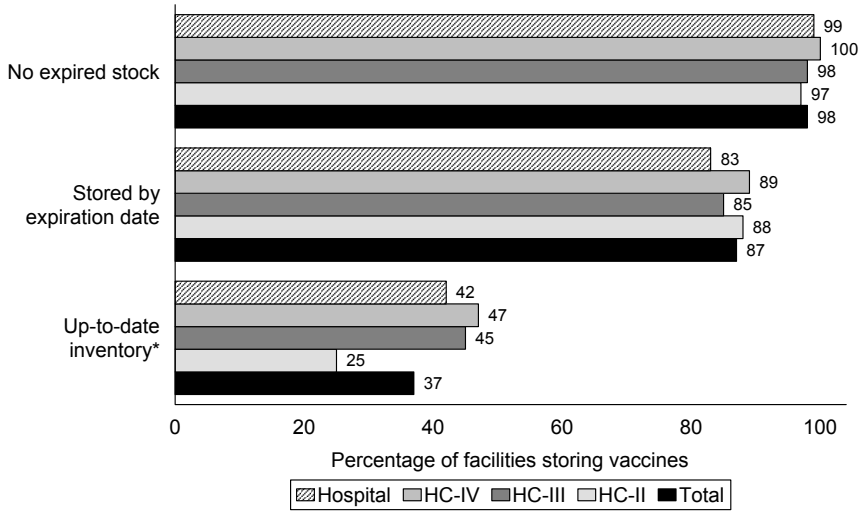


Stock monitoring systems

Vaccine stock monitoring systems were assessed for tetanus toxoid (TT); rubella; BCG, measles, oral polio vaccine; and diphtheria, pertussis, tetanus, with hepatitis B and Haemophilus influenza b [(DPT-HB + Hib or pentavalent)] 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. Thirty-three percent of facilities that store vaccines have an adequate vaccine stock monitoring system (Table 3.9). Facilities in the Northeast Region have the best vaccine stock monitoring systems (64 percent), while facilities in the West Nile (6 percent) and Western (9 percent) regions have the weakest vaccine stock monitoring systems.

The weakest of the three stock monitoring components is maintaining an up-to-date inventory, which is done by only 37 percent of facilities that store vaccines (Figure 3.9). The strongest component is not having expired stock, which is the case in 98 percent of facilities. Eighty-seven percent of facilities that store vaccines and where vaccines were observed on the day of the survey store them by expiration date.

Figure 3.9 **Elements for monitoring vaccine stock (N=309)**



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 *good* (off the ground and protected from water, protected from direct sunlight, and with no evidence of rodents or pests) in 56 percent of all facilities that store contraceptives (Table 3.10 and Figure 3.10). Storage conditions for medicines are *good* in 54 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 26 and 27 percent of facilities, respectively (Appendix Table A-3.13).

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

Among facilities that store methods of contraception, medicines, and ARVs, percentage with good storage conditions and adequate stock monitoring systems in place, by background characteristics, Uganda SPA 2007

	Contraceptive methods			Medicines			ARVs		
Background characteristics	Percentage with all assessed items for system for storing methods[1]	Percentage with all assessed items for system for monitoring stock[2]	Number of facilities with stored contraceptive methods observed[3] (weighted)	Percentage with all assessed items for system for storing medicines[1]	Percentage with all assessed items for system for monitoring stock[2]	Number of facilities with stored medicines observed (weighted)	Percentage with all assessed items for system for storing ARVs[1]	Percentage with all assessed items for system for monitoring stock[2]	Number of facilities with stored ARVs observed[4] (weighted)
Type of facility									
Hospital	69	24	14	59	41	19	62	36	17
HC-IV	57	19	27	46	34	26	63	37	18
HC-III	53	19	135	53	40	154	83	33	28
HC-II	57	23	210	55	30	272	85	85	3
Managing authority									
Government	55	22	329	52	34	358	72	35	54
Private	60	16	56	59	33	113	74	47	12
Region									
Central	66	18	88	67	34	94	70	35	21
Kampala	79	17	6	74	37	9	80	45	6
East Central	64	9	65	65	56	69	88	38	9
Eastern	58	33	42	53	53	48	57	34	4
Northeast	39	36	21	41	44	39	45	29	2
North Central	52	1	30	42	31	34	86	53	7
West Nile	49	11	26	56	9	37	71	27	2
Western	41	8	44	40	6	60	83	9	4
Southwest	48	50	63	49	31	80	60	38	12
Total	56	21	385	54	34	471	72	37	66

[1] Items stored in dry location, off the ground, and protected from water, sun, pests and rodents.
[2] No expired items present, items stored by expiration date and up-to-date inventory available.
[3] There were no stored contraceptive methods or the storage area for contraceptive methods was not observed for 2 (weighted) facilities that store contraceptive methods.
[4] There were no stored ARVs or the storage area for medicines was not observed for 3 (weighted) facilities that store ARVs.

The storage conditions for ARVs were assessed in health facilities with stored ARVs. Of these, the storage conditions are *good* in 72 percent of the facilities with lower-level facilities having better storage conditions (85 percent at HC-II, 83 percent at HC-IIIs) compared with higher-level facilities; 63 percent HC-IVs and 62 percent of hospitals assessed have *good* storage conditions (Figure 3.12, Table 3.10). The same figure shows that expired ARVs were found in 7 percent of facilities. All levels of service delivery, except HC-IIs, were found to have some expired ARVs. Overall, the drugs are stored by expiration dates in 82 percent of the facilities. HC-IIs are more likely to store the ARVs by expiration dates compared with other levels of health service delivery; hospitals (75 percent) and HC-IVs (77 percent) are less likely to store the drugs by expiration dates.

Stock monitoring systems

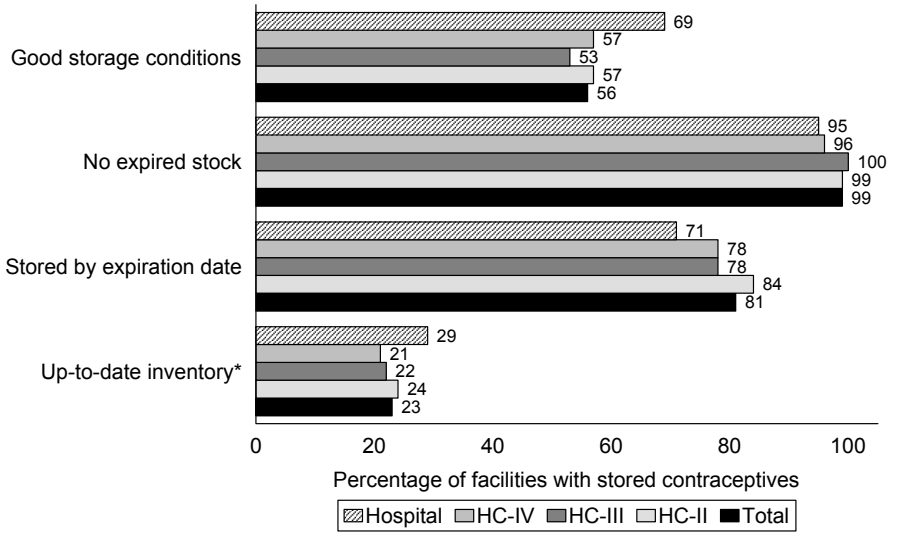
Stock monitoring practices were assessed for contraceptive methods, medicines, and ARVs. While only 21 percent of facilities with stored contraceptive methods observed had all items for adequate stock monitoring systems, about one-third of facilities with stored medicines observed have all the items for an adequate stock monitoring system (Table 3.10). Up to 37 percent of facilities with ARVs observed had all items for adequate stock monitoring.

Facilities in the Southwest Region (50 percent) are more likely to have adequate stock monitoring for contraceptives, while facilities in the East Central Region (56 percent) are more likely to have an adequate stock monitoring system for medicines. For ARVs, facilities in the North Central Region (53 percent) are more likely not have stock monitoring systems in place (Table 3.10).

Expired contraceptives and medicines are rare in Ugandan facilities; only 1 percent of facilities that store contraceptives had expired stocks of contraceptive on the day of the survey (Figure 3.10), and a similar percentage of facilities that store medicines had expired medicines (Figure 3.11). Eighty-one percent of facilities store contraceptives by expiration date (Figure 3.10). Up-to-date inventories are maintained for contraceptive methods in 23 percent of facilities and for medicines in 40 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, medicines, or ARVs.

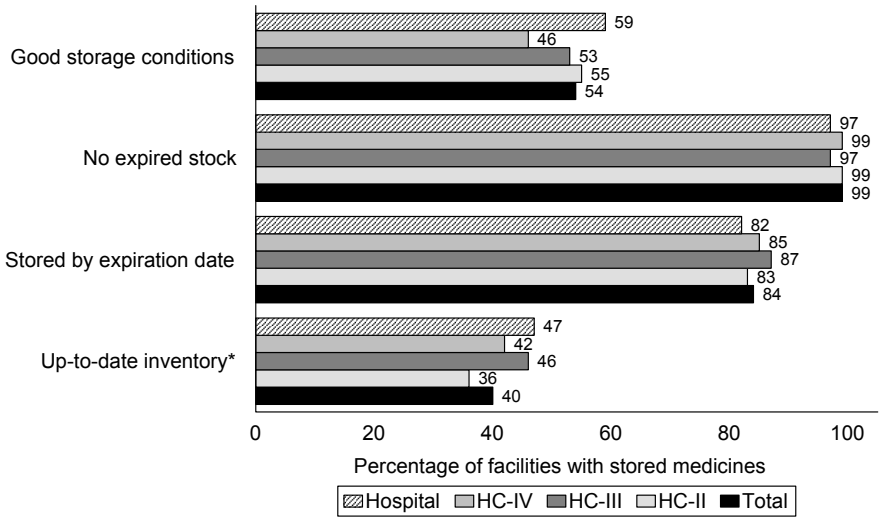
Figure 3.10 **Elements for storing and monitoring stock for contraceptives (N=385)**



* For commodities with stock cards

USPA 2007

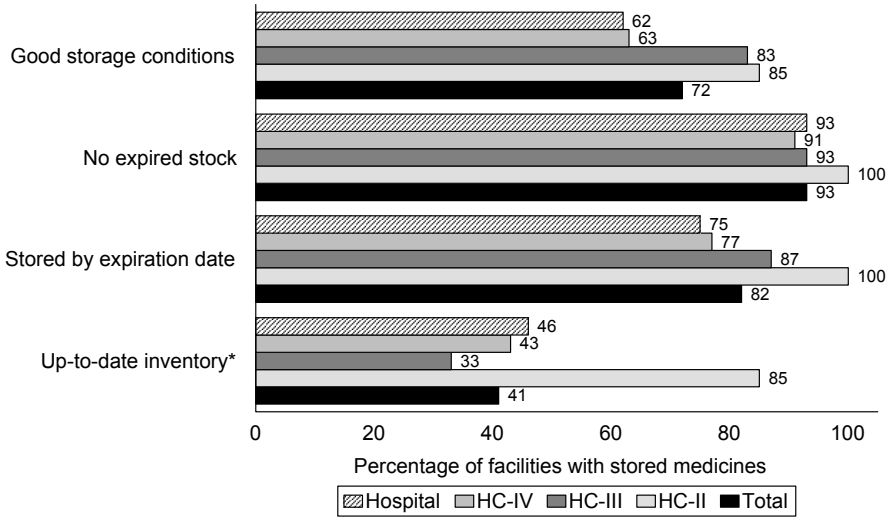
Figure 3.11 Elements for storing and monitoring stock for medicines (N=471)



* For medicines with stock cards

USPA 2007

Figure 3.12 Elements for storing and monitoring stock for antiretroviral drugs (N=66)



* For ARVs with stock cards

USPA 2007

Key Findings

Only 18 percent of facilities that store medicines use daily distribution registers and only update inventory records periodically.

Seventy percent of facilities that store vaccines have all the necessary components for adequate temperature monitoring; that is, a functioning thermometer in refrigerators, an up-to-date temperature chart, and refrigerator temperatures between zero and 8°C on the day of visit. Ninety percent had a functioning thermometer, 79 percent had an up-to-date temperature chart, and 85 percent had temperature readings between zero and 8°C, in accord with UNICEF recommendations.

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

Eighty-seven percent of the facilities storing vaccines store them by expiration date; however, only 37 percent had 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-three percent of facilities that store vaccines, 21 percent of facilities that store contraceptives, 34 percent of facilities that store medicines, and 37 percent of facilities that store antiretrovirals (ARVs) had adequate systems to monitor their stocks.

Few facilities have expired items (vaccines, contraceptives, medicines, and ARVs).

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 2007 USPA 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 high-level disinfection, is presented in Tables 3.11.1 through 3.11.5, and aggregate information on equipment processing capacity and infection control measures available in service delivery areas is presented in Table 3.12. Figures 3.13 and 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-3.19 through A-3.24.

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

For 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 surgical equipment that will be reused, such as blade handles 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 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.

[1] With formaldehyde or glutaraldehyde (Cydex).

Table 3.11.1 Capacity for processing equipment: All methods

Percentage of facilities with the equipment, knowledge, timer, and guidelines to support quality sterilisation or high-level disinfection (HLD) of equipment, by background characteristics, Uganda SPA 2007

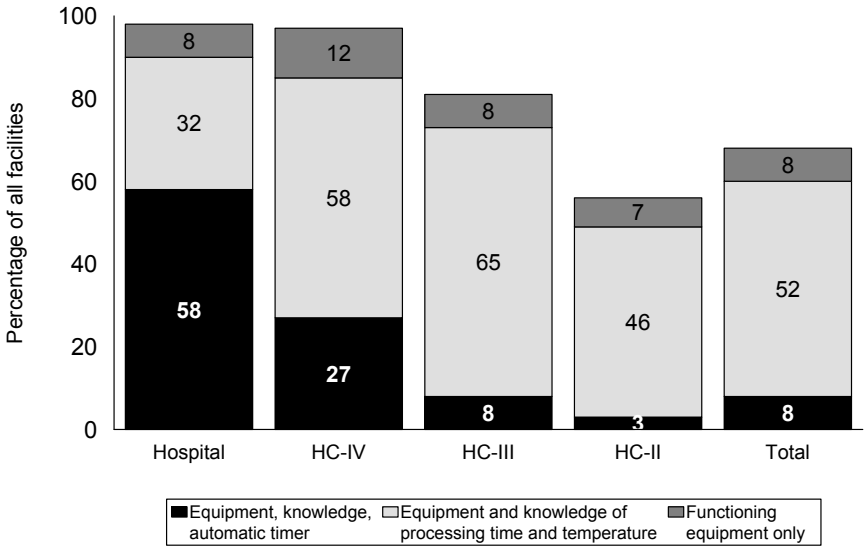
Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of processing time[1]	Equipment, knowledge of processing time, and automatic timer[2]	Written guidelines for sterilisation or HLD present[3]	Number of facilities (weighted)
Type of facility					
Hospital	98	90	58	26	19
HC-IV	97	85	27	11	27
HC-III	81	73	8	4	158
HC-II	56	49	3	3	287
Managing authority					
Government	64	58	7	4	373
Private	81	69	12	7	119
Region					
Central	71	64	8	7	98
Kampala	92	78	30	11	9
East Central	50	41	3	2	78
Eastern	71	67	10	5	49
Northeast	78	66	4	0	41
North Central	64	61	14	9	37
West Nile	72	66	18	6	37
Western	77	74	6	1	60
Southwest	64	54	7	5	83
Total	68	60	8	5	491

[1] Processing area has functioning equipment and power source for method and reports the correct processing time (or the equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were functioning equipment and processing conditions of the following: **Dry heat sterilisation**: Temperature 160˚ to 169˚C and processed for at least 120 minutes or temperature at least 170˚C and processed for at least 60 minutes; **Autoclave:** Processing wrapped items at least 30 minutes, unwrapped items at least 20 minutes; **Boiling or steaming:** processing at least 20 minutes; **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 sterilisation or HLD equipment.

[3] Hand-written guidelines pasted on walls also count.

Figure 3.13 Capacity to sterilise or HLD process equipment (any method) (N=491)

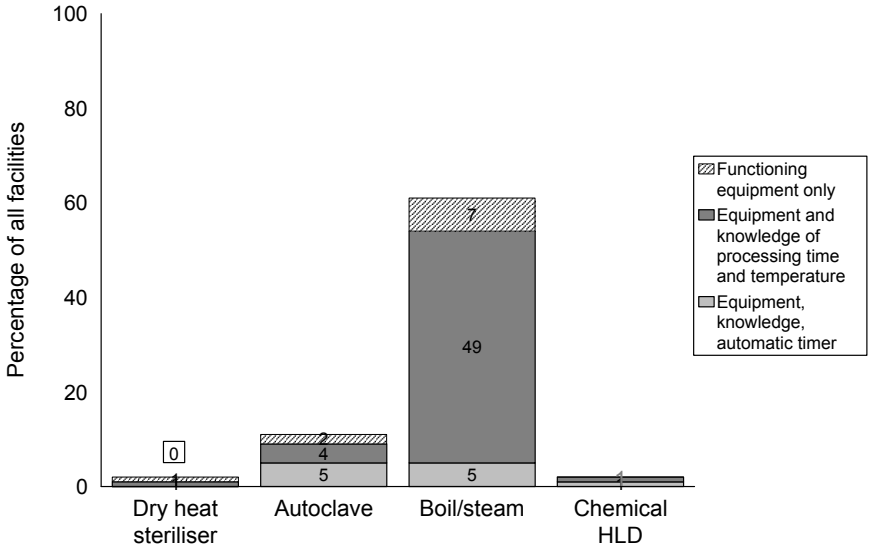


USPA 2007

Sixty-eight percent of all facilities have functioning equipment or necessary chemicals for the processing method used. A smaller proportion of facilities (60 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 8 percent of facilities (Table 3.11.1, Figure 3.13). Almost all hospitals and HC-IVs (98 and 97 percent, respectively), 81 percent of HC-IIIs, and 56 percent of HC-IIs have functioning equipment. Private facilities (81 percent) are more likely to have functioning equipment compared with government (64 percent) facilities. At the regional level, the availability of functioning equipment ranges from 50 percent in the East Central Region to 92 percent in Kampala (Table 3.11.1). Written guidelines for sterilisation or HLD processing in any service area were found in only 5 percent of all facilities on average.

The most commonly used method for processing equipment is boiling or steaming; 61 percent of facilities had the necessary equipment for boiling. This is also the method for which functioning equipment and knowledge of the correct processing time is most frequently available (54 percent of facilities) (Table 3.11.4, Figure 3.14). However, only 5 percent of facilities have an automatic timer along with the equipment and the knowledge. Other methods of processing equipment are rarely used. Eleven percent of facilities have autoclave equipment, including 87 percent of hospitals, 47 percent of HC-IVs, 10 percent of HC IIIs, and only 3 percent of HC-IIs (Table 3.11.2). Two percent of facilities have equipment for dry-heat sterilisation, including 33 percent of hospitals, 6 percent of HC-IVs, and 2 percent of HC-IIIs (Table 3.11.3). No HC-IIs had dry-heat sterilisers. Two percent of facilities have the necessary chemicals for HLD, including 9 percent of hospitals, 2 percent of HC-IVs, 1 percent of HC-IIIs, and 2 percent of HC-IIs (Table 3.11.5).

Figure 3.14 **Facilities with indicated elements for processing equipment using specific methods (N=491)**



Note: A facility may use more than one method to process equipment.

USPA 2007

Table 3.11.2 Capacity for processing of equipment: Autoclave

Percentage of facilities that have functioning equipment, knowledge of processing time and temperature, timer, time-steam-temperature (TST) sensitive tape, and written guidelines for autoclave processing, by background characteristics, Uganda SPA 2007

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 temp/press excellent[3]	Equipment, knowledge of processing time, automatic timer and temp/press good[4]	TST tape	Written guidelines for sterilisation or HLD present[5]	Number of facilities (weighted)
Type of facility								
Hospital	87	71	49	22	26	34	24	19
HC-IV	47	37	23	16	16	17	7	27
HC-III	10	7	3	0	0	2	1	158
HC-II	3	3	2	2	2	0	1	287
Managing authority								
Government	7	5	4	2	2	2	2	373
Private	24	20	9	5	6	7	4	119
Region								
Central	11	9	6	5	5	2	4	98
Kampala	47	43	27	14	16	19	11	9
East Central	5	4	3	2	2	3	2	78
Eastern	16	12	9	8	8	3	5	49
Northeast	17	13	0	0	0	0	0	41
North Central	7	6	5	3	3	1	2	37
West Nile	18	11	10	1	1	4	0	37
Western	11	11	3	1	1	2	0	60
Southwest	7	5	4	1	1	4	1	83
Total	11	9	5	3	3	3	2	491

[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 15-30 psi, or 1-2 atm, or an automatic machine.
[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 15-30 psi, or 1-2 atm, or an automatic machine. Good knowledge of pressure is a response of more than 30 and less than 61 psi, or more than 2 and less than 8 atm; high cut-off points were selected to include any response that appeared valid.
[5] Hand-written guidelines pasted on walls also count.

Table 3.11.3 Capacity for processing of equipment: Dry heat sterilisation

Percentage of facilities that have functioning equipment, knowledge of processing time and temperature, timer, time-steam-temperature (TST) sensitive tape, and written guidelines for dry heat sterilisation, by background characteristics, Uganda SPA 2007

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 for sterilisation or HLD present[3]	Number of facilities (weighted)
Type of facility						
Hospital	33	13	12	19	12	19
HC-IV	6	0	0	0	0	27
HC-III	2	0	0	0	1	158
HC-II	0	0	0	0	0	287
Managing authority						
Government	1	0	0	0	0	373
Private	5	1	1	2	2	119
Region						
Central	2	1	1	1	1	98
Kampala	14	4	4	8	2	9
East Central	1	0	0	0	0	78
Eastern	4	0	0	0	3	49
Northeast	0	0	0	0	0	41
North Central	3	1	1	2	1	37
West Nile	2	0	0	0	0	37
Western	4	0	0	0	0	60
Southwest	3	1	1	1	1	83
Total	2	1	0	1	1	491

[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 or HLD equipment.
[3] Hand-written guidelines pasted on walls also count.

Table 3.11.4 Capacity for processing of equipment: Boiling or steaming

Percentage of facilities that have functioning equipment, knowledge of processing time and temperature, timer, time-steam-temperature (TST) sensitive tape, and written guidelines for sterilisation by boiling or steaming, by background characteristics, Uganda SPA 2007

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 for sterilisation or HLD present[3]	Number of facilities (weighted)
Type of facility						
Hospital	66	53	29	22	18	19
HC-IV	74	66	15	9	8	27
HC-III	74	68	7	2	3	158
HC-II	52	45	2	1	2	287
Managing authority						
Government	60	54	5	2	4	373
Private	63	53	7	4	1	119
Region						
Central	66	58	5	3	7	98
Kampala	63	51	9	8	6	9
East Central	48	40	2	2	1	78
Eastern	65	64	5	4	1	49
Northeast	69	55	4	0	0	41
North Central	46	44	10	0	5	37
West Nile	65	57	15	4	0	37
Western	67	67	4	0	1	60
Southwest	61	50	3	3	5	83
Total	61	54	5	2	3	491

[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.
[3] Hand-written guidelines pasted on walls also count.

Table 3.11.5 Capacity for processing of equipment: High-level disinfecting

Percentage of facilities that have functioning equipment, knowledge of processing time, timer for high-level disinfection (HLD) and time-steam-temperature (TST) sensitive tape, by background characteristics, Uganda SPA 2007

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 for sterilisation or HLD present[3]	Number of facilities (weighted)
Type of facility						
Hospital	9	9	6	8	4	19
HC-IV	2	2	0	1	0	27
HC-III	1	1	0	0	0	158
HC-II	2	2	0	0	0	287
Managing authority						
Government	2	2	0	0	0	373
Private	3	3	1	1	0	119
Region						
Central	1	1	0	1	0	98
Kampala	9	9	8	9	2	9
East Central	0	0	0	0	0	78
Eastern	0	0	0	0	0	49
Northeast	0	0	0	0	0	41
North Central	16	16	0	0	0	37
West Nile	6	6	0	0	0	37
Western	0	0	0	0	0	60
Southwest	1	1	0	0	0	83
Total	2	2	0	0	0	491

[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 sterilisation or HLD equipment.
[3] Hand-written guidelines pasted on walls also count.

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.

Eighty percent of the facilities had processed items present on the day of the survey (Appendix Table A-3.20). Among these, 48 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). Hospitals (87 percent), private facilities (64 percent), and facilities in Kampala (83 percent) are most likely to store processed items under sterile/HLD conditions.

Another 49 percent stored processed items under clean, but not sterile conditions. Only 5 percent of facilities stored processed items under sterile/HLD conditions and also had processing dates on the sterilised items. Once again, hospitals (39 percent), private facilities (11 percent), and facilities in Kampala (26 percent) scored highest on this indicator. Facilities in the West Nile Region (13 percent) are also among those facilities 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 compliance with infection control guidelines 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. 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.

For the USPA, *all* of these items must be present in *all* service delivery sites for a facility to qualify as meeting infection control standards.

As shown in Table 3.12, only 6 percent of facilities have *all* infection control items available in *all* assessed service delivery sites (3 percent of hospitals, zero percent of HC-IVs, 4 percent of HC-IIIs, and 8 percent of HC-IIs). Figure 3.15 and Appendix Tables A-3.21.1 and A-3.21.2 break down the availability of specific infection control items in maternal and child health and reproductive health service delivery sites. Disinfectant, soap, and running water are the least available items, with each of these items available at all sites in just a little over 40 percent of facilities. For each of these three items, private facilities are more likely to have them compared with government facilities. Also, facilities in the West Nile Region are more likely than facilities in other regions to have these items. Only 12 percent of facilities in Kampala had disinfectant at all sites, compared with 64 percent of facilities in West Nile Region.

Table 3.12 Infection control and hazardous waste control

Percentage of facilities that have all items for infection control in all assessed service delivery areas, adequate disposal system for infections and sharps waste, and infection control guidelines, by background characteristics, Uganda SPA 2007

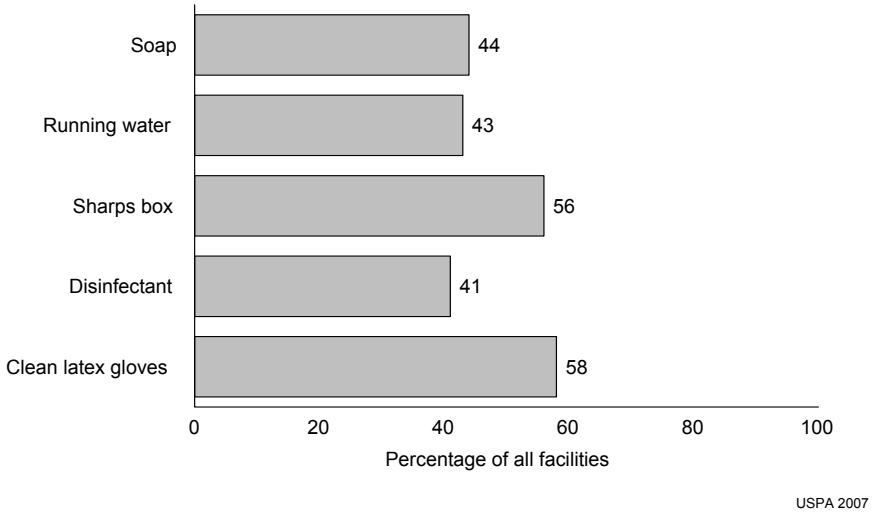
Background characteristics	Percentage with all items for infection control in all assessed service delivery areas[1]	Percentage with adequate final waste disposal system for infectious waste[2]	Percentage with adequate final waste disposal system for sharps waste[3]	Percentage with guidelines for disinfection and sterilisation in any service area[4]	Number of facilities (weighted)
Type of facility					
Hospital	3	78	79	34	19
HC-IV	0	77	80	17	27
HC-III	4	74	74	6	158
HC-II	8	65	64	4	287
Managing authority					
Government	5	66	65	6	373
Private	10	77	79	8	119
Region					
Central	6	82	85	9	98
Kampala	0	78	76	20	9
East Central	7	64	61	5	78
Eastern	3	65	65	5	49
Northeast	0	40	36	1	41
North Central	0	65	52	10	37
West Nile	15	82	89	6	37
Western	11	57	57	5	60
Southwest	6	79	80	6	83
Total	6	69	69	6	491

[1] Soap, running water, sharps box, disinfectant and latex gloves in all assessed service areas. Disinfectant and latex gloves not assessed in immunisation area; latex gloves not assessed in sick child service area.
[2] Infectious waste is collected and disposed of externally, or incinerated, or burned in a protected area or pit, or dumped in a protected area or covered pit, 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 externally, or incinerated, or burned in a protected area or pit, or dumped in a protected area or covered pit, and there is no unprotected sharps waste observed in any service site or waste disposal area on day of survey.
[4] Hand-written guidelines pasted on walls also count.

Sharps boxes and clean latex or sterile gloves also are not widely available, but more available than the running water, soap, and disinfectant. They were available at all sites in just under 60 percent of facilities. A slightly larger proportion of private facilities had clean latex gloves than government facilities (64 and 56 percent, respectively). Overall, only 13 percent of facilities had all these infection prevention items available at all assessed service sites. When infection control items are assessed for their availability at *any* of the assessed service delivery sites within a facility, and not at *all* the sites in the facility, the proportion of facilities that meet the criteria increases quite drastically (Appendix Table A-3.21.2). Though this is good in a sense, it is not expected that a provider will move from his or her station to another service site to wash hands in between seeing clients. Ideally, each service site should have all items necessary for proper infection prevention.

The survey further looked for the availability of infection prevention guidelines. As evident from Appendix Table A-3.25, the majority of facilities in the country do not have infection prevention guidelines; indeed, only 30 percent of facilities have the MOH infection control guideline at *any* assessed service site. Guidelines on injection safety are even scarcer, available at any site in only 17 percent of facilities. When assessed for availability at any assessed site, each of these guidelines is more likely to be found in hospitals, private facilities, and facilities in Kampala.

Figure 3.15 **Availability of infection control items in all assessed and relevant MCH/RH service delivery areas in the facility (N=491)**



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 infection. Details on waste disposal systems are provided in Figure 3.16, Table 3.12, and Appendix Tables A-3.24.1 and A-3.24.2.

After determining what system each facility used, data collectors went 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.

Infectious waste

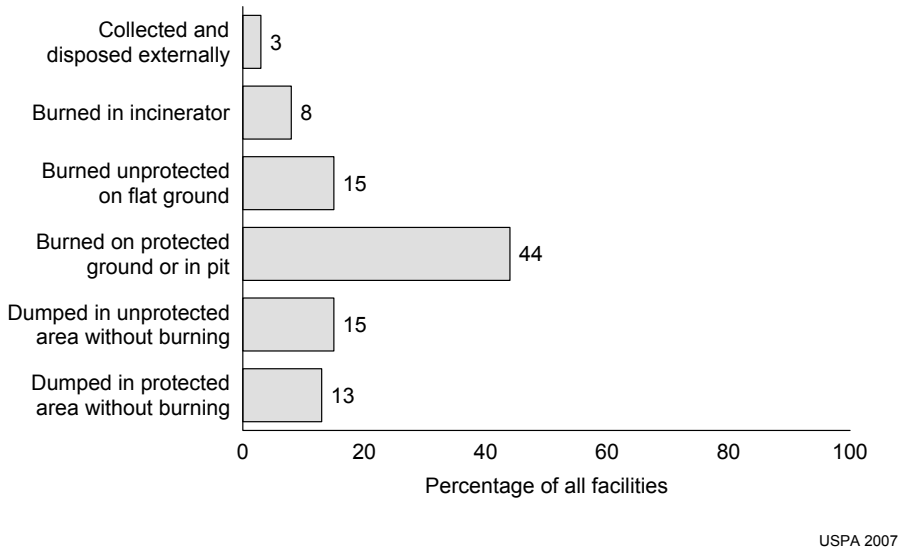
The disposal system for infectious waste is considered *adequate* if the waste is collected and disposed of externally, incinerated or burned in a protected area or pit, or dumped in a protected area or covered pit, *and* there is no unprotected infectious waste observed in any service site or waste disposal area on the day of the survey. By these criteria, 69 percent of facilities have an adequate disposal system for infectious waste (Table 3.12). With the exception of HC-IIs, an adequate system for disposal of infectious waste could be found at 74 percent or more of hospitals, HC-IVs, and HC-IIIs. Facilities in the Northeast Region (40 percent), are the least likely to have an adequate infectious waste disposal system. Private facilities are also more likely to have an adequate infectious waste disposal system than government facilities (77 and 66 percent, respectively).

The most common way to dispose of infectious waste in Uganda health facilities (used by 48 percent of all facilities) is burning on protected ground or in a pit (Appendix Table A-3.24.1). Incineration is used by 7 percent of all facilities and is the most common way that hospitals dispose of their infectious waste (46 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 externally, incinerated or burned in a protected area or pit, or dumped in a protected area or covered pit, *and* there is no unprotected sharps waste observed in any service site or waste disposal area on the day of the survey. Similar to disposal of infectious waste, 69 percent of facilities have an adequate sharps waste disposal system. The disposal of sharps and infectious waste follows a similar pattern by level of service delivery and by region (Table 3.12, Appendix Table A-3.24.2, and Figure 3.16).

Figure 3.16 **Waste disposal methods for sharps waste (N=491)**



3.4.5 Injection Practices

Facilities were assessed for the types of injections provided to clients and the provider of the needle and syringe that were used to administer the injection. Appendix Tables A-3.26 through A-3.30 present data from the 2007 USPA related to injection practices in Uganda health facilities.

Up to 75 percent of observed injections were therapeutic (treatment), 20 percent were for immunisation purposes, and 5 percent were for family planning (Appendix Table A-3.26). More than half of all observed injections were for children up to 5 years. Almost 9 of 10 injections were delivered intramuscularly. Eighty-four percent of the needles and syringes were provided free of charge by the facilities. Ninety percent of government facilities provided the injection equipment free of charge compared with 56 percent of private facilities. Nine percent are provided by the facility at a cost and 7 percent are provided by the client.

Injection providers were assessed for compliance with critical steps in administration of injections. Overall, the providers are not washing hands before injection administration; only during 26 percent of observed injections did providers wash hands before starting the injection process (Appendix Table A-3.27). Seventy-one percent of all injections were prepared in a clean dedicated area, and almost all (97 percent) injections were administered using a new needle and syringe from a sealed sterile pack. The injection site was cleaned with an antiseptic before administering 79 percent of the time, and the

plunger drawn back before the injection 69 percent of the time. Only after 3 percent of observed injections did providers recap the needle using the scoop technique, and 8 percent of the time, needles were recapped with two hands. However, the majority of the time (91 percent) used injection equipment were immediately being disposed of appropriately (Appendix Table A-3.27).

Out of the 752 injections administrations observed, 49 percent required reconstitution (Appendix Table A-3.28). Of those that required reconstitution, the reconstitution was done with a new sterile injection device in 75 percent of the observations. Reconstitutions done in hospitals are more likely (87 percent) to be done using a new injection device for drug reconstitution than in HC-IVs (72 percent), HC-IIIs (77 percent), and HC-IIs (72 percent). Private facilities (86 percent) are more likely than government facilities (73 percent) to use a new injection device. The use of a clean protective barrier to break the ampoule or to open vials with a metal cap occurred during only 43 percent of the cases where such protective barrier is required.

Injection procedures are not frequently explained to clients; of all observed injections, only 32 percent of the time was the injection procedure explained to the client (Appendix Table A-3.28). IEC materials promoting reduction of injection use and safe injection use are even less prevalent in Uganda health facilities; these were available in just 17 percent of the areas where injections are administered.

Out of the 481 facilities providing services for sick children, 78 percent offer therapeutic injections in separate sites from where immunisation is provided, while 20 percent provide the therapeutic injections in sites where immunisation is provided (Appendix Table A-3.29). In 2 percent of the facilities where services for sick children are provided, no therapeutic injections were provided. Infection control items were assessed in these injection sites and information is presented in Appendix Table A-3.30. Most of these injection sites (70 percent) had soap and running water (72 percent), sharps boxes (85 percent), latex gloves (80 percent), syringes and needles (70 percent), and decontaminant (35 percent). Syringes and needles and sharps boxes are more likely to be present at sites where therapeutic injections for children are provided at sites with immunisations.

Key Findings

Approximately two-thirds of facilities have functioning equipment (or necessary chemicals for HLD processing) for the processing method used. Functioning equipment is available in nearly all hospitals (98 percent) and HC-IVs (97 percent), and in 81 percent of HC-IIIs and 56 percent of HC-IIs. Sixty percent of the facilities have both functioning equipment and staff members who know the correct processing time (and temperature for dry-heat sterilisation, pressure for autoclave) for the method used.

Boiling or steaming is the most commonly used method for processing equipment. For this method, over half (61 percent) of facilities have functioning equipment. This is also the method for which functioning equipment and staff with knowledge of the correct processing time is most frequently available (54 percent). However, only 5 percent of facilities also have an automatic timer.

Among facilities that store processed items, 48 percent do so under sterile/HLD conditions. However, only 5 percent of facilities stored processed items under sterile/HLD conditions and also 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. Not all levels of service delivery meet this standard. Disinfectant is the item most often missing.

Sixty-nine percent of the facilities have an adequate final disposal system for infectious waste, and the same proportion do so for sharps waste. Government facilities are less likely to have adequate waste disposal systems for hazardous waste.

Chapter 4 Child Health Services

4.1 Background

4.1.1 USPA Approach to Collecting Child Health Information

The World Health Organisation (WHO) estimates that over 10.5 million children under five years of age die annually from preventable diseases. The UN reported similar numbers for the year 2004 (United Nations, 2006). According to WHO, many sick children who are brought to a health provider do not receive adequate assessment and treatment (WHO, 1999). 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 minimise its progression.

The IMCI strategy aims to reduce morbidity and mortality among children under five years 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
3. Improving child care at the community and household level in line with key family practices

Training and supportive supervision help 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 2007 Uganda Service Provision Assessment (USPA) survey, all districts in Uganda 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. By employing the IMCI framework, the 2007 USPA is expected to provide useful baseline measures that can later be used to judge progress in implementing the IMCI strategy across Uganda 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 2007 USPA to address the following four central questions:

- What is the availability of out-patient 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 out-patient care for sick children have the capacity to support quality services in adherence to IMCI guidelines?
- To what extent do health service providers who treat sick children on an out-patient basis adhere to standards for good quality service provision?

4.1.2 Health Situation of Children in Uganda

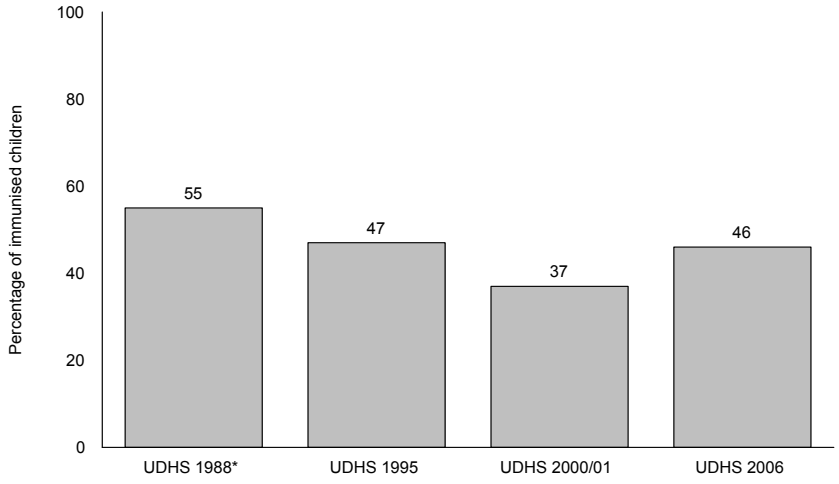
Vaccine coverage

Immunisation against vaccine-preventable diseases is vital to reducing child morbidity and mortality. The Expanded Programme on Immunisation (EPI) under the Ministry of Health (MOH) 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, hepatitis B, and Haemophilus influenzae type b [(DPT-HB + Hib1) or pentavalent]; four doses of oral

polio vaccine (OPV); and one dose of measles vaccine. According to the 2006 Uganda Demographic and Health Survey (UBOS and Macro International, 2007), however, only 46 percent of children age 12-23 months were fully immunised compared with the EPI target of 87 percent in the *Annual Health Sector Performance Report* (AHSPR) *2006/7* (MOH, 2007a). Figure 4.1 shows immunisation coverage rates since 1988.

Measles epidemics have recently been reported in a few areas in Uganda. Some of the reasons could be related to health systems failure including problems with the cold chain maintenance resulting in intermittent supply of potent vaccines. Another possible reason could be related to the current vaccination schedule in the country; the current routine schedule for the measles vaccine calls for a single dose administered at 9 months, followed by a booster dose during national campaigns. If the national campaigns fail to add new children fully vaccinated, then the outbreak threshold may not have been reached. These disease outbreaks may be an indication of the extra efforts needed to reach remote/underserved areas.

Figure 4.1 **Immunisation status of children age 12-23 months, Uganda 1988-2006**



* Information available only for children age 18-23 months

Nutritional status

Malnutrition is an underlying factor in a large proportion of the illnesses that cause death among children under five years. The 2006 UDHS found that 38 percent of children under five years in Uganda are stunted (short for their age), of which 15 percent are severely stunted. The prevalence of stunting is higher among rural children (40 percent) than among urban children (26 percent).

Childhood mortality and morbidity

The 2006 UDHS 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 (UBOS and Macro International, 2007). Some of the key findings include the following:

- Infant mortality rate was estimated at 76 deaths per 1,000 live births for the period 2001-2005, which is considerably less than the 98 deaths per 1,000 live births for the period 1996-2000.

- Under-five mortality rate was estimated at 137 deaths per 1,000 live births, meaning that 1 in every 7 Ugandan babies does not survive to the fifth birthday. Fifteen percent of children under five years showed symptoms of acute respiratory infections (ARI) at some time in the two weeks preceding the survey. Of those who had ARI, approximately three-quarters were seen by a health professional.

- Of the children who had fever in the two weeks preceding the 2006 UDHS, 62 percent received anti-malarial medicine.

- Twenty-six percent of children under five years had diarrhoea in the two weeks preceding the survey. The age group most affected by diarrhoea were children age 6-11 months. Of all the children who had diarrhoea, 70 percent were taken to see a health care provider for advice or treatment.

- The recommended treatment for diarrhoeal diseases—other than dysentery, for which antibiotics are recommended—is fluid replacement. Caretakers reported giving oral rehydration salts (ORS) to 40 percent of children with diarrhoea; 7 percent received recommended home fluids (RHF). Altogether, 54 percent of children with diarrhoea received some form of oral rehydration therapy (ORT) or increased fluids. Thirty percent of these children were given antibiotics. One-fifth of children under age five slept under a mosquito net the night before the survey; only 10 percent slept under an insecticide-treated net (ITN).

- Fifteen percent of children under age 18 are orphaned (i.e., one or both parents are dead).

4.2 Availability of Child Health Services

The 2007 USPA assessed the availability of three basic child health services: out-patient 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 Ugandan facilities are relatively integrated. About 2 in 3 facilities offer all three basic child health services as a package (Table 4.1). Childhood immunisation is provided in 88 percent of facilities, growth monitoring in 65 percent, and out-patient curative care for sick children is available in 98 percent of facilities. HC-IIs are least likely (55 percent) compared with other types of facilities to provide all three basic services. There is little difference between private and government facilities in terms of providing all three services as a package. At the regional level, facilities in East Central (31 percent) and West Nile (41 percent) regions are less likely to offer all three services as a package, mainly because growth monitoring is not common in these regions.

Out-patient curative care for sick children is the service most commonly provided of the three basic services. These services are universally available in all facility types, managing authorities, and geographic regions, except in Kampala where less than 90 percent of facilities offer curative care for sick children.

[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.

Table 4.1 Availability of child health services

Percentage of facilities offering specific child health services at the facility, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that provide: Curative out-patient care for sick children	Growth monitoring	Childhood immunisation[1]	All basic child health services	Number of facilities (weighted)
Type of facility					
Hospital	97	82	98	81	19
HC-IV	100	83	100	83	27
HC-III	100	76	96	76	158
HC-II	97	57	82	55	287
Managing authority					
Government	99	66	90	64	373
Private	96	63	81	63	119
Region					
Central	100	90	94	89	98
Kampala	87	85	85	83	9
East Central	98	31	98	31	78
Eastern	96	81	90	78	49
Northeast	100	88	94	88	41
North Central	100	76	87	70	37
West Nile	100	41	85	41	37
Western	92	50	71	50	60
Southwest	100	61	82	61	83
Total	98	65	88	64	491

[1] Childhood immunisation refers to pentavalent, polio and measles vaccinations.

Government facilities (90 percent) are more likely to offer childhood immunisation services (Table 4.1). HC-IIs and facilities in the Western and Southwest regions (71 and 82 percent, respectively) are less likely to provide childhood immunisation services. By contrast, facilities in the East Central (98 percent), Central, and Northeast regions (94 percent each) are more likely to provide the services.

Routine growth monitoring (65 percent) is less offered than immunisation services (Table 4.1). While facilities in East Central have the highest level of provision of immunisation services, these facilities are less likely to provide growth monitoring services (98 compared with 31 percent, respectively).

Key Findings

Almost 2 of 3 facilities in Uganda offer all three basic child health services of out-patient curative care for sick children, childhood immunisations, and growth monitoring.

Out-patient curative care for sick children is universally available in all facilities, while growth monitoring is available in two-thirds of facilities.

Childhood immunisation services are less available in facilities in the Western and Southwest regions, and they are more likely to be available in facilities in the East Central and Northeast regions. Private facilities are less likely than government-managed facilities to offer immunisation services.

4.3 Capacity to Provide Quality Immunisation Services

Section 4.3.1 addresses the following elements, which are important for quality immunisation services:

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

4.3.1 Capacity to Maintain the Quality of Vaccines

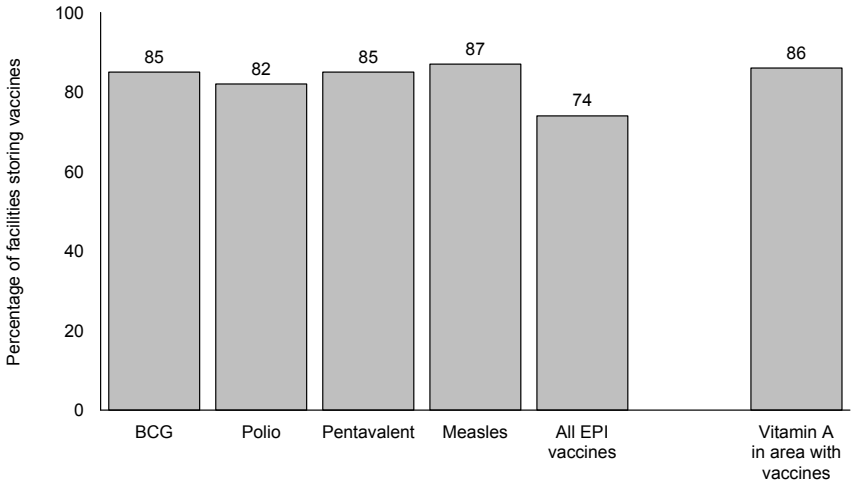
A lack of vaccine refrigerators (Electrolux model RCW42EG/RC65, Sabir model V240GE/V170GE, or NAPS solar refrigerator), electricity, or other fuel (such as liquefied petroleum gas), are common reasons why facilities cannot, or do not, store vaccines. If a facility cannot maintain the cold chain and safely store vaccines, it must collect vaccines from a central location or a nearby facility with a refrigerator and then use mobile vaccine carriers and icepacks to maintain their temperature on the day(s) of service. The logistical considerations for maintaining the cold chain frequently result in limited availability of vaccination services. Information on vaccine storage conditions with details on elements assessed are provided in Chapter 3, in Table 3.9 and Appendix Table A-3.12.

Temperature monitoring is extremely important in ensuring potent and effective vaccines for eligible children (WHO, 2000; WHO, 2004cc). Overall, 70 percent of all facilities with stored vaccines observed on the day of the survey had an adequate system[2] for monitoring storage temperature; however, only 33 percent adequately monitor vaccine stocks (Chapter 3, Table 3.9 and Appendix Table A-3.12). Private facilities (62 percent) and facilities in Western (50 percent), Southwest, and East Central (each 58 percent) regions are the least likely to have an adequate system to monitor storage temperature. As mentioned, adequate systems[3] to monitor vaccine stocks are not common, particularly in facilities in West Nile and Western regions (6 and 9 percent, respectively). Facilities in the Northeast Region (64 percent) are most likely to have an adequate system to monitor vaccine stocks.

4.3.2 Availability of Vaccines and Vitamin A

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

Figure 4.2 **Availability of vaccines among facilities offering child immunisation services and storing vaccines (N=310)**



USPA 2007

[2] A functioning thermometer in vaccine refrigerator, an up-to-date temperature chart, and refrigerator temperature between zero and 8˚C at time of visit.
[3] No expired items present, items stored by expiry date, and up-to-date inventory are available.

All basic EPI vaccines for the seven major childhood diseases are available in three-fourths (74 percent) of eligible facilities (Figure 4.2, Table 4.2, and Appendix Table A-4.3). Individual vaccines are consistently less likely to be available in HC-IIIs and HC-IIs, and facilities in the Western Region (Appendix Table A-4.3). As mentioned in a previous section, facilities in the Western Region are among the least likely to offer childhood immunisation services. Private facilities are relatively more likely to have these vaccines than government facilities. As shown in Figure 4.2, each individual vaccine is missing in 13 to 18 percent of facilities.

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 Uganda, the policy is to provide high-dose vitamin A once every 6 months, starting at age 6 months and lasting until age 59 months. Eighty-six percent of facilities offering sick child services and storing vaccines have vitamin A available in the service delivery areas with vaccines (Figure 4.2).

4.3.3 Availability of Equipment and Supplies for Vaccination Sessions

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

Equipment

Of the equipment and supplies needed for vaccination sessions, adequate supplies of syringes and needles were available at 79 percent of facilities that offer child immunisation services; blank immunisation cards and vaccine carriers with icepacks were each available at 90 percent of facilities. Blank immunisation cards are most likely to be found in facilities in the Southwest (98 percent), Eastern, Northeast, and Western regions (96 percent each). Adequate supplies of syringes and needles are most widely available in hospitals, and in facilities in the Western and West Nile regions (Appendix Table A-4.4). Availability of vaccine carriers and icepacks in a majority (90 percent) of facilities offering child immunisation services supports the maintenance of the cold chain during transportation and vaccination sessions; however, there is still room for improvement.

Infection control

Infection control is critical to quality care during immunisations. Among facilities offering child immunisation services, an average of 65 percent had soap, 62 percent had running water, and 85 percent had a sharps box at the service delivery point (Figure 4.2, Appendix Table A-4.4). All items are available in 48 percent of facilities, on average (Table 4.2). Hospitals and facilities in the North Central Region were most likely to have each of these infection control items, while facilities in the Eastern and Northeast regions are among the least likely to have soap or running water (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, which is usually used multiple times) or simply do not wash their hands while providing immunisation services.

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 immunisation services and storing vaccines, percentage that have all basic child vaccines and all components for providing quality child immunisation services, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering child immunisation with:				Number of facilities offering child immunisation services[4] (weighted)	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, items for infection controls, and administrative components		All basic child vaccines[5]	All components for providing quality child immunisation services (including vaccines) present[6]	
Type of facility								
Hospital	90	73	20	14	19	82	12	19
HC-IV	78	50	32	17	27	92	16	27
HC-III	75	49	28	13	151	72	9	142
HC-II	55	45	9	6	236	72	8	122
Managing authority								
Government	65	46	17	9	336	74	9	257
Private	64	56	19	10	96	78	9	53
Region								
Central	60	47	19	12	93	83	12	64
Kampala	76	66	13	13	7	84	7	6
East Central	58	45	11	6	76	56	4	39
Eastern	60	32	32	8	44	73	14	27
Northeast	69	22	8	7	39	98	6	36
North Central	55	79	34	25	32	81	29	27
West Nile	69	64	28	11	31	68	3	26
Western	79	37	22	11	43	50	8	35
Southwest	72	63	7	1	68	77	2	49
Total	65	48	18	9	433	74	9	310

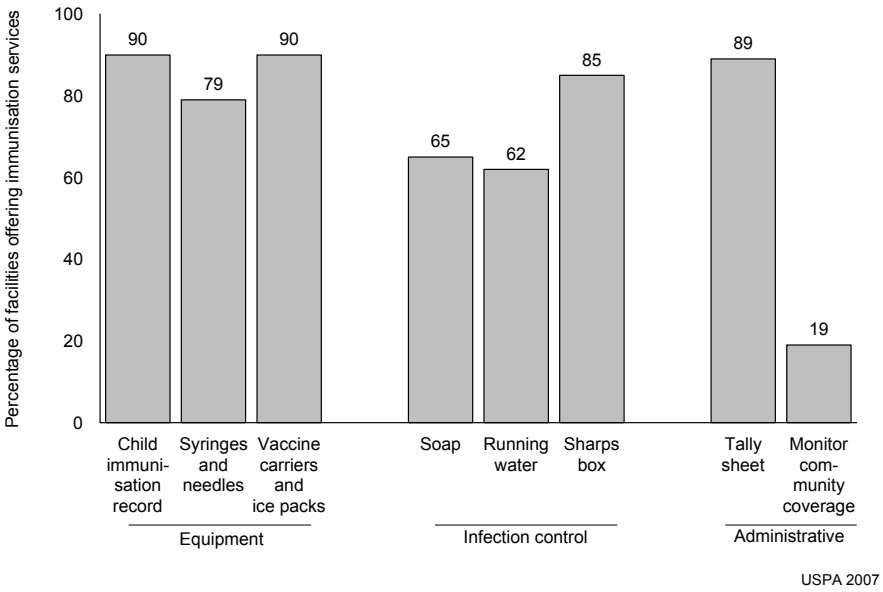
[1] Blank immunisation cards, syringes and needles, and cold box with ice packs (or facility reports purchasing ice).
[2] Soap, running water, and sharps container.
[3] Tally sheet or register where vaccines provided are recorded, and documentation of either DPT/pentavalent dropout rate or measles coverage.
[4] Includes all facilities offering immunisations at the facility and some facilities offering immunisations through village outreach activities.
[5] BCG, pentavalent, polio, and measles.
[6] All equipment, items for infection control, administrative components and all basic child vaccines present.

4.3.4 Availability of Administrative Components for Monitoring Immunisation Activities

The 20007 USPA 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 pentavalent (DPT-HB + Hib) dropout rate—the difference between the number of children who receive the first dose of pentavalent vaccine (DPT-HB + Hib1) and the number who complete all three doses (DPT-HB + Hib3) and vaccine coverage rates. Measures of immunisation coverage require an estimate of a target population, which is provided by the Uganda Bureau of Statistics through projections of household census results. USPA 2007 specifically assessed whether pentavalent dropout rates or measles coverage information was available. Eight-nine percent of facilities that offer child immunisation services had tally sheets, and 86 percent had registers documenting immunisations provided (Figure 4.3, Appendix Table A-4.4). Approximately one-fifth had documentation of monitoring community coverage (i.e., either measles coverage or pentavalent dropout rates). HC-IVs (35 percent) and facilities in the North Central (42 percent) and West Nile (35 percent) regions are more likely to monitor community coverage than other facilities.

Figure 4.3 **Availability of equipment and supplies for immunisation services (N=433)**



Overall, among facilities offering child immunisation services and storing vaccines, only 9 percent had all components considered necessary for providing good quality immunisation services on the day of the survey, namely all equipment (blank immunisation cards, adequate supplies of syringes and needles, and cold box with ice), all items for infection control (soap, running water, and sharps container), all administrative components (tally sheets, registers, etc.), and all basic child vaccines (Table 4.2). Though the proportions of facilities having all these components are generally low, HC-IVs and facilities in the North Central Region seem more likely than others to have all these components. There was no difference among facilities by managing authority.

Key Findings

Three-fourths of facilities that offer child immunisation services and also store vaccines had all of the basic EPI vaccines, including BCG, OPV, pentavalent, and measles vaccines. Each vaccine is missing in 13 to 18 percent of facilities. One-tenth (9 percent) of these facilities had all of the components considered necessary to support good quality immunisation services.

Syringes and needles for immunisation were available in over three-quarters of facilities offering child immunisation services, mostly in hospitals.

All items for infection control (soap, running water, and sharps containers) are available in the immunisation service area in less than half of facilities. Running water and soap for hand-washing are the items least often available. Fifteen percent of facilities did not have a sharps container in the immunisation area.

4.4 Capacity to Provide Quality Out-patient Care for Sick Children

To improve the diagnosis of illnesses and to minimise 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 medicine, 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 follow-up

The 2007 USPA assessed the availability of equipment, supplies, and health system components necessary to adhere to IMCI guidelines and to support quality out-patient care for sick children (WHO, 1997; WHO, 1999). Assessed elements are as follows:

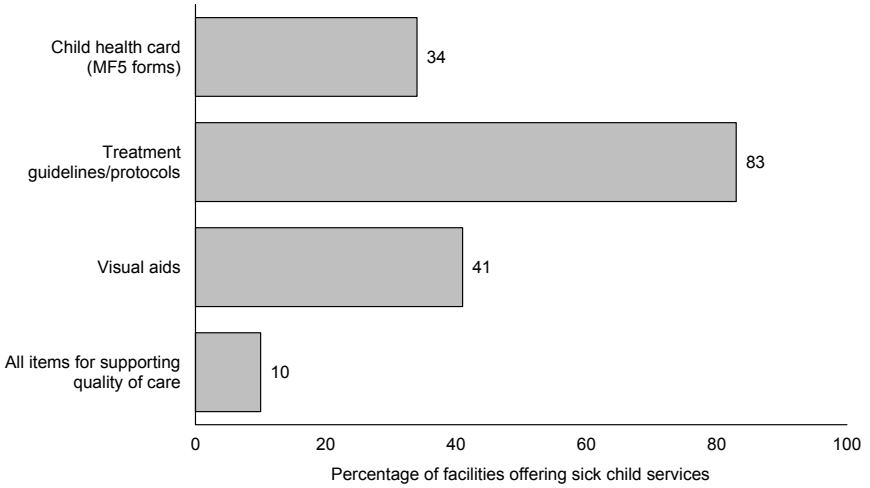
- Infrastructure and resources to support quality assessment and counselling
- Equipment and supplies for adhering to IMCI guidelines for assessment of the sick child
- Essential medicines for treating sick children in adherence to IMCI guidelines
- IMCI job aids, including the chart booklet, recording 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-4.5.1, A-4.5.2, A-4.6, A-4.7.1, and A-4.7.2.

Treatment guidelines, which are necessary for quick reference, are available on average in 83 percent of facilities offering sick child services. HC-IVs and HC-IIIs (88 and 87 percent, respectively) are more likely than other facility types to have treatment guidelines (Figure 4.4, Appendix Tables A-4.5.1 and A-4.5.2). Individual child health cards (MF5 forms), important for continuity of care, are available in only one-third of facilities, while visual aids are available in less than half of facilities. All items to support quality child health services are available in only 10 percent of facilities offering sick child services.

Figure 4.4 **Availability of items to support quality of care for sick children (N=481)**



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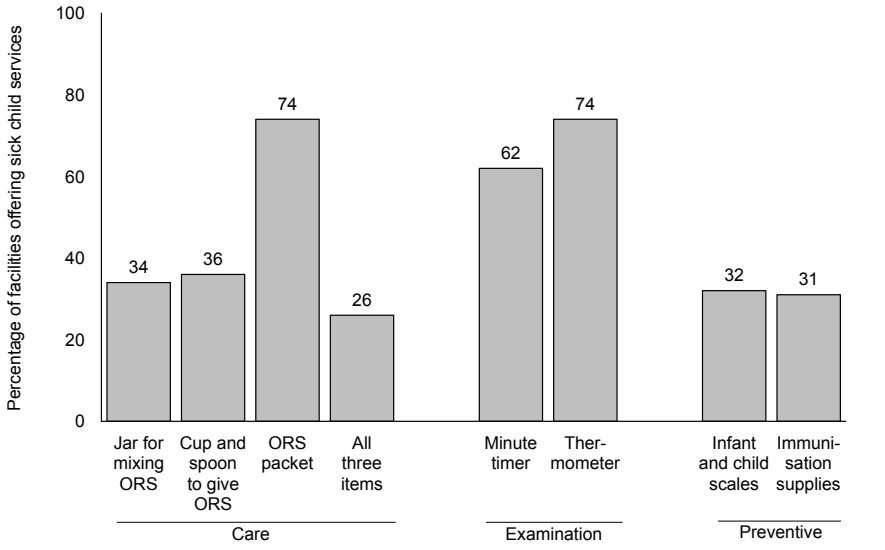
Because the Ministry of Health is promoting IMCI nationwide, related items (such as chart booklets, counselling cards for providers, and caretaker cards) are expected to be widely available in facilities. However, just one-third (36 percent) of facilities offering curative care for sick children had IMCI chart booklets, less than one-fifth (16 percent) had IMCI counselling cards, and only 1 in 10 facilities had IMCI mother/caretaker cards (Appendix Table A-4.7.1). IMCI chart booklets are more likely to be available in HC-IVs (51 percent) and facilities in East Central Region (62 percent) than in other facilities.

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

The 2007 USPA 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 summarises information on these items. Appendix Tables A-4.5.1 and A-4.5.2 provide details by background characteristics, 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.

Figure 4.5 **Availability of equipment and supplies for assessing health status of the sick child (N=481)**



USPA 2007

Among facilities offering sick child services, 31 percent had the capacity to offer immunisations in the form of immunisation supplies (vaccines, syringes and needles, cold boxes, child immunisation cards, and items for infection control) in the service area (Figure 4.5, Appendix Table A-4.5.1). Hospitals (66 percent) are more likely than other facility types to have all of these items. This suggests that less than one-third 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. This is more likely to be the case in health centres compared with hospitals.

One-third (33 percent) of facilities report providing immunisation services every day that sick child services are offered; however, on the day of the survey a slightly higher proportion (38 percent) were actually providing both services (Appendix Table A-4.8). Government facilities (36 percent) are more likely than private facilities to report offering EPI services on the same day that services for sick children are offered, and a slightly higher proportion than private facilities (40 compared with 34 percent) were actually offering both services the day of the survey.

While only an average of 38 percent of facilities offering sick child services had a scale for weighing infants (100 gram gradation), 74 percent have a scale for weighing older children (maximum 250 gram gradation). Only 32 percent had both types of scales (Figure 4.5, Appendix Table A-4.5.1). This suggests that many prescriptions for sick children that may require knowing a sick child's weight are given based on crude weight estimations (or age), rather than on actual weight.

Items for providing oral rehydration therapy (ORT) on-site (a cup and spoon, a jar for mixing, and ORS packets) are also lacking, with only 26 percent of facilities having all three necessary items at the service delivery point. However, ORS packets are available at the sick child service areas in 74 percent of facilities (Appendix Table A-4.5.1).

Although a sick child can be assessed with little equipment, certain minimum equipment is considered to be necessary for good quality care. The 2007 USPA assessed whether facilities had a thermometer and some type of minute timer for counting respiration rates. Thermometers are available, on average, in 74 percent of facilities, and timers (including both personal wristwatches and facility-provided timers) are available in 62 percent of the facilities. In both cases, hospitals are more likely to have these items.

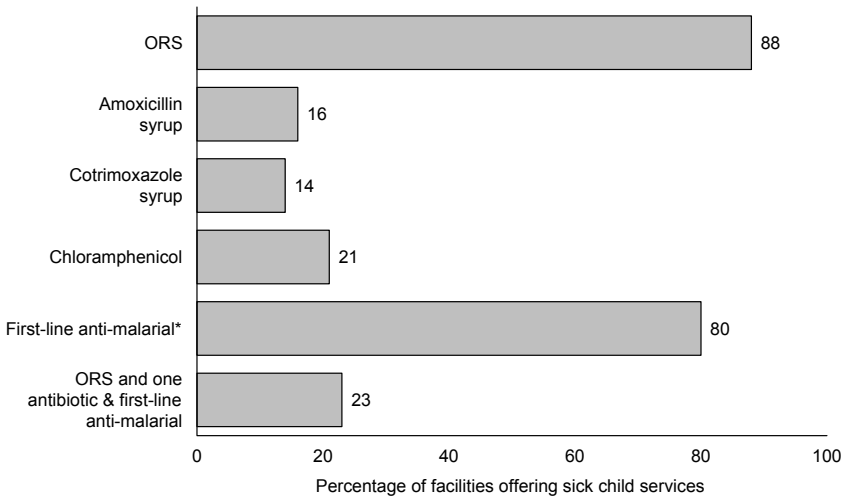
4.4.3 Essential Medicines for Treating Sick Children

The IMCI guidelines have defined first-line, pre-referral, and other important medications for treating the sick child. The 2007 USPA 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 first-line anti-malarial medicine. All three first-line medicines are available in only 23 percent of facilities, with hospitals (76 percent) and private facilities (59 compared with 12 percent of government facilities) more likely to have them all compared with other facility types and managing authorities (Figure 4.6, Table 4.3, Appendix Table A-4.9). Chloramphenicol is more widely available in Ugandan facilities than amoxicillin. First-line anti-malarials in Uganda are Coartem® or a combination of Artesunate and Amodiaquine. Coartem® is more widely available (79 percent of facilities), compared with Artesunate (8 percent) and Amodiaquine (6 percent).

Figure 4.6 Availability of first-line oral medicines for treating sick children (N=481)



* Coartem or combination of Artesunate and Amodiaquine

USPA 2007

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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities with: All essential medicines and supplies: First-line[1]	Pre-referral[2]	All other medicines[3]	Number of facilities offering curative out-patient care for sick children (weighted)
Type of facility				
Hospital	76	84	50	19
HC-IV	25	65	26	27
HC-III	20	51	24	158
HC-II	20	27	29	278
Managing authority				
Government	12	29	22	368
Private	59	72	47	114
Region				
Central	26	52	31	98
Kampala	61	75	47	8
East Central	12	31	46	76
Eastern	8	24	23	47
Northeast	21	41	40	41
North Central	40	45	15	37
West Nile	33	46	27	37
Western	23	34	12	55
Southwest	22	32	18	83
Total	23	39	28	481

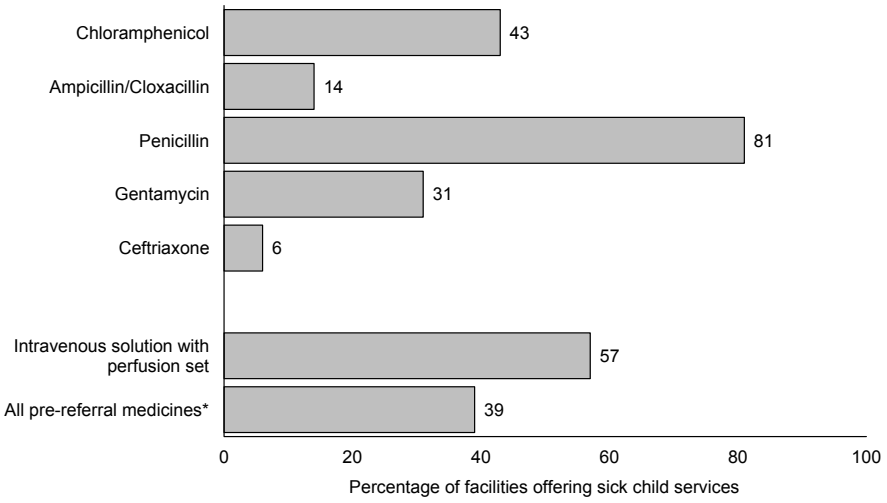
[1] ORS, Coartem or combination of Artesunate and Amodiaquine, and at least one oral antibiotic (amoxicillin, cotrimoxazole or Chloramphenicol).
[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamycin) or injectable Chloramphenicol, and intravenous solution (normal saline, Ringers lactate, or dextrose and saline 0.9%) with perfusion set.
[3] Aspirin, vitamin A, iron tablets, mebendazole, and an antibiotic eye ointment.

Pre-referral medicines

Pre-referral medicines include emergency injectable medications and intravenous solution with a perfusion set; these allow for urgent treatment and rehydration before admitting a sick child or referring a sick child to another facility, if necessary. It should be noted that MOH policy authorises hospitals, HC-IIIs, and HC-IVs to provide rapid rehydration for severely dehydrated children using intravenous solutions.

The 2007 USPA considers health facilities as having 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 percent) with a perfusion set and sterile syringes. A little over one-third (39 percent) of facilities offering out-patient curative care for sick children have all of these pre-referral medicines (Figure 4.7, Table 4.3). Hospitals (84 percent) and HC-IVs (65 percent) are more likely than other types of facilities to have all pre-referral medicines. Private facilities (72 percent) and facilities in Kampala (75 percent) are more likely than other facilities to have all pre-referral medicines. Penicillin is the most common pre-referral medicine available; however, only 57 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 injectable medicines (N=481)



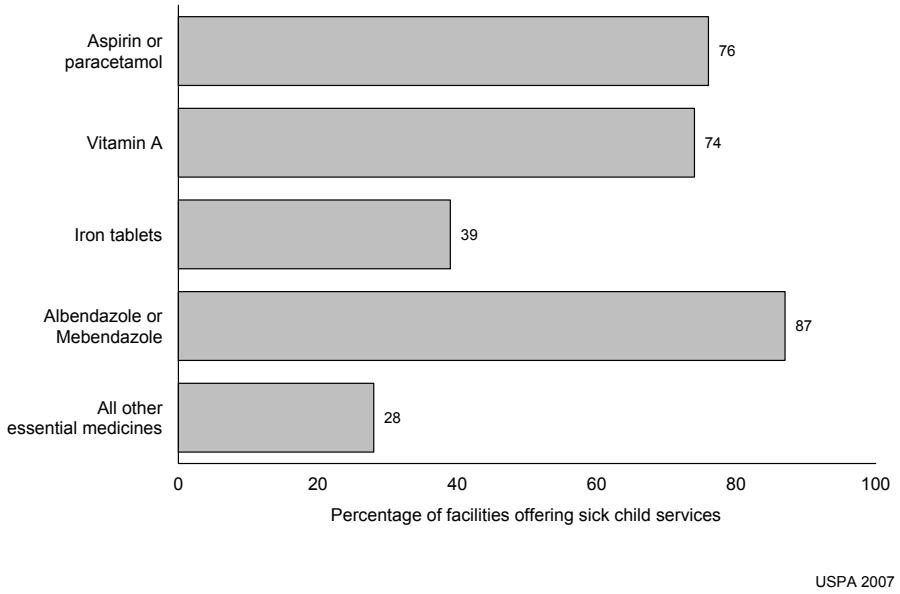
* Ampicillin or penicillin, and gentamycin or ceftriaxone, and intravenous solution

USPA 2007

Other essential medicines and vitamin A

Some other medicines are less critical for treating serious illness, but are important for managing 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. Twenty-eight percent of health facilities have all of these other essential medicines (Table 4.3, Figure 4.8). Aspirin or paracetamol, and vitamin A, are available in about three-fourths of facilities.

Figure 4.8 Availability of other essential medicines (N=481)



4.4.4 Availability of Infection Control Items for Therapeutic Injections

The 2007 USPA assessed infection control items among facilities that offer out-patient curative care and therapeutic injections for sick children. Decontaminant is the least available infection control item (65 percent) while the sharps container is the most available item for infection control (85 percent) (Appendix Table A-4.6). Hospitals are more likely than other facility types to have each of these items. Soap and running water are available in about 7 in 10 such facilities. In contrast, soap and running water were the least available infection control items at immunisation service sites.

Key Findings

Treatment guidelines and protocols for sick child services are available in 8 of 10 facilities that offer these services, while IMCI treatment counselling cards for providers are available in less than one-fifth of facilities. Visual aids for instructing caretakers are available in less than half of eligible facilities.

One-third of facilities that offer sick child services also report offering child immunisation services every day that sick child services are offered. Survey findings, however, show that a slightly larger proportion of facilities were offering both services on the day of the survey.

All first-line oral medicines for childhood illnesses are available in one-quarter of facilities, while all pre-referral (injectable) medicines are available in a little over one-third of facilities, mostly in private facilities and in facilities in the Kampala.

Decontaminant is the least available item for infection prevention in health facilities that offer out-patient curative care for sick children with therapeutic injections.

4.5 Management Practices Supportive of Quality Sick Child Services

Management practices that support quality curative care for sick children include documentation and recordkeeping, 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 summarises information on training received by child health service providers, whereas Appendix Tables A-4.13 through A-4.15 provide details on 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 brought to the facility. Eighty-one percent of facilities providing out-patient curative care for sick children have an up-to-date register (Table 4.4). There is little variation among health centres; however, hospitals are less likely to have up-to-date registers. Government facilities are relatively more likely to have up-to-date registers than do private facilities (82 compared with 78 percent). Facilities in the Kampala region are less likely to have an up-to-date register than do facilities in other regions.

4.5.2 Practices Related to User Fees

User fees may have a positive effect on the utilisation of health services in facilities by increasing the funds available to the facility. On the flip side, 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 Uganda, MOH policy is to offer free services for all children under five years to make these services accessible to all families. In spite of this policy, 22 percent of facilities offering sick child services charge some form of user fee for sick child services (Table 4.4). Eighty-five percent of private facilities charge user fees compared with only 2 percent of government facilities. Hospitals (44 percent) and facilities in Kampala (55 percent) are among those likely to charge fees for sick child services. Among those facilities that charge user fees, 20 percent charge for medicines, 14 percent for laboratory tests, 16 percent for consultations, 3 percent for registration, and 1 percent for client charts or records (Appendix Table A-4.11).

Among facilities charging user fees for sick child services, one-quarter post all fees, 7 percent post some fees, and 69 percent do not post any fees at all (Appendix Table A-4.11). Government facilities that charge user fees are less likely to display fees.

Discounts or exemptions are not common; only 45 percent of sick child facilities that charge fees report offering discounts or exemptions to clients.

Table 4.4 Management practices supportive of quality child health services

Percentage of facilities offering curative out-patient care for sick children that have an up-to-date client register and charge user fees for sick child services, and percentage where health service providers report receiving routine training related to their work and personal supervision, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering curative out-patient care for sick children with:		Number of facilities offering curative out-patient 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 patient register[1]	User fees for sick child services		Training related to child health[2]	Personal supervision[3]	
Type of facility						
Hospital	75	44	19	39	90	19
HC-IV	85	3	27	42	96	27
HC-III	81	19	158	41	99	152
HC-II	81	24	278	29	89	272
Managing authority						
Government	82	2	368	35	94	357
Private	78	85	114	31	90	113
Region						
Central	81	24	98	37	97	98
Kampala	67	55	8	49	81	7
East Central	80	19	76	25	97	71
Eastern	85	18	47	40	91	43
Northeast	88	8	41	26	81	39
North Central	84	6	37	60	93	37
West Nile	91	31	37	37	99	37
Western	77	26	55	33	85	55
Southwest	74	26	83	25	91	83
Total	81	22	481	34	93	470

[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

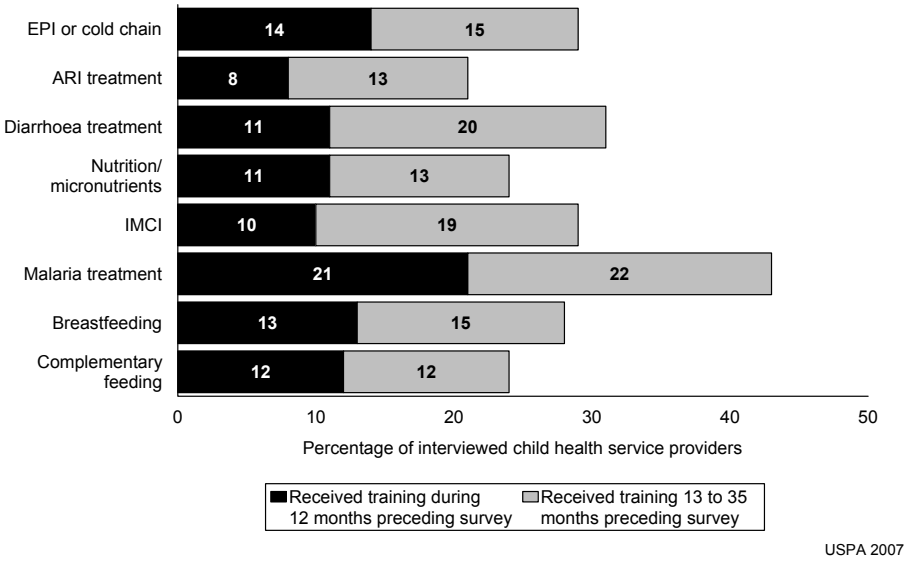
Training

The 2007 USPA 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; individualised or one-on-one instruction received during supervision is not included.

Using this definition, only one-third (34 percent) of facilities that offer services for sick children qualify as providing routine staff training activities. HC-IIs (29 percent), facilities in the East Central and Southwest regions (each 25 percent), and those in the Northeast Region (26 percent) are the least likely to provide routine staff training (Table 4.4). Private facilities are also less likely to offer routine staff training than government facilities (31 compared with 35 percent).

Of the interviewed child health service providers, only 31 percent reported receiving structured training related to their work during the 12 months preceding the survey (Appendix Table A-4.13). Providers in HC-IVs (38 percent) and facilities in Kampala (43 percent) and the North Central Region (54 percent) are more likely than others to have received training during the 12 months preceding the survey. Malaria treatment dominated training topics (21 percent of interviewed providers); the topic least trained was ARI treatment (8 percent). Training on EPI or cold chain management, and nutrition training were not common (14 and 11 percent, respectively) (Figure 4.9, Appendix Table A-4.14).

***Figure 4.9* Training received by interviewed child health service providers, by topic and timing of most recent training (N=1,360)**



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 have routine staff supervision. Overall, 93 percent of facilities meet this criterion. HC-IIs (89 percent) and facilities in Kampala and Northeast regions (each 81 percent) are among the least likely to have routine staff supervision (Table 4.4).

Of the interviewed child health service providers, 86 percent said they had been personally supervised during the six months preceding the survey (Appendix Table A-4.13). Among those who had been supervised, the reported median number of times supervised was four (Appendix Table A-4.15).

Key Findings

Up-to-date registers for service statistics are available in approximately 8 of 10 facilities that offer child health services; less than 7 in 10 facilities in Kampala have up-to-date registers for service statistics.

One-fifth of facilities offering sick child services charge some form of user fees for sick child services. Hospitals, private facilities, and facilities in Kampala are more likely than others to charge for sick child services. Structured training on child health topics is not routinely available to health providers; only one-third of facilities offer routine staff training. During the 12 months preceding the survey, under 15 percent of interviewed child service providers received training related to EPI or the cold chain, ARI treatment, or nutrition.

Routine supervision is quite common; over 9 in 10 facilities have routine supervision for child health service providers. Supervision is relatively less common in private facilities and facilities in Kampala and the Northeast Region.

4.6 Adherence to Guidelines for Sick Child Service Provision

To assess whether providers adhere to standards for providing good quality services, the survey observed sick child consultations using observation check-lists 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 summarises providers' assessments, examinations, and subsequent treatments, by diagnosis or major symptoms. Appendix Tables A-4.16 through A-4.22 provide details on observed practices and on information reported by caretakers during interviews. USPA 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, 77 percent of all facilities in Uganda have at least one qualified health provider assigned to the facility (all hospitals and HC-IVs, 94 percent of HC-IIIs, and 65 percent of HC-IIs) (Figure 3.1).

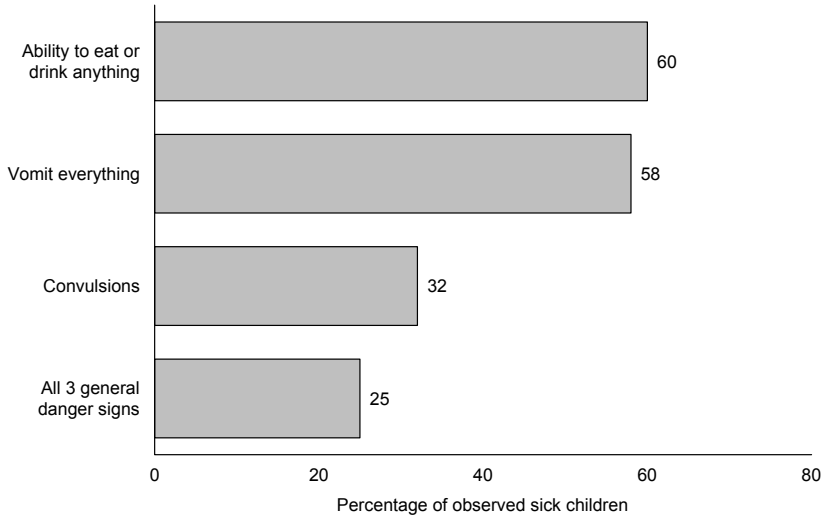
The IMCI programme in Uganda was introduced in 1996, with the main focus on facility-based IMCI. The focus was expanded in 1998 to household and community IMCI. The IMCI strategy is implemented in all Uganda districts (MOH, 2003a). IMCI components for assessing a sick child provide valid guidelines for 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 recognise that even when following the IMCI guidelines, providers should use their judgment, based on the child's signs and symptoms.

IMCI 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.[4] If there is any doubt about the child's ability to drink, the provider should attempt to give the child something orally. Overall, only 25 percent of observed sick children were assessed for all three general danger signs (Table 4.5). In general, 60 percent were assessed for whether they could eat or drink anything (including breastfeeding), 58 percent for whether they vomited everything, and 32 percent for convulsions (Figure 4.10, Appendix Table A-4.16). Sick children seen in hospitals (43 percent) are slightly more likely to be assessed for all three danger signs than children seen in other types of facilities (between 19 and 27 percent).

[4] Assessment for lethargy is not a part of the observation check-list because there is often not an observable component for this assessment.

Figure 4.10 General danger signs assessed during observed sick child consultations (N=762)



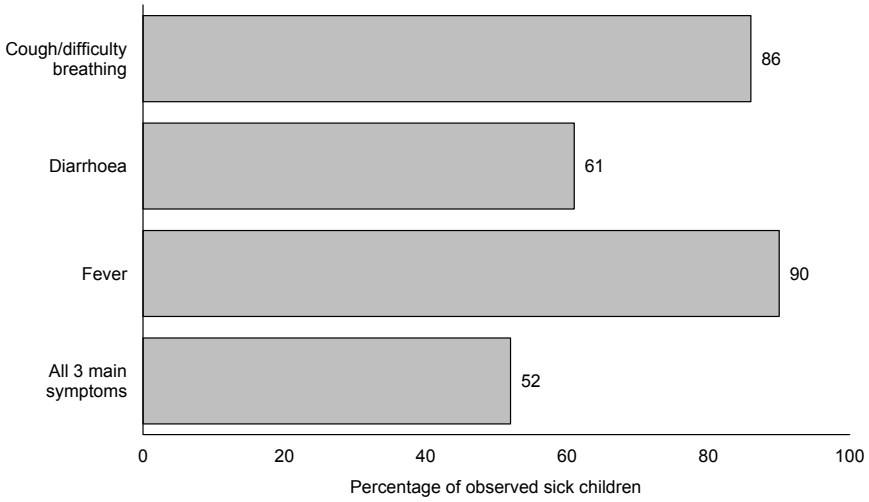
USPA 2007

IMCI main signs and symptoms

Regardless of the reason for the consultation, IMCI guidelines call for each child to be evaluated for three main 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 main symptoms during half of consultations (Figure 4.11, Table 4.5, and Appendix Table A-4.16). Fever and respiratory symptoms were the symptoms most commonly assessed during 90 and 86 percent, respectively, of all sick child consultations (Appendix Table A-4.16). Diarrhoea was the least assessed (61 percent of consultations). Less than 1 in 5 consultations (16 percent) included an assessment of ear pain and/or discharge, another common childhood condition (Appendix Table A-4.16).

Figure 4.11 Main symptoms assessed during observed sick child consultations (N=762)



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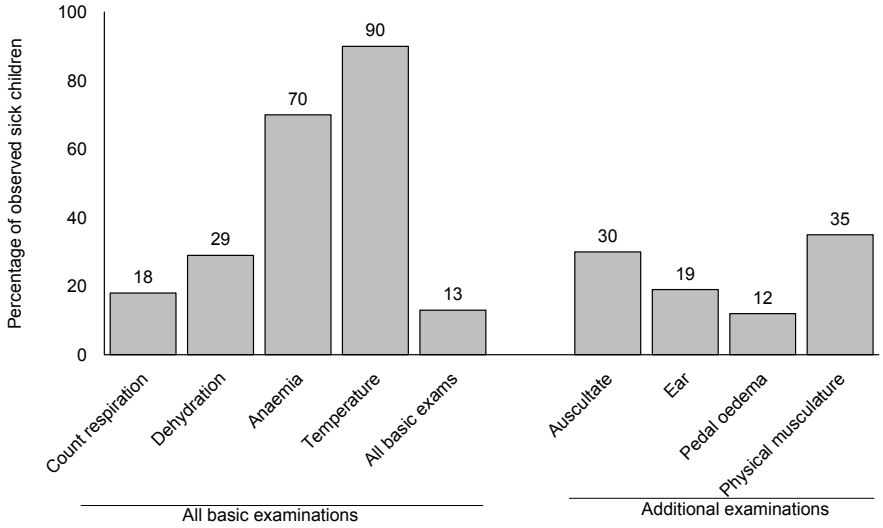
Physical examination

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 13 percent of consultations (Figure 4.12, Appendix Table A-4.16). While differences are small, children seen in hospitals are more likely to be assessed for all four evaluations than those seen in other types of facilities. The most common assessment was checking temperature (for 90 percent of all observed children), especially in hospitals (96 percent of children seen in hospitals) (Figure 4.12, Appendix Table A-4.16). Checking for anaemia occurs most often in hospitals (85 percent) and least often in HC-IIs (61 percent).

Among all observed sick child consultations, respiratory rate was counted for 18 percent of children and dehydration assessed for 29 percent. Looking inside the ear and feeling behind the ear was done in up to 19 percent of observed children. Pedal oedema was rarely assessed (12 percent of consultations). Musculature and general nutritional and physical status was assessed in one-third 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=762)



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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 2 of 5 consultations (42 percent), regardless of the age of the child

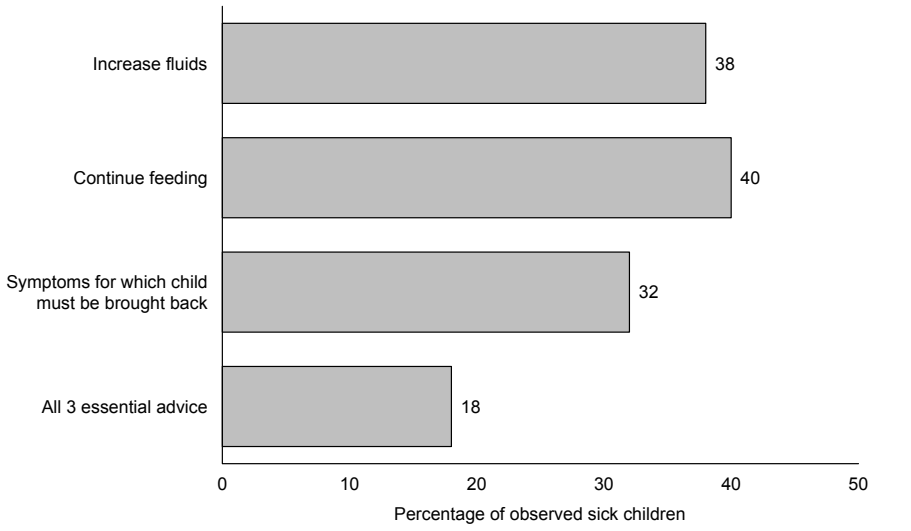
(Appendix Table A-4.19). This assessment was least common in HC-IIs where only 35 percent of observed sick children were assessed (compared with 51 percent in hospitals).

Essential advice to caretakers

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.

Findings varied from one facility type to another; however, on average, during only up to 40 percent of consultations (between 32 and 40 percent) did providers offer the caretakers of sick children any of this essential advice (Figure 4.13, Appendix Table A-4.16). Overall, only during 18 percent of sick child consultations did caretakers receive all three pieces of advice.

Figure 4.13 Essential advice provided to caretakers of observed sick children (N=762)



USPA 2007

4.6.2 Diagnosis-Specific Assessments

At the end of each sick child consultation, providers were asked about the child's diagnosis or major symptoms for which the child was seen, and the treatment prescribed, if any. IMCI guidelines indicate specific symptoms or diagnoses for which antibiotics should be prescribed or for which 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 2007 USPA does not evaluate the appropriateness of specific actions of providers.

Only one-quarter of sick children were either admitted or referred to see another provider (Table 4.5).

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

ultimately diagnosed with pneumonia or other severe respiratory illnesses, respiratory rate and temperature were checked in 33 percent and 95 percent of cases, respectively (Table 4.5). Overall, 32 percent of these children (diagnosed with pneumonia) were either referred or hospitalised, and 93 percent were put on some form of antibiotic (27 percent received an injectable antibiotic, and 82 percent an oral antibiotic).

All children diagnosed with bronchitis had their temperature checked, and 83 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 specific illnesses or symptoms who received IMCI assessment, physical examination, and treatment services, Uganda SPA 2007

	Respiratory illness			Febrile illness			Intestinal illness		Other	
Components of service	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 w/diarrhoea	Other diarrhoea without other severe diagnosis	All other definitive diagnoses	All observed children[7]
IMCI assessment										
Three main symptoms[2]	62	31	52	78	55	56	70	77	44	52
Three general danger signs[3]	31	19	21	32	40	27	27	18	21	25
Current eating or drinking habits	57	46	49	52	50	49	57	46	32	49
Advise continue feeding and increase food or fluids	35	16	27	46	44	29	48	41	19	30
Physical exam										
Temperature	95	100	89	100	96	93	89	86	56	90
Respiratory rate	33	5	15	25	14	19	17	22	7	18
Dehydration	30	21	26	38	36	31	56	43	6	29
Anaemia	73	77	68	67	76	71	84	72	63	70
Ear	8	4	11	18	18	11	8	19	43	14
Oedema	14	5	12	15	15	11	25	17	15	12
Body muscle	49	60	28	37	44	36	49	31	20	35
Referred for any lab test	14	17	11	20	19	15	13	12	2	13
Treatment										
Refer/admit	32	15	21	28	26	25	28	29	30	25
Any antibiotic	93	83	90	56	43	70	85	67	53	73
Injectable antibiotic	27	1	12	4	15	14	16	6	22	15
Oral antibiotic	82	82	86	53	36	63	71	64	42	66
First-line anti-malarial[4]	32	61	55	50	69	69	44	54	0	50
Any anti-malarial[5]	68	63	69	82	86	96	65	73	0	69
Oral anti-malarial	50	61	65	64	83	86	56	68	0	62
Injectable anti-malarial	24	1	9	29	16	19	18	13	0	14
Oral bronchodilator	0	47	0	0	0	1	0	0	0	1
Oral medication for symptomatic treatment[6]	74	65	79	77	84	82	74	75	44	75
Oral rehydration salts (ORS)	16	1	17	27	26	21	83	73	9	19
Intravenous fluid	3	0	0	3	0	1	5	0	1	1
Zinc	1	0	0	0	0	0	0	0	0	0
Described signs or symptoms for immediately seeking help	29	37	34	36	41	33	34	42	24	32
Discussed follow-up visit	49	51	43	44	55	45	56	40	32	46
Number of children observed[7] (weighted)	125	13	306	33	78	536	47	93	38	762

[1] Pneumonia, bronchopneumonia, or severe bronchitis
[2] The three IMCI main symptoms are: cough/difficult breathing, diarrhoea and fever
[3] The three IMCI general danger signs are: ability to eat/drink, vomiting everything and febrile convulsions
[4] First-line anti-malarial are: Coartem, or any combination of Artesunate, Amodiaquine and Fansidar.
[5] Any anti-malarial refers to either first-line, or Artesunate, Amodiaquine and Fansidar given not as a combination, or other anti-malarial not recommended by the ministry of health, such as Chloroquine
[6] This may be an antipyretic, cough medicine, or other general treatment for symptoms.
[7] Child may be classified with more than one diagnosis.

Fever

For children with severe febrile illness, IMCI guidelines recommend the use of an anti-malarial and antipyretic (especially in high malaria risk areas), followed by referral to appropriate facilities for further treatment. All children diagnosed with severe fever, 93 percent of those diagnosed with malaria, and 96 percent of those diagnosed with fever without any other severe diagnosis or cough, had their temperature taken (Table 4.5). About 3 in 10 children diagnosed with severe fever were either referred or admitted, and 56 percent received some form of antibiotics (4 percent received injectable antibiotics, and 53 percent received oral antibiotics). Eight of 10 received an anti-malarial, albeit only 50 percent got first-line anti-malarials according to the Uganda malaria treatment policy. Less than 80 percent received medication for symptomatic treatment (either an antipyretic, cough medicine, or other general treatments for symptoms).

Malaria

The majority of sick children observed on the day of survey were diagnosed with malaria (536 out of 762 observed children) (Table 4.5). Of those diagnosed with malaria, a little over half (56 percent) were assessed for all three IMCI main symptoms, and 27 percent were assessed for all three IMCI general danger signs. Temperature was assessed for 93 percent, and anaemia was assessed in 71 percent. Overall, 96 percent received some form of anti-malarial medicine, though only 69 percent got the first-line treatment of either Coartem® or a combination of Artesunate and Amodiaquine. About 1 in 5 received injectable anti-malarial while 86 percent were put on oral anti-malarial. Up to 70 percent received an antibiotic, while 82 percent received oral medication for symptomatic treatment.

Diarrhoea

USPA observers recorded the physical assessment and treatment of 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 a little over half (56 percent) of cases in the first category, but only in 43 percent of cases in the second category. An equal proportion (28 and 29 percent) of children in both categories were either admitted or referred to another provider, or to another facility.

Antibiotics are rarely indicated for non-dysentery-related diarrhoea because using antibiotics inappropriately can prolong the episode. Eighty-five percent of children diagnosed under the first category of intestinal illness, and 67 percent of those diagnosed under the second category, 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 Uganda. ORS was prescribed for 83 percent of children with severe diarrhoea, while 5 percent received intravenous fluids. Among children in the second category, 73 percent were given ORS, and none were put on intravenous fluids.

Overall adherence to standards

From this brief review, it appears that the type of physical examination conducted, the treatment provided (including referrals), as well as assessments of main symptoms, danger signs, and advice regarding eating and drinking during illness, do not vary appropriately with the type and severity of illness or diagnosis.

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, 18

percent were observed to receive the first dose at the facility (Appendix Table A-4.18). This practice was generally low across all facility types.

Only half (54 percent) of caretakers of sick children were educated by providers on *any* of the following three aspects of administering prescribed medicines: *how much* of the medicine to give each time (dose), *how many times per day* the medicine should be given (frequency) and, *for how many days* the medicine should be given (duration). Only 40 percent of clients were educated on *all* three aspects. Caretakers in HC-IIIs and HC-IIs are more likely than those in hospitals and HC-IVs to receive information on how to administer the medicine. Only 16 percent of caretakers were asked to repeat instructions to verify that they understood.

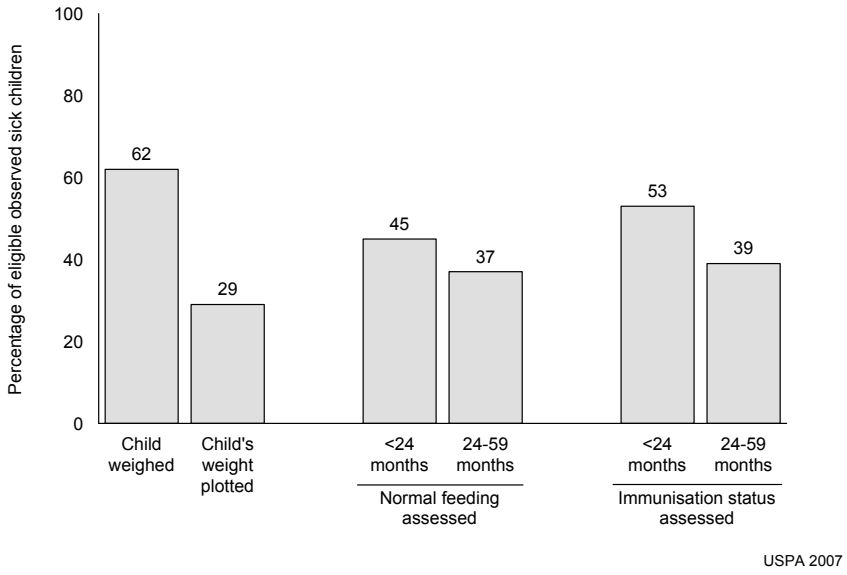
However, during exit interviews with caretakers of sick children who received medicine and/or prescription for home treatment, around 7 in 10 reported being told how to give the medicine at home and also said they felt that they knew how to provide the medicine (Appendix Table A-4.18). This percentage is higher than was observed during consultations. 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.

Sixty-two percent of sick children were weighed; however, providers only plotted the weight against a standard in 29 percent of cases (Figure 4.14). Normal feeding practices were assessed in 42 percent of all consultations, 45 percent of consultations for children under 24 months, and 37 percent of consultations for older children (Appendix Table A-4.19).

Figure 4.14 Observed preventive assessments <24 months (N=493) and 24-59 months (N=270)



Survey observers also monitored whether providers checked the immunisation status of sick children. Immunisation status was assessed for 48 percent of all observed sick children, 53 percent of children under 24 months, and 39 percent of older children (Appendix Table A-4.19).

Only 21 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 IMCI general danger signs (ability to eat and drink, vomiting, and febrile convulsions) during sick child consultations is poor. All three general danger signs were assessed during only 25 percent of observed sick child consultations.

Over 90 percent of children diagnosed with severe respiratory illness received an antibiotic; 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 18 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.

Fifty-four percent of caretakers were observed being told how to administer medicines at home; only 16 percent were asked to repeat the instructions to the provider. Almost three-quarters of interviewed caretakers, 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 occurred, on average, during up to just half of observed consultations. This is particularly important given the low overall immunisation coverage and existing levels of chronic malnutrition documented in the 2006 UDHS.

4.6.5 Counselling on Child Health Issues and Supporting Continuity of Care

Visual aids

The use of visual aids during consultations with sick children is almost nonexistent (Table 4.6). This is not surprising, since only 41 percent of facilities actually have any visual aids available for use for child health services (Figure 4.4). Facilities in Kampala do stand out, with visual aids being used during 16 percent of consultations (compared with the average of 3 percent).

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. Making appropriate use of client cards by documenting events during consultations increases the accountability of the health care provider 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.

Providers referred to a sick child's health card during 63 percent of observed consultations (Table 4.6). Providers in private facilities (53 percent) and facilities in the West Nile (37 percent) and Central (44 percent) regions are less likely than others to refer to the client card during consultations for sick children. Providers of sick child services actually wrote on the card during/or after a consultation in 79 percent of observed consultations (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 background characteristics, Uganda SPA 2007

Background characteristic	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	3	60	73	60
HC-IV	4	75	85	85
HC-III	2	66	79	318
HC-II	4	57	78	299
Managing authority				
Government	3	64	79	659
Private	2	53	79	103
Region				
Central	5	44	71	172
Kampala	16	65	75	18
East Central	2	72	83	87
Eastern	0	74	86	14
Northeast	0	72	95	55
North Central	4	87	95	144
West Nile	0	37	23	67
Western	0	55	91	103
Southwest	3	72	81	102
Total	3	63	79	762

Key Findings

Visual aids for caretaker education are available in less than half of facilities, and providers rarely use them during consultations with sick children.

Use of individual child health cards to provide continuity of care is relatively low. Providers referred to client cards during two-thirds of sick child consultations, and wrote notes on the cards during 8 in 10 consultations on average.

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 perceived 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-4.18 and A-4.21 through A-4.23 provide information on caretakers' opinions and personal characteristics.

Just over 70 percent of caretakers of sick children who received a prescription, medicine, or both reported being told how to administer prescribed medicines at home and felt comfortable administering the medicine (Appendix Table A-4.18). Caretakers at hospitals were relatively less likely to report having received an explanation for how to administer the medicines at home.

As expected, some caretakers were disgruntled with some aspects of their experience in the facility. For example, an average of 22 percent of caretakers (from 18 percent in HC-IIIs to 35 percent in HC-IVs) considered the time they waited to see the provider to be a big problem, and 24 percent on average considered the lack 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 8 percent felt that they did not receive sufficient explanation of their child's illness.

When asked about their choice of health facility, 10 percent of the interviewed caretakers said the facility was not the one closest to their home (Appendix Table A-4.22). The most common reason cited for not visiting the nearest facility was that it was more expensive (32 percent). Interestingly, caretakers interviewed in government facilities (up to 48 percent) cited this reason (compared with only 3 percent of caretakers in private facilities). Also, caretakers in the Central and Northeast regions were more likely to cite this reason (45 and 50 percent, respectively) compared with those in other regions. Others said the nearest facility lacked medicines (26 percent) or had inconvenient operating hours (7 percent). References to inconvenient hours were more common in private facilities and in the East Central and West Nile regions.

Key Findings

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

Only a small proportion of interviewed caretakers felt they had not received enough information about their children's illness (8 percent, contrary to what was observed) and that the facility's operating hours were inconvenient (7 percent).

Ten 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 not referral, but rather the lack of medicines at the closest facility and the costliness of seeking services at the closest facility. Other reasons included inconvenient operating hours.

Chapter 5 Family Planning Services

5.1 Background

5.1.1 USPA Approach to Collection of Family Planning Service Information

Family planning is one of the key areas of the 2007 Uganda Service Provision Assessment (USPA) survey. It is profoundly important for maternal and child health and it is a key element in reproductive rights. The family planning component of the 2007 USPA gathered information on the following:

- Availability of family planning services
- Quality and standards related to services offered
- Management and technical components supporting quality services
- 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, in the form of client exit interviews. These 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 and how programmes can improve the availability and quality of these services.

The use of contraceptive methods to plan families may be desirable for many reasons:

- 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 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)

- Programmes 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 by the 2007 USPA 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 quality services?

5.1.2 Family Planning Services in Uganda

The Family Planning Association of Uganda (now Reproductive Health Uganda [RHU]) was the initial body to provide family planning services in the country starting in 1957. In the 1970s, RHU started providing family planning services in government health facilities. It was not until the 1980's, however, that the Government of Uganda (GoU) adopted a family planning policy and formally began providing family planning services.

The contraceptive prevalence rate (the proportion of currently married women age 15-49 that are using *any* contraceptive method (modern or traditional) is 24 percent (UBOS and Macro International, 2007). Among *all* women age 15-49 contraceptive prevalence is 20 percent, and among sexually active unmarried women it is 54 percent. Use of *modern* contraceptive methods is 15 percent among women and 18 percent among currently married women.

The contraceptive prevalence rate among all women age 15-49 increased from 15 percent in 1995 to the current level of 24 percent. According to the 2006 UDHS, the modern family planning methods most commonly used in Uganda are injectables, the pill, male condoms, and female sterilisation. Less commonly used modern methods include implants, male sterilisation, the intrauterine device (IUD), the diaphragm, spermicides, and emergency contraception. Small percentages of women also use traditional family planning methods—generally periodic abstinence and withdrawal. The 2006 UDHS further shows that about 35 percent of women using modern contraceptive methods got their most recent supply from the public sector (government hospital, government health centre, family planning clinic or outreach); up to 52 percent got their most recent supply from a private medical centre (private hospital or clinic, pharmacy/drug store, private doctor/nurse/midwife). Only 13 percent got their supply from other sources such as shops, friends, or relatives.

Despite the increased use of family planning, the total fertility rate (TFR) in Uganda remains high (6.7) and has not changed much since 1996 (6.9). In the 2006 UDHS, 33 percent of births to women age 15-49 in the five years preceding the survey were mistimed, and 13 percent were not wanted at the time they were conceived. Thirty-five percent of currently married women said they wanted another child after two years, 16 percent wanted to wait for less than two years to have another child, and about 41 percent declared they did not want any more children.

5.2 Availability of Family Planning Services

The following definitions are used in this chapter:

- A facility is said to *offer* a family planning method if the facility reports that it provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method (e.g., rhythm).

- A facility is said to *provide* a family planning method if the facility reports that it stocks the method and makes it available to clients when they visit the facility such that these clients do not have to leave the facility to obtain the method elsewhere.

Family planning methods differ in how they function and in 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).

To understand the context of modern contraceptive use in Uganda, the 2007 USPA assessed the availability of family planning services in health care facilities. Tables 5.1 and 5.2 summarise 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 in facilities that provide those methods, and Appendix Tables A-5.1.1 through A-5.3.2 provide further details on method availability by type of facility and region.

Table 5.1 Availability of family planning services

Percentage of all facilities offering (providing, prescribing, or counselling) temporary methods of family planning and sterilisation, by background characteristics, Uganda SPA 2007

Background characteristic	Temporary methods of family planning			Percentage offering male or female sterilisation	Number of facilities (weighted)
	Percentage offering any modern method of family planning[1]	Percentage offering counselling on rhythm method	Percentage offering any temporary method of family planning[2]		
Type of facility					
Hospital	71	61	75	56	19
HC-IV	99	78	99	47	27
HC-III	86	59	87	26	158
HC-II	74	48	76	14	287
Managing authority					
Government	89	59	89	22	373
Private	49	38	54	19	119
Region					
Central	90	71	94	16	98
Kampala	74	63	74	43	9
East Central	87	44	88	5	78
Eastern	90	79	90	66	49
Northeast	51	27	51	21	41
North Central	82	57	83	22	37
West Nile	70	64	70	28	37
Western	73	53	73	10	60
Southwest	75	37	77	19	83
Total	79	54	80	21	491

[1] Facility provides, prescribes or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicidal or diaphragm.
[2] Facility provides, prescribes or counsels clients on any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicidal, diaphragm or counselling on rhythm method.

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 80 percent of Ugandan health facilities offer some temporary modern methods of family planning (Table 5.1). Practically all HC-IVs and 87 percent of HC-IIIs offer these methods compared with about three-quarters of hospitals and HC-IIs. Government facilities are more likely to offer these methods than private facilities. At the regional level, 90 percent of facilities in Eastern Region and 94 percent in Central Region offer these methods. Only half of facilities in the Northeast Region offer these methods (Table 5.1).

The most commonly offered (i.e., the facility provides, prescribes, or counsels clients on) family planning methods in Ugandan health facilities are combined oral contraceptives (93 percent of facilities offering any family planning), progestin-only injectables (96 percent), and male condoms (93 percent) (Table A-5.1.1).

About half of all facilities offer counselling on the traditional rhythm method, while just 2 in 10 facilities (including 56 percent of hospitals, 47 percent of HC-IVs, and one-quarter of HC-IIs) offer male or female sterilisation as a permanent method of family planning (Table 5.1).

Emergency contraception is not technically considered a family planning method, but rather a backup. Findings from the 2006 UDHS indicate that ever-use of emergency contraception is almost non-existent among all women (including currently married and sexually active unmarried women age 15-49 who have ever used a contraceptive method). However, findings from the 2007 USPA show that 18 percent of facilities (including 33 percent of hospitals) that offer any family planning services report offering emergency contraception (Appendix Table A-5.1). Progestin-only pills are occasionally used for emergency contraception. These are available in 77 percent of facilities that offer family planning services.

Frequency of services

In addition to offering a range of methods, it is important that facilities offer family planning services regularly enough to meet client needs. About three-fourths of facilities that report offering temporary family planning services offer them five or more days per week (Table 5.2). Private facilities and those in the West Nile Region are less likely to offer family planning services five or more days per week.

Table 5.2 Frequency of availability of family planning services

Among facilities offering (providing, prescribing, or counselling) temporary methods of family planning (FP), percentage offering any temporary methods on the indicated number of days per week, by background characteristics, Uganda SPA 2007

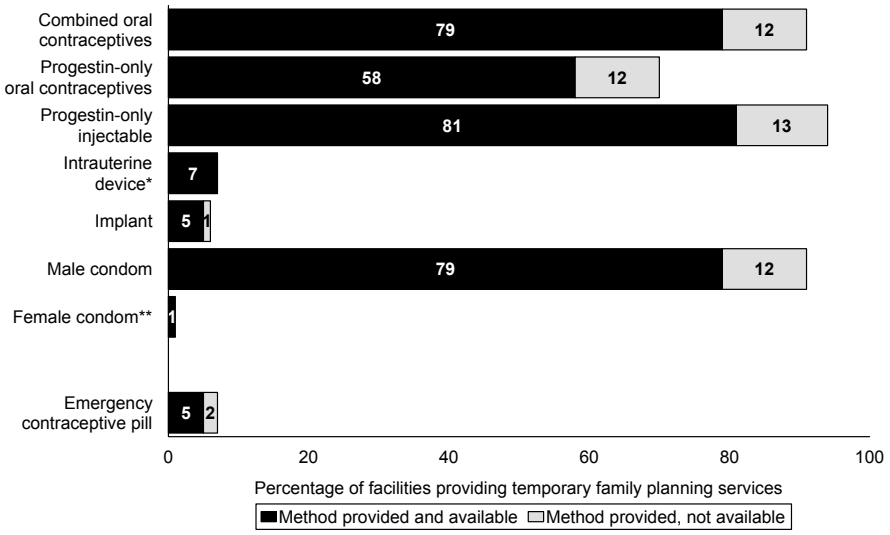
Background characteristic	Percentage of facilities where family planning[1] services are offered: 1-2 days per week	3-4 days per week	5 or more days per week	Number of facilities offering temporary FP (weighted)
Type of facility				
Hospital	15	3	81	15
HC-IV	11	1	86	27
HC-III	20	0	79	137
HC-II	25	1	73	217
Managing authority				
Government	17	1	81	332
Private	44	1	53	64
Region				
Central	25	0	73	92
Kampala	33	0	67	6
East Central	18	0	82	68
Eastern	37	0	63	44
Northeast	28	0	72	21
North Central	16	0	82	30
West Nile	31	1	60	26
Western	23	0	76	44
Southwest	4	3	92	64
Total	22	1	77	395

[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 survey assessed the availability of contraceptive methods on the day of the survey, not only among facilities that *offer* them, but among those that report *providing* these methods. As seen in Figure 5.1, the majority of facilities providing the most popular methods had them in stock on the day of the survey. Ninety-one percent of facilities offering temporary family planning report *providing* combined oral contraceptives. However, on the day of the survey, only 79 percent actually had combined oral contraceptives available in the facility. This creates a gap of 12 percent of facilities claiming they *provide* combined oral contraceptives, but did not have the method on the day of the survey. Similarly, 94 percent of facilities offering temporary family planning report *providing* progestin-only injectables, but only 81 percent had the method on the day of the survey.

Figure 5.1 **Contraceptive methods provided and availability of method on the day of the survey (N=395)**



* Although 7 percent of facilities had IUDs available in the facility, only 4 percent reported that they provide the method.
** One percent of facilities had the female condom, but none reported providing it.

USPA 2007

Additional information is provided in Appendix Tables A-5.2.1 through A-5.3.2 on the proportions of facilities offering these methods, those that report providing the method and the availability of these methods on the day of the survey, by method, type of facility, and by region. For example, Appendix Table A-5.3.2 shows that less than half of facilities in the Kampala and West Nile regions had all their reported methods available to *provide* on the day of the survey, compared with 71 percent of facilities in the Central and East Central regions. On average, condoms were available in up to 85 percent of facilities that claim to provide them in all regions.

Key Findings

Approximately 80 percent of Ugandan health facilities *offer* (i.e., provide, prescribe, or counsel) some temporary modern method of family planning; among these, 77 percent offer these methods 5 or more days per week.

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

Over 7 in 10 facilities that offer any family planning methods (temporary or permanent) offer at least four temporary modern methods. HC-IIs are less likely to offer such a wide range of methods.

The majority of facilities *providing* the most popular methods had them in stock on the day of the survey. However, less than half of facilities in the Kampala and West Nile regions had each method they provide 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 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 important to make STI services, HIV counselling and testing services, and antiretroviral therapy (ART) services available to those who need them.

5.3.1 Infrastructure and Resources to Support Quality Family Planning

To provide quality counselling to family planning clients, facilities should be able to ensure some level of privacy and have individual client health cards or records, written family planning guidelines or protocols, and relevant visual aids for client education. 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 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 give details on the items assessed for each component of counselling, and Appendix Tables A-5.5.1 and A-5.5.2 provide details on the availability of visual aids and guidelines by facility type.

Only 23 percent of facilities offering temporary family planning have all items (including privacy, individual client cards, written guidelines, and visual aids) to support quality counselling (Figure 5.2). This is principally because many facilities lack individual client cards and written family planning guidelines. Facilities in the North Central (11 percent), West Nile (14 percent), and East Central (15 percent) regions are least likely to have all of these items (Table 5.3). Private facilities also have limited availability of items to support quality counselling.

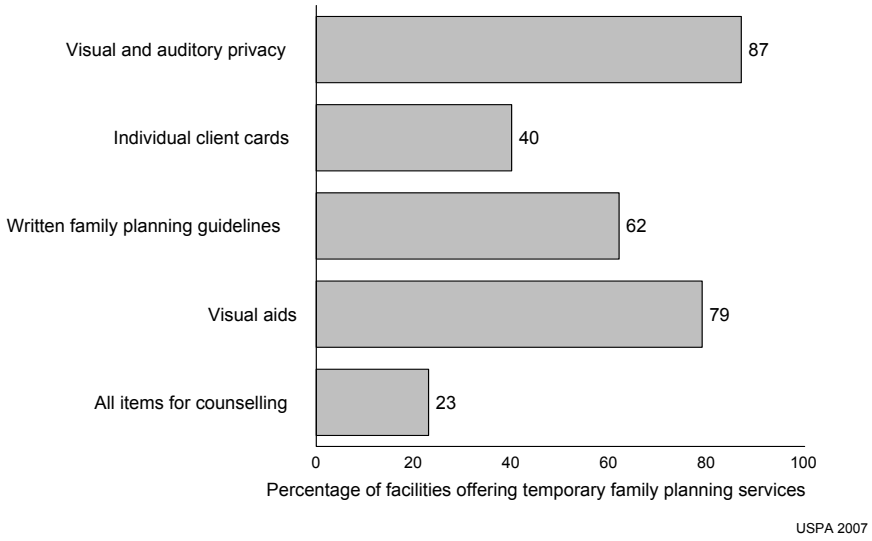
Family planning is often a sensitive issue for discussion. Counselling clients under conditions where they cannot be overheard improves communication and ultimately the likelihood that the method provided is suitable for the client. Privacy for counselling is not universally available, with just 87 percent 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 2007 USPA assessed the availability of blank cards for new family planning clients. Blank individual client cards were found at 40 percent of facilities (Figure 5.2). Hospitals (67 percent) and HC-IVs (60 percent) are more likely to have blank client cards than HC-IIIs (48 percent) or HC-IIs (30 percent) (Appendix Table A-5.4.1).

The 2007 USPA 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. Close to two-thirds (62 percent) of facilities have family planning guidelines or protocols available (Appendix Table A-5.4.1, Figure 5.2).

Visual aids are also important elements in good family planning counselling. They are available in the service delivery area in 79 percent of facilities, including approximately 90 percent of hospitals and HC-IVs (Appendix Table A-5.4.1, Figure 5.2).

Figure 5.2 **Items to support quality counselling for family planning (N=395)**



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 2007 USPA 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 (running water and soap), clean or sterile latex gloves, disinfecting solution, and a sharps box. All these items are available in the family planning service area in one-third of facilities (Table 5.3). Approximately half of all hospitals in Uganda have all items needed for infection control available. The Eastern and West Nile regions were found to have the highest proportion of facilities (42 percent each) with all the items for infection prevention; the Northeast Region had the lowest coverage, 27 percent of facilities (Table 5.3). Facilities most often lack running water and disinfecting solution (Figure 5.3).

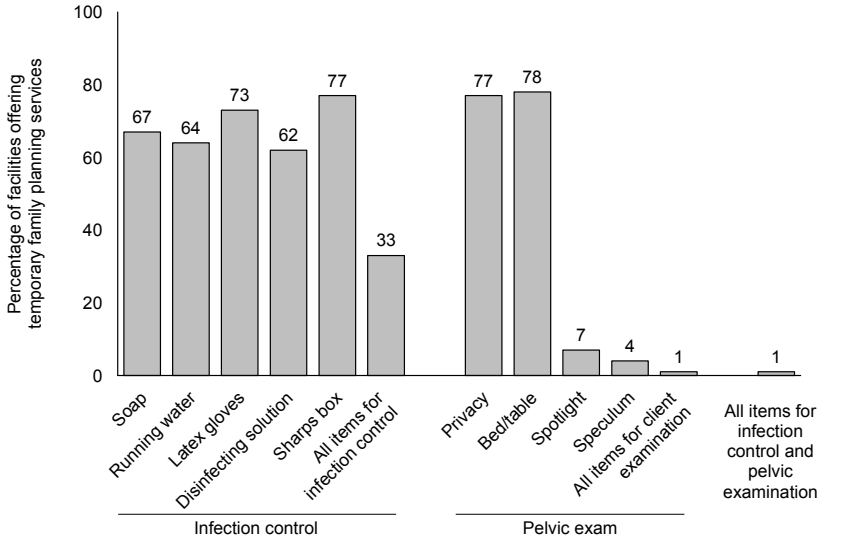
Table 5.3 Availability of infrastructure and resources to support services for temporary family planning methods

Percentage of facilities offering (providing, prescribing, or counselling) temporary family planning (FP) methods that have the infrastructure and resources to support quality counselling, infection control, sterilisation or high-level disinfection, pelvic examination and STI treatment, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with:					Number of facilities offering temporary FP (weighted)
	All items to support quality counselling[1]	All items for infection control[2]	Capacity for sterilisation/ HLD processing[3]	Conditions for quality pelvic examination[4]	FP providers routinely treat STIs	
Type of facility						
Hospital	38	52	38	12	66	15
HC-IV	32	42	21	1	80	27
HC-III	31	42	4	0	82	137
HC-II	15	24	2	1	78	217
Managing authority						
Government	25	32	5	0	81	332
Private	11	38	5	4	68	64
Region						
Central	32	34	5	0	83	92
Kampala	24	29	21	13	71	6
East Central	15	29	2	0	73	68
Eastern	28	42	3	0	91	44
Northeast	20	27	1	1	62	21
North Central	11	30	13	1	69	30
West Nile	14	42	1	8	70	26
Western	21	32	7	0	87	44
Southwest	25	28	8	0	81	64
Total	23	33	5	1	79	395

[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/table, examination light, and vaginal speculum

Figure 5.3 Conditions for quality examination of family planning clients (N=395)



USPA 2007

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 sterilising (or HLD processing), and an automatic timer available in the location where family planning equipment is processed. Overall, only 5 percent of facilities meet these criteria (Table 5.3). Those that do are mainly hospitals (38 percent). Forty-eight percent of facilities offering temporary family planning send family planning equipment that need processing to the main processing area in the facility; only 10 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 in Uganda health facilities.

Examination

The 2007 USPA assessed four items needed for conducting a quality pelvic examination for family planning clients: a private room to provide visual and auditory privacy, an examination bed/table, a spotlight, and a vaginal speculum. Only 1 percent of facilities have all these items, and virtually all of these facilities are hospitals and private facilities (Table 5.3), half of them based in the Kampala Region and just under half found in the West Nile Region. The items most commonly missing are a vaginal speculum and spotlight; these are available in only 4 percent and 7 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 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, 79 percent have family planning providers who routinely diagnose and treat STIs (Table 5.3, Figure 5.4). Family planning providers are more likely to diagnose and treat STIs in HC-IIIs and HC-IVs—and even HC-IIs—than in hospitals; perhaps this is because these facilities have integrated services by virtue of limited numbers of service providers, while at the hospital there are specialised STI services that deploy different providers. Geographically, facilities in the Eastern Region (91 percent) are most likely to have family planning providers who routinely treat STIs, and those in the Northeast Region (62 percent) are the least likely. Government facilities are more likely than private facilities to have family planning providers diagnose and treat STIs.

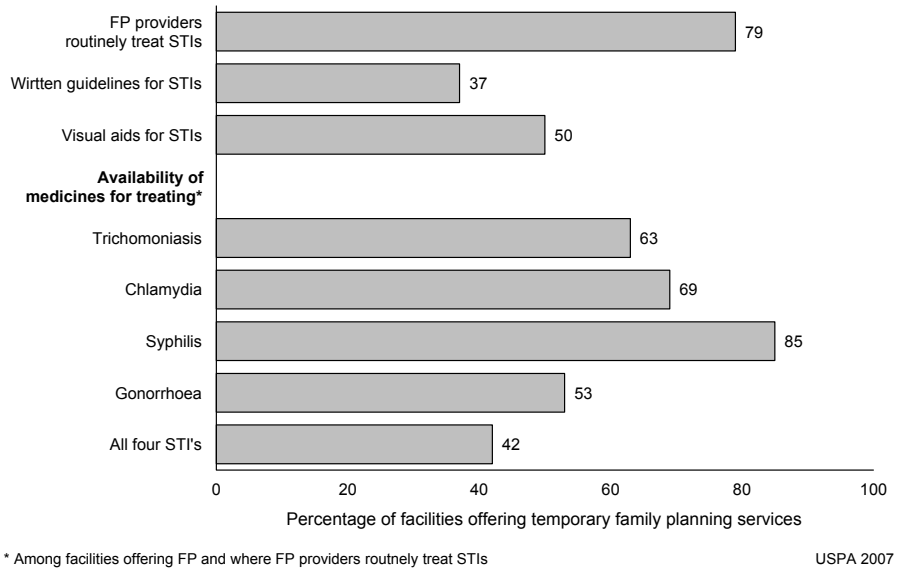
Written guidelines for diagnosing and treating STIs are available in the family planning service area in only 37 percent of facilities (Figure 5.4, Table A-5.4.1), and guidelines for the World Health Organisation (WHO) syndromic approach are found in family planning service areas in only 31 percent of facilities (Appendix Table A-5.5.1). HC-IVs and HC-IIIs (42 and 41 percent, respectively) are relatively more likely to have the WHO guidelines than other facilities. Other guidelines for diagnosis and treatment of STIs are available in 16 percent of facilities offering family planning services, mostly in hospitals (24 percent) and HC-IIIs (21 percent) (Appendix Table A-5.5.1).

Fifty percent of facilities that offer family planning have STI- and HIV-related visual aids for client education (Appendix Table A-5.4.1), but only 5 percent have informational materials on STIs for clients to take home (Appendix Table A-5.5.1).

Medicines for treating syphilis are not universally available in facilities that offer family planning services and where family planning providers routinely treat STIs. Medicines for chlamydia and

trichomoniasis are available in 63 and 69 percent of facilities, respectively; medicines for treating syphilis are available in 85 percent of facilities. Medicines for treating gonorrhoea, a common infection, are available in only 53 percent of facilities (Figure 5.4).

***Figure 5.4* Conditions to support quality STI services for family planning clients (N=395) (N=313*)**



Key Findings

Close to 9 in 10 facilities ensure privacy for family planning counselling sessions; about 8 in 10 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 one-third of facilities, with running water and disinfecting solution absent in 36 and 38 percent, respectively, of facilities offering family planning.

Nearly half of family planning facilities process family planning equipment in a central processing location. Only 5 percent of facilities have the capacity to properly sterilise or HLD-process reusable family planning equipment. The generalised lack of an automatic timer at processing sites contributes to this low percentage.

Only 1 percent of facilities have all of the furnishings and equipment needed for quality pelvic examinations, because of the lack of examination lights and vaginal speculums. Most facilities ensure privacy and have an examination bed/table.

Medicines for treating syphilis, trichomoniasis, and chlamydia are available in most facilities offering family planning services and where family planning providers routinely treat STIs; however, medicines for gonorrhoea are less widely available.

5.3.4 Availability of Equipment and Supplies for Specific Methods

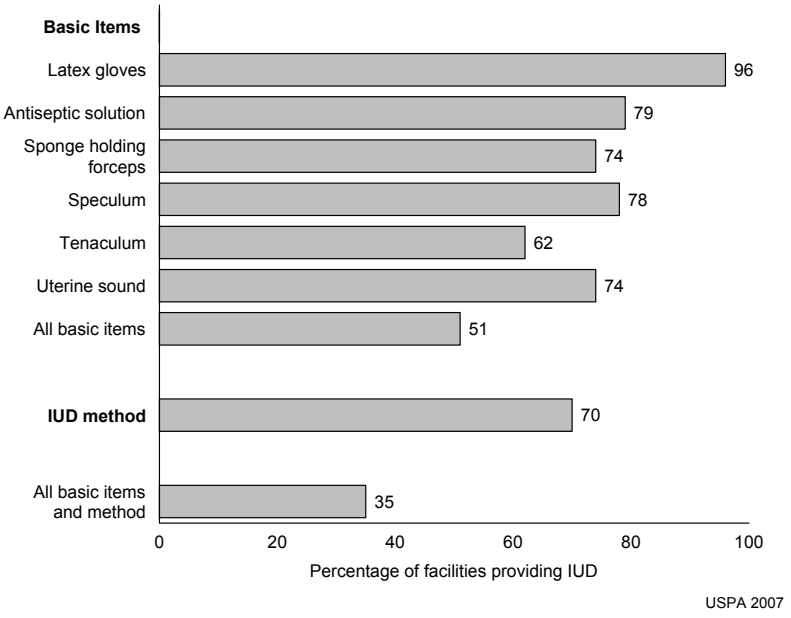
To provide different contraceptive methods safely and to monitor clients, facilities need a variety of equipment and supplies. Figure 5.5 shows the items facilities have for providing IUDs. Appendix Tables A-5.10 through A-5.13 provide additional details on the availability of equipment and supplies 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 70 percent have IUDs available, and even fewer (51 percent) have all the basic equipment needed for IUD insertion and/or removal. Overall, just about one-third of eligible facilities have both IUDs and the associated equipment. Only 9 percent of the facilities have IUDs, all associated equipment, and also satisfy all USPA criteria[1] for 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 offering methods that contain oestrogen, two-thirds have an apparatus to measure blood pressure at the family planning service delivery site (Appendix Table A-5.10). About 87 percent of hospitals and 71 percent of HC-IVs had blood pressure equipment at the family planning service delivery site, but a slightly smaller proportion (60 percent) of HC-IIs did so.

Among facilities providing injectable contraceptives, 33 percent have sterile needles and syringes (Appendix Table A-5.10).

Figure 5.5 Equipment for IUD insertion and removal (N=18)



Key Findings

Two-thirds of facilities offering family planning methods containing oestrogen have blood pressure equipment available at the service site.

Sterile needles and syringes are available in 33 percent of facilities providing injectable contraceptive methods.

Only one-third of facilities that provide IUDs have the method plus all the basic equipment needed for its insertion and/or removal. Only 9 percent have the method, related equipment, and meet all the criteria for quality IUD insertion and removal, which includes items for infection control.

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

5.4 Management Practices That Support Quality Family Planning Services

Management practices for supporting quality family planning services include proper documentation and recordkeeping, 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 2007 USPA 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 follow-up visit).

Sixty-nine percent of facilities offering family planning services have an up-to-date register; these are mostly government facilities (74 percent) and HC-IVs (Table 5.4). Facilities in the East Central Region are unlikely to maintain up-to-date client registers.

Table 5.4 Management practices to 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that offer temporary FP methods with:		Number of facilities offering temporary FP (weighted)	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed FP service providers[4] (weighted)
	Observed up-to-date patient register[1]	User fees for FP services		Training[2]	Personal supervision[3]	
Type of facility						
Hospital	71	19	15	20	88	13
HC-IV	79	7	27	13	99	26
HC-III	70	7	137	22	97	132
HC-II	67	11	217	13	94	202
Managing authority						
Government	74	2	332	16	95	316
Private	44	51	64	18	97	57
Region						
Central	68	16	92	16	100	84
Kampala	60	44	6	13	79	6
East Central	52	13	68	13	97	63
Eastern	62	8	44	16	96	38
Northeast	67	1	21	19	99	18
North Central	72	5	30	35	92	30
West Nile	78	9	26	10	99	26
Western	79	5	44	16	89	44
Southwest	83	5	64	12	92	64
Total	69	10	395	16	95	374

[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 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 family planning services in facilities offering family planning services.

5.4.2 Practices Related to User Fees

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

Only 10 percent of facilities offering family planning services charge a user fee for their services (Table 5.4). Not surprisingly, this occurs most frequently in private facilities (51 percent). Hospitals are more likely than other facilities to charge user fees. Facilities in Kampala are more likely than facilities elsewhere to charge user fees, but even there, less than half of facilities offering family planning services charge user fees. User fees are charged mostly for consultation services, the actual method, and laboratory tests. Surprisingly, only 37 percent of private facilities charge for family planning consultations or counselling, as do 12 percent of hospitals (Appendix Table A-5.15). Only 6 percent of health facilities on average charge consultation fees, while 7 percent charge for the actual methods. Twenty-nine percent of private facilities charge for laboratory tests, while 15 percent and 13 percent of hospitals charge for methods and tests, respectively.

5.4.3 Training and Supervision

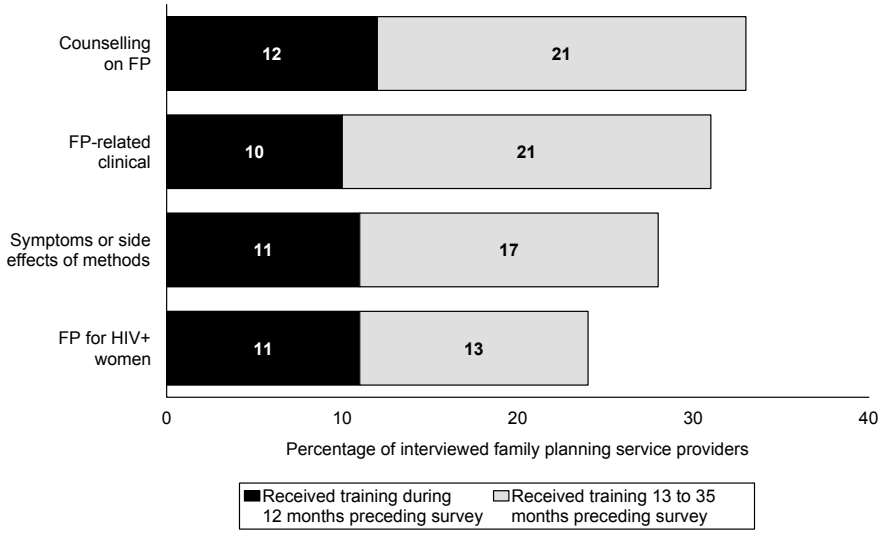
Training

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 16 percent of facilities meet the criteria for providing routine staff development activities (Table 5.4). Facilities in the North Central Region are more likely to provide routine staff development than facilities in other regions.

Among the interviewed family service providers, only a small proportion reported receiving any family planning-related training during the 12 months preceding the survey and the period 13 to 35 months preceding the survey (Figure 5.6 and Appendix Table A-5.17); this reflects the small proportion of facilities meeting the criteria of providing routine staff development. The training topics most commonly reported by providers, particularly during the period 13 to 35 months before the survey, are counselling on family planning, family planning and related clinical conditions, symptoms and side effects of family planning methods, and the management of family planning symptoms. Training on family planning for HIV-positive women is less common (Figure 5.6, Appendix Table A-5.18). There is little difference in the proportion of providers receiving training on any given topic during the 12 months preceding the survey; the range is from 10 to 12 percent of providers.

Figure 5.6 **Training received by interviewed family planning (FP) service providers, by topic and timing of most recent training (N=997)**



Supervision

Supervision of individual staff members helps to promote adherence to standards and to identify problems that contribute to poor services. If at least half of the interviewed family planning service providers at a facility report having been personally supervised during the six months preceding the survey, the facility is considered to have routine staff supervision. Similar to the findings for other services, supervision of family planning providers is common, with over 9 in 10 family planning facilities meeting the criteria for routine staff supervision (Table 5.4). Hospitals are less likely to receive routine staff supervision than other types of facilities. Facilities in Kampala (79 percent) and those in the Western Region (89 percent) are among those least likely to have routine staff supervision.

Among interviewed family planning providers who received supervision during the six months preceding the survey, most reported that the supervisors checked records (94 percent), discussed problems (90 percent), provided feedback (83 percent), observed their work (90 percent), provided updates (72 percent), and delivered supplies (45 percent) (Appendix Table A-5.19).

Key Findings

Up-to-date family planning client registers are available in about 7 in 10 facilities, mostly in government facilities and, less commonly, in private facilities.

While only 16 percent of facilities offer routine staff development or training for family planning providers, about 9 in 10 facilities receive routine staff supervision.

5.5 Adherence to Standards for Quality Service Provision

To assess whether family planning providers adhere to service standards, USPA personnel observed family planning client-provider interactions using observation check-lists that are based on commonly accepted guidelines for screening, counselling, and conducting procedures for family planning clients. The observers collected information 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 USPA criteria for quality service provision?

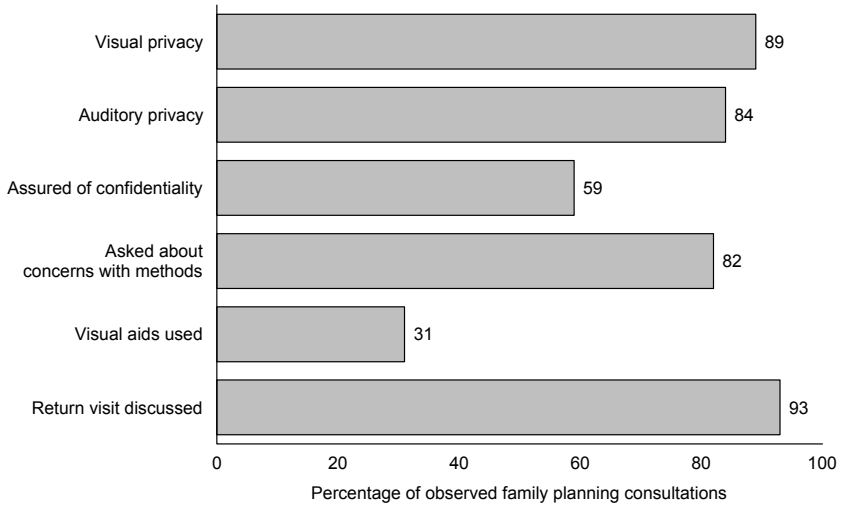
The observers noted what information the provider shared with a client and whether an examination was conducted prior to dispensing a method. They did not assess whether the information was correct or whether findings were appropriately interpreted. Information on clients' status and the principal reason 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.

Thirty-two percent of observed female clients were making their first visit, and 68 percent were follow-up clients. Only 3 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 regarding 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 Tables A-5.24 and A-5.25. Information from observations of specific methods or examinations is provided in Appendix Tables A-5.26 through A-5.28.

Figure 5.7 Observed conditions and content for family planning counselling (N=85)



USPA 2007

5.5.1 Counselling and Client Assessment

Privacy is important to family planning counselling. About 9 of 10 family planning counselling sessions were conducted under conditions that assured both visual and auditory privacy; however, clients were assured of confidentiality in only 3 of 5 counselling sessions (Figure 5.7). Providers explicitly asked clients about their concerns with methods in 8 of 10 consultations. Return visits are almost always discussed with clients; visual aids are used in one-third of family planning consultations.

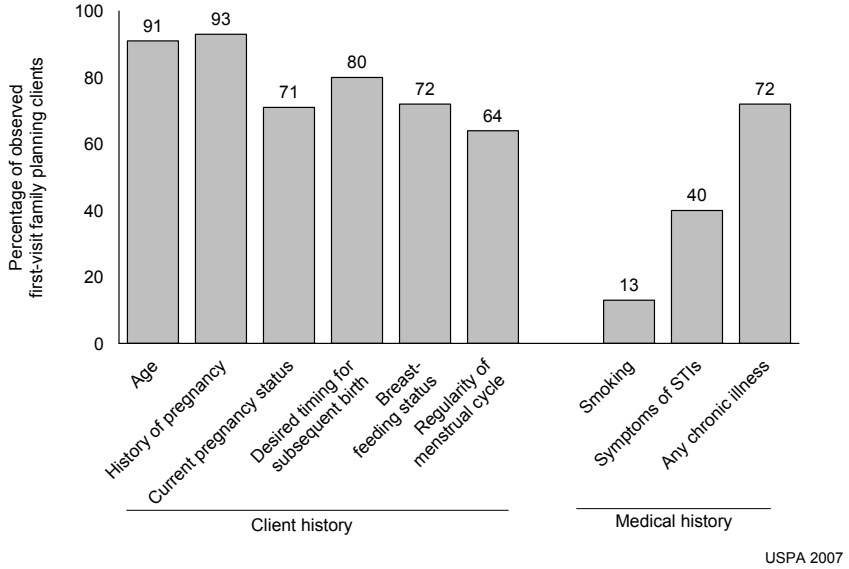
Frequently, health services are organised so that measurements of blood pressure and weight and other routine activities take place before the client sees the provider, and the information is recorded on individual client cards. Thus, client cards play an important role in making this information available 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 69 percent of consultations and written on during or after 88 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 the 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. During observed counselling sessions, providers assessed most first-visit clients for age and pregnancy history (91 and 93 percent, respectively) (Figure 5.8). They were less consistent in assessing the client's current pregnancy status (71 percent), desired timing for the next pregnancy (80 percent), and breastfeeding status (72 percent). The client's medical history was assessed infrequently; 2 in 5 clients were asked if they had symptoms of an STI, and about 7 in 10 were assessed about chronic illnesses. While smoking has not been common among women in Uganda, providers are expected to assess the client's smoking status as a contraindication for some methods. However, providers asked only 13 percent of first-visit clients about smoking.

About three-fourths of first-visit clients were asked about their partner's attitude towards family planning (Appendix Table A-5.25). Considering the current drive towards reducing HIV/AIDS rates, condoms were not discussed as frequently as expected: providers talked about using condoms to prevent STIs in 55 percent of first-visit consultations, and as a dual method to prevent both pregnancy and STIs in 54 percent of first-visit consultations.

Providers do not routinely use visual aids during family planning consultations. They were used during only 31 percent of family planning consultations (Appendix Table A-5.23). Visual aids were used somewhat more often with first-visit clients (48 percent), especially in hospitals (76 percent) (Appendix Table A-5.25).

Figure 5.8 **Observed elements of client history for first-visit family planning clients (N=28)**



Key Findings

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

Providers do not consistently assess relevant client history with first-visit family planning clients; 7 in 10 were assessed for current pregnancy and breastfeeding status; 8 in 10 were asked about desired timing for a subsequent birth, or about chronic illnesses.

Visual aids are used with about half of first-visit clients, but less frequently with follow-up clients.

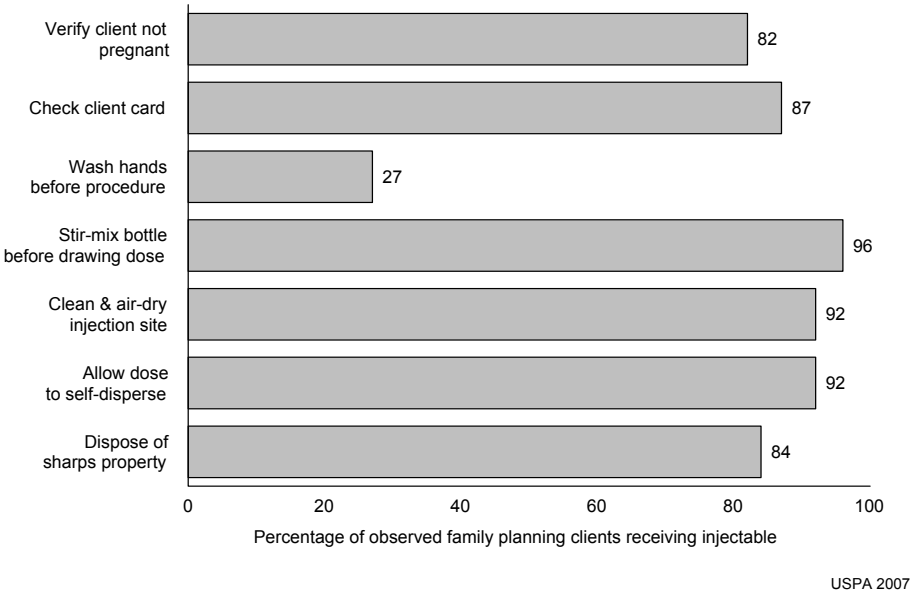
5.5.2 Method-Specific Assessments and Examinations

Some experts recommend that clients receiving a family planning method containing oestrogen, whether oral or injectable, be monitored for blood pressure and weight. About 9 in 10 family planning clients using oestrogen-containing methods had their blood pressure measured[2], and 6 of 10 were weighed during consultations (Table A-5.26). Clients visiting HC-IIs were less likely to have their weight or blood pressure taken, with blood pressure more likely to be taken than weight (Appendix Table A-5.26).

For injectable users, observers examined injection procedures. Providers washed their hands in only 27 percent of cases, but properly disposed sharps in 84 percent of cases (Figure 5.9).

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

Figure 5.9 **Selected injection procedures observed (N=55)**



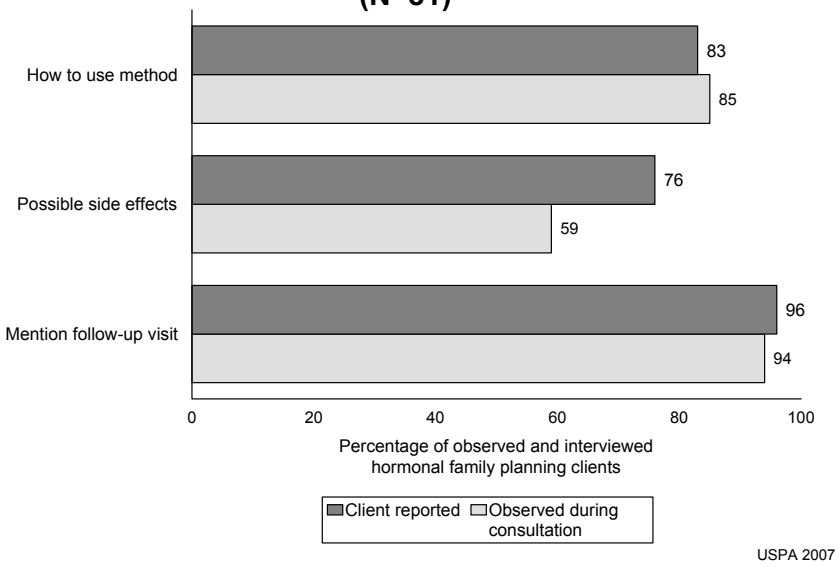
5.5.3 Counselling of Clients

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 follow-up 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 had discussed and addressed the problem. Details on components of counselling that were observed and reported by clients are presented in Appendix Table A-5.27.

Comparing observations of consultations with what clients reported at exit interviews reveals some discrepancies (Figure 5.10). Among hormonal method users, client reports agree with the observed data on whether the provider discussed a follow-up visit, which was almost universal. Eighty-three percent of clients reported that providers explained how to use the method, and 85 percent were observed to have received this information during the consultation. Data on other areas were inconsistent. For example 76 percent of clients reported that providers explained possible side effects, but only during 59 percent of client-provider interactions were providers seen explaining possible side effects. It is, however, 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, according to client reports and observations (N=81)**



5.6 Client Opinion from Exit Interviews

Exit interviews with clients probed their opinions of the services they received on that day. Details on client opinions are provided in Appendix Tables A-5.29 and A-5.30. Appendix Table A-5.31 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 only by a small proportion of clients (Appendix Table A-5.29). Waiting time to see a provider is considered a big problem by 29 percent of all family planning clients, especially at HC-IIIs (36 percent) and HC-IIs (40 percent). Eight percent of clients consider the lack of methods and medicines to be a big problem, predominantly at HC-IIIs and HC-IIs. Only 5 percent consider the operating hours of the facility to be a problem. Lack of visual privacy was reported by 4 percent of clients to be a problem, and this was mostly in HC-IVs and HC-IIIs (6 percent).

Fourteen percent of clients said that the facility was not the one closest to their home (Appendix Table A-5.30). This implies that more than 8 in 10 family planning clients visit the closest facility to their home. Clients not visiting the closest facility are more likely to be attending HC-IVs (20 percent) or private facilities (21 percent). Among clients not visiting the closest facility, 28 percent cited lack of method/medicines as a reason (particularly among clients attending HC-IIIs), 21 percent cited the higher cost of visiting the closest facility to their home, and only 1 percent said they had been referred to this facility.

Key Findings

Nine in 10 of all clients receiving oestrogen-containing methods had their blood pressure measured on the day of the visit, and 6 of 10 were weighed.

There were some inconsistencies between what was observed during family planning consultations for hormonal method users and what clients reported as having taken place; however, there was concordance on the high proportion of clients being explained the use of their methods.

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

Family planning clients usually visit the facility closest to their home. Lack of family planning methods or medicines is one of the main reasons clients give for not going to the closest facility.

Chapter 6 Maternal Health Services

6.1 Background on Maternal and Newborn Health Care in Uganda

This chapter provides an overview of maternal and newborn health services in Uganda. It highlights the key aspects of maternal and newborn care, including the availability of staff and services for antenatal care (ANC), safe delivery, post-partum care (PPC), 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 services, and to what extent do facilities have the capacity to support quality ANC services?

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

3. To what extent is PPC[1] available where ANC is offered, and to what extent do facilities have the capacity to support quality PPC services?

4. What is the availability of delivery services, and to what extent do facilities have the capacity to support 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 2007 Uganda Service Provision Assessment (USPA) 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 Organisation (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 Ugandan women. Recent estimates suggest that there are 435 maternal deaths per 100,000 live births, indicating that more than four women die of pregnancy-related causes for every 1,000 live births in Uganda (UBOS and Macro International, 2007). 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.

Ugandan women's use of maternal health services is higher than in most African countries. Findings of the 2006 Uganda Demographic and Health Survey (UDHS) show that 94 percent of women age 15-49 who had a live birth in the five years preceding the survey made at least one ANC visit, 42 percent made two or three visits, and 47 percent made four or more visits (UBOS and Macro International, 2007). However, most women seek antenatal care relatively late in pregnancy, with a median gestation at first visit of 5.5 months.

The 2006 UDHS also shows that 51 percent of mothers age 15-49 with a live birth in the five years preceding the survey received two or more doses of tetanus toxoid (TT) vaccine during the pregnancy for the last live birth.

Malaria is among the most common indirect causes of poor maternal health outcomes. Efforts to combat malaria among pregnant women are being scaled up. According to the 2006 UDHS, 37 percent of women age 15-49 with a live birth in the two years preceding the survey received at least

[1] The USPA accepted any report of offering routine out-patient postnatal examination and services as PPC. Details on the content of PPC 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.

one dose of sulphadoxine-pyrimethamine (SP) during the pregnancy for intermittent preventive treatment (IPT) of malaria; however, only 18 percent received two or more doses. Furthermore, only 10 percent of pregnant women slept under an insecticide-treated net (ITN) the previous night (UBOS and Macro International, 2007).

Anaemia is known to contribute to maternal deaths. The 2006 UDHS reported that 49 percent of all women age 15-49, 64 percent of pregnant women, and 53 percent of breastfeeding mothers are anaemic.

According to the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey, HIV prevalence in Uganda is estimated to be 6.4 percent in adults age 15-49, with prevalence higher among women than men (7.5 percent and 5 percent, respectively) (MOH and Macro International, 2006). According to the same survey, 12 percent of girls and 14 percent of boys had had sex by age 15. By age 18, 50 percent of girls and 61 percent of boys had had sex.

Delivery in a health facility or with the assistance of a health professional is much less common than antenatal care. Only 4 in 10 live births in the five years preceding the 2006 UDHS took place in a health facility with a health professional present at delivery. Twenty-three percent of live births during the same period were conducted by a traditional birth attendant (TBA), one-fourth were assisted by a relative, and about 10 percent of pregnant women with live births delivered by themselves, with no one assisting (UBOS and Macro International, 2007). Overall, about 58 percent of all deliveries took place at home; of the 41 percent of deliveries in health facilities, 29 percent occurred in public health facilities, and 12 percent took place in private health facilities.

These aggregate figures conceal wide regional differences. Delivery at home is about three times as common in rural as in urban areas (63 compared with 20 percent), and health professionals are half as likely to assist with rural births as with urban births (37 compared with 80 percent). Regional differences in delivery assistance are pronounced. The proportion of births assisted by health professionals ranges from 31 percent in North and Western regions to about 90 percent in Kampala (UBOS and Macro International, 2007).

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 the post-partum period. 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 Uganda, common causes of newborn deaths include infections, prematurity, asphyxia, diarrhoea, congenital anomalies, and tetanus. Findings from the 2006 UDHS show a significant reduction in overall infant mortality from 98 deaths per 1,000 live births in 1996-2000 to 76 deaths per 1,000 live births (22 percent reduction) in the five years preceding the survey (2001-2005). There was a smaller reduction in neonatal mortality during the same period, which fell from 36 deaths per 1,000 live births in 1996-2000 to 29 deaths per 1,000 live births (19 percent reduction) in 2001-2005.

Newborn care is one of the components of Uganda's national basic health care package in the *Health Sector Strategic Plan II* (HSSP-II). The integration of newborn care into the health system is seen in *The National Roadmap to Accelerate Reduction of Maternal and Newborn Deaths in Uganda, 2007-2015* (MOH, 2007b).

Maternal health policy framework

The policy objective of the health sector is to reduce mortality, morbidity, and fertility and the disparities therein (MOH, 1999). Ensuring access to the Minimum Health Care Package is the central strategy to this end. In this same policy statement, the minimum package for Sexual and Reproductive Health and Rights includes—

- Essential antenatal and obstetric care
- Family planning
- Adolescent reproductive health
- Violence against women

Furthermore, *A Strategy to Improve Reproductive Health in Uganda 2005-2010* (MOH, 2004) lists the following interventions:

- Increase access to goal-oriented antenatal care
- Increase access to skilled attendance at birth
- Increase access to emergency obstetric care
- Increase access to family planning services

The National Roadmap to Accelerate Reduction of Maternal and Newborn Deaths in Uganda, 2007-2015 further strengthens the focus on the maternal and newborn care component of the National Reproductive Health Strategy 2005-2010 (MOH, 2004). 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

'The National Health Policy objective for the National Health System is to structure the organisation and management of the Ministry of Health and District Health System to ensure effective harmony and linkages between the central level and the districts on the one hand, and the public and private components on the other. This *Health Sector Strategic Plan II* 2005/2006-2009/2010 calls for the establishment of "a network of functional, efficient and sustainable health infrastructure for effective health care delivery closer to the people"' (MOH, 2005a).

The national standard is to have the following structures in place and functional:

i) Ministry of Health and other national-level institutions
ii) National referral hospitals (27,000,000 population)
iii) Regional referral hospitals (2,000,000 population)
iv) District health services (500,000 population)
v) Health sub-district
    - Referral facility
        - General Hospital (district level, 500,000 population)
        - HC-IV (county level, 100,000 population)
    - Health Centre III (sub-county level, 20,000 population)
    - Health Centre II (parish level, 5,000 population)
    - Health Centre I (village health team, 1,000 population)

HC-Is are usually used by health workers from HC-IIs as outreach centres. A few maternal services may be provided at this level, including vaccinations, provision of iron and folic acid, and presumptive treatment of malaria. HC-IIs have resident staff (nurses and nursing assistants) who provide antenatal care and some curative services in addition to the services that are provided at HC-Is. HC-IIIs are staffed by midwives, nurses, and clinical officers who provide a wider range of services, including deliveries and basic emergency obstetric care for obstetric complications. HC-IVs are staffed with at least one medical officer who can carry out surgical procedures, such as caesarean sections. HC-IVs, therefore, are the first level of referral where comprehensive emergency services, including surgical procedures and newborn care services, are provided. The second level of referral is the general hospital, which offers a wide spectrum of services inclusive of what is offered at HC-IVs. The referral system depends on the availability of skills that are required to address a client's problems.

6.1.1 Definition of Maternal Health Concepts Used During Collection of USPA 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 minimised by providing 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 emphasised that ANC should include birth preparedness, early detection of complications, and skilled and timely interventions to avoid adverse maternal and neonatal outcomes.

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'. 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' (WHO, 2004b).

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): Basic essential obstetric care 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): Comprehensive essential obstetric care includes basic essential obstetric care services, together with blood transfusions and caesarean sections.

Emergency obstetric care (EmOC): Facilities that provide basic emergency obstetric 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 includes the performance of caesarean sections and blood transfusions. Depending on the interventions available, a facility can be classified as a Basic EmOC (BEmOC) or a Comprehensive EmOC (CEmOC) facility.

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

6.2.1 Availability of Antenatal and Post-partum 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, PPC, and TT vaccine services in Ugandan health facilities 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, post-partum care, and tetanus toxoid vaccine

Percentage of facilities offering antenatal care (ANC), post-partum care (PPC), and tetanus toxoid vaccine (TT), and percentage offering all three services, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering the indicated services				Number of facilities (weighted)
	ANC	PPC	TT vaccine	ANC, PPC and TT	
Type of facility					
Hospital	95	65	94	65	19
HC-IV	100	67	100	67	27
HC-III	96	53	90	51	158
HC-II	52	13	43	12	287
Managing authority					
Government	69	32	64	30	373
Private	74	30	60	30	119
Region					
Central	93	39	76	37	98
Kampala	76	67	76	67	9
East Central	72	31	70	31	78
Eastern	66	19	66	19	49
Northeast	51	33	47	33	41
North Central	67	39	57	29	37
West Nile	78	34	71	30	37
Western	59	21	53	21	60
Southwest	61	27	53	27	83
Total	71	31	63	30	491

Seventy-one percent of all facilities offer ANC, 31 percent offer PPC, and 63 percent provide the TT vaccine (Table 6.1). Thirty percent of facilities offer all three services. Two-thirds of government facilities offer ANC services compared with three-fourths of private facilities. Regional differentials show that over 90 percent of facilities in the Central Region offer ANC services compared with between 51 percent (Northeast) and 76 percent (Kampala) of facilities in other regions.

Among facilities offering ANC, 58 percent offer these services five or more days per week, and 37 percent limit these services to one or two days per week (Appendix Table A-6.2). The facilities offering ANC services 1-2 days per week are mostly HC-IIIs and HC-IIs. On average, up to 71 percent of ANC facilities provide TT every day ANC is offered.

Key Findings

On average, 7 in 10 facilities offer antenatal care services in the country. At the regional level, facilities in the Central Region are more likely to offer ANC services compared with facilities in other regions. Approximately 6 in 10 ANC facilities offer ANC services five or more days per week.

About 6 in 10 facilities offer tetanus toxoid vaccines, and post-partum care services are rare. All three services (ANC, PPC, and TT vaccine) are available together in only 3 in 10 facilities.

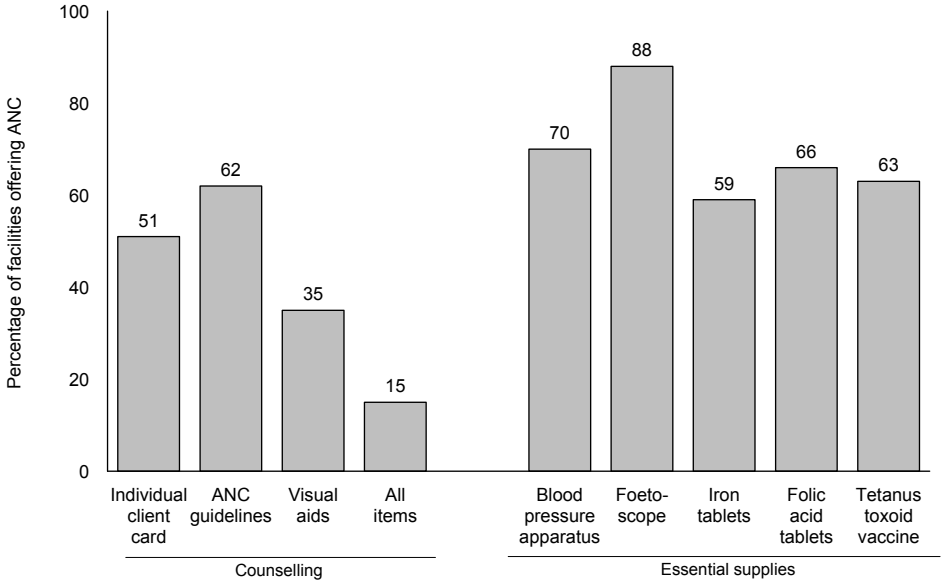
6.2.2 Infrastructure and Resources to Support Quality Assessment and Counselling of ANC Clients

To support quality assessment and counselling of ANC clients, the following are necessary: 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 Tables A-6.3.1 and A-6.3.2.

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. Blank individual client cards are available in only half of facilities offering ANC services (Figure 6.1, Appendix Table A-6.3.1).

Written ANC guidelines or protocols, which include details on how to manage common problems during pregnancy, are available in 62 percent of facilities offering ANC services. Visual aids for ANC client counselling are available in just 35 percent of facilities that offer ANC services (Figure 6.1, Appendix Table A-6.3.1).

Figure 6.1 **Availability of items to support quality ANC services (N=347)**



USPA 2007

Overall, only 15 percent of facilities have all three items—client cards, ANC guidelines or protocols, and visual aids—to support quality ANC assessment and counselling. All three items are less likely to be found in HC-IIs (7 percent) and in facilities in Eastern (2 percent) and Southwest (8 percent) regions (Table 6.2).

Table 6.2 Resources to support quality counselling and examinations for antenatal and post-partum care

Among facilities offering antenatal care (ANC), percentage with all items to support quality counselling for ANC and post-partum care (PPC), infection control, physical examinations, and basic ANC interventions, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC services with				Number of facilities offering ANC (weighted)
	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]	
Type of facility					
Hospital	29	43	15	58	19
HC-IV	22	38	11	22	27
HC-III	19	43	5	25	152
HC-II	7	24	5	14	149
Managing authority					
Government	16	33	4	18	259
Private	13	39	12	32	87
Region					
Central	23	33	5	22	91
Kampala	19	48	28	39	7
East Central	10	27	3	12	56
Eastern	2	42	1	7	32
Northeast	11	32	9	52	21
North Central	13	33	12	52	24
West Nile	15	51	20	35	29
Western	29	27	5	11	36
Southwest	8	36	1	12	51
Total	15	34	6	22	347

[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 bed/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 2007 USPA 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 one-third of facilities offering antenatal care have all items necessary for infection control in the ANC service delivery area; these items include soap and running water for hand-washing, clean latex gloves, disinfecting solution, and a sharps box (Table 6.2). Health facilities in the East Central and Western regions (each 27 percent) are less likely than those in other regions to have all of these items. As evident in Appendix Table A-6.3.1, each of these items is available, on average, in 64 percent (disinfecting solution) to 72 percent (latex gloves) of ANC facilities. However, soap, running water, and clean latex gloves are more likely to be available in hospitals than in other facility types (Appendix Table A-6.3.1).

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/table, and an examination light are necessary. Approximately 8 in 10 ANC facilities can ensure that clients have both visual and auditory privacy, and about 9 in 10 of these facilities have an examination bed/table; similarly, only 8 percent on average have an examination light (Appendix Table A-6.3.1). As a result, only 6 percent 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 times in ANC service areas. Essential ANC supplies that should always be available include iron tablets, folic acid tablets, mebendazole tablets, sulfadoxine-pyrimethamine (SP), rapid plasma reagin (RPR) kits, multistix for urine protein testing, and TT vaccines. The 2007 USPA assessed the availability of five of these items: a blood pressure machine, a foetoscope, iron tablets, folic acid tablets, and TT vaccines. Each individual item is available in between 59 and 88 percent of ANC facilities (Figure 6.1); however, only 22 percent of facilities have all five essential items, making it impossible for most facilities to offer pregnant women all required ANC services and supplies (Table 6.2 and Appendix Table A-6.3.1). These essential equipment and supplies are more likely to be available in facilities in the Northeast and North Central regions (each 52 percent), compared with facilities in the Eastern Region (7 percent) and in Kampala (39 percent) (Table 6.2). This may be a result of the emergency response to the northern parts of the country since the Lord's Resistance Army (LRA) hostilities came to an end.

Key Findings

Items that support quality ANC counselling (visual aids, ANC guidelines, and individual client cards) are not available in most facilities offering ANC services. Items for infection control are available in just one-third of health facilities offering ANC services.

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

On average, less than one-quarter 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 PPC Services

Other elements that support quality antenatal and post-partum care services include diagnostic capacity and medicines to treat common infections. Figures 6.2 and 6.3 provide summary information on the medicines and laboratory capacities available in facilities, with aggregate information available in Table 6.3. Appendix Tables A-6.4 through A-6.9 provide 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage where ANC providers routinely treat STIs	Percentage with all medicines for treating pregnancy complications[1]	Percentage with capacity for conducting the indicated diagnostic test					Number of facilities offering ANC (weighted)
			Anaemia[2]	Urine protein[3]	Urine glucose[4]	Blood grouping[5]	Syphilis[6]	
Type of facility								
Hospital	73	40	88	89	88	23	74	19
HC-IV	89	10	66	76	73	1	52	27
HC-III	87	4	21	28	29	0	21	152
HC-II	86	4	5	14	15	0	11	149
Managing authority								
Government	86	2	16	22	22	1	14	259
Private	88	19	39	48	51	2	46	87
Region								
Central	98	7	17	26	26	1	18	91
Kampala	100	39	76	85	82	12	84	7
East Central	74	4	23	18	18	3	21	56
Eastern	98	1	11	14	14	1	13	32
Northeast	87	4	35	26	31	1	16	21
North Central	44	7	18	37	37	0	26	24
West Nile	83	9	32	50	44	1	20	29
Western	95	2	26	37	39	1	29	36
Southwest	85	9	14	27	31	1	25	51
Total	86	6	21	29	29	1	22	347

[1] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole) AND either albendazole or mebendazole AND Methyldopa (Aldomet) AND first-line anti-malarial (Coartem or combination of Artesunate and Amodiaquine) AND at least one medicine for treating each of the following (trichomoniasis, gonorrhoea, chlamydia, and syphilis) all present.
[2] Includes haemoglobinometer or calorimeter or centrifuge with capillary tubes, or filter paper methods.
[3] Dip sticks for urine protein, or acetic acid for checking urine albumin and flame for heating acetic acid
[4] Dip sticks for urine glucose or Benedict's solution for urine glucose testing with stove for boiling Benedict's solution were assessed.
[5] Anti-A, Anti-B, Anti-AB and Anti-D
[6] VDRL test or RPR test kit

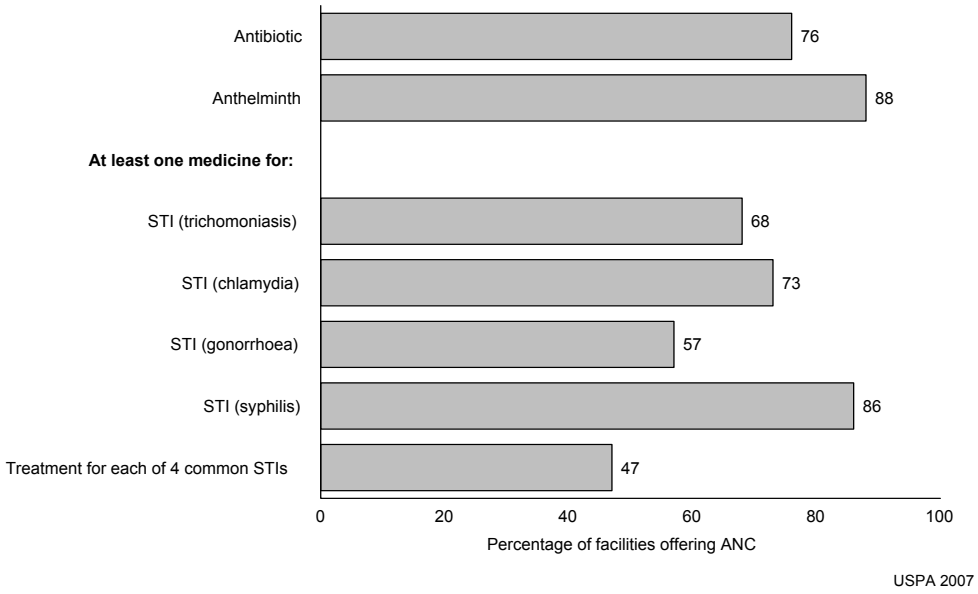
Pre-eclampsia and eclampsia (hypertensive disorders of pregnancy), anaemia, sexually transmitted infections (STIs), and vaginal infections can directly affect both maternal and newborn health. Basic essential obstetric care (BEOC) requires that a facility provide early treatment for complications of 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.

Among facilities offering ANC services, 86 percent have ANC service providers that routinely treat STIs (Table 6.3). Facilities in the North Central Region are the least likely to have ANC providers who routinely offer STI services (44 percent). 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 STIs, with the exception of gonorrhoea (medicine which is available at only 57 percent of facilities) (Appendix Table A-6.4, Figure 6.2). Hospitals are more likely than other facility types to have at least one medicine for each of these STIs. Overall, less than half of ANC facilities have at least one medicine to treat each of the four common STIs.

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 anti-malarial, and at least one medicine for treating each of the four common STIs. Only a small proportion (6 percent) of ANC facilities satisfies these criteria (Table 6.3), including 40 percent of hospitals and up to 10 percent of lower-level facilities that provide ANC services. Facilities in Kampala (39 percent) are more likely, compared with those in other regions, to have these medicines for ANC complications. Antibiotics and anthelmintics are each available in most ANC facilities (Figure 6.2); however, only 10 percent

have methyldopa to manage hypertension during pregnancy (Appendix Table A-6.4). While only 45 percent of hospitals have methyldopa, it is available at only 5 percent of HC-IIs, perhaps because they are not expected to manage pregnancy-induced hypertension.

Figure 6.2 Medicines for managing common problems and complications of pregnancy (N=347)



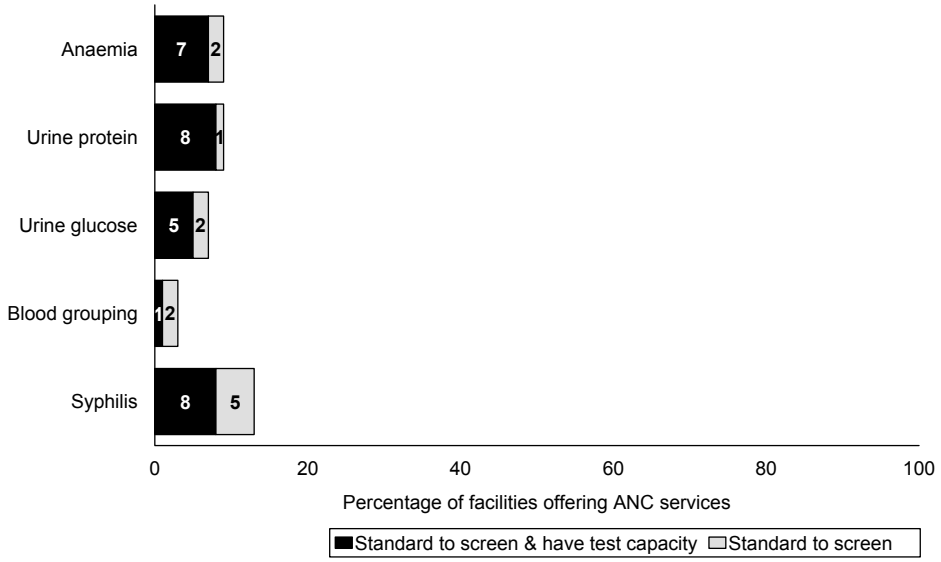
The 2007 USPA also assessed whether facilities have the capacity to test ANC and PPC clients for anaemia, urine protein, and urine glucose, and to diagnose and treat syphilis.

Among facilities offering ANC services, only 21 percent have the capacity to test for anaemia, 29 percent have the capacity to test for urine protein and urine glucose, and 22 percent have the capacity to diagnose syphilis. Only 1 percent have the capacity to do blood grouping (Table 6.3, Appendix Tables A-6.5 through A-6.9). Privately managed facilities are more likely than government-managed facilities to have the capacity to conduct each of these tests.

Figure 6.3 and Appendix Tables A-6.5 through A-6.9 show what proportions of facilities report routinely screening ANC clients for these conditions, along with the proportions that actually have the testing capacity. Only 8 percent of facilities—mostly hospitals, private facilities, and facilities in Kampala—routinely screen ANC clients for syphilis and have the capacity to conduct syphilis diagnostic tests. Similarly, Only 7 percent of facilities (also mostly hospitals, private facilities, and facilities in Kampala) routinely screen ANC clients for anaemia and have the capacity to conduct anaemia tests. In fact, private facilities are more likely to routinely screen ANC clients for anaemia, urine protein, urine glucose, and syphilis and also have the capacity to conduct these tests. Facilities in Kampala are also more likely to routinely screen ANC clients for any of these conditions and to have the capacity to conduct the tests compared with facilities in other regions.

On average, 79 percent of ANC facilities have the recommended first-line anti-malarial. Virtually all (98 percent) ANC facilities report that they routinely provide preventive anti-malarial medicines as a component of ANC services (Appendix Table A-6.4).

Figure 6.3 Facilities with standard to routinely screen ANC clients and capacity to conduct indicated tests (N=347)



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Key Findings

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

In close to 9 out of 10 facilities that offer ANC services, ANC service providers routinely provide STI treatment. About half of ANC facilities have at least one medicine to treat each of the four common STIs (syphilis, gonorrhoea, chlamydia, and trichomoniasis).

Hospitals, private facilities, and facilities in Kampala 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 PPC Services

Management practices that support quality antenatal and post-partum care services include documentation and record-keeping, posting user fees, and staff supervision and development.

Table 6.4 provides information on management practices, and Figure 6.4 provides summary information on training received by ANC service providers. Appendix Tables A-6.10 through A-6.12.2 provide details on ANC service utilisation, user fees, and out-of-pocket payments for ANC services. Appendix Table A-6.13 provides information on supportive management for ANC service providers. Appendix Tables A-6.14.1 through A-6.15 provide detailed information on training and supervision.

6.3.1 Facility Documentation and Records

Among facilities offering ANC services, 80 percent have up-to-date registers, defined as having a register with an entry during the preceding seven days that indicates the type of client visit (first visit or follow-up visit) (Table 6.4). Up-to-date registers are universally available in hospitals (96 percent) and HC-IVs (98 percent). Private facilities are less likely to have up-to-date registers compared with

government facilities (67 compared with 84 percent). At the regional level, ANC facilities in Western (92 percent) and North Central regions (95 percent) are more likely to have these registers.

An average of only 5 percent of facilities offering ANC services have an up-to-date register for PPC client visits.

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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC that have:				Number of facilities offering ANC (weighted)	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed ANC providers (weighted)[4]
	Observed up-to-date client registers[1]		Documentation of monitoring ANC coverage	User fees for ANC		Training related to ANC[2]	Personal supervision[3]	
	ANC	PPC						
Type of facility								
Hospital	96	30	4	35	19	66	86	18
HC-IV	98	11	18	6	27	69	98	26
HC-III	86	5	17	14	152	70	90	142
HC-II	69	1	7	28	149	61	95	138
Managing authority								
Government	84	5	15	4	259	68	92	238
Private	67	5	5	70	87	60	92	85
Region								
Central	70	1	13	25	91	70	97	85
Kampala	74	17	7	58	7	74	71	7
East Central	79	3	5	25	56	65	93	49
Eastern	85	7	16	17	32	79	94	25
Northeast	79	4	11	14	21	45	92	21
North Central	95	12	12	17	24	84	95	24
West Nile	81	14	19	19	29	63	98	29
Western	92	6	30	19	36	66	83	34
Southwest	81	5	0	11	51	54	88	50
Total	80	5	12	20	347	66	92	323

[1] Register has entry within past seven days and indicates, at minimum, whether this was the first or a follow-up visit for ANC and number of days post-partum for PPC 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 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 ANC in facilities offering ANC services.

Monitoring ANC coverage rates (i.e., the proportion of eligible women in a catchment area who receive ANC services) occurs rarely, according to the findings of the survey. Only 12 percent of ANC facilities have documentation indicating that they monitor ANC coverage (Table 6.4). Facilities in the Western Region are relatively more likely to document ANC coverage (30 percent) compared with facilities in other regions (zero to 19 percent).

6.3.2 Practices Related to User Fees

User fees may have a positive effect on service utilisation by increasing the funds available to the facility. On the other hand, they may also have a negative effect by deterring poor clients from using these 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 Uganda, ANC services are supposed to be provided free of charge in all government facilities. Overall, 20 percent of facilities offering ANC services charge some form of user fees. These are almost entirely private facilities (70 percent) and, to some extent, facilities in Kampala (58 percent) (Table 6.4). Only 4 percent of government facilities charge user fees for ANC services. Hospitals (35 percent) and HC-IIs (28 percent) are more likely than other facility types to charge user fees. Information on specific items for which facilities charge is presented in Appendix Table A-6.11.

Among ANC facilities that charge user fees, only 17 percent (including 39 percent of HC-IIIs) publicly display all fees (Appendix Table A-6.11).

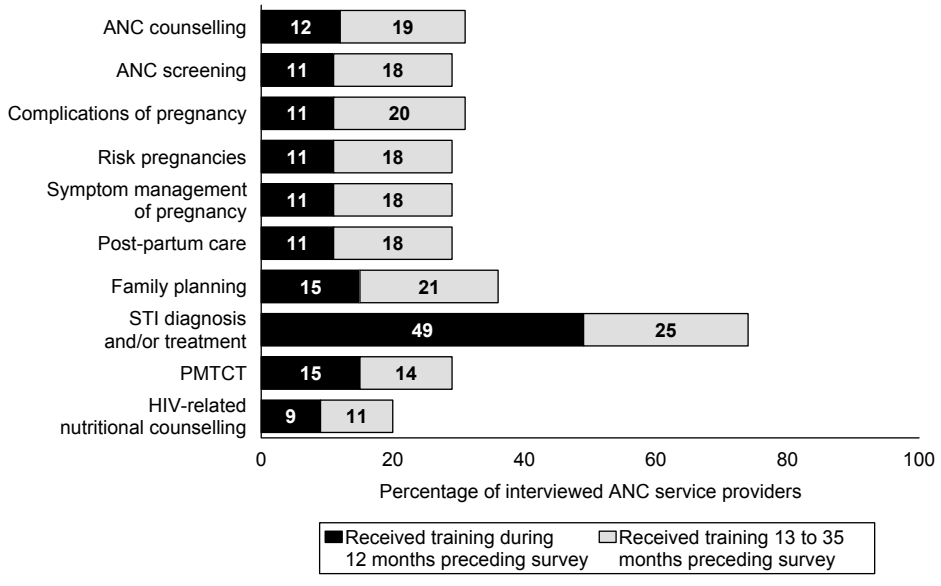
Among first-visit ANC clients who were observed receiving services and later interviewed, 16 percent reported paying out-of-pocket user fees, with a median amount of approximately 1,500 Uganda Shillings (UShs) (Appendix Table A-6.12.1). Follow-up ANC clients reportedly paid a median of approximately 1,000 UShs. For both first-visit and follow-up clients, out-of-pocket fees paid by clients were higher in hospitals (approximately 2,000 UShs) compared with other facilities (Appendix Tables A-6.12.1 and A-6.12.2).

6.3.3 Training and Supervision

The USPA considers a facility as providing routine staff development activities if at least half of interviewed ANC providers 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. Two-thirds (66 percent) of ANC facilities meet this criterion. There is little variation by facility type; however, facilities in the Northeast Region (45 percent) 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 (49 percent of interviewed providers), family planning, and prevention of mother-to-child transmission of HIV (PMTCT) (each 15 percent), while the rest range between 9 and 12 percent of interviewed providers (Figure 6.4).

Figure 6.4 **Training received by interviewed ANC service providers, by topic and timing of most recent training (N=756)**



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Supervising individual staff members helps promote adherence to standards and identify problems that contribute to poor services. Supervision of ANC providers is quite common, with 92 percent of facilities meeting the USPA criteria for routine staff supervision, namely that 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 Kampala (71 percent of facilities).

[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.

Key Findings

While 8 in 10 facilities have up-to-date ANC registers, only 5 percent have PPC registers. Only one-tenth of ANC facilities have documentation indicating that they monitor ANC coverage.

Two-thirds of facilities provide routine staff training on ANC, and about 9 in 10 ANC facilities have routine staff supervision.

6.4 Adherence to Standards for Quality ANC Service Provision

To assess whether ANC providers adhere to service standards, USPA personnel observed ANC consultations. The observation check-lists that were used 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 shared was correct, whether an examination was properly done, or whether findings were appropriately interpreted.

6.4.1 Appropriate Assessment and Examination for ANC Clients

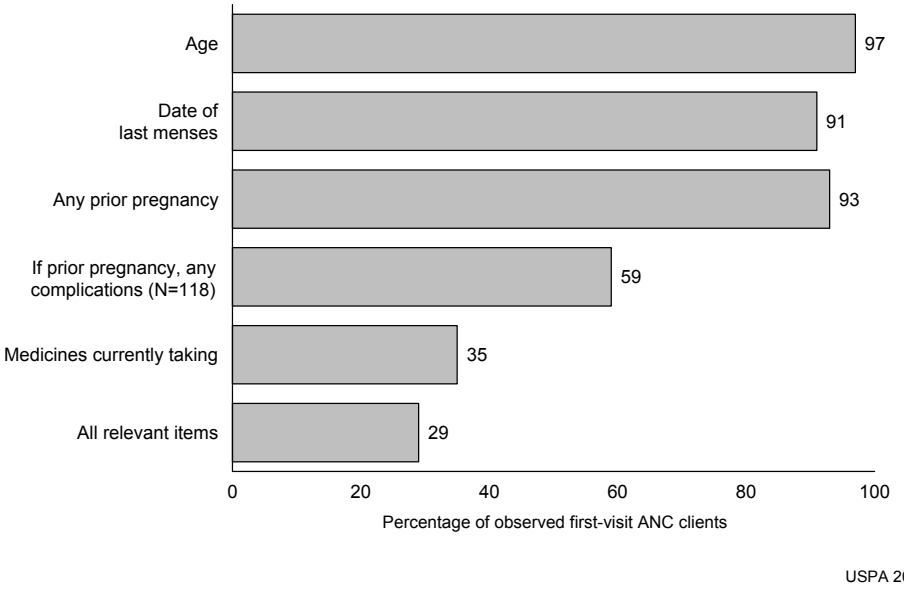
Summary information from the observations of ANC consultations is provided in Figures 6.5 through 6.8. Appendix Tables A-6.17 to A-6.21 provide details on assessments, examinations, and interventions for ANC clients.

Client history

During a first ANC visit, the provider is expected to elicit a basic medical history to assess the client for pre-existing risk factors. Providers ask over 90 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 ask less often about any complications during prior pregnancies (59 percent) and what medicines the client is currently taking (35 percent). Information about a client's history of complications with prior pregnancies is more likely to be collected of clients attending HC-IIs (78 percent) than of clients receiving their services in other facility types (between 49 and 59 percent of first-visit ANC clients).

Only 29 percent of first-visit ANC clients are assessed for all of five items discussed above (Figure 6.5).

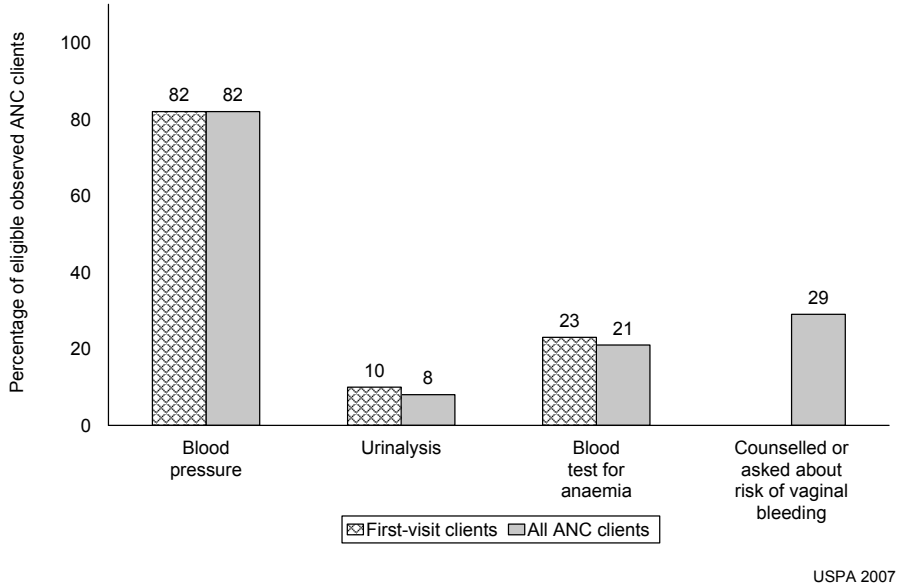
***Figure 6.5* Content of client history assessed for first-visit ANC clients (N=180)**



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 first-visit and all ANC clients 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 clients (N=180) and all observed ANC clients (N=373)



Laboratory testing capability is necessary (and required in some cases) 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 conducting 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), possibly because more of these facilities have the means to measure blood pressure than the capacity to conduct blood tests or urinalysis. Approximately 4 in 5 ANC clients (both first-visit and follow-up clients) have their blood pressure measured during an ANC visit, and about 1 in 5 ANC clients have their blood tested for anaemia. The least conducted laboratory test, albeit the most basic, is urine testing for protein (conducted for only up to 10 percent of all ANC clients). First-visit clients receive all three tests more often than other clients.

Only 29 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 for their age, date of last menses, aspects related to prior pregnancies (including pregnancy complications), and medicines currently taking, only 29 percent are assessed for all of their relevant medical history.

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.

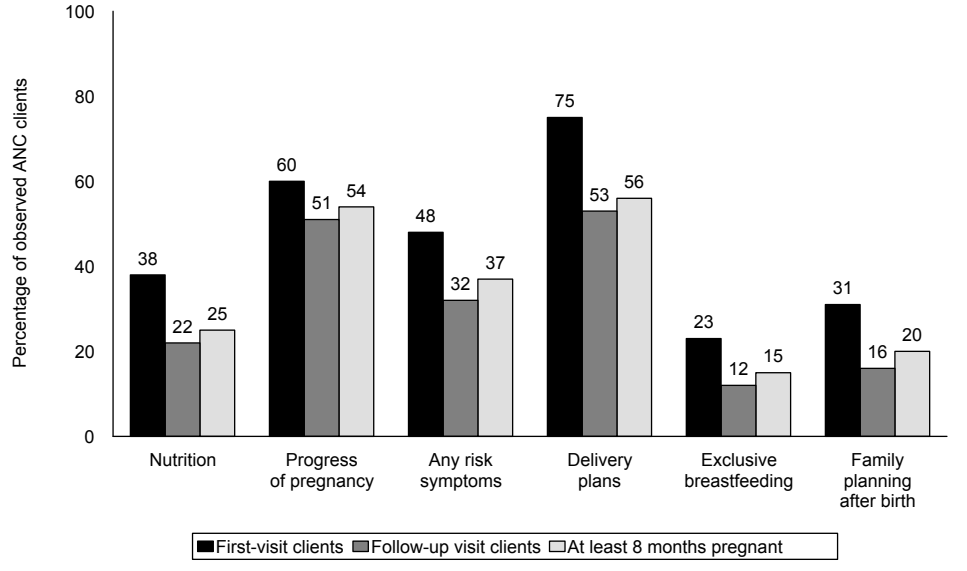
6.4.2 Counselling to Promote a Healthy Outcome

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, since most women make multiple ANC visits. Thus, the content of counselling for first and follow-up visits is assessed separately.

Nutritional issues are discussed during consultations with only 38 percent of first-visit and 22 percent of follow-up clients (Figure 6.7). Progress of the pregnancy is discussed with 60 percent of first-visit and with 51 percent of follow-up clients. Delivery plans are discussed with 75 percent of first-visit and 53 percent of follow-up clients. Unfortunately, delivery plans are discussed with only 56 percent of ANC clients who are at least eight months pregnant. Similarly, family planning after birth is not widely discussed with ANC clients; it is addressed during only 31 percent of first-visit clients, 16 percent of follow-up clients, and 20 percent of clients who are at least eight months pregnant (Figure 6.7). Exclusive breastfeeding is an even less commonly discussed topic: only 15 percent of ANC clients at least eight months pregnant are counselled on it. Counselling on risk symptoms was seen with only 37 percent of ANC clients at least eight months pregnant.

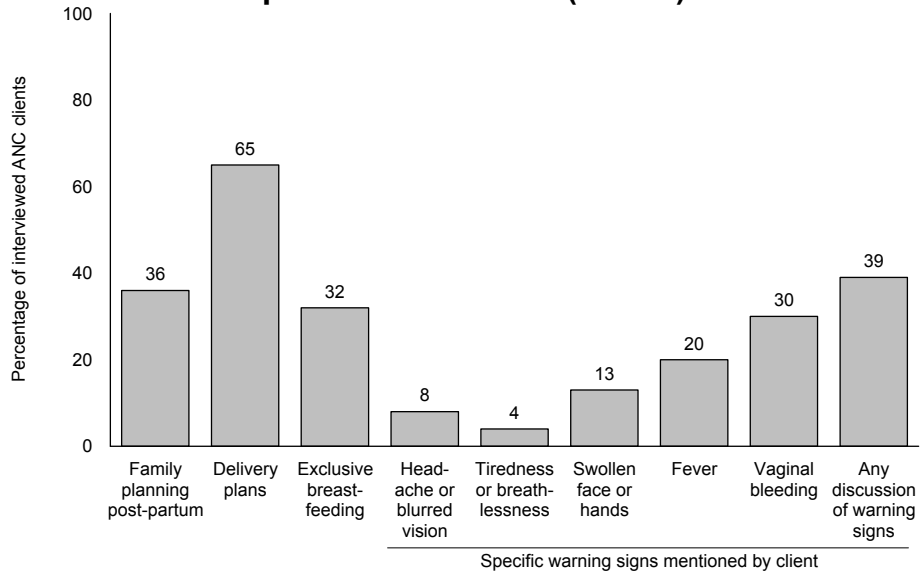
Figure 6.7 **Counselling topics discussed with observed first-visit clients (N=180), follow-up visit clients (N=193), and ANC clients at least 8 months pregnant (N=137)**



USPA 2007

Exit interviews with ANC clients who have been observed receiving services ask about topics that were discussed during the current or past visits to the facility. Sixty-five percent of interviewed clients said the provider discussed delivery plans with them, 36 percent said providers discussed using family planning post-partum, while 32 percent said providers discussed exclusive breastfeeding with them at least during one ANC visit (Figure 6.8).

Figure 6.8 **Topics reported by interviewed clients as having been discussed either during this or a previous ANC visit (N=373)**



USPA 2007

Interviewed clients are also asked to mention specific warning signs that were discussed during the current or past ANC visits. While 39 percent said they had discussed warning signs and symptoms of some kind, few were able to name any of these danger signs. Vaginal bleeding is the most commonly mentioned danger sign (30 percent of interviewed clients), followed by fever (20 percent) and swollen face or hands (13 percent). Headache or blurred vision (8 percent), and tiredness or breathlessness (4 percent) are the least mentioned warning signs (Figure 6.8).

Key Findings

ANC clients are not frequently counselled on nutrition, risk signs and symptoms, family planning, or exclusive breastfeeding during ANC visits.

Delivery plans are also not commonly discussed: three-quarters of first-visit clients, half of follow-up clients, and 56 percent of clients who are at least 8 months pregnant had discussions on delivery plans with providers.

6.4.3 Supporting Continuum of Care

Continuum of care, including monitoring changes between visits, is important to quality ANC. One of the more reliable ways to achieve continuum of care is to maintain a record of relevant history and findings, as well as interventions or treatments provided. Frequently, health services are organised so that a client's vitals (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 80 percent of first visits and 84 percent of follow-up visits, providers looked at the individual client card during the consultation. By the end of all consultations (first-visit and follow-up), virtually all of the providers 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.

Eighty-four percent of all observed ANC clients went home after their encounter with the provider (Appendix Table A-6.25). Twelve percent were referred elsewhere in the same facility, with most of these intra-facility referrals taking place in hospitals (23 percent) and HC-IVs (19 percent). Private facilities (40 percent) and facilities in the Eastern Region (36 percent) were also more likely to make intra-facility referrals. Only 2 percent of clients were referred to another 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 the provider: 19 percent of interviewed clients considered waiting times to be a big problem (Appendix Table A-6.26). Other areas of concern for ANC clients were the availability (or lack) of medicines, considered to be big problems by 10 percent interviewed clients.

Ten percent of interviewed ANC clients reported that the facility they were currently visiting was not the one closest to their home. When asked why they did not visit the closest facility, the largest group (24 percent), cited lack of medicines as the reason they bypassed the closest facility. Nineteen percent cited inconvenient operating hours, while 15 percent cited high cost at the nearest facility (Appendix Table A-6.27).

6.6 Availability of Delivery Services and Capacity to Provide Quality Delivery Care

The USPA 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 aspects were assessed:

- Availability of delivery services
- Home delivery care practices
- Infrastructure and resources to support quality delivery services
- Practices related to signal functions
- 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.

Approximately half (53 percent) of all facilities offer normal delivery services (Table 6.5). Normal delivery services are universally available in hospitals (97 percent), HC-IVs (99 percent) and HC-IIIs (90 percent) compared with HC-IIs (25 percent). There is no difference between government and private facilities; however, at the regional level, facilities in the Southwest (39 percent), Western (43 percent), and Northeast (46 percent) regions are less likely to offer normal delivery services.

Caesarean sections are less frequently available; on average, only 5 percent of all facilities offer caesarean section, mainly hospitals (84 percent) and, to a much lower extent, HC-IVs (24 percent). Only 4 percent of government facilities offer caesarean sections compared with 10 percent of private facilities. This is because most government facilities are lower-level health centres 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 together.

Table 6.5 Availability of maternal health services

Percentage of facilities that offer specific maternity services, transportation for maternity emergencies, and services supporting safe home delivery and traditional birth attendants (TBAs), by background characteristics, Uganda SPA 2007

Background characteristic	Facility-based maternity services					Transportation support for maternity emergencies[1]	Services supporting safe home delivery		Number of facilities (weighted)
	Antenatal care (ANC)	Normal delivery services	Caesarean section	ANC and normal delivery services	ANC, normal delivery, and caesarean section		Any home delivery services[2]	Documented official program supportive of TBAs[3]	
Type of facility									
Hospital	95	97	84	95	82	91	4	11	19
HC-IV	100	99	24	99	24	92	8	22	27
HC-III	96	90	2	90	2	61	10	20	158
HC-II	52	25	0	25	0	33	3	6	287
Managing authority									
Government	69	53	4	53	4	45	5	12	373
Private	74	54	10	54	10	54	7	10	119
Region									
Central	93	65	5	65	5	41	9	6	98
Kampala	76	63	26	61	24	69	4	0	9
East Central	72	58	4	58	4	51	4	6	78
Eastern	66	52	7	52	7	29	4	13	49
Northeast	51	46	4	46	4	46	11	12	41
North Central	67	60	6	60	6	80	20	9	37
West Nile	78	56	5	56	5	85	0	34	37
Western	59	43	6	43	6	34	0	16	60
Southwest	61	39	4	39	4	38	2	12	83
Total	71	53	5	53	5	47	6	12	491

[1] The facility has an ambulance, or there is a system in place whereby the facility provides some support for emergency transportation to a referral site, or the facility is the referral site.
[2] This may be either a routine service or services only for emergency cases.
[3] Any official activity with TBAs for which the facility has any documentation.

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 47 percent of all facilities have a system of emergency transportation[3] to another facility for maternity emergencies (Table 6.5). Hospitals and HC-IVs (91 percent and 92 percent, respectively) are more likely than HC-IIIs (61 percent) and HC-IIs (33 percent) to support emergency transportation for obstetric emergencies. Private facilities seem more likely to have transport for maternity emergencies compared with government facilities (54 compared with 45 percent). Among those facilities supporting emergency maternity transportation, 28 percent have an ambulance or other facility-based vehicle, half use a vehicle that is based at another facility, 14 percent hire vehicles, and 12 percent have other arrangements to support the cost of emergency transportation (Appendix Table A-6.29). Facilities in North Central and West Nile regions are much less likely than other facilities to have an ambulance or other facility-based vehicle for maternity 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; 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 authorises 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; they may have

[3] The facility has an ambulance, or there is a system in place whereby the facility provides some support for emergency transport to a referral site. Referral facilities are counted as having an emergency transportation system, since they can provide all relevant services.

formal arrangements for working with the health system and other community resource persons, including TBAs.

Only 6 percent of facilities in Uganda have services supporting safe home delivery (Table 6.5); these are mainly located in the North Central Region. In addition, 12 percent of facilities have documentation of official support for TBAs; this includes 34 percent of facilities in the West Nile Region.

Key Findings

Just over half of facilities on average offer normal delivery services. Normal delivery services are mainly available in hospitals, HC-IVs and HC-IIIs. Eighty-four percent of hospitals and 24 percent of HC-IVs offer caesarean sections.

Less than 50 percent of all facilities have a system of emergency transportation to a referral facility for maternity emergencies.

Only 6 percent all facilities have services supporting safe home delivery.

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 6.9 through 6.11 summarise the individual items available, and Appendix Tables A-6.30.1 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 6.12 provides information on equipment for emergency obstetric care, and information on supportive management and supervision is provided in Appendix Tables A-6.42 through A-6.44.

Table 6.6 Availability of elements for quality delivery services

Among facilities offering delivery services, percentage that have infection control items, sterilisation or high-level disinfection (HLD) capacity, infrastructure and furnishings, and other elements to support quality delivery services, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering delivery services with:				Number of facilities offering delivery services (weighted)
	All items for infection control[1]	Capacity for sterilisation/ HLD processing[2]	All delivery room infra-structure and furnishings[3]	All other elements to support quality delivery services[4]	
Type of facility					
Hospital	70	46	28	20	19
HC-IV	59	20	15	9	27
HC-III	52	5	5	3	143
HC-II	15	2	8	0	72
Managing authority					
Government	44	6	7	4	197
Private	45	16	14	5	64
Region					
Central	35	8	7	4	64
Kampala	54	34	28	3	5
East Central	29	1	6	1	46
Eastern	62	7	3	6	25
Northeast	40	9	10	5	19
North Central	38	23	20	7	22
West Nile	55	14	12	11	21
Western	56	8	8	3	26
Southwest	55	6	6	1	33
Total	44	9	9	4	261

[1] Soap, running water, sharps box, disinfecting solution, and clean latex gloves.
[2] In location where delivery services equipment is processed, equipment and knowledge of minimum processing time for sterilising or HLD processing, and an automatic timing device were available
[3] Bed/table, examination light, and privacy (both visual and auditory).
[4] Guidelines, partographs, and 24-hour delivery provider on-site or on call, with duty schedule observed.

Infection control

Infection is one of the most common causes of maternal and neonatal morbidity and mortality; so infection control practices are essential for quality delivery care. Among facilities offering delivery services, 44 percent have all the items for infection control available in the delivery service area; these items include soap and running water for washing hands, a sharps box, disinfecting solution, and clean or sterile latex gloves (Table 6.6 and Appendix Table A-6.30.1). The items most often lacking are running water and soap, which are missing in 31 and 26 percent of facilities, respectively. Sharps containers are missing in 23 percent of the facilities, whereas disinfecting solution and clean latex gloves are missing in 20 and 18 percent, respectively. Covered waste receptacles with plastic liners are available in only 43 percent of facilities that offer delivery services.

Hospitals (70 percent) are more likely than health centres to have all infection control items (Table 6.6). Facilities in the Eastern Region (62 percent) are relatively more likely to also have all items for infection control.

Among facilities offering delivery services, 39 percent report they process delivery equipment in the delivery area, 51 percent do so in the main facility area, and 5 percent process their equipment in the family planning area (Appendix Table A-6.31). Five percent either do not process equipment at all or send equipment outside for final processing.

According to survey definition, only 9 percent of facilities (including 46 percent of hospitals and 20 percent of HC-IVs) have the capacity for sterilisation or HLD processing at the location where delivery service equipment is processed; i.e., the facility has the necessary equipment, appropriate knowledge of minimum processing temperature and/or time for the method used, and an automatic timer available (Table 6.6). The generalised lack of automatic timers at processing sites leads to the low proportion of facilities having the capacity to sterilise/HLD equipment.

The different methods or procedures used for sterilising or HLD-processing equipment used for deliveries were also assessed[4]. Among facilities offering delivery services, 6 percent employed dry heat or autoclave, and 3 percent either boiled or used chemical high-level disinfection. As much as 84 percent report some sterilisation or final processing; however, on the day of the survey either the equipment was missing or the responsible staff could not demonstrate the knowledge of properly carrying out the reported sterilisation procedure (Appendix Table A-6.32.1).

Only 5 percent of facilities have written guidelines for sterilisation or HLD processing available in the area where delivery equipment is processed (Appendix Table A-6.32.1). Written guidelines for sterilisation or HLD processing are mainly available in hospitals (24 percent).

Infrastructure for delivery

Items to support quality delivery services were also assessed (Table 6.6 and Figure 6.9). A bed/table, examination light, and privacy (both visual and auditory) are considered basic delivery room infrastructure and equipment. Overall, only 9 percent of facilities that offer delivery services have all these basic items (Table 6.6). The best-equipped facilities are hospitals and facilities in Kampala (each 28 percent). Seventy-eight percent of facilities offer privacy and have a bed/table in the delivery area; however, only 13 percent have an examination light (Figure 6.9).

Elements to support quality delivery services

The partograph (a tool that can be used by midwifery personnel to assess the progress of labour and to identify when intervention is necessary) is promoted internationally as a way to improve the quality of

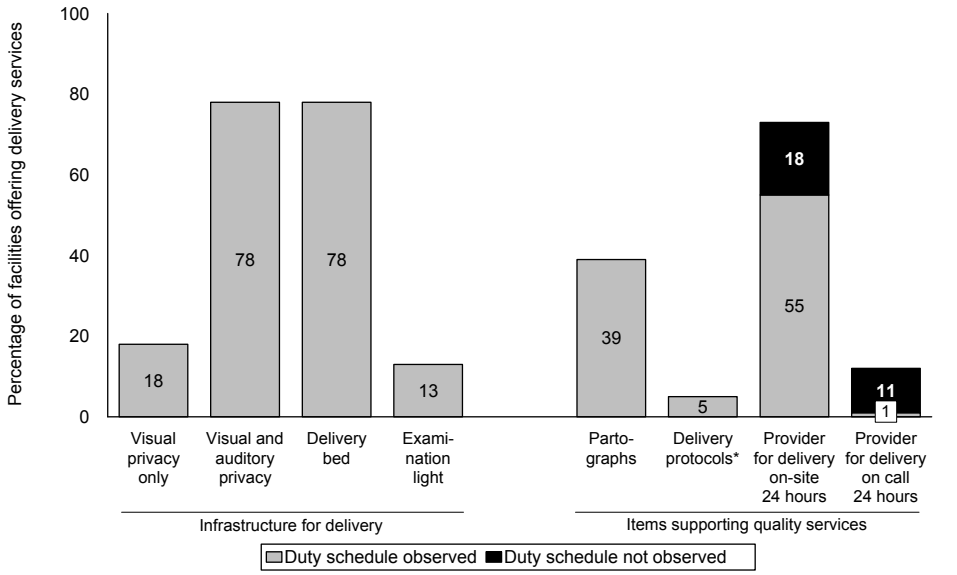
[4] In Chapter 3, Sections 3.4.1 and 3.4.2 provide details on the definitions for adequate sterilisation or HLD procedures and storage practices.

care during labour; it provides guidelines for the early identification of complications. About 2 in 5 (39 percent) delivery facilities have blank partographs available (Figure 6.9), and they are more likely to be found at hospitals (80 percent) than in health centres (Appendix Table A-6.30.1). Regarding the actual use of a partograph, 17 percent of interviewed delivery service providers reported using a partograph to monitor labour during the week preceding the visit, and 11 percent reported using it during the preceding two to four weeks (Appendix Table A-6.45). Twenty-four percent reported last using a partograph more than six months preceding the survey, and up to 31 percent had never used a partograph to monitor labour. Only 9 percent of delivery service providers reported having received training on the use of the partograph during the 12 months preceding the survey (Appendix Table A-6.43.1).

Delivery guidelines and protocols are not widely available; only 5 percent of facilities offering delivery services have delivery guidelines and protocols available in the delivery service area (Figure 6.9).

In Uganda, general practitioners (including medical officers), clinical officers, nurses/midwives and obstetricians/gynaecologists are the principal staff members who provide delivery services in health facilities. Although 73 percent of facilities report having a delivery service provider on-site 24 hours a day, only 55 percent have a duty schedule to support that claim (Figure 6.9). Similarly, while 12 percent of facilities report having a delivery service provider on call 24 hours a day, only 1 percent have a duty schedule to support that claim.

Figure 6.9 **Items to support quality delivery services (N=261)**



* Essential maternal and neonatal care clinical guidelines for Uganda

USPA 2007

Key Findings

Less than half 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 soap.

Just one-tenth of facilities that offer normal delivery services have all the elements needed to support quality sterilisation of delivery equipment, and only 5 percent have written guidelines for sterilisation or HLD processing available in the area where delivery equipment is processed.

About 2 in 5 of these facilities have blank partographs to help providers monitor an individual woman's labour.

Only about half of facilities have a provider available on-site 24 hours a day for deliveries with an observed duty schedule.

Essential supplies for delivery services

Table 6.7 and Figures 6.10 and 6.11 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. Availability of individual items ranges from 54 percent of facilities having a suction apparatus to 78 percent having scissors or a blade (Figure 6.10). However, all these items are available in the delivery area in only 33 percent of facilities offering delivery services (Table 6.7), including 66 percent of hospitals, 48 percent of HC-IVs, 34 percent of HC-IIIs, and 17 percent of HC-IIs. Private facilities (49 percent) are more likely than government facilities (28 percent) to have all of these essential supplies. Expectant mothers are expected to arrive at the facility with some of these supplies.

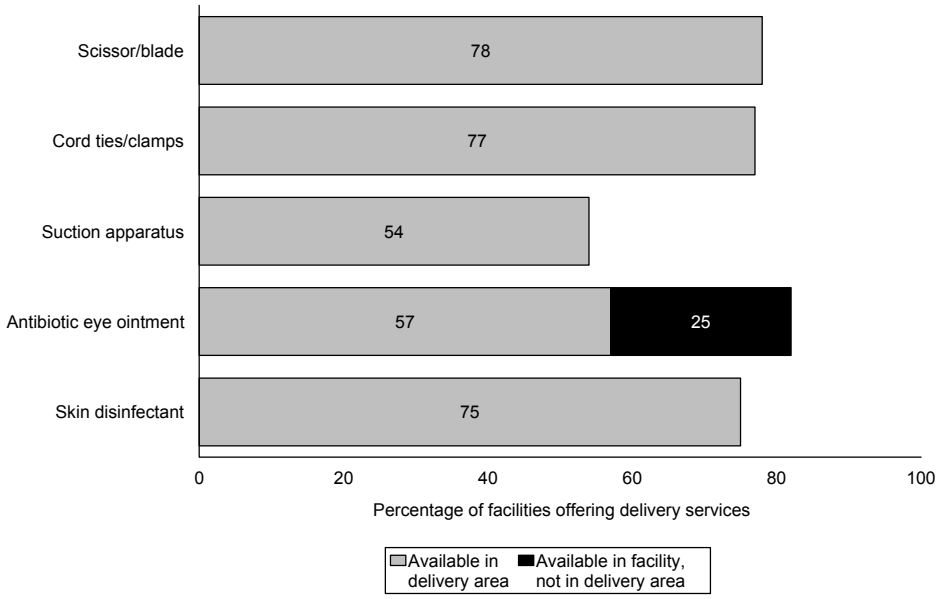
Table 6.7 Availability of medicines and supplies for normal and complicated delivery services

Percentage of facilities offering delivery services that have all essential supplies for delivery and additional medicines and supplies for complications, by background characteristics, Uganda SPA 2007

Background characteristic	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	66	67	81	19
HC-IV	48	24	38	27
HC-III	34	4	26	143
HC-II	17	7	25	72
Managing authority				
Government	28	9	25	197
Private	49	19	48	64
Region				
Central	25	9	29	64
Kampala	46	35	40	5
East Central	19	8	24	46
Eastern	31	8	22	25
Northeast	55	6	21	19
North Central	35	21	44	22
West Nile	44	9	31	21
Western	42	17	38	26
Southwest	40	15	39	33
Total	33	11	31	261

[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 all located in delivery room area; oral antibiotic (cotrimoxazole or amoxicillin) located in pharmacy or delivery room area.
[3] Injectable: Anticonvulsant (valium or magnesium sulphate) in delivery room area and antibiotic (penicillin or ampicillin or gentamicin) in delivery room area or pharmacy.

Figure 6.10 Essential supplies for delivery (N=261)

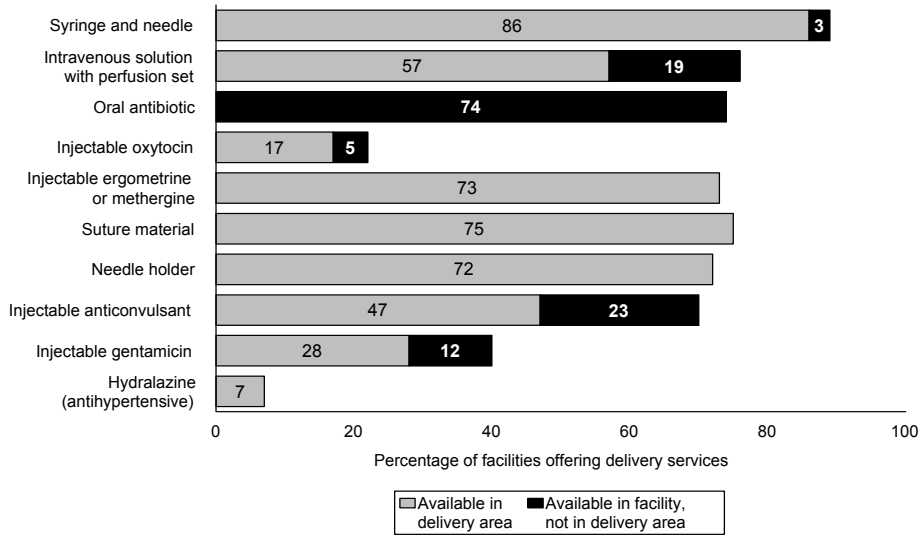


USPA 2007

Additional supplies and medicines for complications

To manage delivery complications, facilities need additional medicines and supplies. Only 11 percent of facilities offering delivery services have everything needed to manage common complications, including a syringe and needle, intravenous solution with a perfusion set, an injectable oxytocic, suture material, 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 (67 percent), followed by HC-IVs (24 percent), and facilities in Kampala (35 percent) and the North Central Region (21 percent). Only 9 percent of government facilities offering delivery services have all of these supplies compared with 19 percent of private facilities. Among the items needed for common complications, injectable oxytocin and the antihypertensive hydralazine are most commonly missing (Figure 6.11).

Figure 6.11 Additional medicines and supplies for managing complications of delivery (N=261)



USPA 2007

The 2007 USPA also assessed the availability of selected medicines and supplies for managing serious complications in facilities offering delivery services. An MOH report, *Strategy to Improve Reproductive Health in Uganda 2005-2010* (MOH, 2004), states that every woman, during pregnancy or puerperium, seeking health care in a health facility should be attended to by a skilled health care provider. This implies that all of the supplies needed for emergencies should be readily available at all times. The standards also call for emergency obstetric care (EmOC) facilities to have an emergency tray of drugs available, with anticonvulsants, antihypertensive, 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 31 percent of facilities that offer delivery services, primarily in hospitals (81 percent), private facilities (48 percent), and facilities in Kampala (40 percent) and the North Central Region (44 percent) (Table 6.7). Government facilities (25 percent) are among the least likely to have these medicines and supplies for managing serious complications of delivery, possibly because the majority are lower-level facilities. Injectable oxytocin is available in the delivery area in only 17 percent of facilities that offer delivery services; however, injectable ergometrine or methergine are available in up to 73 percent of these facilities (Figure 6.11). Injectable anticonvulsants for controlling seizures in severe pre-eclampsia and eclampsia are available in the delivery service area in 47 percent of these facilities, and an additional 23 percent stock them elsewhere in the facility. Injectable antibiotics (gentamicin) for treating sepsis are available in 40 percent of facilities; only 28 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 7 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 all available in only one-third of facilities offering delivery services, with private facilities more likely than government facilities to have all basic supplies.

Items for managing common complications of delivery are available in only one-tenth of facilities offering delivery services, primarily in hospitals, HC-IVs, and facilities in Kampala. Injectable oxytocin is available in the delivery area in only a small proportion of facilities. Ergometrine or methergine are more widely available in delivery areas.

Additional medicines and supplies for managing serious complications are available in only 3 of 10 facilities offering delivery services.

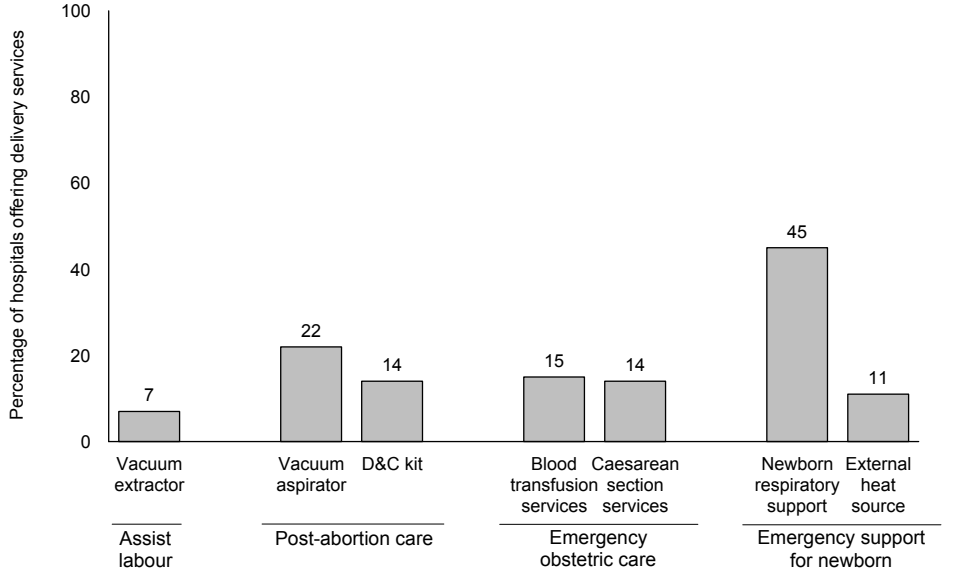
Emergency equipment

Facilities that manage complicated deliveries should have the capacity to offer comprehensive essential obstetric care. In Uganda, complicated deliveries are primarily managed in hospitals and selected health centres that have skilled staff and equipment. Other facilities are expected to refer clients on designated referral facilities. In cases where lifesaving 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 (Figure 6.12, Appendix Table A-6.36.2). Because government facilities comprise mostly lower-level facilities, it is not surprising that only 10 percent of government facilities (compared with 38 percent of private facilities) offer blood transfusion and 9 percent of government facilities (compared with 33 percent of private facilities) offer C-sections. Facilities in Kampala are relatively more likely to offer these services compared with facilities in other regions.

The basic items needed to perform C-sections (operating table and light, scrub area next to or adjacent to the operating room, and sterilised instruments) are universally available in facilities that offer C-sections (Appendix Table A-6.37.1). Only about two-thirds of these facilities, however, have an anaesthetist available (with observed duty schedule).

Figure 6.12 Emergency equipment and services available in hospitals, HC-IVs, and HC-IIIs (N=189)



USPA 2007

Assisted vaginal delivery

In Uganda, assisted vaginal deliveries are performed by midwives, medical officers, clinical officers, and obstetrician/gynaecologists. The procedure should involve as little trauma as possible, by using a plastic cap vacuum extractor at low pressure. Among hospitals, HC-IVs and HC-IIIs that offer delivery services, only 7 percent have the capacity to provide assisted vaginal delivery by means of vacuum extraction (Appendix Table A-6.36.2, Figure 6.12). Though the proportions are generally low, hospitals (54 percent), private facilities (18 percent), and facilities in Kampala (29 percent) are most likely to have the capacity to perform this procedure.

Post-abortion care

The ability to provide care to a woman after an incomplete abortion is vital to prevent any complications. To remove any retained products of conception, facilities should be able to provide manual vacuum aspiration or dilatation and curettage (D&C). Vacuum aspirators and D&C kits are available, on average, in 22 and 14 percent, respectively, of hospitals, HC-IVs and HC-IIIs that offer delivery services (Appendix Table A-6.36.2). Similar information is provided in Appendix Table A-6.36.1 for all facilities that offer delivery services.

Key Findings

Few facilities in Uganda offer blood transfusion and C-sections services. These are mostly hospitals, private facilities, and facilities in Kampala.

The basic items needed to perform C-sections (operating table and light, scrub area next to or adjacent to the operating room, and sterilised instruments) are universally available in facilities that offer C-sections. Only about two-thirds of these facilities, however, have anaesthetists available (with observed duty schedule).

6.7 Newborn Care Practices

The 2007 USPA assessed newborn care practices and the availability of equipment and supplies for supporting newborn care in Uganda health facilities. The survey 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-6.36.1, A-3.36.2, A-6.38, and Figure 6.12.

Only 37 percent of facilities offering delivery services have an emergency respiratory support system for the newborn (Appendix Table A-6.36.1). Hospitals (70 percent), HC-IVs (53 percent), and facilities in the West Nile Region (66 percent) are more likely to have emergency respiratory support available than do other facilities. Private facilities (45 percent) are relatively more likely than government facilities (35 percent) to have a respiratory support system for newborns.

Only 8 percent of facilities offering delivery services have an external heat source for newborns; they are mostly available in hospitals (43 percent), private facilities (18 percent), and facilities in Kampala (30 percent). The above findings are also presented in Appendix Table A-6.36.2 and Figure 6.12 for hospitals, HC-IVs HC-IIIs offering delivery services.

Using catheter suction to stimulate respiration in newborns that are in some distress is a common practice in many health 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. Among facilities offering delivery services, 13 percent report routinely using catheter suction (Appendix Table A-6.38). This practice is more common among hospitals (36 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. Newborn full-immersion bathing is reported in 29 percent of facilities that offer delivery services (Appendix Table A-6.38). The practice is common in hospitals (38 percent).

Since low birth weight is a risk indicator for infant death, weighing the newborn provides information essential to postnatal care. Although 82 percent of facilities indicate that they routinely weigh newborns, only 75 percent have a functioning infant scale for weighing infants in the delivery service area (Appendix Table A-6.38). Routine weighing is most common in hospitals (97 percent) and least practised at HC-IIs (59 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. However, 77 percent of facilities have vitamin A available in the delivery area (Appendix Table A-6.38) and 93 percent have vitamin A available either in the delivery room or in the pharmacy.

Eighty percent of facilities routinely provide newborns with BCG and oral polio vaccine (OPV) (Appendix Table A-6.38).

Internationally, exclusively breastfeeding the infant the first six months of life is promoted; providing pre-lacteal liquids is discouraged. As noted previously (Figure 6.8), two-thirds of pregnant women are not routinely counselled on exclusive breastfeeding. Providing pre-lacteal liquids to infants is practiced in only 14 percent of facilities (Appendix Table A-6.38).

'Rooming-in', where the infant stays with the mother to promote exclusive breastfeeding and mother-child bonding, is universally practised in Uganda health facilities (Appendix Table A-6.38).

Key Findings

Emergency support (newborn respiratory support and external heat source) for newborns is lacking in the majority of hospitals, HC-IVs, and HC-IIIs that offer delivery services.

Practices that are considered supportive of newborn health, such as routinely weighing all newborns, providing vitamin A to the mother, and rooming-in, are common in Ugandan health facilities.

Routine suctioning of a newborn with a catheter, a potentially risky practice, is carried out by about one-tenth of facilities that offer delivery services, especially hospitals. 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 charging practices for delivery services and on supportive management for providers of delivery services. Appendix Tables A-6.43.1 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 delivery per month in facilities that provide the service), and if the entry describes the birth outcome. Ninety percent of facilities offering delivery services have an up-to-date delivery register available (Table 6.8). Other than HC-IIs, up-to-date delivery registers are universally available in other facilities (HC-IIIs and above).

Facilities frequently have catchment populations for whom they are responsible for providing services. The 2007 USPA 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 13 percent of facilities offering delivery services have documentation showing they monitor delivery coverage in their catchment areas (Table 6.8). Although all levels of health facilities have poor documentation, hospitals fare worst (3 percent). Facilities in East Central and Southwest regions have no documentation of monitoring 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering delivery services with:				Number of facilities offering delivery services (weighted)	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed providers of normal delivery services (weighted)[4]
	Observed up-to-date delivery register[1]	Documentation of monitoring delivery coverage	Facility reviews maternal and/or newborn deaths or near misses	User fee for delivery		Training related to delivery services[2]	Personal supervision[3]	
Type of facility								
Hospital	97	3	70	47	19	52	91	15
HC-IV	97	16	46	5	27	45	98	26
HC-III	92	16	20	17	143	44	95	130
HC-II	80	10	8	42	72	14	92	65
Managing authority								
Government	90	15	22	4	197	40	95	175
Private	89	8	26	90	64	25	92	60
Region								
Central	86	18	20	27	64	45	93	61
Kampala	92	5	49	64	5	62	73	4
East Central	89	0	3	33	46	26	91	39
Eastern	95	12	13	15	25	42	100	21
Northeast	89	13	21	19	19	59	98	16
North Central	95	12	24	8	22	34	99	22
West Nile	90	33	25	36	21	11	100	19
Western	95	31	35	24	26	28	88	23
Southwest	86	0	48	20	33	34	95	30
Total	90	13	23	25	261	36	94	236

[1] Register has an entry in the past 30 days that at 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 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/or near-misses to identify avoidable factors leading to these deaths. This helps to develop interventions that prevent the occurrence of future deaths. While the 2007 USPA did not assess the quality of these review programmes, it did enquire whether facilities implemented the process or not. Overall, only 23 percent 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 (70 percent) and HC-IVs (46 percent). These reviews are less likely to be conducted by facilities in the East Central (3 percent) and Eastern regions (13 percent).

6.8.3 Practices Related to User Fees

Twenty-five 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 private (90 percent) than government (4 percent) facilities. These fees are more likely to be charged in facilities in Kampala (64 percent) compared with facilities in other regions.

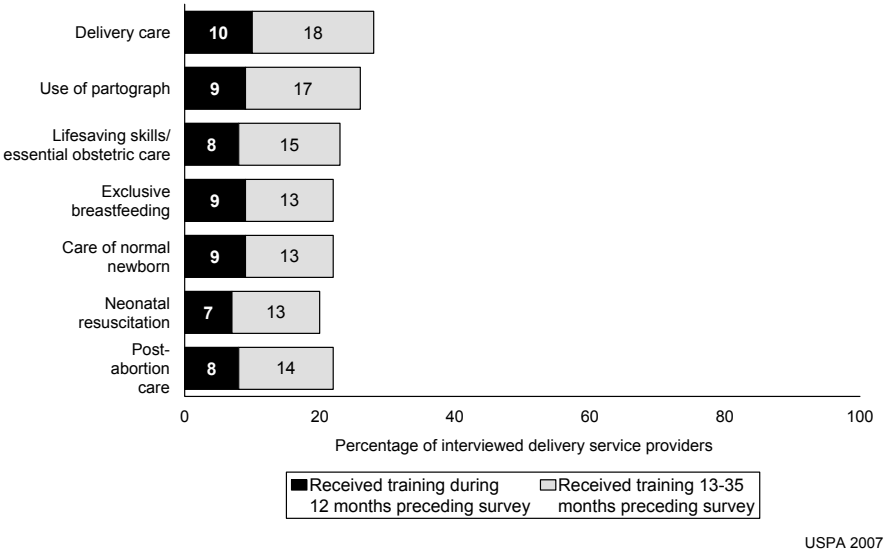
Four percent of delivery facilities charge a fixed fee covering both ANC and normal delivery services, while about one-tenth charge for medicines and laboratory tests (Appendix Table A-6.41). Discounts or exemptions for delivery services are available at 11 percent of facilities. Among the facilities that routinely charge for delivery services, one-fourth publicly post all the fees.

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. Only 36 percent of facilities meet these criteria (Table 6.8). Hospitals (52 percent) are more likely than other types of facilities to provide routine staff development. Government facilities (40 percent) and facilities in Kampala (62 percent) and the Northeast Region (59 percent) are also more likely than others to provide routine staff development.

Figure 6.13 presents information on the training topics reported by interviewed providers and when training was offered. Only 7 to 10 percent of interviewed providers reported receiving training on specific topics (such as delivery care, use of partograph) during the 12 months preceding the survey.

Figure 6.13 **Training received by interviewed delivery service providers, by topic and timing of most recent training (N=579)**



A facility is defined as having routine staff supervision if at least half of the interviewed delivery service providers reported being personally supervised during the six months preceding the survey; 94 percent of delivery facilities meet these criteria (Table 6.8).

Key Findings

Ninety percent of facilities have up-to-date delivery registers.

About one-tenth of facilities offering delivery services have documents showing they monitor community coverage of delivery services; just one-fourth report conducting reviews of maternal or newborn deaths and near-misses and charge fees for delivery services.

Staff supervision is universal in facilities that offer delivery services; however, only one-third of these facilities have routine training for staff.

6.9 Availability of Emergency Obstetric Care

6.9.1 The Signal Functions for EmOC

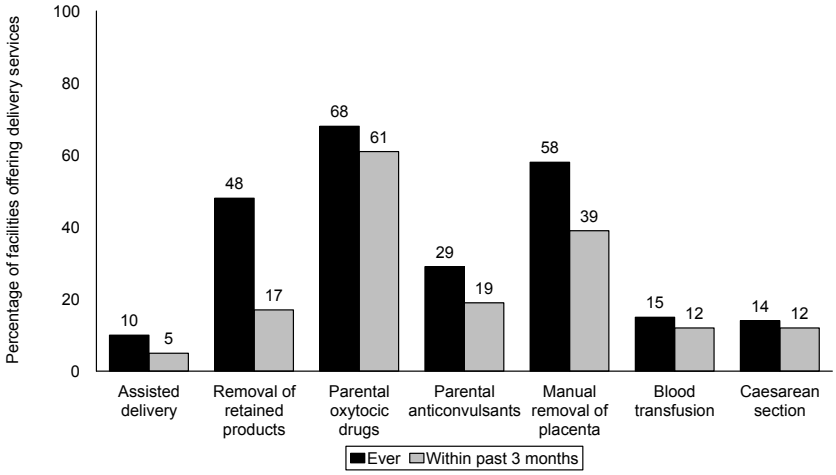
Outcome indicators of maternal health, such as the maternal mortality ratio, require large numbers of observations in the denominator, and they are only amenable to change in the long term, over a minimum of four to five years. In recognition of these limitations, process indicators have been developed that are easier to collect data for and also easier to interpret. These indicators, which have been accepted by UN organisations, are called the UN Process Indicators for Emergency Obstetric Care. 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—

1. Administration of parenteral antibiotics
2. Administration of parenteral oxytocic drugs
3. Administration of parenteral anticonvulsants for pre-eclampsia and eclampsia
4. Manual removal of the placenta
5. Removal of retained products of conception
6. Assisted vaginal delivery
7. Blood transfusions
8. Surgery (caesarean section)

These signal functions have been categorised into two groups. Basic emergency obstetric care (BEmOC) includes the first six functions listed above, while comprehensive emergency obstetric care (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 2007 USPA examined the availability of EmOC services among hospitals, HC-IVs, and HC-IIIs that provide delivery services. Because HC-IIs are not expected to provide comprehensive emergency obstetric services, they are excluded from the subsequent analysis. Table 6.9 and Figure 6.14 show the proportion of hospitals, HC-IVs, and HC-IIIs offering delivery services that reported ever conducting signal functions and conducting signal functions for EmOC during the three months preceding the survey.

Figure 6.14 **Emergency obstetric practices in hospitals, HC-IVs, and HC-IIIs offering delivery services (N=189)**



USPA 2007

Table 6.9 Signal functions for emergency obstetric care

Among hospitals and HC-IVs offering delivery services, percentage that report performing the signal functions for emergency obstetric care (EmOC) at least once during the 3 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of hospitals and HC-IVs that applied or carried out:										Number of hospitals and HC-IVs offering delivery services (weighted)
	Parenteral:										
	Antibiotics	Oxytocics	Anti-convulsants/ sedatives	Manual removal of placenta	Removal of retained products	Assisted vaginal delivery (AVD)	Blood transfusion	Caesarean section	Basic EmOC[1]	Compre-hensive EmOC[2]	
Type of facility											
Hospital	89	91	70	81	68	37	84	76	26	23	19
HC-IV	73	70	11	48	24	4	15	17	1	0	27
Managing authority											
Government	75	74	28	58	36	11	35	32	8	6	35
Private	92	93	59	74	61	36	71	72	23	21	11
Region											
Central	74	80	31	47	38	15	33	32	12	10	8
Kampala	100	94	50	63	63	44	56	56	31	19	3
East Central	77	89	40	59	41	5	40	48	5	5	6
Eastern	85	93	19	81	48	7	48	48	4	4	4
Northeast	80	83	36	68	40	22	57	40	5	5	3
North Central	89	69	36	50	54	19	40	44	15	15	4
West Nile	94	67	62	79	61	31	45	56	31	25	3
Western	89	55	43	66	41	13	43	35	10	10	5
Southwest	59	81	24	60	25	20	44	33	8	4	8
Total	79	79	35	62	42	17	43	41	11	9	46

[1] Facility applied the first six procedures (left-to-right) in the three months preceding the survey.
[2] Facility applied all Basic EmOC procedures, plus blood transfusion and Caesarean section, in the three months preceding the survey.

Of the six basic emergency obstetric care services, hospitals and HC-IVs are most likely to administer parenteral oxytocic drugs and parenteral antibiotics and manually remove the placenta at least once during the 3 months preceding the survey. With the exception of removal of retained products, parenteral anticonvulsants, and assisted vaginal delivery, over 8 in 10 hospitals reported ever offering these services during the three months preceding the survey (Table 6.9). Overall, private facilities are more likely than government facilities to offer these services.

HC-IVs are least able to provide any of the signal functions, especially the removal of retained products, assisted vaginal delivery, and use of parenteral anticonvulsants and sedatives. It was expected that all hospitals would provide comprehensive emergency obstetric care services, but the survey reveals that this is not the case. Only 37 percent of hospitals assisted vaginal deliveries and 68 percent reported manual removal of retained products of conception. Overall, just 1 in 10 facilities in Uganda is able to offer BEmOC and CEmOC services. In fact, only about one-fourth of hospitals provide BEmOC (26 percent) and CEmOC (23 percent). These findings demonstrate the urgent need to upgrade the functionality of facilities to offer these critical services to women.

Key Findings

Very few facilities, mostly hospitals, provide the signal functions for basic EmOC. Contrary to expectations, only 1 in 10 facilities reported offering basic and/or comprehensive EmOC services during the three months preceding the survey.

Signal functions for EmOC are inadequate in most health facilities, regardless of whether they are managed by government or private organisations.

Chapter 7 Services for Communicable Diseases: Sexually Transmitted Infections, Reproductive Tract Infections, and Tuberculosis

7.1 Background

7.1.1 Uganda Service Provision Assessment Approach to Collection of Information on Sexually Transmitted Infections and Tuberculosis

Sexually transmitted infections (STIs) are a public health concern all over the world. They strongly influence morbidity and facilitate transmission of HIV (Wasserheit, 1992).

In 1999, about 340 million new curable STIs were estimated by the World Health Organisation (WHO) to have occurred worldwide. In the developing nations, it is estimated that STIs are the second leading cause of poor health among women age 15-44 (Musgrove, 1993).

In sub-Saharan Africa, the WHO Global programme estimated the prevalence of STIs at 208 million cases, with an annual incidence of 65 million (WHO, 1995).

In Uganda, a clinic was set up in 1913 by the colonial government to combat sexually transmitted infections, which were recognised as a public health problem. The clinic later became the National Referral Hospital at Mulago Hospital. During the 1920s, a campaign for eradication of STIs was implemented in Uganda. Despite these early efforts, STIs continue to pose a public health problem in Uganda. The advent of HIV/AIDS brought the threat of STIs into a sharper focus. Despite the successes achieved in the fight against HIV, Uganda is still among the countries with a moderately high prevalence of HIV infection—6.2 percent according to the Ministry of Health STD/HIV/AIDS Surveillance Report (MOH, 2003b). HIV is predominantly sexually transmitted and its transmission is facilitated by STIs (Wasserheit, 1992); therefore, control of STIs is important in the control of HIV.

Because there is a certain degree of stigma associated with STIs, it is embarrassing and sometimes difficult for some clients with symptoms to seek care. Also, the impact of STIs and reproductive tract infections (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; it is projected to remain one of the ten leading causes of disease burden until 2020. With the advent of HIV/AIDS, TB, especially multidrug-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, though globally it has shown a tendency to decline (WHO, 2007).

It is therefore of the utmost importance that the health care system appropriately diagnoses and treats common STIs and TB. This chapter uses data from the 2007 Uganda Service Provision Assessment (USPA) 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?

7.1.2 Health Situation Regarding STIs and RTIs in Uganda

Reproductive tract infection (RTI) is a broad term that includes 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. The epidemiology of STIs and RTIs in Uganda is not well understood because of the inadequate number of facilities with the capacity and training to test for STIs and the inadequate reporting and data management in health institutions. However, a few studies have shown a high prevalence of STIs in hospitals and the general population. A study in 1994 in hospitals in Uganda showed that 10 percent of out-patient attendees were due to STIs (Roseberry et al., 1994). Kamali and colleagues in a 1999 study of the rural adult population in Southwest Uganda found an overall HIV-1 prevalence of 4.9 percent, while prevalence for syphilis was 12.9 percent among males and 12.6 percent among females. Prevalence of Haemophilus ducreyi was 9.8 percent and 7.3 percent for men and women, respectively, and herpes simplex virus type 2 (HSV Type 2) rates were 36.0 percent in males and 71.5 percent in females (Kamali et al., 1999).

Another population study in a community trial in Rakai, Uganda, found a prevalence of 15.6 percent for HIV, 9.4 percent for syphilis, 25.0 percent for trichomoniasis, 1.1 percent for gonorrhoea, 2.2 percent for chlamydia and 51.2 percent for bacterial vaginosis, at a baseline control group (Wawer et al., 1999).

According to data from the Mulago STD clinic, the prevalence of HIV among STD clients remains much higher than in the general population. While the HIV prevalence has stabilised around 6.4 in the general population since 2000, among STD clients it has remained high, ranging between 19 and 23.7 percent (MOH, 2003b).

In the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey, the prevalence of STIs and related risk behaviour was high, with 44 percent of adults 15-49 years infected with herpes simplex virus type 2, 3.1 percent having active syphilis, and 33 percent of women and 21 percent of men reporting having had an STI. In the same survey, only 9 percent of women and 15 percent of men reported condom use during the preceding 12 months, 14 percent of youth age 15-24 reported started having sex before age 15. Sixty-three percent of females and 47 percent of males 18-24 years had had sex before age 18, and only 29 percent of females and 33 percent of males used a condom at initiation of sex. Multiple sexual partners were common and among the youth: 36 percent of males and 16 percent of females 15-19 years reported multiple sexual partners.

Because of the limitations and constraints associated with making an etiological diagnosis based on laboratory evidence, apart from research settings, most of the diagnosis and management of STD patients is based on the syndromic approach.

7.1.3 Health Situation Regarding Tuberculosis in Uganda

The World Health Organisation estimates that in 2005 there were 8.8 million new tuberculosis (TB) cases worldwide, 7.4 million of which were in Asia and sub-Saharan Africa. The African region (24 percent), the Southeast Asia region (35 percent), and the Western Pacific region (22 percent) together accounted for 82 percent of all notified cases and similar proportions of new smear positive cases. 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 Southeast Asian regions (WHO, 2007).

Using the DOTS strategy, the internationally recommended strategy for TB control, cure rates of 80 to 90 percent have been achieved for passively diagnosed cases of smear-positive pulmonary TB. Analyses of national programmes in Malawi, Tanzania, Mozambique, and in 10 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 eastern and southern and East Africa since 1980. This is primarily because of the HIV epidemic; 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. Uganda is one of the world's 22 high-burden countries with TB. The country has an estimated annual risk of infection (ARI) of 3 percent, equivalent to 150-165 new smear-positive TB cases per 100,000 population per year, or 300-330 total TB cases per 100,000 per year. Uganda is yet to attain the global case detection and treatment success targets of 70 percent and 85 percent, respectively. In 2003, the country detected 52 percent of the expected new smear-positive cases. Of these cases, 67.6 percent were successfully treated.

Community-based TB care with DOTS was adopted by the Uganda Ministry of Health as the best strategy for controlling TB (MOH, 2002). To date, this strategy has been expanded to all districts in the country, although the sub-county and patient coverage is still limited.

The interaction of TB and HIV increases the burden of both diseases. However, a recent report by the World Health Organisation indicates that HIV infection is the greatest risk factor for developing TB. At present, an estimated one-third of people living with HIV worldwide are also co-infected with HIV (WHO, 2007). It is also estimated that people living with HIV/AIDS (PLWHA) are up to 50 times more likely to develop active TB in a given year. If left untreated, approximately 90 percent of PLWHA die within months of contracting TB.

7.2 Availability of STI Services

Integrating STI diagnosis and treatment into routine or relevant health services increases opportunities for case detection and follow-up on treatment. The 2007 USPA assessed STI service availability and service delivery conditions in Uganda health facilities. Most commonly, clients seeking health care specifically for symptoms of STIs are seen in a general out-patient department. Clients seeking services for antenatal care 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 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 follow-up care.

Table 7.1 provides information on the availability of STI services. Appendix Tables A-7.1, A-7.2.1, and A-7.2.2 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.

Table 7.1 Availability of services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs), 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering STI services as a primary service	Number of facilities (weighted)	Percentage of facilities offering STI services in:[1]					Percentage of facilities where services for STIs are available at least 5 days per week	Number of facilities offering STI services (weighted)
			Primary service location		Family planning service area[3]	ANC service area[3]	OPD, FP, and ANC service areas		
			General out-patient	Special clinic[2]					
Type of facility									
Hospital	97	19	89	11	50	70	41	59	19
HC-IV	99	27	94	1	80	89	69	61	27
HC-III	100	158	99	1	71	84	66	66	158
HC-II	98	287	99	0	61	46	34	58	280
Managing authority									
Government	99	373	98	1	74	60	52	61	369
Private	97	119	97	1	38	67	32	63	115
Region									
Central	100	98	99	0	80	91	72	61	98
Kampala	100	9	94	6	53	76	48	75	9
East Central	95	78	99	0	67	56	44	77	74
Eastern	99	49	99	1	82	65	60	59	48
Northeast	100	41	94	0	31	44	25	65	41
North Central	100	37	100	0	57	29	17	52	37
West Nile	100	37	99	1	49	65	38	73	37
Western	94	60	97	0	67	59	47	35	56
Southwest	100	83	98	2	63	52	40	61	83
Total	98	491	98	1	65	62	47	61	484

[1] Services 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 out-patients, ANC, and family planning clients.
[2] These could be specialised STI clinics in the facility. In some cases the special clinic is the gynaecologic clinic for females, and urology clinics for males.
[3] In these cases, providers of family planning and ANC services are reported to routinely diagnose and treat STI.

STI services may include counselling, testing, or both diagnosis and treatment. Almost all (98 percent) health facilities in Uganda offer STI services (Table 7.1). Among these facilities, 98 percent offer STI services as part of the general out-patient curative services, and only 1 percent have special STI clinics; hospitals are most likely to have 'special' STI clinics. Only 61percent of facilities offering STI services have services available five days per week (Table 7.1). STI services are also integrated into family planning services in 65 percent of facilities and into ANC services in 62 percent of facilities. About 1 in 2 facilities (47 percent) that offer STI services make these services available to clients in all three areas: general out-patient, family planning, and ANC. In lower-level facilities, such as HC-IIs, the only provider available sees all clients for all services and provides STI services to those clients who need them. However, the survey findings indicate that HC-IVs and HC-IIIs are more likely than other facility types to have STI services integrated within family planning and ANC services (Table 7.1).

Key Findings

STI services are offered in almost all health facilities as part of general out-patient curative services. Specialised STI clinics are rare.

About 1 in 2 facilities integrate STI services into ANC and family planning services, as well as general curative care. HC-IVs and HC-IIIs are more likely than others to have STI services available in family planning and ANC clinics.

A significant proportion of facilities (about 40 percent) provide STI services less than five days a week.

7.3 Capacity to Provide Quality STI Services

The 2007 USPA assessed systems, infrastructure, equipment, and supplies necessary for supporting quality STI services. While STI services are provided in multiple sites in large facilities, information

on whether facilities have the capacity to provide quality STI services comes from the out-patient department, which is the main STI service area. Quality STI services provide an environment with the visual and audio privacy necessary for counselling, history taking, and examination. They also provide materials, supplies, and equipments that enhance diagnosis and treatment.

Table 7.2 provides information on whether facilities have the infrastructure and resources to support appropriate counselling and examinations for STI services. Figures 7.1, 7.2, and 7.3 summarise information on items needed for quality STI services, including examinations, and on the use and availability of diagnostic tests for STIs. Appendix Tables A-7.1 through A-7.4 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 2007 USPA assessed the existence of programme strategies and service delivery components that contribute to the availability and improved utilisation of STI services.

To interrupt STI transmission effectively, 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 follow-up. 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 follow-up. Passive follow-up is the most widely used system of client notification, with 76 percent of facilities reporting that they use passive follow-up, compared with 22 percent of facilities using active follow-up. Twenty-four percent of facilities have no follow-up system in place (Appendix Table A-7.2.1).

7.3.2 Infrastructure and Resources to Support Quality Assessment and Counselling

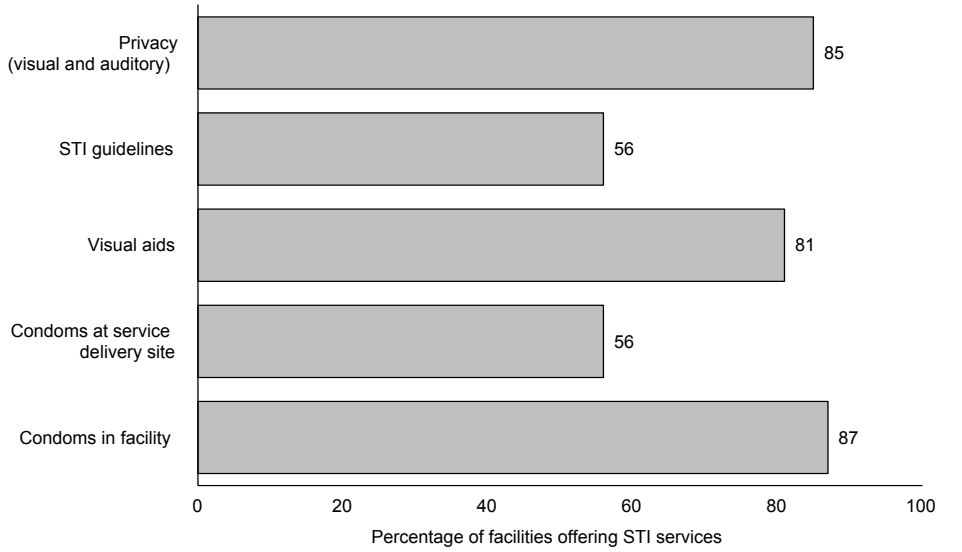
Complete privacy is needed to facilitate good counselling and open communication between providers and STI clients. Privacy may encourage clients to use services and providers to adhere to protocols and standards. Without privacy, the client may not open up and sometimes can decline examination. Likewise, some providers may not feel comfortable asking the appropriate questions or carrying out the necessary 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.

Most health facilities that offer STI services in Uganda (85 percent) provide counselling for STIs under conditions that assure both visual and auditory privacy (Figure 7.1). Hospitals (96 percent) and HC-IVs (95 percent) are more likely to offer services assuring both visual and auditory privacy (Appendix Table A-7.2.1).

A little over half (56 percent) of facilities offering STI services have STI guidelines in the service delivery area (Figure 7.1), and 46 percent 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). HC-IVs are more likely than other facility types to have STI guidelines of any kind, including guidelines for syndromic diagnosis. HC-IIs are the least likely to have STI guidelines.

About 8 in 10 facilities offering STI services have STI-related visual aids for client education, while a smaller proportion (50 percent) has educational materials specific to HIV/AIDS (Appendix Table 7.2.1). HC-IVs are relatively more likely than other facility types to have visual aids and HIV/AIDS-specific educational materials.

Figure 7.1 Items to support STI services (N=484)



Having condoms available at the service delivery site allows the provider to readily offer them to clients, demonstrate their use, and to ensure that the client leaves the health facility with them. Condoms are not universally available in STI service delivery areas. While about 9 in 10 facilities (87 percent) have condoms available somewhere in the facility, only 56 percent of facilities offering STI services have condoms in the STI service delivery area (Figure 7.1). HC-IVs are more likely than other facility types to have condoms anywhere in the facility. In fact, almost all HC-IVs (98 percent) have condoms in the facility, while only 70 percent have condoms at the STI service delivery point (Table A-7.2.1).

Only 12 percent of facilities have all of the items needed to support quality counselling, including visual and auditory privacy, STI guidelines, visual aids for client education, individual client cards, and condoms at the STI service site (Table 7.2.1). HC-IVs are most likely to have all these 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 counselling, diagnosis, and treatment for STIs, by background characteristics, Uganda SPA 2007

Background characteristic	All items to support quality counselling[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	16	16	89	75	75	74	76	86	6	79	87	19
HC-IV	29	5	81	89	58	53	58	84	0	72	38	27
HC-III	15	4	40	80	64	22	12	38	0	20	46	158
HC-II	8	3	11	75	64	7	3	12	0	6	43	280
Managing authority												
Government	13	2	21	80	66	10	8	19	0	15	33	369
Private	10	11	50	70	59	41	22	53	1	26	83	115
Region												
Central	16	6	29	91	52	19	13	26	0	29	42	98
Kampala	16	8	78	81	70	81	58	79	9	83	86	9
East Central	9	2	24	75	48	16	8	24	0	15	45	74
Eastern	9	3	21	83	83	15	10	19	0	7	38	48
Northeast	2	4	16	48	83	8	10	17	0	10	63	41
North Central	13	6	23	67	83	17	9	24	0	20	47	37
West Nile	7	12	42	58	61	15	19	44	0	16	42	37
Western	30	3	34	72	87	21	10	31	0	14	38	56
Southwest	7	1	24	92	52	15	10	27	0	11	45	83
Total	12	4	27	77	64	17	12	27	0	17	45	484

[1] Visual and auditory privacy, any guidelines and any visual aids or educational materials and individual client charts and condoms in STI service delivery area
[2] All infection control items (soap, water, latex gloves, disinfecting solution, and sharps box), visual privacy, examination bed/table, and examination light
[3] This refers specifically to following 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, or reactive protein reagin (RPR) test kit
[6] Gram stain reagents and functioning microscope or culture capacity
[7] Functioning microscope and slides
[8] Giemsa stain for chlamydia
[9] ELISA, Western Blot, Rapid test in facility
[10] At least one medicine to treat syphilis, gonorrhoea, trichomoniasis, and chlamydia

Key Findings

Only 1 in 10 facilities have all necessary items to support quality STI counselling, such as individual client cards, visual and auditory privacy, STI guidelines, visual aids for client education, and condoms at the STI service site. Overall, HC-IVs are more likely than other facility types to have any of the items considered necessary for provision of quality STI services. HC-IIs are least equipped.

Most facilities provide STI counselling under conditions that assure both visual and auditory privacy, and STI guidelines are available at the STI service delivery site in a little over half of facilities.

Visual aids and educational materials for STIs are generally available at STI service delivery sites in facilities offering STI services (81 percent).

Not all STI facilities have condoms available. In fact, close to half of facilities offering STI services do *not* have condoms at the service delivery area, though condoms may be available elsewhere in most facility (87 percent).

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.

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 at the STI service delivery point. All of these infection control items are available in the STI service area in only 32 percent of facilities that offer STI services (Figure 7.2). Latex gloves (73 percent) and sharps containers (70 percent) are the items that are relatively available, compared with soap (65 percent) and running water (67 percent), which are just fairly available in facilities. Hospitals are more likely to have all these infection control items. HC-IIs are the least likely to have all of the items needed for infection control, with the exception of sharps containers that are available in equal proportions of HC-IIs (73 percent) and hospitals (74 percent) (Appendix Table A-7.2.1).

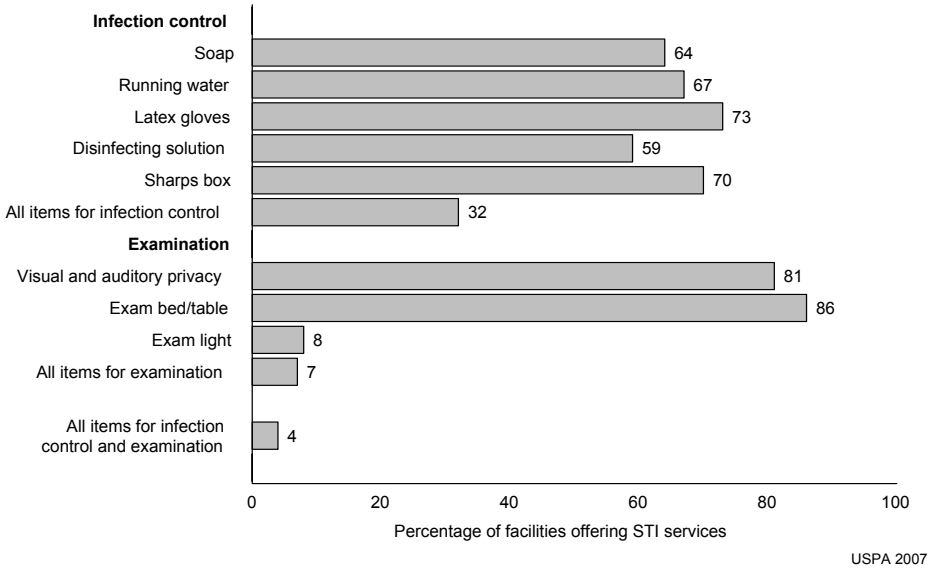
Waste receptacles are available in only 38 percent of facilities offering STI services, more likely in hospitals (59 percent) than in other facility types. About 1 in 5 facilities (18 percent) have all necessary items for infection control as well as waste receptacles.

Physical examinations

Quality physical examinations require visual and auditory privacy, an examination bed/table, and an examination light. All three items are available in only 7 percent of facilities (Figure 7.2). Most facilities can assure privacy (both visual and auditory) for client examinations (81 percent) and have examination beds/tables (86 percent). However, only 8 percent of facilities have an examination light, which brings down the composite indicator. Hospitals (24 percent) are more likely than other types of facilities to have everything needed for physical examinations (Appendix Table A-7.2.1).

Overall, only 4 percent of facilities offering STI services have all of the items needed for infection control and quality physical examinations (Figure 7.2). As shown in the figure, the lack of examination light contributes immensely to the low aggregate indicator; otherwise the individual indicators are fairly available.

Figure 7.2 Items to support quality examinations for STIs (N=484)



Key Findings

Most facilities rarely have *all* the items needed for infection control, plus a waste receptacle in the STI service area. Hospitals are better equipped for infection control than other facility types.

With the exception of an examination light, items for quality physical examination (visual and auditory privacy and an examination bed/table) are generally available in facilities offering STI services.

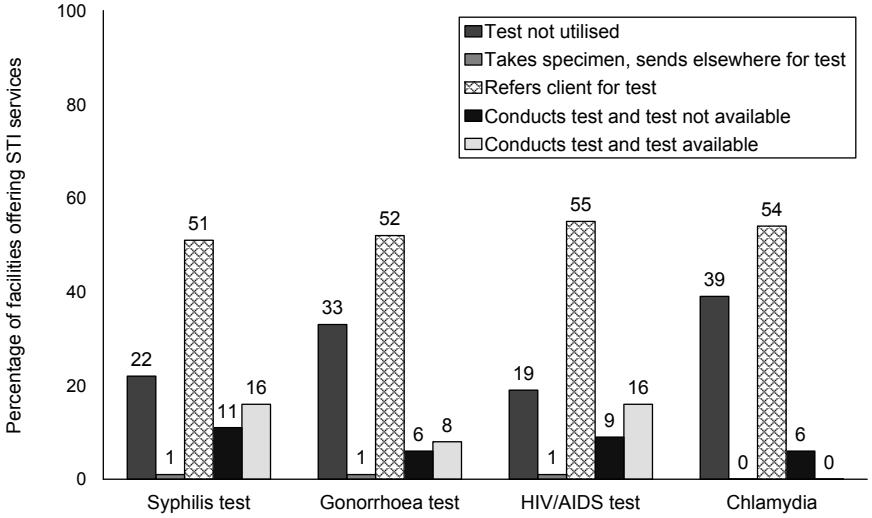
STI diagnosis

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; this is more accurate than syndromic diagnosis. However, laboratory facilities or diagnostic capacity are often unavailable in the majority of facilities. The syndromic approach, which is recommended for facilities without a laboratory, assesses the presence of specific symptoms and signs and then uses an algorithm to determine what treatments should be provided. When neither an etiologic nor a syndromic approach is used, providers end up diagnosing and prescribing treatment 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 Uganda. About 3 in 4 facilities use the syndromic approach, while 27 percent use the etiologic approach (Table 7.2). Three in five facilities employ clinical diagnosis of STIs. The etiologic approach is least used in government facilities (21 percent) compared with private facilities (50 percent). Testing capacity for chlamydia in-house is non-existent in facilities, while 12 percent of facilities have the capacity to test for gonorrhoea and 17 percent have the capacity to test for HIV and syphilis.

Figure 7.3 Utilisation and availability of diagnostic tests for STIs (N=484)



USPA 2007

As shown in Figure 7.3, syphilis testing and HIV testing are each available and actually conducted in more facilities than other tests. Among facilities that offer services for STI, 27 and 25 percent report conducting syphilis and HIV tests in-house, respectively; however, only 16 percent had either test available on the day of the survey. Laboratory capacity for gonorrhoea and chlamydia testing is least common. When facilities reportedly conduct a test in-house but do not have the test available (as was the case for 8 percent of facilities regarding gonorrhoea, and 16 percent for HIV and syphilis 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. Over half of facilities refer clients elsewhere for each of the four tests, while between 16 and 39 percent of facilities offering STI services do not use these tests at all (Figure 7.3).

STI treatment

The most common STIs are syphilis, gonorrhoea, trichomoniasis, and chlamydia. Medicines for treating these and other STIs are not widely available in Uganda health facilities. Medicines to treat all four STIs are available in less than half (45 percent) of facilities offering STI services, more often available in hospitals (87 percent) than other types of facilities (Table 7.2). Private facilities (83 percent) and facilities in Kampala (86 percent) are also more likely than government facilities and those in other regions to have the medicines for treating these STIs (Table 7.2).

Appendix Table A-7.3 provides information on availability of specific tests and medicines. The medicines most widely available are (1) penicillin (oral or injectable) for syphilis (available in 81 percent of STI facilities); (2) doxycycline for treating chlamydia (available in 66 percent of STI facilities); (3) metronidazole for treating trichomoniasis (available in 66 percent of STI); and (4) ciprofloxacin for gonorrhoea (available in 54 percent of STI facilities). Other medicines are each available in less than 40 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.

Overall, hospitals are more likely than other facility types to have medicines for treating each of the common STIs described earlier.

Key Findings

The syndromic approach is the most commonly used method of diagnosing and treating STIs in Uganda facilities, followed by clinical diagnosis. The etiological approach is the least used method. Syndromic and clinical diagnostic approaches are used more in government facilities, whereas the etiologic approach is more likely to be used by private facilities.

Laboratory diagnostic capacity for STIs is generally lacking in Uganda health facilities. About 1 in 4 facilities offering STI services reported having the capacity to test for HIV/AIDS or syphilis; however, only 16 percent had test materials for either test available on the day of the survey. Only 1 percent of STI facilities take specimens and send them elsewhere for testing; however, about half refer clients to other facilities for testing.

Medicines for treating the common STIs are not widely available in STI facilities. Only 45 percent of these STI facilities had medicines for treating each of the four STIs, and hospitals are more likely than other facility types to have these medicines.

7.4 Management Practices Supportive of Quality Services

Management practices to support 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-7.4 through A-7.8 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 on Global HIV/AIDS and STI Surveillance, 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 out-patient departments, these records were checked for entries on clients with STI symptoms or diagnoses.

Fifty-six percent of facilities offering STI services had an up-to-date register (Table 7.3), and one-quarter (26 percent) had registers with the most recent entry made more than seven days ago. The scenario of registers not up-to-date cuts across all facility types, managing authorities, and regions, though it is most likely to be seen in HC-IIs. Conversely, HC-IIs (49 percent) are least likely to have up-to-date registers, whereas HC-IVs (68 percent) are relatively more likely to have up-to-date STI registers. Facilities in Kampala (25 percent) are among the least likely to have up-to-date STI registers. Others are facilities in the Northeast (30 percent) and West Nile (35 percent) regions.

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 background characteristics, Uganda SPA 2007

Background characteristic	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[1]	Personal supervision[2]	
Type of facility						
Hospital	63	10	19	61	87	18
HC-IV	68	12	27	64	98	27
HC-III	64	18	158	53	99	153
HC-II	49	32	280	27	89	275
Managing authority						
Government	57	26	369	39	93	360
Private	52	26	115	37	90	113
Region						
Central	64	25	98	54	98	98
Kampala	25	12	9	77	77	9
East Central	58	16	74	32	97	70
Eastern	72	17	48	31	92	45
Northeast	30	34	41	31	82	41
North Central	43	38	37	53	93	37
West Nile	35	34	37	19	99	37
Western	51	28	56	39	82	53
Southwest	67	26	83	32	91	83
Total	56	26	484	39	92	473

[1] Staff in a facility had routine 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 sessions and does not include individual instruction received during routine supervision.
[2] Staff in a facility had 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 offering STI services in any clinic assessed in survey (e.g., out-patient, ANC, FP)

7.4.2 Training and Supervision

Training

A facility is considered to provide routine training and staff development if at least half of the interviewed STI providers have received training related to STIs during the 12 months preceding the survey. This includes pre-service and in-service training, but excludes individual instruction received during discussions with supervisors. Only 39 percent of the facilities meet this criterion (Table 7.3). HC-IIs are the least likely to have routine training and staff development (27 percent), while over 50 percent of other facility types have routine staff development. Specifically, HC-IVs (64 percent), hospitals (61 percent), and facilities in Kampala (77 percent) are more likely to offer routine training on STIs to their staff.

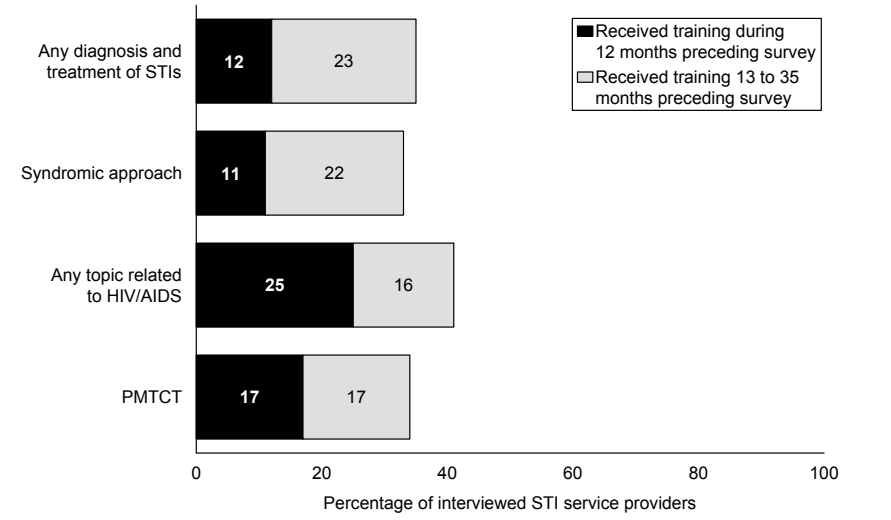
Of the STI service providers interviewed, 25 percent reported having received some form of HIV/AIDS-related training during the 12 months preceding the survey (Figure 7.4). Twelve percent received training on *any* diagnosis and treatment, and 11 percent received training on the syndromic approach to STIs during the 12 months preceding the survey. The corresponding figures for training in the period 13-35 months preceding the survey was 23 and 22 percent, respectively.

Supervision

Supervising individual staff promotes adherence to standards and the identification of problems that contribute to poor quality services. If at least half of interviewed STI service providers in a facility report to have been personally supervised any time during the six months preceding the survey, the

facility is considered (by the survey) to have received routine staff supervision. Routine supervision is available in 92 percent of facilities (Table 7.3). Private facilities are as likely to receive supervision for their staff as government facilities. However, hospitals (87 percent) and facilities in Kampala (77 percent) are among those least likely to receive supervision for their staff. STI service providers who received supervision during the preceding six months were supervised about four times during that period (Appendix Table A-7.6).

Figure 7.4 **Training received by interviewed STI service providers, by topic and timing of most recent training (N=1,294)**



PMTCT = Prevention of mother-to-child transmission

USPA 2007

Key Findings

Up-to-date STI client registers are available in a little over half (56 percent) of facilities offering STI services.

Two out of five facilities offering STI services offer routine training related to STI services to their staff; about 9 in 10 facilities receive routine staff supervision. Routine supervision coverage is about the same in private as in government; however, staff in hospitals and facilities in Kampala are among the least likely to receive supervision.

7.5 Adherence to Standards for Quality Service Provision

To assess whether providers adhere to STI service standards, USPA personnel observed STI client-provider consultations, using observation check-lists 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 summarises what information was shared during the consultation and which types of examinations were conducted for clients. Appendix Tables A-7.9 through A-7.14 provide details on the content of the observed assessments, physical examinations, and counselling.

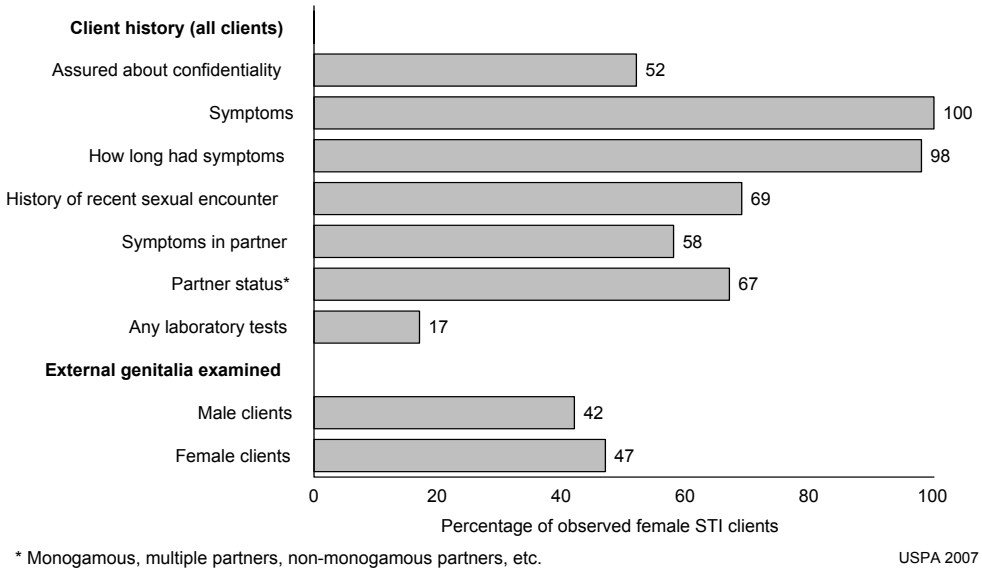
7.5.1 Assessment of Relevant History

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. During observed STI consultations, 5 in 10 of STI clients were assured of confidentiality. In all cases, clients were asked about the main or presenting STI symptom (100 percent) and how long symptoms have been present (98 percent), but other critical information was less frequently solicited (Table A-7.9, Figure 7.5). For example, providers took a history of recent sexual contacts in 69 percent of cases, asked about the presence of symptoms in the sexual partner in 58 percent of cases, and checked the status of the partner (e.g., whether monogamous or polygynous) in 67 percent of cases.

7.5.2 Physical Examinations (Including Pelvic) and Infection Control

A physical examination provides objective information that can improve the probability of an accurate diagnosis. Among observed STI clients, external genitalia were examined in 47 percent of female clients and 42 percent of male clients (Figure 7.5).

Figure 7.5 **Components of the assessment of all clients (N=118), and examination of male (N=34) and female (N=84) clients with symptoms of STIs**



Among female clients who were examined, all were assured privacy (99 percent visual and 96 percent auditory privacy) (Table A-7.10.1). The examination procedure was explained to 74 percent of clients; however, clients were rarely asked to relax before the actual examination started (32 percent).

In only one-quarter of female client examinations were providers observed to wash their hands with soap and water before starting the examination. Clean gloves were worn during 82 percent of female client examinations, and providers were observed washing their hands after glove removal in 68 percent of examinations.

Speculum examination was carried out for a small proportion of female clients. Fewer than 20 percent of speculum examinations were conducted with instruments that were properly prepared beforehand (i.e., sterilised, placed on a tray, and covered). At the end of the examination, used equipment was placed in decontaminating solution in only 8 percent of the examinations. Contaminated surfaces were wiped with disinfectant after one-third (33 percent) of pelvic examinations (Appendix Table A-7.10.1).

Information on male STI client examination is presented in Table A-7.10.2.

Key Findings

Clean gloves were worn during female STI client examination in only 8 of 10 cases. Washing hands with soap and water before the start of an examination is rare, observed in only one-quarter of client examinations. Washing hands after an examination was observed in 68 percent of examinations.

In almost all facilities, client examinations were done under conditions that assured both visual and auditory privacy.

7.5.3 Client Counselling

Ideally, an STI client should be educated on the relationship between the infection and sexual activity. Such a relationship was mentioned or discussed during 73 percent of STI consultations (Table A-7.11). All STI clients (98 percent) received either medication or a prescription for treating their infection; however, only about one-quarter (27 percent) were given medication or a prescription for their sexual partners. STI clients are less likely to get medicines or prescriptions for their sexual partners at HC-IIs. Seventy percent of clients were observed being told how to take the medicine, and a followup appointment was discussed with 61 percent of these clients. Partner referral is not as common as would be expected; about 7 in 10 STI clients were encouraged to refer their partners for diagnosis and treatment. Interestingly, such referrals are most common in HC-IIs, perhaps because HC-IIs are less likely to provide medicines or prescriptions to clients to give to their partners.

Health education is not common. Only 44 percent of STI clients were counselled on the risks of HIV/AIDS. Health education on the risks of HIV/AIDS is more likely to be offered to clients visiting HC-IVs and HC-IIs (each 50 percent).

Discussions of any kind about condoms or HIV/AIDS were observed in 67 percent of all STI consultations. Providers discussed using condoms for protection in 52 percent of consultations but offered condoms to only 22 percent of STI clients. An even smaller proportion (8 percent) was instructed on how to use a condom, and condom demonstrations using visual aids occurred in only 3 percent of consultations (Appendix Table A-7.11).

Using an individual client health card is important for ensuring continuity of care and that information is available for follow-up. 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

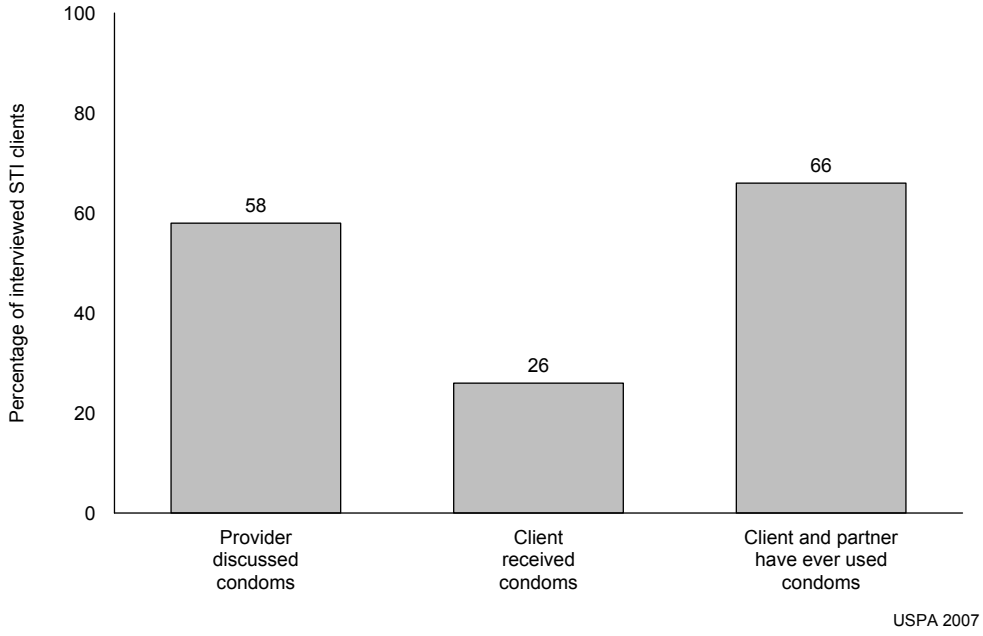
As they exited the facility, STI clients (both male and female) whose consultations were observed were asked about their experiences with the provider and the facility as a whole. Sixty-six percent of clients said that they had used condoms in the past (Figure 7.6, Appendix Table A-7.12). Fifty-eight percent reported that the provider talked about condoms during the visit, which is close to what was observed (52 percent) by interviewers during consultations. Twenty-six percent said they had received condoms during the visit, which is fairly consistent with what was observed (22 percent).

When asked about issues that may contribute to lack of condom use in general, 51 percent identified some specific factors, the most common of which were that condoms are embarrassing to purchase (35 percent), it is embarrassing to discuss condom use with the partner (22 percent), and that use of condoms reduces one's sexual satisfaction (20 percent) (Appendix Table A-7.12). Other factors reported by clients are problems with disposal (11 percent) and that use of condoms reduces the partner's sexual satisfaction (11 percent). Among clients who mentioned any of these issues, approximately 1 in 4 said they had discussed the issue with the provider.

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. Non-availability of medicines and the waiting time to see a provider were the big problems mentioned by 27 percent and 20 percent of clients, respectively (Appendix Table A-7.13). Clients visiting hospitals, HC-IVs, and HC-IIIs are more likely to find non-availability of medicines a big problem. Insufficient visual (12 percent) and auditory (9 percent) privacy were the other issues clients found to be big problems. Behaviour or attitude of the provider, cost of services, and insufficient explanation about the problem are not regarded as big problems.

Figure 7.6 Client reported knowledge and experience related to condom use (N=118)



Clients were asked whether this facility was the one nearest to their home and, if not, why they did not visit the nearest facility. Fourteen percent of STI clients said the facility they were visiting was not the closest facility to their home. The most common reason for not attending the nearest facility was lack of medicines at that facility (32 percent) and that the closest facility was more expensive (29 percent) (Table A-7.14). Only 2 percent of these clients said they were referred to the facility.

Key Findings

The relationship between STIs and sexual activity is not commonly mentioned by providers to STI clients. About one-quarter of STI clients were not educated on this relationship during STI consultations.

Health education for STI clients is generally uncommon. Less than half of STI clients were counselled on the risks of HIV/AIDS. Discussions about condoms or HIV/AIDS took place during only two-thirds of STI consultations.

Condom use for protection against STIs is also not widely promoted by providers. Only 1 in 5 STI clients were offered condoms, and an even smaller proportion was instructed on their proper use.

Almost all observed STI clients received medicine or a prescription, but only 27 percent were given medicine or a prescription for their partners.

7.6 Resources for Diagnosis and Management of Tuberculosis

Tuberculosis (TB), especially multi-drug-resistant tuberculosis (MDR-TB), is a re-emerging communicable disease of public health significance. To control TB infection and to prevent its most severe complications, universal BCG vaccination at birth is mandatory in many developing countries, including Uganda. TB is also one of the most common opportunistic infections for people who are HIV positive. WHO recommends the DOTS approach to treating TB. The 2007 USPA assessed TB services provided at all facilities, their capacity to conduct a sputum test, and the availability of medications for treatment, including prophylactic treatments.

TB diagnosis, treatment and/or follow-up services are available in less than half (44 percent) of all facilities (Table 7.4). All hospitals and HC-IVs offer these services compared with 78 percent of HC-IIIs and only 17 percent of HC-IIs. Availability of these services is similar in government facilities (45 percent) and private facilities (43 percent); facilities in Kampala (94 percent), West Nile (72 percent), and North Central (67 percent) regions are more likely to offer TB services than facilities in other regions of the country.

7.6.1 Tuberculosis Diagnosis

On average, 30 percent of all facilities offer TB diagnostic services. TB diagnosis is universally available in hospitals and HC-IVs (Table 7.4). Government facilities are relatively less likely to offer TB diagnostic services (28 percent) compared with private facilities (36 percent). Also, facilities in the Northeast (16 percent), Southwest (23 percent), and East Central (24 percent) regions are among the least likely to offer TB diagnostic services compared with facilities in Kampala (89 percent).

Among *all* facilities, 28 percent report diagnosing TB using sputum tests (Table A-7.20). Availability follows a pattern similar to any TB diagnosis, with hospitals, HC-IVs, private facilities, and facilities in Kampala more likely than others to report using sputum tests to diagnose TB. Among those that report diagnosing TB using sputum, however, only 64 percent had all items for conducting TB sputum tests (including a functioning microscope, glass slides, and all stains for the AFB or Ziehl-Neelson test) available on the day of the survey (Table A-7.20). At least 80 percent of HC-IVs and hospitals had all sputum test items compared with 58 percent of HC-IIIs and 36 percent of HC-IIs. Government facilities and those in the East Central Region (83 percent) are more likely than others to have these items.

Only a small proportion of facilities that report diagnosing TB using the sputum test have any documented system for sending sputum elsewhere for diagnosis, implying these facilities almost always conduct their own tests.

Records of sputum test results are not widely available. Hospitals (88 percent) and HC-IVs (84 percent) are more likely to have these records; however, HC-IIs (53 percent) are more likely than HC-IIIs (44 percent) to have records of sputum test results. Also, private facilities (67 percent) are more likely than government facilities (55 percent) to have records of sputum test results, as are facilities in the Northeast and North Central regions (72 and 74 percent, respectively). Overall, 59 percent of facilities have records of sputum test results.

As mentioned, 44 percent of all facilities report offering TB diagnosis, treatment and/or follow-up services. Among these facilities, only 49 percent had the ability to conduct microscopic sputum examination, and only 37 percent had the ability to stain sputum for TB diagnosis (Appendix Table A-7.16). Hospitals and HC-IVs are more likely than other facility types to have the capacity to conduct microscopic sputum and stain sputum examinations for TB diagnosis.

The use of X-rays for TB diagnosis is reported on average in only 5 percent of facilities and is limited mostly to hospitals (67 percent) and facilities in Kampala (39 percent) (Appendix Table A-7.20). Very few facilities (3 percent) rely on clinical symptoms for diagnosing TB, and these do not differ much by facility type, managing authority, or region.

7.6.2 Tuberculosis Treatment and Availability of Medicines

The modern treatment strategy for TB is based on standardised short-course chemotherapy regimens and proper case management to ensure completion of treatment and, ultimately, curing the patient. This standardised treatment is a component of DOTS, the internationally recommended strategy for TB control (MOH, 2002).

Thirty-eight percent of all facilities in Uganda report offering TB treatment and/or follow-up services (Table 7.4). Of these facilities, only 85 percent report following DOTS for TB treatment. DOTS treatment is less common in hospitals than health centres, and also less common in private facilities (75 percent) compared with government facilities (86 percent). Facilities in Kampala (67 percent) and in the Northeast (62 percent) Region are less likely to offer DOTS treatment than facilities in other regions (Table 7.4).

Among facilities following DOTS for TB treatment, 90 percent report being part of the national DOTS programme (Table A-7.18.1). Client registers, an important part of any treatment programme, are available in only half of these facilities that report following DOTS for TB treatment. Hospitals are more likely to have DOTS client registers (74 percent of hospitals compared with 40 to 51 percent of other facility types).

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. Survey findings indicate that only 28 percent of facilities following DOTS for TB treatment actually have TB treatment guidelines or protocols at *all* sites in the facility (Table A-7.18.1). Even when these guidelines are assessed for availability at *any* TB treatment site, only 33 percent of these facilities had them (Table A-7.18.2), indicating that guidelines are generally not available in these facilities.

Table 7.4 Availability of services for tuberculosis

Percentage of facilities providing any tuberculosis (TB) diagnostic services, any treatment and/or follow-up services, percentage following the recommended (DOTS) treatment strategy, or other treatment strategies, and mean number of sites offering TB treatment or follow-up services, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage offering: Any TB diagnostic services	Any TB treatment and/or follow-up services	Any TB diagnostic, treatment and/or follow-up services	Number of facilities (weighted)	Among facilities providing any TB treatment and/or follow-up services, percentage following:[1] DOTS[2] treatment	Treatment other than DOTS	Number of facilities offering any TB treatment and/or follow-up services (weighted)	Mean number of sites offering any TB treatment and/or follow-up services[3]
Type of facility								
Hospital	97	93	99	19	68	54	18	2
HC-IV	98	98	100	27	84	24	27	1
HC-III	50	70	78	158	85	16	110	1
HC-II	9	11	17	287	94	6	31	1
Managing authority								
Government	28	43	45	373	86	17	159	1
Private	36	23	43	119	75	32	27	1
Region								
Central	30	32	37	98	99	5	31	1
Kampala	89	73	94	9	67	43	6	1
East Central	24	28	30	78	100	1	22	1
Eastern	27	40	44	49	93	7	20	1
Northeast	16	40	40	41	62	38	16	1
North Central	35	67	67	37	89	12	24	1
West Nile	46	40	72	37	97	23	15	2
Western	40	39	52	60	70	33	23	1
Southwest	23	34	36	83	70	37	28	1
Total	30	38	44	491	85	19	186	1

[1] Some facilities report both DOTS and other treatment options, so columns may add up to more than 100 percent.
[2] Treatment strategy followed is direct-observe 2 months with 6 months follow-up, or direct-observe 6 months, or direct-observe 8 months
[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.

First-line anti-TB medicines (any combination of pyrazinamide, rifampicin, ethambutol, and isoniazid, or 4FDC) were available in 87 percent of facilities following DOTS for TB treatment on the day of the survey (Appendix Table A-7.18.1). Between 90 and 92 percent of hospitals, HC-IVs and HC-IIIs had first-line anti-TB medicines, whereas only 72 percent of HC-IIs had these medicines. Government facilities are more likely to have these first-line medicines (90 percent) than private facilities (69 percent). At the regional level, facilities in Kampala are among those less likely to have first-line TB medicines. All facilities (98 percent) in the Northeast Region had first-line TB medicines on the day of the survey.

7.6.3 Tuberculosis and HIV/AIDS Services

Because TB is a common 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, 2007:1). The 2007 USPA assessed the availability of a system in which newly diagnosed TB patients are tested for HIV.

Among facilities offering any TB diagnostic, treatment and/or follow-up services, 41 percent report that they routinely refer all newly diagnosed TB clients for HIV testing, while another 15 percent report that they only refer those clients who are suspected to be infected with HIV (Table A-7.21). This means there are still facilities that have no system for testing newly diagnosed TB patients for HIV infection. Hospitals (79 percent) and HC-IVs (62 percent) are more likely than other facility types to routinely refer newly diagnosed TB clients for HIV testing. Government facilities are also relatively more likely than private facilities (45 and 31 percent, respectively) to refer any or all newly diagnosed TB clients for HIV testing (Appendix Table A-7.21).

During the survey and upon review of TB registers, 40 percent of current TB patients were found to be co-infected with HIV.

Key Findings

Approximately 2 of 5 facilities (44 percent)—mostly hospitals, HC-IVs, and HC-IIIs—offer TB diagnosis, treatment, and/or follow-up services. Thirty-two percent of all facilities (or 85 percent of facilities that report offering TB treatment and/or follow-up services) follow DOTS for TB treatment. Health centres that offer any TB treatment and/or follow-up services are more likely than hospitals to follow DOTS for TB treatment.

Of facilities following the DOTS treatment strategy, 87 percent had all first-line treatment medicines available.

Over 40 percent of facilities refer newly diagnosed TB patients for HIV testing and 40 percent of TB patients have HIV co-infection, according to review of TB client registers.

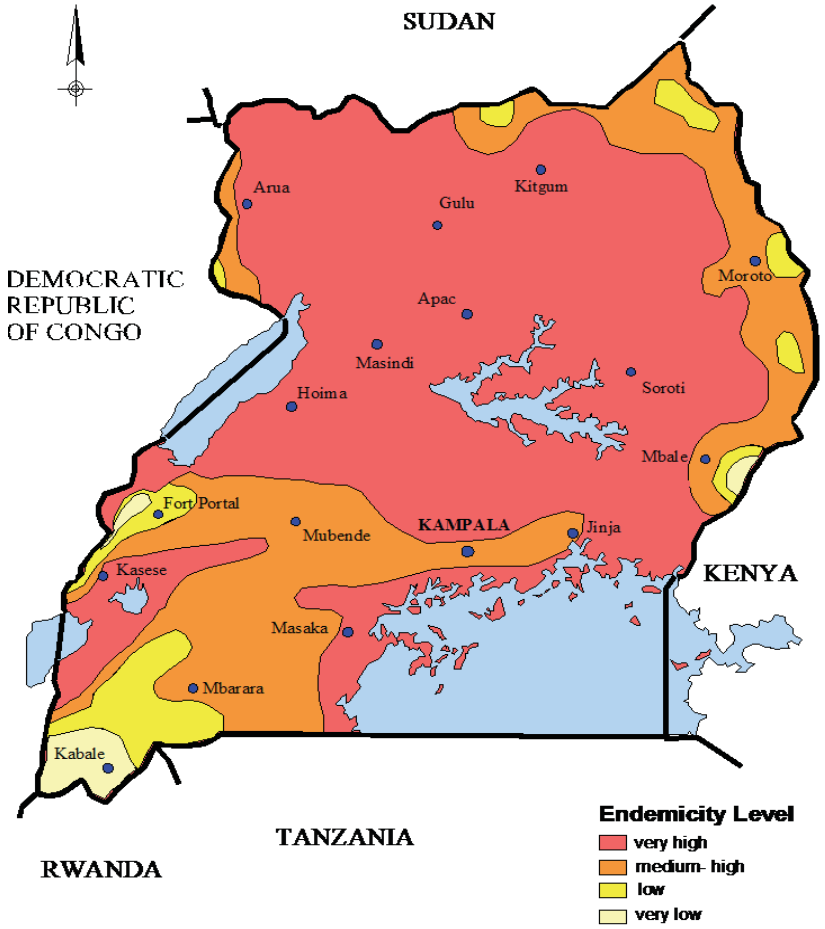
8.1 Background

8.1.1 Malaria Endemicity and Burden of Disease

Malaria is the number one cause of morbidity and mortality in all parts of Uganda. It is the most frequent cause of visits to health facilities, and it kills more people than any other single disease in the country. All people living in Uganda are at risk of being infected with malaria parasites and developing malaria, but the most vulnerable groups are children under five years, pregnant women, people living with HIV/AIDS, and travellers from areas where malaria transmission is low or nonexistent.

Approximately 95 percent of Uganda's territory, where 88 percent of the population lives, is exposed to moderate to very high perennial transmission levels of malaria. Only few areas, at altitudes above 1,800 metres, experience low or unstable malaria transmission and are prone to epidemics. These are mainly the highlands of Kigezi in the Southwest, Mount Elgon in the East, and the Rwenzori Mountains in the West (See Figure 8.1).

Figure 8.1 **Map of Uganda showing malaria endemicity levels**



8.1.2 Malaria morbidity and mortality

Malaria in children
Deaths due to malaria are highest among children under five years in Uganda. According to the Uganda Malarial Control Strategic Plan 2005/6-2009/10, about 25-30 percent of deaths among children under five admitted to health facilities are due to malaria (MOH, 2005), translating into an estimated 70,000 to 100,000 of deaths per year among these children. In addition, malaria has long-term consequences for child development, including chronic anaemia and neurological complications leading to poor academic performance.

Malaria in pregnant women
Pregnant women are another vulnerable group in whom malaria has devastating effects. It causes severe anaemia, abortion, and low birth weight, and is therefore a major factor contributing to maternal death and foetal wastage. It is estimated that nearly 60 percent of spontaneous abortions are caused by malaria (MOH, 2008).

Malaria in people living with HIV/AIDS
Malaria makes HIV/AIDS worse and HIV/AIDS makes malaria worse (Idemyor, 2007). Malaria infection and fever rates are increased in people living with HIV/AIDS, especially those with low CD4 counts or high viral loads. Malaria in people living with HIV/AIDS is associated with more severe disease and death. Also, anti-malarial therapy appears to be less effective in people living with HIV/AIDS. In pregnant women, HIV/AIDS is associated with more episodes of malaria fever and more adverse birth outcomes (Ter Kuile et al., 2004). During malaria attacks in persons infected with HIV, there is a transient increase in HIV transcription, which may accelerate progression to AIDS and increase transmission of HIV.

Malaria and poverty
Malaria is a major factor contributing to poverty in Africa. It is estimated that the total yearly economic burden of malaria in Africa is about US $12 billion (World Bank, 2008). Malaria's public health impact is compounded by huge direct (prevention and treatment) and indirect (labour time lost caring for the sick) costs. In Uganda, the direct cost of treatment for an episode of suspected malaria averages US $4.10 in urban settings and US $1.80 in rural populations (MOH, 1998). The proportion of household expenditure spent on malaria may reach up to 34 percent in the poorer sections of society (WHO/UNICEF, 2003). Malaria is estimated to reduce growth of the gross domestic product by a factor of 1.3 percent per annum (Gallup and Sachs, 2001).

8.1.3 The Malaria Control Strategy

Uganda's National Malaria Control Programme (NMCP) is part of the Roll Back Malaria (RBM) initiative. The vision of the NMCP is that malaria will no longer be the major cause of illness and death in Uganda, and families will have universal access to malaria prevention as well as treatment. The goal is to control and prevent malaria morbidity and mortality and to minimize social effects and economic losses attributable to malaria in the country. The overall objectives are—

- To move to the national level with a package of effective and appropriate interventions to promote positive behaviour change and to prevent and treat malaria
- To rapidly achieve and sustain high coverage levels for this intervention package

The current malaria treatment policy
In 2004, it was decided at a consensus meeting to change the first-line malaria treatment to artemisinin-based combination therapy (ACT). The current malaria treatment policy recommends—

- Artemether/Lumefantrine (Coartem®) as first-line treatment for uncomplicated malaria, and Artesunate + Amodiaquine as the alternative first-line[1]. The second-line treatment for uncomplicated malaria is oral quinine for all patients.
- Parenteral quinine for the treatment of severe malaria for all patients.
- Sulphadoxine-pyrimethamine (SP) for intermittent preventive treatment (IPT) during pregnancy.
- Quinine, instead of ACTs[2] for pregnant women during the first trimester and children below 5 kg body weight (or below 4 months of age).

8.1.4 Malaria Diagnosis

The diagnosis of malaria is based on taking a good history, doing a thorough clinical examination and conducting laboratory investigations. The "gold standard" of laboratory malaria diagnosis is the examination of blood smears for malaria parasites using a microscope (i.e., microscopy). The reliability of microscopy depends heavily on the expertise and experience of the person who makes stains and examines the blood smears. Malaria rapid diagnostic tests (RDTs) are an alternative to microscopy where good quality microscopy services cannot be readily provided. Most RDTs detect the presence of antigens produced by malaria parasites that are present in the blood of infected or recently infected individuals. Some RDTs can detect only one species (*Plasmodium falciparum*); some also detect other species of the parasite (*P. vivid, P. Malaria,* and *P. ovule*) in addition to *P. falciparum*.

8.2 Availability of Services for Malaria

USPA 2007 assessed the availability of services for malaria in Ugandan health facilities, specifically—

- Availability of malaria services among all facilities, including laboratory diagnosis and treatment
- Malaria services for sick children
- Malaria services for antenatal care (ANC) clients
- Malaria services in facilities offering HIV/AIDS care and support services.

8.2.1 Malaria Diagnosis and/or Treatment

Findings from the 2007 USPA indicate that all health facilities in the country offer either diagnosis of malaria or treatment for malaria, or both. There is no variation by type of facility, managing authority, or region (Table 8.1). However, laboratory diagnostic capacity for malaria (by microscopy or RDTs) exists in only one-quarter (26 percent) of all health facilities. Approximately 8 in 10 hospitals and HC-IVs have laboratory malaria diagnostic capacity, compared with 36 percent of HC-IIIs and only 11 percent of HC-IIs. Laboratory malaria diagnostic capacity is higher in private facilities (50 percent) than in public facilities (18 percent), and also more likely to be available in facilities in Kampala (77 percent) than in facilities in other regions.

Only a small proportion of facilities (2 percent on average) offering malaria diagnosis and/or treatment services use RDTs for the diagnosis of malaria, compared with 26 percent that have microscopic laboratory diagnostic capacity (Table 8.1). The trend is similar, however, as RDTs are more likely to be used in hospitals (10 percent), private facilities (5 percent), and in facilities in Kampala (21 percent).

[1] ACTs must not be used to treat patients less than 4 months of age (or 5 kg body weight) and pregnant women in their first trimester.
[2] After the first trimester and for children above 5 kg body weight, Artemether/Lumefantrine and other ACTs may be used.

First-line medicines for the treatment of uncomplicated malaria

The recommended first-line treatment for malaria is Coartem® or a combination of Artesunate plus Amodiaquine. Among facilities offering malaria diagnosis and/or treatment services, about 8 in 10 had the first-line regimen available in the facility on the day of the visit. There was no variation by managing authority; however, hospitals (92 percent), HC-IVs (89 percent), and facilities in the Central (85 percent), Northeast (88 percent), and Southwest (87 percent) regions, are relatively more likely to have first-line medicines for treating malaria.

Findings from the survey also indicate that stock-outs of first-line medicines are common. On average, only 18 percent of facilities reported no stock-out of first-line anti-malarial during the six months preceding the survey. Facilities that reported no stock-outs are more likely to be hospitals (38 percent), HC-IV (31 percent), private facilities (21 percent), and those in Kampala (43 percent). In the Western and North Central regions, 96 percent and 93 percent, respectively, of facilities offering malaria diagnosis and/or treatment services experienced a stock-out of first-line anti-malarial medicines during that period.

Table 8.1 Malaria diagnosis and/or treatment services

Percentage of all facilities offering malaria diagnosis and/or treatment services, percentage that have malaria laboratory diagnostic capacity, and among facilities offering malaria diagnosis and/or treatment services, percentage having specific components for supporting services for malaria, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that:			Number of facilities (weighted)	Among facilities offering malaria diagnosis and/or treatment services, percentage with:						Number of facilities offering malaria diagnosis and/or treatment services (weighted)	Mean number of sites offering malaria diagnosis and/or treatment services
	Offer malaria treatment services	Offer malaria diagnosis and/or treatment services	Have lab diagnostic capacity for malaria[1]		Observed malaria treatment protocol in all relevant units	First-line anti-malaria medicines in the facility[2]	No stock-out of first-line anti-malarials in past 6 months	Lab diagnostic capacity for malaria (blood smear)	Other lab diagnostic capacity for malaria (rapid test)	Treatment protocol in all relevant units and medicines in facility		
Type of facility												
Hospital	100	100	82	19	38	92	38	81	10	34	19	5
HC-IV	100	100	79	27	33	89	31	79	5	29	27	3
HC-III	99	100	36	158	67	78	19	35	1	51	158	2
HC-II	98	98	11	287	72	77	15	11	1	54	280	1
Managing authority												
Government	99	99	18	373	67	78	17	18	1	51	369	2
Private	96	97	50	119	65	80	21	51	5	51	115	2
Region												
Central	100	100	24	98	66	85	17	24	0	57	98	2
Kampala	100	100	77	9	45	72	43	71	21	25	9	2
East Central	95	95	21	78	62	74	22	22	0	47	74	1
Eastern	97	97	19	49	79	67	21	16	3	49	47	1
Northeast	96	100	17	41	61	88	40	17	0	54	41	1
North Central	100	100	24	37	66	66	7	24	1	43	37	1
West Nile	100	100	43	37	49	70	18	43	0	26	37	3
Western	97	97	26	60	78	78	4	27	4	59	58	2
Southwest	100	100	27	83	70	87	16	27	3	57	83	2
Total	98	99	26	491	67	79	18	26	2	51	485	2

[1] Laboratory diagnostic capacity: functioning microscope, slides and stains available, or rapid malaria test kit
[2] First-line antimalarials are Coartem or any combination of Artesunate and Amodiaquine

Malaria treatment guidelines/protocols

Treatment guidelines/protocols are essential tools in the provision of quality services. The following malaria treatment guidelines and work aids should be available in health facilities.

- Management of Uncomplicated Malaria, 3rd Edition, 2005
- Flow Chart on Malaria in Pregnancy, 2nd Edition, December 2005
- Flow Chart on Management of Malaria, December 2005
- Malaria Treatment Policy Brochure, 2nd Edition, December 2005
- Malaria Treatment Policy Chart, 2nd Edition, December 2005
- Diagnosis and Management of Severe Malaria, 2nd Edition, 2006

The 2007 USPA assessed the availability of *Management of Uncomplicated Malaria* at service sites, either at *all* sites where malaria services are provided, or at *any* site where malaria services are provided. Larger facilities, such as hospitals and HC-IVs, on average have more service sites compared with lower-level facilities. On average, hospitals have 5 malaria service sites, HC-IVs have 3, HC-IIIs have 2, and HC-IIs have only 1.

On average, 67 percent of facilities offering malaria diagnosis and/or treatment had the malaria treatment guideline at *all* relevant service sites (Table 8.1). By type of facility, hospitals and HC-IVs are least likely to have the guidelines at *all* sites (38 and 33 percent, respectively) compared with 67 percent of HC-IIIs and 72 percent of HC-IIs. This is most likely because of the multiple service sites in larger facilities (hospitals and HC-IVs). In terms of the managing authority, there is not much difference between public (67 percent) and private (65 percent) facilities. At the regional level, however, facilities in Kampala (45 percent) are least likely, and facilities in the Western and Eastern regions (78 and 79 percent, respectively) are most likely to have malaria treatment guidelines at *all* relevant sites in the facility.

When the availability of these guidelines is assessed at *any* malaria service site, the picture is slightly different. Higher-level facilities are more likely to have these guidelines (about 9 in 10 hospitals, HC-IVs, and HC-IIIs compared with 74 percent of HC-IIs) (Appendix Table A-8.1). While there is no variation between facilities by managing authority (each 80 percent), facilities in Kampala remain least likely to have the malaria treatment guideline even at *any* relevant site (54 percent). The likelihood of finding guidelines (at *any* site or at *all* sites) plus first-line anti-malarial medicines follow similar patterns (Table 8.1 and Appendix Table A-8.1).

Key Findings

All health facilities offer either diagnosis of malaria, treatment for malaria, or both; however, laboratory diagnostic capacity for malaria (by microscopy or rapid diagnostic tests) is available in only one-quarter of all health facilities.

Two-thirds of health facilities offering malaria treatment and/or diagnosis have malaria treatment guidelines at *all* relevant service sites.

First-line antimalarial medicines are available in about 80 percent of facilities; however, stock-outs of these medicines are common. Only one-fifth of facilities offering malaria services did not experience a stock-out of first-line antimalarial medicine during the 6 months preceding the survey.

8.2.2 Malaria-related Training for Providers

Ongoing training for service providers ensures that providers continue to learn the latest information pertaining to the services they provide. Among facilities offering malaria diagnosis and/or treatment services, the proportion having at least one clinician (doctors, clinical officers, and health educators) who had received malaria-related training during the preceding 12 months is low (only 15 percent overall) (Table 8.2). At the facility level, this ranged from only 4 percent of HC-IIs to 45 percent of HC-IVs. In terms of managing authority, the difference is not large between private (17 percent) and public (14 percent) health facilities. However, at the regional level, facilities in Kampala (60 percent) are most likely to have a trained clinician compared with facilities in other regions (e.g., 7 percent of facilities in the Southwest and Northeast regions).

The overall proportion of health facilities with at least one clinician whose most recent malaria-related training was during the preceding 13-35 months is even lower (only 8 percent), and follows a similar pattern as described for training in the 12 months preceding the survey for facility types and managing authority. At the regional level, in addition to Kampala (21 percent of facilities), 21 percent of facilities in the North Central region have at least one clinician trained during the same period (Table 8.2).

The overall proportion of health facilities with at least one nurse (enrolled and registered nurses, enrolled and registered midwives, double-trained nurses, comprehensive nurses, and public health nurses) who had received malaria-related training in the preceding 12 months is also low (38 percent), but higher than that for clinicians (Table 8.2). At the facility level, this proportion is highest in hospitals (62 percent) and HC-IVs (64 percent) and lowest in HC-IIs (29 percent). There is not much difference between public (37 percent) and private (40 percent) health facilities. However, at the regional level, it is highest in Kampala (57 percent) and the West Nile region (54 percent), and lowest in the East Central region (29 percent).

Additional information on the proportion of facilities with at least 1 nurse whose most recent malaria-related training was during the 13-59 months preceding the survey is presented in Table 8.2.

Key Findings

Among facilities offering malaria diagnosis and/or treatment services, the proportion having at least one clinician or nurse who had received malaria-related training during the preceding 12 months is low. The likelihood of finding a clinician or a nurse who had received training is higher in hospitals and HC-IVs than in HC-IIIs and HC-IIs.

Table 8.2 Malaria-related training for providers

Among facilities offering malaria diagnosis and/or treatment services, percentage where providers have received appropriate malaria-related training, by background characteristics, Uganda SPA 2007

Background characteristics	At least 1 clinician provider[1] of malaria diagnosis or treatment services has received malaria-related training in past:		At least 1 nurse provider[2] of malaria diagnosis or treatment services has received malaria-related training in past:		Number of facilities offering malaria diagnosis and/or treatment services (weighted)
	12 months	13-35 months	12 months	13-35 months	
Type of facility					
Hospital	41	36	62	53	19
HC-IV	45	20	64	41	27
HC-III	25	12	46	27	158
HC-II	4	3	29	22	280
Managing authority					
Government	14	8	37	25	369
Private	17	11	40	29	115
Region					
Central	18	10	34	38	98
Kampala	60	21	57	30	9
East Central	15	6	29	23	74
Eastern	20	6	45	16	47
Northeast	7	6	35	18	41
North Central	19	21	42	18	37
West Nile	12	6	54	49	37
Western	15	10	38	20	58
Southwest	7	4	36	20	83
Total	15	8	38	26	485

[1] Clinician providers include: all consultants, medical officers, clinical officers and health educators
[2] Nurse providers include: enrolled and registered nurses, enrolled and registered midwives, double-trained nurses, comprehensive nurses and public health nurses.

8.3 Malaria Services for Sick Children

8.3.1 Availability of First-line Anti-malarial Medicines for the Treatment of Malaria in Children

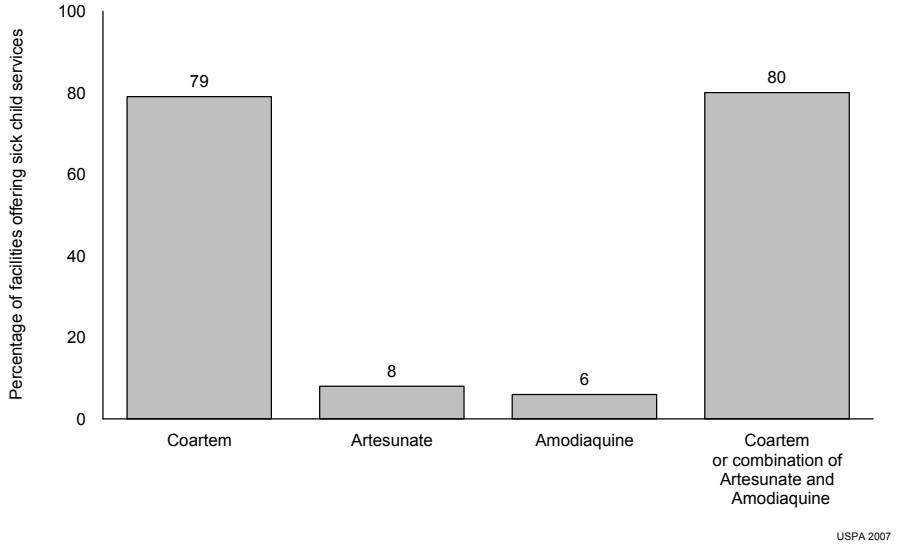
As mentioned earlier, the recommended first-line medicine for the treatment for uncomplicated malaria is Artemether/Lumefantrine (Coartem®). The alternative is Amodiaquine + Artesunate. The 2007 USPA assessed facilities for the availability of these antimalarial medicines in Uganda health facilities.

Coartem® was the most widely available single anti-malarial medicine in all health facilities, available on average in 79 percent of facilities offering sick child services, and more likely to be available in hospitals (92 percent) and HC-IVs (89 percent) than in HC-IIIs and HC-IIs (77 and 79 percent, respectively) (Figure 8.2, Appendix Table A-8.2). The alternative first-line of Artesunate and Amodiaquine was less available in these facilities, in less than 10 percent of facilities on average. Hospitals are more likely to have these alternate anti-malarial medicines than all other facility types. Overall, 80 percent of facilities offering sick child services had first-line anti-malarial medicines available in the facility (i.e., Coartem® or a combination of Artesunate and Amodiaquine). A similar proportion of facilities offering malaria diagnosis and/or treatment (79 percent) had the first-line medicines (Table 8.1).

Key Findings

The first-line treatment for uncomplicated malaria (Coartem® or a combination of Artesunate and Amodiaquine) is available in four-fifths of facilities offering services for sick children. Hospitals and HC-IVs are more likely to have first-line anti-malarials than are other facilities.

Figure 8.2 **Availability of antimalarials among facilities offering sick child services (N=481)**



8.3.2 IMCI Assessment among Children Diagnosed with Malaria

Interviewers observed as sick children received services from health workers. The observation protocol/checklist focused on the following: the three IMCI main symptoms (cough, diarrhoea, and fever); three general danger signs (ability to eat/drink, vomiting everything, and convulsions); current eating and drinking habits; and advice to continue feeding and increase food or drink.

A total of 762 children under age 5 years were observed receiving services; 536 (70 percent) were eventually diagnosed at the end of the consultation as having malaria.

Fifty-six percent of the children diagnosed with malaria were assessed during the consultation for the three IMCI main symptoms, a proportion not very different from the 52 percent of all observed children who were assessed for the same symptoms (Table 8.3). Regarding assessment for IMCI general danger signs, only one-quarter of the children were assessed (27 percent of children diagnosed with malaria, and 25 percent of all observed children). Providers enquired about current eating habits

in about half of the children (49 percent); however, advice to continue feeding and to increase food or fluids was provided to less than one-third of the children.

8.3.3 Physical Examination

Temperature was measured and anaemia assessed in 93 and 71 percent, respectively, of children diagnosed with malaria, which was comparable with results for all observed children (Table 8.3). Other assessments, however, such as for ear problems and dehydration, were not as common, ranging from 11 percent assessed for ear problems to 36 percent whose musculature was checked.

Only 15 percent of the children diagnosed with malaria were sent to the laboratory for any tests; not surprising, as laboratory diagnostic capacity for malaria is low.

8.3.4 Treatment

Among children who were diagnosed with malaria, one-quarter were either referred to see another provider or admitted to the facility (Table 8.3). Although almost all of these children received an anti-malarial medicine (96 percent), in fact only 69 percent received the recommended first-line anti-malarial of Coartem® or a combination of Artesunate and Amodiaquine. This seems to suggest that anti-malarial other than the first-line is still being used in some facilities by some providers. While 86 percent of these children got oral anti-malarial, 19 percent received an injectable anti-malarial.

Seventy percent of children diagnosed with malaria received an antibiotic, a proportion comparable with that of children diagnosed with malaria who received the recommended first-line treatment. This finding suggests that antibiotics are prescribed when they may not be warranted.

Table 8.3 Assessments, examinations, and treatment for observed children

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, Uganda SPA 2007

Item	Malaria[6]	All observed children[7]
IMCI assessment		
Three main symptoms[1]	56	52
Three general danger signs[2]	27	25
Current eating or drinking habits	49	49
Advise continue feeding and increase food or fluids	29	30
Physical exam		
Temperature	93	90
Respiratory rate	19	18
Dehydration	31	29
Anaemia	71	70
Ear	11	14
Oedema	11	12
Body muscle	36	35
Referred for any lab test	15	13
Treatment		
Refer/admit	25	25
Any antibiotic	70	73
Injectable antibiotic	14	15
Oral antibiotic	63	66
First-line anti-malarial[3]	69	50
Any anti-malarial[4]	96	69
Oral anti-malarial	86	62
Injectable anti-malarial	19	14
Oral bronchodilator	1	1
Oral medication for symptomatic treatment[5]	82	75
Oral rehydration (ORS)	21	19
Intravenous fluid	1	1
Zinc	0	0
Described signs or symptoms for immediately seeking help	33	32
Discussed follow-up visit	45	46
Number of children observed[7] (weighted)	536	762

[1] The three IMCI main symptoms are cough/difficult breathing, diarrhoea and fever
[2] The three IMCI general danger signs are: ability to eat/drink, vomiting everything, and febrile convulsions
[3] First-line anti-malarial are Coartem, or any combination of Artesunate and Amodiaquine.
[4] Any anti-malarial refers to either first-line, or Artesunate, Amodiaquine and Fansidar given not as a combination, or other anti-malarials not recommended by the Ministry of Health, such as Chloroquine
[5] This may be an antipyretic, cough medicine, or other general treatment for symptoms.
[6] Children diagnosed by provider as having malaria
[7] Child may be classified with more than one diagnosis.

The provision of oral medication for symptomatic treatment (e.g., analgesics, antipyretics) is a common practice. It is more common for children diagnosed with malaria (82 percent) than for all observed children (75 percent). Oral rehydration salts (ORS), intravenous fluids, zinc, and oral bronchodilators are rarely used. For one-third of children, the health workers described to the caregiver the signs and symptoms for immediately seeking help; for less than half of the children, the health worker discussed a follow-up visit.

8.4 Malaria Services for ANC Clients

The use of insecticide-treated bednets (ITNs) can reduce malaria transmission among the population in general and in pregnant women and children in particular. ITNs in Uganda are being promoted through three main channels:

- **Community-based campaigns in the public sector.** This is intended for rapid scaling up to achieve wide coverage; although the ITNs are purchased through the public sector, private sector service providers participate in their distribution. So far, the main focus of these campaigns has been on vulnerable groups, particularly pregnant women and children.
- **Facility-based routine distribution to pregnant women through antenatal clinics.** This is mainly intended for maintenance of coverage. The policy is that pregnant women who attend antenatal clinics should be provided with mosquito nets either free of charge or at subsidized price. In practice, whether a pregnant woman attending an antenatal clinic gets a free net or pays for it depends on the source of the net. Public sector nets (e.g., those bought using Global Funds) are distributed free of charge for the end user. Both public and private health services providers participate in this activity[3].
- **Commercial sales in the private-for-profit sector[4].**

The 2007 USPA assessed facilities offering malaria diagnosis and/or treatment services for the availability of ITNs and their provision, free of charge, to ANC clients. The survey also assessed facilities offering ANC services for the kind of information ANC providers give to ANC clients about ITNs.

Table 8.4 shows that about three-fourths (76 percent) of facilities offering malaria diagnosis and/or treatment services had ITNs in the facility, with HC-IIIs being more likely (83 percent) than other facility types (around 70 percent) to have ITNs in the facility. These facilities do not differ by managing authority; however, facilities in the West Nile region (94 percent) are more likely than facilities in other regions to have ITNs. The range is from 52 percent of facilities in the North Central Region to 86 percent in the Northeast Region.

Table 8.4 Provision of ITNs by facilities offering malaria services

Among facilities offering malaria diagnosis and/or treatment services, percentage offering insecticide treated net (ITN) to ANC clients, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering malaria diagnosis and/or treatment services that:		Number of facilities offering malaria diagnosis and/or treatment services (weighted)
	Provide free ITNs to ANC clients	Have ITNs in facility	
Type of facility			
Hospital	13	71	19
HC-IV	8	73	27
HC-III	8	83	158
HC-II	2	73	280
Managing authority			
Government	5	76	369
Private	3	75	115
Region			
Central	4	69	98
Kampala	0	74	9
East Central	0	77	74
Eastern	4	82	47
Northeast	1	86	41
North Central	35	52	37
West Nile	10	94	37
Western	0	77	58
Southwest	2	76	83
Total	5	76	485

In terms of offering these ITNs free of charge to pregnant women, on average only in 5 percent of facilities offering malaria diagnosis and/or treatment services were ANC providers observed doing so. Hospitals are relatively more likely than other facility types. At the regional level, facilities in the

[3] There is intention to distribute ITNs to children through EPI; however, it has not started yet.

[4] Social marketing, where ITNs were sold to the public at subsidised price to promote their use, was done in the past. It is very rarely done now.

North Central Region (35 percent) are most likely, compared with between zero percent (Kampala, and the East Central and Western regions) and 10 percent (the West Nile Region) of facilities in other regions.

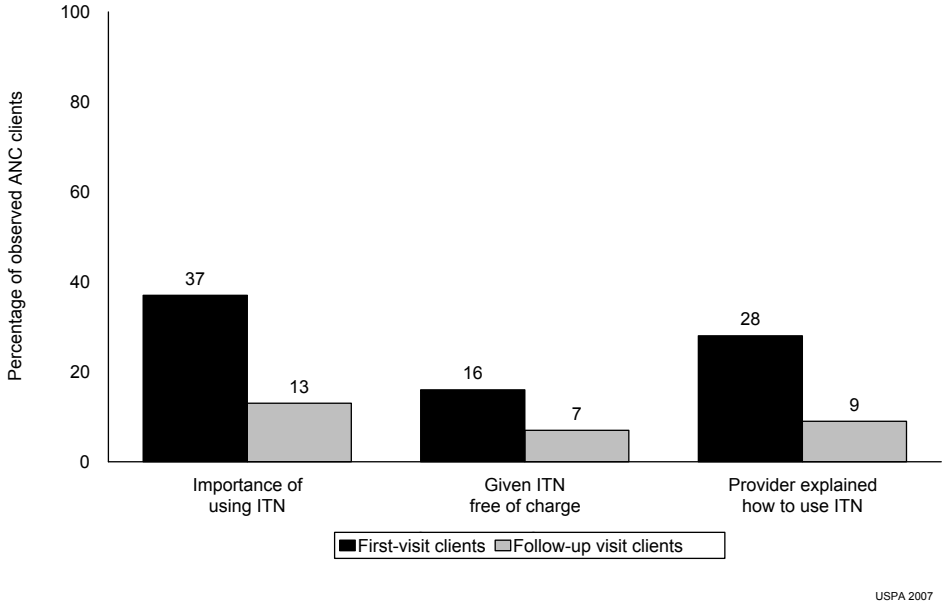
8.4.1 Provision of Insecticide-treated Mosquito Nets in Antenatal Care Clinics

One of the channels for distributing ITNs is through ANC clinics. 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 and how to use the mosquito nets. Figure 8.3 and Appendix Table A-8.3 present information on ITNs among observed ANC clients receiving services.

Overall, 37 percent of *first-visit ANC clients* were counselled by providers on the importance of using ITN (Figure 8.3), compared with 13 percent of *follow-up ANC clients.* First-visit ANC clients in HC-IIIs (46 percent) are more likely to get this information, compared with those visiting hospitals (37 percent), HC-IVs (30 percent) and HC-IIs (17 percent) (Appendix Table A-8.3).

Only 16 percent of *first-visit ANC clients* were provided ITNs free of charge. The remaining clients either did not receive an ITN, or got one at a cost. The likelihood of a *first-visit* ANC client receiving a free ITN is highest in HC-IIIs (22 percent of first-visit ANC clients) and lowest in HC-IVs (8 percent of first-visit ANC clients). Twenty-eight percent of first-visit ANC clients received an explanation on how to use an ITN. The likelihood of receiving this information is highest in HC-IIIs.

Figure 8.3 **Percentage of first-visit (N=180) and follow-up visit ANC clients (N=193) who received the indicated ITN-related item or information**



8.4.2 Intermittent Preventive Treatment of Malaria

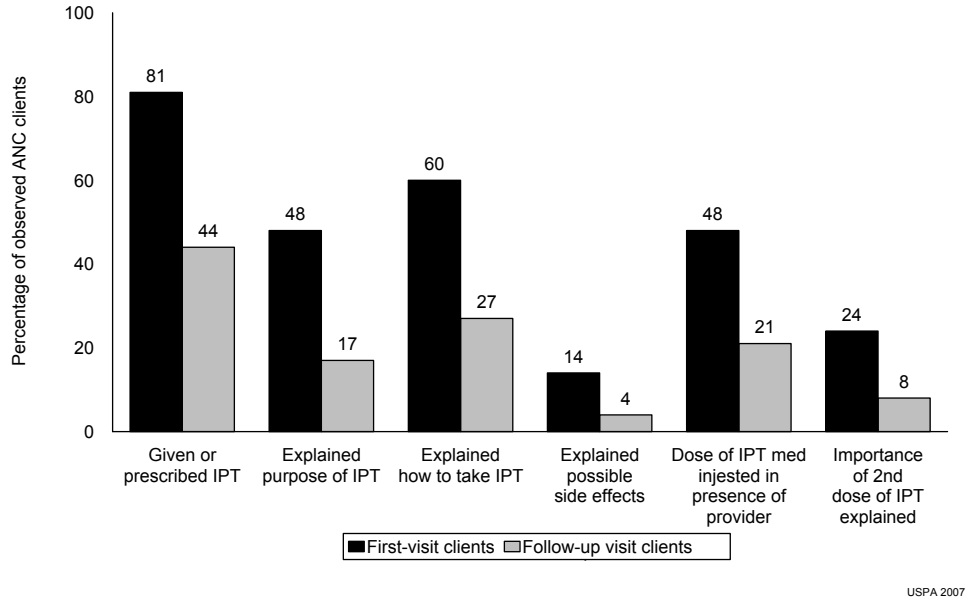
Malaria infection during pregnancy can have adverse effects on both mother and foetus, including maternal anaemia, abortion, low birth weight babies, intrauterine growth retardation, and premature delivery. To prevent these ill effects, *the Uganda Malaria Control Programme recommends that all pregnant women receive two doses of Sulphadoxine/Pyrimethamine (SP) as preventive treatment, during a pregnancy* (MOH, 2005). It is recommended that ANC clients take their first and second IPT dose under the supervision of a service provider. These providers are expected to explain the purpose of IPT to ANC clients, tell them how to take the anti-malarial tablets, and discuss the possible side

effects of the medicine. Figure 8.4 and Appendix Table A-8.4 shows the information that ANC clients (first- and follow-up clients) received from providers.

Generally, the proportion of *first-visit ANC clients* receiving IPT items is higher than the proportion of *follow-up ANC clients*. Follow-up clients may be on their second, third, or even fourth visit, and hence not eligible for some of these items.

Half (48 percent) of *first-visit* clients and one-fifth (21 percent) of *follow-up* ANC clients were actually observed taking the medicine for IPT under direct supervision of a provider. First-visit clients at hospitals (61 percent) and HC-IVs (58 percent) are more likely to ingest the medicine for IPT in the presence of a provider than are those in HC-IIIs (43 percent) and HC-IIs (29 percent).

Figure 8.4 **Percentage of first-visit (N=180) and follow-up visit ANC clients (N=193) who received the indicated IPT-related item or information**



8.5 Malaria Services among Facilities Offering HIV/AIDS Care and Support Services

The World Health Organisation (WHO) and the Global RBM initiative promote the integration of malaria and HIV services to reduce morbidity and mortality associated with dual infection. It is becoming increasingly evident that malaria and HIV/AIDS worsen each other.

Many people living with HIV/AIDS die as a result of contracting malaria. In Uganda, the number of reported cases of malaria through the Health Management Information System (HMIS) has varied over the years; it increased from 5,247,359 cases in 1999 to 16,321,582 in 2005, then decreased to 9,901,882 in 2006. The number of malaria deaths also varies from year to year. Currently, it is estimated that malaria is responsible for 70,000-110,000 deaths annually (www.health.go.ug/malaria.htm).

The 2007 USPA assessed the availability of malaria services among health facilities that provide HIV/AIDS care and support services.

As shown in Table 8.5, all facilities that offer HIV/AIDS care and support services also offer malaria treatment services. However, just one-third of these facilities have laboratory diagnostic capacity for

malaria. Hospitals and HC-IVs (84 and 80 percent, respectively) are more likely than HC-IIIs and HC-IIs (38 and 16 percent, respectively) to have laboratory diagnostic capacity for malaria. Half (52 percent) of private facilities compared with 28 percent of government facilities have this capacity. Furthermore, facilities in Kampala (78 percent), not surprisingly, are more likely than those in other regions to have this capacity.

Table 8.5 Malaria diagnosis and treatment among facilities offering HIV/AIDS care and support services

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering malaria treatment and percentage with lab diagnostic capacity for malaria; among facilities offering CSS and offering malarial treatment services, percentage having the indicated components for supporting services for malaria, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that offer malaria treatment services	Percentage of facilities with lab diagnostic capacity for malaria	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and malaria treatment services, percentage with			Number of facilities offering CSS for HIV/AIDS clients and offering malaria treatment services (weighted)	Mean number of sites offering CSS for HIV/AIDS clients and offering malaria treatment services
				Observed malaria treatment protocol in all relevant units	First-line anti-malaria medications in facility[1]	Treatment protocol in all relevant units and medicines in facility		
Type of facility								
Hospital	100	84	19	39	94	37	19	3
HC-IV	100	80	27	37	89	32	27	2
HC-III	100	38	112	69	77	51	112	1
HC-II	100	16	141	72	76	51	141	1
Managing authority								
Government	100	28	222	67	78	49	222	1
Private	100	52	76	63	81	49	76	1
Region								
Central	100	30	79	62	81	51	79	1
Kampala	100	78	8	48	71	27	8	2
East Central	100	45	29	55	75	36	29	1
Eastern	100	22	27	87	61	53	27	1
Northeast	100	41	10	65	82	49	10	1
North Central	100	39	20	52	80	40	20	1
West Nile	100	56	18	57	62	20	18	2
Western	100	37	30	73	82	57	30	1
Southwest	100	27	78	70	86	57	78	1
Total	100	34	299	66	79	49	299	1

[1] First-line anti-malarials are Coartem or any combination of Artesunate and Amodiaquine

Among facilities that offer HIV/AIDS care and support services and treatment for malaria, two-thirds (66 percent) had malaria treatment protocols at *all* sites where services are provided. Because larger facilities (hospitals and HC-IVs) have more service sites than HC-IIIs and HC-IIs, they are less likely to meet this criterion (Table 8.5). There is little variation by ownership (63 at private facilities compared with 67 percent at government facilities); however, at the regional level, facilities in the Eastern Region (87 percent) are more likely than facilities in other regions to have malaria treatment guidelines at *all* service sites.

When this indicator is analysed with treatment guidelines at *any* service site, the findings are slightly different. Larger facilities and public facilities tend to do better, compared with other facilities (Appendix Table A-8.5). In addition, practically all facilities in the Eastern Region had treatment guidelines at at least one service site.

First-line medicines for treating uncomplicated malaria were available on average in 79 percent of facilities offering HIV/AIDS care and support services and treatment for malaria. About 90 percent or more hospitals and HC-IVs have first-line anti-malarials, while about three-fourths of HC-IIIs and HC-Iis have them. Though encouraging, these findings suggest that not all HIV/AIDS clients needing malaria treatment would be able to get it at all health facilities and could end up with only a prescription.

Key Findings

All health facilities that offer HIV/AIDS care and support services also offer malaria treatment services; however, just one-third of these facilities have laboratory diagnostic capacity for malaria.

The first-line medicine for treating uncomplicated malaria is available in four-fifths of facilities offering HIV/AIDS care and support services and treatment for malaria.

First-visit ANC clients are more likely than follow-up clients, to receive an ITN or any ITN-related information; clients visiting HC-IIIs are more likely than those visiting other types of facilities to get this information.

Chapter 9 HIV/AIDS Services

9.1 Background

An international technical working group, comprised of representatives from the World Health Organisation (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
- Availability of youth-friendly services (YFS)

The 2007 Uganda Service Provision Assessment (USPA) measured components of each of these indicators in a sample of health facilities in Uganda.

HIV/AIDS in Uganda

The earliest cases of HIV/AIDS in Uganda were reported in 1982 in Kasensero and Lukunyu landing sites, which are located on the shores of Lake Victoria, in Rakai district in southwestern Uganda. These early cases were initially diagnosed among traders on the lake who were plying between Uganda and Tanzania. Subsequently, the disease spread internally, mainly along busy highways into the major towns, and eventually spread into the countryside into all parts of the country, affecting virtually all population groups.

Currently, it is estimated that a cumulative total of 2.6 million people have been infected with HIV in Uganda. Of these, approximately 1.6 million have died and about 1 million are living with the disease. The epidemic has resulted in high levels of morbidity and mortality, and has disproportionately affected men and women in the prime of their life. The epidemic has also imposed a burden on the limited resources of the country, with funds being diverted to interventions for HIV prevention and AIDS care. Furthermore, the epidemic has resulted in major social consequences arising from the deaths of adults and the resulting massive burden of orphans and vulnerable children.

To address the epidemic, the government with the support of WHO Global Programme on AIDS established the AIDS Control Programme in the Ministry of Health in 1986. The AIDS programme was charged with implementing a public health response for HIV/AIDS prevention and control. These efforts were further complemented by the establishment of the Uganda AIDS Commission in 1992. The Uganda AIDS Commission is responsible for coordinating a comprehensive national response in all sectors. The response included community mobilisation, strong political leadership and commitment starting with the President, putting in place multi-sectoral strategies, including promoting the development and dissemination of messages about behaviour change covering primary and secondary abstinence, mutual faithfulness, partner reduction and condom use, especially in higher-risk sexual encounters. This approach to prevention, known as the 'ABC' (abstinence, being faithful, and condoms) approach, has since been expanded to the ABC Plus approach, which includes voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT) of HIV, STI control, antiretroviral treatment (ART), and HIV/AIDS care and support services (CSS).

Data from the 2004-05 HIV/AIDS Sero-Behavioural Survey in Uganda indicate that 6.4 percent of Ugandan adults age 15-49 are infected with HIV and that the prevalence is higher among women than men (7.5 percent and 5.0 percent, respectively) (Ministry of Health and Macro, 2006). Urban residents are much more likely to be infected (10.1 percent) than rural residents (5.7 percent). This difference applies to both sexes, although the difference is much larger for women than for men. Prevalence among urban women is 12.8 percent compared with 6.5 percent among rural women, while the prevalence among urban men is 6.7 percent compared with 4.7 percent among rural men.

9.2 Definition of HIV/AIDS Indicators

The 2007 USPA assessed the following HIV/AIDS-related services:

HIV Testing System/Counselling and Testing (CT): The USPA 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 to follow up with clients after testing. A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not defined as having an HIV testing system or offering HIV counselling and testing.

Care and support services (CSS): Care and support services include any services that are directed towards improving the life of an HIV-positive person. These most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as TB, 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 use services with HIV/AIDS components. The USPA specifically assessed the availability of youth-friendly services that include VCT.

9.3 Basic-Level Services for HIV/AIDS

9.3.1 Counselling and Testing

Generally accepted definitions for voluntary counselling and testing services (VCT or CT) for HIV include the following key elements:

- Counselling must take place before 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 follow-up.

- Same-day test results are encouraged.

Counselling and testing services may be provided in a special counselling and testing unit. However, counselling and testing 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 record keeping systems to ensure that all key elements of counselling and testing are covered. Table 9.1 and Figure 9.1 present information on the availability of an HIV testing system, defined as having an HIV test site in the facility or in an affiliated laboratory, or having a system for receiving the results of tests conducted in a non-affiliated testing site to provide post-test services. Table 9.1 also presents information on the availability of informed consent documents and record-keeping in counselling and testing sites.

Overall, nearly 3 in 10 of all facilities[1] report having an HIV testing system. Virtually all hospitals (98 percent) and HC-IVs (97 percent) have an HIV testing system (Table 9.1, Figure 9.1). HC-IIIs (46 percent) and HC-IIIs (9 percent) are less likely to have an HIV testing system. Private health facilities (34 percent) are relatively more likely than government facilities (28 percent) to have an HIV testing system. Almost all facilities in Kampala (98 percent) have HIV testing system compared with Central (47 percent), North Central (38 percent), and Western regions (32 percent), where there are moderate proportions of facilities reporting HIV testing systems. The other regions of East Central, Eastern, Northeast, West Nile, and Southwest had less than 1 in 4 facilities reporting an HIV testing system.

[1] For the purposes of this survey, certain stand-alone and specialised health units (such as TASO Mulago and clinics attached to certain organisations) have been categorised with HC-IIs. These health units, some of which may be quite sophisticated, are categorised with HC-IIs because they meet such MOH criteria.

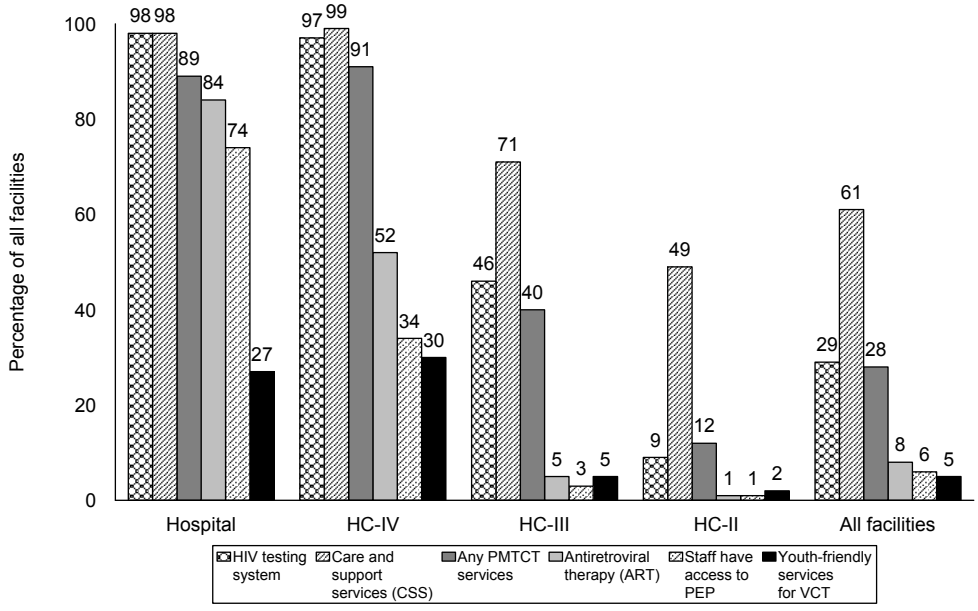
Table 9.1 System for HIV testing

Percentage of facilities reporting an HIV testing system, and among these, percentage conducting HIV test in facility or at external site, percentage with policies and records in all relevant sites, and the mean number of service sites with an HIV testing system per facility, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities reporting an HIV testing system[1,2]	Total number of facilities (weighted)	Percentage of facilities with:						Number of facilities reporting an 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 in external testing site[4]	Item observed in all relevant service sites in facility: Informed consent policy for HIV testing[5]	Register with HIV test results	Record for clients receiving HIV test results[6]	All items for testing indicator[7]		
Type of facility										
Hospital	98	19	88	2	25	85	67	21	19	3
HC-IV	97	27	82	0	24	89	69	22	26	2
HC-III	46	158	68	0	18	85	70	18	72	1
HC-II	9	287	76	2	40	92	91	39	26	1
Managing authority										
Government	28	373	73	0	19	85	68	18	103	1
Private	34	119	81	2	35	91	86	35	40	1
Region										
Central	47	98	75	0	25	90	78	24	46	1
Kampala	98	9	80	7	14	90	72	12	8	2
East Central	23	78	73	1	23	73	59	23	18	1
Eastern	18	49	49	0	27	100	98	19	9	1
Northeast	13	41	87	0	20	100	82	11	5	1
North Central	38	37	71	0	49	88	80	48	14	1
West Nile	17	37	97	0	32	81	70	32	6	2
Western	32	60	68	0	22	83	73	22	19	1
Southwest	21	83	83	0	6	87	58	6	18	2
Total	29	491	75	1	24	87	73	23	143	1

[1] Any health service facility or other non-home-based site where services related to HIV/AIDS are offered.
[2] Facility reports HIV tests conducted in the facility or in an affiliated external laboratory, or has an agreement with a testing site where the test results are returned to the facility.
[3] HIV testing is confirmed in facility or in affiliated laboratory.
[4] HIV testing not available in facility but there are observed records of testing conducted outside facility, with test results
[5] Having the Uganda National Policy on HIV counselling and testing counts as having an informed consent policy for HIV testing. Availability of an informed consent document for the client to sign or keep, or any other informed consent document also counts as having an informed consent policy.
[6] If rapid test is done, record with client identifier and results is sufficient.
[7] HIV test available or records showing test results are received by facility, informed consent policy in all relevant service sites, observed register with HIV test results and observed register for clients receiving HIV test results.
[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.

Figure 9.1 **Availability of services for HIV/AIDS (N=491)**

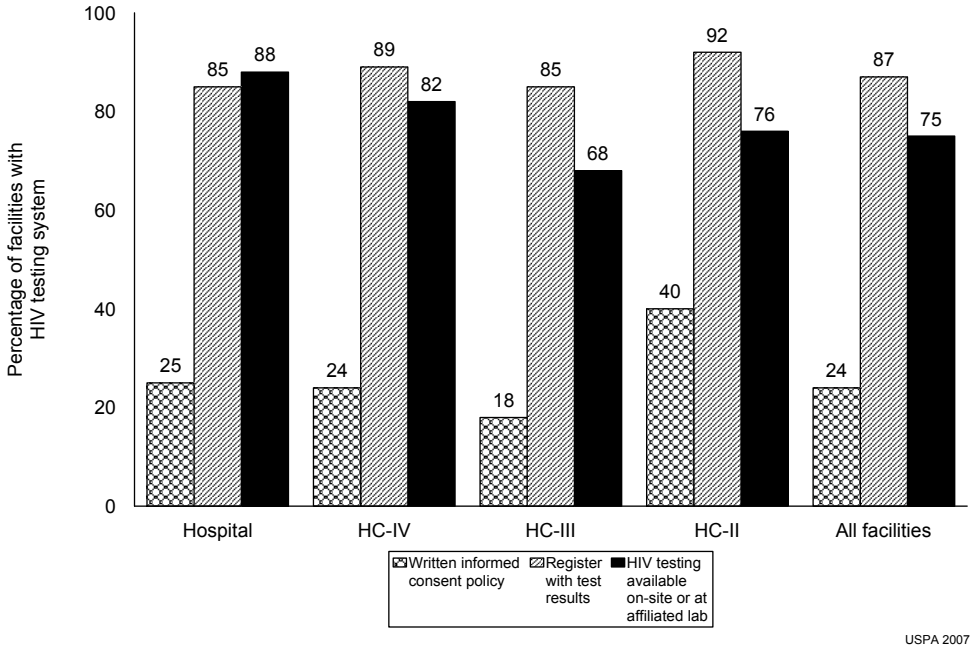


USPA 2007

Among facilities with a testing system, the majority (75 percent) conduct testing in the facility or in an affiliated laboratory. Most hospitals (88 percent) and HC-IVs (82 percent) conduct testing in the facility or an affiliated laboratory. In addition, 2 in 3 HC-IIIs and 3 in 4 HC-IIs conduct testing in the facility or in an affiliated laboratory. Only a small proportion of facilities (1 percent) have testing done exclusively outside the facility. On average, hospitals have three service sites, offering HIV counselling and testing services and HC-IVs have two; HC-IIIs and HC-IIs have an average of just one HIV testing site per facility (Table 9.1).

An informed consent policy for HIV testing is available at *all* relevant HIV counselling and testing sites in only about one-quarter of facilities that have an HIV testing system (Table 9.1). Forty percent of HC-IIs had an informed consent policy compared with only 1 in 4 hospitals and HC-IVs; this probably reflects the hospitals and HC-IVs having several sites compared with HC-IIs having one. Only 18 percent of HC-IIIs had informed consent policy for HIV testing documentation. In contrast, record keeping is relatively good: on average, 87 percent of facilities that report having an HIV testing system have a register of HIV test results at *all* sites, and about three-quarters keep (or have) records of clients receiving their HIV test results. Up to 85 percent and above of all the health facilities with an HIV testing system have a register with HIV test results at *all* sites; however, not all of them keep a record of clients receiving those results.

Figure 9.2 **Components of HIV testing services (N=143)**



9.3.2 HIV/AIDS Care and Support Services

The USPA 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 care and support services 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 follow-up services for persons on ART. About 6 in 10 facilities (61 percent) offer HIV/AIDS care and support services and a slightly smaller proportion of the health facilities (57 percent) offer clinical care and support services for HIV/AIDS clients (Table

9.2). These services are almost universal in hospitals and HC-IVs compared with HC-IIIs and HC-IIs. The services are also highest in Kampala, Southwest, and Central regions compared with the other regions. Private facilities seem more likely than government facilities to offer either of the services.

Table 9.2 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 any clinical CSS; and, among these, percentage with the indicated record-keeping systems, and mean number of clinical CSS service sites per facility, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering CSS[1] for HIV/AIDS clients	Percentage of facilities offering any clinical CSS[2] for HIV/AIDS clients	Number of facilities (weighted)	Individual client record/chart observed in all eligible clinic/units	Register with HIV/AIDS related client diagnosis observed in any eligible clinic/unit	Record system for individual client appointments observed in all relevant out-patient 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	98	98	19	74	85	56	19	3
HC-IV	99	99	27	65	82	50	27	2
HC-III	71	68	158	54	63	12	107	1
HC-II	49	44	287	53	51	5	126	1
Managing authority								
Government	60	55	373	50	64	13	207	1
Private	64	61	119	74	54	22	73	1
Region								
Central	80	71	98	52	47	18	70	1
Kampala	94	94	9	85	53	55	8	2
East Central	37	35	78	37	31	25	27	1
Eastern	55	55	49	38	85	9	27	1
Northeast	25	19	41	86	61	20	8	1
North Central	54	54	37	35	69	18	20	1
West Nile	48	43	37	38	47	8	16	2
Western	50	44	60	97	76	27	27	1
Southwest	94	92	83	61	73	5	77	1
Total	61	57	491	56	61	16	279	1

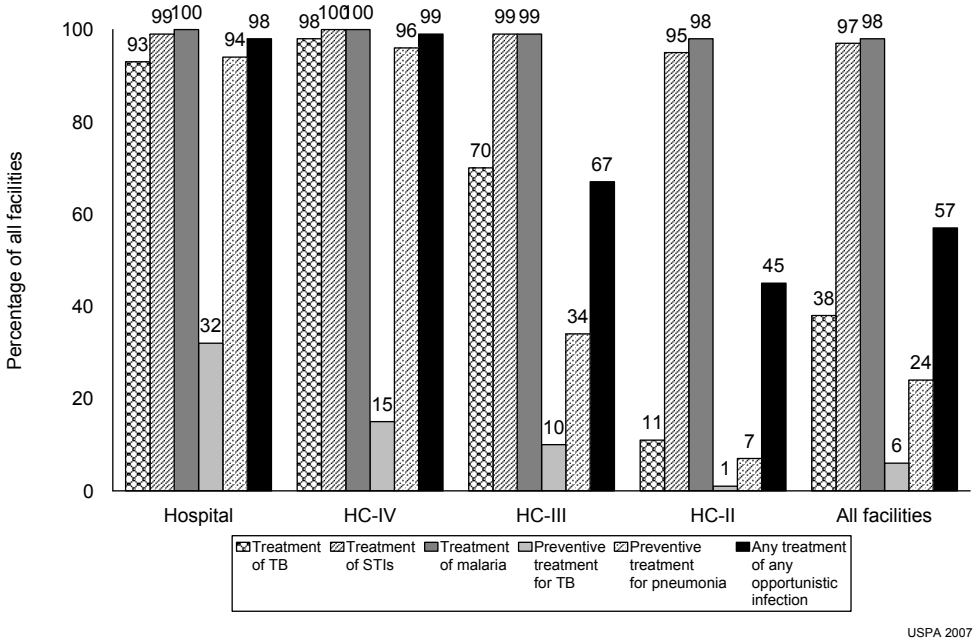
[1] Providers report providing any curative or preventive care services for HIV/AIDS clients, or referrals for counselling and/or social support services for help in living with HIV/AIDS
[2] In addition to CSS, providers report providing or prescribing any of the following: treatment for opportunistic 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, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and follow-up services for persons receiving ART
[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.

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 important HIV/AIDS care and support strategies is the immediate treatment of opportunistic infections among HIV/AIDS clients. Appendix Table A-9.3 and Figure 9.3 present information on the availability of basic clinical care and support services, including the treatment of opportunistic infections among all facilities.

A little over one-third of facilities and just over half of all facilities provide treatment for TB and opportunistic infections, respectively. The survey did not specify the different categories of opportunistic infections and whether TB was considered amongst them. It is therefore possible that the treatment of opportunistic infections being described here includes the treatment of TB as well as other opportunistic infections. These services, though not widely available overall, are almost universally available in hospitals and HC-IVs. Treatment of STIs and malaria, on the other hand, is more or less universal (97 and 98 percent of health facilities, respectively). Only 1 in 4 health facilities provide preventive treatment for pneumonia using cotrimoxazole, and only 6 percent offer preventive treatment for TB using isoniazid.

Figure 9.3 **Availability of basic clinical care and support services (CSS) for HIV/AIDS clients among all facilities (N=491)**



The survey assessed the availability of several services among a subset of facilities that offer care and support services. Facilities that offer care and support services 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, and people living with HIV/AIDS are also known to experience more severe forms of malaria as a result of their weakened immune system. As a result, 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 this dual infection.

Tuberculosis

TB is the most common opportunistic infection associated with HIV/AIDS, and it is among the leading causes of morbidity and 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. To improve compliance with full treatment and reduce the prevalence of drug-resistant strains of TB, WHO advocates the DOTS strategy for TB treatment.

Generally accepted standards for good quality TB services include the following key elements:

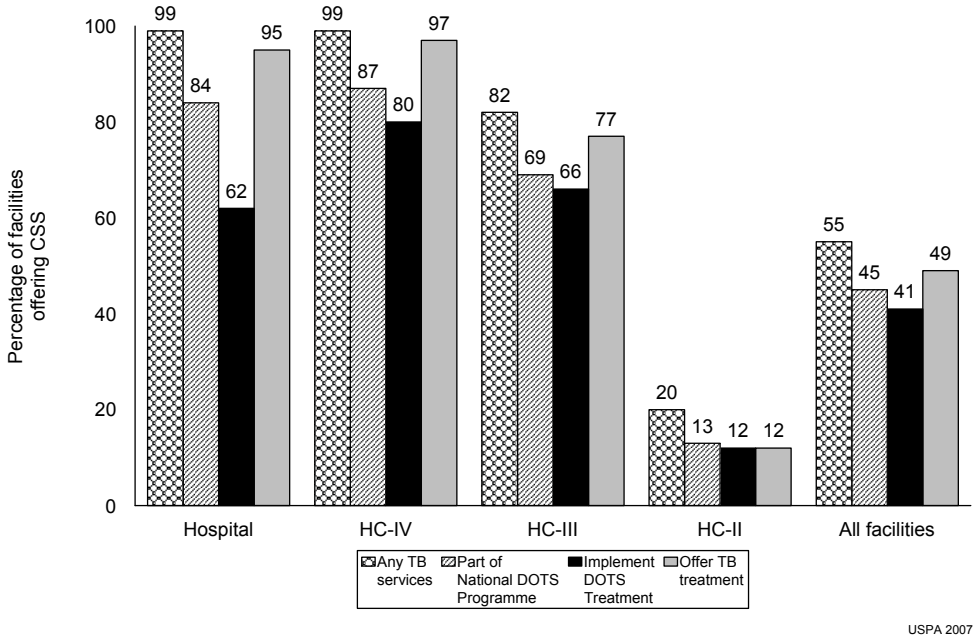
- Diagnosis based on sputum smear, with back-up or confirmation using X-rays
- Records that indicate newly identified cases, monitor the course of treatment, and monitor client adherence to the treatment protocol
- Standard guidelines and protocols for the TB diagnostic and treatment regimes
- A continuous supply of the TB treatment regime for each patient

Among facilities offering care and support services for HIV/AIDS clients, 55 percent provide TB diagnostic and/or treatment services, 45 percent report being part of the national DOTS programme

and 41 percent follow DOTS for TB treatment (Figure 9.4, Appendix Table A-9.5). All hospitals and HC-IVs (99 percent) that offer HIV/AIDS care and support services offer TB diagnostic and/or treatment services. Eighty-two percent of HC-IIIs and only 20 percent of HC-IIs offer TB diagnostic and/or treatment services. Government facilities are more likely than facilities under other managing authorities to offer TB services. Facilities in Kampala (93 percent) and the North Central Region (82 percent) are more likely than facilities elsewhere to offer these services.

Although 84 percent of hospitals that offer CSS for HIV/AIDS clients report being part of the national DOTS programme, only 62 percent implement the DOTS treatment strategy (Figure 9.4). It is interesting to note that almost equal proportions of HC-IVs (87 percent versus 80 percent), HC-IIIs (69 percent versus 66 percent) and HC-IIs (13 percent versus 12 percent) report being part of the national DOTS programme and also follow the DOTS treatment strategy.

Figure 9.4 **TB services in facilities offering HIV/AIDS care and support services (CSS) (N=299)**



Among facilities that offer care and support services for HIV/AIDS clients and follow the DOTS treatment strategy, slightly more than half maintain a register for DOTS clients (Appendix Table A-9.5). TB treatment protocols are available in only 39 percent of these facilities, and are more likely to be available in HC-IVs (48 percent) than in hospitals (40 percent), HC-III (38 percent) and HC-II (33 percent). Eighty-seven percent of facilities have all first-line TB medicines (any combination of isoniazid, rifampicin, ethambutol, and pyrazinamide, or 4FDC) available. First-line TB medicines are available in 89 percent of hospitals, 77 percent of HC-IIs, 90 percent of HC-IIIs, and 85 percent of HC-IVs. Stratified by region, facilities in Kampala and the Southwest Region (78 percent each) were less likely than facilities in other regions to have all first-line TB medicines. Overall, about 1 in 5 facilities (22 percent) offering CSS and following the DOTS treatment strategy have everything needed to treat TB.

About 42 percent of facilities offering CSS for HIV/AIDS clients also offer TB diagnostic services (Appendix Table A-9.7); 41 percent use a sputum test, 7 percent use X-rays and 2 percent use clinical symptoms to diagnose TB. The use of X-rays is limited almost exclusively to hospitals (67 percent) and facilities in Kampala (41 percent).

Sixty-one percent of facilities offering CSS and diagnosing TB using sputum tests had all the items needed to conduct the test on the day of the survey. Among those facilities offering CSS and using X-rays for TB diagnosis, over 4 in 10 facilities had a functioning X-ray machine with films on the day of the survey (Appendix Table A-9.7); these are mostly hospitals (65 percent). Private facilities are more likely than government facilities in this category to have a functioning x-ray machine with films on the day of the survey.

Sexually Transmitted Infections

There is information indicating that STIs, especially those of the ulcerative type, increase the risk of contracting HIV/AIDS. Findings from the 2004-05 Uganda HIV/AIDS Sero-Behavioural Survey indicate that a history of STI symptoms and HSV-2 infection is associated with a significantly elevated risk of HIV infection, compared with persons without such history; the elevated risk among men and women is more than fourfold in the case of herpes HSV-2 infection in Uganda (MOH and ORC Macro, 2006). Thus, screening, diagnosis, and treatment for STIs, including syphilis, are basic services that must be provided to all at-risk clients.

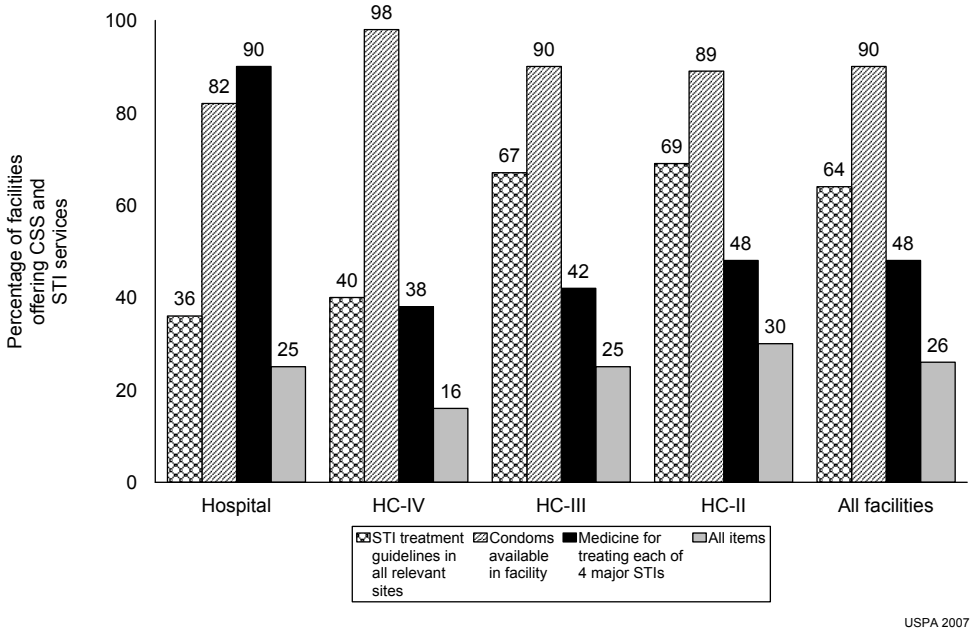
Generally accepted standards for quality STI services include—

- Availability of diagnostic and treatment guidelines in all STI service sites
- 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.

Findings of the 2007 USPA indicate that almost all facilities that offer care and support services for HIV/AIDS clients also offer STI treatment services (Appendix Table A-9.8.1). Among these, two-thirds (64 percent) had STI treatment guidelines or protocols in *all* CSS sites. Hospitals (36 percent) and HC-IVs (40 percent) are less likely than HC-IIIs (67 percent) or HC-IIs (69 percent) to have STI treatment protocols (Figure 9.5), since hospitals and HC-IVs have multiple services sites. Medicines for treating each major STI (syphilis, gonorrhoea, chlamydia, and trichomoniasis) are available in just under half (48 percent) of these facilities. Hospitals (90 percent) and private facilities (87 percent) are more likely to have medicines for treating all four STIs. Facilities in West Nile (24 percent), Eastern (41 percent), and Southwest regions (42 percent) are less likely than facilities in other regions to have these medicines. Condoms are available in 9 of 10 facilities, and are more likely to be available in government facilities (96 percent) than private facilities (73 percent). Overall, only one-quarter of facilities offering care and support services for HIV/AIDS clients and STI services have all the items considered essential for STI services (i.e., STI treatment guidelines at all sites, medicines to treat each of four common STIs, and condoms in facility).

Figure 9.5 **STI services in facilities offering HIV/AIDS care and support services (CSS) (N=297)**



Cotrimoxazole prophylaxis

Results from cotrimoxazole trials conducted in Côte d'Ivoire, South Africa, Malawi, and Uganda, show reductions in mortality of 25 to 46 percent and beneficial effects in the reduction of morbidity even in areas with high bacterial resistance (MOH, 2005c). Cotrimoxazole prophylactic treatment (CPT) is an integral component of the HIV/AIDS care and support package in Uganda.

Generally accepted standards for rolling out cotrimoxazole prophylaxis programmes include—

- Availability of protocols and guidelines for cotrimoxazole prophylaxis
- Availability of medicines (cotrimoxazole) in the health facilities
- Capacity in form of training for health workers involved in CPT programmes

Table 9.3 presents information on the proportions of health facilities offering CPT to HIV/AIDS clients and the availability of protocols, medicines, and capacity to roll out CPT programmes in health facilities providing these services. Three-quarters of all health facilities provide CPT routinely. Over 90 percent of hospitals and HC-IVs, 79 percent of HC-IIIs and 67 percent of HC-IIs provide CPT routinely to HIV/AIDS clients. Government-managed facilities (81 percent) are more likely than privately managed facilities (62 percent) to offer routine CPT services. In the lower-level facilities (HC-IIIs and HC-IIs), a significant number of health facilities (14 and 18 percent, respectively) offer CPT to HIV/AIDS clients selectively. Private health facilities were twice as likely as government facilities to offer CPT selectively.

Table 9.3 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering cotrimoxazole prophylactic treatment (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 number of CSS service sites offering CPT, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering CPT to HIVAIDS 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]
	Routinely[1]	Selectively[2]	Refers clients elsewhere[3]		Observed protocol for CPT in all service sites	Observed protocol for CPT in any service site	Cotrimox-azole available	At least one provider of CPT trained in past 3 years		
Type of facility										
Hospital	93	5	2	19	12	36	96	50	19	3
HC-IV	96	3	1	27	8	25	74	47	27	2
HC-III	79	14	2	112	8	11	73	28	103	1
HC-II	67	18	5	141	0	2	74	15	120	1
Managing authority										
Government	81	11	4	222	4	9	69	26	204	1
Private	62	23	3	76	7	12	93	24	65	1
Region										
Central	66	23	2	79	5	11	86	35	70	1
Kampala	88	9	0	8	8	12	89	53	8	1
East Central	73	16	11	29	5	8	72	17	26	1
Eastern	71	7	6	27	1	8	48	22	21	1
Northeast	70	30	0	10	0	2	79	31	10	1
North Central	87	13	0	20	14	21	78	42	20	1
West Nile	79	11	2	18	0	11	49	6	16	2
Western	74	10	5	30	10	19	92	25	25	1
Southwest	85	8	2	78	3	5	71	16	73	1
Total	76	14	3	299	5	10	75	25	269	1

[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 routine 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.

Among health facilities offering CPT services, 3 in 4 had cotrimoxazole available in the health facilities. Virtually all hospitals (96 percent) and three-quarters of HC-IVs, HC-IIIs, and HC-IIs had cotrimoxazole. Private health facilities were more likely than government facilities to have cotrimoxazole. However, only 5 percent of facilities had protocols for CPT at all sites, and only 25 percent of facilities had a provider trained on CPT during the 3 years preceding the survey. Overall, the number of CSS service sites that offer CPT is higher for hospitals (mean of three sites) and HC-IVs (mean of two sites) than HC-IIIs and HC-IIs (mean of one site).

Key Findings

Overall, nearly 3 in 10 of all facilities in Uganda have an HIV testing system. This includes virtually all hospitals and HC-IVs, and only half of HC-IIIs. In addition, 10 percent of HC-IIs have an HIV testing system. An informed consent policy for HIV testing is available at *all* sites in only about one-quarter of facilities with an HIV testing system.

Approximately 6 of 10 facilities provide care and support services for HIV/AIDS clients. TB diagnosis and/or treatment is available in about half of these facilities. Approximately 4 in 10 facilities offering care and support services for HIV/AIDS clients follow the DOTS treatment strategy and 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. About 9 in 10 of these facilities had condoms, two-thirds had STI treatment guidelines, and half had medicines for treating each major STI. Overall, items to support STI services are missing in most of the facilities.

Three-quarters of all health facilities offering care and support services for HIV/AIDS clients routinely provide cotrimoxazole prophylactic treatment (CPT). Virtually all hospitals and HC-IVs routinely provide CPT, while 8 in 10 of HC-IIIs and two-thirds of HC-IIs do so. A majority of hospitals and over three-quarters of HC-IVs, HC-IIIs, and HC-IIs had cotrimoxazole; however, only 5 percent of facilities had protocols for CPT, and only one-quarter of facilities had a provider trained on CPT during the three years preceding the study.

9.4 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 follow-up 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 record keeping 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
- ART
- PEP

9.4.1 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 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
- Laboratory diagnostic capacity exists for common HIV/AIDS-related illnesses

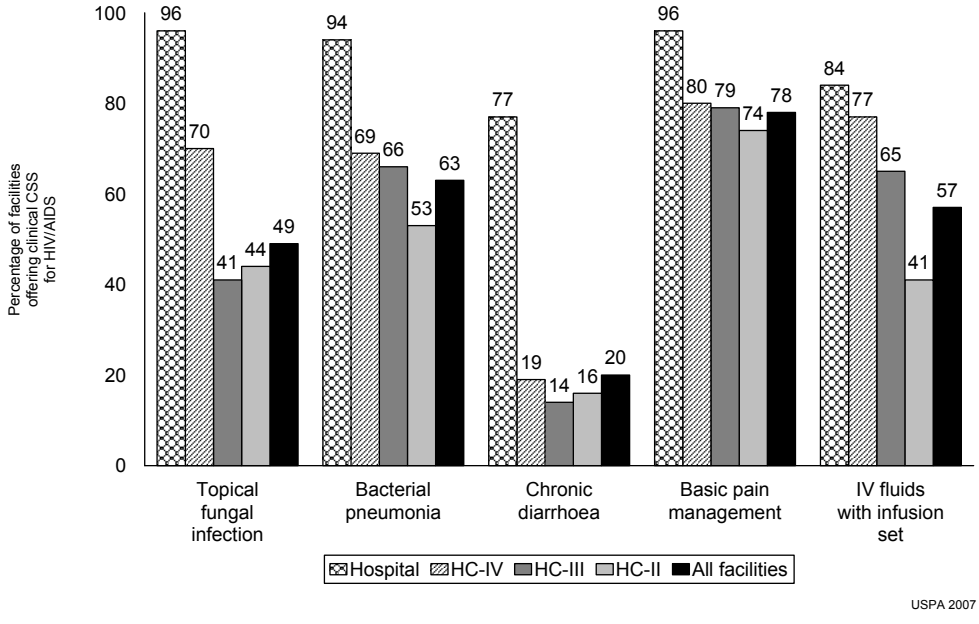
Appendix Tables A-9.13.1, A-9.13.2, A-9.14, A-9.15, A-9.16, and A-9.17 present information on the availability of advanced care and support services for HIV/AIDS clients and other related services.

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 4 percent of facilities that offer CSS for HIV/AIDS clients and is offered mostly in hospitals (40 percent) (Appendix Table A-9.14). Treatment for cryptococcal infections is available, as expected, in only 8 percent of all facilities (71 percent of hospitals and only 16 percent of HC-IVs). Very few facilities offer symptomatic or pain relief (18 percent) and nutritional rehabilitation (29 percent). Conversely, psychosocial counselling is widely available (86 percent). Psychosocial counselling is equally available in government-managed facilities as in private health facilities.

A significant proportion of facilities that offer clinical care and support services for HIV/AIDS clients have medicines for treating bacterial pneumonia (63 percent) and other bacterial infections (87 percent) and medicines for basic pain management (78 percent), while medicines for de-worming are available in 88 percent of facilities (Figure 9.6, Appendix Table A-9.15). Half of facilities have medicines for treating topical fungal infections, and only 20 percent and 19 percent, respectively, have medicines for managing chronic diarrhoea and vitamin supplements.

Figure 9.6 **Availability of medicines to treat or manage common HIV/AIDS-related conditions among facilities offering clinical HIV/AIDS care and support services (CSS) (N=279)**



There is limited capacity for laboratory testing for monitoring of HIV/AIDS clients among facilities that offer clinical care and support services for HIV/AIDS clients (Appendix Table A-9.17). The most widely available testing capacity is for haemoglobin or haematocrit levels (23 percent) and Gram stain (19 percent). Haemoglobin testing capacity is available in 91 percent of hospitals and 65 percent of HC-IVs. Government health facilities and those in Eastern, North Central, and South West regions are the least likely to have this capacity. Gram stain is also more likely to be available in hospitals (78

percent) and HC-IVs (58 percent). Just like with haemoglobin, Gram stain was least likely to be available in Eastern, East Central, North Central, and South West regions. Other testing capacities are even less common. For example, only 6 percent of all facilities that offer clinical care and support services (including 48 percent of hospitals) have kits to perform a spinal tap; only 2 percent of all facilities (including 19 percent of hospitals) have blood culture media and an incubator; only 4 percent of all facilities are able to check white cell and platelet counts. In all cases, hospitals and private health 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 care and support services. Only 11 percent of these facilities have confidentiality guidelines in *all* sites offering clinical care and support services for HIV/AIDS clients (Appendix Table A-9.13.1). Private health facilities (18 percent) were more likely to have confidentiality guidelines than government facilities (8 percent). Over 6 in 10 health facilities had the other guidelines, including guidelines on opportunistic infections, symptomatic and palliative care, and the care of children and adults living with HIV/AIDS.

9.4.2 Antiretroviral Therapy (ART)

The Ministry of Health, together with partners have embarked on a rapid scale-up of ART programmes in Uganda. The national ART coordination committee has set guidelines for ART prescription to persons with clinical AIDS and/or with a CD4+cell count below 250 per cubic millimetre of blood. The prescription and provision of ART should be done by trained health personnel, who should regularly monitor the condition of these clients 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 follow-up services
- An individual client record to assure continuity of care for the client
- Good record keeping 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 Uganda. Currently (at the time of drafting this report in April 2008), 121,218 people are on ART out of 330,000 who need the drugs. USPA findings indicate that, overall, only 8 percent of all facilities prescribe ART and, as expected, ART services are offered mostly at hospitals (83 percent) and in HC-IVs (50 percent) (Table 9.4). Facilities in Kampala (68 percent) are more likely to offer ART services than those in other regions. Except for Central and North Central regions where 12 percent of facilities offer ART, all other regions have only 5 percent of facilities offering ART.

Items to support the delivery of ART services are limited even among facilities that prescribe ART. For example, only one-third of hospitals, HC-IVs and HC-IIIs that prescribe ART have national guidelines for the clinical management of ART available. Most hospitals (83 percent) and HC-IVs (74 percent) experienced a stock-out of normally stocked first-line ARVs in the six months preceding the survey. Furthermore, laboratory capacity for monitoring ART is available in only 45 percent of these facilities, including 52 percent of hospitals and 36 percent of HC-IVs. Private health facilities (67 percent) were more likely to have laboratory capacity for monitoring ART than government-managed health facilities (34 percent).

Tables A-9.21 through A-9.23.2 present additional data on the availability of various programme components of ART services. Record keeping of important indicators of ART implementation is important to monitor programme performance. USPA findings indicate that record keeping in facilities offering ART services is good. Most facilities have a record system for individual client appointments (81 percent), an individual client record/chart for ART clients (87 percent), and up-to-date register/client cards where the number of current ART clients can be calculated (93 percent).

Training is also important for the provision of quality ART services. There is a gap in the availability of providers trained in various aspects of ART service provision. Only one-third of facilities prescribing ART and/or medical follow-up services have a provider trained in ART prescription or medical services and in counselling for adherence to ARV drug therapy; 47 percent have a provider trained in nutritional rehabilitation related to HIV/AIDS. It was encouraging, however, to find that a significant proportion of facilities (86 percent) prescribing ART and/or medical follow-up services have supervised providers. It is however unclear how this high level of supervision translates into provision of quality services.

Table 9.4 Availability of care and support for antiretroviral therapy services

Percentage of facilities offering antiretroviral therapy (ART), and among these, percentage with indicated programme components, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering any ART[1]	Percentage of facilities prescribing and/or medical follow-up services[2]	Percentage of facilities offering other ART follow-up services[3]	Number of facilities (weighted)	Percentage of facilities prescribing ART and having: National guidelines for the clinical management of HIV/AIDS	Percentage of facilities prescribing ART and having: No stock-outs of normally stocked first-line ARVs in past 6 months	Percentage of facilities prescribing ART and having: Laboratory capacity for monitoring ART[4]	Number of facilities prescribing ART and/or medical follow-up services (weighted)
Type of facility								
Hospital	84	83	76	19	33	17	52	16
HC-IV	52	50	42	27	32	26	36	14
HC-III	5	5	4	158	33	8	30	7
HC-II	1	1	1	287	7	0	93	3
Managing authority								
Government	7	7	6	373	33	21	34	27
Private	11	11	10	119	27	11	67	14
Region								
Central	12	12	12	98	26	19	55	12
Kampala	68	68	50	9	35	15	54	6
East Central	5	5	4	78	17	36	60	4
Eastern	5	5	5	49	38	0	25	3
Northeast	5	5	4	41	16	16	24	2
North Central	12	12	10	37	33	22	30	4
West Nile	5	5	5	37	56	18	27	2
Western	6	6	5	60	49	10	37	4
Southwest	5	5	5	83	28	9	43	4
Total	8	8	7	491	31	17	45	40

[1] Providers in the facility prescribe antiretroviral treatment and/or provide medical follow-up for ART clients or facility provides other non-medical follow-up services for persons receiving ART, such as community-based services
[2] Providers in the facility prescribe antiretroviral treatment and/or provide medical follow-up for ART clients
[3] Facility provides only non-medical follow-up services for persons receiving ART, such as community-based services
[4] Either a laboratory in the facility conducts CD4, viral load, or total lymphocyte count (TLC) tests, or there is a system for sending blood sample for outside testing and receiving results

9.4.3 Prevention of Mother-to-Child Transmission (PMTCT) of HIV

The transmission of HIV from mother to child is the second most common means of transmission of HIV in Uganda. The Government of Uganda is promoting a four-pronged PMTCT strategy that consists of primary prevention of HIV/AIDS; prevention of unintended pregnancies among HIV-positive women; use of a comprehensive package that includes ARV drugs in HIV-positive pregnant women to reduce Mother to Child transmission of HIV; and comprehensive care to the mother and her family. The 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.

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
- 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 well as to their families.

Table 9.5 presents information on the availability of PMTCT services. Additional information on PMTCT is provided in Appendix Tables A-9.25 and A-9.26. Overall, 28 percent of facilities offer any of the four components of PMTCT services (Table 9.5). These include most hospitals (89 percent) and HC-IVs (91 percent). As expected, only 40 percent of HC-IIIs and 12 percent of HC-IIs offer any of the four components of PMTCT services. Facilities in Central (58 percent), Kampala (45 percent), and North Central (31 percent) regions are more likely than facilities in other regions to offer any components of PMTCT. Government facilities are equally as likely as private facilities to offer PMTCT services.

Table 9.5 Availability of services for 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 the specific PMTCT programme components, and the mean number of PMTCT service sites per facility, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering any PMTCT services	Total number of facilities (weighted)	Percentage of facilities reporting they offer specific PMTCT services							Percent of facilities with a provider of PMTCT trained in past 3 years	Number of facilities offering PMTCT services (weighted)	Mean number of sites offering PMTCT services[3]
			Pre- and post-test counselling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counselling	Family planning counselling or referral	All four items for minimum PMTCT package[1]	ARV therapeutic treatment for HIV-positive women and their families	All items for PMTCT plus[2]			
Type of facility												
Hospital	89	19	98	92	98	97	91	67	63	88	17	1
HC-IV	91	27	97	89	94	99	86	40	39	84	25	1
HC-III	40	158	84	59	82	100	50	6	6	74	64	1
HC-II	12	287	57	11	61	95	11	6	5	49	33	1
Managing authority												
Government	28	373	81	62	84	100	56	17	16	72	106	1
Private	28	119	84	42	73	94	39	28	27	73	33	1
Region												
Central	58	98	65	40	79	100	37	17	17	68	57	1
Kampala	45	9	100	83	87	100	76	42	37	92	4	1
East Central	21	78	92	80	81	100	73	23	22	55	16	1
Eastern	16	49	94	72	86	96	68	21	17	60	8	1
Northeast	16	41	75	65	97	97	65	16	16	91	6	1
North Central	31	37	90	58	90	99	57	32	31	68	11	1
West Nile	16	37	100	60	66	100	60	22	22	91	6	1
Western	22	60	90	47	87	88	44	13	13	83	13	1
Southwest	20	83	100	82	77	99	66	16	15	80	17	1
Total	28	491	82	57	81	98	52	20	19	72	139	1

[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-positive 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.

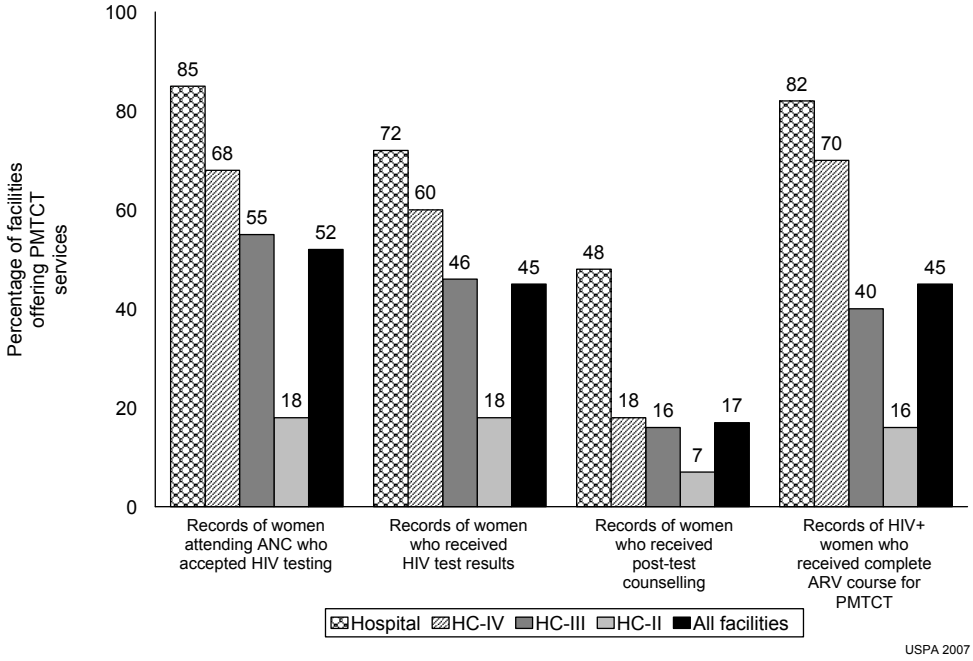
The majority of facilities that offer PMTCT services provide pre- and post-test counselling and HIV testing for pregnant women (82 percent), counselling on infant feeding (81 percent) and family planning counselling or referral (98 percent) (Table 9.5). Almost all hospitals and HC-IVs that offer PMTCT services provide pre- and post-test counselling and HIV testing for pregnant women, infant feeding counselling, and family planning counselling or referral. ARV prophylaxis for pregnant women is less widely available in HC-IIs (11 percent) than HC-IIIs (59 percent), HC-IVs (89 percent), and hospitals (92 percent) offering PMTCT services. With the exception of family

planning counselling or referral, each component of PMTCT is more likely to be available from HC-IIIs up to hospitals than from HC-IIs.

Overall, 1 in 2 facilities offering PMTCT services has all four components of the minimum PMTCT package, and one-fifth offer ART to HIV-positive women and their families (i.e., they offer PMTCT *plus*).

Training is important for the provision of quality services. Seventy-two percent of facilities with PMTCT services have a provider who has received PMTCT training in the three years preceding the survey (Table 9.5). Record-keeping for PMTCT is equally important. A significant proportion of health facilities do not have records of PMTCT activities (Figure 9.7). Approximately half of PMTCT facilities have records of women attending ANC who accepted HIV testing. Only 45 percent of facilities have records of women who received HIV test results and HIV-positive ANC clients who were provided a complete ARV course for PMTCT.

Figure 9.7 **Record-keeping in facilities offering any PMTCT services (N=80)**



9.4.4 Post-Exposure Prophylaxis

Evidence is available from biomedical studies that there may be a window of opportunity to abort HIV infection by inhibiting viral replication following an exposure. Accidental exposure to HIV is predominantly via percutaneous and mucocutaneous routes. 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 as a result of 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, because it is frequently not known which clients may be infected with HIV.

Findings from the survey indicate that PEP services are available in only 6 percent of facilities (Appendix Table A-9.24). As expected, PEP services are concentrated almost entirely in hospitals, 74 percent of which either offer the service or have a referral system for it. Facilities in Kampala (60 percent) are more likely to have PEP services than facilities in other regions, where less than 10 percent of facilities have access to PEP. Among facilities where staff members have access to PEP,

just one-third have any records or registers of staff receiving PEP services, and only 6 percent have records for monitoring full compliance with the PEP regime. About half of these facilities have ARV drugs available specifically for PEP. Guidelines are available at a service site in 45 percent of facilities, including 52 percent of hospitals.

9.4.5 Youth-Friendly Services (YFS)

Youth-friendly services (YFS) help young people 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 2007 USPA assesses the availability of YFS that includes HIV counselling and testing services. It also assesses the availability of guidelines and protocols and trained providers.

Only 5 percent of facilities offer youth-friendly HIV counselling and testing services (Table A-9.20). Hospitals, HC-IVs, and facilities in Kampala are most likely to offer youth-friendly HIV counselling and testing services. Among facilities with an HIV testing system, only 22 percent offer youth-friendly testing services. Among facilities that offer youth-friendly testing services, YFS guidelines and protocols are rarely available (13 percent of facilities), but 77 percent of these facilities have at least one trained provider for youth-friendly services.

Key Findings

A significant proportion (between 60 and 90 percent) of facilities that offer clinical care and support services for HIV/AIDS clients have medicines for treating bacterial infections such as pneumonia and others, and have medicines for basic pain management.

There is limited capacity—about one in four or five facilities—for laboratory testing (e.g., haemoglobin or Gram stain) and for monitoring of HIV/AIDS clients at facilities that offer clinical care and support services for HIV/AIDS.

A small proportion (8 percent) of facilities prescribe ART and/or provide medical follow-up for HIV/AIDS patients. Most of these are hospitals, HC-IVs, and facilities in Kampala. Less than half of these facilities have all the necessary items to support the delivery of ART services, such as national guidelines for the clinical management of ART or laboratory capacity for monitoring ART. A large majority of hospitals and HC-IVs experienced a stock-out of ARVs in the six months preceding the survey.

PMTCT services are available in less than one-third of facilities, available primarily in hospitals, HC-IVs, and facilities in Kampala, Central, and North Central regions. Almost three-fourths of facilities offering PMTCT have a provider who received training on the topic in the three years preceding the survey.

PEP services are available in only a small fraction of facilities, mostly hospitals and facilities in Kampala.

Similarly, only a fraction of facilities offer youth-friendly HIV counselling and testing services. Among facilities with an HIV testing system, less than one-quarter offer youth-friendly testing services. Although three-quarters of facilities that provide YFS have at least one provider trained in it, YFS guidelines and protocols are rarely available.

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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 region

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 region, Uganda SPA 2007

	Region																				
	Central		Kampala		East Central		Eastern		Northeast		North Central		West Nile		Western		Southwest		Total		Percentage of total for facility type included in USPA sample
Facilities	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	
Hospital	17	17	13	13	15	15	12	12	10	10	13	12	10	11	12	12	17	17	119	119	100.0
HC-IV	31	12	2[1]	4[1]	23	10	18	9	13	8	15	8	9	8	19	8	34	14	164	81	49.4
HC-III	188	19	26	15	97	13	135	16	98	11	78	11	81	10	125	15	137	17	965	127	13.2
HC-II	362	33	10	8	342	31	133	13	129	9	119	8	124	10	211	21	322	31	1,52	164	9.4
Total	598	81	51	40	477	69	298	50	250	38	225	39	224	39	367	56	510	79	3,00	491	16.4

[1] Two facilities originally sampled as HC-IIs were found in the field to be actually HC-IVs. This explains why there were more HC-IVs visited (4) than sampled (2) in Kampala.

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 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 and provider qualification, Uganda SPA 2007

	Type of facility										
	Hospital		HC-IV		HC-III		HC-II		Total		Percentage of total for facility type included in Uganda SPA sample
Types of providers	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	Sample frame	USPA sample	
Clinicians[1]	591	171	163	86	98	70	47	26	899	353	39
Nurses/midwives	1,525	377	348	181	259	174	171	130	2,303	862	37
Counsellors/social workers	66	11	25	0	18	7	82	3	191	21	11
Laboratory staff[2]	252	96	82	49	52	34	30	17	416	196	47
Pharmacy staff[3]	66	9	11	3	4	2	4	0	85	14	16
Other clinical/ technical services[4]	739	58	254	62	267	116	229	154	1,489	390	26
Non-clinical/ technical services[5]	96	3	24	1	29	1	19	0	168	5	3
Total	3,335	725	907	382	727	404	582	330	5,551	1,841	33

[1] Clinicians include all consultants, physician specialists, medical officers and clinical officers.
[2] Lab staff include: lab technologists, lab technicians and lab assistants
[3] Pharmacy staff include: pharmacists and pharmacy dispensers
[4] Other clinical/technical service providers include: nursing assistants and nursing aides, nutritionists, health educators and any other client service providers
[5] Non-clinical/technical service providers include: statisticians, records clerks and hospital administrators

Table A-1.2 Distribution of interviewed health care providers

Number of interviewed health care providers (weighted and unweighted), by type of provider and type of facility, Uganda SPA 2007

Type of facility	Number of interviewed providers	
	Weighted	Unweighted
CLINICIANS[1]		
Hospital	68	158
HC-IV	37	82
HC-III	79	62
HC-II	37	27
Total	221	329
NURSES/MIDWIVES		
Hospital	175	356
HC-IV	79	176
HC-III	210	173
HC-II	206	130
Total	669	835
COUNSELLORS/SOCIAL WORKERS		
Hospital	6	12
HC-IV	0	0
HC-III	9	7
HC-II	73	3
Total	88	22
LABORATORY STAFF[2]		
Hospital	29	98
HC-IV	19	49
HC-III	37	34
HC-II	28	17
Total	113	198
PHARMACY STAFF[3]		
Hospital	7	9
HC-IV	3	3
HC-III	1	2
HC-II	0	0
Total	11	14
OTHER STAFF[4]		
Hospital	73	56
HC-IV	66	54
HC-III	266	112
HC-II	264	151
Total	669	373
TOTAL		
Hospital	357	689
HC-IV	204	364
HC-III	603	390
HC-II	607	328
Total	1,771	1,771

[1] Clinicians include all consultants, physician specialists, medical officers and clinical officers.
[2] Lab staff include: lab technologists, lab technicians and lab assistants
[3] Pharmacy staff include: pharmacists and pharmacy dispensers
[4] Other staff include: nursing assistants and nursing aides, nutritionists, health educators, any other client service providers and non-clinical service providers such as statisticians, accounts clerks and hospital administrators.

Table A-1.3 Sample of observed and interviewed clients

Number of clients attending facility on the day of the survey eligible for observation, number whose consultation was observed, and percentage of eligible clients who were observed, by type of service and type of facility, Uganda SPA 2007

Type of facility	Total number of clients present on the day of the survey (eligible for observation)	Actual number of clients observed	Percentage of eligible clients who were observed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Hospital	2,198	388	18
HC-IV	1,048	273	26
HC-III	1,029	275	27
HC-II	379	175	46
Total	4,654	1,111	24
FAMILY PLANNING			
Hospital	244	114	47
HC-IV	108	60	56
HC-III	39	29	74
HC-II	19	16	84
Total	410	219	53
ANTENATAL CARE			
Hospital	2,269	391	17
HC-IV	1,119	231	21
HC-III	493	150	30
HC-II	51	30	59
Total	3,932	802	20
SEXUALLY TRANSMITTED INFECTIONS			
Hospital	128	91	71
HC-IV	115	66	57
HC-III	118	44	37
HC-II	18	17	94
Total	379	218	58

Table A-1.4 Facility catchment area

Median population of assigned catchment areas for facilities providing data on a known catchment population, by background characteristics, Uganda SPA 2007

Background characteristics	Median population in catchment area	Number of facilities (weighted)
Type of facility		
Hospital	146,000	11
HC-IV	38,751	24
HC-III	18,387	114
HC-II	6,111	160
Managing authority		
Government	12,514	244
Private	8,654	66
Region		
Central	8,783	75
Kampala	60,654	3
East Central	11,917	30
Eastern	8,892	31
Northeast	9,509	33
North Central	16,663	28
West Nile	11,706	28
Western	11,732	35
Southwest	6,342	47
Total	10,947	310

Table A-1.5.1 Staffing patterns for SPA facilities

Median number[1] of health care providers assigned to the facility by type of provider and type of facility, Uganda SPA 2007

	Median number of providers assigned to each facility									
Type of facility	Consultants/ Specialists[2]	Physician specialists	Medical officers	Clinical officers	Nurses/ Midwives[3]	Anesthetists[4]	Other clinical/ technical staffs[5]	Social workers/ Counsellors[6]	Other supporting staff[7]	Number of facilities (weighted)
National Referral hospital	9	6	11	9	132	6	70	2	38	0
Regional referral hospital	6	3	6	9	114	5	46	2	35	2
General hospital	-	-	4	6	41	2	25	-	17	8
Other hospital	-	-	3	3	30	2	21	2	26	9
HC-IV	-	-	1	3	8	-	6	-	6	27
HC-III	-	-	-	1	3	-	3	-	3	158
HC-II	-	-	-	-	2	-	2	-	1	287
Total	-	-	-	-	2	-	2	-	2	491

Table A-1.5.2 Staffing patterns for SPA facilities

Median number[1] of selected other clinical/technical health care providers assigned to the facility by type of provider and type of facility, Uganda SPA 2007

Type of facility	Median number of selected technical health care providers assigned to each facility			Number of facilities (weighted)
	Nutritionists	Pharmacists/ Pharmacy dispensers	Laboratory staff[2]	
National Referral hospital	2	4	12	0
Regional referral hospital	-	4	8	2
General hospital	-	2	4	8
Other hospital	-	1	4	9
HC-IV	-	-	2	27
HC-III	-	-	-	158
HC-II	-	-	-	287
Total	-	-	-	491

Table A-1.5.3 Staffing patterns for SPA facilities

Median number[1] of health care providers present on the day of the survey by type of provider and type of facility, Uganda SPA 2007

Type of facility	Median number of providers assigned to each facility									Number of facilities (weighted)
	Consultants/ Specialists[2]	Physician specialists	Medical officers	Clinical officers	Nurses/ Midwives[3]	Anesthetists[4]	Other clinical/ technical staff[5]	Social workers/ Counsellors[6]	Other supporting staff[7]	
National Referral hospital	12	9	3	7	107	6	53	2	32	0
Regional referral hospital	3	2	5	6	44	3	24	2	23	2
General hospital	-	-	3	3	20	2	14	-	13	8
Other hospital	-	-	3	3	12	1	11	1	17	9
HC-IV	-	-	-	2	4	-	3	-	5	27
HC-III	-	-	-	-	2	-	2	-	2	158
HC-II	-	-	-	-	1	-	2	-	-	287
Total	-	-	-	-	2	-	2	-	1	491

[1] Numbers were provided by facility administrators
[2] Includes: Obstetrician/gynaecologists, surgeons, paediatricians and pathologists
[3] Includes: Enrolled and registered nurses, enrolled and registered midwives/double-trained nurses, comprehensive nurses and public health nurses
[4] Includes: Anaesthesiologists/anaesthetists, clinical officer anaesthetists and nurse anaesthetists
[5] Includes: nursing assistants, nursing aides, and any other staff with some clinical training who provides client services
[6] Includes: HIV/AIDS and other counsellors
[7] Includes: hospital administrators, statisticians, records clerks, supplies officers, stores assistants

Table A-1.5.4 Staffing patterns for SPA facilities

Median number[1] of selected other clinical/technical health care providers present on day of survey by type of provider and type of facility, Uganda SPA 2007

Type of facility	Median number of selected technical health care providers assigned to each facility: Pharmacists/ Pharmacy dispensers	Laboratory staff[2]	Pathologists	Number of facilities (weighted)
National Referral hospital	4	12	2	0
Regional referral hospital	3	6	-	2
General hospital	1	3	-	8
Other hospital	1	3	-	9
HC-IV	-	1	-	27
HC-III	-	-	-	158
HC- II	-	-	-	287
Total	-	-	-	491

[1] Numbers were provided by facility administrators.
[2] Laboratory staff includes Laboratory technologists, laboratory technicians and laboratory assistants.

Table A-1.6.1 HIV/AIDS counselling and related training: Provider type

Percentage of interviewed staff who report that they provide counselling related to HIV testing, and among these, percentage who have received training during the three years preceding the survey, Uganda SPA 2007

Qualification of interviewed staff	Percentage who report they provide counselling related to HIV/AIDS testing	Number of interviewed staff (weighted)	Percentage who have received training on HIV counselling related to testing during the 3 years preceding the survey: Official course[7]	Other course	Number of interviewed staff who provide HIV counselling (weighted)
Qualification of provider					
Clinicians[1]	77	221	37	23	171
Nurse/midwives[2]	62	669	37	17	413
Counsellors/ social workers	100	88	58	39	88
Lab staff[3]	2	113	57	12	2
Pharmacy staff[4]	44	11	67	21	5
Other clinical/technical services[5]	34	629	43	5	214
Non-clinical/technical services[6]	17	39	0	100	7
Total	51	1,771	41	18	900

[1] Clinicians include all consultants, physician specialists, medical officers and clinical officers.
[2] Enrolled and registered nurses, enrolled and registered midwives/double-trained nurses, comprehensive nurses and public health nurses
[3] Lab staff include: lab technologists, lab technicians and lab assistants
[4] Pharmacy staff include: pharmacists and pharmacy dispensers
[5] Other clinical/technical service providers include: nursing assistants and nursing aides, nutritionists, health educators and any other client service providers.
[6] Non-clinical/technical service providers include: statisticians, records clerks and hospital administrators
[7] In-depth (or comprehensive) training for HIV/AIDS counsellors; Refreshing training on HIV/AIDS counselling; Comprehensive Care and treatment course; HIV/AIDS training of trainers course (TOT); or supervisors training course for counsellors at district and regional level (VCT). These are country-specific courses defined by the MOH, which may be organisd by the MOH or other agencies, such as WHO or NGOs.

Table A-1.6.2 HIV/AIDS counselling and related training: Facility type

Percentage of interviewed staff who report that they provide counselling related to HIV testing, and among these, percentage who have received training during the three years preceding the survey, Uganda SPA 2007

Type of facility	Percentage who report they provide counselling related to HIV/AIDS testing	Number of interviewed staff (weighted)	Percentage who have received training on HIV counselling related to testing during the 3 years preceding the survey		Number of interviewed staff who provide HIV counselling (weighted)
			Official course[1]	Other course	
Hospital	64	357	45	17	227
HC-IV	73	204	47	17	149
HC-III	51	603	39	13	306
HC-II	36	607	33	29	218
Total	51	1,771	41	18	900

[1] In-depth (or comprehensive) training for HIV/AIDS counsellors; Refreshing training on HIV/AIDS counselling; Comprehensive Care and treatment course; HIV/AIDS training of trainers course (TOT); or supervisors training course for counsellors at district and regional level (VCT). These are country-specific courses defined by the MOH, which may be organized by the MOH or other agencies, such as WHO or NGOs.

Table A-1.7 Education levels of interviewed health service providers

Median number of years of basic schooling, and median number of years study for technical qualification, as reported by interviewed health service providers, by type of provider, Uganda SPA 2007

Type of provider	Median number of years of basic education prior to technical training	Number of interviewed providers with information for basic education (weighted)	Median number of years of technical training for qualification	Number of interviewed providers with information for technical training (weighted)
Qualification of provider				
Clinicians[1]	12	221	3	221
Nurse/midwives[2]	11	667	2	669
Counsellors/social workers	11	88	1	54
Lab staff[3]	11	113	2	113
Pharmacy staff[4]	12	11	2	11
Other clinical/technical services[5]	10	629	-	595
Non-clinical/technical services[6]	11	39	2	39
Total	11	1,769	2	1,702

[1] Clinicians include all consultants, physician specialists, medical officers and clinical officers.
[2] Includes: Enrolled and registered nurses, enrolled and registered midwives/double-trained nurses, comprehensive nurses and public health nurses
[3] Lab staff include: lab technologists, lab technicians and lab assistants
[4] Pharmacy staff include: pharmacists and pharmacy dispensers
[5] Other clinical client services include: nursing assistants and nursing aides, nutritionists, health educators and any other client service providers.
[6] Non-clinical/technical service providers include: statisticians, records clerks and hospital administrators

Chapter 3

Table A-3.1.1 Availability of basic services by type of facility

Percentage of facilities offering basic services, the indicated packages of basic services at minimum frequencies, 24-hour delivery services, with qualified staff, by type of facility, Uganda SPA 2007

Services	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Services					
Curative care for children	97	100	100	97	98
Services for sexually transmitted infections (STI)	97	99	100	98	98
Any temporary methods of family planning (FP)	75	99	87	76	80
Antenatal care (ANC)	95	100	96	52	71
Child immunisation (EPI)	98	100	96	82	88
Growth monitoring (GM)	82	83	76	57	65
Packages of services available					
All basic services at any frequency[1]	61	82	66	31	46
Facility-based 24-hour delivery services	97	99	80	17	45
At least one qualified staff[2]	99	100	94	65	77
All services, minimum frequency[3]	55	71	60	21	38
All services, minimum frequency and 24-hour delivery services	55	70	53	6	27
All services, minimum frequency, 24-hour delivery services, and at least one qualified staff	55	70	52	5	25
Number of facilities (weighted)	19	27	158	287	491

[1] Any level of each of the following services offered at the facility; curative care for children, any STI services, any temporary methods of family planning, antenatal care, child immunisation, and child growth monitoring.

[2] Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.

[3] Curative services for children provided five days per week, STI services offered at least one day per week, preventive or elective services (temporary methods of family planning, antenatal care, child immunisation, and growth monitoring) provided at least one day per week.

Table A-3.1.2 Availability of basic services by region

Percentage of facilities offering basic services, the indicated packages of basic services at minimum frequencies, 24-hour delivery services, with qualified staff, by region, Uganda SPA 2007

	Region									
Services	Central	Kampala	East Central	Eastern	Northeast	North Central	West Nile	Western	Southwest	Total percentage
Services										
Curative care for children	100	87	98	96	100	100	100	92	100	98
Services for sexually transmitted infections (STI)	100	100	95	99	100	100	100	94	100	98
Any temporary methods of family planning (FP)	94	74	88	90	51	83	70	73	77	80
Antenatal care (ANC)	93	76	72	66	51	67	78	59	61	71
Child immunisation (EPI)	94	85	98	90	94	87	85	71	82	88
Growth monitoring (GM)	90	85	31	81	88	76	41	50	61	65
Packages of services available										
All basic services at any frequency[1]	77	62	27	57	36	52	27	33	40	46
Facility-based 24-hour delivery services	60	63	31	52	37	60	52	41	31	45
At least one qualified staff[2]	91	100	68	74	66	80	89	81	66	77
All services, minimum frequency[3]	56	60	25	56	26	44	21	25	36	38
All services, minimum frequency and 24-hour delivery services	42	45	11	42	25	41	21	17	17	27
All services, minimum frequency, 24-hour delivery services, and at least one qualified staff	40	45	11	39	25	41	15	17	16	25
Number of facilities (weighted)	98	9	78	49	41	37	37	60	83	491

[1] Any level of each of the following services offered at the facility; curative care for children, any STI services, any temporary methods of family planning, antenatal care, child immunisation, and child growth monitoring.
[2] Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.
[3] Curative services for children provided five days per week, STI services offered at least one day per week, preventive or elective services (temporary methods of family planning, antenatal care, child immunisation, and growth monitoring) provided at least one day per week.

Table A-3.2.1 Facility infrastructure supportive of client utilisation and quality services: All facilities

Percentage of all facilities with client amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by type of facility, Uganda SPA 2007

Items	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Client comfort amenities					
Client latrine	62	47	61	60	60
Protected waiting area	91	88	91	86	88
Clean facility	65	56	62	65	63
All client comfort items[1]	46	32	42	42	42
Facility infrastructure					
No electricity or generator	1	5	42	76	58
Generator observed with fuel	85	46	5	3	10
Regular electricity or generator	89	55	29	14	24
Any safe onsite water[2]	92	80	77	58	67
Regular water supply (any safe onsite and year-round)	64	52	37	23	31
Regular water and electricity[3]	56	25	15	5	11
All client amenities, regular water and electricity	30	11	7	3	6
Staff and furnishings					
At least two qualified staff[4]	97	95	61	20	40
Duty staff on site 24 hours[5]	99	93	70	38	54
Part of 24-hour emergency network	0	0	0	1	0
Qualified staff living onsite	93	96	91	69	78
Qualified staff living onsite, no duty roster seen or no duty roster and not part of network	1	6	24	35	28
Emergency communication[6]	100	87	82	63	72
Overnight patient beds[7]	100	100	87	40	61
Basic components supporting 24-hour emergency services[8]	55	32	20	3	12
Basic plus regular water and electricity[9]	41	13	5	0	4
Number of facilities (weighted)	19	27	158	287	491

[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 protected spring water, or tapped rain water or bottled water, and water outlet within 500 meters of facility
[3] Year-round, onsite water, and electricity routinely available during service hours or a generator with fuel
[4] Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication device either in 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 on site or on call 24 hours a day, overnight beds, patient latrine, access to 24- hour emergency communication, and any onsite water source
[9] At least two qualified staff assigned to facility, duty staff on site or on call 24 hours a day, overnight beds, patient 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: Hospitals, HC-IVs and HC-IIIs

Percentage of facilities with client amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by type of facility, Uganda SPA 2007

Items	Type of facility			Total percentage
	Hospital	HC-IV	HC-III	
Client comfort amenities				
Client latrine	62	47	61	59
Protected waiting area	91	88	91	90
Clean facility	65	56	62	62
All client comfort items[1]	46	32	42	41
Facility infrastructure				
No electricity or generator	1	5	42	33
Generator observed with fuel	85	46	5	18
Regular electricity or generator	89	55	29	39
Any safe onsite water[2]	92	80	77	79
Regular water supply (any safe onsite and year-round)	64	52	37	42
Regular water and electricity[3]	56	25	15	20
All client amenities, regular water and electricity	30	11	7	10
Staff and furnishings				
At least two qualified staff[4]	97	95	61	69
Duty staff on site 24 hours[5]	99	93	70	76
Qualified staff living onsite	93	96	91	92
Qualified staff living onsite, no duty roster seen or no duty roster and not part of network	1	6	24	19
Emergency communication[6]	100	87	82	84
Overnight patient beds[7]	100	100	87	90
Basic components supporting 24-hour emergency services[8]	55	32	20	25
Basic plus regular water and electricity[9]	41	13	5	10
Number of facilities (weighted)	19	27	158	205

[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 protected spring water, or tapped rain water or bottled water, and water outlet within 500 meters of facility

[3] Year-round, onsite water, and electricity routinely available during service hours or a generator with fuel

[4] Qualified staff Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.

[5] A duty schedule or other documentation of official duty status was observed.

[6] Communication device either in 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 on site or on call 24 hours a day, overnight beds, patient latrine, access to 24- hour emergency communication, and any onsite water source

[9] At least two qualified staff assigned to facility, duty staff on site or on call 24 hours a day, overnight beds, patient 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 region: All facilities

Percentage of all facilities with client amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by region, Uganda SPA 2007

	Region									
Items	Central	Kampala	East Central	Eastern	North-east	North Central	West Nile	Western	South-west	Total percentage
Client comfort amenities										
Client latrine	75	83	38	47	23	35	79	74	78	60
Protected waiting area	93	94	93	95	78	54	85	88	93	88
Clean facility	89	82	61	26	42	48	94	55	65	63
All client comfort items[1]	63	70	29	16	16	13	58	47	55	42
Facility infrastructure										
No electricity or generator	45	3	70	53	73	64	51	42	76	58
Generator observed with fuel	13	53	6	7	6	6	6	16	6	10
Regular electricity or generator	27	60	19	28	10	24	36	31	17	24
Any safe onsite water[2]	62	91	52	80	48	82	90	75	62	67
Regular water supply (any safe onsite and year-round)	15	86	26	44	28	43	56	32	25	31
Regular water and electricity[3]	6	60	3	15	6	11	21	18	10	11
All client amenities, regular water and electricity	5	48	1	3	1	5	14	12	3	6
Staff and furnishings										
At least two qualified staff[4]	48	100	30	51	38	44	49	34	28	40
Duty staff on site 24 hours[5]	55	63	44	54	56	45	72	64	47	54
Part of 24-hour emergency network	0	2	0	0	0	0	6	0	0	0
Qualified staff living onsite	89	64	72	72	92	90	83	70	69	78
Qualified staff living onsite, no duty roster seen or no duty roster and not part of network	34	15	32	22	43	45	6	15	26	28
Emergency communication[6]	85	100	60	75	41	71	94	81	64	72
Overnight patient beds[7]	85	65	59	57	34	47	61	57	58	61
Basic components supporting 24-hour emergency services[8]	10	51	3	13	4	19	34	15	7	12
Basic plus regular water and electricity[9]	3	36	1	5	1	4	9	7	2	4
Number of facilities (weighted)	98	9	78	49	41	37	37	60	83	491

[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 protected spring water, or tapped rain water or bottled water, and water outlet within 500 meters of facility

[3] Year-round, onsite water, and electricity routinely available during service hours or a generator with fuel

[4] Qualified staff Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.

[5] A duty schedule or other documentation of official duty status was observed.

[6] Communication device either in 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 on site or on call 24 hours a day, overnight beds, patient latrine, access to 24- hour emergency communication, and any onsite water source

[9] At least two qualified staff assigned to facility, duty staff on site or on call 24 hours a day, overnight beds, patient 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 region: Hospitals, HC-IVs and HC-IIIs

Percentage of facilities with client amenities, regular electricity and water supply, and staff and furnishings to support quality 24-hour emergency services, by region, Uganda SPA 2007

	Region									
Items	Central	Kampala	East Central	Eastern	North-east	North Central	West Nile	Western	South-west	Total percentage
Client comfort amenities										
Client latrine	66	82	45	60	11	47	89	65	74	59
Protected waiting area	95	96	99	98	89	59	91	78	99	90
Clean facility	91	81	51	29	52	45	100	46	65	62
All client comfort items[1]	57	69	36	23	10	14	80	40	49	41
Facility infrastructure										
No electricity or generator	25	4	33	27	44	38	40	16	57	33
Generator observed with fuel	14	50	20	12	11	13	14	32	17	18
Regular electricity or generator	35	57	42	45	20	50	43	48	25	39
Any safe onsite water[2]	68	92	60	89	75	90	91	81	80	79
Regular water supply (any safe onsite and year-round)	14	86	28	61	47	49	63	43	40	42
Regular water and electricity[3]	12	57	12	27	13	23	22	30	16	20
All client amenities, regular water and electricity	12	44	2	5	3	10	20	15	3	10
Staff and furnishings										
At least two qualified staff[4]	72	100	67	74	56	52	84	67	66	69
Duty staff on site 24 hours[5]	87	78	83	67	69	54	100	79	66	76
Qualified staff living onsite	100	79	99	94	83	92	100	82	87	92
Qualified staff living onsite, no duty roster seen or no duty roster and not part of network	13	18	17	28	29	39	0	11	21	19
Emergency communication[6]	85	100	80	80	84	81	100	93	73	84
Overnight patient beds[7]	100	80	94	90	71	73	100	95	91	90
Basic components supporting 24-hour emergency services[8]	21	63	11	18	9	25	64	35	19	25
Basic plus regular water and electricity[9]	7	44	4	8	2	9	21	15	4	10
Number of facilities (weighted)	39	7	22	27	20	17	17	26	31	205

[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 protected spring water, or tapped rain water or bottled water, and water outlet within 500 meters of facility

[3] Year-round, onsite water, and electricity routinely available during service hours or a generator with fuel

[4] Qualified staff Qualified staff (Uganda specific) includes consultants/specialists (including surgeons, obstetricians/gynaecologists, paediatricians and physician specialists), medical officers, clinical officers, health educators, all nurses and nurse midwives, comprehensive nurses and public health nurses.

[5] A duty schedule or other documentation of official duty status was observed.

[6] Communication device either in 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 on site or on call 24 hours a day, overnight beds, patient latrine, access to 24- hour emergency communication, and any onsite water source

[9] At least two qualified staff assigned to facility, duty staff on site or on call 24 hours a day, overnight beds, patient latrine, access to 24- hour emergency communication, and regular water and electricity

Table A-3.4 Routine management meetings

Percentage of facilities reporting they have routine management meetings at specific intervals, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage			Number of facilities (weighted)
	Monthly or more often	Every 2-3 months	Every 4-6 months	
Type of facility				
Hospital	76	11	5	19
HC-IV	55	26	9	27
HC-III	43	36	7	158
HC-II	32	31	6	287
Managing authority				
Government	34	35	5	373
Private	54	21	8	119
Region				
Central	53	39	4	98
Kampala	79	15	0	9
East Central	37	29	2	78
Eastern	45	27	2	49
Northeast	16	23	5	41
North Central	50	19	0	37
West Nile	33	27	34	37
Western	31	19	7	60
Southwest	29	49	8	83
Total	39	31	6	491

Table A-3.5 Quality assurance activities with documentation observed

Among facilities that report having quality assurance (QA) activities, percentage that both reported and had documentation for supervisory checklist, mortality reviews, audit of medical records, or registers and a QA committee, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage						Number of facilities reporting quality assurance activities (weighted)
	Supervisory checklist for health system components	Supervisory checklist for observation of services	Mortality review	Auditing medical records or registers	Quality assurance committee	Other	
Type of facility							
Hospital	49	47	34	51	39	4	15
HC-IV	39	31	12	54	15	6	18
HC-III	35	32	15	46	14	0	80
HC-II	29	20	3	33	12	0	100
Managing authority							
Government	32	26	9	42	14	1	159
Private	40	32	14	38	17	2	54
Region							
Central	20	9	4	20	3	0	66
Kampala	28	40	28	56	37	6	4
East Central	29	25	8	51	13	1	30
Eastern	58	41	3	60	16	0	13
Northeast	95	84	3	93	0	0	6
North Central	46	15	27	44	25	2	19
West Nile	37	46	1	4	11	0	28
Western	51	46	19	62	38	2	25
Southwest	16	27	23	82	18	2	22
Total	34	28	10	41	15	1	213

Table A-3.6 Supportive management practices: training and supervision at the facility level

Percentage of facilities where none, at least half, or all of the providers interviewed received training related to their work during the 12 months preceding the survey and personal supervision during the 6 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristics	Received training related to their work during the 12 months preceding the survey[1]			Were personally supervised during the 6 months preceding the survey			Number of facilities with interviewed providers (weighted)[2]
	None	At least 50 percent	All	None	At least 50 percent	All	
Type of facility							
Hospital	3	54	31	2	58	30	19
HC-IV	0	48	44	0	34	63	27
HC-III	11	37	46	1	28	69	154
HC-II	29	28	42	11	14	74	282
Managing authority							
Government	19	32	45	6	18	75	364
Private	24	37	37	10	32	56	119
Region							
Central	11	45	43	0	15	81	98
Kampala	0	30	70	3	61	15	9
East Central	27	27	40	5	11	84	74
Eastern	25	32	42	8	27	65	46
Northeast	33	24	38	17	9	74	41
North Central	0	18	82	7	25	68	37
West Nile	26	30	40	0	21	78	37
Western	11	41	43	14	41	43	58
Southwest	33	34	31	8	23	69	83
Total	20	33	43	7	22	70	483

[1] Training includes only structured pre- or in-service sessions and does not include individual instruction(s) 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-3.7 Supportive management practices: training and supervision 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of providers who received:				Number of interviewed health service providers (weighted)[2]
	Training during the 12 months preceding the survey[1]	Personal supervision in the 6 months preceding the survey	Training during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-59 months preceding the survey	
Type of facility					
Hospital	73	75	57	18	350
HC-IV	77	86	66	17	203
HC-III	73	88	65	15	575
HC-II	65	80	52	18	606
Managing authority					
Government	70	86	61	17	1,184
Private	72	76	55	17	549
Region					
Central	78	81	64	14	380
Kampala	90	63	59	6	75
East Central	66	91	64	16	246
Eastern	69	80	58	13	125
Northeast	64	85	58	17	119
North Central	86	90	77	12	194
West Nile	63	89	55	28	148
Western	71	72	52	20	190
Southwest	55	80	41	23	257
Total	71	83	59	17	1,734

[1] Training includes only structured pre- or in-service 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 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 background characteristics, Uganda SPA 2007

Background characteristics	System for decreasing out-of-pocket fees		System for reimbursement of deferred client fees				Fees are posted publicly		Number of facilities charging any user fees for adult curative care (weighted)
	Discount/ exemption for some clients	Client can prepay for multiple visits one service	Reimburse-ment by employer of client	Reimburse-ment by insurance	Reimburse-ment by community programs	Facility has any system to decrease out-of-pocket costs to client[1]	All fees	Some fees	
Type of facility									
Hospital	80	20	8	12	9	84	43	19	12
HC-IV	100	13	13	0	33	100	33	13	1
HC-III	68	12	0	1	1	74	42	9	33
HC-II	66	14	5	3	2	74	12	7	77
Managing authority									
Government	78	18	3	3	1	82	14	5	13
Private	67	14	4	3	3	74	24	9	110
Region									
Central	72	16	7	1	0	72	4	7	26
Kampala	74	48	3	18	8	91	13	12	5
East Central	41	28	2	9	10	60	14	14	19
Eastern	83	1	1	1	0	84	45	29	11
Northeast	47	0	0	0	2	47	43	2	8
North Central	93	7	7	0	0	100	28	50	2
West Nile	42	11	17	1	3	68	85	1	13
Western	78	0	0	0	0	78	3	1	15
Southwest	92	16	1	2	3	92	17	3	23
Total	68	14	4	3	3	75	23	9	123

[1] Discounts or exemptions, prepayment system, reimbursement by employer, insurance or community programs.

Table A-3.9 Components for which fees are charged

Among facilities charging user fees for adult curative care, percentage charging for client charts and records, consultations, medicines, laboratory tests and registration, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities charging for the indicated item:					Number of facilities charging any user fees for adult curative care (weighted)
	Client chart or record	Consultation	Medicine	Tests	Registration	
Type of facility						
Hospital	22	91	82	84	27	12
HC-IV	0	100	73	73	13	1
HC-III	19	59	76	91	10	33
HC-II	12	88	90	47	3	77
Managing authority						
Government	3	77	57	66	18	13
Private	16	81	89	62	6	110
Region						
Central	14	99	99	66	14	26
Kampala	35	92	96	96	35	5
East Central	9	72	89	23	1	19
Eastern	16	99	80	62	3	11
Northeast	2	61	66	47	4	8
North Central	14	50	86	86	14	2
West Nile	11	46	46	89	1	13
Western	33	88	98	78	15	15
Southwest	8	81	86	62	1	23
Total	14	81	85	62	7	123

Table A-3.10 Facility systems for maintenance and repair of equipment

Among facilities with large equipment, percentage with preventive maintenance programs for the 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities where preventive maintenance of major equipment is performed by:[1]				Number of facilities with major equipment (weighted)	Percentage reporting method used for maintenance or replacement of small equipment[2]				Number of facilities with system for small equipment repair (weighted)
	On-site staff	External technicians	Both onsite and external technicians	No routine maintenance		On-site repair	Send outside for repair or replace	Purchase or pay for from funds on hand	Replaced by MOH or donors	
Type of facility										
Hospital	40	17	21	22	19	54	26	58	22	19
HC-IV	6	53	4	36	17	9	26	48	44	25
HC-III	8	34	41	16	10	3	31	38	42	136
HC-II	49	36	15	0	12	6	38	33	34	222
Managing authority										
Government	17	45	8	30	27	5	35	27	44	302
Private	34	26	28	12	31	16	32	66	15	100
Region										
Central	22	57	15	5	15	4	41	59	8	90
Kampala	36	29	8	27	6	36	41	72	16	9
East Central	11	15	23	50	6	18	30	39	48	65
Eastern	30	20	28	22	7	6	12	28	56	38
Northeast	6	26	36	32	3	3	44	17	80	27
North Central	60	0	33	7	2	3	3	10	71	28
West Nile	45	24	0	31	3	8	60	9	50	30
Western	27	37	19	17	10	4	10	39	48	52
Southwest	21	37	19	23	6	5	57	35	6	62
Total	26	35	19	21	57	8	34	37	36	402

[1] Major 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-3.11 Facility systems for maintenance and repair of building

Among facilities with systems for maintenance and repair of buildings and infrastructure, percentage where onsite staff and outside workers are responsible for making repairs, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage where repairs on building or infrastructure are made by:			Number of facilities with system for maintenance and repair (weighted)
	On-site staff	Persons hired from outside	Both on-site staff and externally hired	
Type of facility				
Hospital	52	22	26	15
HC-IV	13	71	15	14
HC-III	11	67	22	67
HC-II	21	70	9	87
Managing authority				
Government	12	77	12	114
Private	32	47	22	70
Region				
Central	17	79	4	64
Kampala	38	47	15	5
East Central	18	70	12	27
Eastern	17	44	39	9
Northeast	4	63	33	19
North Central	31	29	41	8
West Nile	38	62	0	15
Western	25	50	25	19
Southwest	14	62	24	16
Total	19	65	16	183

Table A-3.12 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 background characteristics, Uganda SPA 2007

	Stock condition					Stock monitoring system						
Background characteristics	Functioning thermom-eter in refrigerator	Up-to-date tempera-ture chart	Temper-ature 0-8°C at time of visit	Adequate cold chain monitoring system[1]	Refrig-erator protected from sun	No vaccines out of stock (for vaccines normally carried)	No expired vaccines present (for vaccines in stock)	Vaccines stored by expiration date (whether expired or not)	Stock card present (for vaccines in stock)	Inventory up-to-date (for vaccines with stock card)	No out of stock	Number of facilities with stored vaccines observed[2] (weighted)
Type of facility												
Hospital	96	79	95	77	100	86	99	83	17	42	63	19
HC-IV	96	67	94	67	94	89	100	89	15	47	74	27
HC-III	92	81	87	75	100	73	98	85	16	45	51	139
HC-II	86	79	78	63	95	72	97	88	11	25	60	125
Managing authority												
Government	92	80	85	71	97	74	99	87	14	37	54	256
Private	84	70	82	62	100	79	94	85	14	35	75	53
Region												
Central	94	85	94	79	96	82	97	93	18	32	70	62
Kampala	93	71	84	62	100	75	100	61	25	27	54	6
East Central	84	63	75	58	99	61	100	83	9	29	51	39
Eastern	100	94	95	89	100	82	95	83	7	59	48	26
Northeast	100	86	85	71	100	100	100	91	32	66	94	36
North Central	86	88	84	83	92	82	92	85	15	49	57	29
West Nile	95	94	82	76	100	51	100	95	7	6	22	26
Western	73	79	64	50	94	60	100	72	14	15	29	35
Southwest	90	58	90	58	99	72	97	90	3	42	63	49
Total	90	79	85	70	98	75	98	87	14	37	57	309

[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 visit.
[2] There were no stored vaccines (or the vaccine storage area was not observed) for 3 (weighted) facilities that store vaccines.

Table A-3.13 Storage conditions and stock monitoring systems for contraceptive methods, medicines and antiretroviral medicines (ARVs)

Among facilities that store clinical methods of contraception, medicines, and ARVs, percentage with proper storage conditions and stock monitoring systems for commodities, by background characteristics, Uganda SPA 2007

Background characteristics	Proper storage condition					Stock monitoring systems[1]						Number of facilities with stored commodities observed (weighted)
	Off the ground	Protected from water	Protected from sun	No evidence of pests or rodents	Good storage[2]	No items out of stock (for items normally carried)	No expired items present (for items in stock)	Items stored by expiration date (whether expired or not)	Stock card present (for items in stock)	Inventory up-to-date (for items with stock card)	No out of stock	
CONTRACEPTIVE METHODS[3]												
Type of facility												
Hospital	75	95	98	89	69	53	95	71	8	29	49	14
HC-IV	66	94	96	77	57	71	96	78	9	21	61	27
HC-III	61	90	95	72	53	59	100	78	11	22	53	135
HC-II	67	86	92	75	57	71	99	84	16	24	66	210
Managing authority												
Government	65	89	94	73	55	67	100	82	14	23	62	329
Private	67	83	90	81	60	60	95	78	13	22	52	56
Region												
Central	79	90	90	72	66	81	99	84	8	21	77	88
Kampala	87	91	100	92	79	37	97	60	12	17	31	6
East Central	82	86	86	66	64	77	100	90	13	9	77	65
Eastern	59	100	100	86	58	57	100	91	13	37	45	42
Northeast	39	89	89	74	39	48	99	89	13	36	39	21
North Central	57	84	92	74	52	79	100	60	9	4	79	30
West Nile	55	64	100	80	49	64	91	75	19	11	47	26
Western	59	82	99	58	41	56	100	56	12	11	52	44
Southwest	53	94	97	85	48	52	100	91	24	50	42	63
Total	65	88	94	74	56	66	99	81	14	23	60	385
MEDICINES												
Type of facility												
Hospital	70	92	97	82	59	13	97	82	50	47	8	19
HC-IV	54	94	99	77	46	2	99	85	47	42	1	26
HC-III	60	91	97	72	53	10	97	87	52	46	5	154
HC-II	68	90	95	73	55	18	99	83	38	36	14	272
Managing authority												
Government	63	91	96	71	52	10	98	86	49	41	6	358
Private	69	89	95	79	59	30	100	79	25	36	24	113
Region												
Central	80	94	94	75	67	40	96	71	30	47	23	94
Kampala	80	95	100	88	74	35	100	86	40	42	27	9
East Central	83	95	95	72	65	19	100	96	47	59	19	69
Eastern	56	100	100	83	53	0	99	91	54	61	0	48
Northeast	47	94	94	65	41	4	100	88	34	55	4	39
North Central	46	77	79	69	42	8	100	62	48	38	7	34
West Nile	62	68	96	68	56	11	96	94	53	9	6	37
Western	62	83	99	55	40	6	98	85	46	8	5	60
Southwest	53	98	100	86	49	3	100	87	48	33	0	80
Total	64	91	96	73	54	14	99	84	44	40	10	471
ARVS[4]												
Type of facility												
Hospital	72	93	96	82	62	29	93	75	50	46	25	17
HC-IV	70	96	100	85	63	54	91	77	45	43	42	18
HC-III	94	99	100	84	83	62	93	87	35	33	56	28
HC-II	85	100	100	93	85	64	100	100	15	85	64	3
Managing authority												
Government	83	97	99	82	72	57	92	81	37	39	49	54
Private	78	96	97	90	74	27	96	86	59	53	25	12
Region												
Central	93	99	99	73	70	59	88	82	32	41	49	21
Kampala	83	93	100	91	80	30	95	77	47	56	22	6
East Central	92	98	98	94	88	72	96	87	31	43	68	9
Eastern	57	100	100	83	57	4	100	60	30	38	4	4
Northeast	52	100	100	86	45	38	100	93	36	29	38	2
North Central	88	91	98	91	86	38	86	75	52	58	34	7
West Nile	90	90	100	81	71	18	91	71	54	27	18	2
Western	87	91	96	87	83	10	81	60	51	13	10	4
Southwest	61	99	100	87	60	75	100	97	52	38	65	12
Total	82	97	99	84	72	51	93	82	41	41	45	66

[1] Only selected items were evaluated for the stock maintenance system. Contraceptive items assessed were oral pills, injectable progesterone, IUD, and condoms. Medicines assessed were antibiotics, Ringers Lactate intravenous solution and Plasma expanders.
[2] Storage off the ground, protected from water, protected from sun, and no evidence of pests or rodents.
[3] There were no stored contraceptive methods or the storage area for contraceptive methods was not observed for 2 (weighted) facilities that store contraceptive methods.
[4] There were no stored ARVs or the storage area for medicines was not observed for 3 (weighted) facilities that store ARVs.

Table A-3.14 Reported reliability of ordering system for commodities: orders placed by facility

Percentage of facilities providing vaccinations, contraceptive methods, medicines or ARVs, where decision on when to order the commodity are made by facility staff, and among these, percentage that consider receipt of supplies to be reliable and that received their most recent order during the 4 weeks preceding the survey visit, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities where staff members determine and place commodity orders	Number of facilities providing vaccinations, contraceptive methods, medicines or ARVs (weighted)	Receipt of ordered commodity considered:[1]			Most recent order received during the 4 weeks preceding the survey visit	Number of facilities that determine and place commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
Type of facility							
Hospital	98	19	63	22	14	79	19
HC-IV	97	27	53	33	14	80	26
HC-III	97	151	62	27	10	81	147
HC-II	95	223	62	28	10	65	211
Managing authority							
Government	96	329	60	28	11	75	317
Private	94	91	66	24	10	62	86
Region							
Central	94	93	63	35	2	85	87
Kampala	98	7	45	15	40	90	7
East Central	98	64	82	15	3	69	62
Eastern	96	44	32	55	13	85	42
Northeast	100	39	53	23	20	69	39
North Central	99	32	88	9	0	63	31
West Nile	96	31	73	18	9	75	30
Western	92	43	67	25	8	72	39
Southwest	95	68	43	31	26	53	65
Total	96	420	61	28	10	72	403
CONTRACEPTIVE METHODS							
Type of facility							
Hospital	96	14	42	34	24	42	13
HC-IV	92	27	43	42	13	29	25
HC-III	89	135	47	34	19	36	120
HC-II	84	210	35	51	13	26	176
Managing authority							
Government	85	329	40	44	16	28	278
Private	100	56	42	44	14	41	56
Region							
Central	84	88	55	41	4	50	74
Kampala	94	6	38	28	34	35	6
East Central	87	65	33	58	5	26	56
Eastern	89	42	18	70	11	24	38
Northeast	86	21	45	18	36	46	18
North Central	81	30	40	6	54	16	24
West Nile	92	26	51	29	20	26	24
Western	89	44	35	37	28	28	39
Southwest	87	63	39	54	6	15	55
Total	87	385	40	44	15	30	334
MEDICINES							
Type of facility							
Hospital	95	19	30	55	12	75	18
HC-IV	96	26	22	59	18	60	25
HC-III	96	154	22	57	15	57	147
HC-II	95	272	16	63	17	43	258
Managing authority							
Government	95	358	14	63	19	47	341
Private	95	113	35	52	9	60	107
Region							
Central	94	94	19	68	11	60	88
Kampala	96	9	51	26	20	75	8
East Central	95	69	11	81	5	45	66
Eastern	94	48	23	61	16	50	46
Northeast	94	39	31	48	21	47	37
North Central	89	34	8	45	30	40	30
West Nile	100	37	11	42	47	59	37
Western	100	60	34	34	19	42	60
Southwest	96	80	9	79	7	46	77
Total	95	471	19	60	16	50	448

Continued…

Table A-3.14—*Continued*

Background characteristics	Percentage of facilities where staff members determine and place commodity orders	Number of facilities providing vaccinations, contraceptive methods, medicines or ARVs (weighted)	Receipt of ordered commodity considered:[1]			Most recent order received during the 4 weeks preceding the survey visit	Number of facilities that determine and place commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
			ARVS				
Type of facility							
Hospital	90	17	32	55	10	68	15
HC-IV	94	18	36	42	22	50	17
HC-III	99	29	27	55	18	35	29
HC-II	52	5	8	75	17	100	2
Managing authority							
Government	94	57	31	53	15	44	54
Private	85	12	24	48	28	74	10
Region							
Central	91	22	24	64	12	60	20
Kampala	83	6	31	29	41	68	5
East Central	97	10	11	66	22	43	10
Eastern	100	4	62	21	17	34	4
Northeast	88	2	59	24	8	59	2
North Central	100	7	58	26	16	17	7
West Nile	100	2	10	54	27	63	2
Western	96	4	51	45	5	58	4
Southwest	90	12	20	65	16	45	11
Total	93	69	30	52	17	49	64

[1] Based on orders received during the 3 months preceding the survey.

Table A-3.15 Reported reliability of ordering system for commodities: orders placed by external authority

Percentage of facilities providing vaccinations, contraceptive methods, medicines or ARVs, 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 4 weeks preceding the survey visit, by background characteristics, Uganda SPA 2007

Region	Percentage with order determined by external authority	Number of facilities providing vaccinations, contraceptive methods, medicines or ARVs (weighted)	Receipt of ordered stock considered[1]			Most recent order received during the 4 weeks preceding the survey visit	Number of facilities where external authority determines and places commodity orders (weighted)
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
Central	6	93	40	60	0	10	6
Kampala	6	7	37	63	0	63	0
East Central	1	64	0	100	0	100	0
Eastern	43	44	19	72	9	83	19
Northeast	0	39	-	-	-	-	0
North Central	1	32	100	0	0	100	0
West Nile	4	31	100	0	0	0	1
Western	8	43	40	11	48	0	3
Southwest	71	68	36	32	32	51	48
Total	19	420	34	43	24	53	79
CONTRACEPTIVE METHODS							
Central	18	88	24	53	23	4	16
Kampala	10	6	31	44	25	69	1
East Central	10	65	0	73	27	0	7
Eastern	11	42	69	31	0	31	4
Northeast	21	21	40	60	0	0	4
North Central	11	30	55	0	45	36	3
West Nile	16	26	4	48	48	4	4
Western	11	44	34	62	3	62	5
Southwest	47	63	37	57	6	13	30
Total	19	385	31	53	15	14	74
MEDICINES							
Central	17	94	35	63	3	49	16
Kampala	19	9	57	23	20	58	2
East Central	10	69	0	100	0	18	7
Eastern	6	48	47	6	47	53	3
Northeast	0	39	-	-	-	-	0
North Central	1	34	65	0	0	35	0
West Nile	6	37	0	8	92	0	2
Western	8	60	62	0	3	71	5
Southwest	10	80	0	79	21	36	8
Total	9	471	26	56	14	42	43
ARVs							
Central	2	22	33	67	0	67	0
Kampala	32	6	10	58	31	90	2
East Central	17	10	0	100	0	19	2
Eastern	4	4	100	0	0	0	0
Northeast	33	2	57	43	0	43	1
North Central	2	7	100	0	0	0	0
West Nile	9	2	0	0	100	100	0
Western	37	4	36	64	0	100	1
Southwest	44	12	15	53	32	30	5
Total	18	69	20	59	20	48	12

[1] Based on orders received during the 3 months preceding the survey visit.

Table A-3.16 System for ordering vaccines for facilities placing their own orders

Among facilities that provide vaccinations and order their own supplies, percentage reporting that they use specific criteria to decide how much to order and when to order, by background characteristics, Uganda SPA 2007

Background characteristics	Amount ordered based on:[1]				Stock orders placed:[1]							Number of facilities (weighted)
	Maintaining a fixed stock	Same amount ordered each time	Utilisation	Don't know/ missing	When stock falls to a predetermined level	Routinely			When needed	Other	Don't know/ missing	
						More often than once a month	Monthly	Less often than once a month				
Type of facility												
Hospital	25	0	74	1	37	3	2	0	57	0	1	19
HC-IV	26	3	69	3	29	1	3	0	65	0	2	26
HC-III	21	1	76	2	27	1	0	1	69	1	2	147
HC-II	18	3	79	0	21	7	5	1	61	2	3	211
Managing authority												
Government	21	2	75	1	24	4	3	1	65	0	3	317
Private	15	0	85	0	25	7	2	2	60	4	0	86
Region												
Central	20	0	77	2	19	2	2	0	70	2	4	87
Kampala	24	4	69	2	55	5	0	0	38	0	2	7
East Central	2	8	90	0	20	14	3	0	55	5	3	62
Eastern	7	0	90	3	14	0	0	4	79	0	3	42
Northeast	23	1	75	1	19	0	2	4	70	0	6	39
North Central	8	0	92	0	8	0	0	0	92	0	0	31
West Nile	8	0	92	0	15	0	1	0	84	0	0	30
Western	40	0	60	0	47	4	4	0	45	0	0	39
Southwest	41	3	56	0	41	8	8	0	43	0	0	65
Total	20	2	77	1	24	4	3	1	64	1	2	403

[1] Multiple responses might apply depending on particular vaccine.

Table A-3.17 System for ordering contraceptive methods, medicines, and ARVs for facilities placing their own orders

Among facilities that provide contraceptive methods, medicines or ARVs and order their own supplies, percentage reporting that they use specific criteria to decide how much to order and when to order, by background characteristics, Uganda SPA 2007

Background characteristics	Amount ordered based on:[1]					Stock orders placed:[1]							Number of facilities (weighted)
							Routinely						
	Main-taining a fixed stock	Same amount ordered each time	Utili-sation	Other	Don't know/ missing	When stock falls to a pre-determined level	More often than once a month	Monthly	Less often than once a month	When needed	Other	Don't know/ missing	
CONTRACEPTIVE METHODS													
Type of facility													
Hospital	19	2	72	0	6	27	2	1	12	49	0	1	13
HC-IV	23	1	71	0	4	30	0	3	18	45	0	0	25
HC-III	15	2	78	0	5	27	0	1	21	45	0	1	120
HC-II	17	3	77	0	2	22	0	1	20	54	0	1	176
Managing authority													
Government	19	3	74	0	3	26	0	1	22	47	0	1	278
Private	6	0	89	0	5	17	0	3	12	64	0	0	56
Region													
Central	16	2	75	0	6	15	0	0	8	68	0	2	74
Kampala	5	0	87	0	7	22	0	0	13	58	0	0	6
East Central	1	0	97	0	2	20	0	0	8	70	0	0	56
Eastern	1	5	94	0	0	14	0	5	48	33	0	0	38
Northeast	26	0	73	0	1	36	0	0	17	45	0	0	18
North Central	16	11	68	0	5	28	0	1	41	25	0	0	24
West Nile	19	0	76	0	6	21	0	0	35	30	0	9	24
Western	25	3	71	0	0	30	1	4	17	47	0	0	39
Southwest	38	3	55	0	3	41	0	0	18	38	0	0	55
Total	17	3	77	0	3	24	0	1	20	50	0	1	334
MEDICINES													
Type of facility													
Hospital	7	0	83	1	4	12	3	13	25	38	2	3	18
HC-IV	5	0	82	2	6	8	0	4	46	29	2	6	25
HC-III	10	1	80	0	3	15	1	2	39	33	0	4	147
HC-II	10	1	76	0	4	13	3	2	34	36	0	4	258
Managing authority													
Government	8	0	77	0	4	12	2	3	41	27	0	5	341
Private	14	1	83	0	0	16	2	3	18	60	0	0	107
Region													
Central	4	0	77	0	4	10	2	5	24	39	0	5	88
Kampala	3	0	79	0	2	24	4	9	9	33	0	5	8
East Central	0	0	87	0	3	13	3	0	32	37	0	5	66
Eastern	10	7	82	0	1	10	0	3	63	24	0	0	46
Northeast	17	0	83	0	0	31	0	0	39	30	0	0	37
North Central	12	0	83	0	5	2	0	5	26	61	0	6	30
West Nile	0	0	88	0	6	0	6	6	17	60	1	6	37
Western	40	0	49	0	3	31	5	2	33	19	1	2	60
Southwest	2	0	84	1	5	7	0	0	53	27	0	5	77
Total	10	1	78	0	3	13	2	3	36	35	0	4	448
ARVS													
Type of facility													
Hospital	5	1	67	0	1	3	2	23	16	29	0	1	15
HC-IV	4	0	86	2	0	8	0	18	19	44	0	2	17
HC-III	7	0	79	0	0	0	0	8	6	63	4	4	29
HC-II	0	0	100	0	0	17	0	8	0	75	0	0	2
Managing authority													
Government	2	0	85	1	0	3	0	10	14	56	2	3	54
Private	20	2	48	0	0	7	2	37	3	21	0	0	10
Region													
Central	9	0	86	2	1	0	1	14	6	75	0	2	20
Kampala	6	3	72	0	0	15	0	34	11	21	0	0	5
East Central	0	0	83	0	0	4	0	9	14	56	0	0	10
Eastern	4	0	91	0	0	0	0	9	26	62	0	0	4
Northeast	8	0	67	0	0	43	0	8	8	8	0	8	2
North Central	5	0	93	0	0	0	0	28	2	33	17	17	7
West Nile	0	0	91	0	0	0	0	28	28	36	0	0	2
Western	20	0	46	0	0	11	0	20	15	20	0	0	4
Southwest	0	0	63	0	0	0	1	3	19	39	0	0	11
Total	5	0	79	1	0	4	1	15	12	50	2	3	64

[1] Multiple responses might apply depending on specific contraceptive method, medicine or ARV.

Table A-3.18 System for ordering commodities where order is placed by external authorities

Among facilities providing commodities where stock orders are placed by external authorities, percentage where the amount provided is based on activity level or a fixed supply is provided, by background characteristics, Uganda SPA 2007

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	88	6	6	3
HC-IV	96	0	4	8
HC-III	89	6	5	27
HC-II	83	4	13	41
Managing authority				
Government	88	3	9	62
Private	81	10	9	17
Region				
Central	67	3	30	6
Kampala	-	-	-	0
East Central	-	-	-	0
Eastern	82	9	9	19
Northeast	-	-	-	0
North Central	-	-	-	0
West Nile	0	100	0	1
Western	100	0	0	3
Southwest	93	0	7	48
Total	87	4	9	79
CONTRACEPTIVE METHODS				
Type of facility				
Hospital	82	9	9	2
HC-IV	78	14	8	4
HC-III	69	31	0	22
HC-II	81	12	7	46
Managing authority				
Government	77	18	5	72
Private	94	6	0	3
Region				
Central	68	31	1	16
Kampala	100	0	0	1
East Central	55	45	0	7
Eastern	100	0	0	4
Northeast	94	6	0	4
North Central	9	81	9	3
West Nile	52	48	0	4
Western	62	3	34	5
Southwest	94	0	6	30
Total	77	18	5	74
MEDICINES				
Type of facility				
Hospital	75	8	17	2
HC-IV	88	0	12	3
HC-III	90	0	10	13
HC-II	79	7	14	25
Managing authority				
Government	82	5	13	41
Private	90	0	10	2
Region				
Central	99	1	0	16
Kampala	87	13	0	2
East Central	73	0	27	7
Eastern	100	0	0	3
Northeast	-	-	-	0
North Central	-	-	-	0
West Nile	100	0	0	2
Western	62	35	3	5
Southwest	63	0	37	8
Total	83	5	13	43

Continued…

Table A-3.18—*Continued*

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
	ARVS			
Type of facility				
Hospital	100	0	0	5
HC-IV	67	0	33	2
HC-III	64	0	36	4
HC-II	-	-	-	0
Managing authority				
Government	72	0	28	7
Private	90	4	6	5
Region				
Central	-	-	-	0
Kampala	75	10	14	2
East Central	100	0	0	2
Eastern	-	-	-	0
Northeast	100	0	0	1
North Central	-	-	-	0
West Nile	-	-	-	0
Western	100	0	0	1
Southwest	61	0	39	5
Total	79	2	20	12

Table A-3.19 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, Uganda SPA 2007

Items	Percentage of facilities providing indicated response
Temperature	
Excellent[1]	53
Good[2]	11
Don't know/ invalid	35
Pressure	
Excellent[3]	45
Good[4]	9
Don't know/ invalid	46
Temperature and pressure	
Both excellent	38
Both al least good	11
Don't know/ invalid response for temperature or pressure	51
Total number of facilities with functioning autoclave (weighted)	52

[1] Autoclave had automatic temperature control, or response was 121 to 132˚C.
[2] Response was more that 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 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-3.20 Storage conditions for sterilised or high-level disinfected items

Percentage of facilities with sterilised or disinfected (HLD) items present and among these, percentage with specific storage conditions for processed items, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with sterilised or HLD items present	Number of facilities (weighted)	Among facilities with sterilised or HLD items, percentage with: 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 processed items (weighted)
Type of facility							
Hospital	100	19	87	59	39	39	19
HC-IV	100	27	59	55	17	14	27
HC-III	92	158	51	52	3	3	145
HC-II	70	287	40	46	3	3	202
Managing authority							
Government	78	373	42	47	4	3	289
Private	88	119	64	54	11	11	104
Region							
Central	91	98	70	47	4	4	89
Kampala	92	9	83	43	26	26	8
East Central	81	78	23	34	1	1	64
Eastern	71	49	22	50	8	8	35
Northeast	79	41	56	29	1	0	32
North Central	61	37	42	73	7	7	22
West Nile	94	37	71	98	13	13	35
Western	84	60	63	47	8	8	50
Southwest	70	83	25	46	5	5	58
Total	80	491	48	49	6	5	394

[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-3.21.1 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with these items in ALL MCH/RH service areas:[1]							Number of facilities (weighted)
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Disinfectant	All items present in all relevant sites	Waste receptacle[2]	
Type of facility								
Hospital	66	55	72	48	38	17	24	19
HC-IV	47	29	46	49	42	10	20	27
HC-III	49	39	46	47	39	12	21	158
HC-II	38	47	64	61	42	15	17	287
Managing authority								
Government	40	40	56	56	38	10	19	373
Private	56	57	64	53	50	23	19	119
Region								
Central	38	41	44	47	36	8	17	98
Kampala	50	50	45	38	12	7	36	9
East Central	33	59	75	60	49	17	2	78
Eastern	49	27	38	56	25	8	20	49
Northeast	29	34	48	34	21	1	7	41
North Central	51	43	38	41	38	12	9	37
West Nile	60	50	70	64	64	31	46	37
Western	51	47	75	62	50	14	21	60
Southwest	46	42	66	72	45	20	30	83
Total	43	44	58	56	41	13	19	491

[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 included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, running water, clean latex or sterile gloves, disinfectant and sharps box in immunisation area, injection room, consultation area for sick children, and consultation/examination area 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 because, while important for infection control, it has not been commonly introduced.

Table A-3.21.2 Specific items for infection control in MCH and RH service areas: Any relevant service areas

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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with these items in ANY MCH/RH service areas:[1]							Number of facilities (weighted)
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Disinfectant	All items present in any relevant sites	Waste receptacle[2]	
Type of facility								
Hospital	98	99	97	98	98	89	84	19
HC-IV	96	98	95	100	95	77	73	27
HC-III	94	93	97	96	90	71	71	158
HC-II	76	81	93	90	77	44	49	287
Managing authority								
Government	82	87	95	94	82	55	59	373
Private	88	85	92	91	84	61	57	119
Region								
Central	83	84	92	93	85	57	74	98
Kampala	95	95	87	87	78	65	90	9
East Central	75	91	100	91	81	50	19	78
Eastern	89	80	79	90	73	56	65	49
Northeast	67	83	99	94	63	33	40	41
North Central	100	100	100	97	100	86	65	37
West Nile	96	94	96	100	96	76	100	37
Western	84	81	97	90	83	57	49	60
Southwest	82	84	93	96	84	50	66	83
Total	83	87	94	93	83	56	59	491

[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 included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, running water, clean latex or sterile gloves, disinfectant and sharps box in immunisation area, injection room, consultation area for sick children, and consultation/examination area 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 because, while important for infection control, it has not been commonly introduced.

Table A-3.22.1 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with these items in ALL HIV service areas[1]							Number of facilities (weighted)	Average number of assessed sites
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Disinfectant	All items present in all relevant sites	Waste receptacle[2]		
Type of facility									
Hospital	53	36	45	29	28	7	13	19	9
HC-IV	42	22	38	33	23	7	21	27	5
HC-III	60	44	56	54	51	20	32	158	3
HC-II	55	50	69	62	58	25	31	287	1
Managing authority									
Government	56	45	63	58	51	20	30	373	2
Private	57	51	60	52	59	27	30	119	3
Region									
Central	56	42	70	65	50	29	51	98	2
Kampala	77	63	58	51	39	14	51	9	4
East Central	36	50	72	54	55	17	4	78	2
Eastern	59	45	50	54	33	15	24	49	2
Northeast	55	33	66	61	62	19	15	41	2
North Central	80	40	37	23	42	20	3	37	2
West Nile	66	49	62	49	67	30	54	37	3
Western	74	69	80	73	61	35	47	60	2
Southwest	43	38	49	54	53	11	26	83	3
Total	56	46	62	56	52	22	30	491	2

[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(s) in the lab.
[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate because, while important for infection control, it has not been commonly introduced.

Table A-3.22.2 Elements for preventing nosocomial infection in HIV service sites: Any site

Among all facilities, percentage with the indicated infection control elements in ANY relevant HIV service sites, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with these items in ANY HIV service areas:[1]							Number of facilities (weighted)	Average number of assessed sites
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Disinfectant	All items present in any relevant sites	Waste receptacle[2]		
Type of facility									
Hospital	100	99	100	99	98	97	89	19	9
HC-IV	98	95	100	98	98	78	78	27	5
HC-III	92	84	90	89	89	52	62	158	3
HC-II	67	67	84	81	71	37	40	287	1
Managing authority									
Government	77	72	86	84	77	41	48	373	2
Private	81	83	93	87	86	65	60	119	3
Region									
Central	78	74	91	89	78	51	74	98	2
Kampala	100	97	97	97	94	83	92	9	4
East Central	60	73	91	76	78	38	9	78	2
Eastern	83	80	75	86	67	44	41	49	2
Northeast	64	41	79	74	76	25	26	41	2
North Central	97	74	77	80	90	42	33	37	2
West Nile	100	89	100	89	100	67	100	37	3
Western	89	82	90	83	76	54	65	60	2
Southwest	72	78	86	94	79	46	54	83	3
Total	78	75	87	85	80	47	51	491	2

[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(s) in the lab.
[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate because, while important for infection control, it has not been commonly introduced.

Table A-3.23 Availability of supplies for preventing nosocomial infections

Percentage of facilities with infection control supplies available in facility stores, by back ground characteristics Uganda SPA 2007

Background characteristics	Percentage of facilities with the following items in store: Hand washing soap	Latex gloves	Sharps box	Needles/ syringes	Disinfectant	All items present in stores[1]	All items for infection control indicator[2]	Number of facilities (weighted)
Type of facility								
Hospital	84	93	65	68	92	46	2	19
HC-IV	62	87	72	62	88	39	0	27
HC-III	62	94	79	73	89	41	2	158
HC-II	55	92	75	69	79	37	4	287
Managing authority								
Government	58	93	77	70	81	37	2	373
Private	60	93	73	70	90	46	7	119
Region								
Central	57	96	71	82	87	37	2	98
Kampala	57	92	74	79	83	48	0	9
East Central	78	94	85	78	80	59	5	78
Eastern	47	91	80	50	82	22	3	49
Northeast	56	81	82	81	71	38	0	41
North Central	66	76	49	44	76	27	0	37
West Nile	77	96	89	95	85	64	11	37
Western	55	99	74	56	84	31	8	60
Southwest	44	94	76	64	89	31	0	83
Total	59	93	76	70	83	39	3	491

[1] Soap, disinfectant, needles and syringes, and latex gloves are available in facility stores.
[2] Soap, running water, sharps box, disinfecting solution and latex gloves in all relevant service areas within facility, and soap, disinfectant, needles/syringes and latex gloves are in stock and facility has functioning equipment for sterilisation or high level disinfecting.

Table A-3.24.1 Waste disposal methods: Infectious waste

Percentage of facilities that use specific methods to dispose of infectious waste, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities in which (infectious waste) (sharps waste) is: Removed offsite	Burned in incinerator	Burned unprotected on flat ground	Burned on protected ground or in pit	Dumped in unprotected area without burning	Dumped in protected area without burning	Other response/ missing	Number of facilities (weighted)
Type of facility								
Hospital	5	46	15	24	7	3	0	19
HC-IV	0	26	16	45	7	7	0	27
HC-III	1	6	16	52	10	14	0	158
HC-II	2	3	16	48	18	12	1	287
Managing authority								
Government	0	5	17	49	16	12	0	373
Private	6	14	12	44	9	13	2	119
Region								
Central	2	9	16	62	2	9	0	98
Kampala	32	31	14	15	8	0	0	9
East Central	0	4	21	51	12	9	2	78
Eastern	6	1	21	54	15	3	0	49
Northeast	0	6	40	17	19	17	0	41
North Central	0	12	10	35	24	18	0	37
West Nile	0	23	4	44	15	15	0	37
Western	0	6	6	27	37	24	0	60
Southwest	0	1	11	67	10	11	0	83
Total	2	7	16	48	15	12	0	491

Table A-3.24.2 Waste disposal methods: Sharps waste

Percentage of facilities that use specific methods to dispose of sharps waste, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities in which (infectious waste) (sharps waste) is: Removed offsite	Burned in incinerator	Burned unprotected on flat ground	Burned on protected ground or in pit	Dumped in unprotected area without burning	Dumped in protected area without burning	Other response/ missing	Number of facilities (weighted)
Type of facility								
Hospital	5	50	12	20	8	3	2	19
HC-IV	1	30	14	34	6	14	0	27
HC-III	2	7	17	52	8	13	0	158
HC-II	3	3	15	43	20	14	1	287
Managing authority								
Government	1	5	17	46	17	13	1	373
Private	9	16	11	40	8	15	2	119
Region								
Central	6	10	11	60	4	10	0	98
Kampala	35	29	14	12	8	0	2	9
East Central	0	4	24	46	13	10	2	78
Eastern	9	2	20	47	15	7	0	49
Northeast	0	7	40	17	19	11	6	41
North Central	0	12	17	31	31	9	0	37
West Nile	0	23	0	38	11	28	0	37
Western	1	8	8	26	35	22	0	60
Southwest	2	2	10	61	10	14	0	83
Total	3	8	15	44	15	13	1	491

Table A-3.25 Availability of infection prevention and injection safety guidelines

Percentage of facilities with indicated elements for prevention of infections and injection safety, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with Observed guideline for infection prevention[1] in ANY assessed site in facility	Observed guideline for infection prevention[1] in ALL assessed sites in facility	Observed guideline for injection safety[2] in ANY assessed site	Observed guideline for injection safety[2] in ALL assessed sites	Number of facilities (weighted)	Average number of assessed sites
Type of facility						
Hospital	54	2	43	1	19	5
HC-IV	49	3	22	2	27	3
HC-III	35	18	26	15	158	2
HC-II	24	18	9	6	287	1
Managing authority						
Government	28	17	15	9	373	1
Private	38	16	21	5	119	2
Region						
Central	42	24	23	16	98	2
Kampala	54	11	50	8	9	3
East Central	23	15	8	2	78	1
Eastern	37	30	22	20	49	1
Northeast	4	0	3	0	41	1
North Central	13	3	9	3	37	2
West Nile	37	11	21	0	37	2
Western	21	13	17	5	60	1
Southwest	42	23	20	9	83	2
Total	30	17	17	8	491	2

[1] Infection control: policies and guidelines or any other guideline that mentions hand washing and appropriate disposal of sharps waste

[2] Either of these two guidelines: Injection safety and appropriate health care waste management: Participants' notes or Standards for injection safety and health care waste management practices.

Table A-3.26 Description of observed injection

Percent distribution of observed injections, by background characteristics Uganda SPA 2007

Background characteristics	Age of client			Type of injection				Mode of delivery					Provider of syringe and needle				Number of observed injections (weighted)
	Under 5 years	Over 5 years	Don't know/ missing	Thera-peutic	Immuni-sation	Family planning	Don't know/ missing	IM	IV	SC	Intra-dermal	Don't know/ missing	Facility-free	Facility - at a cost	Client	Don't know/ missing	
Type of facility																	
Hospital	48	52	0	57	36	7	0	80	8	7	5	1	82	14	4	0	65
HC-IV	51	48	1	55	38	5	1	80	3	9	6	1	94	1	4	0	77
HC-III	55	45	0	76	16	7	0	88	2	4	2	3	86	6	8	0	294
HC-II	56	43	1	83	15	2	0	91	3	4	1	1	80	12	8	0	317
Managing authority																	
Government	53	46	0	74	20	6	0	89	3	5	2	2	90	3	7	0	617
Private	59	40	0	80	18	2	0	85	5	6	3	1	56	37	7	0	135
Region																	
Central	49	49	2	65	29	5	0	87	5	1	4	3	83	8	10	0	104
Kampala	51	49	0	68	21	11	0	79	13	2	3	3	65	34	0	1	23
East Central	59	41	0	80	19	1	0	94	2	4	0	0	77	9	15	0	110
Eastern	59	41	0	84	15	0	0	95	2	1	2	0	61	25	14	0	37
Northeast	70	30	0	82	18	0	0	83	9	6	1	2	81	16	3	0	87
North Central	43	57	1	88	6	5	1	92	1	5	1	0	87	3	10	0	144
West Nile	73	27	0	73	25	2	0	81	0	9	5	4	92	7	1	0	85
Western	56	44	0	63	30	7	0	87	2	6	3	2	91	3	5	1	97
Southwest	32	68	0	62	20	19	0	84	2	11	1	3	94	6	0	0	65
Total	54	45	0	75	20	5	0	88	3	5	2	2	84	9	7	0	752

Table A-3.27 Observed injection practices and conditions

Among observed injections, percentage where the provider was observed using the indicated injection practices, by background characteristics, Uganda SPA 2007

Background characteristics	Provider observed to:								Number of observed injections (weighted)
	Wash hands before starting injection session	Prepare injection in clean area	Use syringe and needle from a sterile pack	Clean skin with antiseptic	Draw back plunger before injection	Recap needle using scoop technique	Recap needle using both hands	Immediately dispose of needle with syringe appropriately[1]	
Type of facility									
Hospital	39	92	99	81	71	3	10	92	65
HC-IV	27	70	98	65	62	3	2	95	77
HC-III	27	77	100	80	75	3	4	92	294
HC-II	21	61	95	80	66	2	11	89	317
Managing authority									
Government	24	69	98	78	67	3	8	92	617
Private	32	79	95	84	79	1	4	87	135
Region									
Central	40	76	100	82	70	1	8	97	104
Kampala	40	96	99	90	76	3	2	90	23
East Central	26	44	90	65	53	5	17	83	110
Eastern	48	73	89	76	74	4	0	82	37
Northeast	14	55	97	82	73	0	1	95	87
North Central	9	81	99	83	77	6	7	97	144
West Nile	32	82	100	87	79	0	7	98	85
Western	24	69	100	80	74	0	13	76	97
Southwest	32	84	100	69	50	1	1	97	65
Total	26	71	97	79	69	3	8	91	752

[1] Provider immediately disposed of needle with syringe in a puncture-resistant safety container or remove needle with a needle cutter or puller and disposed of syringe in a safety container that is not overflowing, pierced or broken.

Table A-3.28 Observed injection practices

Among all observed injections, percentage where medicine was reconstituted, provider used IEC material and information posted in injection area that promote reducing the use of injections; among facilities where medicine was reconstituted, percentage where reconstitution was done using new sterile equipment and provider used protective material to open ampoules, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of injections where:			Number of observed injections (weighted)	Percentage of observations where:		Number of observed injections where medicine was reconstituted (weighted)
	Medicine was reconstituted	Provider used, explained or referred to any IEC materials with client	There are materials posted in the area that promote reducing the use of injections, safe injection administration or safe disposal of injection equipment		Reconstitution done using new sterile device, different from what was used for injection	Provider used protective device to open glass ampoule or vial with metal cap	
Type of facility							
Hospital	46	26	27	65	87	48	30
HC-IV	44	26	14	77	72	52	34
HC-III	45	35	22	294	77	44	132
HC-II	55	33	12	317	72	40	174
Managing authority							
Government	50	35	19	617	73	43	310
Private	44	22	10	135	86	43	60
Region							
Central	44	28	36	104	56	52	46
Kampala	42	21	24	23	67	51	10
East Central	71	20	4	110	78	30	78
Eastern	35	0	0	37	82	65	13
Northeast	41	31	3	87	59	53	35
North Central	58	63	12	144	92	50	84
West Nile	43	18	39	85	82	11	37
Western	42	53	14	97	64	43	41
Southwest	41	6	24	65	70	61	26
Total	49	32	17	752	75	43	370

Table A-3.29 Infrastructure and infection control for the therapeutic injection

Among facilities providing curative care for sick children, percentage where therapeutic injections are provided in the indicated location, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering sick-child care where therapeutic injection service in site: With immunisation	Different area, not with immunisation	No therapeutic injections	Number of facilities providing services for sick children (weighted)
Type of facility				
Hospital	18	80	2	19
HC-IV	23	74	3	27
HC-III	19	79	2	158
HC-II	21	77	2	278
Managing authority				
Government	23	75	2	368
Private	13	85	2	114
Region				
Central	17	81	2	98
Kampala	27	70	2	8
East Central	19	81	0	76
Eastern	18	82	0	47
Northeast	39	55	6	41
North Central	53	47	0	37
West Nile	6	94	0	37
Western	13	87	0	55
Southwest	14	80	6	83
Total	20	78	2	481

Table A-3.30 Infrastructure and infection control for the therapeutic injection service area by items of infection control

Among facilities offering therapeutic injections, percentage with the indicated infection control items, by whether therapeutic injections are provided in the same or a different service site than immunisation services, Uganda SPA 2007

Background characteristics	Percentage of facilities offering therapeutic injections: With immunisation	Different area, not with immunisation	Total percentage
Soap	73	69	70
Running water	59	75	72
Sharps box	96	82	85
Latex gloves	88	78	80
Syringes and needles	91	64	70
Decontaminant	29	37	35
Number of facilities offering therapeutic injections (weighted)	98	374	472

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, and BCG immunisation, percentage providing the service at the facility specific numbers of days per week, by background characteristics, Uganda SPA 2007

Background characteristic	Curative outpatient care for sick children[1]				Growth monitoring[1]				Routine series of child immunisation[1, 2]				Routine series of measles immunisation[1]				BCG immunisation[1]			
	Percentage of facilities with services available specific number of days per week			Number of facilities offering curative care for sick children (weighted)	Percentage of facilities with services available specific number of days per week			Number of facilities offering growth monitoring (weighted)	Percentage of facilities with services available specific number of days per week			Number of facilities offering routine series of immunisation (weighted)	Percentage of facilities with services available specific number of days per week			Number of facilities offering routine series of measles immunisation (weighted)	Percentage of facilities with services available specific number of days per week			Number of facilities offering BCG immunisation (weighted)
	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	4	0	94	19	20	4	76	16	25	4	71	19	27	4	68	19	21	4	74	19
HC-IV	7	0	92	27	36	6	56	23	51	7	41	27	50	7	42	27	42	8	48	27
HC-III	6	0	92	158	41	0	58	119	68	0	31	151	69	0	30	151	68	0	31	150
HC-II	10	1	85	278	46	0	43	162	62	1	18	236	62	1	18	236	62	1	18	236
Managing authority																				
Government	8	1	90	368	40	1	55	246	61	1	28	336	62	1	28	336	61	1	29	336
Private	11	0	83	114	50	1	38	74	62	1	20	96	63	1	20	96	61	1	21	95
Region																				
Central	8	0	90	98	45	0	40	89	58	0	22	93	58	0	22	93	55	1	25	93
Kampala	0	0	98	8	18	2	80	7	44	6	50	7	50	6	44	7	37	6	57	7
East Central	2	2	93	76	37	0	63	25	55	2	28	76	57	2	26	76	57	2	26	76
Eastern	4	0	90	47	21	1	78	40	56	1	43	44	56	1	43	44	55	1	45	42
Northeast	6	0	94	41	17	1	82	36	54	1	44	39	54	1	44	39	54	1	44	39
North Central	14	0	85	37	58	1	41	28	74	1	25	32	74	1	25	32	74	1	25	32
West Nile	10	0	84	37	56	0	41	15	54	0	39	31	54	0	39	31	54	0	39	31
Western	18	0	79	55	63	1	32	30	73	0	19	43	73	0	20	43	72	0	20	43
Southwest	10	2	84	83	52	1	36	51	73	1	6	68	73	1	6	68	72	1	7	68
Total	8	1	88	481	42	1	51	320	62	1	26	433	62	1	26	433	61	1	27	431

[1] Some facilities offer the service less than one day per week so percentage may not add up to 100 percent.
[2] Pentavalent and polio only. Measles and BCG 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering indicated services through outreach				Number of facilities (weighted)
	Sick child services	Growth monitoring	Routine series of child immunisation without BCG[1]	All child immunisation including BCG[2]	
Type of facility					
Hospital	25	50	0	74	19
HC-IV	26	54	0	97	27
HC-III	26	59	0	89	158
HC-II	18	34	0	72	287
Managing authority					
Government	21	45	0	82	373
Private	19	40	0	71	119
Region					
Central	18	72	0	83	98
Kampala	20	41	7	50	9
East Central	33	17	0	77	78
Eastern	18	52	0	82	49
Northeast	8	39	0	84	41
North Central	38	60	0	85	37
West Nile	33	39	0	89	37
Western	13	41	0	67	60
Southwest	13	31	0	78	83
Total	21	44	0	79	491

[1] Oral polio vaccine (OPV), pentavalent, and measles but no BCG vaccine, offered through outreach at least one day per month.
[2] Oral polio vaccine (OPV), pentavalent, 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 background characteristics Uganda SPA 2007

Background characteristic	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	Pentavalent	Measles	All basic child vaccines available[1]	Vitamin A in area with vaccines	
Type of facility							
Hospital	90	89	93	94	82	92	19
HC-IV	95	95	95	97	92	90	27
HC-III	83	78	83	85	72	82	142
HC-II	83	83	84	86	72	89	122
Managing authority							
Government	84	82	83	86	74	85	257
Private	88	82	92	88	78	90	53
Region							
Central	83	97	97	92	83	84	64
Kampala	88	87	91	91	84	71	6
East Central	79	69	65	72	56	77	39
Eastern	84	74	85	85	73	84	27
Northeast	99	100	100	99	98	96	36
North Central	95	94	86	99	81	91	27
West Nile	95	68	86	95	68	88	26
Western	63	56	68	70	50	83	35
Southwest	83	83	84	84	77	91	49
Total	85	82	85	87	74	86	310

[1] BCG, polio, pentavalent, 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 background characteristics, Uganda SPA 2007

Background characteristic	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	Latex gloves	Sharps box	Decon-taminant	Register	Tally sheet	Monitoring of community coverage[2]	
Type of facility												
Hospital	96	96	98	81	83	67	96	49	94	94	20	19
HC-IV	95	81	99	60	73	59	90	54	94	91	35	27
HC-III	93	78	99	62	68	65	83	48	89	93	28	151
HC-II	87	78	82	66	55	77	85	52	82	85	12	236
Managing authority												
Government	90	78	92	64	61	71	86	48	87	89	19	336
Private	92	83	83	70	66	70	81	59	81	86	21	96
Region												
Central	86	81	86	65	61	67	78	40	86	84	19	93
Kampala	91	81	91	77	75	56	87	41	79	80	13	7
East Central	83	85	77	72	60	94	87	68	73	87	11	76
Eastern	96	64	96	38	52	42	74	29	99	92	32	44
Northeast	96	69	100	51	27	54	73	13	90	96	8	39
North Central	80	75	85	84	89	83	95	70	92	88	42	32
West Nile	90	87	87	72	81	73	91	55	88	89	35	31
Western	96	87	96	63	53	56	91	66	83	100	22	43
Southwest	98	77	97	71	74	83	95	61	88	85	9	68
Total	90	79	90	65	62	71	85	51	86	89	19	433

[1] If a facility reported it purchased ice for the vaccines, this was accepted in place of the ice pack.
[2] Measles coverage or DPT/pentavalent 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 curative 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, Uganda SPA 2007

Items	Hospital	HC-IV	HC-III	HC-II	Total percentage
Infection control items					
Soap	92	70	69	69	70
Running water	92	86	83	65	73
Latex gloves	90	74	74	85	81
Sharps container	84	78	80	83	82
Decontaminant	72	68	60	64	63
All items for infection control	59	39	40	34	38
Waste receptacle with plastic liner and lid	66	56	55	38	46
All items for infection control including waste receptacle	42	25	27	18	22
Items to support quality					
Child health cards (MF5 Forms)	57	40	32	33	34
Treatment guidelines/standards (any)	78	88	87	80	83
Visual aids for health education	51	49	43	39	41
All items to support quality of care	28	16	8	9	10
Preventive measures					
Capacity to provide vaccinations[1]	66	40	39	23	31
Infant weighing scale	53	56	51	28	38
Child weighing scale	87	81	79	70	74
Both infant and child weighing scale	47	49	46	21	32
All preventive measures	34	25	19	5	12
Equipment for assessment					
Thermometer	82	77	72	75	74
Timer[2]	72	68	66	58	62
Pitcher for mixing ORS	50	33	36	32	34
Cup/spoon for giving ORS	44	33	39	34	36
ORS packet in sick child service area	73	81	69	77	74
ORS packet in facility (pharmacy or sick child service area)	96	96	84	89	88
All three oral rehydration therapy (ORT)	34	21	26	25	26
All equipment for assessment	25	20	18	18	18
ORT Corner observed	47	32	40	27	32
Number of facilities offering sick child services (weighted)	19	27	158	278	481

[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 or one owned by staff.

Table A-4.5.2 Availability of equipment and supplies for assessment of the sick child: Observed or reported

Among facilities that provide curative 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, Uganda SPA 2007

Items	Hospital	HC-IV	HC-III	HC-II	Total percentage
Infection control items					
Soap	92	74	75	71	73
Running water	93	86	84	67	75
Latex gloves	91	80	82	90	87
Sharps container	84	80	81	84	83
Decontaminant	78	73	72	70	71
All items for infection control	65	46	51	41	45
Waste receptacle with plastic liner and lid	67	57	58	40	48
All items for infection control including waste receptacle	47	32	37	24	30
Items to support quality					
Child health cards (MF5 Forms)	64	44	42	38	40
Treatment guidelines/standards (any)	85	93	90	86	88
Visual aids for health education	59	61	53	42	48
All items to support quality of care	40	27	21	11	16
Preventive measures					
Capacity to provide vaccinations[1]	72	47	43	27	35
Infant weighing scale	56	56	55	31	41
Child weighing scale	89	88	83	72	77
Both infant and child weighing scale	52	52	51	23	35
All preventive measures	39	30	23	8	15
Equipment for assessment					
Thermometer	85	82	79	80	80
Timer[2]	78	73	70	62	66
Pitcher for mixing ORS	59	40	47	34	40
Cup/spoon for giving ORS	55	40	48	38	42
ORS packet in sick child service area	83	85	74	81	79
ORS packet in facility (pharmacy or sick child service area)	97	96	85	90	89
All three oral rehydration therapy (ORT)	46	30	38	28	32
All equipment for assessment	37	24	24	20	22
ORT Corner observed	53	44	45	29	36
Number of facilities offering sick child services (weighted)	19	27	158	278	481

[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 or one owned by staff.

Table A-4.6 Availability of infection control items for therapeutic injections

Among facilities providing curative outpatient care for sick children and therapeutic injections, percentage with infection control items in the therapeutic injection area, by type of facility, Uganda SPA 2007

Infection control items	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Soap	89	62	68	70	70
Running water	91	83	79	65	72
Latex gloves	87	70	73	84	80
Sharps container	91	83	85	84	85
Decontaminant	72	65	66	65	65
All items for infection control	57	38	37	34	36
Waste receptacle with plastic liner and lid	67	56	60	39	48
All items including waste receptacle	37	23	24	18	21
Sterile syringes	90	90	89	90	90
Number of facilities offering sick child services and therapeutic injection (weighted)	19	26	155	272	472

Table A-4.7.1 Availability of guidelines and teaching materials: Observed

Among facilities providing curative outpatient care for sick children, percentage where guidelines and client educational aids were observed to be available, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering sick child services with:						Number of facilities offering sick child services (weighted)
	Treatment guidelines[1]	IMCI laminated forms	IMCI chart booklet	IMCI counselling cards for provider	IMCI mother cards	Other visual aids	
Type of facility							
Hospital	77	30	32	20	22	41	19
HC-IV	87	34	51	22	18	45	27
HC-III	85	31	41	15	11	31	158
HC-II	77	20	32	16	10	26	278
Managing authority							
Government	79	25	36	17	11	29	368
Private	82	23	35	12	13	32	114
Region							
Central	78	18	34	19	10	11	98
Kampala	48	8	19	2	6	43	8
East Central	78	30	62	28	18	45	76
Eastern	87	23	34	7	3	16	47
Northeast	72	38	2	5	9	12	41
North Central	73	23	49	28	3	51	37
West Nile	91	34	47	9	1	38	37
Western	83	34	22	13	10	26	55
Southwest	83	15	32	13	21	41	83
Total	80	25	36	16	11	30	481

[1] Either of these two guidelines count: Management of uncomplicated malaria or Uganda clinical guidelines

Table A-4.7.2 Availability of guidelines and teaching materials: Observed or reported

Among facilities providing curative outpatient care for sick children, percentage where guidelines and client educational aids were observed or reported to be available, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering sick child services with:						Number of facilities offering sick child services (weighted)
	Treatment guidelines[1]	IMCI laminated forms	IMCI chart booklet	IMCI counselling cards for provider	IMCI mother cards	Other visual aids	
Type of facility							
Hospital	84	39	47	32	33	49	19
HC-IV	93	49	61	35	34	56	27
HC-III	89	44	51	30	22	44	158
HC-II	84	27	40	20	14	31	278
Managing authority							
Government	85	36	46	26	18	37	368
Private	88	31	44	21	23	38	114
Region							
Central	89	20	42	24	14	18	98
Kampala	77	27	41	18	19	48	8
East Central	80	35	62	31	18	45	76
Eastern	94	58	54	38	34	43	47
Northeast	78	39	6	5	11	12	41
North Central	84	34	67	31	4	51	37
West Nile	91	34	48	9	2	39	37
Western	90	40	27	14	10	26	55
Southwest	85	33	49	32	40	61	83
Total	86	34	45	24	19	37	481

[1] Either of these two guidelines count: Management of uncomplicated malaria or Uganda clinical guidelines

Table A-4.8 Availability of immunisation services and outpatient care for sick children on the same day

Among facilities offering curative 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 the day of the survey, by background characteristics, Uganda SPA 2007

Background characteristic	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	72	81	19
HC-IV	55	67	27
HC-III	43	47	158
HC-II	22	28	278
Managing authority			
Government	36	40	368
Private	24	34	114
Region			
Central	39	41	98
Kampala	63	67	8
East Central	47	48	76
Eastern	47	40	47
Northeast	53	54	41
North Central	33	38	37
West Nile	29	45	37
Western	13	37	55
Southwest	6	13	83
Total	33	38	481

Table A-4.9 Availability of medicines for treatment of the sick child

Among facilities that provide curative outpatient care for sick children, percentage where first-line, pre-referral, and other essential medications are available, by type of facility, Uganda SPA 2007

Items	Hospital	HC-IV	HC-III	HC-II	Total percentage
First-line oral medicines					
Oral rehydration salts (ORS)	96	96	84	89	88
Antibiotic: Amoxicillin syrup	43	13	14	16	16
Antibiotic: Cotrimoxazole syrup	41	6	13	14	14
Antibiotic: Chloramphenicol syrup or tabs	70	21	19	19	21
Any of above antibiotics	82	28	27	27	30
Antimalarial: Coartem	92	89	77	79	79
Antimalarial: Artesunate	35	11	10	4	8
Antimalarial: Amodiaquine	19	4	7	6	6
Coartem or combination of Artesunate and Amodiaquine[1]	92	89	78	79	80
All first-line oral medicines[2]	76	25	20	20	23
Pre-referral medicines					
Injectable Chloramphenicol	84	57	56	31	43
Injectable Ampicillin or Cloxacillin	74	26	19	5	14
Injectable Penicillin	97	82	84	79	81
Injectable Gentamycin	86	54	35	22	31
Injectable Ceftriaxone	61	16	5	2	6
Intravenous solution with perfusion set	90	88	75	41	57
Sterile syringes	96	97	97	96	96
All pre-referral medicines[3]	84	65	51	27	39
Other essential medicines					
Aspirin or Paracetamol (antipyretic)	93	79	80	73	76
Vitamin-A (any dose)	71	68	78	72	74
Iron tablet	70	33	35	40	39
Albendazole or Mebendazole (deworming)	91	89	91	84	87
All other essential medicines	50	26	24	29	28
Number of facilities offering sick child services (weighted)	19	27	158	278	481

[1] The first line treatment for uncomplicated malaria is Coartem, or a combination of Artesunate and Amodiaquine.
[2] ORS and at least one oral antibiotic and either Coartem or any combination of Artesunate, Amodiaquine and Fansidar.
[3] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamycin) or injectable Chloramphenicol, and intravenous solution (normal saline, Ringers 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 curative outpatient care for sick children, the median number of sick-child consultations per month, by background characteristics, Uganda SPA 2007

Background characteristic	Median monthly number of sick-child consultations[1]	Number of facilities providing consultation data (weighted)
Type of facility		
Hospital	639	16
HC-IV	373	25
HC-III	231	148
HC-II	130	270
Managing authority		
Government	199	356
Private	86	104
Region		
Central	128	96
Kampala	158	5
East Central	148	71
Eastern	242	47
Northeast	259	36
North Central	240	35
West Nile	287	37
Western	133	51
Southwest	130	83
Total	172	459

[1] Median value for the average of the number of months out of the past 12 months for which data were available. 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 curative outpatient care for sick children that charge user fees for specific items, and among facilities with any user fees for sick child services, percentage that publicly post fees, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that charge user fees for specific items						Number of facilities offering sick child services (weighted)	Discount or exemptions offered	Percentage of facilities 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	Lab tests	Registration	No charges or don't know			All fees are posted	Some fees are posted	No fees are posted	
Type of facility												
Hospital	1	41	37	37	12	56	19	49	27	8	65	8
HC-IV	0	3	2	2	0	97	27	0	0	0	100	1
HC-III	1	12	16	15	5	81	158	50	34	5	61	29
HC-II	1	18	23	13	1	76	278	43	19	8	72	65
Managing authority												
Government	0	1	1	1	0	98	368	20	2	0	98	7
Private	2	64	81	57	10	15	114	47	26	8	67	97
Region												
Central	0	15	24	17	6	76	98	53	7	8	84	24
Kampala	11	55	55	55	16	45	8	55	30	4	66	4
East Central	0	15	19	5	2	81	76	15	14	12	73	15
Eastern	0	11	18	8	0	82	47	35	35	0	65	9
Northeast	0	8	4	4	0	92	41	10	0	5	95	3
North Central	0	6	5	5	4	94	37	85	77	0	23	2
West Nile	0	20	27	30	0	69	37	50	87	12	1	12
Western	0	18	23	23	5	74	55	58	24	0	76	14
Southwest	2	22	23	13	1	74	83	48	8	9	83	21
Total	1	16	20	14	3	78	481	45	24	7	69	104

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 (Uganda Shillings) paid, by type of facility, Uganda SPA 2007

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 (Uganda Shillings) paid by caretakers who paid anything for child health services on the day of survey, among those who:[1]	Number of interviewed caretakers providing valid responses for out-of-pocket payments who (weighted)	
		Belong to programme	Do not belong to programme		Do not belong to programme	Belong to programme	Do not belong to programme
Hospital	2	1	32	60	2,507	0	18
HC-IV	0	0	2	85	507	0	2
HC-III	0	0	9	318	2,509	0	27
HC-II	1	0	15	299	2,001	0	46
Total	1	0	12	762	2,009	0	92

[1] Includes any amount paid out-of-pocket including consultation, laboratory test, 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 the specified time periods, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of interviewed service providers who received:				Number of interviewed child health service providers (weighted)[2]
	Training related to child health during the 12 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey	Training related to child health during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-35 months preceding the survey	
Type of facility					
Hospital	33	79	27	23	248
HC-IV	38	83	31	20	156
HC-III	35	91	33	16	488
HC-II	24	85	19	24	468
Managing authority					
Government	31	87	28	20	1,003
Private	33	82	25	22	356
Region					
Central	32	91	30	26	254
Kampala	43	63	34	20	49
East Central	22	94	21	22	193
Eastern	32	86	25	19	100
Northeast	26	83	23	16	101
North Central	54	89	50	13	164
West Nile	33	90	31	20	122
Western	30	75	23	16	158
Southwest	21	83	15	25	220
Total	31	86	27	21	1,360

[1] This refers to structured training sessions (either in-service or pre-service) 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 service 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 background characteristics, Uganda SPA 2007

Background characteristic	EPI/Cold chain		ARI treatment[1]		Diarrhoea treatment		Nutrition/ 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	13	17	8	17	12	19	12	15	11	19	20	19	248
HC-IV	13	18	10	18	14	20	13	16	10	17	26	20	156
HC-III	19	13	8	11	11	21	14	11	11	21	23	22	488
HC-II	11	14	6	12	8	19	7	13	9	18	17	24	468
Managing authority													
Government	12	14	6	13	8	20	11	12	10	19	19	22	1,003
Private	20	15	13	15	17	20	13	16	12	18	25	21	356
Region													
Central	13	18	10	16	13	21	12	15	12	19	23	26	254
Kampala	24	14	15	14	19	21	21	15	17	20	30	23	49
East Central	6	17	3	15	4	19	4	12	5	17	14	18	193
Eastern	13	18	6	19	8	22	7	20	8	25	24	21	100
Northeast	17	10	6	10	14	10	4	7	7	12	17	15	101
North Central	29	13	11	8	16	35	34	15	21	32	25	34	164
West Nile	10	13	3	14	7	13	3	10	6	16	27	18	122
Western	14	12	7	7	9	12	8	10	12	12	20	17	158
Southwest	12	14	9	16	10	21	9	13	7	18	16	20	220
Total	14	15	8	13	11	20	11	13	10	19	21	22	1,360

Continued...

[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-4.14—*continued*

Among interviewed child health service 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 background characteristics, Uganda SPA 2007

Background characteristic	Breastfeeding		Complementary feeding for infants		Paediatric AIDS training		Number of interviewed child health service providers (weighted)[1]
	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility							
Hospital	15	20	12	18	6	9	248
HC-IV	15	17	14	16	7	12	156
HC-III	17	12	15	11	6	4	488
HC-II	8	14	8	9	3	4	468
Managing authority							
Government	12	14	11	12	4	5	1,003
Private	16	18	14	13	7	7	356
Region							
Central	18	18	17	13	8	4	254
Kampala	19	18	16	13	13	8	49
East Central	5	14	4	10	4	5	193
Eastern	9	18	8	16	5	12	100
Northeast	8	9	6	9	3	2	101
North Central	32	16	30	14	4	8	164
West Nile	8	12	4	12	2	4	122
Western	9	11	10	11	5	2	158
Southwest	10	15	8	11	4	9	220
Total	13	15	12	12	5	6	1,360

[1] 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 providers who were personally supervised in the 6 months preceding the survey, median number of times they were supervised, and percentage who reported specific activities by the supervisor during the last visit, by background characteristics, Uganda SPA 2007

Background characteristic	Median number of times staff were supervised in the 6 months preceding the survey	Percentage of providers reporting that during the last supervisory visit, the supervisor:						Number of providers of child health services who were supervised in the 6 months preceding the survey (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	4	93	94	81	64	88	40	195
HC-IV	4	95	92	86	72	90	46	130
HC-III	4	94	92	84	75	89	49	445
HC-II	3	92	88	78	68	85	46	399
Managing authority								
Government	4	92	90	82	70	88	49	876
Private	4	95	94	82	72	87	38	293
Region								
Central	3	95	93	89	76	93	53	231
Kampala	3	85	95	84	51	84	48	31
East Central	4	93	93	82	65	87	38	182
Eastern	3	90	93	85	80	92	39	86
Northeast	3	83	78	60	55	68	39	84
North Central	4	97	93	84	72	92	54	146
West Nile	4	98	92	83	74	93	47	109
Western	3	95	88	85	74	89	40	117
Southwest	4	90	90	77	68	84	49	183
Total	4	93	91	82	70	88	46	1,169

[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, Uganda SPA 2007

Components of consultation	Hospital	HC-IV	HC-III	HC-II	Total percentage
Consultation conducted by physician/clinical officer	94	69	49	12	40
Consultation conducted by nurse	4	28	28	51	35
History: assessment of general danger signs					
Ability to eat or drink anything	74	60	63	53	60
Vomiting everything	74	62	61	51	58
Convulsions	51	36	35	23	32
All general danger signs	43	26	27	19	25
History: assessment of main symptoms					
Cough or difficult breathing	86	88	85	87	86
Diarrhoea	67	69	62	57	61
Fever	93	90	91	89	90
All three main symptoms[1]	58	58	53	49	52
Ear pain or discharge	20	16	17	14	16
All 3 main symptoms plus ear pain/discharge[2]	18	13	14	10	13
Physical examination					
Felt temperature	84	85	79	75	78
Measured temperature (observed or system)[3]	75	67	64	65	66
Any assessment of temperature	96	94	90	87	90
Assessed anaemia: Looked at palms	55	53	49	29	42
Assessed anaemia: Looked at eye conjunctiva or mucosa of mouth	82	71	70	59	66
Any assessment of anaemia	85	79	74	61	70
Assessed dehydration	48	43	31	20	29
Counted respiratory rate	24	15	19	16	18
All key physical checks[4]	22	12	17	9	13
Auscultated	56	41	34	17	30
Looked in ear	16	23	19	17	19
Felt behind ear	16	22	16	13	16
Checked for pedal oedema (press both feet)	22	15	17	4	12
Removed clothing and observed musculature	57	44	35	28	35
All physical checks [5]	2	1	1	1	1
Essential advice					
Increase fluids	46	47	39	33	38
Continue feeding	47	50	41	36	40
Symptoms for immediate return	40	38	34	27	32
All three essential messages	25	24	21	11	18
Drinking/feeding practice during illness					
Feeding/Breastfeeding practices	50	49	48	36	44
Observed if child can drink or suck	17	18	14	17	16
Both assessments of drinking/feeding status	13	14	8	11	10
Number of observed children (weighted)	60	85	318	299	762

[1] Assessed cough, diarrhoea, fever.
[2] Assessed 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), assessed for dehydration, and assessed presence of anaemia (either palms or mucosa).
[5] Counted respiratory rate, assessed presence of fever (either measured or by touch), assessed for dehydration, assessed presence of anaemia (either palms or mucosa), auscultated, checked ear, checked feet (pedal oedema), 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, Uganda SPA 2007

Item	Hospital	HC-IV	HC-III	HC-II	Total percentage
Child diagnosis:					
Severe diarrhoea without dysentery or amebiasis	7	7	5	7	6
Severe pneumonia	1	2	0	0	0
Severe malaria/fever	8	14	14	10	12
Any severe illness (diarrhoea, pneumonia or malaria/fever)	13	17	17	17	17
Number of observed children sent home after consultation (weighted)	30	43	208	244	524
Among children with indicated diagnosis, percent who received correct treatment					
Severe diarrhoea without dysentery or amebiasis	83	73	71	90	82
Severe pneumonia	0	47	-	-	39
Severe malaria/fever	64	61	64	40	54
Any severe illness (diarrhoea, pneumonia or malaria/fever)	71	67	66	60	63
Among children sent home percentage with:					
Severe through minor malaria diagnosis	70	64	69	71	70
Uganda treatment guidelines for malaria[1] were followed	1	4	1	5	3

[1] Child has been sick for not more than a day, diagnosed with malaria at the facility, prescribed Coartem or a combination of Artesunate and Fansidar, Artesunate and Amodiaquine, or Amodiaquine and Fansidar, caretaker counselled on signs and symptoms for which to immediately bring child back, caretaker seen with all medicines and/or prescription, and caretaker feels comfortable/confident about how to proceed with treatment at home.

Table A-4.18 Prescriptions and medicines provided for the sick child: Observed and reported

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 prescription or both, percentage who had medicine or prescription 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 administer each of the medicines at home, by type of facility, Uganda SPA 2007

Components of consultation	Hospital	HC-IV	HC-III	HC-II	Total percentage
Reported by caretaker					
Child was provided a dose of oral medicine at the facility	30	37	35	27	32
Child received injection at the facility or prescription for injection	18	15	21	18	19
Number of interviewed caretakers of sick children (weighted)	60	85	318	299	762
Observed during consultation					
Caretaker told how to administer medications – **any** advice[1]	35	32	50	69	54
Caretaker told how to administer medications – **full** advice[2]	28	24	38	49	40
Caretaker asked to repeat instructions	11	9	14	21	16
Child received first dose of prescribed oral medicine at facility	17	13	18	19	18
Antibiotic was prescribed	73	71	71	78	74
Number of observed sick children who were prescribed or provided oral medicines (weighted)	58	83	314	286	742
Observed/reported during exit interview					
Caretaker has all medicines	59	57	57	61	59
Caretaker has some medicines and some prescriptions	29	31	37	32	33
Caretaker has only prescriptions	13	11	6	6	7
Child received or was prescribed an injectable medicine	23	22	29	25	26
Reported by caretaker					
Was told how to give the medicine at home	69	73	73	74	73
Feels comfortable in knowledge of how much of each medicine to give at home	70	72	72	74	73
Feels comfortable in knowledge of how often to give each medicine at home	71	72	73	74	73
Feels comfortable in knowledge of how long to give each medicine at home	68	72	70	73	71
Number of interviewed caretakers of sick children who received prescription, medicine, or both to be taken at home (weighted)	58	83	311	288	740

[1] Caretaker of sick child told **any** of the following: how much of the medicine to give each time (dose), or how many times per day the medicine should be given (frequency), or for how many days the medicine should be given (duration).
[2] Caretaker of sick child told **all** of the following: how much of the medicine to give each time (dose), and how many times per day the medicine should be given (frequency), and for how many days the medicine should be given (duration).

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 type of facility, Uganda SPA 2007

Components of consultation	Hospital	HC-IV	HC-III	HC-II	Total percentage
Preventive measures					
Child weighed	85	66	58	59	62
Weight plotted	52	34	29	23	29
Normal feeding assessed					
Normal feeding assessed (<24 months)	53	49	49	39	45
Normal breastfeeding assessed (<24 months)	47	46	45	37	42
Normal feeding assessed (≥24 months)	46	40	44	25	37
Any age normal feeding/ breastfeeding practices assessed	51	46	47	35	42
Immunisation status assessed					
Children age <24 months	70	51	58	46	53
Children age ≥24 months	72	47	43	24	39
Children of any age	71	50	52	39	48
Number of observed children <24 months old (weighted)	42	55	195	201	493
Number of observed children ≥24 months old (weighted)	18	30	123	98	270
Number of observed children (weighted)	60	85	318	299	762

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, Uganda SPA 2007

Components of consultation	Hospital	HC-IV	HC-III	HC-II	Total percentage
Topics discussed by provider					
Weight or nutritional status of the child	24	13	22	16	19
General feeding practices	9	4	8	5	6
Give more food or liquid during the illness	35	39	39	28	34
Give same as usual amount of food or liquid during the illness	4	4	8	7	7
Was told what the illness was	55	52	61	55	57
Number of interviewed caretakers (weighted)	60	85	318	299	762
Caretaker brought immunisation card to facility this visit	20	25	25	15	21
Child received immunisation according to card	5	9	10	3	6
Caretaker reports child <24 months received immunisation	5	5	5	6	5
Number of caretakers of children <24 months (weighted)	42	55	195	201	493

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 the day of the visit, by type of facility, Uganda SPA 2007

Client service issue	Hospital	HC-IV	HC-III	HC-II	Total percentage
Behaviour/attitude of provider	4	4	3	5	4
Inability to discuss problem	8	4	5	6	5
Insufficient explanation about child's illness	5	7	8	9	8
Waiting time to see provider	32	35	18	21	22
Quality of examination and treatment	6	8	6	9	7
Availability of medicines	14	22	23	28	24
Days facility is open	5	5	7	11	8
Hours facility is open	6	12	11	9	10
Cleanliness of facility	5	9	9	8	9
Cost of services	8	3	5	7	6
Insufficient visual privacy	5	8	5	6	6
Insufficient auditory privacy	5	8	5	6	6
Number of interviewed caretakers of sick children (weighted)	60	85	318	299	762

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 background characteristics, Uganda SPA 2007

Background characteristic	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	Prefer anonymity	More expensive	Was referred to this facility	Don't know/ missing	
Type of facility											
Hospital	23	60	13	13	4	26	4	13	12	15	14
HC-IV	13	85	12	8	0	20	4	37	8	11	11
HC-III	8	318	10	5	0	27	11	37	4	6	27
HC-II	9	299	0	6	0	27	6	34	0	27	28
Managing authority											
Government	8	659	6	3	0	19	4	48	4	15	50
Private	28	103	8	14	2	38	13	3	6	17	29
Region											
Central	16	172	1	1	0	38	0	45	0	16	28
Kampala	36	18	5	40	5	0	9	28	0	12	6
East Central	6	87	37	0	0	33	0	11	0	19	5
Eastern	23	14	10	0	0	31	43	10	5	0	3
Northeast	5	55	6	0	0	20	0	50	9	15	3
North Central	5	144	0	9	2	9	0	40	35	5	7
West Nile	12	67	23	0	0	33	0	17	0	26	8
Western	10	103	5	19	0	13	13	43	5	2	10
Southwest	8	102	4	5	0	25	26	0	4	37	9
Total	10	762	7	7	1	26	7	32	5	16	79

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 background characteristics, Uganda SPA 2007

Background characteristic	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	Secondary education	Tertiary/ higher education		Cannot read or write	Can read, cannot write	Can read and write	Missing	
Type of facility											
Hospital	24	2	41	27	6	60	46	7	44	2	40
HC-IV	23	2	53	22	1	85	44	11	45	0	66
HC-III	27	1	47	23	2	318	48	10	41	1	238
HC-II	31	1	48	19	1	299	48	8	43	1	238
Managing authority											
Government	28	1	48	22	1	659	48	10	41	1	505
Private	25	0	49	20	6	103	44	5	51	0	76
Region											
Central	18	0	56	24	2	172	36	7	55	2	128
Kampala	4	0	31	46	19	18	20	11	70	0	6
East Central	26	1	40	33	0	87	67	5	26	2	58
Eastern	17	1	42	37	2	14	31	0	69	0	9
Northeast	29	0	60	11	0	55	56	10	33	1	49
North Central	35	1	27	35	2	144	58	10	31	0	90
West Nile	33	0	55	8	4	67	63	1	36	0	59
Western	32	2	46	16	3	103	44	22	34	0	83
Southwest	29	4	64	3	0	102	33	9	57	1	99
Total	27	1	48	22	2	762	47	9	42	1	582

Chapter 5

Table A-5.1.1 Methods of family planning offered

Among facilities offering family planning (FP) services, percentage that provide, prescribe, or counsel clients on specific family planning methods, by type of facility, Uganda SPA 2007

Methods offered	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Combined oral contraception	94	99	92	93	93
Progestin-only oral pill	81	87	80	74	77
Progestin-only injectable (2 or 3 monthly)	93	98	96	96	96
Combined injectable (1 monthly)	12	8	9	7	8
Male condom	91	96	94	91	93
Female condom	13	10	10	5	7
Intrauterine device	73	39	31	19	26
Implant	69	50	35	18	28
Spermicide	16	9	14	3	8
Diaphragm	17	8	13	4	8
Counselling on natural (Rhythm) method	82	79	68	64	67
Female sterilisation	75	48	30	18	26
Male sterilisation	63	38	26	18	24
At least two of any temporary modern methods[1]	96	100	99	96	97
At least four of any temporary modern methods[1]	88	90	78	69	74
Emergency contraceptive pill	33	23	27	11	18
Number of facilities offering TFP or permanent methods (weighted)	15	27	137	217	395

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUD), condoms (male or female), spermicides, or diaphragm. Permanent methods (sterilisation), natural methods (rhythm) or emergency contraceptive pills are not included.

Table A-5.1.2 Methods of family planning provided

Among facilities offering family planning (FP) services, percentage that PROVIDE clients specific FP methods, by type of facility, Uganda SPA 2007

Methods offered	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Combined oral contraception	88	99	90	91	91
Progestin-only oral pill	73	78	72	68	70
Progestin-only injectable (2 or 3 monthly)	89	98	94	94	94
Combined injectable (1 monthly)	2	3	1	0	1
Male condom	87	95	92	90	91
Female condom	1	0	0	0	0
Intrauterine device	58	10	2	2	4
Implant	52	27	3	2	6
Spermicide	0	0	0	0	0
Counselling on natural (Rhythm) method	54	43	36	34	36
Female sterilisation	61	16	5	2	6
Male sterilisation	40	7	0	2	3
At least two of any temporary modern methods[1]	94	100	97	96	96
At least four of any temporary modern methods[1]	85	89	75	70	74
Emergency contraceptive pill	17	9	10	5	7
Number of facilities offering TFP or permanent methods (weighted)	15	27	137	217	395

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUD), condoms (male or female), spermicides, or diaphragm. Permanent methods (sterilisation), natural methods (rhythm) or emergency contraceptive pills are not included.

Table A-5.2.1 Availability of family planning methods by type of facility: Method offered

Among facilities that PROVIDE, PRESCRIBE OR COUNSEL clients on the indicated family planning method, percentage where the method was available on the day of the survey, by type of facility, Uganda SPA 2007

Methods	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Combined oral contraception	82	90	83	84	84
Progestin-only oral pill	75	80	66	73	71
Progestin-only injectable (two or three monthly)	82	90	81	85	84
Combined injectable (one monthly)	9	48	10	1	9
Male condom	79	89	84	85	84
Female condom	8	11	0	2	2
Intrauterine device	68	36	25	16	27
Implant	52	31	12	10	17
Moon bead for SDM	13	0	11	2	7
Emergency contraceptive pill	34	24	26	25	26
Each method offered by a facility was available the day of the survey	36	42	36	53	45

Table A-5.2.2 Availability of family planning methods by type of facility: Method provided

Among facilities that PROVIDE clients the indicated family planning method, percentage where the method was available on the day of the survey, by type of facility, Uganda SPA 2007

Methods	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Combined oral contraception	88	90	84	86	86
Progestin-only oral pill	83	83	71	78	76
Progestin-only injectable (two or three monthly)	86	90	83	86	85
Combined injectable (one monthly)	0	100	100	100	88
Male condom	83	89	84	86	85
Female condom	100	-	-	100	100
Intrauterine device	81	100	26	53	70
Implant	63	48	63	100	65
Moon bead for SDM	33	-	59	100	58
Emergency contraceptive pill	67	62	72	56	65
Each method offered by a facility was available the day of the survey	50	59	57	68	63

Table A-5.3.1 Availability of family planning methods by region: Method offered

Among facilities that PROVIDE, PRESCRIBE OR COUNSEL clients on the indicated family planning method percentage where the method was available on the day of the survey, by region, Uganda SPA 2007

Methods	Region									Total percentage
	Central	Kampala	East Central	Eastern	Northeast	North Central	West Nile	Western	Southwest	
Combined oral contraception	93	81	90	76	53	90	72	93	77	84
Progestin-only oral pill	84	72	87	53	26	68	59	75	64	71
Progestin-only injectable (two or three monthly)	85	81	80	85	92	93	80	82	79	84
Combined injectable (one monthly)	19	22	0	0	5	0	18	0	27	9
Male condom	84	77	88	84	71	85	70	91	88	84
Female condom	3	14	-	0	0	5	-	0	0	2
Intrauterine device	10	54	24	14	4	68	38	44	35	27
Implant	25	32	30	4	2	34	32	27	5	17
Moon bead for SDM	0	9	-	0	0	3	0	63	0	7
Emergency contraceptive pill	61	36	21	1	0	22	17	73	0	26
Each method offered by a facility was available the day of the survey	60	15	67	23	30	38	20	51	36	45

Table A-5.3.2 Availability of family planning methods by region: Method provided

Among facilities that PROVIDE clients the indicated family planning method percentage where the method was available on the day of the survey, by region, Uganda SPA 2007

Methods	Region									Total percentage
	Central	Kampala	East Central	Eastern	Northeast	North Central	West Nile	Western	Southwest	
Combined oral contraception	95	97	90	78	63	91	73	93	77	86
Progestin-only oral pill	87	78	87	60	46	87	65	73	66	76
Progestin-only injectable (two or three monthly)	85	84	80	88	92	95	81	86	83	85
Combined injectable (one monthly)	100	100	-	-	100	-	53	0	100	88
Male condom	84	86	88	83	71	86	70	91	90	85
Female condom	100	100	-	-	-	-	-	-	-	100
Intrauterine device	45	92	40	80	100	100	89	88	82	70
Implant	59	68	79	36	50	89	94	54	33	65
Moon bead for SDM	0	31	-	-	-	-	-	100	0	58
Emergency contraceptive pill	98	55	21	100	-	43	36	76	-	65
Each method offered by a facility was available the day of the survey	71	47	71	56	53	69	43	61	60	63

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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support quality counselling					
Visual and auditory privacy	88	89	90	85	87
Visual privacy only	3	2	3	7	5
No privacy	8	8	5	8	7
Individual client health cards	67	60	48	30	40
Written FP guidelines	56	54	64	63	62
Written STI guidelines	43	47	47	29	37
Visual aids for health education on family planning	92	89	86	73	79
Visual aids for health education on sexually transmitted infections (STIs including HIV/AIDS)	63	66	50	47	50
All items to support quality counselling[1]	38	32	31	15	23
All items to support quality counselling for FP and for STI services and client education[2]	21	18	15	5	10
Items for infection control					
Soap	87	66	69	65	67
Running water	87	67	73	57	64
Clean latex gloves	90	74	70	73	73
Disinfecting solution	71	63	71	56	62
Sharps box	87	83	83	71	77
All items for infection control[3]	52	42	42	24	33
Waste receptacle[4]	53	35	43	27	34
All items plus waste receptacle for infection control	34	20	21	9	15
Items for pelvic examination					
Visual and auditory privacy	85	87	87	69	77
Visual privacy only	9	4	9	15	12
Auditory privacy only	3	4	6	11	8
Examination bed[5]	93	91	86	70	78
Examination light[6]	20	9	5	7	7
Vaginal speculum	49	9	0	2	4
All furnishings and equipment for pelvic examination[7]	12	1	0	1	1
All items for both infection control and pelvic examination[8]	10	1	0	1	1
Number of facilities offering TFP (weighted)	15	27	137	217	395

[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, 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 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.
[8] Soap, running water, clean latex gloves, disinfecting solution, and sharps box; and visual and auditory privacy, examination bed, examination light, and vaginal speculum.

(b504) Table A-5.4.2 Availability of infrastructure, resources, and systems for quality family planning services: Observed or 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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support quality counselling					
Visual and auditory privacy	88	89	90	85	87
Visual privacy only	3	2	3	7	5
No privacy	8	8	5	8	7
Individual client health cards	72	67	60	41	51
Written FP guidelines	65	62	70	67	68
Written STI guidelines	46	49	50	32	40
Visual aids for health education on family planning	94	93	90	77	84
Visual aids for health education on sexually transmitted infections (STIs including HIV/AIDS)	70	69	53	49	53
All items to support quality counselling[1]	47	39	44	26	34
All items to support quality counselling for FP and for STI services and client education[2]	27	21	21	10	15
Items for infection control					
Soap	89	69	70	66	69
Running water	87	69	76	58	66
Clean latex gloves	92	78	78	79	79
Disinfecting solution	75	68	75	62	68
Sharps box	89	85	84	72	78
All items for infection control[3]	55	47	45	27	36
Waste receptacle[4]	54	35	45	28	35
All items plus waste receptacle for infection control	36	21	24	12	18
Items for pelvic examination					
Visual and auditory privacy	85	87	87	69	77
Visual privacy only	9	4	9	15	12
Auditory privacy only	3	4	6	11	8
Examination bed[5]	93	91	87	71	79
Examination light[6]	21	9	8	7	8
Vaginal speculum	56	10	0	2	4
All furnishings and equipment for pelvic examination[7]	16	1	0	1	1
All items for both infection control and pelvic examination[8]	13	1	0	1	1
Number of facilities offering TFP (weighted)	15	27	137	217	395

[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, 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 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.
[8] Soap, running water, clean latex gloves, disinfecting solution, and sharps box; and visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Table A-5.5.1 Availability teaching and visual aids: Observed

Percentage of facilities offering family planning (FP) services where specific teaching tool and visual aids were observed to be available, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Visual aids or teaching materials					
Samples of different methods	84	76	74	56	65
Other visual aids for teaching about FP	73	59	54	29	41
Posters for general promotion of FP	61	51	45	37	42
Visual aids about sexually transmitted infections	38	33	24	20	23
Visual aids about HIV/AIDS	39	48	34	29	32
Posters for general awareness of STIs or HIV/AIDS	51	45	36	31	34
Model for demonstrating how to use condom	56	52	42	21	32
Information for client to take home					
On family planning	24	23	12	13	14
On sexually transmitted infections	8	8	8	3	5
On HIV/AIDS	18	17	9	8	10
Service guidelines					
Any family planning guidelines	56	54	64	63	62
WHO guidelines for syndromic approach	37	42	41	22	31
Other guidelines for diagnosis and treatment of STIs	24	19	21	12	16
Number of facilities offering TFP (weighted)	15	27	137	217	395

Table A-5.5.2 Availability teaching and visual aids: Observed or reported

Percentage of facilities offering family planning (FP) services where specific teaching tool and visual aids were observed or reported to be available, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Visual aids or teaching materials					
Samples of different methods	89	78	81	63	72
Other visual aids for teaching about FP	81	65	60	31	45
Posters for general promotion of FP	65	56	45	38	43
Visual aids about sexually transmitted infections	43	36	27	23	26
Visual aids about HIV/AIDS	45	51	36	30	34
Posters for general awareness of STIs or HIV/AIDS	55	50	39	33	37
Model for demonstrating how to use condom	67	61	49	24	37
Information for client to take home					
On family planning	26	27	14	14	16
On sexually transmitted infections	9	13	10	4	7
On HIV/AIDS	19	19	13	11	12
Service guidelines					
Any family planning guidelines	65	62	70	67	68
WHO guidelines for syndromic approach	39	44	45	25	34
Other guidelines for diagnosis and treatment of STIs	26	20	22	13	17
Number of facilities offering TFP (weighted)	15	27	137	217	395

Table A-5.5.3 Availability teaching and visual aids in facilities that offer family planning and STI services

Percentage of facilities offering family planning (FP) services where FP providers routinely treat STIs, percentage where the specific teaching materials and visual aids were observed to be available, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Visual aids or teaching materials					
Samples of different methods	88	77	79	58	68
Other visual aids for teaching about FP	75	60	58	31	44
Posters for general promotion of FP	68	51	45	38	42
Visual aids about sexually transmitted infections	44	33	25	22	24
Visual aids about HIV/AIDS	41	49	34	28	32
Posters for general awareness of STIs or HIV/AIDS	53	45	37	32	35
Model for demonstrating how to use condom	59	56	45	22	33
Information for client to take home					
On family planning	25	26	14	13	14
On sexually transmitted infections	10	10	9	2	6
On HIV/AIDS	15	18	11	8	10
Service guidelines					
Any family planning guidelines	54	56	71	66	67
WHO guidelines for syndromic approach	44	49	41	23	32
Other guidelines for diagnosis and treatment of STIs	29	19	23	13	17
Number of facilities offering TFP & providing STI services (weighted)	10	21	113	169	313

Table A-5.6 Location in facility where family planning equipment is processed for reuse

Percentage of facilities offering family planning (FP) services in which FP equipment is processed for reuse in the FP service area, main facility area, delivery service area, outside the facility, and where no equipment is reused, by type of facility, Uganda SPA 2007

Background characteristic	Percentage of facilities where FP service equipment is processed[1]							Number of facilities offering TFP (weighted)
	FP service area	Main facility area	Delivery service area	Outside facility	No processing FP equipment	No equipment reused	Missing	
Type of facility								
Hospital	27	45	12	0	2	12	1	15
HC-IV	13	44	22	1	4	16	0	27
HC-III	10	44	10	0	7	28	0	137
HC-II	8	52	3	0	8	29	0	217
Total	10	48	7	0	8	27	0	395

[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: Entire facility

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 background characteristics, Uganda SPA 2007

Background characteristic	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[3]	Number of facilities offering TFP (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	Report sterilisation, but missing equipment and/or knowledge	Report no sterilisation[2]		
Type of facility						
Hospital	33	6	45	17	22	15
HC-IV	19	1	57	22	7	27
HC-III	1	3	55	41	3	137
HC-II	0	2	53	46	3	217
Managing authority						
Government	3	3	55	40	3	332
Private	5	0	49	46	8	64
Region						
Central	3	2	43	53	5	92
Kampala	16	4	56	23	13	6
East Central	2	0	69	30	2	68
Eastern	3	0	31	66	4	44
Northeast	1	0	60	40	1	21
North Central	5	8	59	27	7	30
West Nile	0	1	73	27	9	26
Western	2	4	56	37	0	44
Southwest	5	3	54	38	6	64
Total	3	2	54	41	4	395

[1] Equipment functions, and appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Facility does not process FP equipment.
[3] Hand-written guidelines that are pasted on walls also count

Table A-5.7.2 Sterilisation and disinfection capacity for family planning equipment: Facilities where equipment is processed in the FP service area

Among all 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 background characteristics, Uganda SPA 2007

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[3]	Number of facilities offering FP and processing equipment in FP service area (weighted)
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	Report sterilisation, but missing equipment and/or knowledge	Report no sterilisation[2]		
Type of facility						
Hospital	21	8	71	0	17	4
HC-IV	0	0	100	0	0	3
HC-III	0	0	90	10	0	13
HC-II	0	0	89	11	0	17
Managing authority						
Government	2	1	88	8	1	37
Private	0	0	100	0	17	1
Region						
Central	15	0	85	0	0	1
Kampala	0	0	100	0	21	1
East Central	1	0	86	13	3	14
Eastern	5	0	95	0	0	4
Northeast	2	0	98	0	0	7
North Central	11	11	78	0	0	1
West Nile	0	0	100	0	0	6
Western	0	33	67	0	0	0
Southwest	0	0	65	35	0	4
Total	2	1	89	8	2	38

[1] Equipment functions, and appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Facility does not process FP equipment.
[3] Hand-written guidelines that are pasted on walls also count

Table A-5.8.1 Storage conditions for sterilised or high-level disinfected FP equipment: Entire facility

Percentage of facilities with stored, sterilised/high-level disinfected (HLD) FP instruments present, and among these, percentage that meet standards for good storage, by background characteristics, Uganda SPA 2007

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	85	15	78	8	28	26	12
HC-IV	78	27	62	16	13	13	21
HC-III	68	137	44	27	3	3	94
HC-II	63	217	38	31	0	0	136
Managing authority							
Government	68	332	41	29	2	2	226
Private	58	64	58	20	10	10	37
Region							
Central	49	92	61	26	1	1	45
Kampala	85	6	78	7	17	17	5
East Central	79	68	19	15	0	0	54
Eastern	51	44	20	37	1	1	22
Northeast	77	21	73	15	0	0	16
North Central	81	30	46	44	9	9	25
West Nile	78	26	73	18	3	3	20
Western	74	44	67	23	6	6	32
Southwest	67	64	21	45	6	6	43
Total	67	395	44	27	3	3	263

[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 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 FP equipment: Facilities where equipment is stored in the FP service area

Percentage of facilities with stored, sterilised/high-level disinfected (HLD) FP instruments present in the family planning (FP) service area, and among these, percentage that meet standards for good storage, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with stored sterilised/ HLD FP items present in FP 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 FP items in FP area (weighted)
Type of facility							
Hospital	37	15	64	12	15	15	5
HC-IV	17	27	52	24	0	0	5
HC-III	12	137	41	16	0	0	17
HC-II	10	217	61	7	0	0	23
Managing authority							
Government	13	332	52	14	1	1	43
Private	11	64	61	5	5	5	7
Region							
Central	5	92	55	0	0	0	5
Kampala	26	6	56	10	10	10	2
East Central	25	68	38	3	0	0	17
Eastern	12	44	6	66	3	3	5
Northeast	25	21	95	0	0	0	5
North Central	3	30	83	17	0	0	1
West Nile	32	26	80	2	0	0	8
Western	8	44	62	38	5	5	4
Southwest	5	64	52	13	10	10	3
Total	13	395	53	12	2	2	50

[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 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 the four common STIs, by type of facility, Uganda SPA 2007

Item (illness treated)	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
FP providers routinely treat STIs	66	80	82	78	79
Number of facilities offering TFP (weighted)	15	27	137	217	395
Metronidazole (trichomoniasis)	93	53	66	60	63
Tinidazole (trichomoniasis)	14	2	2	1	2
Ceftriaxone (gonorrhea)	58	15	3	1	4
Ciprofloxin (gonorrhea)	85	53	55	49	52
Amoxicillin (chlamydia)	68	23	31	30	31
Augmentin (chlamydia)	27	3	0	1	2
Norfloxacin (chlamydia, gonorrhea)	5	0	0	0	0
Doxycycline (chlamydia, syphilis)	92	69	66	61	64
Tetracycline (chlamydia, syphilis)	14	0	5	8	6
Erythromycin (chlamydia, syphilis)	69	40	35	35	36
Any injectable or oral Penicillin (syphilis)	98	80	81	78	80
Nystatin oral or vaginal suppositories (candidiasis)	59	27	34	28	31
Miconazole cream or suppository (candidiasis)	12	0	1	2	2
Clotrimazole cream or suppository (candidiasis)	76	28	20	22	24
At least one medication for each of the following:					
Trichomoniasis	93	53	66	60	63
Gonorrhea	86	56	55	49	53
Chlamydia	93	76	72	65	69
Syphilis	98	85	90	81	85
All four STIs assessed[1]	83	37	43	39	42
Number of facilities offering TFP & FP providers routinely treat STIs (weighted)	10	21	113	169	313

[1] At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.

Table A-5.10 Availability of equipment and infrastructure for providing specific methods of contraception

Among facilities offering contraceptive methods containing oestrogen, injectable methods, and among facilities providing intrauterine devices (IUDs), or implants, percentage with the equipment and infrastructure required to provide the method safely, by type of facility, Uganda SPA 2007

	Oestrogen containing method		Injectables		IUD			Implants		
Type of facility	Percentage with blood pressure apparatus[1]	Number of facilities offering method with oestrogen (weighted)	Percentage with sterile needle and syringe	Number of facilities providing injectable method (weighted)	Percentage with basic items for IUD insertion[2]	Percentage with all items and conditions for quality IUD insertion[3]	Number of facilities providing IUD (weighted)	Percentage with items for implant or implanon insertion[4]	Percentage with all equipment, items for infection control, and infrastructure for implant or implanon insertion[5]	Number of facilities providing implants (weighted)
Hospital	87	14	46	13	65	17	9	52	13	8
HC-IV	71	27	36	27	60	6	3	45	6	7
HC-III	67	127	33	129	0	0	2	26	0	4
HC-II	60	201	33	204	43	0	4	50	50	4
Total	64	369	33	373	51	9	18	45	15	23

[1] Stethoscope and sphygmomanometer.
[2] Clean latex gloves, iodine antiseptic, speculum, forceps for holding gauze to clean cervix, tenaculum and uterine sound (or IUD kit that includes a tenaculum and uterine sound).
[3] Basic items for IUD insertion, all infection control items (soap, water, clean latex gloves, disinfecting solution, and sharps box) and visual privacy, an examination bed and an examination light, and IUD method.
[4] Forceps for grasping Implant, local anaesthetic (xylocaine), scalpel with blade, sterile needle and syringe, sterile gloves and antiseptic for cleaning skin remove sealed Implanon pack with disposable sterile applicator.
[5] Equipment for implant, all infection control items (soap, water, disinfecting solution, and sharps box) and visual privacy, examination bed, and examination light. Add implant method or sealed implanon packet with disposable sterile applicator

Table A-5.11 Availability of items for providing IUDs

Among facilities that provide the intrauterine device (IUD), percentage that have specific supplies and equipment to support insertion and/or removal of IUD, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Clean or sterile latex gloves	100	94	87	95	96
Antiseptic solution	85	94	13	90	79
Sponge holding forceps	83	73	0	95	74
Speculum	85	87	0	100	78
Tenaculum	81	66	0	52	62
Uterine sound	81	72	0	100	74
All basic items	65	60	0	43	51
IUD method available	81	100	26	53	70
All basic items plus method	54	60	0	0	35
Number of facilities providing IUD (weighted)	9	3	2	4	18

Table A-5.12 Availability of items for pelvic examination of STI clients

Among facilities where FP providers routinely offer services for sexually transmitted infections (STIs), percentage that have specific supplies and equipment to support quality pelvic examination, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Visual and auditory privacy	97	96	97	85	91
Examination bed	97	91	84	72	78
Examination light	19	9	3	6	5
Speculum	51	4	0	1	2
Protocol for STI diagnosis and treatment	61	70	72	68	69
All items	10	0	0	0	0
Number of facilities where FP providers routinely treat STIs (weighted)	10	21	113	169	313

Table A-5.13 Availability of items for providing implants

Among facilities that provide the implant method, percentage that have specific supplies and equipment to support quality implant insertion and removal, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Sterile gloves	98	87	63	100	88
Antiseptic solution	85	82	32	50	68
Sponge holding forceps	76	70	32	55	62
Local anaesthetic	83	83	26	55	67
Sterile syringe and needle	87	85	39	55	72
Scalpel with blade	72	67	32	50	59
Forceps for grasping implant	78	67	32	55	62
Canula and trochar for inserting implant plus Norplant method	65	62	26	50	54
Sealed Implanon Pack	65	52	32	55	53
All items[1]	52	45	26	50	45
Number of facilities providing implants (weighted)	8	7	4	4	23

[1] Sterile gloves, antiseptic solution, sponge holding forceps, local anaesthetic, sterile syringe and needle, scalpel with blade, any forceps, any implant method with inserter.

Table A-5.14 Facility utilisation statistics for family planning clients

Median number of family planning consultations per month, by background characteristics, Uganda SPA 2007

Background characteristic	Median number of FP consultations[1]	Number of facilities providing data on FP consultation (weighted)
Type of facility		
Hospital	73	13
HC-IV	33	26
HC-III	24	124
HC-II	16	182
Managing authority		
Government	21	301
Private	11	43
Region		
Central	22	78
Kampala	39	5
East Central	16	57
Eastern	20	36
Northeast	-	18
North Central	12	25
West Nile	14	22
Western	25	41
Southwest	26	64
Total	20	344

[1] Data are from health information system monthly reports or registers available at the facility on the day of the survey. Data were requested for the 12 months complete months preceding the visit, 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 background characteristics, Uganda SPA 2007

	Percentage of facilities charging for the indicated item:								Percentage where fees are posted in public view			
Background characteristic	Client chart or record	Consult fee	Method	Tests	Registration	No charges/ Don't know	Number of facilities offering TFP (weighted)	Discount/ exemption for some clients	All fees posted	Some fees posted	No fees posted	Number of facilities with any user fees for FP services (weighted)
Type of facility												
Hospital	3	12	15	13	3	81	15	29	18	0	76	3
HC-IV	2	5	4	3	0	93	27	28	0	20	61	2
HC-III	1	4	5	4	0	93	137	35	30	0	70	10
HC-II	2	8	8	6	0	89	217	24	17	7	76	24
Managing authority												
Government	0	1	1	1	0	98	332	33	3	0	91	6
Private	10	37	39	29	1	49	64	26	23	6	70	33
Region												
Central	0	10	16	12	0	84	92	49	13	0	87	14
Kampala	17	33	37	40	10	56	6	44	17	0	83	3
East Central	5	8	5	2	0	87	68	2	2	0	96	9
Eastern	0	8	7	4	0	92	44	40	81	0	19	3
Northeast	0	1	1	0	0	99	21	0	0	0	100	0
North Central	0	0	1	0	0	95	30	0	0	0	100	1
West Nile	1	8	8	9	0	91	26	7	100	0	0	2
Western	3	0	1	0	0	95	44	0	0	0	83	2
Southwest	1	4	4	5	0	95	64	19	6	72	22	3
Total	2	6	7	5	0	90	395	27	20	5	74	39

Table A-5.16.1 Out-of-pocket payments for family planning services

Among observed and interviewed female 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 (Uganda shilling) paid on the day of the survey, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of interviewed FP clients paying any out-of-pocket fees	Number of interviewed FP clients (weighted)	Median out-of-pocket payment (Uganda Shillings) by FP clients who paid anything for FP services the day of survey[1]	Number of interviewed FP clients providing valid responses for out-of-pocket payments (weighted)
Type of facility				
Hospital	5	18	3,505	0[a]
HC-IV	0	18	-	0[a]
HC-III	11	25	1,006	2
HC-II	10	24	1,955	3
Managing authority				
Government	1	78	-	0[a]
Private	69	7	1,954	5
Region				
Central	0	17	-	0
Kampala	32	6	2,506	2
East Central	33	4	-	1
Eastern	0	1	-	0
Northeast	0	2	-	0
North Central	4	30	-	0
West Nile	0	4	-	0
Western	0	7	-	0
Southwest	12	14	-	2
Total	7	85	1,954	5

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees
[a] Weighted numbers less than 1

Table A-5.16.2 Out-of-pocket payments for specific family planning procedures

Among observed and interviewed female FP clients who received 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 (Uganda shilling) on the day of the survey, by the main procedure received, Uganda SPA 2007

Procedure	Percentage of clients who paid out-of-pocket fee	Total number of clients receiving procedure (weighted)	Median out-of-pocket fee paid by client receiving indicated procedure[1]	Number of clients who paid out-of-pocket fee (weighted)
IUD insertion/removal	69	1	3,508	1
Implant insertion/removal	50	0	-	0
Injection	3	55	1,006	2
Pelvic exam[2]	0	0	-	0

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.
[2] 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of interviewed service providers who received: Training related to family planning during the 12 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey	Training related to family planning during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-35 months preceding the survey	Number of interviewed FP service providers (weighted)[2]
Type of facility					
Hospital	19	81	16	19	125
HC-IV	13	85	12	29	115
HC-III	23	91	22	16	388
HC-II	10	91	10	20	369
Managing authority					
Government	17	89	16	19	797
Private	14	87	13	22	200
Region					
Central	12	94	12	20	236
Kampala	14	59	10	25	27
East Central	16	95	15	19	159
Eastern	15	86	12	27	76
Northeast	11	93	9	21	48
North Central	52	92	50	8	108
West Nile	15	90	15	21	71
Western	12	81	9	20	114
Southwest	9	83	8	19	158
Total	17	89	16	19	997

[1] This refers to structured sessions and does not include individual instructions received during routine supervision.
[2] Includes only providers of family planning 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 training[1] on specific topics during the 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Counselling on FP		FP-related clinical issues		Update on symptoms/side effects of methods		FP topics for HIV+ women		Number of interviewed FP service providers (weighted)[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	17	16	14	17	16	15	13	16	125
HC-IV	11	28	11	26	11	25	8	21	115
HC-III	14	24	12	25	13	16	16	10	388
HC-II	8	19	6	18	6	18	5	11	369
Managing authority									
Government	12	21	10	21	11	16	11	11	797
Private	12	23	9	22	8	22	8	19	200
Region									
Central	10	21	9	20	9	20	8	15	236
Kampala	7	25	7	27	7	25	11	15	27
East Central	12	16	11	13	11	12	10	13	159
Eastern	14	29	13	29	15	26	9	16	76
Northeast	10	21	10	15	11	19	2	9	48
North Central	23	32	20	36	22	5	43	11	108
West Nile	12	21	9	21	9	24	10	12	71
Western	10	18	8	21	8	19	4	5	114
Southwest	8	19	5	19	6	17	2	14	158
Total	12	21	10	21	11	17	11	13	997

[1] Includes structured training sessions only; does not include individual instructions 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 service 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 of the supervisor during the last visit, by background characteristics, Uganda SPA 2007

Background characteristic	Median number of times staff were supervised in the 6 months preceding the survey	Percentage of providers reporting that during the last supervisory visit, the supervisor:						Number of FP service providers who were supervised in the 6 months preceding the survey (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	4	94	92	80	63	90	45	102
HC-IV	4	95	90	87	75	93	43	98
HC-III	4	93	90	84	72	89	52	351
HC-II	3	94	90	82	73	90	39	336
Managing authority								
Government	4	94	90	83	70	89	49	712
Private	3	95	93	81	77	91	30	174
Region								
Central	3	96	93	92	81	95	44	222
Kampala	3	90	88	81	56	90	39	16
East Central	4	95	93	79	64	90	39	151
Eastern	4	90	92	82	82	93	40	66
Northeast	3	88	76	57	47	69	34	45
North Central	4	98	92	84	73	93	64	99
West Nile	4	97	91	87	82	92	58	64
Western	3	95	87	86	71	92	37	92
Southwest	4	88	87	76	65	82	48	131
Total	4	94	90	83	72	90	45	887

[1] Includes only providers of FP services in facilities offering FP services.

Table A-5.20 Description of observed female family planning clients

Among observed female family planning (FP) clients, percentage for whom this was the first or follow-up visit for family planning at this facility, and percentage who reported no prior pregnancy, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of observed FP clients			Number of observed female family planning clients (weighted)
	First visit	Follow-up visit	Never pregnant	
Type of facility				
Hospital	23	77	5	18
HC-IV	41	59	0	18
HC-III	28	72	6	25
HC-II	37	63	1	24
Managing authority				
Government	34	66	3	78
Private	11	89	3	7
Region				
Central	21	79	3	17
Kampala	41	59	8	6
East Central	15	85	0	4
Eastern	20	80	20	1
Northeast	24	76	9	2
North Central	44	56	4	30
West Nile	11	89	0	4
Western	63	37	0	7
Southwest	14	86	0	14
Total	32	68	3	85

Table A-5.21 User status and principal reason for visit for observed family planning clients

Among observed female family planning (FP) clients, percent distribution by user status and principal reason for seeking family planning service the day of the survey, and user status, Uganda SPA 2007

Principal reason for visit	Percentage of observed female family planning clients with indicated status
Current user at clinic for:	
Re-supply current method/ routine visit	47
Elective method change	2
Discuss problem with current method	3
Discuss non-FP health problem	0
Elective discontinuation of FP	0
Other/missing reason for user's visit	5
Non-user	
Used method in past	15
Never used method	28
Not determined reason for visit	0
Number of observed female family planning clients (weighted)	85

Table A-5.22 Method of choice for observed female family planning clients

Among observed and interviewed female family planning (FP) clients, percentage who received, were prescribed, or continued using specific FP methods at the end of the visit, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of FP clients who received, were prescribed, or continued to use as their main method:									Number of observed and interviewed female family planning clients (weighted)
	Combined oral contraceptive (COC) or type unknown	Progestin only pill (POP)	Progestin injectable (2 or 3 monthly) (PIN)	Combined injectable (1 monthly) (CIN)	Condom	IUD	Implant	Other[1]	No method	
Type of facility										
Hospital	14	6	69	0	11	3	2	1	3	18
HC-IV	24	1	74	0	21	1	0	0	0	18
HC-III	25	0	69	0	19	0	1	0	5	25
HC-II	22	0	76	1	37	2	0	0	0	24
Managing authority										
Government	23	1	72	0	25	1	0	0	2	78
Private	5	0	73	3	0	8	6	2	2	7
Region										
Central	34	1	64	0	8	0	0	0	0	17
Kampala	10	3	56	3	0	15	7	0	5	6
East Central	4	0	96	0	0	0	0	0	0	4
Eastern	40	0	60	0	0	0	0	0	0	1
Northeast	0	0	91	0	9	0	9	0	0	2
North Central	23	1	74	0	43	0	0	1	0	30
West Nile	4	8	77	0	8	4	0	0	4	4
Western	34	0	66	0	69	0	0	0	0	7
Southwest	13	1	77	0	0	0	0	0	9	14
Total	21	1	72	0	23	1	1	0	2	85

[1] Other may include spermicides, diaphragm, emergency contraception, rhythm or female sterilisation.

Table A-5.23 Components of counselling among observed female family planning clients

Among observed female family planning clients, percentage whose consultations included components that contribute to quality counselling, by type of facility, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Visual privacy assured	86	87	90	90	89
Auditory privacy assured	82	82	85	86	84
Client was assured of confidentiality	56	68	53	61	59
Client was asked about concerns of methods discussed or used	78	71	84	93	82
All counselling conditions met[1]	41	51	53	54	50
Individual client card reviewed during consultation	83	56	78	61	69
Individual client card written on after consultation	98	81	94	78	88
Visual aids were used during consultation	39	33	15	40	31
Return visit was discussed	96	90	88	100	93
Number of observed female family planning clients (weighted)	18	18	25	24	85

[1] Visual and auditory privacy, confidentiality assured and client was asked about concerns of methods discussed or currently used.

Table A-5.24 General assessments, examinations, and interventions for observed first-visit female family planning clients

Percentage of observed first-visit family planning clients whose consultations included specific assessments and examinations, by type of facility, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Client history					
Age	88	96	77	100	91
Any history of pregnancy	92	96	81	100	93
Current pregnancy status	40	53	73	100	71
Desired timing for next child or desire for another child	76	55	81	100	80
Breastfeeding status (if ever pregnancy)	50	55	66	100	72
Regularity of menstrual cycle	64	64	77	54	64
All elements of reproductive history[1]	24	26	69	54	46
Client medical history					
Asked about smoking	24	19	17	0	13
Asked about symptoms of STIs	56	34	54	27	40
Asked about any chronic illnesses	56	51	69	100	72
All risk-history[2]	20	19	17	0	12
Client examination					
Measure blood pressure	88	79	54	27	57
Measure weight	88	57	73	27	56
Client examination (Specific exam information)					
Measure blood pressure (according to client)	64	68	50	27	49
Measure blood pressure (according to facility standard)	80	70	54	0	45
Measure weight (according to client)	64	28	69	27	44
Measure weight (according to facility standard)	76	48	54	0	38
Number of first-visit FP clients who have had previous pregnancy (weighted)	4	7	6	9	26
Number of first-visit FP clients (weighted)	4	7	7	9	28

[1] Asked about age, any history of pregnancy, current pregnancy status, 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.

Table A-5.25 General assessments, examinations, and interventions for observed first-visit female family planning clients

Percentage of observed first-visit family planning clients whose consultations included specific assessments and examinations, by type of facility, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Discussion related to partner					
Partner attitude toward family planning	60	87	57	82	73
Partner status[1]	40	42	21	82	49
Either partner question	64	87	73	82	78
Discussion related to STIs and condoms					
Use of condoms to prevent STIs	52	54	69	46	55
Use of condoms as dual method[2]	52	50	69	46	54
Any discussion related to STIs[3]	64	65	69	46	60
Individual client card reviewed during consultation	64	49	77	73	66
Individual client card written on after consultation	96	72	96	100	91
Visual aids were used during consultation	76	53	54	27	48
Client was assured of confidentiality	84	79	96	100	91
Number of first-visit FP clients (weighted)	4	7	7	9	28

[1] Asked about other partners for self or partner, and about absence of partner
[2] Both to prevent pregnancy and STIs
[3] Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method.

Table A-5.26 Assessments of client who received contraceptives containing oestrogen

Among observed family planning (FP) clients who received a contraceptive containing oestrogen (either combined oral pills or combined injectable), percentage who had their blood pressure and weight measured, by type of facility, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Examination specific to oestrogen-based contraceptive					
Blood pressure measured	93	93	95	70	87
Weight measured	93	66	95	4	61
Number of clients receiving oestrogen-based contraceptive (weighted)	2	4	6	5	18

Table A-5.27 Counselling and client knowledge related to injectable and oral contraceptives

Among observed and interviewed female family planning 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, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Provider was observed to explain the item to the client					
When to take	86	86	68	100	85
Menstrual changes (side-effects)	57	52	48	67	56
Non-menstrual side effects	51	40	45	67	52
Any side effects	59	53	56	67	59
What to do if she forgets	55	54	50	67	57
Mentioned follow-up visit	100	89	88	100	94
Client reported that the provider shared the indicated information					
Explained how to use the method	72	84	82	90	83
Explained about possible side effects	71	61	75	93	76
Explained what to do for problems	76	72	89	93	84
Mentioned follow-up visit	96	100	87	100	96
For all pill and injection clients:					
Percentage who knew correct response for question asked about method	100	98	100	100	100
Number of observed and interviewed FP pill/injection clients (weighted)	16	18	23	24	81

Table A-5.28 Counselling and client knowledge related to condoms, IUDs and implants

Among observed and interviewed clients who received or were prescribed condoms, IUD, or implants, percentage who were observed being told essential information about the method; percentage who correctly answered a key question about using their method during exit interview; and percentage who reported that a provider instructed them on their method Uganda SPA 2007

Components of consultation	Percentage observed and interviewed clients
Condom clients were observed being told:	
Cannot use if allergic to latex	11
Can be used one time only	67
Lubricants that can/ cannot be used	3
Can use as a backup method	93
About dual protection	94
Interviewed client received condom and knows to use condom only once	98
Number of observed and interviewed clients receiving condom (weighted)	20
IUD clients were observed being told:	
IUD good for up to 12 years	65
To return to clinic 3-6 weeks post insertion or after first menses	85
About possible heavy bleeding	85
To return to clinic if side effects persist	85
Interviewed client received IUD and knows common side effects of IUD	69
Number of clients receiving IUD or prescription for IUD (weighted)	1
Implant clients were observed being told:	
Implant is good for three/ five years	73
Menstrual changes might occur	73
Non-menstrual initial side effects that might occur	27
To return to clinic if side effects persist	73
Interviewed client received implant and knows how long implant protects against pregnancy	100
Number of clients receiving implants or prescription for implant (weighted)	1
Summary of interviewed client responses	
Client knew the correct response for the survey question about their method	97
Client reported provider explained tow to use the method	99
Client reported provider explained about possible side effects	96
Client reported provider explained what to do for problems	98
Client reported provider told about a follow-up visit	99
Number of observed and interviewed FP clients receiving condoms, IUDs or implants or a prescription for them (weighted)	21

Table A-5.29 Client feedback on services

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, Uganda SPA 2007

Client service issue	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Behaviour/attitude of provider	0	6	6	0	3
Inability to discuss problem	5	6	6	10	7
Insufficient explanation about method or problems	5	5	6	0	4
Waiting time to see provider	15	16	36	40	29
Quality of examination and treatment	0	4	6	0	3
Availability of methods or medicines	2	7	13	10	8
Days facility is open	1	6	6	0	3
Hours facility is open	2	8	11	0	5
Cleanliness of facility	1	20	17	0	9
Insufficient visual privacy	2	6	6	0	4
Insufficient auditory privacy	2	8	6	0	4
Number of interviewed FP clients[1] (weighted)	18	18	25	24	85

Table A-5.30 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 reason they did not go to the nearest facility, by background characteristics, Uganda SPA 2007

Background characteristic	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 mentioning the indicated item was a problem with the nearest facility								Number of interviewed FP clients for whom this was not the closest facility to their home (weighted)[1]
			Inconvenient operating hours	Bad reputation	Don't like personnel	No medicines/ methods	Prefer anonymity	More expensive	Was referred to this facility	Other	
Type of facility											
Hospital	17	18	0	22	0	17	22	28	6	6	3
HC-IV	20	18	5	5	8	12	16	39	0	17	4
HC-III	12	25	0	10	0	80	10	0	0	0	3
HC-II	9	24	0	0	0	0	91	9	0	0	2
Managing authority											
Government	13	78	2	8	3	28	30	22	2	7	10
Private	21	7	0	23	0	29	34	14	0	0	1
Total	14	85	1	10	2	28	30	21	1	6	12

[1] Number of facilities too small for analysis at regional level

Table A-5.31 Educational characteristics of female family planning clients

Percent distribution of observed and interviewed female family planning clients according to educational level and percentage of clients with primary, informal, or no education who are literate, by background characteristics, Uganda SPA 2007

Background characteristic	Among interviewed FP clients, percentage with:					Number of interviewed FP clients[1] (weighted)	Percentage of interviewed FP clients with primary, informal or no education who:			Number of interviewed FP clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Secondary	Tertiary/ higher		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	10	4	52	30	4	18	25	14	61	12
HC-IV	9	3	48	37	3	18	24	10	66	11
HC-III	21	6	37	29	6	25	40	0	60	16
HC-II	14	7	7	69	3	24	50	0	50	7
Managing authority										
Government	14	5	35	43	3	78	33	6	61	42
Private	24	0	29	35	11	7	50	4	46	4
Region										
Central	13	0	47	29	10	17	26	2	72	10
Kampala	0	7	17	57	18	6	22	0	78	2
East Central	4	0	39	46	10	4	43	23	33	2
Eastern	40	0	20	40	0	1	33	0	67	0
Northeast	15	0	67	18	0	2	30	11	59	1
North Central	2	6	22	70	0	30	20	7	73	9
West Nile	42	4	42	8	4	4	65	4	31	4
Western	19	26	15	40	0	7	36	12	52	4
Southwest	38	0	56	6	0	14	41	5	54	13
Total	14	5	34	42	4	85	34	6	60	46

Table A-5.32 Availability of items for male and female sterilisation

Percentage of facilities providing (1) male or female sterilisation that have the indicated items at the service delivery site, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
NSV ringed forceps	50	67	-	5	36
NSV dissecting forceps	50	67	-	5	36
Local anaesthetic (e.g., lidocaine)	86	89	-	52	75
All items for male sterilisation	47	67	-	5	35
Number of facilities providing male sterilisation (weighted)	6	2	0	4	12
Uterine elevator	67	17	23	52	43
Tubal hook	65	27	23	52	44
Sedative	80	25	23	5	41
Atropine	74	34	23	5	40
Opioid analgesic	56	17	23	0	30
Local anaesthetic (e.g., lidocaine)	85	50	43	52	61
All items for male sterilisation	44	17	23	0	26
Number of facilities providing female sterilisation (weighted)	9	4	7	4	24

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 immunisation (EPI) services on the day of the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering the indicated services 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	84	81	63	81	60	71	19
HC-IV	86	81	79	83	76	61	27
HC-III	76	60	63	73	60	35	152
HC-II	64	33	53	61	52	14	149
Managing authority							
Government	74	57	67	71	65	35	259
Private	67	33	38	64	36	15	87
Region							
Central	75	52	66	73	63	32	91
Kampala	96	87	74	96	74	66	7
East Central	73	48	66	70	65	40	56
Eastern	91	60	89	81	80	52	32
Northeast	54	47	30	46	30	37	21
North Central	80	60	73	79	73	33	24
West Nile	63	50	42	63	42	20	29
Western	68	49	49	68	49	16	36
Southwest	62	44	44	59	41	9	51
Total	72	51	60	69	58	30	347

Table A-6.2 Availability of antenatal care and tetanus vaccine services

Among facilities offering antenatal care (ANC), percentage offering ANC and tetanus toxoid vaccine (TT) the indicated number of days per week and percentage offering TT every day that ANC is offered, by background characteristics, Uganda SPA 2007

Background characteristic	ANC services offered the indicated number of days per week[1]			TT services offered the indicated number of days per week[1]				TT every day ANC is offered	Number of facilities offering ANC (weighted)
	1-2 days	3-4 days	5+ days	Not offered, less than once a week	1-2 days	3-4 days	5+ days		
Type of facility									
Hospital	17	9	74	1	10	6	83	93	19
HC-IV	15	5	80	0	11	7	82	86	27
HC-III	38	3	55	6	35	7	51	76	152
HC-II	42	0	54	17	52	0	30	59	149
Managing authority									
Government	34	2	61	7	37	5	51	74	259
Private	46	1	49	19	46	1	34	61	87
Region									
Central	33	2	63	18	35	5	42	70	91
Kampala	20	2	78	0	15	4	80	85	7
East Central	37	3	57	3	57	3	37	62	56
Eastern	14	4	82	0	24	4	71	71	32
Northeast	50	1	23	7	28	8	56	100	21
North Central	29	1	71	15	26	2	57	71	24
West Nile	67	2	31	5	60	5	25	83	29
Western	32	2	58	11	36	5	48	76	36
Southwest	47	1	53	13	40	1	47	56	51
Total	37	2	58	10	39	4	47	71	347

[1] Some facilities offer the services less than one day per week so total percentage may be less than 100 percent.

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 to be available in the ANC service area or adjacent to the consultation or examination room, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support quality counselling					
Individual client health cards	73	54	53	46	51
ANC guidelines[1]	63	60	63	60	62
Visual aids for health education	52	51	40	25	35
All items to support quality counselling[2]	29	22	19	7	15
Items for infection control					
Soap	85	61	69	71	70
Running Water	88	66	75	52	65
Clean latex gloves	86	74	71	70	72
Disinfecting solution	65	64	71	58	64
Sharps box	77	83	75	68	72
All items for infection control[3]	43	38	43	24	34
Covered waste receptacle with plastic liner[4]	42	38	45	23	35
All items for infection control plus waste receptacle	23	21	26	10	19
Items for physical examination					
Visual and auditory privacy	85	86	84	72	79
Visual privacy only	11	6	10	16	12
Auditory privacy only	3	5	4	13	8
Examination bed[5]	99	94	93	78	87
Examination light[6]	17	11	7	8	8
All elements for physical examination[7]	15	11	5	5	6
All elements for physical examination and specific components for infection control present[8]	14	10	3	4	5
Essential supplies for basic ANC					
Blood pressure apparatus	85	68	68	71	70
Foetoscope (Pinard)	88	87	91	85	88
Iron tablets[9]	83	38	56	63	59
Folic acid tablets[9]	87	62	65	64	66
Tetanus toxoid vaccine	90	93	72	44	63
All basic ANC equipment and medicines[10]	58	22	25	14	22
Number of facilities offering ANC (weighted)	19	27	152	149	347

[1] The guidelines assessed are: the National policy guideline and service standards for reproductive health (May 2001), Essential maternal & neonatal care clinical guidelines for Uganda (July 2001), Uganda Clinical guidelines (2003) and any other guidelines or protocols for antenatal care.
[2] Individual client health cards, written ANC guidelines, and visual aids for health education.
[3] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box
[4] 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.
[5] May be any type of bed where a client can lie down flat.
[6] May be examination light, flashlight or other spotlight source
[7] Visual and auditory privacy, examination light, bed.
[8] Visual and auditory privacy, examination light, bed, and all infection control items, excluding sharps box.
[9] Iron and folic acid may be separate tablets, or one combined tablet.
[10] Blood pressure apparatus, foetoscope, iron and folic acid, 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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support quality counselling					
Individual client health cards	78	56	60	62	61
ANC guidelines[1]	67	66	69	67	68
Visual aids for health education	57	52	42	28	38
All items to support quality counselling[2]	37	26	24	15	21
Items for infection control					
Soap	89	64	70	71	71
Running Water	88	67	77	52	66
Clean latex gloves	89	77	77	80	79
Disinfecting solution	72	68	76	66	71
Sharps box	81	85	76	70	75
All items for infection control[3]	51	41	45	27	37
Covered waste receptacle with plastic liner[4]	43	38	47	24	36
All items for infection control plus waste receptacle	27	21	28	11	20
Items for physical examination					
Visual and auditory privacy	85	86	84	72	79
Visual privacy only	11	6	10	16	12
Auditory privacy only	3	5	4	13	8
Examination bed[5]	99	94	93	80	88
Examination light[6]	18	11	10	9	10
All elements for physical examination[7]	16	11	7	5	7
All elements for physical examination and specific components for infection control present[8]	15	10	5	4	5
Essential supplies for basic ANC					
Blood pressure apparatus	87	74	71	73	73
Foetoscope (Pinard)	90	88	91	87	89
Iron tablets[9]	83	38	56	63	59
Folic acid tablets[9]	87	63	65	64	66
Tetanus toxoid vaccine	90	93	72	44	63
All basic ANC equipment and medicines[10]	59	25	26	15	23
Number of facilities offering ANC (weighted)	19	27	152	149	347

[1] The guidelines assessed are: the National policy guideline and service standards for reproductive health (May 2001), Essential maternal & neonatal care clinical guidelines for Uganda (July 2001), Uganda Clinical guidelines (2003) and any other guidelines or protocols for antenatal care.
[2] Individual client health cards, written ANC guidelines, and visual aids for health education.
[3] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box
[4] 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.
[5] May be any type of bed where woman can lie down flat.
[6] May be examination light, flashlight or other spotlight source
[7] Visual and auditory privacy, examination light, bed.
[8] Visual and auditory privacy, examination light, bed, and all infection control items, excluding sharps box.
[9] Iron and folic acid may be separate tablets, or one combined tablet.
[10] Blood pressure apparatus, foetoscope, iron and folic acid, tetanus toxoid vaccine.

Table A-6.4 Availability of specific 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 postpartum care, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Medicines for managing common complications during pregnancy					
Antibiotic[1]	96	76	78	72	76
Albendazole (anthelminth)	79	68	69	57	64
Mebendazole (anthelminth)	89	83	84	79	82
Either Albendazole or Mebendazole	92	89	92	83	88
First line antimalarial[2]	93	89	79	75	79
Other antimalarial	98	94	96	92	94
Methyldopa (Aldomet)	45	19	9	5	10
Medicines for STIs					
Metronidazole (trichomoniasis)	95	57	70	65	68
Tinidazole (trichomoniasis)	11	3	3	1	3
Ceftriaxone (gonorrhoea)	61	16	5	4	8
Ciprofloxacin (gonorrhoea)	89	54	57	52	56
Amoxicillin (chlamydia)	71	22	36	36	37
Augmentin (chlamydia)	28	2	1	4	4
Norfloxacin (chlamydia, gonorrhoea)	6	1	0	1	1
Doxycycline (chlamydia, syphilis)	89	66	72	66	70
Tetracycline (chlamydia, syphilis)	15	1	6	15	10
Erythromycin (chlamydia, syphilis)	73	44	38	39	41
Any injectable or oral penicillin (syphilis)	97	83	84	77	82
Nystatin suppository or oral (candidiasis)	62	30	38	38	39
Miconazole cream or suppository (candidiasis)	10	2	2	4	3
Clotrimazole cream or suppository (candidiasis)	80	29	26	30	31
At least one medication for:					
Trichomoniasis	95	57	70	65	68
Gonorrhoea	91	57	57	52	57
Chlamydia	94	75	77	67	73
Syphilis	97	87	92	78	86
All four STIs assessed[3]	88	39	46	45	47
All medicines for ANC complications[4]	40	10	4	4	6
ANC service components					
Routine preventive anti-malarial (IPT)	99	99	98	98	98
ANC providers routinely treat STIs	73	89	87	86	86
Routine family planning counselling	69	89	85	81	83
Routine counselling about HIV/AIDS	92	87	41	22	39
Routine HIV testing	86	76	28	6	26
Routine HIV counselling or HIV testing	92	87	41	22	39
Equipment related to postpartum care					
Thermometer	60	59	52	61	57
Infant scale	55	64	66	47	57
Guidelines for other ANC					
Any STI guidelines (including syndromic approach)	43	46	40	31	37
Guidelines for syndromic approach	33	43	32	28	31
Number of facilities offering ANC (weighted)	19	27	152	149	347

[1] Amoxicillin or cotrimoxazole
[2] Coartem, or combination of Artesunate and Amodiaquine
[3] At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis
[4] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either Albendazole or Mebendazole; Methyldopa (Aldomet); 1st line anitmalarial; 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/or a standard to routinely screen ANC clients for anaemia, by background characteristics, Uganda SPA 2007

Background characteristic	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	88	37	32	19
HC-IV	66	14	13	27
HC-III	21	10	7	152
HC-II	5	4	3	149
Managing authority				
Government	16	6	4	259
Private	39	19	18	87
Region				
Central	17	9	7	91
Kampala	76	56	45	7
East Central	23	5	1	56
Eastern	11	3	3	32
Northeast	35	13	12	21
North Central	18	12	6	24
West Nile	32	19	19	29
Western	26	11	10	36
Southwest	14	2	1	51
Total	21	9	7	347

[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 offering 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct urine protein test	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	89	29	27	19
HC-IV	76	10	8	27
HC-III	28	11	9	152
HC-II	14	5	4	149
Managing authority				
Government	22	5	2	259
Private	48	23	23	87
Region				
Central	26	11	7	91
Kampala	85	67	60	7
East Central	18	1	1	56
Eastern	14	11	6	32
Northeast	26	11	8	21
North Central	37	9	9	24
West Nile	50	16	16	29
Western	37	10	10	36
Southwest	27	2	2	51
Total	29	9	8	347

[1] Dip sticks for urine protein, or acetic acid for checking urine albumin and flame for heating acetic acid

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 for urine for glucose and/or a standard to routinely screen ANC clients for urine glucose, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct urine glucose test	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	88	23	21	19
HC-IV	73	8	7	27
HC-III	29	8	5	152
HC-II	15	4	4	149
Managing authority				
Government	22	3	2	259
Private	51	19	17	87
Region				
Central	26	11	7	91
Kampala	82	53	46	7
East Central	18	1	1	56
Eastern	14	2	2	32
Northeast	31	10	8	21
North Central	37	3	3	24
West Nile	44	16	12	29
Western	39	6	6	36
Southwest	31	1	1	51
Total	29	7	5	347

[1] Dip sticks for urine glucose or Benedict's solution for urine glucose testing with stove for boiling Benedict's solution were assessed.

Table A-6.8 Capacity to provide blood grouping with 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 for anaemia, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct blood Rh grouped and Rh factor test	Standard to offer blood grouping and Rh factor test to ANC clients	Standard to offer blood group and Rh factor test for ANC clients and capacity to conduct blood grouping and Rh test	
Type of facility				
Hospital	23	21	10	19
HC-IV	1	3	0	27
HC-III	0	5	0	152
HC-II	0	0	0	149
Managing authority				
Government	1	1	0	259
Private	2	10	2	87
Region				
Central	1	3	0	91
Kampala	12	44	10	7
East Central	3	1	1	56
Eastern	1	4	0	32
Northeast	1	11	1	21
North Central	0	3	0	24
West Nile	1	5	0	29
Western	1	1	0	36
Southwest	1	1	0	51
Total	1	3	1	347

[1] Anti-A, Anti-B, Anti-AB, and Anti-D reagents and an incubator and Coomb's reagent and glass slides all present.

Table A-6.9 Capacity to test for syphilis with antenatal care

Among facilities offering antenatal care (ANC), percentage that have the capacity to test for syphilis and/or a standard to routinely screen ANC clients for syphilis, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities offering ANC services that have:			Number of facilities offering ANC (weighted)
	Capacity to conduct syphilis test	Standard to screen ANC clients for Syphilis	Standard to screen ANC clients for syphilis and capacity to conduct syphilis test	
Type of facility				
Hospital	74	41	31	19
HC-IV	52	29	18	27
HC-III	21	10	7	152
HC-II	11	10	5	149
Managing authority				
Government	14	7	3	259
Private	46	30	23	87
Region				
Central	18	11	9	91
Kampala	84	64	50	7
East Central	21	7	4	56
Eastern	13	16	9	32
Northeast	16	16	3	21
North Central	26	14	12	24
West Nile	20	21	6	29
Western	29	20	12	36
Southwest	25	3	3	51
Total	22	13	8	347

[1] Either VDRL with functioning rotator or shaker, or RPR test

Table A-6.10 Utilization of antenatal care and postpartum care services

Median average monthly antenatal care (ANC) clients (including new and repeat clients) and postpartum care (PPC) clients for the 12 months preceding the survey, by type of facility, Uganda SPA 2007

Type of facility	Median monthly ANC visits[1]	Number of facilities reporting ANC data (weighted)	Median monthly PPC visits[1]	Number of facilities reporting PPC data (weighted)
Hospital	395	18	17	8
HC-IV	183	26	-	7
HC-III	73	144	-	23
HC-II	18	129	-	5
Total	48	316	-	43

[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 other prepayment systems and discounts, and percentage of facilities charging user fees that publicly post fees, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities charging for the indicated item: Client chart/ record	Consul-tation	Registra-tion	Medi-cines	Labora-tory tests	Fixed fee for all ANC services	System to prepay for multi-ple visits	Discount/ exemp-tion for some clients	Number of facilities offering ANC (weighted)	Percentage where fees are posted in public view: All fees are posted	Some fees are posted	No fees are posted	Number of facilities with routine fees for ANC services (weighted)
Type of facility													
Hospital	14	14	7	8	19	18	5	7	19	23	3	72	6
HC-IV	2	3	0	1	1	1	0	1	27	0	24	76	2
HC-III	5	4	3	2	6	5	1	3	152	39	0	61	21
HC-II	10	6	11	11	10	10	3	7	149	5	8	86	42
Managing authority													
Government	1	1	0	1	1	0	0	1	259	3	0	95	10
Private	27	17	24	22	29	29	6	18	87	19	7	74	61
Region													
Central	10	6	14	10	13	8	0	8	91	1	1	98	23
Kampala	33	36	34	42	47	30	23	28	7	14	0	86	4
East Central	7	8	6	10	6	10	6	3	56	3	13	84	14
Eastern	0	5	0	5	5	6	0	10	32	54	0	46	5
Northeast	7	0	0	0	0	7	0	7	21	100	0	0	3
North Central	1	0	0	0	5	7	1	5	24	27	0	73	4
West Nile	5	13	1	0	9	6	0	0	29	66	0	34	5
Western	13	2	5	4	5	6	0	0	36	2	6	92	7
Southwest	4	0	3	0	4	3	0	0	51	0	30	70	6
Total	7	5	6	6	8	7	2	5	347	17	6	77	71

Table A-6.12.1 Out-of-pocket payments for antenatal care services: First-visit clients

Among first-visit 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 the clients who paid any fees for services, median amount (Uganda Shillings) paid on the day of the survey, by type of facility, Uganda SPA 2007

Type of facility	Percentage of interviewed first-visit ANC clients paying any out-of-pocket fees	Number of interviewed first-visit ANC clients (weighted)	Median out-of-pocket payment (Uganda Shillings) by first-visit ANC clients who paid anything for ANC services day of survey[1]	Number of interviewed first-visit ANC clients providing valid responses for out-of-pocket payments (weighted)
Hospital	31	30	2,002	9
HC-IV	5	37	1,003	2
HC-III	18	82	1,502	15
HC-II	7	24	-	2
Total	16	173	1,504	27

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

Table A-6.12.2 Out-of-pocket payments for antenatal care services: Follow-up clients

Among follow-up 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 the clients who paid any fees for services, median amount (Uganda Shillings) paid on the day of the survey, by type of facility, Uganda SPA 2007

Type of facility	Percentage of interviewed follow-up visit ANC clients paying any out-of-pocket fees	Number of interviewed follow-up visit ANC clients (weighted)	Median out-of-pocket payment (Uganda Shillings) by follow-up visit ANC clients who paid anything for ANC services day of survey[1]	Number of interviewed follow-up visit ANC clients providing valid responses for out-of-pocket payments (weighted)
Hospital	24	32	2,008	7
HC-IV	3	39	808	1
HC-III	5	98	808	5
HC-II	0	30	-	0
Total	7	200	1,008	13

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of interviewed service providers who received: Training related to ANC during the 12 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey	Training related to ANC during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-35 months preceding the survey	Number of interviewed ANC providers (weighted)[2]
Type of facility					
Hospital	58	78	48	26	142
HC-IV	62	84	50	24	93
HC-III	61	88	55	21	300
HC-II	49	90	45	28	221
Managing authority					
Government	58	88	52	25	537
Private	55	82	46	22	219
Region					
Central	60	92	58	25	180
Kampala	70	61	47	22	28
East Central	58	92	55	21	113
Eastern	68	80	54	23	53
Northeast	47	91	42	26	39
North Central	81	94	76	10	68
West Nile	45	87	39	39	71
Western	54	76	42	24	90
Southwest	43	82	32	28	115
Total	57	86	50	24	756

[1] This refers to structured pre- or in-service sessions, and does not include individual instructions received during routine supervision.
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.14.1 Training for antenatal care service providers: Training on antenatal care

Among interviewed antenatal care (ANC) service providers, percentage who received training[1] on specific topics during the 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	ANC counselling		ANC screening		Complications of pregnancy		Risk pregnancies		Symptom management for pregnancy		PPC[2]		Number of interviewed ANC service providers (weighted)
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility													
Hospital	14	24	14	24	14	26	16	24	14	24	13	25	142
HC-IV	11	17	12	19	12	18	10	17	12	15	15	15	93
HC-III	13	17	12	17	11	18	11	16	11	17	11	16	300
HC-II	11	19	7	17	7	19	7	19	7	18	9	17	221
Managing authority													
Government	11	17	9	16	10	16	9	15	9	15	10	14	537
Private	16	25	15	24	13	29	15	26	14	25	15	26	219
Region													
Central	15	19	13	19	9	23	8	22	9	22	12	22	180
Kampala	23	18	19	26	18	30	19	27	20	25	18	29	28
East Central	11	15	7	15	9	16	6	17	7	15	7	12	113
Eastern	18	27	18	24	19	27	21	17	18	23	17	19	53
Northeast	18	16	16	16	18	19	18	16	19	15	16	15	39
North Central	20	13	23	12	23	13	25	11	25	13	24	11	68
West Nile	1	22	3	21	3	18	4	18	2	16	3	19	71
Western	10	21	10	20	11	20	12	20	11	17	13	17	90
Southwest	4	20	3	19	4	18	4	17	4	18	4	17	115
Total	12	19	11	18	11	20	11	18	11	18	11	18	756

[1] This refers to structured pre- or in-service training sessions, and does not include individual instructions received during routine supervision.
[2] Postpartum care
[3] Includes only providers of ANC services in facilities offering ANC services.

Table A-6.14.2 Training for antenatal care service providers: Training on family planning, STIs and PMTCT

Among interviewed antenatal care (ANC) service providers, percentage who received training[1] on specific topics during the 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Family planning		Any diagnosis or treatment of STI		PMTCT[2]		Nutritional counselling for HIV+ pregnant women		Number of interviewed ANC service providers (weighted)[3]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	16	21	48	29	21	20	12	18	142
HC-IV	15	30	55	19	15	16	10	12	93
HC-III	16	21	55	21	16	13	10	11	300
HC-II	12	18	38	30	9	12	6	7	221
Managing authority									
Government	16	20	49	25	13	13	8	10	537
Private	12	25	49	24	19	19	13	15	219
Region									
Central	15	23	50	30	16	20	11	16	180
Kampala	18	28	69	23	33	12	28	14	28
East Central	14	22	49	17	14	7	11	7	113
Eastern	22	32	58	18	19	11	12	10	53
Northeast	10	8	41	28	18	15	8	15	39
North Central	29	6	68	16	25	11	6	6	68
West Nile	10	21	40	39	5	20	3	10	71
Western	12	21	45	22	13	13	9	8	90
Southwest	10	25	36	27	9	14	6	13	115
Total	15	21	49	25	15	14	9	11	756

[1] This refers to structured pre- or in-service training sessions, and does not include individual instruction received during routine supervision.
[2] Training on any topic related to prevention of mother-to-child transmission (PMTCT) for HIV/AIDS, including counselling for PMTCT, guidelines to follow when dispensing and/or administering ARVs for PMTCT, nutritional counselling for the newborn of mothers with HIV, and record keeping or other management of ARVs for PMTCT.
[3] 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 background characteristics, Uganda SPA 2007

Background characteristic	Median number of times staff were supervised in the 6 months preceding the survey	Percentage of providers reporting that during the last supervisory visit, the supervisor:						Number of ANC service providers who were supervised in the 6 months preceding the survey (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	96	93	82	67	93	39	110
HC-IV	4	96	91	89	74	94	40	78
HC-III	4	95	91	85	74	90	48	263
HC-II	3	95	89	79	75	91	49	200
Managing authority								
Government	4	94	89	83	72	91	48	472
Private	4	97	95	83	77	91	41	179
Region								
Central	3	95	92	89	78	94	52	165
Kampala	4	90	91	79	62	90	40	17
East Central	4	96	92	80	66	89	35	103
Eastern	4	99	97	90	84	98	49	42
Northeast	4	85	89	64	57	74	52	36
North Central	3	96	89	78	60	87	47	64
West Nile	4	100	92	87	86	100	49	61
Western	3	94	85	88	75	93	37	68
Southwest	5	95	90	80	76	88	50	94
Total	4	95	91	83	73	91	46	651

[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 follow-up ANC visit, percentage for whom this was their first pregnancy, and estimated gestational status, by background characteristics, Uganda SPA 2007

Background characteristic	Characteristics of observed ANC clients			Month of pregnancy				Number of observed ANC clients (weighted)
	First ANC visit for this pregnancy	Follow-up ANC visit	First pregnancy	< 5m	≥ 5m	≥ 8m	Missing	
Type of facility								
Hospital	50	50	34	10	51	39	1	63
HC-IV	51	49	37	9	61	30	0	76
HC-III	47	53	23	9	53	37	0	180
HC-II	45	55	13	15	43	42	0	54
Managing authority								
Government	47	53	25	10	55	35	0	321
Private	57	43	32	11	43	46	1	52
Region								
Central	48	52	29	13	54	33	0	116
Kampala	33	67	30	3	60	37	0	11
East Central	64	36	32	1	62	36	1	37
Eastern	42	58	20	7	37	56	0	14
Northeast	27	73	7	3	41	56	0	19
North Central	47	53	21	10	56	34	0	62
West Nile	50	50	14	7	57	36	0	33
Western	86	14	56	32	51	17	0	26
Southwest	32	68	24	7	47	45	0	56
Total	48	52	26	10	53	37	0	373

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, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Prior history and client characteristics					
Client age	95	95	98	100	97
Date of last menstrual period	94	91	88	100	91
Any aspects related to prior pregnancy[1]	92	85	96	100	93
Any aspects of complications during prior pregnancy (if had prior pregnancy)	53	49	59	78	59
Medications client currently taking	31	36	36	35	35
All relevant elements for client history[2]	30	32	25	35	29
Laboratory tests and examinations					
Measure blood pressure	91	77	83	78	82
Weigh client	92	87	79	70	82
Urine test (protein)	19	7	11	0	10
Blood test (anaemia)	41	22	20	15	23
Preventive interventions					
Give or prescribe iron tablets	85	73	87	60	80
Give or prescribe tetanus toxoid vaccine	74	79	78	64	76
Number of first-visit ANC clients (weighted)	31	39	85	24	180
Among women with prior pregnancies, specific prior complications discussed:					
Stillbirth	68	52	45	63	53
Infant mortality first one week after birth	65	52	55	63	57
Heavy bleeding during labour or postpartum	64	65	48	46	53
Assisted delivery	77	75	53	63	63
Previous abortion	78	78	71	83	76
Number of observed first-visit ANC clients with prior pregnancy (weighted)	19	21	57	21	118

[1] This includes any questions that would indicate whether the client had a prior pregnancy.
[2] Client age, last menstrual period, medicines, any prior pregnancies, 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 observed antenatal care clients

Among antenatal care (ANC) clients whose consultation was observed, percentage whose consultation included specific assessments, examinations, and interventions, by type of facility, Uganda SPA 2007

Components of consultation	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Client questioned regarding					
Vaginal bleeding	34	32	26	31	29
Foetal movement (at least 5m pregnant)	47	41	35	58	41
Any other problems	61	64	59	79	63
Basic physical examination					
Measured blood pressure	93	77	81	80	82
Urine test (protein)	17	7	8	0	8
Check foetal position (at least 8m pregnant)	100	100	98	79	96
Listened for foetal heart (at least 5m pregnant)	98	95	96	89	95
All questions and basic examination[1]	23	21	18	21	20
Other examinations					
Weigh client	89	84	82	57	80
Check uterine height	99	99	97	100	98
Blood test (anaemia)	35	20	20	13	21
Preventive interventions					
Provider gave or prescribed iron or folic acid tablets	81	64	77	69	74
Provider explained purpose of iron or folic acid tablets	44	35	32	25	34
Provider explained how to take tablets	57	50	51	42	50
Provider gave or prescribed tetanus toxoid vaccine	50	58	49	43	50
Provider explained purpose of TT vaccine	26	27	21	21	23
Number of observed ANC clients at least 5 months pregnant (weighted)	56	70	163	46	335
Number of observed ANC clients at least 8 months pregnant (weighted)	24	23	67	23	137
Number of observed ANC clients (weighted)	63	76	180	54	373

[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 Observed content of ANC counselling by type of facility

Percentage of first and follow-up visit ANC clients who were observed to receive counselling on topics related to nutrition during pregnancy, risk symptoms, the progress of their pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, by type of facility, Uganda SPA 2007

Counselling topic	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
First-visit ANC client					
Nutrition	38	41	37	35	38
Progress of pregnancy	71	53	58	63	60
Any risk symptoms for seeking help	52	39	52	42	48
Specific risk: vaginal bleeding	40	35	47	17	39
Specific risk: fever	47	35	47	28	42
Specific risk: short breath; excess tired	28	19	21	0	19
Specific risk: swelling hands or face	28	25	26	32	27
Specific risk: headache or blurred vision	29	24	29	17	26
Delivery plans	84	76	77	54	75
Exclusive breastfeeding	27	22	24	15	23
Family planning after birth	32	36	26	39	31
Provider used any visual aids	16	22	7	0	11
Number of first-visit ANC clients (weighted)	31	39	85	24	180
Follow-up visit ANC client					
Nutrition	21	34	18	18	22
Progress of pregnancy	53	55	48	55	51
Any risk symptoms for seeking help	29	25	41	18	32
Specific risk: vaginal bleeding	22	13	30	6	22
Specific risk: fever	22	16	34	6	24
Specific risk: short breath; excess tired	14	10	10	0	9
Specific risk: swelling hands or face	18	9	12	6	12
Specific risk: headache or blurred vision	17	8	15	6	12
Delivery plans	63	52	57	35	53
Exclusive breastfeeding	20	13	9	14	12
Family planning after birth	20	16	16	12	16
Provider used any visual aids	13	12	5	0	7
Number of follow-up visit ANC clients (weighted)	31	37	95	30	193
All observed ANC clients					
Nutrition	30	38	27	26	29
Progress of pregnancy	62	54	52	59	55
Any risk symptoms for seeking help	40	32	46	29	40
Specific risk: vaginal bleeding	31	24	38	11	30
Specific risk: fever	34	26	40	16	33
Specific risk: short breath; excess tired	21	15	15	0	14
Specific risk: swelling hands or face	23	17	19	18	19
Specific risk: headache or blurred vision	23	16	22	11	19
Delivery plans	73	64	66	43	64
Exclusive breastfeeding	24	18	16	15	18
Family planning after birth	26	26	21	24	23
Provider used any visual aids	15	17	6	0	9
Number of all observed ANC clients (weighted)	63	76	180	54	373

Table A-6.19.2 Observed content of ANC counselling by region

Percentage of first and follow-up visit ANC clients who were observed to receive counselling on topics related to nutrition during pregnancy, risk symptoms, the progress of their pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, by region, Uganda SPA 2007

	Region									
Counselling topic	Central	Kampala	East Central	Eastern	Northeast	North Central	West Nile	Western	Southwest	Total percentage
First-visit ANC client										
Nutrition	27	36	73	68	27	51	11	44	13	38
Progress of pregnancy	39	39	81	100	50	79	45	86	39	60
Any risk symptoms for seeking help	37	52	85	86	38	63	4	64	18	48
Specific risk: vaginal bleeding	34	52	70	86	26	42	1	50	16	39
Specific risk: fever	35	31	70	86	16	63	2	51	10	42
Specific risk: short breath; excess tired	8	8	59	48	13	10	3	41	0	19
Specific risk: swelling hands or face	15	39	82	53	12	19	3	41	0	27
Specific risk: headache or blurred vision	12	12	69	48	13	34	2	46	1	26
Delivery plans	87	55	87	47	26	80	55	75	59	75
Exclusive breastfeeding	19	4	58	0	13	38	2	20	0	23
Family planning after birth	35	17	60	53	23	34	4	29	1	31
Provider used any visual aids	8	13	32	0	13	5	1	12	10	11
Number of first-visit ANC clients (weighted)	56	4	24	6	5	29	17	22	18	180
Follow-up visit ANC client										
Nutrition	22	32	47	42	17	6	23	30	20	22
Progress of pregnancy	36	78	71	90	13	69	39	55	59	51
Any risk symptoms for seeking help	23	55	63	53	16	31	37	24	35	32
Specific risk: vaginal bleeding	18	52	26	49	13	19	0	9	33	22
Specific risk: fever	16	39	21	53	15	26	20	19	33	24
Specific risk: short breath; excess tired	1	11	41	17	14	3	32	4	1	9
Specific risk: swelling hands or face	9	20	62	2	16	7	5	19	3	12
Specific risk: headache or blurred vision	9	17	58	19	13	7	23	9	1	12
Delivery plans	40	66	39	46	31	71	67	34	67	53
Exclusive breastfeeding	3	15	29	2	0	34	18	11	7	12
Family planning after birth	11	20	30	19	14	28	32	26	3	16
Provider used any visual aids	1	30	17	0	12	2	16	9	7	7
Number of follow-up visit ANC clients (weighted)	60	7	13	8	14	33	17	4	38	193
All observed ANC clients										
Nutrition	25	33	64	53	19	27	17	42	18	29
Progress of pregnancy	37	65	78	94	23	74	42	81	53	55
Any risk symptoms for seeking help	30	54	77	67	22	46	20	59	29	40
Specific risk: vaginal bleeding	26	52	54	64	16	30	0	44	27	30
Specific risk: fever	25	37	53	67	16	44	11	47	26	33
Specific risk: short breath; excess tired	4	10	52	30	14	6	18	36	1	14
Specific risk: swelling hands or face	12	26	75	24	15	13	4	38	2	19
Specific risk: headache or blurred vision	10	16	65	31	13	20	13	41	1	19
Delivery plans	63	63	70	46	30	75	61	69	64	64
Exclusive breastfeeding	11	12	48	1	3	36	10	19	4	18
Family planning after birth	22	19	49	34	16	31	18	29	2	23
Provider used any visual aids	4	24	27	0	12	4	8	12	8	9
Number of all observed ANC clients (weighted)	116	11	37	14	19	62	33	26	56	373

Table A-6.20 Observed content of ANC counselling: Clients at least 8 months pregnant

Percentage of ANC clients AT LEAST 8 MONTHS PREGNANT who were observed to receive counselling on delivery plans, exclusive breastfeeding, and family planning after birth, by type of facility, Uganda SPA 2007

	Type of facility				Total
Counselling topic	Hospital	HC-IV	HC-III	HC-II	percentage
All observed ANC clients 8 or more months pregnant					
Nutrition	24	46	24	8	25
Progress of pregnancy	62	56	54	45	54
Any risk symptoms for seeking help	37	28	44	24	37
Specific risk: vaginal bleeding	27	19	37	0	26
Specific risk: fever	29	21	40	8	29
Specific risk: short breath; excess tired	21	16	12	0	12
Specific risk: swelling hands or face	23	15	18	16	18
Specific risk: headache or blurred vision	21	15	22	16	19
Delivery plans	70	58	60	27	56
Exclusive breastfeeding	26	17	10	19	15
Family planning after birth	26	30	19	8	20
Provider used any visual aids	11	15	7	0	8
Number of ANC clients at least 8 months pregnant (weighted)	24	23	67	23	137

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, Uganda SPA 2007

Issue discussed during current/previous visit	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Provider counselled on:					
Any warning signs	46	41	41	22	39
Warning signs named by client					
Vaginal bleeding	40	33	31	15	30
Fever	23	21	22	8	20
Swollen face or hands	11	10	17	8	13
Tiredness or breathlessness	9	7	3	0	4
Headache or blurred vision	9	7	10	0	8
Convulsions	2	1	2	0	2
Reduced foetal movement	16	14	13	8	13
What client was told to do if warning sign occurs					
Seek care at facility	49	41	43	29	42
Decrease activity	2	2	2	0	2
Change diet	0	1	0	0	0
Client reported provider discussed					
Exclusive breastfeeding	40	35	33	16	32
Exclusive breastfeeding for 6 months	30	27	18	8	20
Delivery plans	81	71	65	39	65
Supplies to prepare for delivery	66	65	68	31	62
Using family planning after birth	33	36	36	40	36
Number of interviewed ANC clients (weighted)	63	76	180	54	373

Table A-6.22 Reported health education received and knowledge related to warning signs during pregnancy by region

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 region, Uganda SPA 2007

Issue discussed during current/previous visit	Region									Total percentage
	Central	Kampala	East Central	Eastern	Northeast	North Central	West Nile	Western	Southwest	
Provider counselled on:										
Any warning signs	37	64	43	26	31	44	46	50	26	39
Warning signs named by client										
Vaginal bleeding	30	58	44	26	22	34	29	47	11	30
Fever	17	21	30	4	16	34	31	11	7	20
Swollen face or hands	9	17	28	11	9	16	11	35	2	13
Tiredness or breathlessness	1	1	15	0	1	4	17	2	1	4
Headache or blurred vision	6	18	14	0	1	5	14	24	0	8
Convulsions	1	0	0	0	1	1	10	0	3	2
Reduced foetal movement	9	33	15	12	3	16	15	27	8	13
What client was told to do if warning sign occurs										
Seek care at facility	39	67	49	26	40	44	50	51	30	42
Decrease activity	4	1	0	0	0	3	0	0	0	2
Change diet	0	0	0	0	3	0	0	0	0	0
Client reported provider discussed										
Exclusive breastfeeding	19	47	51	18	5	48	49	23	32	32
Exclusive breastfeeding for 6 months	9	35	35	17	3	41	11	7	27	20
Delivery plans	69	71	57	46	67	58	74	75	64	65
Supplies to prepare for delivery	73	73	65	56	64	48	72	56	46	62
Using family planning after birth	30	26	32	13	50	44	52	49	29	36
Number of interviewed ANC clients (weighted)	116	11	37	14	19	62	33	26	56	373

Table A-6.23 Client plan for place of delivery

Among interviewed antenatal care (ANC) clients, percentage who reported planning for where they deliver, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of ANC clients who plan to deliver at: This facility	Other facility	Private home	Don't know	Number of interviewed ANC clients (weighted)
Type of facility					
Hospital	93	4	1	3	63
HC-IV	90	5	0	5	76
HC-III	74	17	3	6	180
HC-II	49	27	10	15	54
Managing authority					
Government	76	15	4	6	321
Private	86	7	0	7	52
Region					
Central	71	18	3	9	116
Kampala	78	20	0	3	11
East Central	69	15	15	1	37
Eastern	85	0	0	15	14
Northeast	92	8	0	0	19
North Central	77	12	2	9	62
West Nile	94	5	0	1	33
Western	84	2	0	14	26
Southwest	75	21	3	1	56
Total	77	14	3	6	373

Table A-6.24 Use of individual client cards

Among first and follow-up 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 background characteristics, Uganda SPA 2007

Background characteristic	Provider looked at client card during consultation: First visit	Follow-up visit	Provider wrote on client card at end of visit: First visit	Follow-up visit	Number of first-visit ANC clients (weighted)	Number of follow-up visit ANC clients (weighted)
Type of facility						
Hospital	87	90	97	97	31	31
HC-IV	84	87	96	98	39	37
HC-III	79	84	99	97	85	95
HC-II	70	76	100	94	24	30
Managing authority						
Government	84	83	99	97	150	171
Private	62	98	96	99	29	23
Region						
Central	75	85	99	96	56	60
Kampala	87	92	100	100	4	7
East Central	83	78	100	74	24	13
Eastern	28	90	100	100	6	8
Northeast	40	26	63	97	5	14
North Central	90	100	96	100	29	33
West Nile	98	92	100	100	17	17
Western	94	96	100	100	22	4
Southwest	69	88	100	100	18	38
Total	80	84	98	97	180	193

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 consultation, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of ANC consultations where:					Number of observed ANC clients (weighted)
	Client went home	Client referred, same facility	Client admitted to facility	Client referred to other facility	Don't know	
Type of facility						
Hospital	74	23	1	0	2	63
HC-IV	80	19	0	0	2	76
HC-III	86	8	0	3	2	180
HC-II	97	0	0	0	3	54
Managing authority						
Government	89	7	0	2	2	321
Private	57	40	1	0	2	52
Region						
Central	85	8	0	3	4	116
Kampala	86	12	0	0	3	11
East Central	79	21	0	0	0	37
Eastern	64	36	0	0	0	14
Northeast	83	17	0	0	0	19
North Central	90	9	0	0	1	62
West Nile	85	6	1	4	5	33
Western	76	23	1	0	1	26
Southwest	89	6	1	2	2	56
Total	84	12	0	2	2	373

Table A-6.26 Client feedback on service problems

Among interviewed 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, Uganda SPA 2007

Client service issue	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Behaviour/attitude of provider	2	4	2	0	2
Inability to discuss problem	4	2	3	3	3
Insufficient explanation about pregnancy or problems	4	3	2	3	3
Waiting time to see provider	20	20	20	13	19
Quality of examination and treatment	3	3	1	0	1
Availability of medicines	7	11	11	10	10
Days facility is open	5	2	5	0	4
Hours facility is open	6	6	2	0	3
Cleanliness of facility	7	8	5	0	5
Cost of services	4	3	3	3	3
Insufficient visual privacy	3	6	2	0	2
Insufficient auditory privacy	3	6	2	0	3
Number of interviewed ANC clients (weighted)	63	76	180	54	373

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 background characteristics, Uganda SPA 2007

Background characteristic	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 mentioning the indicated item was a problem with the nearest facility							Number of interviewed ANC clients for whom this was not the closest facility (weighted)
			Inconvenient operating hours	Bad reputation	Don't like the personnel	No medicines	Prefer anonymity	More expensive	Was referred to this facility	
Type of facility										
Hospital	21	63	11	8	6	16	5	15	14	13
HC-IV	13	76	12	9	0	31	8	16	7	10
HC-III	7	180	22	0	2	34	0	20	0	13
HC-II	7	54	50	0	0	0	0	0	0	4
Managing authority										
Government	9	321	16	4	3	30	4	20	7	29
Private	20	52	25	6	2	10	3	2	6	10
Region										
Central	13	116	24	3	2	23	3	17	3	15
Kampala	33	11	5	23	8	9	9	42	0	4
East Central	1	37	0	0	33	67	0	0	0	0
Eastern	12	14	0	0	0	10	0	0	0	2
Northeast	14	19	31	10	0	13	0	0	46	3
North Central	4	62	61	7	7	0	0	0	7	2
West Nile	3	33	0	0	0	21	0	19	60	1
Western	17	26	0	0	4	30	12	36	0	4
Southwest	13	56	15	2	0	45	2	2	2	7
Total	10	373	19	5	3	24	4	15	6	39

Table A-6.28 Educational characteristics of antenatal care clients

Percent distribution of observed and interviewed antenatal care (ANC) clients by educational level, and percentage of clients with primary, informal, or no education who are literate, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of all ANC clients:					Number of interviewed ANC clients (weighted)	Percentage of ANC clients with primary, informal or no education who:			Number of interviewed ANC clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Secondary	Tertiary/ university		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	14	2	45	31	8	63	35	10	55	38
HC-IV	22	1	58	18	1	76	37	7	55	62
HC-III	23	7	46	22	1	180	41	5	53	139
HC-II	20	3	73	3	0	54	28	11	61	52
Managing authority										
Government	22	5	54	19	1	321	37	7	56	257
Private	18	3	44	27	8	52	42	9	48	33
Region										
Central	19	7	53	20	1	116	30	4	66	91
Kampala	5	0	27	56	12	11	25	17	58	4
East Central	28	4	51	18	0	37	47	10	42	30
Eastern	51	0	24	23	2	14	79	0	21	10
Northeast	10	0	77	13	0	19	58	1	41	16
North Central	11	0	66	19	5	62	14	9	75	47
West Nile	40	0	40	17	3	33	78	7	15	27
Western	15	13	41	31	1	26	12	23	63	18
Southwest	24	7	55	12	2	56	40	6	54	48
Total	21	4	53	20	2	373	37	7	55	291

Table A-6.29 Emergency maternity transportation systems

Among facilities that support transportation for obstetric emergencies, percentage with specific emergency transportation systems and median transportation time (in minutes) to referral facility, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage using the following emergency transportation systems				Median transportation time (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]	Dry season	Wet season	
Type of facility							
Hospital	83	28	12	20	41	60	18
HC-IV	93	29	21	19	45	60	25
HC-III	16	58	13	14	45	60	96
HC-II	12	48	14	5	50	61	94
Managing authority							
Government	21	52	11	10	46	61	169
Private	45	39	21	16	45	61	64
Region							
Central	30	47	21	14	46	61	40
Kampala	73	14	21	28	15	20	6
East Central	21	12	5	4	41	46	40
Eastern	34	59	22	2	31	46	14
Northeast	25	73	4	9	30	60	19
North Central	18	71	0	6	46	61	29
West Nile	19	96	31	15	60	90	31
Western	46	34	11	31	60	90	21
Southwest	29	25	17	12	31	60	31
Total	28	49	14	12	45	61	232

[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 were observed to have equipment, supplies, infrastructure, and staff for infection control and delivery services in the delivery service area, by type of facility, Uganda SPA 2007

Background characteristics	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Infection control					
Soap	87	90	74	65	74
Running water	89	88	81	33	69
Clean latex gloves	93	79	85	75	82
Disinfecting solution	93	87	87	59	80
Sharps box	91	87	84	55	77
All items for infection control[1]	70	59	52	15	44
Covered waste receptacle with plastic liner[2]	62	52	52	18	43
All items for infection control plus waste receptacle	51	34	34	12	29
Infrastructure for delivery					
Visual privacy and auditory privacy	72	86	84	66	78
Visual privacy only	23	9	15	26	18
Auditory privacy only	9	7	4	15	8
Delivery bed[3]	86	88	81	67	78
Examination light[4]	42	17	9	13	13
All elements of infrastructure[5]	28	15	5	8	9
Other items to support quality services					
Blank Partograph	80	62	41	16	39
Essential maternal & neonatal care clinical Guidelines for Uganda	14	9	6	0	5
Other guidelines for normal delivery	21	12	7	3	7
Guidelines for emergency obstetric care	98	47	31	15	33
Qualified delivery provider on site 24 hours[6]	96	83	52	39	55
Qualified delivery provider on call 24 hours[6]	1	2	0	3	1
All other items to support quality services[7]	20	9	3	0	4
Number of facilities offering delivery services (weighted)	19	27	143	72	261

[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] 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 were 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, Uganda SPA 2007

Background characteristics	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Infection control					
Soap	88	90	74	65	74
Running water	89	88	82	33	69
Clean latex gloves	97	81	87	82	86
Disinfecting solution	94	89	88	64	82
Sharps box	91	87	84	57	77
All items for infection control[1]	70	61	54	17	46
Covered waste receptacle with plastic liner[2]	62	52	52	18	43
All items for infection control plus waste receptacle	51	35	36	15	31
Infrastructure for delivery					
Visual privacy and auditory privacy	72	86	84	66	78
Visual privacy only	23	9	15	26	18
Auditory privacy only	9	7	4	15	8
Delivery bed[3]	86	88	81	67	78
Examination light[4]	43	19	13	13	16
All elements of infrastructure[5]	29	16	9	8	11
Other items to support quality services					
Blank Partograph	83	69	47	16	43
Essential maternal & neonatal care clinical Guidelines for Uganda	21	11	7	2	7
Other guidelines for normal delivery	25	17	10	8	11
Qualified delivery provider on site 24 hours[6]	98	97	79	46	73
Qualified delivery provider on call 24 hours[6]	2	3	10	20	12
All other items to support quality services[7]	23	14	5	0	6
Number of facilities offering delivery services (weighted)	19	27	143	72	261

[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 woman can lie down flat.
[4] Examination light, flashlight, or other spotlight source.
[5] Both visual and auditory privacy, examination bed, and examination light.
[6] A duty schedule must be observed. Qualified delivery providers in Tanzania include
[7] Guidelines, partograph, and delivery staff available 24 hours per day with duty schedule observed.

Table A-6.30.3 Availability of equipment, infrastructure, and staff for quality delivery services: Observed Hospitals, HC-IVs and HC-IIIs

Percentage of hospitals, HC-IVs and HC-IIIs offering delivery services that were observed to have equipment, supplies, infrastructure, and staff for infection control and delivery services in the delivery service area, by type of facility, Uganda SPA 2007

Background characteristics	Type of facility			Total percentage
	Hospital	HC-IV	HC-III	
Infection control				
Soap	87	90	74	78
Running water	89	88	81	82
Clean latex gloves	93	79	85	85
Disinfecting solution	93	87	87	88
Sharps box	91	87	84	85
All items for infection control[1]	70	59	52	55
Covered waste receptacle with plastic liner[2]	62	52	52	53
All items for infection control plus waste receptacle	51	34	34	36
Infrastructure for delivery				
Visual privacy and auditory privacy	72	86	84	83
Visual privacy only	23	9	15	15
Auditory privacy only	9	7	4	5
Delivery bed[3]	86	88	81	82
Examination light[4]	42	17	9	14
All elements of infrastructure[5]	28	15	5	9
Other items to support quality services				
Blank Partograph	80	62	41	48
Essential maternal & neonatal care clinical Guidelines for Uganda	14	9	6	7
Other guidelines for normal delivery	21	12	7	9
Qualified delivery provider on site 24 hours[6]	96	83	52	61
Qualified delivery provider on call 24 hours[6]	1	2	0	0
All other items to support quality services[7]	20	9	3	6
Number of facilities offering delivery services (weighted)	19	27	143	189

Table A-6.31 Locations 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities where delivery service equipment is processed in the indicated area[1]				Number of facilities offering delivery services (weighted)
	Delivery service area	Main facility area	Family planning service area	Outside facility/no processing delivery equipment	
Type of facility					
Hospital	54	44	2	0	19
HC-IV	67	27	5	1	27
HC-III	43	50	5	3	143
HC-II	17	65	8	11	72
Managing authority					
Government	41	47	7	4	197
Private	31	63	0	6	64
Region					
Central	25	72	0	3	64
Kampala	39	61	0	0	5
East Central	28	49	14	9	46
Eastern	49	46	0	5	25
Northeast	59	13	20	8	19
North Central	39	44	0	16	22
West Nile	59	23	17	0	21
Western	60	40	0	0	26
Southwest	31	69	0	0	33
Total	39	51	5	5	261

[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: Entire facility

Among 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities where the indicated procedure is the highest level for which all conditions for quality sterilisation/HLD of delivery equipment was available				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]	Report sterilisation, but missing equipment or knowledge[2]	No report of sterilisation[3]		
Type of facility						
Hospital	43	3	53	1	24	19
HC-IV	19	1	75	6	10	27
HC-III	1	4	88	7	3	143
HC-II	0	2	87	11	2	72
Managing authority						
Government	4	2	85	8	5	197
Private	11	5	78	6	5	64
Region						
Central	5	3	90	3	8	64
Kampala	29	5	66	0	6	5
East Central	1	0	87	11	1	46
Eastern	7	0	75	18	7	25
Northeast	2	8	83	8	2	19
North Central	10	13	56	21	6	22
West Nile	7	7	85	1	2	21
Western	8	0	92	0	3	26
Southwest	6	0	87	6	9	33
Total	6	3	84	8	5	261

[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
[3] 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 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities where the indicated procedure is the highest level for which all conditions for quality sterilisation/HLD of delivery equipment was available				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]	Report sterilisation, but missing equipment or knowledge[2]	No report of sterilisation[3]		
Type of facility						
Hospital	29	2	68	2	19	10
HC-IV	19	2	73	6	11	18
HC-III	0	2	93	4	3	61
HC-II	0	0	100	0	0	12
Managing authority						
Government	6	1	89	5	6	81
Private	8	7	84	1	3	20
Region						
Central	11	0	89	0	17	16
Kampala	15	0	85	0	0	2
East Central	1	0	89	9	1	13
Eastern	11	0	76	14	0	12
Northeast	1	13	85	0	3	11
North Central	7	5	87	0	5	9
West Nile	1	0	97	1	3	12
Western	12	0	88	0	6	16
Southwest	0	0	92	8	6	10
Total	6	2	88	4	5	101

[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
[3] Facility does not process delivery equipment.

Table A-6.33.1 Storage conditions for sterilized or high-level delivery equipment: Entire facility

Percentage of facilities with stored, sterilized or high-level disinfected (HLD) delivery instruments present and among these, percentage that meet standards for good storage, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities with stored sterilised/HLD delivery items present	Number of facilities offering delivery services (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 offering delivery services with stored sterilised HLD delivery items (weighted)
Type of facility							
Hospital	99	19	76	7	30	29	19
HC-IV	100	27	56	20	13	13	27
HC-III	99	143	51	28	4	4	142
HC-II	94	72	55	24	2	2	68
Managing authority							
Government	98	197	48	27	4	4	193
Private	97	64	74	18	13	13	62
Region							
Central	97	64	64	23	1	1	62
Kampala	100	5	91	6	23	23	5
East Central	100	46	27	22	0	0	46
Eastern	100	25	20	55	1	1	25
Northeast	100	19	75	20	1	1	19
North Central	83	22	71	14	14	14	18
West Nile	100	21	82	7	14	13	21
Western	100	26	74	22	20	20	26
Southwest	100	33	40	34	9	9	33
Total	98	261	54	25	6	6	256

[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 sterilized or high-level delivery equipment: Facilities where items are present in delivery service area

Percentage of facilities with stored, sterilised or high-level disinfected (HLD) delivery instruments present in the delivery service area, and among these, percentage that meet standards for good storage, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities with stored sterilised/HLD delivery items present	Number of facilities offering delivery services (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 sterilized items	Number of facilities offering delivery services with stored sterilised HLD delivery items (weighted)
Type of facility							
Hospital	70	19	75	9	22	21	13
HC-IV	72	27	53	24	11	11	19
HC-III	48	143	44	36	4	4	69
HC-II	20	72	84	16	0	0	14
Managing authority							
Government	47	197	46	33	5	5	92
Private	36	64	87	10	15	14	23
Region							
Central	35	64	48	24	2	2	23
Kampala	64	5	86	9	14	14	4
East Central	26	46	28	27	0	0	12
Eastern	55	25	16	59	2	2	14
Northeast	69	19	70	29	1	1	13
North Central	76	22	75	16	13	13	17
West Nile	37	21	69	20	11	9	8
Western	53	26	85	11	15	15	14
Southwest	37	33	35	50	9	9	12
Total	44	261	54	28	7	6	116

[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-6.34 Delivery service providers

Among facilities offering delivery services, percentage where a qualified, trained delivery provider is available onsite on or 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 background characteristics, Uganda SPA 2007

Background characteristic	Qualified, trained delivery provider available 24 hours, with observed duty schedule		Qualified, trained delivery provider available 24 hours, with no observed duty schedule		Percentage of facilities where provider commonly on duty to conduct delivery at night is:[1]				Number of facilities offering delivery services (weighted)
	On site	On call	On site	On call	Doctor[2]	Nurse/ midwife[3]	Nursing assistants/ aides	Other/DK	
Type of facility									
Hospital	96	1	3	1	25	97	1	1	19
HC-IV	83	2	14	1	8	98	0	2	27
HC-III	52	0	26	10	8	82	0	1	143
HC-II	39	3	7	17	11	57	2	0	72
Managing authority									
Government	55	2	18	10	9	80	0	1	197
Private	56	0	17	10	11	73	3	0	64
Region									
Central	54	1	18	19	12	86	3	0	64
Kampala	92	0	8	0	37	100	0	0	5
East Central	31	0	14	7	3	52	0	0	46
Eastern	63	0	30	7	7	87	0	0	25
Northeast	54	0	18	8	1	80	0	1	19
North Central	82	12	7	0	32	89	0	7	22
West Nile	94	0	0	0	7	93	1	1	21
Western	55	0	19	21	7	82	0	0	26
Southwest	36	0	35	9	7	67	0	0	33
Total	55	1	18	10	10	78	1	1	261

[1] There may be more than one type of staff who routinely conducts night deliveries at the same facility.
[2] Includes gynaecologists, all doctors and clinical officers.
[3] Includes enrolled or registered nurses and midwives, comprehensive nurses and public health nurses.

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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Basic medicines and supplies for delivery					
Scissor or blade	89	89	81	65	78
Cord clamp or tie	90	83	80	64	77
Suction apparatus (bulb or machine)	89	69	58	33	54
Suction bulb	73	61	54	27	48
Suction machine	63	29	20	8	21
Antibiotic eye ointment for newborn (delivery room)	60	64	54	60	57
Antibiotic eye ointment for newborn (pharmacy or delivery room)	93	87	82	77	82
Skin disinfectant for perineum	84	80	79	62	75
All basic supplies for delivery[1]	66	48	34	17	33
Additional medicines and supplies for managing common complications of delivery					
Syringes and needles in DR	95	83	90	77	86
Syringes and needles in facility	96	86	91	82	89
Intravenous solution and perfusion set in DR[2]	89	71	61	36	57
Intravenous solution and perfusion set in facility [2]	96	88	81	58	76
Oral antibiotic in facility[3]	95	74	76	65	74
Injectable oxytocic medication in DR	82	35	6	15	17
Injectable oxytocic medication in facility	88	52	11	15	22
Suture material in DR	95	88	82	51	75
Needle holder in DR	87	88	77	54	72
All basic treatment interventions[4]	67	24	4	7	11
Additional medicines and supplies for managing serious complications					
Valium or magnesium sulphate in DR	84	51	46	38	47
Valium or magnesium sulphate in facility	98	81	74	52	70
Injectable Amoxicillin or ampicillin in facility	63	20	18	5	18
Injectable Amoxicillin or ampicillin in DR	51	16	6	7	11
Injectable procaine penicillin in DR	37	51	45	63	50
Injectable gentamicin in facility	87	55	34	34	40
Injectable gentamicin in DR	75	42	20	25	28
All other medicines for complications[5]	81	38	26	25	31
Injectable hydralazine in DR	57	10	3	0	7
Injectable ergometrine/methergine in DR	88	80	73	68	73
Number of facilities offering delivery services (weighted)	19	27	143	72	261

[1] Scissor 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 infusion set, injectable oxytocic, and suture material and needle holder all located in delivery room area, oral antibiotic (cotrimoxazole or amoxicillin or ampicillin) located in pharmacy or delivery room area
[5] Injectable anticonvulsant (Valium or magnesium sulphate) in delivery room area, an injectable antibiotic (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 and supplies are observed or reported to be in the delivery room (DR) and/or pharmacy, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Basic medicines and supplies for delivery					
Scissor or blade	94	93	83	70	81
Cord clamp or tie	94	86	84	66	80
Suction apparatus (bulb or machine)	90	71	60	33	56
Suction bulb	75	61	56	27	50
Suction machine	67	32	21	8	22
Antibiotic eye ointment for newborn (delivery room)	60	64	54	60	57
Antibiotic eye ointment for newborn (pharmacy or delivery room)	93	87	82	77	82
Skin disinfectant for perineum	89	83	82	62	77
All basic supplies for delivery[1]	70	51	37	17	35
Additional medicines and supplies for managing common complications of delivery					
Syringes and needles in DR	97	87	91	82	89
Syringes and needles in facility	97	88	92	85	90
Intravenous solution and perfusion set in DR[2]	89	71	62	43	59
Intravenous solution and perfusion set in facility[2]	97	88	82	58	77
Oral antibiotic in facility[3]	95	75	76	65	74
Injectable oxytocic medication in DR	82	35	6	15	17
Injectable oxytocic medication in facility	88	53	12	15	22
Suture material in DR	97	95	87	58	80
Needle holder in DR	95	95	80	58	77
All basic treatment interventions[4]	72	24	4	7	12
Additional medicines and supplies for managing serious complications					
Valium or magnesium sulphate in DR	84	51	46	38	47
Valium or magnesium sulphate in facility	98	83	76	52	71
Injectable Amoxicillin or ampicillin in facility	64	20	19	5	19
Injectable Amoxicillin or ampicillin in DR	51	16	6	7	11
Injectable procaine penicillin in DR	37	51	45	63	50
Injectable gentamicin in facility	88	55	35	34	40
Injectable gentamicin in DR	75	42	20	25	28
All other medicines for complications[5]	81	38	26	25	31
Injectable hydralazine in DR	57	10	3	0	7
Injectable ergometrine/methergine in DR	88	80	73	68	73
Number of facilities offering delivery services (weighted)	19	27	143	72	261

[1] Scissor 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 infusion set, injectable oxytocic, and suture material and needle holder all located in delivery room area, oral antibiotic (cotrimoxazole or amoxicillin or ampicillin) located in pharmacy or delivery room area
[5] Injectable anticonvulsant (Valium or magnesium sulphate) in delivery room area, an injectable antibiotic (penicillin and ampicillin, or gentamicin) in delivery room area or pharmacy

Table A-6.36.1 Availability of services, equipment, and supplies for complications of labour and delivery: All facilities

Percentage of all facilities offering delivery services where specific services, equipment and supplies are available for certain complications of labour and delivery, by background characteristics, Uganda SPA 2007

Background characteristic	Assist 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	54	56	62	90	87	70	43	19
HC-IV	11	28	29	27	24	53	6	27
HC-III	0	16	4	3	2	40	8	143
HC-II	0	9	0	2	0	17	0	72
Managing authority								
Government	3	19	8	8	7	35	5	197
Private	10	16	15	24	19	45	18	64
Region								
Central	2	7	6	12	8	27	2	64
Kampala	29	31	37	47	41	50	30	5
East Central	2	8	8	5	7	31	2	46
Eastern	4	19	8	16	13	48	13	25
Northeast	7	24	8	13	9	35	11	19
North Central	7	64	12	10	10	23	8	22
West Nile	7	23	10	9	9	66	11	21
Western	5	21	11	14	14	41	12	26
Southwest	8	13	15	12	10	47	15	33
Total	5	18	10	12	10	37	8	261

[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-6.36.2 Availability of services, equipment, and supplies for complications of labour and delivery: Hospitals, HC-IVs, and HC-IIIs

Percentage of hospitals, HC-IVs, and HC-IIIs offering delivery services where specific services, equipment and supplies are available for certain complications of labour and delivery, by background characteristics, Uganda SPA 2007

Background characteristic	Assist 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	54	56	62	90	87	70	43	19
HC-IV	11	28	29	27	24	53	6	27
HC-III	0	16	4	3	2	40	8	143
Managing authority								
Government	4	20	10	10	9	39	6	153
Private	18	28	28	38	33	71	32	36
Region								
Central	4	12	11	16	14	36	3	37
Kampala	29	31	37	47	41	50	30	5
East Central	4	16	16	11	14	39	4	22
Eastern	4	20	9	17	14	51	14	24
Northeast	8	27	9	15	10	40	13	17
North Central	10	62	17	14	14	35	12	15
West Nile	9	28	12	11	11	82	13	17
Western	6	17	13	16	16	40	13	23
Southwest	9	15	17	14	11	47	16	29
Total	7	22	14	15	14	45	11	189

[1] Dilatation and curettage kit
[2] Infant sized Ambu bag or equivalent.
[3] Most often an incubator, although heat light would be sufficient.

Table A-6.37.1 Capacity to conduct Caesarean section: Observed

Among facilities that offer Caesarean section, percentage where basic items and staff were observed to be available, by background characteristics, Uganda SPA 2007

Background characteristic	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 OR	Sterilised instruments	All basic items observed[1]	Anesthetist[2]	Anaesthesia-giving set		
Type of facility									
Hospital	95	94	96	97	92	79	93	81	16
HC-IV	100	95	100	98	93	55	100	50	7
HC-III	100	100	100	100	100	0	100	0	3
Managing authority									
Government	95	94	98	97	92	68	93	66	14
Private	99	96	97	99	95	58	99	60	12
Region									
Central	97	97	97	97	97	55	94	58	5
Kampala	100	100	100	93	93	80	100	80	2
East Central	95	95	100	100	95	59	100	64	3
Eastern	100	90	100	100	90	60	100	65	3
Northeast	100	100	100	100	100	91	91	91	2
North Central	92	84	92	92	84	92	84	70	2
West Nile	100	91	100	100	91	82	100	82	2
Western	95	95	95	95	95	41	95	28	4
Southwest	95	100	95	100	90	50	95	65	3
Total	97	95	98	98	93	63	96	63	26

[1] Operating table, operating light, scrub area, and sterilised instruments.
[2] Duty schedule observed. An additional 22 percent of facilities reported they had an anaesthetist but there was not duty schedule to support the claim.
[3] Duty schedule observed. An additional 26 percent of facilities reported they had a provider for conducting caesarean section but there was not duty schedule to support the claim.

Table A-6.37.2 Capacity to conduct Caesarean section: Observed or reported

Among facilities that offer Caesarean section, percentage where basic items and staff were observed or reported to be available, by background characteristics, Uganda SPA 2007

Background characteristic	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 OR	Sterilised instruments	All basic items observed[1]	Anesthetist[2]	Anaesthesia-giving set		
Type of facility									
Hospital	97	96	98	99	94	94	96	93	16
HC-IV	100	95	100	100	95	78	100	73	7
HC-III	100	100	100	100	100	58	100	100	3
Managing authority									
Government	97	95	99	99	94	89	95	84	14
Private	100	97	99	100	96	82	100	95	12
Region									
Central	100	100	100	100	100	100	100	100	5
Kampala	100	100	100	100	100	100	100	100	2
East Central	95	95	100	100	95	59	100	64	3
Eastern	100	90	100	100	90	80	100	85	3
Northeast	100	100	100	100	100	91	91	91	2
North Central	100	92	100	100	92	92	92	70	2
West Nile	100	91	100	100	91	100	100	82	2
Western	95	95	95	95	95	57	95	95	4
Southwest	95	100	95	100	90	100	95	100	3
Total	98	96	99	99	95	85	98	89	26

[1] Operating table, operating light, scrub area, and sterilised instruments.
[2] Duty schedule observed or reported to be available but not seen.
[3] Duty schedule observed or reported to be available but not seen.

Table A-6.38 Newborn care practices

Percentage of facilities that report the indicated practice is a routine component of newborn care, by type of facility, Uganda SPA 2007

Background characteristics	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Routine newborn care practices					
Routine suction with catheter	36	17	13	6	13
Full immersion bath within 24-hours after birth	38	23	29	28	29
Weigh newborn	97	95	89	59	82
Infant scale available	97	87	80	56	75
Provide vitamin A to mother	95	93	94	87	92
Vitamin A in delivery area	60	79	79	76	77
Vitamin A in pharmacy or delivery area	90	91	93	95	93
Provide OPV to newborn	93	95	86	60	80
Provide BCG to newborn	93	94	86	57	80
Provide prelacteal liquids to newborn	10	10	17	11	14
Practices rooming-in [1]	98	99	96	98	97
Number of facilities offering delivery services (weighted)	19	27	143	72	261

[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 percentage that report providing the intervention during the three months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Assisted delivery[1]		Removal of retained products[2]		Parenteral antibiotics		Parenteral oxytocic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Caesarean section		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	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility																	
Hospital	63	37	95	68	93	89	91	91	79	70	90	81	90	84	87	76	19
HC-IV	13	4	66	24	86	73	75	70	30	11	75	48	27	15	24	17	27
HC-III	2	1	38	9	61	50	63	55	22	14	51	32	3	2	2	2	143
HC-II	0	0	12	2	54	38	52	42	5	2	17	8	2	0	0	0	72
Managing authority																	
Government	5	2	39	11	65	51	62	56	22	16	46	27	8	6	7	6	197
Private	14	8	36	18	62	53	66	54	22	10	48	42	24	16	19	17	64
Region																	
Central	6	2	23	10	63	48	82	70	14	14	31	16	12	4	8	7	64
Kampala	38	21	71	40	84	74	71	71	40	34	60	40	47	27	41	32	5
East Central	2	1	17	6	60	50	63	63	16	8	23	19	5	5	7	7	46
Eastern	5	1	54	19	48	47	54	49	19	14	59	41	16	14	13	8	25
Northeast	15	12	55	7	76	76	38	38	24	22	38	36	13	11	9	7	19
North Central	7	4	88	21	67	34	36	24	17	12	81	47	10	8	10	9	22
West Nile	7	5	40	10	87	80	73	66	44	16	58	58	9	7	9	9	21
Western	7	3	40	25	82	71	67	43	43	24	71	39	14	14	14	12	26
Southwest	10	5	32	10	44	24	58	54	17	10	55	27	12	11	10	8	33
Total	7	4	38	13	64	52	63	55	22	15	47	31	12	9	10	8	261

[1] Ventous (vacuum extractor)
[2] Manual vacuum aspiration or dilatation and curettage

Table A-6.39.2 Emergency obstetric practices: Hospitals, HC-IVs, and HC-IIIs

Among hospitals, HC-IVs, and HC-IIIs offering delivery services, percentage that ever provide specific interventions and percentage that report providing the intervention during the three months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Assisted delivery[1]		Removal of retained products[2]		Parenteral antibiotics		Parenteral oxytocic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Caesarean section		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	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility																	
Hospital	63	37	95	68	93	89	91	91	79	70	90	81	90	84	87	76	19
HC-IV	13	4	66	24	86	73	75	70	30	11	75	48	27	15	24	17	27
HC-III	2	1	38	9	61	50	63	55	22	14	51	32	3	2	2	2	143
Managing authority																	
Government	6	3	44	14	65	53	65	58	26	19	54	33	10	8	9	7	153
Private	26	15	65	32	82	76	79	72	40	19	76	65	38	29	33	31	36
Region																	
Central	10	3	40	17	71	60	88	83	20	20	54	28	16	7	14	11	37
Kampala	38	21	71	40	84	74	71	71	40	34	60	40	47	27	41	32	5
East Central	4	1	35	12	67	55	80	80	24	17	31	22	11	11	14	13	22
Eastern	6	1	58	21	51	51	58	52	21	15	63	44	17	15	14	9	24
Northeast	17	13	63	8	87	87	44	44	28	25	43	41	15	12	10	8	17
North Central	10	6	82	32	68	50	54	36	25	19	71	54	14	12	14	13	15
West Nile	9	6	50	12	84	75	79	69	54	20	73	72	11	9	11	11	17
Western	7	3	39	21	86	74	62	42	50	28	74	45	16	16	16	14	23
Southwest	11	6	35	12	43	21	59	54	18	11	61	30	14	12	11	9	29
Total	10	5	48	17	68	57	68	61	29	19	58	39	15	12	14	12	189

[1] Ventous (vacuum extractor)
[2] Manual vacuum aspiration or dilatation and curettage

Table A-6.40 Utilisation of delivery services

Median average monthly number of vaginal deliveries and Caesarean sections among facilities with data available on the day of the survey, by type of facility, Uganda SPA 2007

Background characteristic	Median monthly vaginal deliveries[1]	Number of facilities reporting vaginal delivery data (weighted)	Median monthly Caesarean sections[1]	Number of facilities reporting caesarean section data (weighted)
Type of facility				
Hospital	103	19	24	16
HC-IV	28	26	1	6
HC-III	9	136	1	3
HC-II	5	62	-	0
Managing authority				
Government	10	183	12	13
Private	7	59	9	11
Region				
Central	6	60	2	5
Kampala	9	5	21	2
East Central	9	39	3	3
Eastern	20	24	5	3
Northeast	15	17	13	2
North Central	9	21	11	2
West Nile	19	20	24	2
Western	10	25	9	4
Southwest	10	31	22	3
Total	9	242	10	25

[1] Data are from health information system monthly reports or registers available at the facility the day of the survey. Data were collected for the 12 months preceding the survey; however, frequently some months were missing. Information from the number of 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-6.41 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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities charging for indicated item: Normal delivery	Fixed fee for ANC plus delivery	Medicines	Tests	Discount/ exemption	No charges or don't know	Number of facilities offering delivery services (weighted)	Percentage where fees are posted 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	44	10	23	32	19	53	19	37	13	48	9
HC-IV	4	1	1	2	2	95	27	0	33	67	1
HC-III	17	4	6	11	7	83	143	49	11	40	25
HC-II	42	5	17	10	20	58	72	6	6	88	30
Managing authority											
Government	3	0	1	2	3	96	197	5	22	73	7
Private	90	18	37	38	34	10	64	29	8	63	58
Region											
Central	26	0	15	12	12	73	64	2	1	96	17
Kampala	61	19	50	56	37	36	5	19	0	81	4
East Central	33	8	9	6	13	67	46	4	14	82	15
Eastern	15	1	7	8	5	85	25	74	0	26	4
Northeast	19	0	1	9	0	81	19	95	0	5	4
North Central	8	6	6	7	7	92	22	73	9	18	2
West Nile	35	9	8	27	14	64	21	62	18	20	7
Western	24	13	6	12	12	76	26	0	24	76	6
Southwest	19	0	8	4	12	80	33	51	11	38	7
Total	25	4	10	11	11	75	261	26	9	64	65

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 background characteristics, Uganda SPA 2007

Background characteristic	Percentage of interviewed service providers who received: Training related to delivery services during the 12 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey	Training related to delivery services during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-35 months preceding the survey	Number of interviewed delivery service providers (weighted)[2]
Type of facility					
Hospital	41	82	36	33	102
HC-IV	45	82	34	25	88
HC-III	32	89	29	18	287
HC-II	13	89	12	31	102
Managing authority					
Government	34	89	31	21	420
Private	26	82	19	30	159
Region					
Central	35	88	32	30	126
Kampala	51	62	29	20	20
East Central	28	90	28	20	88
Eastern	36	81	29	26	41
Northeast	37	95	34	15	39
North Central	39	95	39	16	59
West Nile	18	90	18	30	58
Western	30	81	22	19	70
Southwest	30	84	21	28	80
Total	32	87	28	24	579

[1] This refers to structured pre- or in-service training sessions, and does not include individual instruction received during routine supervision.
[2] Includes only providers of delivery services in facilities offering delivery service.

Table A-6.43.1 Training for delivery service providers: Topics related to delivery and newborn care

Among interviewed delivery service providers, percentage who received pre- or in-service training on topics related to delivery during the 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	Delivery care		Use of partograph		Essential obstetric care/ life-saving skills		Post-abortion care		Exclusive breastfeeding		Care of normal newborn		Neonatal resuscitation		Number of interviewed delivery service providers (weighted)
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility															
Hospital	15	25	14	22	14	20	12	18	12	20	11	18	12	20	102
HC-IV	17	13	14	15	14	13	14	11	11	12	11	11	9	11	88
HC-III	8	17	6	16	6	13	5	12	9	9	8	10	5	10	287
HC-II	6	21	5	17	5	18	5	15	6	15	9	17	7	14	102
Managing authority															
Government	10	17	8	15	7	13	7	11	9	10	8	10	7	10	420
Private	11	23	11	22	10	22	9	21	10	19	11	20	9	20	159
Region															
Central	12	24	10	25	8	24	8	19	15	17	11	19	8	20	126
Kampala	9	37	13	34	14	27	15	26	15	23	22	16	23	16	20
East Central	4	14	4	8	4	4	2	9	7	7	7	12	7	9	88
Eastern	19	14	19	9	19	5	17	6	12	4	12	3	12	3	41
Northeast	6	21	6	21	3	19	5	19	3	13	3	13	3	12	39
North Central	22	12	10	12	13	16	14	6	19	8	18	5	9	5	59
West Nile	4	13	6	13	4	10	4	13	3	13	5	10	5	11	58
Western	11	19	11	19	9	17	9	14	3	17	6	15	4	17	70
Southwest	7	19	6	18	7	16	4	13	6	12	6	13	4	13	80
Total	10	18	9	17	8	15	8	14	9	13	9	13	7	13	579

Table A-6.43.2 Training for delivery service providers: Topics related to HIV/AIDS

Among interviewed delivery service providers, percentage who received pre- or in-service training on topics related to HIV/AIDS during the 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristic	PMTCT[1]		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	
Type of facility							
Hospital	25	33	19	26	25	25	102
HC-IV	34	26	24	24	29	19	88
HC-III	25	18	19	13	20	14	287
HC-II	6	24	6	16	6	15	102
Managing authority							
Government	25	22	17	17	20	16	420
Private	19	25	17	17	19	20	159
Region							
Central	27	32	18	23	26	25	126
Kampala	29	31	27	27	29	22	20
East Central	22	16	17	13	18	12	88
Eastern	29	21	26	17	29	17	41
Northeast	32	16	20	14	23	14	39
North Central	18	14	14	9	18	9	59
West Nile	10	30	9	18	8	13	58
Western	18	17	13	13	11	10	70
Southwest	29	25	20	23	20	24	80
Total	23	23	17	17	20	17	579

[1] Any training on prevention of mother-to-child transmission of HIV

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 background characteristics, Uganda SPA 2007

Background characteristic	Median number of times staff were supervised in the 6 months preceding the survey	Percentage of providers reporting that during the last supervisory visit, the supervisor:						Number of delivery service providers who were supervised in the 6 months preceding the survey (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	11	92	91	81	62	91	33	84
HC-IV	10	98	90	89	77	94	40	73
HC-III	8	95	93	87	77	90	48	256
HC-II	6	98	88	77	76	91	38	90
Managing authority								
Government	8	95	90	85	74	92	45	373
Private	6	96	95	83	75	88	37	130
Region								
Central	6	96	92	91	77	93	49	110
Kampala	4	87	94	78	63	88	42	12
East Central	7	97	90	81	66	90	29	79
Eastern	8	97	95	87	81	96	52	33
Northeast	10	91	96	70	66	70	43	37
North Central	7	96	89	82	69	91	49	56
West Nile	13	100	95	94	85	94	43	52
Western	9	90	86	83	76	92	35	56
Southwest	10	95	93	83	78	93	46	68
Total	7	95	92	85	74	91	43	503

[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 background characteristics, Uganda SPA 2007

Background characteristic	Partograph use							Number of interviewed delivery service providers (weighted)
	During past 1 week	During past 1 month	During past 6 months	Over 6 months ago	Never	Don't know/ Missing	Total	
Type of facility								
Hospital	34	12	12	24	15	3	100	102
HC-IV	24	13	17	23	19	3	100	88
HC-III	14	10	13	24	35	4	100	287
HC-II	1	9	4	27	46	14	100	102
Managing authority								
Government	15	12	11	26	31	5	100	420
Private	23	8	13	19	30	6	100	159
Region								
Central	20	9	11	25	32	3	100	126
Kampala	29	25	20	19	6	2	100	20
East Central	6	9	8	38	25	15	100	88
Eastern	12	3	17	50	18	0	100	41
Northeast	17	23	12	8	38	2	100	39
North Central	15	5	11	18	38	12	100	59
West Nile	27	8	4	22	35	3	100	58
Western	16	13	11	13	44	2	100	70
Southwest	19	13	19	20	24	5	100	80
Total	17	11	12	24	31	6	100	579

Chapter 7

Table A-7.1 Availability of services for sexually transmitted infections (STIs) in facilities reporting no primary STI services

Among facilities reporting they do not offer primary services for sexually transmitted infections (STIs), percentage where service providers for antenatal care and family planning report that they offer STI diagnosis and treatment to their clients, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities where providers report STI services are offered to clients attending the indicated service		Number of facilities reporting no STI services (weighted)
	Family planning services	Antenatal care services	
Type of facility			
Hospital	-	-	0
HC-IV	-	-	0
HC-II	0	0	7
Managing authority			
Government	14	14	4
Private	0	0	4
Region			
East Central	0	0	4
Eastern	-	-	0
Western	11	11	4
Total	7	7	8

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 examination were observed to be available, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support utilization of STI services					
Active partner follow-up system	29	27	26	19	22
Passive partner follow-up system	90	91	75	75	76
No follow-up system for partners	10	9	25	25	24
Items to support quality counselling					
Individual client record/chart	55	49	35	30	34
Visual and auditory privacy	96	95	89	81	85
Visual privacy only	3	2	7	11	9
No privacy	2	3	4	7	6
Any guidelines for STIs	65	74	67	47	56
Guidelines for syndromic approach to STIs	58	70	57	37	46
Any visual aids or educational materials for STIs (including HIV/AIDS)	78	89	83	80	81
Educational materials specific for HIV/AIDS	64	70	56	45	50
Condoms at service delivery site	44	70	54	57	56
Condoms anywhere in facility	83	98	87	87	87
All items to support quality counselling[1]	16	29	15	8	12
Items for infection control					
Soap	85	61	70	59	64
Running water	91	76	76	59	67
Clean latex gloves	89	72	67	75	73
Disinfecting solution	69	60	61	57	59
Sharps box	74	69	64	73	70
All items for control of infection[2]	50	38	37	27	32
Waste receptacle	59	45	43	34	38
All items for control of infection plus waste receptacle	34	26	24	13	18
Items for physical examination					
Visual and auditory privacy[3]	91	91	84	77	81
Visual privacy[4]	3	2	8	9	8
No privacy	5	7	8	14	11
Examination bed[5]	99	98	92	80	86
Examination light[6]	25	16	7	8	8
All items for examination	24	13	6	6	7
All items for infection control and physical examination[7]	16	5	4	3	4
Number of facilities offering STI services (weighted)	19	27	158	280	484

[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] Private room
[4] Private room or room with screen or curtain that can be pulled for visual privacy.
[5] Any type of bed where a woman can lie down flat.
[6] Examination light, flashlight or other spotlight source.
[7] 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 utilization of STI services, quality counselling, infection control, and physical examination were observed or reported to be available, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items to support utilization of STI services					
Active partner follow-up system	29	27	26	19	22
Passive partner follow-up system	90	91	75	75	76
No follow-up system for partners	10	9	25	25	24
Items to support quality counselling					
Individual client record/chart	64	59	48	42	46
Visual and auditory privacy	96	95	89	81	85
Visual privacy only	3	2	7	11	9
No privacy	2	3	4	7	6
Any guidelines for STIs	73	84	76	49	61
Guidelines for syndromic approach to STIs	66	73	63	40	51
Any visual aids or educational materials for STIs (including HIV/AIDS)	74	80	72	55	63
Educational materials specific for HIV/AIDS	72	77	60	47	54
Condoms at service delivery site	49	77	61	58	60
Condoms anywhere in facility	83	98	87	88	88
All items to support quality counselling[1]	23	38	24	9	16
Items for infection control					
Soap	86	64	71	61	65
Running water	92	78	77	60	68
Clean latex gloves	91	80	71	80	78
Disinfecting solution	73	70	69	62	65
Sharps box	75	74	66	73	71
All items for control of infection[2]	54	42	43	30	36
Waste receptacle	60	47	43	35	39
All items for control of infection plus waste receptacle	38	30	29	17	22
Items for physical examination					
Visual and auditory privacy[3]	91	91	84	77	81
Visual privacy[4]	3	2	8	9	8
No privacy	5	7	8	14	11
Examination bed[5]	99	98	92	81	86
Examination light[6]	34	23	15	9	13
All items for examination	31	20	13	7	11
All items for infection control and physical examination[7]	22	9	9	4	7
Number of facilities offering STI services (weighted)	19	27	158	280	484

[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] Private room
[4] Private room or room with screen or curtain that can be pulled for visual privacy.
[5] Any type of bed where a woman can lie down flat.
[6] Examination light, flashlight or other spotlight source.
[7] All items for infection control, visual and auditory privacy, examination bed, and examination light.

Table A-7.3 Availability of specific tests for diagnosis and medicines for 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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Items for etiologic examination					
Vaginal speculum	43	54	47	17	30
Swab stick for specimen	28	18	11	2	7
Syphilis test capacity[1]	74	53	22	7	17
Gonorrhea test capacity[2]	76	58	12	3	12
Chlamydia test capacity[3]	6	0	0	0	0
Wet mounting test capacity[4]	86	84	38	12	27
HIV/AIDS testing capacity[5]	79	72	20	6	17
All five laboratory tests	5	0	0	0	0
Medicines for treatment					
Metronidazole(trichomoniasis)	95	57	69	64	66
Tinidazole(trichomoniasis)	11	4	3	1	2
Ceftriaxone (gonorrhea)	62	17	5	2	6
Ciprofloxin (gonorrhea)	89	54	56	51	54
Amoxicillin (chlamydia)	70	22	36	31	34
Augmentin (chlamydia)	28	2	1	2	3
Norfloxacin (chlamydia, gonorrhea)	7	1	0	1	1
Doxycycline (chlamydia, syphilis)	89	66	70	62	66
Tetracycline (chlamydia, syphilis)	16	1	6	9	8
Erythromycin (chlamydia, syphilis)	73	43	38	35	38
Any injectable or oral Penicillin (syphilis)	97	83	83	79	81
Nystatin oral or vaginal suppositories (candidiasis)	64	30	37	33	35
Miconazole cream or suppositories (candidiasis)	9	2	2	2	2
Clotrimazole cream or suppositories (candidiasis)	80	30	27	23	27
At least one medicine for:					
Trichomoniasis	95	57	69	64	67
Gonorrhea	91	57	56	51	54
Chlamydia	94	75	76	67	71
Syphilis	97	87	90	82	85
Each of the four STIs assessed[6]	87	38	46	43	45
Number of facilities offering STI services (weighted)	19	27	158	280	484

[1] Either VDRL test or 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] ELISA, Western Blot, or Rapid test in the facility.
[6] At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis available in the facility.

Table A-7.4 Supportive management of service providers for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who received work-related training and personal supervision, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of interviewed service providers who received: Training related to STIs during the 12 months preceding the survey[1]	Personal supervision during the 6 months preceding the survey[2]	Training related to STIs during the 12 months and personal supervision during the 6 months preceding the survey	Most recent training in the 13-35 months preceding the survey	Number of interviewed providers of STI services (weighted)[3]
Type of facility					
Hospital	50	78	42	32	226
HC-IV	53	85	45	25	148
HC-III	39	90	36	19	462
HC-II	23	86	19	27	457
Managing authority					
Government	37	86	33	25	955
Private	38	84	31	24	339
Region					
Central	45	91	42	25	260
Kampala	59	62	40	23	47
East Central	34	95	33	21	201
Eastern	32	87	25	30	100
Northeast	30	83	29	23	95
North Central	52	86	46	25	117
West Nile	22	89	21	34	114
Western	41	74	31	21	147
Southwest	28	84	22	26	212
Total	37	86	32	25	1,294

[1] Training here refers to structured pre- or in-service sessions anytime during the 12 months preceding the survey and does not include instructions that they may have received during supervision.
[2] Providers were personally supervised in the 6 months preceding the survey
[3] 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 12 months or 13-35 months preceding the survey, by background characteristics, Uganda SPA 2007

Background characteristics	Any diagnosis and treatment for 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	15	30	14	29	39	25	21	28	226
HC-IV	19	25	16	26	40	22	26	22	148
HC-III	10	22	10	21	27	11	21	13	462
HC-II	11	21	9	20	12	14	8	14	457
Managing authority									
Government	11	22	9	22	26	16	16	16	955
Private	17	26	16	23	24	16	19	20	339
Region									
Central	12	32	12	31	34	15	22	22	260
Kampala	28	28	27	26	43	21	30	19	47
East Central	8	17	6	16	25	12	14	17	201
Eastern	11	25	12	23	16	16	17	18	100
Northeast	10	13	7	13	12	15	14	10	95
North Central	19	20	15	19	38	22	21	11	117
West Nile	9	22	11	19	15	17	9	25	114
Western	19	22	16	23	30	17	15	12	147
Southwest	7	26	7	25	16	16	16	14	212
Total	12	23	11	22	25	16	17	17	1,294

[1] Prevention of mother-to-child transmission of HIV/AIDS.
[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 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 background characteristics, Uganda SPA 2007

Background characteristics	Median number of times staff were supervised in the 6 months preceding the survey	Percentage of providers reporting that during the last supervisory visit, the supervisor:						Number of STI service providers who received supervision in the 6 months preceding the survey (weighted)[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	4	93	93	85	67	90	40	177
HC-IV	4	95	91	87	71	92	45	126
HC-III	4	94	91	82	72	88	46	415
HC-II	3	92	89	77	66	85	45	391
Managing authority								
Government	3	93	90	81	68	88	47	825
Private	4	95	94	83	72	87	38	284
Region								
Central	3	94	93	87	73	92	52	237
Kampala	3	86	92	83	58	86	40	29
East Central	4	94	93	82	66	87	38	191
Eastern	3	93	93	84	77	92	40	87
Northeast	3	86	79	57	54	71	39	78
North Central	3	96	90	78	65	88	44	100
West Nile	4	98	92	85	78	94	46	101
Western	3	95	89	88	72	90	39	108
Southwest	4	91	91	78	68	84	51	178
Total	4	93	91	81	69	88	45	1,109

[1] Includes only providers of STI services in facilities where STI services are offered in any assessed clinic.

Table A-7.7 Utilization of services for sexually transmitted infections and sources of data on sexually transmitted infections

Median average monthly number of clients for sexually transmitted infections (STIs) by background characteristics, Uganda SPA 2007

Background characteristics	Median average number of STI clients per month[1]	Number of facilities reporting statistics (weighted)[2]
Type of facility		
Hospital	42	14
HC-IV	35	22
HC-III	20	134
HC-II	11	231
Managing authority		
Government	15	311
Private	10	91
Region		
Central	19	93
Kampala	28	3
East Central	16	56
Eastern	15	43
Northeast	8	29
North Central	20	29
West Nile	10	25
Western	13	45
Southwest	12	78
Total	14	402

[1] Data are from health information system monthly reports available at the facility the day of the survey. Data were asked for the 12 complete 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 clients calculated for each facility. This number was then used to calculate the median number of clients per month.
[2] Not all facilities had data available.

Table A-7.8 Service area where client was observed for sexually transmitted infection

Among observed clients who were assessed for possible sexually transmitted infections (STIs), percentage of clients according to their primary reason for visiting the facility, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of observed STI clients who came to the facility primarily for:			Number of observed STI clients (weighted)
	ANC services	FP services	STI/RTI assessment	
Type of facility				
Hospital	28	3	51	14
HC-IV	25	4	47	21
HC-III	27	0	61	52
HC-II	12	0	58	31
Managing authority				
Government	23	1	57	103
Private	19	0	51	15
Region				
Central	44	0	51	39
Kampala	21	0	75	4
East Central	23	3	72	6
Eastern	0	0	89	2
Northeast	28	0	72	1
North Central	9	3	48	34
West Nile	90	0	0	2
Western	11	1	69	21
Southwest	2	0	66	10
Total	23	1	56	118

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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Reassured about confidentiality	59	62	43	55	52
Client history elicited					
Client symptoms	100	100	100	100	100
How long symptoms have been present	100	94	97	100	98
History of recent sexual contact	71	81	60	77	69
Symptoms in partner	59	59	49	72	58
Partner status[1]	61	76	58	77	67
All elements of client history[2]	43	52	39	55	46
Types of laboratory tests					
Any laboratory test (including blood)	24	26	16	8	17
Any blood test (reason not specified)	14	14	10	8	11
HIV test	13	10	1	8	6
Microscopic examination of specimen	9	13	6	0	6
Number of observed STI clients (weighted)	14	21	52	31	118
Physical examination					
Physical examination of genitals (male)	57	40	41	37	42
Number of observed male STI clients (weighted)	3	4	20	7	34
Physical examination of genitals (female)	58	60	28	57	47
Number of observed female STI clients (weighted)	11	17	32	24	84

[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 examination of clients assessed for sexually transmitted infections: Females

Percentage of observed physical examination 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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Provider treatment of client					
Visual privacy assured	100	96	100	100	99
Auditory privacy assured	95	89	100	100	96
Explained procedure before starting	87	72	67	74	74
Asked client to relax	39	42	43	13	32
Infection control procedures					
Provider washed hands with soap prior to examination	34	24	18	26	25
Provider wore clean gloves	84	74	82	87	82
Provider washed hands after removing gloves	74	55	49	87	68
General examination					
Inspected labia	63	54	67	75	66
Used speculum	50	34	18	39	34
Number of observed female STI client examinations (weighted)	6	10	9	14	39
Procedures for speculum examination					
Used sterilised or HLD instruments	5	0	0	0	1
Prepared all instruments before starting	16	0	0	34	17
Used items placed in decontaminating solution	21	11	0	0	8
Contaminated surfaces wiped with disinfectant	21	11	0	66	33
Procedures utilized					
Explained speculum procedure	5	0	0	0	1
Inspected cervix	16	0	0	0	4
Performed bimanual examination	32	11	0	32	23
Number of observed female STI clients receiving pelvic examinations (weighted)	3	4	2	5	14

[1] Used speculum, explained the speculum procedure, used sterilised or HLD instruments, prepared all instruments before starting, inspected the cervix, and performed a bimanual examination.

Table A-7.10.2 Physical examination of clients assessed for sexually transmitted infections: Males

Percentage of observed physical examination of male clients for sexually transmitted infections (STIs) that included the indicated components, by type of facility, Uganda SPA 2007

Items	Type of facility			Total percentage
	Hospital	HC-IV	HC-III	
Conditions during physical examination[1]				
Visual privacy assured	100	100	100	100
Visual and auditory privacy assured	100	100	86	92
Provider washed hands with soap prior to examination	0	0	7	4
Provider wore clean latex gloves	67	72	47	61
Genitals fully exposed	50	74	64	52
All elements of examination[2]	0	0	7	4
Retracted foreskin for uncircumcised male (eligible)	60	72	68	67
Number of observed male STI client examinations (weighted)	2	2	8	14
Number of observed uncircumcised male STI client examinations (weighted)	2	1	5	8

[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, genitals were fully exposed, the client was lying down, 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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Components of counselling					
Any mention of client diagnosis	74	72	76	94	80
Any mention of relationship between the infection and sexual activity	68	68	70	82	73
Client received prescription or medication	93	97	97	100	98
Client received prescription or medication for sexual partner	34	26	35	11	27
Client instructed about medications	72	65	76	63	70
Partner referral encouraged	71	67	58	86	69
Follow-up appointment discussed	60	47	56	78	61
Health education-Risk of HIV/AIDS mentioned	43	50	38	50	44
Components of health education					
Discuss condoms for prevention	52	55	48	57	52
Instruct how to use condom	20	11	8	0	8
Offer condoms	16	22	20	29	22
Demonstrate how to put on a condom	7	4	3	0	3
Any discussion of condoms or HIV/AIDS	61	65	68	69	67
Wrote on client health card	99	99	99	88	96
Number of observed STI consultations (weighted)	14	21	52	31	118

Table A-7.12 Knowledge and experience of condom use 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 on day of visit, Uganda SPA 2007

Item	Percentage of clients
Client and partner have used condom before	66
Client agrees factor may contribute to lack of use of condoms	
Embarrassing to purchase	35
Problem with disposal	11
Embarrassing to discuss with partner	22
Reduces own sexual satisfaction	20
Reduces partner's sexual satisfaction	11
Client identified any of the above items as contributing to lack of use of condoms	51
Health workers talked about condoms today	58
Client received condoms today	26
Number of interviewed STI clients (weighted)	118
Among clients who reported any items as contributing to lack of use of condoms, percentage who discussed the issue with provider	24
Number of interviewed STI clients who identified an item as contributing to lack of use of condoms (weighted)	61

Table A-7.13 Client feedback on services

Among clients whose consultation for a sexually transmitted infection (STI) was observed and who were interviewed, percentage who considered specific service issues to be a big problem on the day of the visit, by type of facility, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Behaviour/attitude of provider	2	6	6	8	6
Inability to discuss problem	6	11	8	8	8
Insufficient explanation about problems	7	12	8	0	7
Waiting time to see provider	32	31	11	22	20
Quality of examination and treatment	8	11	3	0	4
Availability of medicines	31	32	31	14	27
Days facility is open	2	3	6	0	3
Hours facility is open	2	11	10	0	7
Cleanliness of facility	6	10	6	0	5
Cost of services	6	5	3	0	3
Insufficient visual privacy	6	7	18	8	12
Insufficient auditory privacy	7	2	18	0	9
Number of interviewed STI clients (weighted)	14	21	52	31	118

Table A-7.14 Client choice of facility

Among interviewed clients who received services for sexually transmitted infections (STIs), 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 background characteristics, Uganda SPA 2007

Background characteristic	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:						Number of interviewed STI clients for whom this was not the closest facility (weighted)
			Bad reputation	Don't like personnel	No medicines	Prefer anonymity	More expensive	Was referred to this facility	
Type of facility									
Hospital	22	14	0	0	42	5	37	11	3
HC-IV	19	21	11	0	23	20	36	0	4
HC-III	13	52	0	4	43	20	33	0	7
HC-II	8	31	0	0	0	100	0	0	2
Managing authority									
Government	15	103	3	0	30	31	31	2	15
Private	7	15	0	26	59	0	0	0	1
Region									
Central	8	39	13	0	59	0	28	0	3
Kampala	44	4	0	16	9	9	48	9	2
East Central	11	6	0	0	100	0	0	0	1
Eastern	0	2	-	-	-	-	-	-	0
Northeast	45	1	-	-	-	-	-	-	0
North Central	12	34	0	0	8	60	31	0	4
West Nile	0	2	-	-	-	-	-	-	0
Western	24	21	0	0	15	43	35	3	5
Southwest	13	10	0	0	100	0	0	0	1
Total	14	118	3	2	32	29	29	2	16

Table A-7.15 Education characteristics of STI clients

Among interviewed clients who received services for sexually transmitted infections (STIs), percent distribution according to educational status, and among STI clients with primary, informal or no education, percent distribution according to literacy status, by background characteristics, Uganda SPA 2007

Background characteristic	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 STI clients with primary, informal or no education (weighted)
	No education	Informal	Primary	Secondary	Tertiary/ higher		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	11	3	48	33	3	14	27	20	51	9
HC-IV	14	3	39	35	9	21	29	20	51	12
HC-III	16	6	33	39	6	52	48	10	42	29
HC-II	18	0	27	33	22	31	52	0	48	14
Managing authority										
Government	13	4	34	38	11	103	36	10	53	53
Private	30	2	38	25	4	15	72	17	12	11
Region										
Central	25	4	32	34	5	39	62	3	35	24
Kampala	0	0	45	33	22	4	18	33	49	2
East Central	20	5	34	38	3	6	71	0	29	4
Eastern	0	0	11	89	0	2	-	-	-	0
Northeast	45	0	55	0	0	1	72	0	28	1
North Central	7	1	31	42	19	34	27	15	57	13
West Nile	72	0	18	10	0	2	80	0	20	2
Western	6	9	37	44	4	21	15	34	51	11
Southwest	19	0	57	6	19	10	29	0	71	8
Total	15	4	35	36	10	118	42	11	46	63

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, Uganda SPA 2007

Item	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
Ability to conduct microscopic sputum exam[1]	87	83	40	37	49
Ability to stain sputum for TB diagnosis[2]	79	70	31	15	37
Availability of medicines					
Isoniazid (INH)	25	8	6	6	8
Pyrazinamide	36	20	6	10	11
Rifampin	11	5	6	1	5
Ethambutol	21	11	10	6	10
Rifina (rifampicin & INH) (Adult formulation)	52	33	17	10	21
Rifina (rifampicin & INH) (Pediatric formulation)	35	26	13	11	16
RHZ, Rifater (Isoniazid+rifampicin+pyrazinamide)	57	54	36	6	33
EH (Isoniazid+ethambutol)	83	86	78	44	72
4FDC (INH, Ethambutol, pyrazinamide, rifampicin)	77	81	72	41	67
Streptomycin	78	67	35	11	37
Pre-packed DOTS TB drugs	51	35	31	17	30
All first-line treatment available[3]	87	89	81	44	74
All first and second-line treatment available[4]	77	64	33	11	36
Number of facilities providing TB diagnostic, treatment and/or follow-up services (weighted)	19	27	124	48	218

[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, rifampicin, ethambutol, and isoniazid or 4FDC. If medicines provided are prepackaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[4] All first-line medicines plus streptomycin

Table A-7.17.1 Supportive management of TB services: Laboratory diagnostic services

Among interviewed providers of laboratory TB diagnostic services, percentage who received work-related training and personal supervision during specific time periods, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of interviewed providers of TB diagnostic services who:				Number of interviewed providers of lab TB diagnostic services (weighted)[2]
	Received training during the 12 months preceding the survey[1]	Were personally supervised in the 6 months preceding the survey	Received training during the 12 months and were personally supervised during the 6 months preceding the survey	Most recent pre- or in-service training was 13-35 months preceding the survey	
Type of facility					
Hospital	31	76	25	30	37
HC-IV	31	98	30	48	39
HC-III	33	84	28	25	56
HC-II	15	56	3	40	19
Managing authority					
Government	27	90	25	39	105
Private	35	64	25	24	47
Region					
Central	25	83	23	34	31
Kampala	45	55	26	17	9
East Central	36	81	29	35	20
Eastern	46	90	46	7	9
Northeast	25	100	25	16	8
North Central	16	99	16	67	29
West Nile	8	78	8	44	13
Western	43	66	23	22	18
Southwest	44	69	41	9	14
Total	30	82	25	34	152

[1] This refers to structured pre- or in-service training sessions, and does not include individual instructions received during routine supervision.
[2] Includes only providers of lab TB services in facilities where TB services are offered in any assessed clinic.

Table A-7.17.2 Supportive management of TB services: Clinical services

Among interviewed clinical providers of TB services, percentage who received work-related training and personal supervision during specific time periods, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of interviewed clinical providers of TB services who:				Number of interviewed clinical providers of TB services (weighted)[2]
	Received training during the 12 months preceding the survey[1]	Were personally supervised in the 6 months preceding the survey	Received training during the 12 months and were personally supervised during the 6 months preceding the survey	Most recent pre- or in-service training was 13-35 months preceding the survey	
Type of facility					
Hospital	38	80	30	30	74
HC-IV	24	88	23	39	70
HC-III	43	99	42	28	125
HC-II	33	91	28	26	40
Managing authority					
Government	36	95	34	33	233
Private	38	79	32	21	78
Region					
Central	42	97	41	28	61
Kampala	53	63	33	27	12
East Central	50	99	49	18	41
Eastern	26	98	26	29	21
Northeast	38	95	38	33	19
North Central	35	92	31	43	50
West Nile	27	88	18	41	30
Western	33	87	29	16	33
Southwest	27	79	26	34	43
Total	36	91	33	30	310

[1] This refers to structured pre- or in-service training sessions, and does not include individual instructions received during routine supervision.
[2] Includes only clinical providers of TB services in facilities where 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 follow-up using DOTS: Protocols at all sites

Among facilities following direct observed treatment short-course (DOTS) for TB treatment, percentage having the indicated components, by background characteristics, Uganda SPA 2007

Background characteristics	Percent of facilities offering:		Number of facilities (weighted)	Among facilities following DOTS for TB treatment, percentage:					Number of facilities following DOTS for TB treatment (weighted)
	Any TB services	DOTS for TB treatment		Reporting they are part of national DOTS program	With observed client register for DOTS	With observed TB treatment protocol at ALL sites offering TB treatment following DOTS[1]	With all first-line TB medicines available[2]	With all items for TB indicator[3]	
Type of facility									
Hospital	99	64	19	95	74	34	92	26	12
HC-IV	100	83	27	92	51	40	90	22	22
HC-III	78	59	158	91	49	28	90	22	93
HC-II	17	10	287	85	40	17	72	12	29
Managing authority									
Government	45	37	373	93	49	29	90	21	137
Private	43	17	119	71	53	23	69	19	20
Region									
Central	37	31	98	86	69	29	86	27	31
Kampala	94	49	9	85	38	14	78	4	4
East Central	30	28	78	99	71	36	90	24	22
Eastern	44	38	49	83	34	30	83	25	18
Northeast	40	25	41	97	46	6	98	6	10
North Central	67	59	37	84	44	25	87	17	22
West Nile	72	39	37	100	40	26	86	17	14
Western	52	27	60	100	42	59	87	36	16
Southwest	36	24	83	85	34	12	86	8	20
Total	44	32	491	90	50	28	87	21	157

[1] Tuberculosis control & community-based DOTS as an essential component of district health systems or the TB case management desk aide.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and Pyrazinamide or 4FDC. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[3] Observed client register for DOT and observed TB treatment protocols and all first-line TB medicines available in facility.

Table A-7.18.2 Tuberculosis treatment and/or follow-up using DOTS: Protocols at any site

Among facilities following direct observed treatment short-course (DOTS), percentage having the indicated components, by background characteristics, Uganda SPA 2007

Background characteristics	Percent of facilities offering:		Number of facilities (weighted)	Among facilities following DOTS strategy for TB treatment, percentage:					Number of facilities following DOTS for TB treatment (weighted)
	Any TB services	DOTS for TB treatment		Reporting they are part of national DOTS program	With observed client register for DOTS	With observed TB treatment protocol at ANY sites offering TB treatment following DOTS[1]	With all first-line TB medicines available[2]	With all items for TB indicator[3]	
Type of facility									
Hospital	99	64	19	95	74	50	92	38	12
HC-IV	100	83	27	92	51	43	90	22	22
HC-III	78	59	158	91	49	33	90	24	93
HC-II	17	10	287	85	40	17	72	12	29
Managing authority									
Government	45	37	373	93	49	34	90	23	137
Private	43	17	119	71	53	27	69	23	20
Region									
Central	37	31	98	86	69	49	86	35	31
Kampala	94	49	9	85	38	18	78	8	4
East Central	30	28	78	99	71	37	90	25	22
Eastern	44	38	49	83	34	30	83	25	18
Northeast	40	25	41	97	46	6	98	6	10
North Central	67	59	37	84	44	25	87	17	22
West Nile	72	39	37	100	40	28	86	17	14
Western	52	27	60	100	42	60	87	37	16
Southwest	36	24	83	85	34	13	86	9	20
Total	44	32	491	90	50	33	87	23	157

[1] Tuberculosis control & community-based DOTS as an essential component of district health systems or the TB case management desk aide.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and Pyrazinamide or 4FDC. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[3] Observed client register for DOT and observed TB treatment protocols and all first-line TB medicines available in facility.

Table A-7.19.1 Management of tuberculosis: Protocols at all sites

Among facilities offering any tuberculosis treatment and/or follow-up services, percentage with observed client register at any site offering TB treatment, with observed treatment protocols at ALL sites offering TB treatment, and with all first-line medicines, and mean number of sites per facility offering TB treatment and/or follow-up services, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering TB treatment services:				Number of facilities offering TB treatment and/or follow-up services (weighted)	Mean number of sites offering TB treatment and/or follow-up services (weighted)[4]
	Observed client register at any site offering TB treatment	Observed TB treatment protocol at ALL sites offering TB treatment[1]	All first-line TB medicines available[2]	All items for TB indicator[3]		
Type of facility						
Hospital	75	33	92	22	18	2
HC-IV	66	48	91	33	27	1
HC-III	59	38	91	25	110	1
HC-II	54	24	68	6	31	1
Managing authority						
Government	63	37	90	24	159	1
Private	47	34	69	17	27	1
Region						
Central	93	29	85	28	31	1
Kampala	61	21	78	14	6	1
East Central	83	47	90	33	22	1
Eastern	42	55	84	34	20	1
Northeast	46	20	99	5	16	1
North Central	51	29	84	16	24	1
West Nile	45	45	86	14	15	2
Western	53	44	84	27	23	1
Southwest	53	34	90	20	28	1
Total	61	37	87	23	186	1

[1] Tuberculosis control & community-based DOTS as an essential component of district health systems or the TB case management desk aide.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and Pyrazinamide, or 4FDC. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[3] 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.
[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-7.19.2 Management of tuberculosis: Protocols at any site

Among facilities offering any tuberculosis treatment and/or follow-up services, percentage with observed client register at any site offering TB treatment, with observed treatment protocols at ANY site offering TB treatment, and with all first-line medicines, and mean number of sites per facility offering TB treatment and/or follow-up services, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering TB treatment services:				Number of facilities offering TB treatment and/or follow-up services (weighted)	Mean number of sites offering TB treatment and/or follow-up services (weighted)[4]
	Observed client register at any site offering TB treatment	Observed TB treatment protocol at ANY sites offering TB treatment[1]	All first-line TB medicines available[2]	All items for TB indicator[3]		
Type of facility						
Hospital	75	62	92	45	18	2
HC-IV	66	55	91	37	27	1
HC-III	59	45	91	29	110	1
HC-II	54	29	68	12	31	1
Managing authority						
Government	63	45	90	30	159	1
Private	47	46	69	23	27	1
Region						
Central	93	50	85	48	31	1
Kampala	61	26	78	19	6	1
East Central	83	48	90	35	22	1
Eastern	42	55	84	34	20	1
Northeast	46	20	99	5	16	1
North Central	51	31	84	17	24	1
West Nile	45	64	86	23	15	2
Western	53	55	84	36	23	1
Southwest	53	46	90	25	28	1
Total	61	45	87	29	186	1

[1] Tuberculosis control & community-based DOTS as an essential component of district health systems or the TB case management desk aide.
[2] Any combination of isoniazid (INH), rifampicin, ethambutol, and Pyrazinamide, or 4FDC. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[3] 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.
[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-7.20 Resources and supplies for diagnosing tuberculosis

Percentage of facilities offering specific TB diagnostic methods, and among those using sputum and X-rays, percentage with capacity for diagnostic activities, by background characteristics. Uganda SPA 2007

Background characteristics	Percentage of facilities with indicated TB diagnostic activities[1]				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-ray to diagnose TB, percentage with X-ray capacity[6]	Number of facilities diagnosing TB using X-ray (weighted)
	Any TB diagnostic services[2]	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 indicator[5]	Staff trained in sputum TB test in 36 months preceding survey			
Type of facility													
Hospital	97	97	67	5	19	90	1	88	83	50	19	64	13
HC-IV	98	98	13	1	27	81	0	84	71	52	27	11	4
HC-III	50	47	4	3	158	58	2	44	40	36	74	29	6
HC-II	9	7	1	2	287	36	0	53	27	43	19	9	2
Managing authority													
Government	28	26	3	3	373	66	1	55	51	42	98	30	13
Private	36	35	11	2	119	59	1	67	49	42	41	55	13
Region													
Central	30	30	7	0	98	55	0	51	43	50	29	20	7
Kampala	89	89	39	0	9	75	4	57	53	51	8	71	3
East Central	24	24	6	0	78	83	0	52	43	51	19	51	5
Eastern	27	24	2	3	49	46	0	44	40	35	12	100	1
Northeast	16	16	3	0	41	65	0	72	65	32	7	75	1
North Central	35	35	4	0	37	65	10	74	71	56	13	0	1
West Nile	46	37	7	12	37	70	0	61	60	21	14	25	3
Western	40	33	3	11	60	60	0	58	50	44	20	34	2
Southwest	23	23	3	0	83	62	0	70	47	28	19	65	2
Total	30	28	5	3	491	64	1	59	50	42	140	43	25

[1] Units within the facility may use different diagnostic methods hence the percentages among the diagnostic methods may add up to more than 100 percent.
[2] Includes sputum, x-ray or by clinical symptoms.
[3] Includes sputum microscopy, culture, or rapid test.
[4] AFB or Ziehl-Neelson 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 TB services, percentage that refer TB clients for HIV testing, percentage with records on HIV testing and status of TB clients, and percentage with service providers trained on TB, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities where newly diagnosed TB clients are referred for HIV testing		Percentage of facilities with observed records/ register of:		TB service provider received TB-related training in:		Number of facilities offering any TB diagnostic, treatment and/or follow-up services (weighted)	Mean number of sites 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	The 12 months preceding the survey	The 13-35 months preceding the survey		
Type of facility								
Hospital	79	19	64	71	37	31	19	2
HC-IV	62	23	64	67	37	36	27	1
HC-III	42	11	21	34	30	22	124	1
HC-II	13	20	25	30	27	20	48	1
Managing authority								
Government	45	17	34	43	32	27	166	1
Private	31	9	21	31	27	16	52	1
Region								
Central	62	10	31	49	38	35	36	1
Kampala	50	19	23	28	34	22	8	1
East Central	52	17	58	59	44	17	23	1
Eastern	36	14	42	41	21	22	22	1
Northeast	23	16	14	34	29	29	16	1
North Central	58	18	39	47	44	22	25	1
West Nile	29	4	19	20	20	32	27	2
Western	29	22	24	33	21	11	31	1
Southwest	30	19	27	43	32	25	30	1
Total	41	15	31	40	31	24	218	1

[1] All newly diagnosed TB clients are routinely referred for HIV testing regardless of whether they show any signs 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.

Chapter 8

Table A-8.1 Malaria diagnosis and/or treatment services: Protocols in any site

Percentage of all facilities offering malaria diagnosis and/or treatment services, percentage that have malaria laboratory diagnostic capacity, and among facilities offering malaria diagnosis and/or treatment services, percentage having the indicated components for supporting services for malaria, by background characteristics, Uganda SPA 2007

	Percentage of facilities that:				Among facilities offering malaria treatment, percentage with							
Background characteristic	Offer malaria treatment services	Offer malaria diagnosis and/or treatment services	Have a lab diagnostic capacity for malaria[1]	Number of facilities (weighted)	Observed malaria treatment protocol in ANY relevant units	First line anti-malaria medicines in the facility[2]	No stock-out of first-line anti-malarials in 6 months preceding survey	Lab diagnostic capacity for malaria (blood smear)	Other lab diagnostic capacity for malaria (rapid test)	Treatment protocol in ANY relevant units and medicines in facility	Number of facilities offering malaria diagnosis and/or treatment services (weighted)	Mean number of sites offering malaria diagnosis and/or treatment services
Type of facility												
Hospital	100	100	82	19	88	92	38	81	10	82	19	5
HC-IV	100	100	79	27	89	89	31	79	5	78	27	3
HC-III	99	100	36	158	88	78	19	35	1	68	158	2
HC-II	98	98	11	287	74	77	15	11	1	56	280	1
Managing authority												
Government	99	99	18	373	80	78	17	18	1	62	369	2
Private	96	97	50	119	80	80	21	51	5	65	115	2
Region												
Central	100	100	24	98	77	85	17	24	0	66	98	2
Kampala	100	100	77	9	54	72	43	71	21	35	9	2
East Central	95	95	21	78	72	74	22	22	0	55	74	1
Eastern	97	97	19	49	88	67	21	16	3	56	47	1
Northeast	96	100	17	41	64	88	40	17	0	56	41	1
North Central	100	100	24	37	79	66	7	24	1	55	37	1
West Nile	100	100	43	37	88	70	18	43	0	58	37	3
Western	97	97	26	60	88	78	4	27	4	69	58	2
Southwest	100	100	27	83	88	87	16	27	3	75	83	2
Total	98	99	26	491	80	79	18	26	2	62	485	2

[1] Laboratory diagnostic capacity: a functional microscope, slides and stains must all be available, or rapid malaria test kit
[2] First-line antimalarial are Coartem or any combination of Artesunate and Amodiaquine

Table A-8.2 Availability of antimalarial for treatment of the sick child

Among facilities that provide curative outpatient care for sick children, percentage where first-line antimalarial medications are available, by type of facility, Uganda SPA 2007

Items	Hospital	HC-IV	HC-III	HC-II	Total percentage
First-line antimalarial medicines					
Coartem	92	89	77	79	79
Artesunate	35	11	10	4	8
Amodiaquine	19	4	7	6	6
Coartem or any combination of others[1]	92	89	78	79	80
Number of facilities offering sick child services (weighted)	19	27	158	278	481

[1] First-line treatment for uncomplicated malaria is Coartem, or any combination of Artesunate and Amodiaquine.

Table A-8.3 Health education for antenatal care clients: Insecticide-treated bed nets – Observation

Among first and follow-up visit antenatal care (ANC) clients whose consultations were observed, percentage who were counselled on insecticide-treated nets (ITNs), given ITNs free of charge, or who purchased an ITN from a provider, by type of facility, Uganda SPA 2007

Counselling topic	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
First-visit ANC client					
Importance of using ITN explained	37	30	46	17	37
Given ITN free of charge	13	8	22	10	16
Explanation about using ITN	17	14	39	25	28
Number of first-visit ANC clients (weighted)	31	39	85	24	180
Follow-up visit ANC client					
Importance of using ITN explained	27	14	10	6	13
Given ITN free of charge	8	3	7	14	7
Client purchased ITN from the provider	2	0	0	0	0
Explanation about using ITN	17	7	8	8	9
Number of follow-up visit ANC clients (weighted)	31	37	95	30	193

Table A-8.4 Health education for antenatal care clients: Intermittent prophylactic treatment (IPT) of malaria – Observation

Among first and follow-up visit antenatal care (ANC) clients, percentage observed to be counselled on intermittent prophylactic treatment (IPT) for malaria and observed to ingest dose of IPT in facility, by type of facility, Uganda SPA 2007

Counselling topic	Type of facility				Total percentage
	Hospital	HC-IV	HC-III	HC-II	
First-visit ANC client					
Provider gave or prescribed IPT	84	82	86	58	81
Provider explained purpose of IPT	55	47	51	30	48
Provider explained how to take IPT	66	65	59	50	60
Provider explained possible side-effects of IPT	18	11	17	7	14
Dose of IPT ingested in presence of provider	61	58	43	29	48
Importance of 2nd dose of IPT explained	31	29	24	7	24
Number of first-visit ANC clients (weighted)	31	39	85	24	180
Follow-up visit ANC client					
Provider gave or prescribed IPT	47	48	40	53	44
Provider explained purpose of IPT	27	25	11	18	17
Provider explained how to take IPT	32	27	19	47	27
Provider explained possible side-effects of IPT	11	6	0	6	4
Dose of IPT ingested in presence of provider	27	30	15	24	21
Importance of 2nd dose of IPT explained	15	10	5	6	8
Number of follow-up visit ANC clients (weighted)	31	37	95	30	193

Table A-8.5 Malaria diagnosis and treatment among facilities offering HIV/AIDS care and support services: Protocols in any service site

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering malaria treatment and percentage with lab diagnostic capacity for malaria; among facilities offering CSS and offering malarial treatment services, percentage having the indicated components for supporting services for malaria, by background characteristics, Uganda SPA 2007

Background characteristic	Percentage of facilities that offer malaria treatment services	Percentage of facilities with lab diagnostic capacity for malaria	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and malaria treatment services, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and offering malaria treatment services (weighted)	Mean number of sites offering CSS for HIV/AIDS clients and offering malaria treatment services
				Observed malaria treatment protocol in ANY relevant units	First line anti-malaria medications in facility[1]	Treatment protocol in ANY relevant units and medicines in facility		
Type of facility								
Hospital	100	84	19	87	94	82	19	3
HC-IV	100	80	27	88	89	77	27	2
HC-III	100	38	112	84	77	63	112	1
HC-II	100	16	141	76	76	55	141	1
Managing authority								
Government	100	28	222	82	78	62	222	1
Private	100	52	76	77	81	61	76	1
Region								
Central	100	30	79	73	81	59	79	1
Kampala	100	78	8	56	71	35	8	2
East Central	100	45	29	71	75	51	29	1
Eastern	100	22	27	99	61	59	27	1
Northeast	100	41	10	77	82	59	10	1
North Central	100	39	20	73	80	59	20	1
West Nile	100	56	18	78	62	41	18	2
Western	100	37	30	89	82	72	30	1
Southwest	100	27	78	87	86	74	78	1
Total	100	34	299	81	79	62	299	1

[1] First-line antimalarial are Coartem or any combination of Artesunate and Amodiaquine

Chapter 9

Table A-9.1 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 test in facility or at external site, percentage with policies and records in any relevant sites, and the mean number of service sites with a HIV testing system per facility, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities reporting an HIV testing system[1,2]	Number of facilities (weighted)	Percentage of facilities with:						Number of facilities reporting an 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 in external testing site[4]	Item observed in any relevant service site in the facility			All items for testing indicator[7]		
					Informed consent policy for HIV testing[5]	Register with HIV test results	Record for clients receiving HIV test results[6]			
Type of facility										
Hospital	98	19	88	2	53	99	94	49	19	3
HC-IV	97	27	82	0	43	97	94	39	26	2
HC-III	46	158	68	0	18	89	83	18	72	1
HC-II	9	287	76	2	40	92	91	39	26	1
Managing authority										
Government	28	373	73	0	27	92	86	26	103	1
Private	34	119	81	2	41	95	92	39	40	1
Region										
Central	47	98	75	0	30	96	94	30	46	1
Kampala	98	9	80	7	24	98	79	21	8	2
East Central	23	78	73	1	30	76	76	30	18	1
Eastern	18	49	49	0	32	100	100	25	9	1
Northeast	13	41	87	0	38	100	97	30	5	1
North Central	38	37	71	0	54	89	81	53	14	1
West Nile	17	37	97	0	51	100	100	51	6	2
Western	32	60	68	0	27	84	84	26	19	1
Southwest	21	83	83	0	16	99	83	13	18	2
Total	29	491	75	1	31	92	88	30	143	1

[1] 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 returned to the facility.
[3] HIV testing is confirmed in facility or in affiliated laboratory.
[4] HIV testing not available in facility but there is observed records of testing conducted outside facility, with test results
[5] Having the Uganda National Policy on HIV counselling and testing counts as having an informed consent policy for HIV testing. Availability of an informed consent document for the client to sign or keep, or any other informed consent document also counts as having an informed consent policy.
[6] If rapid test is done, record with client identifier and results is sufficient.
[7] HIV test available or records showing test results are received by facility, informed consent policy in all relevant service sites, observed register with HIV test results and observed register for clients receiving HIV test results.
[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-9.2 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 offering any clinical care and support services and, among these, percentage with the indicated record systems, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering CSS[1] for HIV/AIDS clients	Percentage of facilities offering any clinical CSS[2] for HIV/AIDS clients	Number of facilities (weighted)	Individual client record/chart observed in any eligible clinic/units	Register with HIV/AIDS related client diagnosis observed in any eligible clinic/unit	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	98	98	19	98	85	82	19	3
HC-IV	99	99	27	92	82	54	27	2
HC-III	71	68	158	62	63	12	107	1
HC-II	49	44	287	54	51	5	126	1
Managing authority								
Government	60	55	373	59	64	15	207	1
Private	64	61	119	79	54	25	73	1
Region								
Central	80	71	98	62	47	20	70	1
Kampala	94	94	9	89	53	63	8	2
East Central	37	35	78	48	31	27	27	1
Eastern	55	55	49	38	85	9	27	1
Northeast	25	19	41	100	61	22	8	1
North Central	54	54	37	40	69	18	20	1
West Nile	48	43	37	61	47	16	16	2
Western	50	44	60	100	76	29	27	1
Southwest	94	92	83	69	73	7	77	1
Total	61	57	491	64	61	18	279	1

[1] Providers report providing any curative or preventive care services for HIV/AIDS clients, or referrals 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, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and follow-up services for persons receiving ART

[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

Table A-9.3 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with: HIV testing system[1]	Treatment of TB	Treatment of STIs	Treatment of Malaria	Preventive treatment for TB using isoniazid	Preventive treatment for pneumonia using cotrimoxazole	Any treatment of opportunistic infections[2]	All services	Number of facilities (weighted)
Type of facility									
Hospital	98	93	99	100	32	94	98	30	19
HC-IV	97	98	100	100	15	96	99	14	27
HC-III	46	70	99	99	10	34	67	2	158
HC-II	9	11	95	98	1	7	45	0	287
Managing authority									
Government	28	43	97	99	6	23	55	3	373
Private	34	23	96	96	3	26	63	2	119
Region									
Central	47	32	100	100	5	30	70	2	98
Kampala	98	73	100	100	20	79	94	20	9
East Central	23	28	98	95	4	18	35	3	78
Eastern	18	40	93	97	3	23	55	0	49
Northeast	13	40	85	96	1	12	19	1	41
North Central	38	67	100	100	0	25	54	0	37
West Nile	17	40	100	100	13	23	43	9	37
Western	32	39	92	97	8	25	47	3	60
Southwest	21	34	100	100	7	24	92	2	83
Total	29	38	97	98	6	24	57	3	491

[1] 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 returned to the facility.
[2] Includes the treatment of any opportunistic infections or symptoms related to HIV/AIDS such as pneumonia, cryptococcal meningitis, topical fungal infections. May also include the treatment of tuberculosis.

Table A-9.4.1 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 (CT) services, and mean number of service sites per facility with HIV testing system, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with:		Percentage of facilities where all HIV testing sites have:							
	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 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 all 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[5] with HIV testing system
Type of facility										
Hospital	42	99	21	12	22	42	82	5	19	3
HC-IV	35	98	24	11	12	53	92	1	26	2
HC-III	26	95	23	12	22	63	89	4	72	1
HC-II	14	100	31	7	8	55	93	0	26	1
Managing authority										
Government	29	96	25	10	17	60	88	2	103	1
Private	25	99	24	12	19	49	92	6	40	1
Region										
Central	37	93	33	16	11	47	89	4	46	1
Kampala	17	97	6	2	11	58	97	0	8	2
East Central	27	100	21	12	26	56	85	10	18	1
Eastern	25	98	21	19	31	87	98	2	9	1
Northeast	28	100	20	6	21	60	95	6	5	1
North Central	34	100	48	24	12	82	80	1	14	1
West Nile	8	100	0	0	32	73	90	0	6	2
Western	15	100	11	3	30	64	84	1	19	1
Southwest	27	98	24	1	10	32	97	0	18	2
Total	28	97	25	11	18	57	89	3	143	1

[1] Presence of Uganda National Policy on HIV Counselling or any other guidelines or policy that specifically mentions that all clients receiving HIV test must be offered pre-test counselling or information, and post-test counselling for both positive and negative test results in any relevant service site.
[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, and 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, or has an affiliated external laboratory, or has an agreement with a testing site where the test results are returned 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-9.4.2 Pre- and post-test counselling for HIV: Components in **any** testing site

Among facilities that have a system for HIV testing, percentage with programme components at **any** HIV testing sites that support counselling and testing (CT) services, and mean number of service sites per facility with HIV testing system, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities with:		Percentage of facilities where any HIV testing sites have:							
	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 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 all 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[5] with HIV testing system
Type of facility										
Hospital	42	99	49	26	50	88	99	13	19	3
HC-IV	35	98	43	19	18	75	96	3	26	2
HC-III	26	95	23	12	27	69	89	4	72	1
HC-II	14	100	31	7	8	55	93	0	26	1
Managing authority										
Government	29	96	33	14	26	74	91	3	103	1
Private	25	99	28	16	24	59	94	8	40	1
Region										
Central	37	93	40	18	13	62	92	4	46	1
Kampala	17	97	10	6	20	64	97	6	8	2
East Central	27	100	27	15	44	67	93	12	18	1
Eastern	25	98	27	25	31	89	98	2	9	1
Northeast	28	100	38	23	21	82	100	9	5	1
North Central	34	100	53	27	17	89	81	4	14	1
West Nile	8	100	19	3	67	100	100	0	6	2
Western	15	100	16	4	35	71	86	3	19	1
Southwest	27	98	32	4	22	58	98	2	18	2
Total	28	97	32	14	25	70	92	4	143	1

[1] Presence of Uganda National Policy on HIV Counselling or any other guidelines or policy that specifically mentions that all clients receiving HIV test must be offered pre-test counselling or information, and post-test counselling for both positive and negative test results in any relevant service site.
[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, and 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, or has an affiliated external laboratory, or has an agreement with a testing site where the test results are returned 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-9.5 Tuberculosis treatment at HIV service sites using DOTS

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with different tuberculosis (TB) activities; and among facilities offering CSS and TB treatment following the direct observation of therapy (DOTS), percentage with programme components that support TB treatment, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	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 sites offering TB services using DOTS strategy
			Any TB diagnostic or treatment services[1]	Any TB treat-ment services	Report they are part of national DOTS pro-gramme	Follow DOTS treatment[2]		Observed client register for DOTS	Observed TB treatment protocol	All first-line medi-cines available[3]	All items for TB indicator[4]		
Type of facility													
Hospital	98	19	99	95	84	62	19	77	40	89	26	12	1
HC-IV	99	27	99	97	87	80	27	52	48	85	20	22	1
HC-III	71	158	82	77	69	66	112	54	38	90	27	73	1
HC-II	49	287	20	12	13	12	141	49	33	77	0	16	1
Managing authority													
Government	60	373	58	56	52	48	222	54	39	91	22	106	1
Private	64	119	47	30	25	23	76	59	38	63	24	17	1
Region													
Central	80	98	46	39	36	39	79	68	29	84	27	30	1
Kampala	94	9	93	78	57	52	8	37	18	78	8	4	1
East Central	37	78	54	53	52	53	29	74	39	86	23	15	1
Eastern	55	49	65	63	50	58	27	33	58	89	31	16	1
Northeast	25	41	63	63	58	19	10	87	30	92	30	2	1
North Central	54	37	82	81	75	79	20	53	29	96	16	16	1
West Nile	48	37	75	62	64	58	18	55	66	98	19	10	1
Western	50	60	74	53	52	35	30	37	55	91	22	11	1
Southwest	94	83	38	36	33	25	78	49	28	78	14	19	1
Total	61	491	55	49	45	41	299	55	39	87	22	123	1

[1] Facility conducts TB tests for TB diagnosis (sputum or x-ray or both), or these tests are done externally and there is record of test results, or providers diagnose TB based on clinical symptoms, or providers prescribe initial therapy or follow-up TB patients.
[2] Treatment strategy followed is either direct-observe 2 months with 6 months follow-up, or direct-observe 6 months, or direct-observe 8 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.

Table A-9.6.1 Treatment and/or follow-up for tuberculosis using any treatment strategy: Protocols at all sites

Among facilities offering any care and support services (CSS) for HIV/AIDS clients and any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Uganda SPA 2007

Background characteristics	Percent of facilities offering TB treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and offering any TB treatment services (weighted)	Average number of sites offering CSS for HIV/AIDS clients and offering any TB treatment services
			DOTS[2]	Follow-up treatment only[3]	Other treatment strategies[4]	Observed client register at any site	Observed TB treatment protocol at all sites	All first-line TB medicines available[5]	All items for TB indicator[6]		
Type of facility											
Hospital	95	19	66	8	54	71	34	89	22	18	2
HC-IV	97	27	83	11	24	65	48	87	32	26	1
HC-III	77	112	85	20	15	60	38	91	26	86	1
HC-II	12	141	99	38	1	61	33	77	11	17	1
Managing authority											
Government	56	222	85	20	18	64	38	92	25	124	1
Private	30	76	76	12	31	54	41	70	20	23	1
Region											
Central	39	79	98	2	5	91	29	83	28	31	1
Kampala	78	8	67	6	43	61	21	78	14	6	1
East Central	53	29	100	8	1	83	39	86	28	15	1
Eastern	63	27	92	45	8	33	56	90	31	17	1
Northeast	63	10	31	0	69	32	46	97	9	6	1
North Central	81	20	97	26	3	54	29	96	17	16	1
West Nile	62	18	94	34	19	56	56	98	12	11	1
Western	53	30	67	21	38	61	47	94	41	16	1
Southwest	36	78	69	24	37	53	36	85	21	28	1
Total	49	299	84	19	20	62	39	89	25	147	1

[1] More than one treatment strategy may apply if facility offers TB services from multiple sites.
[2] Treatment strategy followed is either direct observe 2 months with 6 months follow-up, or direct observe 6 months, or direct observe 8 months.
[3] Site provides follow-up for TB clients, after intensive treatment offered elsewhere.
[4] Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.
[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 and observed TB treatment protocols and all first-line TB medicines available in facility.

Table A-9.6.2 Treatment and/or follow-up for tuberculosis using any treatment strategy: Protocols at any site

Among facilities offering any care and support services (CSS) for HIV/AIDS clients and any tuberculosis treatment services, percentage having the indicated components for management of tuberculosis (TB), by background characteristics, Uganda SPA 2007

Background characteristics	Percent of facilities offering TB treatment services	Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage reporting they follow indicated treatment strategy[1]			Among facilities offering CSS for HIV/AIDS clients and offering any TB treatment services, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and offering any TB treatment services (weighted)	Average number of sites offering CSS for HIV/AIDS clients and offering any TB treatment services
			DOTS[2]	Follow-up treatment only[3]	Other treatment strategies[4]	Observed client register at any site	Observed TB treatment protocol at any site	All first-line TB medicines available[5]	All items for TB indicator[6]		
Type of facility											
Hospital	95	19	66	8	54	71	55	89	36	18	2
HC-IV	97	27	83	11	24	65	54	87	35	26	1
HC-III	77	112	85	20	15	60	45	91	31	86	1
HC-II	12	141	99	38	1	61	33	77	11	17	1
Managing authority											
Government	56	222	85	20	18	64	47	92	31	124	1
Private	30	76	76	12	31	54	47	70	25	23	1
Region											
Central	39	79	98	2	5	91	47	83	45	31	1
Kampala	78	8	67	6	43	61	26	78	19	6	1
East Central	53	29	100	8	1	83	42	86	30	15	1
Eastern	63	27	92	45	8	33	56	90	31	17	1
Northeast	63	10	31	0	69	32	46	97	9	6	1
North Central	81	20	97	26	3	54	31	96	18	16	1
West Nile	62	18	94	34	19	56	67	98	23	11	1
Western	53	30	67	21	38	61	53	94	42	16	1
Southwest	36	78	69	24	37	53	46	85	24	28	1
Total	49	299	84	19	20	62	47	89	30	147	1

[1] More than one treatment strategy may apply if facility offers TB services from multiple sites.
[2] Treatment strategy followed is either direct observe 2 months with 6 months follow-up, or direct observe 6 months, or direct observe 8 months.
[3] Site provides follow-up for TB clients, after intensive treatment offered elsewhere.
[4] Either no direct observed treatment or patients are treated while inpatient but discharged to other unit/facility for follow-up.
[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 and observed TB treatment protocols and all first-line TB medicines available in facility.

Table A-9.7 Resources and supplies for diagnosing tuberculosis at HIV service sites

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage diagnosing tuberculosis (TB), and percentage with the indicated diagnostic elements, by background characteristics, Uganda SPA 2007

Background characteristics	Among facilities offering CSS for HIV/AIDS clients, percentage with indicated TB diagnostic activities				Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum[2] percentage with:				Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test (weighted)	Among facilities offering CSS for HIV/AIDS clients and diagnosis TB using X-ray percentage with X-ray capacity[5]	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-ray (weighted)
	Any TB diagnostic services[1]	Use sputum for TB diagnosis[2]	Use X-ray for TB diagnosis	Use clinical symp-toms		All items for con-ducting sputum test for TB[3]	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for indicator[4]			
Type of facility												
Hospital	98	98	67	5	19	80	1	88	74	19	65	13
HC-IV	98	98	13	1	27	71	0	85	65	26	11	4
HC-III	52	52	2	0	112	56	2	51	44	58	23	2
HC-II	15	13	2	4	141	40	0	49	29	18	9	2
Managing authority												
Government	41	40	4	2	222	60	1	59	49	89	39	10
Private	45	43	15	3	76	61	0	76	57	33	51	11
Region												
Central	37	37	8	0	79	48	0	51	41	29	20	7
Kampala	91	91	41	0	8	78	0	60	55	7	71	3
East Central	49	49	8	0	29	81	0	70	56	14	51	2
Eastern	38	38	3	0	27	45	0	50	41	10	100	1
Northeast	49	49	13	0	10	81	0	97	81	5	75	1
North Central	58	58	7	0	20	59	12	72	68	11	0	1
West Nile	57	45	6	17	18	77	0	84	77	8	57	1
Western	61	55	6	12	30	60	0	59	47	17	34	2
Southwest	25	25	3	0	78	56	0	70	42	19	70	2
Total	42	41	7	2	299	61	1	64	51	121	45	21

[1] Facility conducts TB tests for TB diagnosis (sputum or X-ray or both), or these tests are done externally and there are records of test results, or providers diagnose TB based on clinical symptoms.
[2] Includes sputum microscopy, culture, or rapid test.
[3] All items for Ziehl-Neelson test for AFB (Carbol Fucsin, 20 % sulphuric acid, methyl blue, a functioning microscope, and glass slides), or culture medium (Lowenstein-Jensen, Ogawa and Middlebrook, BACTEC or MGIT) with a functioning incubator, or new rapid test for TB available.
[4] All items for conducting test or documented system for sending sputum elsewhere, and record of test results.
[5] Functioning X-ray machine with films

Table A-9.8.1 Diagnosis and treatment of sexually transmitted infections at HIV service sites: Treatment protocols at all sites

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage treating sexually transmitted infections (STIs), and among these, percentage having the indicated components to support STI services, and mean number of CSS service sites offering STI treatment, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities 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
			Observed STI treatment protocol in all relevant units	Medications for treating each major STI[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Type of facility								
Hospital	99	19	36	90	82	25	19	3
HC-IV	100	27	40	38	98	16	27	2
HC-III	100	112	67	42	90	25	112	1
HC-II	99	141	69	48	89	30	139	1
Managing authority								
Government	100	222	65	35	96	22	222	1
Private	98	76	60	87	73	40	74	1
Region								
Central	100	79	58	47	90	23	79	1
Kampala	100	8	41	85	86	30	8	1
East Central	100	29	55	54	93	33	29	1
Eastern	99	27	88	41	81	24	27	1
Northeast	100	10	68	78	84	32	10	1
North Central	100	20	60	51	86	32	20	1
West Nile	100	18	50	24	90	11	18	2
Western	95	30	72	56	94	33	28	1
Southwest	100	78	68	42	92	27	78	1
Total	99	299	64	48	90	26	297	1

[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.

Table A-9.8.2 Diagnosis and treatment of sexually transmitted infections at HIV service sites: Treatment protocols at any site

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage treating sexually transmitted infections (STIs), and among these, percentage having the indicated components to support STI services, and mean number of CSS service sites offering STI treatment, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities 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
			Observed STI treatment protocol in any relevant units	Medications for treating each major STI[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Type of facility								
Hospital	99	19	85	90	82	61	19	3
HC-IV	100	27	85	38	98	32	27	2
HC-III	100	112	81	42	90	30	112	1
HC-II	99	141	71	48	89	31	139	1
Managing authority								
Government	100	222	78	35	96	28	222	1
Private	98	76	72	87	73	48	74	1
Region								
Central	100	79	69	47	90	28	79	1
Kampala	100	8	51	85	86	34	8	1
East Central	100	29	71	54	93	40	29	1
Eastern	99	27	98	41	81	32	27	1
Northeast	100	10	77	78	84	39	10	1
North Central	100	20	64	51	86	36	20	1
West Nile	100	18	71	24	90	19	18	2
Western	95	30	76	56	94	34	28	1
Southwest	100	78	87	42	92	36	78	1
Total	99	299	77	48	90	33	297	1

[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.

Table A-9.9 Supportive management practices for providers of TB, Malaria or STIs

Among facilities offering any care and support services (CSS) for HIV/AIDS, percentage with management practices that support treatment of TB, malaria and STIs, including protocols at all relevant sites or protocols at any site, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	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 and STI services, including protocols at all relevant service sites[3]	All items for TB, malaria and STI services, including protocols at any relevant service site[4]	
Type of facility							
Hospital	98	19	90	85	4	15	19
HC-IV	99	27	89	98	1	6	27
HC-III	71	158	77	95	5	6	112
HC-II	49	287	80	90	0	1	141
Managing authority							
Government	60	373	81	92	2	4	222
Private	64	119	79	93	3	5	76
Region							
Central	80	98	82	97	2	3	79
Kampala	94	9	96	78	2	2	8
East Central	37	78	62	91	9	9	29
Eastern	55	49	75	86	0	6	27
Northeast	25	41	94	98	0	0	10
North Central	54	37	99	99	0	3	20
West Nile	48	37	100	98	0	4	18
Western	50	60	83	84	7	14	30
Southwest	94	83	73	91	0	1	78
Total	61	491	80	92	2	4	299

[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 3 years preceding the survey

[2] At least half of the interviewed providers of TB, malaria, or STI services were personally supervised at least once during the 3 months preceding the survey

[3] All records, protocols/guidelines at all sites, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI services

[4] All records, protocols/guidelines at any site, medicines, and trained and supervised staff for offering tuberculosis, malaria, and STI

Table A-9.10 Isoniazid for preventing tuberculosis in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage offering isoniazid preventive treatment (IPT), for tuberculosis (TB) to HIV/AIDS clients, and among these, percentage with programme components supporting preventive treatment for TB (including treatment protocols at all service sites), and mean number of CSS service sites offering isoniazid preventive treatment, by background characteristics, Uganda SPA 2007

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 ever offering isoniazid preventive treatment for TB, percentage with:			Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer isoniazid preventative treatment for TB (weighted)	Mean number of 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	14	7	19	0	32	16	6	1
HC-IV	9	6	5	27	5	4	23	4	1
HC-III	7	8	9	112	19	8	9	16	1
HC-II	1	0	7	141	0	0	11	2	2
Managing authority									
Government	5	5	9	222	8	13	6	24	1
Private	4	2	4	76	33	8	50	4	1
Region									
Central	3	3	5	79	31	3	6	5	1
Kampala	16	5	14	8	0	19	30	2	1
East Central	2	9	13	29	0	41	22	3	1
Eastern	5	1	5	27	0	0	0	2	1
Northeast	4	0	17	10	0	38	0	0	1
North Central	0	1	1	20	0	100	0	0	1
West Nile	24	2	24	18	4	14	4	5	1
Western	14	2	17	30	28	10	31	5	1
Southwest	0	7	0	78	0	0	3	6	1
Total	5	4	7	299	11	12	13	28	1

[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 or refers clients for it
[3] At least one site in facility routine 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-9.12 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 background characteristics, Uganda SPA 2007

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]
	Psycho-social counselling	Treatment of opportunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for HIV/AIDS infected persons	Supervised providers of CSS for PLHA[2]	Trained and supervised staff available for all key services		
Type of facility										
Hospital	95	63	37	31	37	29	84	15	19	3
HC-IV	87	65	27	23	22	29	91	12	27	2
HC-III	49	27	12	9	11	15	82	4	112	1
HC-II	34	18	3	5	1	8	69	0	141	1
Managing authority										
Government	50	29	8	8	7	13	75	2	222	1
Private	44	27	19	15	13	16	80	8	76	1
Region										
Central	48	36	10	6	8	23	84	3	79	1
Kampala	83	61	39	33	31	31	67	13	8	2
East Central	58	25	7	3	19	7	91	1	29	1
Eastern	41	19	6	7	8	10	75	6	27	1
Northeast	43	31	21	8	12	13	75	3	10	1
North Central	76	63	24	39	15	19	82	11	20	1
West Nile	74	22	5	15	2	2	99	1	18	2
Western	58	25	15	9	9	11	72	2	30	1
Southwest	28	15	6	6	4	9	61	2	78	1
Total	48	28	11	10	9	14	77	4	299	1

[1] At least one provider of indicated HIV/AIDS service trained any time during the 3 years preceding the survey 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.
[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-9.13.1 Protocols and guidelines to support advanced services for HIV/AIDS: Protocols at all sites

Among facilities reporting they offer any clinical care and support services (CSS) for HIV/AIDS clients, percentage having protocols or guidelines for specific services in all clinical CSS service sites, and mean number of clinical CSS service sites, by background characteristics, Uganda SPA 2007

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[3]
	Opportunistic infections[1]	Symptomatic/ palliative care[1]	Care of children living with HIV/AIDS[1]	Care of adults living with HIV/AIDS[1]	Confidentiality guidelines in all eligible client clinics/units[2]		
Type of facility							
Hospital	39	39	39	39	13	19	3
HC-IV	43	43	43	43	11	27	2
HC-III	68	68	68	68	12	107	1
HC-II	65	65	65	65	8	126	1
Managing authority							
Government	62	62	62	62	8	207	1
Private	62	62	62	62	18	73	1
Region							
Central	53	53	53	53	17	70	1
Kampala	42	42	42	42	20	8	2
East Central	51	51	51	51	12	27	1
Eastern	76	76	76	76	4	27	1
Northeast	88	88	88	88	24	8	1
North Central	55	55	55	55	23	20	1
West Nile	44	44	44	44	0	16	2
Western	70	70	70	70	18	27	1
Southwest	73	73	73	73	0	77	1
Total	62	62	62	62	11	279	1

[1] Comprehensive HIV Care: Acute care guide or Comprehensive HIV care: chronic HIV care guide or Comprehensive HIV care: home-based care trainers' guide for health workers or any other guidelines that covers the indicated topics.
[2] Any written policy document or statement on confidentiality and disclosure of HIV test results or HIV/AIDS status, or the national VCT guidelines.
[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-9.13.2 Protocols and guidelines to support advanced services for HIV/AIDS: Protocols at any site

Among facilities reporting they offer any clinical care and support services (CSS) for HIV/AIDS clients, percentage having protocols or guidelines for specific services in any clinical CSS service sites, and mean number of clinical CSS service sites, by background characteristics, Uganda SPA 2007

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 sites:					Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)	Mean number of sites offering clinical CSS for HIV/AIDS clients[3]
	Opportunistic infections[1]	Symptomatic/ palliative care[1]	Care of children living with HIV/AIDS[1]	Care of adults living with HIV/AIDS[1]	Confidentiality guidelines in all eligible client clinics/units[2]		
Type of facility							
Hospital	86	86	86	86	56	19	3
HC-IV	88	88	88	88	40	27	2
HC-III	79	79	79	79	14	107	1
HC-II	67	67	67	67	8	126	1
Managing authority							
Government	76	76	76	76	15	207	1
Private	72	72	72	72	22	73	1
Region							
Central	65	65	65	65	23	70	1
Kampala	54	54	54	54	32	8	2
East Central	71	71	71	71	23	27	1
Eastern	86	86	86	86	9	27	1
Northeast	100	100	100	100	37	8	1
North Central	71	71	71	71	36	20	1
West Nile	67	67	67	67	10	16	2
Western	76	76	76	76	23	27	1
Southwest	83	83	83	83	2	77	1
Total	75	75	75	75	17	279	1

[1] Comprehensive HIV Care: Acute care guide or Comprehensive HIV care: chronic HIV care guide or Comprehensive HIV care: home-based care trainers' guide for health workers or any other guidelines that covers the indicated topics.
[2] Any written policy document or statement on confidentiality and disclosure of HIV test results or HIV/AIDS status, or the national VCT guidelines.
[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-9.14 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 background characteristics, Uganda SPA 2007

Background characteristics	Among facilities offering care and support services, percentage offering specific types of palliative care									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]	ART[2]	Inpatient care	Post-exposure prophylaxis (PEP) for staff	All advanced CSS[3]	
Type of facility										
Hospital	71	40	56	69	96	85	91	75	22	19
HC-IV	16	7	34	44	100	52	76	34	1	27
HC-III	3	1	19	27	86	7	37	4	0	112
HC-II	1	1	8	22	82	2	8	2	0	141
Managing authority										
Government	5	3	14	24	86	12	30	9	1	222
Private	16	9	28	44	87	18	29	15	2	76
Region										
Central	5	6	16	48	96	15	30	8	1	79
Kampala	33	10	30	51	76	72	19	63	6	8
East Central	15	10	13	39	78	14	29	12	1	29
Eastern	3	1	14	16	83	10	17	9	0	27
Northeast	5	2	6	9	98	20	49	10	0	10
North Central	9	3	25	16	88	22	31	15	2	20
West Nile	15	9	52	51	89	10	66	10	9	18
Western	13	4	21	29	85	13	37	7	3	30
Southwest	3	1	12	10	79	5	22	8	0	78
Total	8	4	18	29	86	14	30	11	1	299

[1] Facility may offer the service or provider can name a specific referral site for the service.
[2] ART here refers not only to the prescription of antiretroviral treatment and/or provision of medical follow-up for ART clients, but also the provision of other follow-up services such as community based services.
[3] All palliative care, ART, inpatient care, and post-exposure prophylaxis

Table A-9.15 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering clinical CSS for HIV/AIDS clients with at least one medicine for managing the indicated 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]	Management of chronic diarrhea[5]	Basic management of pain[6]	Deworming[7]	Intravenous fluid with infusion set for rehydration[8]	Oral rehydration salts (ORS)	
Type of facility										
Hospital	96	94	98	50	77	96	92	84	93	19
HC-IV	70	69	91	10	19	80	89	77	85	27
HC-III	41	66	89	15	14	79	94	65	80	107
HC-II	44	53	83	19	16	74	86	41	84	126
Managing authority										
Government	38	52	85	10	9	73	88	50	82	207
Private	80	94	95	45	52	92	94	76	87	73
Region										
Central	58	69	87	25	24	82	94	80	79	70
Kampala	84	90	95	56	64	92	95	79	81	8
East Central	52	56	88	17	7	86	86	51	82	27
Eastern	37	58	76	21	16	68	90	31	74	27
Northeast	56	75	97	6	21	93	97	64	97	8
North Central	56	88	100	21	30	80	98	54	94	20
West Nile	31	76	70	14	20	54	87	54	69	16
Western	45	75	100	10	24	91	94	76	80	27
Southwest	42	43	86	14	13	72	83	37	91	77
Total	49	63	87	19	20	78	90	57	83	279

[1] Fluconazole or clotrimazole or ketoconazole or Nystatin
[2] Amoxicillin or ampicillin or Chloramphenicol
[3] Tetracycline or Nalidixic acid or cotrimoxazole or erythromycin or penicillin
[4] Iron or iron with Folate and any multivitamin, and B6 or other B vitamins
[5] Loperamide or Diphenoxylate or oral codeine
[6] Paracetamol or aspirin or ibuprofen
[7] Albendazole or mebendazole
[8] Normal saline or D5NS or Ringers lactate or plasma expanders, and infusion sets

Table A-9.16 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 background characteristics, Uganda SPA 2007

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 or manage:								Percentage of facilities with fortified protein supplement[9]	Number of facilities offering clinical CSS for HIV/AIDS clients (weighted)
		Crypto-coccus fungal[1]	Bacterial respiratory infection[2]	Other bacterial infections[3]	Herpes[4]	Parasitic infection[5]	Herpes ophthalmic infection[6]	AIDS dementia complex[7]	Pain[8]		
Type of facility											
Hospital	75	71	97	97	2	94	74	97	91	3	19
HC-IV	18	17	67	86	0	53	46	83	52	0	27
HC-III	5	5	59	87	0	62	33	75	33	0	107
HC-II	2	4	55	79	0	60	25	75	32	0	126
Managing authority											
Government	7	5	49	80	0	53	30	73	24	0	207
Private	18	24	94	95	0	89	43	90	79	0	73
Region											
Central	6	10	73	86	0	70	47	86	43	0	70
Kampala	38	52	89	95	2	87	67	87	87	4	8
East Central	17	7	60	81	0	75	13	86	29	0	27
Eastern	10	6	45	64	0	34	29	59	38	0	27
Northeast	8	20	97	97	0	51	56	56	68	2	8
North Central	9	6	61	98	0	71	44	80	55	0	20
West Nile	18	18	54	70	0	37	59	62	24	0	16
Western	14	18	66	98	0	84	38	88	39	0	27
Southwest	4	4	47	82	0	55	15	73	28	0	77
Total	9	10	60	84	0	63	33	78	38	0	279

[1] Amphotericin B, fluconazole, Itraconazole, and Ketoconazole
[2] Acyclovir, ceftriaxone, ciprofloxacine, gentamycine, cotrimoxazole, and dapsone
[3] Tetracycline, Nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, cloxacillin oral, cloxacillin inj., amoxicillin oral, augmentin, amoxicillin inj., oral ampicillin., ampicillin inj., Chloramphenicol oral, Chloramphenicol inj., clarithromycin oral, kanamycin inj., metronidazole i.v., spectinomycin inj., nitrofurantoin, cefalexine, cefotaxime and sulfadiazine.
[4] Acyclovir and gancyclovir
[5] Metronidazole, tinidazole, Nalidixic acid, and cotrimoxazole
[6] One of: Acyclovir ophthalmic or acyclovir oral
[7] Cotrimoxazole, Phenobarbital, fansidar, and dexamethasone
[8] One from each group: Group 1 (Diazepam, dapsone, indomethacin, prednisolone). Group 2 (oral codeine, inj. diclofenac, inj. dipyrone, oral morphine)
[9] Fortified protein supplement

Table A-9.17 Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with laboratory testing capacity to conduct various tests or a system for receiving results when test is conducted outside the facility, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities 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	Haem-oglobin or haematocrit	White cell count	Platelet count	BUN and serum creatinine	Liver function test	Serum glucose	Indian ink test	Gram stain	Enzyme-linked immuno-sorbent assay (ELISA) for HIV	
Type of facility												
Hospital	48	19	91	24	24	36	36	49	59	78	13	19
HC-IV	15	1	65	14	14	4	4	12	20	58	1	27
HC-III	1	0	20	0	0	2	2	3	4	13	0	107
HC-II	3	2	7	2	2	2	2	5	1	7	0	126
Managing authority												
Government	3	1	18	2	2	1	1	3	5	14	0	207
Private	15	6	40	8	8	14	14	22	16	34	3	73
Region												
Central	5	3	25	5	5	6	6	9	7	20	0	70
Kampala	12	23	73	33	33	39	41	56	25	64	21	8
East Central	6	2	33	4	4	2	2	6	7	14	0	27
Eastern	3	1	15	2	2	1	1	2	4	13	0	27
Northeast	12	0	51	0	0	4	4	10	28	31	0	8
North Central	10	2	17	4	4	2	2	6	8	16	1	20
West Nile	9	0	40	3	3	2	2	15	18	45	0	16
Western	11	1	30	6	6	5	5	5	11	20	1	27
Southwest	5	1	9	1	1	2	2	4	5	11	1	77
Total	6	2	23	4	4	4	4	8	8	19	1	279

[1] Laboratory has all equipment and reagents to conduct the test.

Table A-9.18 Services and supporting infrastructure for inpatient care for people living with HIV/AIDS

Percentage of facilities offering inpatient care and support services (CSS), 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 background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS	Number of facilities (weighted)	Among facilities offering inpatient CSS services, percentage with specific services offered in facility at any site, either inpatient or outpatient						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 TB, malaria and STIs	Treatment for opportunistic infections	Treatment for Kaposi's sarcoma	Palliative care	Anti-retroviral therapy (ART)	Regular electric supply[1]	A functioning client latrine for inpatients	Running water in all inpatient client units	All items for indicator[2]		
Type of facility														
Hospital	85	19	100	97	99	45	59	88	87	100	75	21	17	2
HC-IV	69	27	99	97	100	5	40	57	59	98	65	0	19	1
HC-III	21	158	70	75	95	0	33	5	29	100	66	0	34	1
HC-II	2	287	0	48	100	0	0	0	49	74	100	0	7	1
Managing authority														
Government	15	373	83	91	97	9	34	36	46	100	65	3	55	1
Private	18	119	62	61	100	16	47	36	65	90	87	9	21	2
Region														
Central	20	98	74	74	92	13	27	34	39	91	64	2	20	1
Kampala	13	9	100	100	100	57	100	86	71	100	100	57	1	3
East Central	10	78	100	84	100	16	43	44	49	100	58	4	8	1
Eastern	9	49	100	96	100	0	49	51	67	100	78	0	4	2
Northeast	11	41	69	100	97	3	13	43	48	100	44	0	5	1
North Central	14	37	100	97	100	13	65	55	62	100	74	9	5	1
West Nile	19	37	60	95	100	23	55	26	60	100	62	9	7	2
Western	16	60	66	68	100	8	53	33	77	100	91	3	10	1
Southwest	19	83	73	81	100	4	21	24	38	98	80	3	16	2
Total	15	491	78	83	98	11	38	36	51	97	71	5	76	2

[1] Regular central electricity or a back-up generator with fuel available on day of survey
[2] Facility offers counselling and testing services, treatment for illnesses relevant to HIV/AIDS (tuberculosis, malaria, 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 client 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-9.19 Facilities with links to home or community-based care for HIV/AIDS clients

Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage with components supporting home and community-based care (HC), by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients with:							Number of facilities offering CSS for HIV/AIDS clients (weighted)
	HC in facility or through outreach	At least one site in the facility has a written document naming a 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 referral form for client referral[3]	Facility offers antiretroviral therapy (ART) and has links with community-based health workers for ART services	Observed reporting format for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients[2]	
Type of facility								
Hospital	62	1	25	84	58	14	38	19
HC-IV	38	2	42	75	40	3	33	27
HC-III	21	1	41	53	6	1	27	112
HC-II	8	0	48	42	2	0	15	141
Managing authority								
Government	17	1	45	51	9	1	21	222
Private	25	0	38	55	14	4	27	76
Region								
Central	21	0	52	61	14	2	24	79
Kampala	29	3	20	48	44	4	50	8
East Central	33	1	33	50	13	1	21	29
Eastern	12	0	50	50	6	0	32	27
Northeast	28	3	44	51	12	2	13	10
North Central	14	0	51	50	19	6	20	20
West Nile	32	7	32	53	8	2	32	18
Western	26	1	40	66	9	3	18	30
Southwest	9	0	41	40	2	0	17	78
Total	19	1	43	52	10	2	22	299

[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, at least one site in the facility is able to verbally name a referral site.
[3] The facility offers HC, either in the facility, outreach or through referrals and at least one site in the facility has an observed referral form for client HC services.

Table A-9.20 Youth-friendly services for HIV/AIDS

Among all facilities, percentage that offer youth-friendly services (YFS) for counselling and testing for HIV/AIDS; among facilities with an HIV testing system, percentage that offer youth-friendly services (YFS) for counselling and testing for HIV/AIDS, and among these, percentage with components supporting YFS, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering youth-friendly HIV testing services	Total number of facilities (weighted)	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/ guidelines for YFS	At least one trained provider for YFS[1]	All items for YFS[2]	
Type of facility								
Hospital	27	19	35	19	10	83	10	7
HC-IV	30	27	34	26	14	84	14	9
HC-III	5	158	14	72	21	55	21	10
HC-II	2	287	24	26	0	100	0	6
Managing authority								
Government	4	373	20	103	18	76	18	21
Private	9	119	28	40	3	80	3	11
Region								
Central	9	98	21	46	18	82	18	10
Kampala	43	9	47	8	27	89	27	4
East Central	3	78	16	18	0	100	0	3
Eastern	2	49	10	9	40	100	40	1
Northeast	3	41	27	5	0	69	0	1
North Central	8	37	23	14	5	100	5	3
West Nile	4	37	31	6	10	91	10	2
Western	5	60	33	19	6	45	6	6
Southwest	2	83	11	18	8	52	8	2
Total	5	491	22	143	13	77	13	32

[1] Provider reports having received training related to youth-specific services during the 3 years preceding the survey, or facility in-charge reports there is a trained provider, but the provider was not present the day of the survey.
[2] Facility offers youth-friendly HIV testing services, has observed policy or guidelines for YFS, and has at least one provider trained in YFS.

Table A-9.21 Components supporting antiretroviral therapy services: Record-keeping and staff

Among facilities prescribing antiretroviral therapy (ART) and/or providing medical follow-up for ART clients, percentage with specific programme components, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities prescribing ART and/or medical follow-up services[1]	Number of facilities (weighted)	Percentage of facilities offering ART and/or medical follow-up services and having:			Percentage of facilities prescribing ART and/or medical follow-up services having trained providers of specific services[2]			Percentage of facilities prescribing ART and and/or medical follow-up services having supervised providers[3]	Number of facilities prescribing ART and/or medical follow-up services
			Observed record system for individual client appointments for ART clients	Individual client record/ chart for ART clients	Observed up-to-date register/ client cards where number of current ART clients can be calculated	ART prescription or medical services	Counselling for adherence to ARV drug therapy	Nutritional rehabilitation related to HIV/AIDS		
Type of facility										
Hospital	83	19	88	94	97	19	21	42	87	16
HC-IV	50	27	80	95	87	41	42	44	83	14
HC-III	5	158	63	52	96	41	41	70	85	7
HC-II	1	287	100	100	93	29	29	22	100	3
Managing authority										
Government	7	373	78	89	92	30	32	45	83	27
Private	11	119	88	82	95	34	33	49	92	14
Region										
Central	12	98	76	70	99	29	29	55	92	12
Kampala	68	9	78	90	83	52	55	69	67	6
East Central	5	78	100	100	90	28	28	31	90	4
Eastern	5	49	75	100	88	13	13	25	56	3
Northeast	5	41	65	87	100	27	27	51	92	2
North Central	12	37	71	85	93	29	33	33	100	4
West Nile	5	37	100	100	100	28	28	46	91	2
Western	6	60	96	100	90	40	40	53	85	4
Southwest	5	83	87	96	96	19	23	21	91	4
Total	8	491	81	87	93	31	32	47	86	40

[1] Providers in the facility prescribe antiretroviral therapy and/or provide medical follow-up for ART clients.
[2] At least one interviewed provider of specified service reports receiving related pre- or in-service training during the past 12 months.
[3] At least half of interviewed providers of ART, adherence counselling, or nutritional rehabilitation for ART clients report receiving personal supervision in past 3 months.

Table A-9.22 Components supporting antiretroviral therapy services: Medicines and lab capacity

Among facilities prescribing antiretroviral therapy (ART) and/or providing medical follow-up for ART clients, percentage with the indicated ART programme components, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities prescribing ART and/or medical follow-up services[1]	Number of facilities (weighted)	ART medicines					Antiretroviral (ARV) storage					Number of facilities prescribing ART and/or medical follow-up services
			Adult first-line ART regimen available[2]	Paediatric first-line ART regimen available[3]	Stock cards available for first-line ARVs	No stock-outs for any normally stocked first-line ARV in past 6 months (col. A or G if G present)	Up-to-date pharmacy stock cards for ARVs	Stored separately[4]	Locked/ limited access	Separate from other medicines and locked/ limited access	Lab capacity for monitoring ART[5]	ART monitoring tests conducted outside, observed record for results	
	A	B	C	D	E	F	G	H	I	J	K	L	M
Type of facility													
Hospital	83	19	92	23	51	17	46	27	32	26	34	17	16
HC-IV	50	27	80	9	31	26	37	29	38	29	18	18	14
HC-III	5	158	74	0	37	8	33	33	33	33	0	30	7
HC-II	1	287	36	0	22	0	22	7	15	7	93	0	3
Managing authority													
Government	7	373	80	13	35	21	38	31	39	31	17	17	27
Private	11	119	81	12	47	11	42	20	21	19	46	21	14
Region													
Central	12	98	69	3	26	19	38	24	24	24	32	23	12
Kampala	68	9	95	3	44	15	50	38	41	38	39	15	6
East Central	5	78	72	13	22	36	54	18	14	14	18	42	4
Eastern	5	49	81	19	44	0	56	19	31	19	13	13	3
Northeast	5	41	100	30	41	16	33	38	46	38	0	24	2
North Central	12	37	89	15	56	22	37	48	66	48	23	8	4
West Nile	5	37	90	18	54	18	27	19	28	19	27	0	2
Western	6	60	79	19	41	10	13	25	49	25	28	9	4
Southwest	5	83	81	34	60	9	36	17	17	17	26	17	4
Total	8	491	81	13	39	17	39	27	33	27	27	19	40

[1] Providers in the facility prescribe antiretroviral therapy and/or provide medical follow-up for ART clients.
[2] Any of the following combination of ARVs: 1) Stavudine, Lamivudine and Nevirapine as separate ARVs or as combination drugs; 2) Stavudine, Lamivudine and Efavirenz; 3) Zidovudine, Lamivudine and Nevirapine or Combivir (AZT/3TC) and Nevirapine; 4) Zidovudine, Lamivudine and Efavirenz or Combivir (AZT/3TC) and Efavirenz.
[3] Any of the following combination of ARVs (syrups): 1) Stavudine, Lamivudine and Nevirapine; 2) Stavudine, Lamivudine and Efavirenz; 3) Zidovudine, Lamivudine and Nevirapine; 4) Zidovudine, Lamivudine and Efavirenz.
[4] ARVs stored in a separate location or in main pharmacy but separate from non-ARVs.
[5] Lab in facility can either conduct CD4, viral load, or total lymphocyte count (TLC)

Table A-9.23.1 Protocols and guidelines for antiretroviral combination therapy services available at all service sites

Among all facilities, percentage prescribing antiretroviral therapy (ART) and/or providing medical follow-up for ART clients, and among these, percentage with the indicated items, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities prescribing ART and/or medical follow-up services[1]	Number of facilities (weighted)	Observed guidelines/ protocols in all eligible ART sites				Observed guidelines/protocols in all eligible ART sites: ART treatment guidelines:		Number of facilities prescribing ART and/or medical follow-up services (weighted)	Mean number of sites prescrib-ing ART and/or medical follow-up services[4]
			Opportunistic infections[2]	Symptomatic palliative care[2]	Care of children living with HIV/AIDS[2]	Care of adults living with HIV/AIDS[2]	National Antiretroviral Treatment and Care Guidelines for Adults and Children	Other ART treatment guidelines for adults or children[3]		
Type of facility										
Hospital	83	19	72	4	18	26	29	22	16	1
HC-IV	50	27	76	10	6	29	31	26	14	1
HC-III	5	158	81	4	4	30	33	22	7	1
HC-II	1	287	15	7	15	7	7	7	3	1
Managing authority										
Government	7	373	73	5	9	24	31	23	27	1
Private	11	119	66	8	16	31	25	22	14	1
Region										
Central	12	98	65	0	1	24	24	20	12	1
Kampala	68	9	35	8	17	16	26	3	6	1
East Central	5	78	92	4	4	18	17	37	4	1
Eastern	5	49	100	0	19	25	38	31	3	1
Northeast	5	41	100	0	16	8	16	0	2	1
North Central	12	37	71	18	4	44	33	33	4	1
West Nile	5	37	91	9	27	64	56	9	2	1
Western	6	60	96	25	19	34	44	37	4	1
Southwest	5	83	55	0	23	23	28	32	4	1
Total	8	491	71	6	11	27	29	22	40	1

[1] Providers in the facility prescribe antiretroviral therapy and/or provide medical follow-up for ART clients
[2] Comprehensive HIV care: Acute care guide, comprehensive HIV care including antiretroviral therapy: chronic care guide, Uganda Clinical guidelines, or any other guidelines that mention specified topic.
[3] Other guidelines such as comprehensive HIV care including antiretroviral therapy
[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-9.23.2 Protocols and guidelines for antiretroviral combination therapy services available at any service site

Among all facilities, percentage prescribing antiretroviral therapy (ART) and/or providing medical follow-up for ART clients, and among these, percentage with the indicated items, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities prescribing ART and/or clinical follow-up services[1]	Number of facilities (weighted)	Observed guidelines/ protocols in any eligible ART sites				Observed guidelines/protocols in all eligible ART sites: ART treatment guidelines:		Number of facilities prescribing ART and/or clinical follow-up services (weighted)	Mean number of sites prescribing ART and/or clinical follow-up services[4]
			Opportunistic infections[2]	Symptomatic palliative care[2]	Care of children living with HIV/AIDS[2]	Care of adults living with HIV/AIDS[2]	National Antiretroviral Treatment and Care Guidelines for Adults and Children	Other ART treatment guidelines for adults or children[3]		
Type of facility										
Hospital	83	19	76	4	24	30	33	23	16	1
HC-IV	50	27	77	10	6	29	32	26	14	1
HC-III	5	158	81	4	4	30	33	22	7	1
HC-II	1	287	15	7	15	7	7	7	3	1
Managing authority										
Government	7	373	75	5	12	26	33	23	27	1
Private	11	119	69	8	17	32	27	23	14	1
Region										
Central	12	98	65	0	4	24	26	20	12	1
Kampala	68	9	40	8	23	22	35	3	6	1
East Central	5	78	96	4	4	18	17	42	4	1
Eastern	5	49	100	0	19	25	38	31	3	1
Northeast	5	41	100	0	16	8	16	0	2	1
North Central	12	37	71	18	4	44	33	33	4	1
West Nile	5	37	100	9	27	73	56	9	2	1
Western	6	60	96	25	23	38	49	37	4	1
Southwest	5	83	60	0	28	23	28	32	4	1
Total	8	491	73	6	13	28	31	23	40	1

[1] Providers in the facility prescribe antiretroviral therapy and/or provide medical follow-up for ART clients

[2] Comprehensive HIV care: Acute care guide, comprehensive HIV care including antiretroviral therapy: chronic care guide, Uganda clinical guidelines, or any other guidelines that mention specified topic.

[3] Other guidelines such as comprehensive HIV care including antiretroviral therapy

[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-9.24 Post-exposure prophylaxis (PEP)

Percentage of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP. Among these facilities, percentage where the specified elements are present, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities where staff have access to PEP[1]	Number of facilities (weighted)	Percentage of facilities offering PEP and having:					Percentage of facilities offering PEP with specific PEP ARV storage conditions			Number of facilities where staff have access to PEP (weighted)	Mean number of service sites where PEP is prescribed[4]
			Observed PEP guidelines present in all service sites where PEP is prescribed[2]	Observed PEP guidelines present in any service site where PEP is prescribed[2]	Any record/ register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP[3]	Separate from other medications	Locked/ limited access	Separate and locked		
Type of facility												
Hospital	74	19	5	52	47	11	56	5	3	2	14	4
HC-IV	34	27	14	35	24	3	35	3	3	3	9	2
HC-III	3	158	33	50	12	0	56	0	0	0	5	2
HC-II	1	287	14	27	27	0	93	0	0	0	3	2
Managing authority												
Government	5	373	12	43	28	7	49	2	3	2	20	3
Private	9	119	14	47	41	4	61	4	1	1	11	3
Region												
Central	7	98	33	61	24	5	84	0	0	0	7	3
Kampala	60	9	11	54	46	0	64	6	3	3	5	3
East Central	4	78	0	20	41	25	31	0	5	0	3	3
Eastern	5	49	20	47	7	0	7	0	0	0	2	2
Northeast	2	41	0	17	50	0	33	0	0	0	1	3
North Central	8	37	0	53	36	16	57	21	16	16	3	3
West Nile	5	37	0	54	36	9	44	0	0	0	2	4
Western	4	60	33	70	63	0	78	0	0	0	2	3
Southwest	7	83	0	19	20	3	37	0	0	0	6	3
Total	6	491	13	45	33	6	53	3	3	2	32	3

[1] Facility offers PEP or has a system to refer staff for PEP.
[2] National antiretroviral treatment and care guidelines for adults and children or any other guidelines that specifically mention PEP and the regimen to follow.
[3] The survey assessed the availability of any of these recommended ARVs for PEP, in any combination: Zidovudine, Lamivudine, Stavudine, Didanosine, Efavirenz, Nelfinavir and Lopinavir-ritonaivir. Any other ARV which is reported as used for PEP and available on the day of the survey is also captured.
[4] Within one facility there may be several locations where the same service if offered. Each of these locations is defined as a service site.

Table A-9.25 Availability of service records for PMTCT services

Among facilities offering services for prevention of mother-to-child transmission (PMTCT) of HIV, percentage with specific documentation observed and up-to-date, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering any PMTCT services	Total number of facilities (weighted)	Percentage of facilities offering PMTCT services with specific documentation: Observed record of women attending ANC and who accepted HIV testing	Observed record of women who received HIV test results	Observed record of woman who received post-test counselling (by serostatus)	Observed record of HIV+ pregnant women who were offered a complete ARV course for PMTCT	All records and results	All PMTCT sites have PMTCT guidelines	Number of facilities offering PMTCT services (weighted)	Mean number of sites offering PMTCT services
Type of facility										
Hospital	89	19	85	72	48	82	46	51	17	1
HC-IV	91	27	68	60	18	70	16	59	25	1
HC-III	40	158	55	46	13	40	7	34	64	1
HC-II	12	287	18	18	7	16	0	22	33	1
Managing authority										
Government	28	373	58	52	16	49	12	40	106	1
Private	28	119	33	22	21	32	11	32	33	1
Region										
Central	58	98	36	36	4	31	1	30	57	1
Kampala	45	9	63	52	37	56	33	55	4	1
East Central	21	78	45	42	28	54	28	38	16	1
Eastern	16	49	70	40	45	70	28	42	8	1
Northeast	16	41	71	59	21	71	14	33	6	1
North Central	31	37	83	81	45	31	11	41	11	1
West Nile	16	37	38	38	17	60	17	37	6	1
Western	22	60	31	31	26	44	26	31	13	1
Southwest	20	83	95	63	5	66	5	61	17	1
Total	28	491	52	45	17	45	12	38	139	1

[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 counselling and/or testing, counselling on infant feeding, family planning, and ARV prophylaxis.
[2] Observed records 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 counselling, 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-9.26 Availability of service records for PMTCT *plus* services,

Among facilities offering services for prevention of mother-to-child transmission of HIV and antiretroviral treatment (ART) for HIV-positive women and their families (PMTCT *plus*), percentage with specific up-to-date documentation, by background characteristics, Uganda SPA 2007

Background characteristics	Percentage of facilities offering PMTCT *plus* services[1]	Total number of facilities (weighted)	Percentage of facilities with: Observed record of HIV+ pregnant women who receive therapeutic ARV	All elements and records for PMTCT*plus*[2]	PMTCT women and family referred outside PMTCT unit for ART, no further follow-up by PMTCT clinic/unit	Number of facilities offering PMTCT+ services (weighted)	Mean number of sites offering PMTCT+ services[3]
Type of facility							
Hospital	60	19	41	27	37	12	1
HC-IV	37	27	33	5	21	10	1
HC-III	2	158	92	0	8	4	1
HC-II	1	287	90	0	0	2	1
Managing authority							
Government	5	373	43	15	26	18	1
Private	8	119	58	11	21	9	1
Region							
Central	10	98	70	2	15	10	1
Kampala	19	9	40	40	27	2	1
East Central	5	78	32	22	32	4	1
Eastern	3	49	40	20	30	2	1
Northeast	2	41	58	16	26	1	1
North Central	10	37	30	13	23	4	1
West Nile	4	37	49	37	49	1	1
Western	3	60	69	28	0	2	1
Southwest	3	83	6	0	46	3	1
Total	6	491	48	13	24	27	1

[1] PMTCT *plus* services include CT services, ARV prophylaxis for mother and newborn, counselling on infant feeding, family planning for HIV-positive women, and antiretroviral therapy (ART) for the HIV-positive women and their families.
[2] All PMTCT *plus* services listed above, plus counselling and testing records for ANC clients, records or ARV prophylaxis offered, and records of ART for women receiving PMTCT services.
[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-9.27 Facilities with record-keeping systems for monitoring HIV/AIDS care and support

Among all facilities offering HIV/AIDS-related care and support services, percentage with records of services received by clients and percentage submitting any reports on specified services, by background characteristics, Uganda SPA 2007

Background characteristics	Among facilities with HIV testing system, percentage:		Number of facilities with an HIV testing system (weighted)	Among facilities prescribing ART, percentage:		Number of facilities prescribing ART (weighted)	Among facilities offering any care and support services (CSS) for HIV/AIDS clients, percentage:		Number of facilities offering CSS for HIV/AIDS clients (weighted)	Among facilities offering testing, ART and CSS for HIV/AIDS clients, percentage having records for HIV/AIDS services offered, and routinely submitting reports on these services	Number of facilities offering testing, ART and CSS for HIV/AIDS clients (weighted)
	With records indicating clients receiving pre- and post-test counselling and received test results	Submitting any reports for HIV testing services		Records indicating number of clients receiving ARV treatment	Submitting any reports for ART services		With records documenting clients treated for HIV/AIDS related illnesses	Submitting any reports for HIV/AIDS-related illnesses treated			
Type of facility											
Hospital	40	91	19	97	94	16	40	90	19	14	16
HC-IV	45	93	26	87	93	14	41	96	27	17	14
HC-III	59	85	72	96	96	7	40	76	112	33	7
HC-II	55	68	26	93	100	3	33	60	141	15	3
Managing authority											
Government	55	86	103	92	94	27	37	73	222	23	27
Private	49	79	40	95	95	14	38	65	76	10	14
Region											
Central	47	88	46	99	96	12	40	51	79	23	12
Kampala	51	69	8	83	87	6	29	68	8	21	6
East Central	45	90	18	90	100	4	2	54	29	4	4
Eastern	87	78	9	88	94	3	69	87	27	19	3
Northeast	57	90	5	100	100	2	29	49	10	8	2
North Central	74	78	14	93	89	4	13	70	20	11	4
West Nile	62	100	6	100	100	2	20	69	18	9	2
Western	62	84	19	90	96	4	26	71	30	37	4
Southwest	32	74	18	96	96	4	52	96	78	15	4
Total	53	84	143	93	95	40	37	71	299	19	40

Appendix B Weighting of Facilities in the 2007 USPA

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 private for-profit facilities) this must be reflected in discussing the representativeness of the data.

In principle, a survey selects a sample of facilities to proportionally represent each type of facility and each region. For certain types of facilities, however, this may leave too few facilities to provide enough information for meaningful analysis at the level desired. This is particularly important when services that are of special interest, such as HIV/AIDS services, are more likely to be found in these facilities. Typically, a survey will over-sample this type of facility to have sufficient numbers for analysis.

When presenting the findings, the data need to be weighted so 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 regional and national levels.

In the case of Uganda, hospitals were over-sampled because they are few in number in the country and also provide HIV/AIDS services. The resulting number of hospitals visited—119—corresponds to 24.2 percent of the total sample. However, hospitals make up only 4 percent of all facilities on the national list of facilities, i.e., the sampling frame for the Uganda Service Provision Assessment survey. Therefore, a multiplier was applied to all results from the sampled hospitals to ensure that the results contribute 4 percent to the total. In the end, the number of hospitals was weighted down to 19, which reflects their actual proportion.

In the report, weighted numbers are given in the tables 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 119 hospitals visited were used, not just data from 19 hospitals. 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.

Key points to remember when using weighted data:

i. Weighting simply ensures that the findings from facilities are represented in proportion to their actual presence in the country; this is usually most relevant when calculating totals across facility types
ii. Weights are applied to a percentage calculated using *all* facilities surveyed
iii. When you see small numbers, you should check the *unweighted numbers* to see the actual number of facilities from which information was collected to determine the calculated percentage.

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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** . . . . . ☐☐

006 **DIVISION/SUB-COUNTY**

DIVISION (URBAN) **1**

SUB-COUNTY (RURAL) **2**

007 **FACILITY NUMBER** . . . . . ☐☐☐

008 **TYPE OF FACILITY**

NATIONAL REFERRAL HOSPITAL	01
REGIONAL REFERRAL HOSPITAL	02
GENERAL HOSPITAL	03
OTHER HOSPITAL	04
HEALTH CENTER IV	05
HEALTH CENTER III	06
HEALTH CENTER II	07
OTHER _____ (SPECIFY)	96

010 **MANAGING AUTHORITY**

GOVERNMENT	1
PRIVATE	2
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

1 TURN MACHINE ON AND WAIT UNTIL SATELITE PAGE CHANGES TO "POSITION"

2 WRITE ALTITUDE

3 PRESS "MARK"

4 HIGHLIGHT "AVERAGE" AND PRESS "ENTER"

5 HIGHLIGHT "WAYPOINT NUMBER" AND PRESS "ENTER"

6 ENTER 3-DIGIT FACILITY NUMBER

7 WAIT 5 MINUTES

8 HIGHLIGHT "SAVE" AND PRESS "ENTER"

9 PAGE TO MAIN MENU, HIGHLIGHT "WAYPOINT LIST" AND PRESS "ENTER"

10 HIGHLIGHT YOUR WAYPOINT

11 COPY INFORMATION FROM WAYPOINT LIST PAGE: THIS IS THE "AVERAGE" OF ALL THE SATELITE READINGS

12 BE SURE TO COPY THE WAYPOINT NAME FROM THE WAYPOINT LIST PAGE TO VERIFY THAT YOU ARE ENTERING THE CORRECT WAYPOINT INFORMATION ON THE DATA FORM

015 WAYPOINT NAME (FACILITY NUMBER) . . . . . [ ][ ][ ]

016 ELEVATION . . . . . [ ][ ][ ][ ]

017 LATITUDE . . . . . **N/S** . . . . . a[ ]

DEGREES/DECIM. b[0][ ] c[ ][ ][ ][ ][ ]

018 LONGITUDE . . . . . **E/W** . . . . . a[E]

DEGREES/DECIM. b[0][ ][ ] c[ ][ ][ ][ ][ ]

4. NUMBER OF OBSERVATION/EXIT & PROVIDER QUESTIONNAIRES COMPLETED AT FACILITY:

1 PROVIDER INTERVIEWS . . . . . [ ][ ]

2 ANC OBSERVATION . . . . . [ ][ ]

3 FP OBSERVATION . . . . . [ ][ ]

4 SICK CHILD OBSERVATION . . . . . [ ][ ]

5 STI OBSERVATION . . . . . [ ][ ]

6 INJECTIONS . . . . . [ ][ ]

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							
			Sec 12 or 13 OPD or IPD	Sec 14 HMIS	Sec 15 LAB	Sec 16 PHARM	Sec 17 TB	Sec 18 VCT	Sec 19 ART	Sec 20 PMTCT
01	18	Service statistics (HMIS/med records)	☐	/	☐	☐	☐	☐	☐	☐
02	19	Laboratory	☐	☐	/	☐	☐		☐	☐
03	20	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/ 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
21= MCH Clinic
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							
			Sec 12 or 13 OPD or IPD	Sec 14 HMIS	Sec 15 LAB	Sec 16 PHARM	Sec 17 TB	Sec 18 VCT	Sec 19 ART	Sec 20 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/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
21= MCH Clinic
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

22=Inpatient medical (adult or adult and ped
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

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

						SERVICE PROVIDED								INTERVIEWED
								Treatment						
PROV. SL NUM	CLIN/UNIT NUMBER line	CLIN/UNIT NUMBER 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 HW INTERVIEW CONDUCTED
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													

01	ANAESTHESIOLOGIST/ANAESTH	**12**	REGISTERED NURSE	**23**	NUTRITIONIST
02	CLINICAL OFFICER ANAESTHETIST	**13**	REGISTERED MIDWIFE/DBL. TRAINED NURSE	**24**	HEALTH EDUCATOR
03	NURSE ANAESTHETIST	**14**	COMPREHENSIVE NURSE	**25**	STATISTICIAN
04	OB/GYNAECOLOGIST	**15**	PUBLIC HEALTH NURSE	**26**	RECORDS CLERK
05	SURGEON	**16**	NURSING ASSISTANT	**27**	HOSPITAL ADMINISTRATOR
06	PEDIATRICIAN	**17**	NURSING AIDE	**28**	SOCIAL WORKER
07	OTHER PHYSICIAN SPECIALIST	**18**	PHARMACIST	**29**	HIV/AIDS COUNSELOR
08	MEDICAL OFFICER	**19**	PHARMACY DISPENSER	**30**	OTHER COUNSELOR
09	CLINICAL OFFICER	**20**	LABORATORY TECHNOLOGIST	**31**	PATHOLOGIST
10	ENROLLED NURSE	**21**	LABORATORY TECHNICIAN	**96**	OTHER CLINICAL STAFF
11	ENROLLED MIDWIFE	**22**	LABORATORY ASSISTANT		

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

						SERVICE PROVIDED								INTERVIEWED
PROV SL NUM.	CLIN/UNIT NUMBER line	CLIN/UNIT NUMBER unit	Provider first name or initials	Qual-ification Code		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	CHECK IF HW INTERVIEW CONDUCTED
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													

01	ANAESTHESIOLOGIST/ANAESTH	**12**	REGISTERED NURSE	**23**	NUTRITIONIST
02	CLINICAL OFFICER ANAESTHETIST	**13**	REGISTERED MIDWIFE/DBL. TRAINED NURSE	**24**	HEALTH EDUCATOR
03	NURSE ANAESTHETIST	**14**	COMPREHENSIVE NURSE	**25**	STATISTICIAN
04	OB/GYNAECOLOGIST	**15**	PUBLIC HEALTH NURSE	**26**	RECORDS CLERK
05	SURGEON	**16**	NURSING ASSISTANT	**27**	HOSPITAL ADMINISTRATOR
06	PEDIATRICIAN	**17**	NURSING AIDE	**28**	SOCIAL WORKER
07	OTHER PHYSICIAN SPECIALIST	**18**	PHARMACIST	**29**	HIV/AIDS COUNSELOR
08	MEDICAL OFFICER	**19**	PHARMACY DISPENSER	**30**	OTHER COUNSELOR
09	CLINICAL OFFICER	**20**	LABORATORY TECHNOLOGIST	**31**	PATHOLOGIST
10	ENROLLED NURSE	**21**	LABORATORY TECHNICIAN	**96**	OTHER CLINICAL STAFF
11	ENROLLED MIDWIFE	**22**	LABORATORY ASSISTANT		

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

							SERVICE PROVIDED								**INTERVIEWED**
PROV. SL. NUM	CLIN/UNIT NUMBER line		unit		Provider first name or initials	Qual-ification Code	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	CHECK IF HW INTERVIEW CONDUCTED
47														
48														
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69														

01	ANAESTHESIOLOGIST/ANAESTH	**12**	REGISTERED NURSE	**23**	NUTRITIONIST
02	CLINICAL OFFICER ANAESTHETIS	**13**	REGISTERED MIDWIFE/DBL. TRAINED NURSE	**24**	HEALTH EDUCATOR
03	NURSE ANAESTHETIST	**14**	COMPREHENSIVE NURSE	**25**	STATISTICIAN
04	OB/GYNAECOLOGIST	**15**	PUBLIC HEALTH NURSE	**26**	RECORDS CLERK
05	SURGEON	**16**	NURSING ASSISTANT	**27**	HOSPITAL ADMINISTRATOR
06	PEDIATRICIAN	**17**	NURSING AIDE	**28**	SOCIAL WORKER
07	OTHER PHYSICIAN SPECIALIST	**18**	PHARMACIST	**29**	HIV/AIDS COUNSELOR
08	MEDICAL OFFICER	**19**	PHARMACY DISPENSER	**30**	OTHER COUNSELOR
09	CLINICAL OFFICER	**20**	LABORATORY TECHNOLOGIST	**31**	PATHOLOGIST
10	ENROLLED NURSE	**21**	LABORATORY TECHNICIAN	**96**	OTHER CLINICAL STAFF
11	ENROLLED MIDWIFE	**22**	LABORATORY ASSISTANT		

SECTION 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 **Uganda 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 by these researchers, 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	

2. Information About Services

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	How many days each week is the facility routinely open for outpatient curative services?	NUMBER OF DAYS . . . . . [ ] DON'T KNOW 8	
103	Does a trained health provider live on the facility premises?	YES . . . . . 1 NO 2	
104	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
105	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
106	Is this facility part of a network, where one of the network facilities always offers 24-hour emergency service? IF YES, ASK TO SEE SOME SCHEDULE OR NOTICE TO INFORM CLIENTS	YES, SCHEDULE/NOTICE OBSERVED 1 YES, SCHEDULE/NOTICE NOT SEEN . . . . . 2 NO 3	

107 Now I have some questions about staffing for this facility. Please tell me how many staff with this qualification are currently assigned to this facility and whether they are male or female staff. Then please tell me how many of these staff are part-time, both male and female. Finally, tell me the number present today, both part-time and full-time. 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 THE SEX OF THE STAFF IS NOT KNOWN, WRITE THE TOTAL NUMBER IN COL. (a).

	QUALIFICATION	(a) ACTUAL # MALE (FT & PT)	(b) ACTUAL # FEMALE (FT & PT)	(c) ACTUAL # PART-TIME (M & F)	(d) PRESENT TODAY (MALE/ FEMALE)
01	Anaesthesiologist/ Anaesthetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
02	Clinical Officer Anaesthetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
03	Nurse Anaesthetist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
04	Obstetrician/ Gynaecologist	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
05	Surgeon	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
06	Pediatrician	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
07	Other Physician Specialist/Consultant	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
08	Medical Officer	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
09	Other Clinical Officer	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
10	Enrolled Nurse	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
11	Enrolled Midwife	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
	QUALIFICATION	(a) ACTUAL # MALE (FT & PT)	(b) ACTUAL # FEMALE (FT & PT)	(c) ACTUAL # PART-TIME (M & F)	(d) PRESENT TODAY (MALE/ FEMALE)	
12	Registered Nurse					
13	Registered Midwife/ Double-trained Nurse					
14	Comprehensive Nurse					
15	Public Health Nurse					
16	Nursing Assistant					
17	Nursing Aide					
18	Pharmacist					
19	Pharmacy Dispenser					
20	Laboratory Technologist					
21	Laboratory Technician					
22	Laboratory Assistant					
23	Nutritionist					
24	Health Educator					
25	Statistician					
26	Records Clerk					
27	Hospital Administrator					
28	Social Worker					
29	HIV/AIDS Counselor					
30	Other Counselor					
31	Pathologist					
32	Supplies Officer					
33	Stores Assistant					
34	All other staff with clinical training or providing client services					
35	All other staff (non-clinical manager, medical records, cleaners, etc)					
36	SUM THE NUMBER OF STAFF REPORTED IN EACH COLUMN					

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	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 (01-35) AS NECESSARY.		
108	INDICATE IF THE STAFF INFORMATION WAS PROVIDED BY SEX FOR ALL CATEGORIES	YES, ALL . . . . . 1 SOME, NOT ALL . . . . . 2 NO 3	
109	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	→ 112
110	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 MEDICAL OFFICER . . . CLINICAL OFFICER . . . NURSE . . . COUNSELOR . . . LAB TECH/ ASSISTANT . . . COMMUNITY WORKER OTHER (SPECIFY)	
111	SUM THE NUMBER OF SECONDED STAFF IN Q110 WHO WORK WITH THE FACILITY.	TOTALS	
112	How many staff (either regular or seconded) work here who are foreign? PROBE, IF NECESSARY	NUMBER OF FOREIGN STAFF . . DON'T KNOW 9 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	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	
114	Does this facility routinely provide inpatient care?	YES . . . . . 1 NO 2	→116
115	Does this facility have beds for overnight observation?	YES . . . . . 1 NO 2	→117
116	INDICATE HOW MANY BEDS OF EACH TYPE THE FACILITY HAS	NUMBER OF BEDS 1) OVERNIGHT [ ][ ][ ][ ] 2) ROUTINE INPATIENT [ ][ ][ ][ ]	
117	Does this facility have routine meetings for reviewing managerial or administrative matters?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→121 →121
118	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	→121
119	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	→121 →121
120	SCAN THE RECORD OR MINUTES AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE SCANNED RECORDS/MINUTES.	**ISSUES RELATED TO:** ROUTINE SERVICE PROVISION . A QUALITY OF SERVICES . . . . B ROUTINE HEALTH INFORMATION . C STAFFING ISSUES . . . . . D EMPLOYMENT CONDITIONS (E.G., SALARY, DUTY SCHEDULE, BENEFITS) . . . . . E EQUIPMENT AND SUPPLIES . . F FINANCES OR BUDGET . . . . G NONE OF THE ABOVE . . . . . Y	
121	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	→124 →124
122	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	→124

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
123	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	
124	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	 →127 →127
125	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	
126	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	
127	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	 →131 →131
128	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY . . . . . 1 ONLY SPECIFIC SERVICES . . 2	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
129	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.					
		METHOD USED				
		DOCUMENT OBSERVED	DOCUMENT REPORTED, NOT SEEN	METHOD NOT USED	DON'T KNOW	
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	
130	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 ASSUR-ANCE	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
131	Is this facility a part of any accreditation or certification program that is implemented by or from persons outside of the facility? IF YES, SPECIFY THE TYPE OF PROGRAM	YES, YELLOW STAR (Quality of Care Strategy) . . . . . 1 YES, UGANDA CATHOLIC MEDICAL BUREAU . . . . . 2 YES, BOTH YELLOW STAR AND UGANDA CATHOLIC MED. BUR . . 3 YES, _____ 6 (OTHER) NO 7	
132	Is there an infection control committee or a person assigned specifically for infection control? IF YES, CLARIFY THE TYPE OF INFECTION CONTROL (IC) COMMITTEE/STAFF	YES, MULTIDEPARTMENTAL COMMITTEE . . . . . 1 YES, STAFF MEMBER ASSIGNED SOLELY FOR IC . . . . . 2 NO SPECIAL IC COMMITTEE OR STAFF 3	→136
133	Do any of the infection control committee members/person have a qualification (or the equivalent qualification of [READ EACH QUALIFICATION LISTED AS A RESPONSE AND CIRCLE IF THE RESPONSE IS 'YES'.]	MEDICAL OFFICER . . . . . A NURSE/MIDWIFE . . . . . B PHARMACIST . . . . . C LAB. TECHNOLOGIST . . . . . D OTHER HEALTH PROFESSIONAL . . E NONE OF THE ABOVE . . . . . Y	
134	Have any members of the infection control committee or the person assigned for infection control, received any specific training related to infection control and activities they are responsible for? IF YES, ASK IF THE TRAINING WAS PROVIDED BY THE FACILITY STAFF OR FROM OUTSIDE.	INFECTION CONTROL TRAINING (FACILITY BASED . . . . . A INFECTION CONTROL TRAINING (EXTERNAL) . . . . . B INJECTION SAFETY TRAINING (FACILITY BASED . . . . . C INJECTION SAFETY TRAINING (EXTERNAL) . . . . . D NO SPECIAL TRAINING . . . . . Y DON'T KNOW . . . . . Z	
135	Is there any documentation of meetings or reports or actions (including required data reporting from units) by the infection control committee or of staff training related to infection control? ASK ABOUT EACH RESPONSE LISTED, IF YES, ASK TO SEE THE DOCUMENTATION AND CIRCLE ALL TYPES THAT WERE OBSERVED	REPORT OF MEETING . . . . . A REPORT TO PERSONS OUTSIDE COMMITTEE . . . . . B DATA REPORTS RELATED TO INFECTION CONTROL ISSUES . . . . . C DOCUMENTS REPORTED, NONE S . . . . . D INSERVICE TRAINING TO STAFF ABOUT INFECTION CONTROL ISSUES . . . . . E NO DOCUMENTATION . . . . . Y	
136	Now I would like to ask you a few questions about ***external supervision*** this facility may have received. 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	→138 →138

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
137	The most recent time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	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	
07	Check equipment/infrastructure/supplies	CHECK SUPPLIES 1 2 8	
08	Check cleanliness of facility	CHECK CLEANLINESS 1 2 8	
09	Bring supplies	BRING SUPPLIES 1 2 8	
138	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	
139	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	
140	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 REPLACED BY MOH/DONOR ..... D OTHER _____ (SPECIFY) X NO SYSTEM ..... Y DON'T KNOW ..... Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	AT THIS POINT FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE FINANCES OF THE FACILITY. THIS PERSON MAY BE THE SAME PERSON YOU ARE CURRENTLY INTERVIEWING (THE IN-CHARGE) OR YOU MAY HAVE TO ASK TO BE INTRODUCED TO THAT PERSON IN ORDER TO ACCURATELY ANSWER QUESTIONS 140a THROUGH 143.		

140a	Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any ***revenue*** or ***funding*** from any of the listed sources in the past ***financial year*** **(2006/2007)** and the amount. Please include obligations incurred in addition to actual cash disbursements*.	YES	**IF RESPONSE IS "YES" BUT AMOUNT NOT KNOWN, WRITE "999999998" IN BOXES** **AMOUNT IN USH (NO DECIMALS)**	NO	DON'T KNOW
01	MINISTRY OF HEALTH	1		2	8
02	OTHER PUBLIC MINISTRIES	1		2	8
03	INSURANCE SCHEMES	1		2	8
04	REIMBURSEMENT BY EMPLOYER	1		2	8
05	GOVERNMENT CONTRIBUTION TO PRIVATE NOT-FOR-PROFIT	1		2	8
06	OUT-OF-POCKET REVENUE (DIRECT CLIENT CHARGES)	1		2	8
07	DONOR AGENCIES/NGO	1		2	8
08	COMMUNITY PROGRAMS	1		2	8
09	PRIVATE/PHILANTROPIC AGENCIES	1		2	8
10	OTHER _____ (SPECIFY)	1		2	8

140b	WHAT IS THE TECHNICAL BACKGROUND OF THE PERSON PROVIDING INFORMATION? IF ANY CATEGORY AND ALSO THE IN-CHARGE, CIRCLE "1" FOR IN-CHARGE.	FACILITY IN-CHARGE . . . . . 1 ACCOUNTS CLERK/ACCOUNTANT . . 2 CLINICAL SERVICE PROVIDER . . . . . 3 OTHER _____ 6 (SPECIFY)	
140c	WHAT IS THE SOURCE OF THE INFORMATION PROVIDED IN Q140a	ACCOUNTS RECORDS . . . . . 1 BEST ESTIMATES . . . . . 2 OTHER _____ . . 6 (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
141	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				→ 145
142	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	
143	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				
145	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 (PVT OR PUBLIC) 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				
146	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				→ 148 → 148
147	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
148	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? This might include providing a loan or cost-sharing with the patient or family	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	
149	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	 →151 →151
150	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	
151	Does this facility ever obtain electricity from a source other than a generator?	YES, CENTRAL SUPPLY . . . . . 1 YES, SOLAR OR OTHER SOURCE. . . 2 YES, BOTH CENTRAL SUPPLY AND SOLAR . . . . . 3 NO 4	 →155
152	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	→154
153	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	
154	CHECK TO SEE IF THE ELECTRICITY IS FUNCTIONING NOW.	YES, FUNCTIONING . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
155	What is the ***most commonly used*** source of water for hand washing for the facility *at this time?*	PIPED INTO FACILITY . . . . . 01 PIPED ONTO FACILITY GROUNDS . . 02 PUBLIC TAP/STANDPIPE . . . . . 03 TUBEWELL/BOREHOLE . . . . . 04 PROTECTED DUG WELL . . . . . 05 UNPROTECTED DUG WELL . . . . 06 PROTECTED SPRING . . . . . 07 UNPROTECTED SPRING . . . . . 08 RAINWATER . . . . . 09 BOTTLED WATER . . . . . 10 CART W/SMALL TANK/DRUM . . . . 11 TANKER TRUCK . . . . . 12 SURFACE WATER (RIVER/DAM/LAKE/POND) . . . . 13 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98 NO WATER SOURCE 00	→ 159
156	Is water outlet from this source available onsite (that is, within 500m of the facility?) REPORTED RESPONSE IS ACCEPTABLE	YES, ONSITE . . . . . 1 NO 2	
157	Does the availability of water from this source vary by season?	YES . . . . . 1 NO 2	
158	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES . . . . . 1 NO 2	
159	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	→ 161 → 161 → 161 → 161
160	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	
161	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	→ 163
162	Is there ever access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES . . . . . 1 NO 2	
163	AT THIS TIME CHECK **Q101** TO SEE IF THE FACILITY OFFERS HIV/AIDS RELATED SERVICES	YES . . . . . 1 NO 2	→ 175
164	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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
165	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	
166	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 ONL` . . . . . 2 NO PEP AVAILABLE 3	→ 175
167	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 REFERRAI 3	→ 175
168	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	
169	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES.	YES, OBSERVED . . 1 YES, REPORTED, NOT SEEN 2 NO . . 3	
170	What is the PEP regimen that is ***most commonly*** prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) 02 STAVUDINE (d4T) + DIDANOSINE (ddI) 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) 06 OTHER _____ 96 (SPECIFY)	
171	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE	PEP MEDICINES STORED SAME AREA AS ARVs FOR TREATMENT . . . . . 1 YES, PEP MEDS STORED ELSEWHERE . . . . . 2 NO PEP MEDICINES IN FACILITY . . 3	→ 175 → 175

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
172	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DIDANOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR . . . . . G OTHER ARV _____ H (SPECIFY) OTHER ARV _____ I (SPECIFY) OTHER ARV _____ J (SPECIFY) NONE AVAILABLE TODAY . . . . . Y	→ 175
173	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)	
174	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 CLASSIFICATION	GO TO
	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.		
175	Are syringes for client injections or drawing blood ever reused? IF YES, ASK: What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. IF NO, CIRCLE 'Y' FOR "NEVER REUSE SYRINGES"	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM . . . . . D CHEMICAL METHOD . . . . . E OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES . . . . Y	
176	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	 → 182a → 179
177	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	 → 179 → 179
178	SCAN THE GUIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
179	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment 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) NO EQUIPMENT PROCESSED . . . . Y	 → 181(6) → 181(6)

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
180	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.							
	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			

181	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 Disinfection (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 USE[. . 2 → 182
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 PRESSURI . . 2 KILOPASCAL . . . 3 MILLIMETER HC . . 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					JIK . . . . . 01 CHLORINE . . . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98	JIK . . . . . 01 CHLORINE . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDI 07 CHLORINE TABS 08 DON'T KNOW 98
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW . . . 98
I	Mixture, parts solution or tablets and water					MIXTURE PARTS/L a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS/L a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
182	ASK TO SEE WHERE CENTRALLY OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	OBSERVED	REPORTED NOT SEEN	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	
182a	DID YOU NOTICE OR OBSERVE ANYTHING THAT WOULD SUGGEST THAT AN ATTEMPT IS BEING MADE TO STERILIZE OR PROCESS INJECTION EQUIPMENT SUCH AS NEEDLES AND SYRINGES FOR RE-USE? IF YES, CIRCLE ALL RESPONSES THAT APPLY	USED INJECTION EQUIPMENT IN STERILIZER, AUTOCLAVE, BOILER OR DISH OF WATER . . . . A USED INJECTION EQUIPMENT IN DRAWERS . . . . . B BULGING OR DISCOLORED SYRINGES . . . . . C NO EVIDENCE OF ATTEMPT . . . . . Y OTHER _____ X (SPECIFY)				
183	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?	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C) 02 1-CHAMBER DRUM/BRICK 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . . . . 12 **OTHER** _____ 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95				→185 →185 →185 →185
184	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED. . . . 1 YES, WASTE PARTIALLY COVERED . . . . 2 NO BURIAL OF BURNED/DUMPED SHARPS 3				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
185	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this facility ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS 01 **BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C) 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTIC . . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTIC . . . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . . 12 **OTHER** _____ 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95	→187 →187 →187 →187 →187
186	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED. . . . 1 YES, WASTE PARTIALLY COVERED . . . . 2 NO BURIAL OF BURNED/DUMPED INFECTIOUS WASTE 3	
187	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES, NEEDLES, AND BANDAGES.	YES . . . . . 1 NO . . . . . 2 NOT APPLICABLE 5	
188	CHECK **Q183** AND **Q185;** IS **10** OR **11** OR **12** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL?) YES ☐ NO ☐ → 190		
189	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED . . . . . 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ . . . . 6 (SPECIFY) DON'T KNOW 8	

	HEPATITIS B VACCINE & HOME BASED MANAGEMENT OF FEVER (HBMF) STRATEGY		
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I have a few questions about Hepatitis B vaccine for workers in this facility and also about protective equipment for waste handlers. I will then ask a few questions about the Home Based Management of Fever **(HBMF)** strategy. If for any of these questions you don't consider yourself the most appropriate to answer the questions, I will appreciate you introducing me to the most appropriate person to help me answer those questions.		
190	To the best of you knowledge, have **ALL** health workers in this facility received the vaccine against Hepatitis B? IF YES, PROMPT FOR "ALL" OR NOT	YES, ALL HEALTH WORKERS . . . . 1 YES, BUT NOT ALL HEALTH WORKERS . 2 NO . . . . . 3 DON'T KNOW 8	
190a	Have ALL waste handlers in this facility received the vaccine against Hepatitis B? IF YES, PROMPT FOR "ALL" OR NOT	YES, ALL WASTE HANDLERS . . . . 1 YES, BUT NOT ALL WASTE HANDLERS 2 NO . . . . . 3 DON'T KNOW 8	
190b	Is protective equipment available for waste handlers in this facility? IF YES, ASK: What protective equipment are those? PROBE AND CIRCLE ALL THAT APPLY	RUBBER-COATED INDUSTRIAL GLOVES . . A LEATHER GLOVES . . . . . B GOULASHES/INDUSTRIAL STRENGTH BOOTS. . . C SAFETY GLASSES . . . . . D HARD HATS . . . . . E FACE SHIELDS . . . . . F DUST MASKS . . . . . G APRONS . . . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y NO PROTECTIVE EQUIPMENT . . . . . Z	
191	Now I would like to ask a few questions about the home based management of fever strategy. Does this facility participate in the home based management of fever (HBMF) strategy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ END → END
192	When did this facility start the HBMF strategy? Please give me the month and year	MONTH . . . . . ☐☐ DON'T KNOW . . . . . 9 8 YEAR . . . . . ☐☐☐☐ DON'T KNOW 9 9 9 8	
193	What drug regimen does this facility use for the HBMF strategy?	HOMAPAK ONLY . . . . . 1 ACTs (COARTEM) ONLY . . . . . 2 BOTH HOMAPAK AND ACTs . . . . . 3 OTHER _____ 6 (SPECIFY)	
194	How many villages **(LCIs)** are served by this facility for the HBMF strategy?	# OF LCIs . . . . . ☐☐☐☐ DON'T KNOW 9 9 9 8	
195	How many Community Medicine Distributors **(CMDs)** have been trained by this facility since the start of the HBMF strategy? PROBE FOR AN APPROXIMATE NUMBER	# OF TRAINED CMDs ☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	
196	How many **CMDs** that were trained are still active?	# OF ACTIVE CMDs ☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	
197	Are records maintained for patients who are seen and treated by CMDs associated with this facility? IF YES, ASK TO SEE THE RECORDS AND INDICATE WHAT TYPE OF INFORMATION IS AVAILABLE.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO RECORDS MAINTAINED 3	 → END → END

	HEPATITIS B VACCINE & HOME BASED MANAGEMENT OF FEVER (HBMF) STRATEGY		
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
198	REVIEW THE RECORDS/REGISTERS AND INDICATE WHICH INFORMATION IS AVAILABLE		
01	TOTAL # OF PATIENTS/CASES TREATED BY CDMs BETWEEN JULY 2006 AND JUNE 2007	☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	
02	TOTAL # OF PATIENTS/CASES TREATED BY CDMs DURING THIS PERIOD WHO RECEIVED TREATMENT WITHIN 24HRS OF ONSET OF SYMPTOMS	☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	
03	TOTAL # OF PATIENTS/CASES TREATED OR REFERRED BY CDMs DURING THIS PERIOD WHO RECOVERED	☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	
04	TOTAL # OF PATIENTS/CASES TREATED OR REFERRED BY CDMs DURING THIS PERIOD WHO DIED	☐☐☐☐☐ DON'T KNOW 9 9 9 9 8	

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** (Q230)
	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 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	→ 210
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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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
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
GO TO THE MAIN AREA WHERE VACCINES ARE STORED AND COLLECT INFORMATION ON VALIDATION OF THE LISTED VACCCINES

VALIDATION OF COMMODITY

		A	B	C	D	E	F	G	H	I	J	K
		PRODUCT NORMALLY CARRIED OR STOCKED AT THIS FACILITY	VALID EXPIRATION DATE ON ALL UNITS PRESENT TODAY	ITEMS STORED BY DATE OF EXPIRATION	STOCK CARD AVAILABLE	NUMBER AVAILABLE MATCHES STOCK RECORD	VARIATION STOCK AND STORE	ANY ZERO BALANCE OBSERVED FOR THE PAST 6 MONTHS	REVIEW INFORMATION (RECORDED ON STOCK CARDS ONLY)* FOR THE PAST 6 MONTHS AND RECORD			MONTHS OF DATA REVIEWED 0-6 MO
									AMOUNT RECEIVED	AMOUNT DISBURSED	BALANCE TODAY	
	PRODUCT & UNIT OF COUNT	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No O=Stockout U=** **If stockout, skip tonext line item**	Y=Yes N=No	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No **If Y, skip to G**		Y=Yes N=No				
01	DPT-HB + Hib **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
02	ORAL POLIO VACCINE (OPV) **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
03	MEASLES AND DILUENT **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
04	BCG AND DILUENT **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
05	VITAMIN A CAPSULES	Y N	Y N O U	Y N	Y N	Y N		Y N				
06	RUBELLA **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
07	TETANUS TOXOID **(Doses)**	Y N	Y N O U	Y N	Y N	Y N		Y N				

*If information is not recorded on Stock cards/records, record 9998. Do not collect information from multiple receipts
**U=Not All Checked, but at least one of the items randomly checked was valid

ITEM	# OF DOSES PER VIAL/AMPOULE
01. DPT-HB + Hib (VIAL)	2
02 ORAL POLIO (VIAL OR AMPOULE)	20
03 MEASLES (VIAL OR AMPOULE)	10
04 BCG (VIAL OR AMPOULE)	20
05 TETANUS TOXOID	20

NOTE: MULTIPLE VIAL POLICY APPLIES TO ONLY ORAL POLIO VACCINE (OPV) AND TETANUS TOXOID (TT); IMPLYING, ONCE OPENED THEY CAN BE KEPT IN FRIDGE FOR UP TO 1 MONTH. REMAINING DOSES OF OPV AND TETANUS TOXOID ONCE OPENED IN AN OUTREACH MUST BE DISCARDED

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
210	When was the last time that you received a routine supply of vaccines, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 FULL WEEKS . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 NO ROUTINE SUPPLY SYSTEM . . . . . 4 DON'T KNOW 8	
211	Does this facility determine the quantity of vaccines needed 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	→214 →217
212	Do you always receive a standard fixed amount for each vaccine received or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . . . 2 DON'T KNOW 8	
213	CHECK Q211 TO SEE IF '3' (BOTH) IS CIRCLED. YES ☐ NO ☐ → 217		
214	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** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each vaccine used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - **Don't know**	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
215	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	
216	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS . . . . . 1 BETWEEN 4 TO 8 WEEKS . . . . . 2 OVER 8 WEEKS 3	
217	During the past 6 months, have you always, not always, but often, or almost never received the amount of vaccines that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	
218	How many vaccine carriers do you have available?	ONE . . . . . 1 TWO OR MORE . . . . . 2 NONE 3	 →220
219	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	
220	What type of injection equipment is used during routine immunization sessions at this facility?	SINGLE-USE . . . . . A STERILIZABLE . . . . . B AUTO-DISABLE . . . . . C OTHER _____ X (SPECIFY)	

2b. Child Health Services

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
230	Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis, or outreach in schools for primary school children?	YES . . . . . 1 NO 2	→ **END**

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 Q231. 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)

231	May I begin the interview?	YES . . . . . 1 NO 2	→ END

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
232	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).* In addition, please tell me if any of the services is provided as an outreach at schools for primary school children.		

	CHILD HEALTH SERVICE (USE A 4-WEEK MONTH TO CALCULATE # OF DAYS FOR OUTREACH)	(a) FACILITY SERVICE	(b) OUTREACH (VILLAGE LEVEL SERVICES	(c) OUTREACH AT SCHOOLS
01	Routine series of immunizations for children **(DPT-HB+Hib, polio)**	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR 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	# OF **TIMES** PER YEAR NO SERVICE 00
03	BCG immunizations	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
04	Routine Vitamin A supplementation	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
05	Rubella	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
06	Tetanus Toxoid Booster	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
07	Deworming	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
08	Vision screening	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
09	Consultation or curative services for a sick child	# OF DAYS PER MONTH NO SERVICE 00	# OF DAYS PER MONTH NO SERVICE 00	# OF **TIMES** PER YEAR NO SERVICE 00
10	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	# OF **TIMES** PER YEAR NO SERVICE 00

232a	CHECK 232 AND INDICATE WHETHER ANY OF THE LISTED 01-10SERVICES ARE OFFERED AS OUTREACH TO SCHOOLS YES ☐ NO ☐ →		233
232b	Is parental consent required for any of these school-based outreach services?	YES . . . . . 1 NO 2	
233	CHECK 232 (01a and 02a) AND INDICATE WHETHER ROUTINE CHILD IMMUNIZATIONS ARE EVER PROVIDED AT THE FACILITY (EITHER 01a OR 02a OR BOTH MUST BE CIRCLED) YES ☐ NO ☐ →		251a
234	Are routine immunizations for children available at the facility today?	YES . . . . . 1 NO 2	
235	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 . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
236	Is there a waiting area for clients receiving child immunization services where they are protected from sun and rain?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
237	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	→240
238	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	Fee for the child immunization chart or record?	IMMUNIZATION CHART/RECORD 1 2 8	
02	Fee for syringes provided by the facility?	SYRINGES 1 2 8	
03	Fee for immunization services?	IMMUNIZATION SERVICE 1 2 8	
04	Fee for any vaccines?	VACCINE 1 2 8	
239	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	
240	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 [268] . . . . . 1 YES, DATA PROVIDED IN EXAMINATION ROOM [265] . . . . . 2 NO, DATA NOT YET COLLECTED 3	→242 →242

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
241	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		
01	RUNNING WATER (PIPED)	1 → 04	2	3		
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3		
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3		
04	HAND-WASHING SOAP	1	2	3		
05	SINGLE-USE HAND DRYING TOWELS	1	2	3		
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3		
07	SHARPS CONTAINER	1	2	3		
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3		
09	DISPOSABLE NON-LATEX GLOVES	1	2	3		
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3		
11	DISINFECTANT (NOT YET MIXED)	1	2	3		
12	DISPOSABLE NEEDLES	1	2	3		
13	AUTO-DISABLE SYRINGES	1	2	3		
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3		
15	VACUTAINER	1	2	3		
242	OTHER ITEMS REQUIRED FOR IMMUNIZATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Immunization practice in Uganda (1st Edition 2000) (National guidelines)	1	2	3	8	
02	Blank, individual child immunization cards	1	2	3	8	
03	Tally sheets or register sheets	1	2	3	8	
04	Permanent register or summary sheets for recording immunizations	1	2 → 244	3 → 244	8 → 244	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
243	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	
244	What is the current estimate for your DPT dropout rate?	DPT DROPOUT RATE (%) . . . . . [ ][ ][ ] DON'T KNOW 998	
245	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 DON'T KNOW 99998	 → 247 → 247
246	What is the current estimate for your facility's measles coverage?	MEASLES COVERAGE (%) . . [ ][ ][ ] DON'T KNOW 998	
247	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	
248	CONDITION OF CHILD IMMUNIZATION AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
249	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
250	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
251	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	
251a	Is there a ***routine*** "well baby" clinic where children are assessed for growth and development, and screened for early signs of disease available in this facility? By this I mean ***growth monitoring***. **CHECK Q232.10:** IF GROWTH MONITORING IS AVAILABLE, THAT MEANS WELL BABY CLINICS ARE AVAILABLE SOMEPLACE IN FACILITY.	YES, IN ANOTHER LOCATION . . . 1 YES, THIS LOCATION . . . . . 2 NO WELL BABY CLINIC IN FACILITY 3	 → 252

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	GO TO THE AREA WHERE WELL BABY/GROWTH MONITORING SERVICES ARE PROVIDED (IF DIFFERENT FROM WHERE IMMUNIZATION SERVICES ARE OFFERED) AND SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT WELL BABY CLINICS.		
251b	How many days in a month are well baby services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS ☐☐ DON'T KNOW 98	
251c	Are well-baby services being offered at this facility today?	YES . . . . . 1 NO 2	
251d	Do you routinely check the immunization status of all infants (less than 12 months) you see at this well-baby clinic and immunize those infants who are missing some shots?	YES . . . . . 1 NO 2	→ 252

251e	Do you routinely have any of the following vaccines at well-baby clinics?. ASK TO SEE EACH ITEM	YES, OBSERVED	YES, REPORTED NOT SEEN	YES, BUT NOT AVAILABLE NOW	NO, NOT USED	DON'T KNOW
01	DPT-HB + Hib	1	2	3	4	8
02	ORAL POLIO VACCINE (OPV)	1	2	3	4	8
03	MEASLES AND DILUENT	1	2	3	4	8
04	BCG AND DILUENT	1	2	3	4	8
05	VITAMIN A CAPSULES	1	2	3	4	8
06	RUBELLA	1	2	3	4	8
07	TETANUS TOXOID	1	2	3	4	8
08	OTHER _____ (SPECIFY)	1	2	3	4	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
252	CHECK Q232(09a): DOES FACILITY PROVIDE SICK-CHILD CONSULTATIONS? YES ☐ NO ☐ →		END
253	How many staff assigned to this unit have received training on IMCI guidelines?	# OF STAFF TRAINED IN IMCI ☐☐ NONE . . . . . 00 DON'T KNOW 98	
254	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	
255	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	→258
256	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	Fee for the child health chart or record?	IMMUNIZATION CARD/RECORD 1 2 8	
02	Fee for the consultation service?	FEE FOR CONSULT 1 2 8	
03	Different fee depending on the child's diagnosis?	VARY BY DIAGNOSIS 1 2 8	
04	Fees for medications?	MEDICINES 1 2 8	
05	Fees for laboratory tests?	TESTS 1 2 8	
06	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	
257	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	
258	Is there a waiting area for clients receiving child health services where they are protected from sun and rain?	YES . . . . . 1 NO 2	
259	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	→261 →261

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
260	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	
261	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				
262	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				
263	Does this facility ever use blood tests to verify the diagnosis of malaria?	YES . . . . . 1 NO 2				

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
264	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.							
		(a) AVAILABILITY				(b) FUNCTIONING		
	ITEMS FOR SICK CHILD CONSULTATIONS	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			

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		(a) AVAILABILITY			
265	ITEMS FOR INFECTION CONTROL AND EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	VACUTAINER	1	2	3	

NO.	QUESTIONS			CODING CLASSIFICATION		GO TO
266	ASK TO SEE THE FOLLOWING MATERIALS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	IMCI Laminated forms	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	
06	Management of Un-complicated Malaria (3rd edition-2005)	1	2	3	8	
07	Uganda Clinical Guidelines	1	2	3	8	
267	ASK TO SEE THE ROOM(S) WHERE THERA-PEUTIC (TREATMENT) INJECTIONS ARE GIVEN. WAS THE ROOM ALREADY OBSERVED WHEN ASSESSING THE IMMUNIZATION OR THE EXAMINATION ROOM?			YES, DATA PROVIDED IN : IMMUNIZATION ROOM [241] . . . 1 YES, DATA PROVIDED IN : EXAMINATION ROOM [265] . . 2 NO, DATA NOT YET COLLECTED . . . . . 3 NO THERAPEUTIC INJ. 4		→269 →269 →269

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
268	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 FOR INFECTION CONTROL AND INJECTIONS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	VACUTAINER	1	2	3

269	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 → 273 NO REGISTER . . . . . 4 → 273	
270	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . 1 MORE THAN 7 DAYS OLD . . . 2	
271	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	→ 273
272	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
273	Are there ever any meetings where service statistics for child health are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
274	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . B OTHER _____ . X (SPECIFY) NO OBSERVED EVIDENCE . . . Y	→ 276
275	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . 1 MORE THAN 3 MONTHS AGO . 2 DON'T KNOW 8	
276	Are individual health records or charts maintained for sick children, such as the **MF5 forms?** IF YES, ASK TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN .. 2 NO 3	
277	Are curative child health services available at the facility today?	YES . . . . . 1 NO 2	
278	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	
279	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	
280	CONDITION OF CHILD CURATIVE CARE SERVICE AREA AND AREA FOR THERAPEUTIC INJECTIONS	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
281	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
282	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
283	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES 1 YES, IN UNCOVERED CONTAINER 2 NO 3	

3a. Family Planning Services

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
300	Does this facility offer any family planning services —including clinical methods or counseling on natural family planning or sterilizations?	YES . . . . . 1 NO 2	→END
	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 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		
302	May I begin the interview now?	YES . . . . . 1 NO 2	→**END**
303	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS ☐☐ DON'T KNOW 98	
304	Are family planning services being offered at this facility today?	YES . . . . . 1 NO 2	
305	Is there a waiting area for clients receiving family planning services where they are protected from sun and rain?	YES . . . . . 1 NO 2	
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	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
307	Which of the following methods of contraception is provided, prescribed, or do you provide counseling about in this facility? If there are routine fees for any of the methods that are either provided, prescribed or counseled please tell me the amount of the fee.	**IF METHOD IS EITHER PROVIDED, PRESCRIBED OR COUNSELLED AND THERE IS A FEE, ENTER AMOUNT OF FEE IN BOX. ENTER 000000 IF NO FEE ENTER 999998 IF UNABLE TO DETERMINE FEE** PROVIDED	PRESCRIBED /COUNSELED	**AMOUNT IN USH**	NOT OFFERED
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) (eg. DEPO)	1	2		3
05	Male condom	1	2		3
06	Female condom	1	2		3
07	Intrauterine device (IUD)	1	2		3
08	Implant (6 rod, 1 rod, Implanon, Jadelle)	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	MoonBeads for Standanrd Days Method (SDM)	1	2		
14	Male sterilization (Vasectomy)	1	2		3
15	Female sterilization (Tubal Ligation)	1	2		3
16	Others _____ (SPECIFY)	1	2		3
308	CHECK Q306: IS "1" CIRCLED INDICATING CLIENTS HAVE OUT-OF-POCKET CHARGES OR USER FEES? YES ☐ NO ☐ → 311				
309	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
310	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	
311	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	 →313 →313

312	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?	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	Conducting group health education sessions	1	2	3	8
04	Other _____ (SPECIFY)	1	2	3	8

313	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	

314	Are any of the following visual aids for teaching available in the counseling room or the examination room?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Samples of various family planning methods	1	2	3	8
02	Other visual aids (such as **flip charts** and **leaflets**) 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
315	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	
316	Are any of the following guidelines or protocols for delivery of services available in the counseling room or the examination room?					
01	The National Policy Guidelines and Service Standards for Repro Health Services (2001 or 2006)	1	2	3	8	
02	Uganda Clinical Guidelines (2003)	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	
317	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				 → 321 → 321
318	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . 1 MORE THAN 7 DAYS OLD . . 2				
319	RECORD THE **TOTAL** NUMBER OF FAMILY PLANNING **VISITS (NEW AND CONTINUING)** DURING THE PAST 12 COMPLETED MONTHS.	TOTAL FP VISITS ☐☐☐☐☐☐ DON'T KNOW 999998				 →320a
320	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q319.	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98				
320a	RECORD THE NUMBER OF **NEW CLIENTS** , WHO RECEIVED FAMILY PLANNING SERVICES DURING THE PAST 12 COMPLETED MONTHS	NEW CLIENTS ☐☐☐☐☐☐ DON'T KNOW 999998				 →321
320b	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q320a.	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
321	Are there ever any meetings where service statistics for family planning are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
322	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . B OTHER _____ . X (SPECIFY) NO OBSERVED EVIDENCE . . Y	→324
323	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . 1 MORE THAN 3 MONTHS AGO . . 2 DON'T KNOW 8	
324	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	
325	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.		
326	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 327, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	ANTENATAL [Q438] . . . . . 1 DELIVERY [Q536] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 328 → 328 → 328

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
327	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 FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	VACUTAINER	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
		(a) AVAILABILITY				(b) FUNCTIONING		
328	OTHER EQUIPMENT	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
	NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.							
02	Blood pressure apparatus	1→b	2→b	3 03	8 03	1	2	8
03	Stethoscope	1→b	2→b	3 329	8 329	1	2	8
329	CHECK Q307(07) and (08): IS "1" CIRCLED FOR EITHER QUESTION, INDICATING THE FACILITY **PROVIDES** IUD OR IMPLANT? YES NO							335
330	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			
331	CHECK Q307(07): IS "1" CIRCLED, INDICATING THAT THE FACILITY **PROVIDES** IUD? YES NO							333
332	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	Tenaculum	1	2	3	8			
05	Uterine sound	1	2	3	8			
333	CHECK Q307(08): IS "1" CIRCLED, INDICATING THAT THE FACILITY **PROVIDES** IMPLANT? YES NO							335

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
334	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 Implant 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	
335	CHECK Q307: IS "14" OR "15" (OR BOTH) CIRCLED, INDICATING THAT THE FACILITY **PROVIDES** MALE OR FEMALE STERILIZATION (OR BOTH)? YES ☐ NO ☐ → 343					
336	GO TO WHERE STERILIZATION PROCEDURES TAKE PLACE AND NOTE THE AVAILABILITY OF THE FOLLOWING	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	NOT APPLICABLE
	MALE STERILIZATION					5 → 04
01	NSV ringed forceps	1	2	3	8	
02	NSV dissecting forceps	1	2	3	8	
03	Local anesthetic (such as lidocaine)	1	2	3	8	
	FEMALE STERILIZATION					5 → 337
04	Uterine elevator	1	2	3	8	
05	Tubal hook	1	2	3	8	
06	Sedative	1	2	3	8	
07	Atropine	1	2	3	8	
08	Opioid analgesic	1	2	3	8	
09	Local anesthetic (such as lidocaine)	1	2	3	8	
337	Is there a register where male/female sterilization information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				 →343 →343
338	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY FOR EITHER MALE OR FEMALE STERILIZATION?	WITHIN THE PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 DON'T KNOW 8				
339	RECORD THE NUMBER OF MALE STERILIZATIONS DONE DURING THE PAST 12 MONTHS	TOTAL MALE STERILIZATIONS ☐☐☐☐ DON'T KNOW 9998 NO MALE STERLIZATION 9995				 →341 →341
340	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q339	MONTHS OF DATA ☐☐ DON'T KNOW 98				
341	RECORD THE NUMBER OF FEMALE STERILIZATIONS DONE DURING THE PAST 12 MONTHS	TOTAL FEMALE STERILIZATIONS ☐☐☐☐ DON'T KNOW 9998 NO FEMALE STERLIZATION 9995				 →343 →343
342	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q341	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
343	ASSESS CONDITION OF FP SERVICE AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
344	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
345	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
346	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . 1 YES, IN UNCOVERED CONTAINER . 2 NO 3	
347	Are syringes for client injections or drawing blood ever reused? **IF YES, ASK:** What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. **IF NO:** CIRCLE 'Y' FOR NEVER REUSE SYRINGES	DRY-HEAT STERILIZATION . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES . . . . . Y	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
348	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	→ 357 →351
349	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	→351 →351
350	SCAN THE GUIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
351	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 [Q179-181] . . . . . 1 DELIVERY [Q585-587] . . . . . 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY 4 SECTION 1 [Q179-181], HOWEVER COMPLETED IN FP AREA . . . . . 5 NO EQUIPMENT PROCESSED . . . 7	→354(6) →354(6) →354(6) →354(6) →354(6)
352	What is the ***final method*** 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 _____ (SPECIFY) X	→354(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.		

353	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 HLD	1	2	3	8			

354	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 Disinfection (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 → 355
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					JIK . . . . . 01 CHLORINE . . . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98	JIK . . . . . 01 CHLORINE . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98
H	Percent solution before dilution					PERCENT ☐☐ DON'T KNOW 98	PERCENT ☐☐ DON'T KNOW 98
I	Mixture, parts solution or tablets and water					MIXTURE PARTS/L a) DISINFECTANT ☐ b) WATER ☐☐ DK 000	MIXTURE PARTS/L a) DISINFECTANT ☐ b) WATER ☐☐ DK 000

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
355	ASK TO SEE WHERE PROCESSED EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION OR CLINIC/UNIT THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "3" AND CONTINUE.	SECTION 1 [Q182] . . . . . 1 DELIVERY [Q589] . . . . . 2 NOT PREVIOUSLY SEEN 3	→ 357 → 357

356	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

357	DID YOU NOTICE OR OBSERVE ANYTHING THAT WOULD SUGGEST THAT AN ATTEMPT IS BEING MADE TO STERILIZE OR PROCESS INJECTION EQUIPMENT SUCH AS NEEDLES AND SYRINGES FOR RE-USE? IF YES, CIRCLE ALL RESPONSES THAT APPLY	USED INJECTION EQUIPMENT IN STERILIZER, AUTOCLAVE, BOILER OR DISH OF WATER . . A USED INJECTION EQUIPMENT IN DRAWERS . . . . . B BULGING OR DISCOLORED SYRINGES . . . . . C NO EVIDENCE OF ATTEMPT Y OTHER _____ X (SPECIFY)	

3b. Availability of Contraceptive Supplies

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
370	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 371. 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		
371	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP

372 GO TO THE MAIN AREA WHERE CONTRACEPTIVES ARE STORED AND COLLECT INFORMATION ON VALIDATION OF THE LISTED CONTRACEPTIVE COMMODITIES		VALIDATION OF COMMODITY										
		A	B	C	D	E	F	G	H	I	J	K
		PRODUCT NORMALLY CARRIED OR STOCKED AT THIS FACILITY	VALID EXPIRATION DATE ON ALL UNITS PRESENT TODAY	ITEMS STORED BY DATE OF EXPIRATION	STOCK CARD AVAILABLE	NUMBER AVAILABLE MATCHES STOCK RECORD	VARIATION STOCK AND STORE	ANY ZERO BALANCE OBSERVED FOR THE PAST 6 MONTHS	REVIEW INFORMATION (RECORDED ON STOCK CARDS ONLY)* FOR THE PAST 6 MONTHS AND RECORD			MONTHS OF DATA REVIEWED 0-6 MO
									AMOUNT RECEIVED	AMOUNT DISBURSED	BALANCE TODAY	
	PRODUCT & UNIT OF COUNT	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No O=Stockout U=** **If stockout, skip tonext line item**	Y=Yes N=No	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No **If Y, skip to G**		Y=Yes N=No				
01	Combined oral pill **(Cycle)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
02	Progestin-only pill **(Cycle)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
03	Combined injectable (monthly)	Y N	Y N O U	Y N	Y N	Y N		Y N				
04	Progestin-only inj. (2-3 monthly)	Y N	Y N O U	Y N	Y N	Y N		Y N				
05	Condoms (male) **(Unit)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
06	Condoms (female) **(Unit)**	Y N	Y N O U		Y N	Y N		Y N				
07	Intrauterine device (IUD) **(UNIT)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
08	Implant **(UNIT)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
09	Spermicide	Y N	Y N O U	Y N	Y N	Y N		Y N				
10	Diaphragm **(Unit)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
11	MooNBeads for SDM **(Cycle)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
12	Emergency contraceptive pills **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				

*If information is not recorded on Stock cards/records, record 9998. Do not collect information from multiple receipts

**U=Not All Checked, but at least one of the items randomly checked was valid

373	Are contraceptive supplies stored in the same location as other medicines?	YES . . . . . 1 NO 2	→ 375
374	OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS		
01	ARE ALL THE METHODS OFF THE FLOOR?	YES . . . . . 1 NO 2	
02	ARE ALL THE METHODS PROTECTED FROM WATER?	YES . . . . . 1 NO 2	
03	ARE ALL THE METHODS PROTECTED FROM THE SUN?	YES . . . . . 1 NO 2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES . . . . . 1 NO 2	
374a	ASK IF THERE IS A THERMOMETER FOR THE ROOM AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTEGRADE ☐☐ NOT OBSERVED . . . . . 94 THERMOMETER NOT FUNCTIONING . . . . . 95 NO THERMOMETER PRESENT 96	→374c →374c →374c
374b	INDICATE WHETHER TEMPERATURE IN THE ROOM IS ABOVE OR BELOW ZERO (0) DEGREES. FOR ZERO DEGREES CIRCLE "1"	POSITIVE . . . . . 1 NEGATIVE 2	
374c	LOOK AT THE STORAGE AREA AND CIRCLE ALL THAT APPLY	STORAGE AREA CAN BE LOCKED . . . . . A THERE IS LIMITED ACCESS . . . . . B DOORS SOLID . . . . . C WINDOWS HAVE BARS OR SHUTTERS . . . . . D NONE OF THE ABOVE . . . . . Y	
375	When was the last time that you received a routine supply of contraceptives, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
376	Does this facility determine the quantity of each contraceptive method that it needs 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 METHOD) . . . . 3 DON'T KNOW 8	→ 379 → 381

377	Do you always receive a standard fixed quantity of each method or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . 2 DON'T KNOW 8	
378	CHECK Q376 TO SEE IF '3' (BOTH) IS CIRCLED. YES ☐ NO ☐ → 381		
379	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** 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 consumption and expected future activity? - **Other** _____ (SPECIFY) DON'T KNOW	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW . . . . . 8 → 381	
380	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? - 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	
381	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS 1 BETWEEN 4 TO 8 WEEKS 2 OVER 8 WEEKS 3	
382	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 - Facility purchases from private market - Clients must purchase from outside the facility - Facility borrows from neighboring facility - None of the above	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . . . 3 FACILITY BORROWS . . . . . 4 NONE OF THE ABOVE 5	
383	During the past 6 months, have you always, not always, but often, or almost never received the amount of each method that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 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	→ 441
	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 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)		
401	May I begin the interview now?	YES . . . . . 1 NO 2	→STOP
402	How many days of the month are antenatal-care services provided at the facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS ☐☐ DON'T KNOW 98	
403	Are antenatal-care services being provided at the facility today?	YES . . . . . 1 NO 2	
404	Is there a waiting area for clients receiving antenatal or postpartum care services where they are protected from sun and rain?	YES . . . . . 1 NO 2	
405	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	→408

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

406 Please tell me if any of the following user-fee or charging practices are ever applied by this facility for antenatal care services:

FOR ANY ITEM WHERE THERE IS A FEE, INDICATE THE AMOUNT IN THE BOXES, OR 999998 IF FEE NOT KNOWN

			YES	AMOUNT IN USH	NO	DON'T KNOW
01	Fee for the client health card?	ANC CARD/RECORD	1		2	8
02	Fee for registration?	REGISTRATION	1		2	8
03	Fee for a "resident" provider consultation service?	RESIDENT PROVIDER CONSULTATION	1		2	8
04	Fee for a "consultant" consultation service?	CONSULTANT CONSULTATION	1		2	8
05	Fees for Iron and/or Folic acid tablets?	IRON/FOLIC ACID	1		2	8
06	Fees for laboratory tests for urine protein?	URINE PROTEIN	1		2	8
07	Fees for laboratory tests for anemia?	ANEMIA	1		2	8
08	Is there a fixed fee for ALL ANC services?	FIXED FEE	1		2	8
09	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS	1		2	8
10	Is there a system for clients to pre-pay for multiple visits for care during pregnancy?	PRE-PAY FOR MULTIPLE	1		2	8

407 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

408 Does this facility have a system whereby measurements or procedures for ANC clients are routinely carried out before the consultation?

- YES 1
- NO . . . . . 2 → 410
- DON'T KNOW . . . . . 8 → 410

409 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

410 Which of the following activities are performed as part of routine ANC services, that is, each client has this test at least once. INDICATE CORRECT RESPONSE FOR (B) FOR EACH TEST CONDUCTED

		(a) ROUTINE TESTING			(b) ITEMS FOR TEST AVAILABLE ANC UNIT TODAY		
		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→ 411	8 → 411	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
411	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 treatment (IPT)	1 2 8	
02	Counseling about family planning	1 2 8	
03	Counseling about HIV/AIDS	1 2 8 PMTCT QRE	
04	Voluntary testing for HIV/AIDS	1 2 8 PMTCT QRE	
05	Preparations to make for delivery	1 2 → 413 8 → 413	
412	What routine advice is given to pregnant women about preparations to make for delivery? For each of the following, tell me whether or not women are adviced or counseled:	YES NO DON'T KNOW	
01	TO PLAN FOR TRANSPORTATION	1 2 8	
02	TO SET ASIDE EMERGENCY FUNDS	1 2 8	
03	ON SUPPLIES TO BRING TO FACILITY	1 2 8	
04	ON SUPPLIES TO HAVE AT HOME	1 2 8	
05	ON ADVANTAGES OF DELIVERY IN FACILITY	1 2 8	
413	Is tetanus toxoid vaccination available all days antenatal care services are offered?	YES . . . . . 1 NOT ALL ANC DAYS . . . . . 2 TT NEVER OFFERED 3	→ 416
414	How many days each week are tetanus toxoid vaccinations offered at this facility?	DAYS PER WEEK . . . . . [ ] LESS OFTEN THAN ONCE/WEEK . . . 0 DON'T KNOW 8	
415	Is tetanus toxoid immunization available today?	YES . . . . . 1 NO 2	
416	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	
417	Is there a register where information on antenatal care clients' visits is recorded? IF YES, ASK TO SEE THE REGISTER(S) WHERE ANC CLIENT INFORMATION IS RECORDED	YES, REGISTER SEEN . . . . . 1 YES, REGISTER NOT SEEN . . 2 NO REGISTER KEPT 3	→ 422 → 422
418	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR ANC CLIENTS. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	CLIENT VISIT (FIRST OR FOLLOW-UP) A IPT PROVIDED FOR MALARIA . . . . B TETANUS TOXOID PROVIDED. . . . C NONE OF THE ABOVE . . . . . Y	
419	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . . 1 MORE THAN 7 DAYS OLD 2	
420	RECORD THE **TOTAL** NUMBER OF ANTENATAL **VISITS (1ST AND FOLLOW-UP)** DURING THE PREVIOUS 12 COMPLETED MONTHS.	NUMBER OF ANC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	→ 421a

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
421a	RECORD THE NUMBER OF **FIRST VISIT** ANC **CLIENTS** WHO RECEIVED SERVICES DURING THE PREVIOUS 12 COMPLETED MONTHS	NUMBER OF NEW CLIENTS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	→ 422
421b	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98	
422	What is the minimum number of ANC visits recommended by this clinic/unit for a normal, uncomplicated pregnancy?	ONE . . . . . 1 TWO . . . . . 2 THREE . . . . . 3 FOUR . . . . . 4 MORE THAN 4 . . . . . 5 NO FIXED NUMBER/DEPENDS . . 6 DON'T KNOW 8	
423	What percent of ANC clients routinely receive ANC services at least two times in the past 12 months? RECORD THE PERCENTAGE.	PERCENT WITH AT LEAST 2 ANC VISITS . . . . . [ ][ ][ ] DON'T KNOW 998	→ 425
424	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	
425	Now I would like to ask you a few questions about postpartum (PP) care or services Does this facility offer postpartum services? IF YES, ASK: Is there a register where client information from postpartum (PP) visits is recorded?	YES, REGISTER SEEN . . . . . 1 YES, REGISTER NOT SEEN . . 2 NO REGISTER KEPT . . . . . 3 NO PP SERVICES 4	→ 430 → 430 → 430
426	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR PNC CLIENTS. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	DELIVERY DATE OR DAYS PP . . . . . A ANY/NO COMPLICATIONS . . . . . B TEMPERATURE . . . . . C NONE OF THE ABOVE . . . . . Y	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
427	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . . 1 MORE THAN 7 DAYS OLD 2	
428	How many postpartum visits took place during the previous 12 complete months?	NUMBER OF PNC VISITS ☐☐☐☐☐☐ DON'T KNOW 999998	→ 430
429	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
430	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	→433 →433
431	What is the estimated annual rate of antenatal-care coverage for this facility?	ANC % COVERAGE . . . . . ☐☐☐ DON'T KNOW 998	→433
432	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	
433	Are there ever any meetings where service statistics for ANC or PNC are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
434	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . B OTHER _____ . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . Y	→ 436
435	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . . 1 MORE THAN 3 MONTHS AGO . . . . 2 DON'T KNOW 8	
436	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	
437	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 Q438 INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q327] 1 DELIVERY [Q536] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 439 → 439 → 439

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
438	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 FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	RUNNING WATER (PIPED)	1 → 04	2	3	8
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8
04	HAND-WASHING SOAP	1	2	3	8
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	8
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8
07	SHARPS CONTAINER	1	2	3	8
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	8
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8
12	DISPOSABLE NEEDLES	1	2	3	8
13	AUTO-DISABLE SYRINGES	1	2	3	8
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8
16	AUDITORY PRIVACY	1	2	3	8
17	VISUAL PRIVACY	1	2	3	8
18	EXAMINATION TABLE	1	2	3	8
19	VACUTAINER	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
439	EQUIPMENT AND SUPPLIES	(A) AVAILABILITY: OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	(B) FUNCTIONING: 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
	NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.							
02	Blood pressure apparatus	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Stethoscope	1→b	2→b	3 → 04	8 → 04	1	2	8
04	Fetal stethoscope (Pinard)	1→b	2→b	3 → 05	8 → 05	1	2	8
05	Adult weighing scale	1→b	2→b	3 → 06	8 → 06	1	2	8
06	Vaginal speculum (s)	1	2	3	8			
07	Vaginal speculum (m)	1	2	3	8			
08	Vaginal speculum (l)	1	2	3	8			
	POSTPARTUM/NEWBORN							
09	Thermometer	1→b	2→b	3 → 10	8 → 10	1	2	8
10	Infant scale	1→b	2→b	3 → 11	8 → 11	1	2	8
11	Facility provided minute timer	1→b	2→b	3 → 12	8 → 12	1	2	8
12	Personal watch with second hand	1→b	2→b	3 → 13	8 → 13	1	2	8
13	Individual chart/record for infant	1	2	3	8			
14	Vitamin K	1	2	3	8			
15	Vitamin A	1	2	3	8			
	MEDICINES FOR IPT							

		a				b		
		OBSERVED: ALL UNITS VALID	OBSERVED: AT LEAST ONE UNIT VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN THIS SERVICE AREA IN LAST SIX MONTHS: YES	NO	DK
16	FANSIDAR	1→b	2→b	3 → 17	4 → 17	1	2	8
17	CHLOROQUINE	1→b	2→b	3 → 18	4 → 18	1	2	8
18	OTHER _____ (SPECIFY)	1→b	2→b	3 → 440	4 → 440	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
440	NOTE THE AVAILABILITY OF PROTOCOLS AND TEACHING MATERIALS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	The National Policy Guidelines and Service Standards for Reproductive Health (May 2001)	1	2	3	8
02	Essential Maternal & Neonatal Care Clinical Guidelines for Uganda (July 2001)	1	2	3	8
03	Uganda Clinical Guidelines (2003)	1	2	3	8
04	Any other Guidelines or protocols for antenatal care	1	2	3	8
05	Any other guidelines or protocols for IPT?	1	2	3	8
06	Any other guidelines or protocols for family planning?	1	2	3	8
07	Guidelines for Syndromic Approach for STIs	1	2	3	8
08	Other guidelines or protocols for diagnosing or treating STIs	1	2	3	8
09	Visual aids for client education on subjects related to pregnancy or antenatal care	1	2	3	8
10	Other guidelines for postpartum care	1	2	3	8
11	Other guidelines for newborn health care	1	2	3	8
	FOR THE NEXT QUESTIONS, DETERMINE THE MOST KNOWLEDGEABLE PERSON TO PROVIDE THE INFORMATION. THE BEST RESPONDENT MAY BE WITH ANC SERVICES OR WITH DELIVERY SERVICES, DEPENDING ON THE FACILITY.				
441	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			→ 445
442	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			
443	Please tell me how many TBAs report to this facility? ENTER "00" FOR "NONE"	# OF TBAs REPORTING . . . . . [ ][ ] DON'T KNOW 98			
444	Does anyone from this facility supervise the activities of the TBAs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
445	Do (the) TBAs refer women to this facility?	YES . . . . . 1 NO 2			
446	Does the facility or ANC unit have safe delivery kits **(MAMA KITS)** for sale or to provide women for home births? IF YES, ASK TO SEE ONE	YES, OBSERVED . . . . . 1 YES, IN STORES/PHARMACY . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4			
447	Are there any community based systems to help women with obstetric emergencies either to come to the facility, or to transfer from this facility to another? IF YES, CLARIFY THE SITUATION	YES, ONLY TO BRING TO THIS FACILITY . . . 1 ONLY TO TRANSFER ELSEWHERE . . . 2 BOTH TO BRING HERE AND FOR TRANSFER ELSEWHERE . . . . . 3 NO . . . . . 4 DON'T KNOW 8			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
448	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 (PVT OR PUBLIC) . . . . D BICYCLE . . . . . E PEOPLE CARRY/PUSH OR PULL PATIENT . . . . . F ANIMALS CARRY/PULL PATIENTS . . . . . G OTHER_____ . . X (SPECIFY) NEVER RECEIVE EMERGENCY . . . . . Y DON'T KNOW . . . . . Z	
449	Does this facility ever attempt to refer a woman outside the facility for emergency obstetric care?	YES . . . . . 1 NO 2	→ 452
450	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? This might include providing a loan or cost-sharing with the patient or family	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	
451	How long does it take to get to the nearest referral facility with the most commonly used type of transportation? 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	
451a	CHECK Q400. IS "Y" CIRCLED, INDICATING THE FACILITY DOES NOT OFFER ANC OR POST PARTUM CARE?	YES, "Y" CIRCLED . . . . . 1 Y NOT CIRCLED 2	→ **END**

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
452	ASSESS CONDITION OF ANC SERVICE AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN	1 2	
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
453	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
454	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
455	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER . . 2 NO 3	
456	Are ARVs for PMTCT kept or managed in this ANC service site? IF YES, ASK TO SEE THE ARVS	YES . . . . . 1 ARVs NOT KEPT IN THIS SITE . . . . . 2 NO PMTCT SERVICES FROM THIS ANC SERVICE AREA 8	→**END** →**END**

457	**ARVS FOR PMTCT**	a				b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	STOCK OUT IN THIS SERVICE AREA IN LAST SIX MONTHS		
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO	DK
01	ZIDOVUDINE (AZT)	1 → b	2 → b	3 → 02	4 → 02	1	2	8
02	LAMIVUDINE (3TC)	1 → b	2 → b	3 → 03	4 → 03	1	2	8
03	NEVIRAPINE (NVP)	1 → b	2 → b	3 → 04	4 → 04	1	2	8
04	NEVIRAPINE SYRUP	1 → b	2 → b	3 → 05	4 → 05	1	2	8
05	OTHER _____ (SPECIFY)	1 → b	2 → b	3 → 06	4 → 06	1	2	8

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	→ 556 → 556

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 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

501	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
502	Do skilled attendants/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	→ 505
503	Is there a home delivery bag or kit for use by skilled attendants/midwives? IF YES, ASK TO SEE THE BAG/KIT.	YES, BAG SEEN . . . . . 1 YES, BAG NOT SEEN . . . . . 2 NO 3	→ 505 → 505

504	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

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
505	Do skilled attendants/midwives or providers routinely provide home-based PNC as part of their facility services?	YES, ROUTINELY . . . . . 1 YES, EMERGENCY ONLY . . . . . 2 NO 3	→ 510a
506	How many PNC/post-delivery visits are made to households where deliveries took place?	ONE . . . . . 1 TWO . . . . . 2 THREE 3	
507	What is the content of the PNC/post-delivery visit?	EXAMINE MOTHER AND CHILD TO IDENTIFY DANGER SIGNS A COUNSEL MOTHER ON MATERNAL AND NEWBORN TOPICS . . . . . B DELIVER IRON TABLETS AND VITAMIN A . . . . . C OTHER _____ X (SPECIFY) NONE OF THE ABOVE Y	
508	Is there a record of the number of home-based PNC visit by midwives/providers from this facility? IF "YES", ASK: May I see the record?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 510a → 510a
509	INDICATE THE NUMBER OF HOME-BASED PNC VISITS MADE BY PROVIDERS FROM THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS	# OF HOME PNC VISITS ☐☐☐☐ DON'T KNOW 9998	→ 510a
510	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
510a	**CHECK Q500:** IS "3" CIRCLED, INDICATING THAT THE FACILITY OFFERS SERVICES FOR **HOME DELIVERIES ONLY** AND NO SERVICES FOR FACILITY BASED NORMAL DELIVERIES?	YES . . . . . 1 NO 2	→ 523
511	Does the facility provide 24 hour coverage for delivery services?	YES . . . . . 1 NO 2	→ 514
512	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	→ 514

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
513	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 OFFICER B CLINICAL OFFICER . . . . . C REGISTERED NURSE . . . . . D REGISTERED MIDWIFE . . . . . E ENROLLED NURSE . . . . . F ENROLLED MIDWIFE . . . . . G COMPREHENSIVE NURSE . . . . H NURSING ASSISTANT . . . . . I NURSING AIDE . . . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
514	During normal working hours, what level of provider is most commonly available to conduct complicated deliveries?	OBSTETRICIAN/ GYNECOLOGIST . . . . . A MEDICAL OFFICER B CLINICAL OFFICER . . . . . C REGISTERED NURSE . . . . . D REGISTERED MIDWIFE . . . . . E ENROLLED NURSE . . . . . F ENROLLED MIDWIFE . . . . . G COMPREHENSIVE NURSE . . . . H NURSING ASSISTANT . . . . . I NURSING AIDE . . . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
515	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	→ 517a

516	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for antenatal care services:	FOR ANY ITEM WHERE THERE IS A FEE, INDICATE THE AMOUNT OR 999998 IF THE FEE IS NOT KNOWN				
			YES	AMOUNT IN USH	NO	DON'T KNOW
01	Is there a fixed fee for normal delivery?	FEE FOR DELIVERY	1		2	8
02	Is there a fixed fee for the package of ANC and delivery services?	FIXED ANC + 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

517	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	
517a	Are women in labor expected to bring along supplies and medications? IF YES: What are they expected to bring?	STERILE GLOVES . . . . . A CLOTHES FOR BABY . . . . . B SANITARY PADS . . . . . C NEEDLES AND SYRINGES . . . . . D CORD LIGATURES . . . . . E BASIN . . . . . F RAZOR BLADES . . . . . G COTTON WOOL . . . . . H PLASTIC SHEETS . . . . . I LOOSE DRESS FOR B-FEEDING . . . J OTHER (SPECIFY) _____ X NO . . . . . Z	
518	Is there a register where client information from attended births is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 525 → 525

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
519	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR DELIVERIES. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	BIRTH OUTCOME FOR INFANT A MATERNAL OUTCOME . . . . . B TYPE OF DELIVERY . . . . . C MOTHER AGE . . . . . D GESTATIONAL AGE . . . . . E IF ANC RECEIVED . . . . . F HIV STATUS OF MOTHER . . . . . G NEWBORN WEIGHT . . . . . H IF PARTOGRAPH USED I NONE OF ABOVE . . . . . Y	
520	HOW RECENT IS THE DATE OF THE MOST RECENT BIRTH ATTENDED BY FACILITY STAFF?	DAY ☐☐ MONTH ☐☐ DK 98 DK 98	
521	How many women delivered at this facility during the previous 12 completed months? (EXCLUDE CESAREAN SECTION IF POSSIBLE)	NUMBER OF DELIVERIES ☐☐☐☐☐ DON'T KNOW 99998	→ 523
522	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
523	How many home-deliveries were assisted by staff from this facility during the previous 12 complete months?	NUMBER OF DELIVERIES ☐☐☐☐☐ DON'T KNOW . . . . . 99998 NO HOME DELIVERIES 99995	→525 →525
524	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
524a	**CHECK Q500 AGAIN:** IS "3" CIRCLED, INDICATING THAT THE FACILITY OFFERS SERVICES FOR **HOME DELIVERIES ONLY** AND NO SERVICES FOR FACILITY-BASED NORMAL DELIVERIES? **IF YES:** SKIP TO Q556 **IF NO:** CIRCLE "2" AND PROCEED TO NEXT QUE.	YES . . . . . 1 NO 2	→556
525	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	→ 527 → 527
526	RECORD THE SOURCE OF INFORMATION FOR THE ESTIMATED DELIVERY COVERAGE.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER _____ X (SPECIFY) SOURCE NOT KNOWN . . . . . Z	
527	Are there ever any meetings where service statistics for delivery services are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
528	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . B OTHER _____ X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	→ 530
529	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTH . . . . . 1 MORE THAN 3 MONTHS AG(. . . . . 2 DON'T KNOW 8	
530	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	→ 532

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
531	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	
532	Please tell me the total number of beds in the maternity ward/unit in this facility	1) # OF BEDS IN MATERNITY ☐☐☐ NO SPECIFIC MATERNITY BEDS 000 NO FACILITY-BASED DELIVERIES 995	→ 534 → 556
533	Please tell me the total number of general beds available for delivery	2) # GENERAL BEDS AVAILABLE FOR DELIVERY ☐☐☐	
534	ASK TO SEE THE ROOM(S) WHERE WOMEN **IN LABOR** STAY UNTIL TIME FOR DELIVERY AND INDICATE THE SITUATION FOR PRIVACY	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 SEPARATE LABOR ROOM 5	
535	ASK TO SEE THE ROOM(S) WHERE DELIVERIES TAKE PLACE. IF THE SAME *ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q536, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q327] 1 ANTENATAL [Q438] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN . . . . . 4 SAME AS FOR LABOR 5	→ 537 → 537 → 537

536 NOTE THE AVAILABILITY AND CONDITION OF SUPPLIES AND EQUIPMENT REQUIRED FOR DELIVERY SERVICES. EQUIPMENT MAY BE IN DELIVERY ROOM OR AN ADJACENT ROOM.

	ITEMS FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	RUNNING WATER (PIPED)	1 → 04	2	3	8
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8
04	HAND-WASHING SOAP	1	2	3	8
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	8
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8
07	SHARPS CONTAINER	1	2	3	8
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	8
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8
12	DISPOSABLE NEEDLES	1	2	3	8
13	AUTO-DISABLE SYRINGES	1	2	3	8
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8
16	AUDITORY PRIVACY	1	2	3	8
17	VISUAL PRIVACY	1	2	3	8
18	EXAMINATION TABLE	1	2	3	8
19	VACUTAINER	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
537	OTHER SUPPLIES AND EQUIPMENT	(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	24-hour functioning light source (lantern acceptable)	1→ b	2→ b	3 03	8 03	1	2	8
03	Skin antiseptic (such as Chlorhexidine, Savlon, or Dettol)	1	2	3	8			
04	Intravenous infusion set	1	2	3	8			
05	Syringes and needles	1	2	3	8			
06	Suture material with needle	1	2	3	8			
07	Sterile scissors or blade	1	2	3	8			
08	Needle holder	1	2	3	8			
09	Sterile gloves	1	2	3	8			
10	Cord clamp or ties	1	2	3	8			
11	Thermometer	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
538	**MEDICATIONS IN DELIVERY SERVICE AREA**	(a) AVAILABILITY				(b) AT LEAST ONE VALID		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	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 03	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	ZIDOVUDINE (AZT)	1→b	2 13	3 13	8 13	1	2	8
13	LAMIVUDINE (3TC)	1→b	2 14	3 14	8 14	1	2	8
14	NEVIRAPINE (NVP)	1→b	2 15	3 15	8 15	1	2	8
15	NEVIRAPINE SYRUP	1→b	2 539	3 539	8 539	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
539	**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 to wipe baby	1	2	3	8			
10	Blanket to wrap baby	1	2	3	8			
11	Vitamin K (Inj)	1	2	3	8			
540	GUIDELINES/ PROTOCOLS							
01	Essential maternal & Neonatal care clinical Guidelines for Uganda	1	2	3	8			
02	Other guidelines for normal delivery	1	2	3	8			
03	Guidelines for emergency obstetric care	1	2	3	8			
04	Blank partographs ANY PARTOGRAPH REGARDLESS OF WHETHER IT IS SEPARATE PAPERS OR ON THE MOTHERS CARD	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
541	CHECK Q539(02) IF INCUBATOR IS AVAILABLE IN UNIT YES, OBSERVED OR REPORTED ☐ NO ☐ →		543a
542	Is there someone in the unit who has received technical training to operate the incubator?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
	Now I will ask you a few questions about the management of 3rd stage of labor. For each of the following practices for managing 3rd stage of labor, please tell me if this is: **i)** a routine practice, or **ii)** selectively done (depending on the condition of the client or the provider conducting the delivery), or **iii)** it is never carried out.		
543a	Administer uterotonic drug, that is either ***ergometrine or oxytocin***	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	 → 543c → 543c
543b	How many minutes after birth is the drug usually administered?	IMMEDIATELY/WITHIN 1 MINUTE 1 WITHIN 5 MINUTES . . . . . 2 NO SPECIFIC PRACTICE . . . . . 3 OTHER _____ 6 (SPECIFY)	
543c	Apply controlled cord traction?	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	 → 543e → 543e
543d	Can you describe the technique used when applying cord traction? DOES THE PROVIDER INDICATE THAT COUNTER TRACTION IS APPLIED TO THE UTERUS? **DO NOT PROMPT!!**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
543e	Massage fundus through the abdomen?	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
544	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	
545	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	Suction the newborn by means of bulb	1 / 2 / 8	
03	Weigh the newborn	1 / 2 / 8	
04	Give full bath (immerse newborn in water) within 24 hours of birth	1 / 2 / 8	
05	Give the newborn prelacteal liquids	1 / 2 / 8	
06	Give the newborn OPV prior to discharge	1 / 2 / 8	
07	Give the newborn BCG prior to discharge	1 / 2 / 8	
546	How is the umbilical cord treated? ASK FOR EACH ITEM IF IT IS APPLIED AND CIRCLE ALL PRACTICES THAT ARE ROUTINELY USED	APPLY SALTY WATER . . . . . A APPLY ALCOHOL . . . . . B APPLY OTHER ANISEPTIC . . . C APPLY NOTHING TO CORD . . . D WRAP WITH DRY DRESSING E OTHER (SPECIFY)_____ X	
547	How is the newly delivered placenta managed prior to final disposal? ASK TO SEE ANY CONTAINER THAT IS USED. CIRCLE ALL TYPES OF CONTAINERS REPORTED AND OBSERVED FOR IMMEDIATE PLACEMENT OF PLACENTA	**PUT IN CONTAINER** COVERED LEAKPROOF . . . . . A UNCOVERED LEAKPROOF . . . . B DOUBLE PLASTIC BAGS . . . . . C NOT LEAKPROOF . . . . . D OTHER (SPECIFY) _____ X	
548	What is the most common method used for final disposal of the placenta? CIRCLE ALL THAT APPLY.	GIVE TO FAMILY . . . . . A DISPOSE WITH OTHER INFECTIOUS WASTE OF FACILITY . . . . . B DISPOSE SEPARATE FROM OTHER WASTE BURN . . . . . C BURY . . . . . D OTHER _____ . . . . X (SPECIFY)	
549	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	→ 552

550	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 → 551	8 → 551	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
551	Has an assisted delivery been conducted in this facility within the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
552	Is this facility able to extract retained products of conception when necessary? IF YES, ASK TO SEE THE EQUIPMENT USED.	YES . . . . . 1 NO 2	→ 555

553 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 → 554	8 → 554	1	2	8

554	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	

555 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 antibiotic	1 → b	2 → 02	8 → 02	1	2	8
02	Parenteral oxytocic drugs	1 → b	2 → 03	8 → 03	1	2	8
03	Parenteral anti-convulsants for pregnancy-induced hypertension	1 → b	2 → 04	8 → 04	1	2	8
04	Manual removal of placenta	1 → b	2 → 556	8 → 556	1	2	8

556	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	→ 558
557	Has blood transfusion been performed for maternity care by this facility during the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
558	Does this facility ever perform caesarean sections?	YES . . . . . 1 NO 2	→ 566
558a	Is there a routine fee for caesarean sections? IF YES: Please tell me the amount of the fee. IF AMOUNT OF FEE NOT KNOW, PUT **99999998**	YES . . . . . 1 ☐☐☐☐☐☐☐☐ NO FEE FOR FOR CS 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO

559 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: OBSERVED	(a) AVAILABILITY: REPORTED, NOT SEEN	(a) AVAILABILITY: NOT AVAILABLE	(a) AVAILABILITY: DON'T KNOW	(b) FUNCTIONING: YES	(b) FUNCTIONING: NO	(b) FUNCTIONING: 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/ equipment or instrument	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 → 560	8 → 560	1	2	8

560	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	
561	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	
562	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	→ 566 → 566
563	RECORD THE NUMBER OF CAESAREAN SECTIONS CONDUCTED AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF CAESAREAN . [ ][ ][ ][ ] DON'T KNOW 9998	→ 565
564	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA [ ][ ] DON'T KNOW 98	
565	What is the date of the last caesarean section? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH [ ][ ] YEAR [ ][ ][ ][ ] DON'T KNOW 989998	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
566	Does this facility have a health worker or provider who can repair obstetric fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 574 → 574
567	Does this facility have any ***providers*** (medical officers and above) trained to competence for ***simple repair*** of fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
568	Does this facility have any ***providers*** (medical officers and above) trained to competence for ***complex repair*** of fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
569	Does this facility have any ***providers*** (medical officers and above) trained to competence as ***fistula repair trainers*** ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
570	Is there a register where fistula repair data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	 → 574 → 574
571	RECORD THE NUMBER OF FISTULAE REPAIRED AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF FISTULAE . [ ][ ][ ][ ] DON'T KNOW 9998	 → 573
572	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
573	What is the date of the last fistula repair? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH [ ][ ] YEAR [ ][ ][ ][ ] DON'T KNOW 989998	
574	Does this facility ever perform male circumcisions? **IF YES, ASK:** Is the circumcision done for infants only, adults only or for both infants and adults?	YES, INFANTS ONLY . . . . . 1 YES, ADULTS ONLY . . . . . 2 YES, BOTH INFANTS AND ADULTS 3 NO MALE CIRCUMCISION . . . . . 4 DON'T KNOW 8	 → 578a → 578a
574a	Is there a fee for male circumcision? IF YES, ASK: Please tell me the amount. If the fee varies for infant and adult circumcision, please tell me the fee for ***adult*** male circumcision. IF THERE IS A FEE, HOWEVER THE AMOUNT IS NOT KNOWN, ENTER 9999998	[ ][ ][ ][ ][ ][ ][ ] 1 NO FEE FOR MALE CIRCUMCISION 2	

574b	GO TO WHERE MALE CIRCUMCISION PROCEDURES TAKE PLACE AND NOTE THE AVAILABILITY OF THE FOLLOWING ITEMS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	LOCAL ANAESTHETIC WITHOUT ADRENALINE	1	2	3	8
02	STERILE GLOVES	1	2	3	8
03	STRAPPINGS	1	2	3	8
04	STITCH SCISSORS	1	2	3	8
05	DISSECTING FORCEPS	1	2	3	8
06	SURGICAL BLADE AND HANDLE	1	2	3	8
07	ARTERY FORCEPS	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
574c	Does this facility have a health worker who can perform male circumcision present in the facility or on call 24 hours a day?	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	
575	Is there a register where male circumcision data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	→ 578a → 578a
576	RECORD THE NUMBER OF MALE CIRCUMSISIONS AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF CIRCUMCISIONS ☐☐☐☐ DON'T KNOW 9998	→ 578a
577	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
578	WHAT IS THE DATE OF THE LAST MALE CIRCUMCISION? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	WITHIN PAST 1 WEEK . . . . . 1 WITHIN PAST 1 MONTH . . . . . 2 WITHIN PAST 3 MONTHS . . . . . 3 DON'T KNOW 8	
	CERVICAL SCREENING AND TREATMENT		
578a	Does this ***facility*** offer any services for identifying cervical dysplasia, that is, cervical screening services to detect precancerous lesions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 3	→ 579 → 579
578b	How many days of the month are cervical screening services provided at the facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	# OF DAYS ☐☐ DON'T KNOW 98	
578c	Are cervical screening services being provided at the facility today?	YES 1 NO 2	
578d	What cervical screening methods are used in this facility?	PAP SCREENING . . . . . A VISUAL INSPECTION . . . . . B HPV TEST . . . . . C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
578e	CHECK Q578d IF PAP SCREENING IS USED FOR SCREENING IN THE FACILITY YES ☐ NO ☐ → 578i		
578f	Is there a register where cervical screening data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 → 578i NO . . . . . 3 → 578i	
578g	RECORD THE NUMBER OF PAP SCREENING AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF PAP SCREEN ☐☐☐☐ DON'T KNOW . . . . . 9998 → 578i	
578h	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . ☐☐ DON'T KNOW 98	
578i	If a woman is identified with cervical precancers, how are they most commonly managed at this facility?	TREATED AT THIS FACILITY . . . . . A REFERRED TO ANOTHER FACILITY WITHIN DISTRICT . . . . . B OUTSIDE DISTRICT . . . . . C OTHER _____ (SPECIFY) X	

578j ASK TO GO TO THE AREA WHERE CERVICAL SCREENING AND/OR TREATMENT IS DONE AND NOTE THE AVAILABILITY OF THE FOLLOWING IN THE SERVICE DELIVERY ROOM OR AN ADJACENT ROOM.

	EQUIPMENT AND SUPPLIES FOR EXAMINATION AND/OR TREATMENT	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Cryotherapy unit with gas	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Operating light (Spotlight or torch)	1 → b	2 → b	3 → 03	8 → 03	1	2	8
03	Colploscope	1 → b	2 → b	3 → 04	8 → 04	1	2	8
04	Lugol's iodine	1	2	3	8			
05	Cotton swabs	1	2	3	8			
06	Vaginal speculum (s)	1	2	3	8			
07	Vaginal speculum (m)	1	2	3	8			
08	Vaginal speculum (l)	1	2	3	8			
09	Guidelines/protocols for identifying and treating cervical dysplasia	1	2	3	8			
10	Visual aids for counseling clients on sceening procedures	1	2	3	8			
11	Any information for clients to take home	1	2	3	8			

579	AT THIS POINT, CHECK IF EITHER Q500 OR Q558 IS "1" [FACILITY OFFERS DELIVERY SERVICES]	YES . . . . . 1 NO . . . . . 2 → **SEC 6**	
580	Are syringes for client injections or drawing blood ever reused? **IF YES, ASK:** What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. **IF NO:** CIRCLE 'Y' FOR NEVER REUSE SYRINGES	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E OTHER _____ (SPECIFY) X NEVER REUSE SYRINGES . Y	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
581	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	→ 589a → 584
582	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	→ 584 → 584
583	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
584	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 [Q179-181] . . . . . 1 FAMILY PLANNING [Q352-354] 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY 4 SECTION 1 [Q179-181], HOWEVER COMPLETED IN DELIVERY AREA. . . . 5 NO EQUIPMENT PROCESSED 7	→ 587(6) → 587(6) → 587(6) → 587(6)
585	What is the ***final method*** 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)	→587(6)

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
586	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			

587	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 Disinfection (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 → 588
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					JIK . . . . . 01 CHLORINE . . . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98	JIK . . . . . 01 CHLORINE . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98
H	Percent solution before dilution					PERCENT [ ][ ] DON'T KNOW 98	PERCENT [ ][ ] DON'T KNOW 98
I	Mixture, parts solution or tablets and water					MIXTURE PARTS/L a) DISINFECTANT [ ] b) WATER [ ][ ] DK 000	MIXTURE PARTS/L a) DISINFECTANT [ ] b) WATER [ ][ ] DK 000

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
588	ASK TO SEE WHERE PROCESSED EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION OR CLINIC/UNIT THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "3" AND CONTINUE. CONTINUE.	SECTION 1 [Q182] . . . . . 1 FAMILY PLANNING [Q356] 2 NOT PREVIOUSLY SEEN 3	→ 589a → 589a

NO.	589 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

589a	DID YOU NOTICE OR OBSERVE ANYTHING THAT WOULD SUGGEST THAT AN ATTEMPT IS BEING MADE TO STERILIZE OR PROCESS INJECTION EQUIPMENT SUCH AS NEEDLES AND SYRINGES FOR RE-USE? IF YES, CIRCLE ALL RESPONSES THAT APPLY	USED INJECTION EQUIPMENT IN STERILIZER, AUTOCLAVE, BOILER OR DISH OF WATER. . . . . A USED INJECTION EQUIPMENT IN DRAWERS . . . . . B BULGING OR DISCOLORED SYRINGES . . . . . C NO EVIDENCE OF ATTEMPT . . . . . Y	

NO.	590 ASSESS CONDITION OF DELIVERY SERVICE AREA	YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN	1	2
05	**DOORS:** NO OR MINOR DAMMAGE	1	2
06	**WALLS:** NO OR MINOR DAMMAGE	1	2
07	**ROOF:** NO OR MINOR DAMMAGE	1	2

591	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
592	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
593	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	

6. Services for Reproductive Tract and Sexually Transmitted Infections

Facility Number: ☐☐☐ **Interviewer Code:** ☐☐

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
600	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	→ END

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 (Indicates respondent's willingness to participate) Date

601	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
602	Are services for STI clients being offered at this facility today?	YES . . . . . 1 NO 2	
603	Are STI services primarily offered in a special STI clinic or through general outpatient services?	SPECIAL STI CLINIC . . . . . 1 GENERAL OUTPATIENT 2	
604	How many days in the month are STI services available in either the special/the general clinic? USE A 4-WEEK MONTH TO CALCULATE DAYS	NUMBER OF DAYS ☐☐	
604a	Does this facility have any routine user-fees or charges for any services related to STI 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	→605

604b	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	**FOR ANY ITEM WHERE THERE IS A FEE, INDICATE THE AMOUNT IN THE BOXES. IF FEE NOT KNOWN, ENTER 999998**				
			YES	**AMOUNT IN USH**	NO	DON'T KNOW
	FEE FOR HEALTH CARD	FEE FOR HEALTH CARD	1	☐☐☐☐☐☐	2	8
	FEE FOR CONSULTATION	FEE FOR CONSULTATION	1	☐☐☐☐☐☐	2	8
	FEE FOR LAB TESTS	LAB TESTS	1	☐☐☐☐☐☐	2	8
	FEE FOR MEDICINES	MEDICINES	1	☐☐☐☐☐☐	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
605	How are diagnoses of STIs made in this facility? CIRCLE ALL THAT APPLY.	SYNDROMIC APPROACH . . . . . A ETIOLOGIC (LAB) . . . . . B CLINICAL JUDGMENT C	

606 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 SPECIMEN	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	1	2	3	4	8
04	Chlamydia	1	2	3	4	8

607	Does this clinic/unit have a protocol or guideline 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, BOTH FORM AND REGISTER OBSERVED . . . . . 3 YES, FORM/REGISTER REPORTED, NOT SEEN . . . . . 4 NO 5	
610	Is there a register where information is recorded on STI consultations? IF YES, ASK TO SEE THE REGISTER. MAY BE GENERAL OPD REGISTERS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	→ 616 → 616
611	SKIM THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE IF THE INDICATED INFORMATION IS ROUTINELY RECORDED FOR CLIENTS RECEIVING SERVICES THIS CLINIC/UNIT	CLIENT NAME . . . . . A CLIENT AGE . . . . . B CLIENT SEX . . . . . C DIAGNOSIS/MAIN SYMPTOM . . . . . D NONE OF THE ABOVE Y	
612	Were there any diagnoses noted that indicated a client had an STI or reproductive tract infection? IF YES, CIRCLE WHICH OF THE INDICATED INFORMATION WAS OBSERVED FOR ANY CLIENTS	SYMPTOM (DISCHARGE/PAIN) . . . . A GENERAL DIAGNOSIS (STI/RTI) . . . . B SPECIFIC TYPE OF STI/RTI . . . . C OTHER INDICATION OF RTI/STI _____ X (SPECIFY) NONE OF THE ABOVE . . . . . Y	→ 616
613	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY FOR A PROBABLE STI OR RTI?	WITHIN THE PAST 7 DAYS . . . . . 1 MORE THAN 7 DAYS OLD 2	
614	RECORD THE NUMBER OF CLIENTS WHO RECEIVED STI SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF STI CLIENTS . . [ ][ ][ ][ ] DON'T KNOW 9998	→ 616
615	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
616	Are there ever any meetings where service statistics for adult health are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
617	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . B OTHER _____ . . . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	→ 619
618	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED	WITHIN THE PAST 3 MONTH . . . . . 1 MORE THAN 3 MONTHS AGO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
619	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 STI syndromes, or specific STIs such as syphilis, 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	
620	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	

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.

621	**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
622	**SERVICE DELIVERY STANDARDS/PROTOCOLS**				
01	Sexually Transmitted Infections Treatment Guidelines for use by operational level health workers in Uganda (2003)	1	2	3	8
02	Etiologic (laboratory) diagnosis of STIs	1	2	3	8
03	Any other Treatment protocols for STIs	1	2	3	8
04	Syndromic approach guidelines (treatment chart)	1	2	3	8
05	Guidelines for diagnosing HIV/AIDS	1	2	3	8
623	Is there a policy (or guideline) that all STI clients should be offered an HIV test? IF YES, ASK TO SEE THE POLICY OR GUIDELINE	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
624	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF CLIENT SUSPECTED TO BE HIV+ . . 2 NO 3	→ 626
625	Where are the clients sent for HIV testing? PROBE FOR A SPECIFIC UNIT WITHIN FACILITY, OR SPECIFIC LOCATION OUTSIDE FACILITY TO BE NAMED	LOCATION NAMED INSIDE FACILITY . . . . . 1 OUTSIDE FACILITY . . . . . 2 DON'T KNOW SPECIFIC LOCATION 8	
626	Are individual client health records or charts used? IF YES, ASK TO SEE EITHER A USED OR NEW CLIENT HEALTH CARD/CHARD/RECORD.	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	
627	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR STIs ARE CONDUCTED.		
	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 628, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FP [Q327] . . . . . 1 ANTENATAL [Q438] . . . . . 2 DELIVERY [Q536] . . . . . 3 NOT PREVIOUSLY SEEN . . . . 4 COUNSELING AND EXAM IN SAME ROOM [Q620] 5	→ 629 → 629 → 629

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
628	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 FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY				
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	RUNNING WATER (PIPED)	1 → 04	2	3	8	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8	
04	HAND-WASHING SOAP	1	2	3	8	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	8	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8	
07	SHARPS CONTAINER	1	2	3	8	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	8	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8	
12	DISPOSABLE NEEDLES	1	2	3	8	
13	AUTO-DISABLE SYRINGES (3 or 5 ml)	1	2	3	8	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8	
16	AUDITORY PRIVACY	1	2	3	8	
17	VISUAL PRIVACY	1	2	3	8	
18	EXAMINATION TABLE	1	2	3	8	
19	VACUTAINER	1	2	3	8	

629	OTHER 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	Vaginal speculum (s)	1	2	3	8			
04	Vaginal speculum (m)	1	2	3	8			
05	Vaginal speculum (l)	1	2	3	8			
06	Swab sticks for taking specimen	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
630	ASSESS CONDITION OF FP SERVICE AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
631	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
632	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
633	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	

SECTION 12: HIV/AIDS OUTPATIENT CARE

Facility Number: | | | |

QRE TYPE **1 2**

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.

1200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	Line # ____ Unit # ____
1201	**MANAGING AUTHORITY** GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)	
1202	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: (V)CT Q1206, Q1208 & Q1210 — 1; PMTCT Q1205 — 1; TB Q1218 (01, 02, 03) — 1; ART Q1225 (07, 08) — 1 NOT APPLICABLE: 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 Q1203 BELOW AND GO ON TO Q1204.

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 Uganda 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 prepared by these researchers 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
1203	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
1204	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 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	
1205	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**
1206	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**
1207	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	→ 1214
1208	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** RAPID TEST ONSITE-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** 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**
1209	CHECK Q1208. 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	→ 1214

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1210	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 → 1212
1211	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	
1212	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	→ 1214 → 1214
1213	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	
1214	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	
1215	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 LINE AND C/U NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS . . . . 4 OTHER _____ SPECIFY 6 NO INDIVIDUAL CLIENT CHART/ RECORD 7	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1216	Is there a written policy document or statement 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 CLIENTS. . . 1 YES, OBSERVED WRITTEN POLICY OR NATIONAL VCT GUIDELINES . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 1218
1217	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

1218	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.	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
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 malaria?	1	2	3	4
05	Do providers assigned to this clinic/unit prescribe treatment for sexually transmitted infections (STI)?	1	2 1220	3 1220	4 1220

1219	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF CLIENT SUSPECTED TO BE HIV+ . . . . . 2 NO 3	
1220	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	→ 1224

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1221	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON OBSERVED MANUAL (YEAR)
01	Uganda National Policy on HIV Counseling and Testing	1 → b	2 → 02	3 → 02	
02	Policy Guidelines for Prevention of Mother to Child Transmission	1 → b	2 → 03	3 → 03	
03	National Antiretroviral Treatment and Care guideline for Adult and Children	1 → b	2 → 04	3 → 04	
04	Comprehensive HIV Care (IMAI): Acute Care Guide	1 → b	2 → 05	3 → 05	
05	Comprehensive HIV Care (IMAI): Chronic HIV Care Guide	1 → b	2 → 06	3 → 06	
06	Comprehensive HIV Care: Home Based Care Trainers' Guide for Health Workers	1 → b	2 → 07	3 → 07	
07	Uganda Clinical Guidelines	1 → b	2 → 08	3 → 08	
08	Sexually Transmitted Infections Treatment Guidelines for Use by Operational Level Health Workers	1 → b	2 → 09	3 → 09	
09	Nutritional Care and Support for People Living with HIV/AIDS in Uganda	1 → b	2 → 10	3 → 10	
10	Tuberculosis Control & Community-based DOTS as an essential component of District Health Systems	1 → b	2 → 11	3 → 11	
11	Tuberculosis Case Management Desk Aide	1 → b	2 → 12	3 → 12	
12	Management of uncomplicated Malaria	1 → b	2 → 13	3 → 13	
13	Infection Control: Policies and Procedures	1 → b	2 → 14	3 → 14	
14	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 → b	2 → 15	3 → 15	
15	Standards for Injection Safety and Health Care Waste Management Practices	1 → b	2 → 1222	3 → 1222	
1222	**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			→ 1224

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a)			(b)
1223	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL (YEAR)
01	Other protocols/guidelines for infection control [MUST MENTION HAND WASHING AND SHARPS]	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for injection safety	1 → b	2 → 03	3 → 03	
03	Other protocols/guidelines on waste management	1 → b	2 → 04	3 → 04	
04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → 05	3 → 05	
05	Other protocols/guidelines for STI diagnosis or treatment?	1 → b	2 → 06	3 → 06	
06	Any other guidelines for post-exposure prophylaxis?	1 → b	2 → 07	3 → 07	
07	Any other guidelines on nutrition for people living with HIV/AIDS?	1 → b	2 → 1224	3 → 1224	

NO.	QUESTIONS	CODING CATEGORIES					GO TO
1224	Do providers assigned to this clinic/unit ever provide any curative or preventive care services for HIV/AIDS infected clients?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE IN THIS FACILITY . . . . 2 → 1232 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 → 1232 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . . 4 → 1232 PROVIDE NO CLINICAL OR SOCIAL SERVICES FOR HIV/AIDS CLIENTS . . . . 5 → 1251					
1225	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]	SERVICE OFFERED IN THIS FACILITY			REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL	
		PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY			
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 cryptococcal 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 and/or provide medical follow-up for ART clients	1 ART QRE	2	3	4	5	
08	Provide other 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	
1226	How many days per month is palliative care offered from this clinic/unit? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	DAYS PER MONTH ☐☐ SERVICE NOT AVAILABLE 00					

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1227	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	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5
02	Preventive treatment for TB (IPT)	1	2	3	4	5
03	Testing or screening for tuberculosis?					
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
1228	Is there any record of clients receiving CPT? IF YES, ASK TO SEE THE RECORD AND INDICATE IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED ..... 1 YES OBSERVED, SEX NOT RECORDED ..... 2 RECORD REPORTED, NOT SEEN ..... 3 ONLY RECORDED IN INDIVIDUAL CLIENT CHART 4 INFORMATION NOT RECORDED ..... 5 CPT NOT OFFERED 6				
1229	Is there any record of clients receiving Isoniazid (INH) for TB preventive treatment, that is IPT? IF YES, ASK TO SEE THE RECORD AND INDICATE IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED ..... 1 YES OBSERVED, SEX NOT RECORDED ..... 2 RECORD REPORTED, NOT SEEN ..... 3 ONLY RECORDED IN INDIVIDUAL CLIENT CHART 4 INFORMATION NOT RECORDED ..... 5 IPT NOT OFFERED 6				
1230	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 → 1232				
1231	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a) OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON MANUAL (YEAR)	
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in adults	1 → b	2 → 02	3 → 02		
02	Other protocols/guidelines for the clinical management of HIV/AIDS infection/tratment of OIs in children	1 → b	2 → 03	3 → 03		
03	Protocols/guidelines on micronutrient supplementation	1 → b	2 → 04	3 → 04		
04	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → 05	3 → 05		
05	Protocols/guidelines on provision of symptomatic or palliative care **[MUST MENTION PAIN CONTROL]**	1 → b	2 → 06	3 → 06		
06	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → 07	3 → 07		
07	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → 08	3 → 08		
08	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → 1232	3 → 1232		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1232	Do providers assigned to this clinic/unit ever ***provide or refer*** HIV infected clients for support services or counseling for helping them and their families to live with HIV/AIDS?	YES . . . . . 1 NO 2	→ 1234

1233	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

1234	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	→ 1242
1235	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	→ 1237 → 1237

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1236	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	
1237	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	→ 1239 → 1239 → 1241
1238	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	→ 1240 → 1240 → 1240
1239	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	
1240	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	
1241	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	
1242	CHECK Q1225 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→ 1251

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1243	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	→ 1248 → 1251
1244	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.		
		NUMBER OF VISITS	
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) LYMPHADENOPATHY		
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)		
1245	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QRE	NUMBER OF FULL MONTHS OF DATA	
1246	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1247	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	
1248	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit?	YES . . . . . 1 NO 2	→ 1251
1249	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	→ 1251
1250	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . . . . . B DISTRICT LEVEL (MOH/UAC/MEP) . . . . . C REGIONAL LEVEL (MOH/UAC/MEP) . . . . . D NATIONAL LEVEL (MOH/UAC/MEP) . . . . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
1251	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	→ 1259 → 1259 → 1259
1252	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	
1253	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO 3	
1254	What is the PEP regimen that is most commonly prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) . . . . 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) . . . 02 STAVUDINE (d4T) + DIDANOSINE (ddI) . . . 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) . . . 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) . . . 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) . . . . 06 OTHER _____ . . . . 96 (SPECIFY)	
1255	Are any PEP drugs stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→ 1259

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1256	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DIDANOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR (LPV-r) . . . . . G OTHER ARV _____ (SPECIFY) H OTHER ARV _____ (SPECIFY) I OTHER ARV _____ (SPECIFY) J NONE . . . . . Y	→1259
1257	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	
1258	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	
1259	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	
1260	Is there a waiting area for clients where they are protected from sun and rain?	YES . . . . . 1 NO 2	
1261	Is there a client toilet or latrine in this clinic/unit area that clients can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND DESCRIBE IF CLEAN AND FUNCTIONING	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 5	→1263
1262	INDICATE THE TYPE OF TOILET/LATRINE AVAILABLE NOTE: SLAB MAY BE MADE OF CEMENT, WOOD OR OTHER SOLID MATERIAL	**FLUSH/POUR FLUSH:** TO PIPED SEWER SYSTEM 01 TO SEPTIC TANK . . . . . 02 TO PIT LATRINE . . . . . 03 TO ELSEWHERE _____ (SPECIFY) 04 TO DON'T KNOW WHERE . . . . . 05 COVERED VIP OR PIT LATRINE . . . . . 06 PIT LATRINE W/OUT COVER . . . . . 07 BUCKET . . . . . 08 HANGING LATRINE . . . . . 09 OTHER _____ (SPECIFY) 96	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
	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				
1263	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
22	VACUTAINER	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1264	Is there a procedure room in this clinic/unit that is different from the room just assessed? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2			→ 1266
1265	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
22	VACUTAINER	1	2	3	
1266	Is this the main outpatient clinic/unit?	YES . . . . . 1 NO 2			→ 1271

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1267	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 →			1271
1268	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRICACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
22	VACUTAINER	1	2	3	
1269	INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FOR. IF NO ELIGIBLE UNIT REMAINS, CIRCLE '3'.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NO ELIGIBLE UNITS . . . . . 3 →			1271

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1270	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
22	VACUTAINER	1	2	3	
1271	Are syringes for client injections or drawing blood ever reused? **IF YES, ASK:** What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. **IF NO,** CIRCLE 'Y' FOR "NEVER REUSE SYRINGES"	DRY-HEAT STERILIZATION ..... A AUTOCLAVING ..... B BOILING ..... C STEAM STERILIZATION ..... D CHEMICAL METHOD ..... E OTHER _____ (SPECIFY) ..... X NEVER REUSE SYRINGE ..... Y			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1272	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	→ 1279a → 1275
1273	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	→ 1275 → 1275
1274	SCAN THE GUIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
1275	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 _____ (SPECIFY) . . . . . 6 NO ITEMS EVER PROCESSED 7	QRE:OPD → 1278(6) → 1278(6) → 1278(6) → 1278(6)
1276	What is the ***final method*** 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 _____ (SPECIFY) X	→ 1278(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

1277	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 or HLD	1	2	3	8			

1278	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 Disinfection (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 → 1278a
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					JIK . . . . . 01 CHLORINE . . . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98	JIK . . . . . 01 CHLORINE . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS . . 08 DON'T KNOW 98
H	Percent solution before dilution					PERCENT [ ][ ] DON'T KNOW 98	PERCENT [ ][ ] DON'T KNOW 98
I	Mixture, parts solution or tablets and water					MIXTURE PARTS/L a) DISINFECTANT [ ] b) WATER [ ][ ] DK 000	MIXTURE PARTS/L a) DISINFECTANT [ ] b) WATER [ ][ ] DK 000

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1278a	ASK TO SEE WHERE PROCESSED EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION OR CLINIC/UNIT THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "5" AND CONTINUE.	SECTION 1 (Q182) . . . . . 1 SECTION 3 (Q356) . . . . . 2 SECTION 5 (Q589) . . . . . 3 OTHER C/U. . . . . 4 NOT PREVIOUSLY SEEN 5	→1279a →1279a →1279a →1279a

1279	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 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

1279a	DID YOU NOTICE OR OBSERVE ANYTHING THAT WOULD SUGGEST THAT AN ATTEMPT IS BEING MADE TO STERILIZE OR PROCESS INJECTION EQUIPMENT SUCH AS NEEDLES AND SYRINGES FOR RE-USE? **IF YES:** CIRCLE ALL RESPONSES THAT APPLY	USED INJECTION EQUIPMENT IN STERILIZER, AUTOCLAVE, BOILER OR DISH OF WATER . . . A USED INJECTION EQUIPMENT IN DRAWERS . . . . . B BULGING OR DISCOLORED SYRINGES . . . . . C NO EVIDENCE OF ATTEMPT . . . . . Y	

1280	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?	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . 12 **OTHER** _____ (SPECIFY) 96 NEVER HAVE SHARPS WASTE . . . 95	→1282 →1282 →1282 →1282

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1281	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED . . . 2 NO BURIAL OF BURNED/DUMPED SHARPS 3	
1282	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this clinic/unit ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS . . . . . 01 **BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTIO . . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . . 06 COVERED PIT OR PIT LATRINE . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . . . . 12 **OTHER** _____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTE 95	→ 1284 → 1284 → 1284 → 1284 → 1284
1283	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED. . . 1 YES, WASTE PARTIALLY COVERED . . . 2 NO BURIAL OF BURNED/DUMPED INFECTIOUS WASTE 3	
1284	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES, NEEDLES, AND BANDAGES.	YES . . . . . 1 NO, OR NOT APPLICABLE 2	
1285	CHECK **Q1280** AND **1282**, IS **10** OR **11** OR **12** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL?) YES ☐ NO ☐		→ 1287
1286	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED AND BURIED . . . . . 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ . . . 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1287	ASSESS CONDITION OF SERVICE AREA	YES NO	
01	FLOOR SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	COUNTERS/TABLES/CHAIRS WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN	1 2	
05	**DOORS:** NO, OR MINOR DAMAGE	1 2	
06	**WALLS:** NO, OR MINOR DAMAGE	1 2	
07	**ROOF:** NO, OR MINOR DAMAGE	1 2	
1288	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1289	WAS THE SHARPS CONTAINER OVERFLOWING OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1290	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER . . 2 NO 3	

SECTION 13: INPATIENT CARE

Facility Number: ☐☐☐

Interviewer Code: ☐☐

QRE TYPE **1 3**

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.

1300	INDICATE WHICH INPATIENT UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	☐☐ Line # ☐☐ Unit #

1301 MANAGING AUTHORITY

GOVERNMENT 1
PRIVATE 2
OTHER _____ 6
(SPECIFY)

1302	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT.		APPLICABLE & COMPLETED	NOT APPLICABLE
		'(V)CT Q1306, Q1308 &Q1310	1	2
		'PMTCT Q1305	1	2
	FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	TB Q1316 (01, 02, 03)	1	2
		'ART Q1324 (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 Q1303 BELOW AND GO ON TO Q1304.

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 **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 prepared by thes unit 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
1303	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP
1304	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 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	
1305	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**
1306	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**
1307	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	→ 1312
1308	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** RAPID TEST ONSITE-THIS CLINIC/U . . . . A CLIENT SENT TO (V)CT UNIT . . . . . B CLIENT SENT TO PMTCT UNIT . . . . . C CLIENT REFERRED OTHER UNIT THIS FACILITY (NON-VCT/PMTC . . . . . 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**
1309	CHECK Q1308. 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	→ 1312
1310	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** → 1312

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1311	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	
1312	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	
1313	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 _____ 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
1314	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 CLIENTS. . 1 YES, OBSERVED WRITTEN POLICY . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 1316
1315	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

1316	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.	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
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 malaria?	1	2	3	4
05	Do providers assigned to this unit prescribe treatment for sexually transmitted infections (STI)?	1	2 1318	3 1318	4 1318

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1317	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF SUSPECTED TO BE HIV+ . . . 2 NO 3	
1318	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	→ 1322

		(a)			(b)
1319	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Uganda National Policy on HIV Counseling and Testing	1 →b	2 02	3 02	
02	Policy Guidelines for Prevention of Mother to Child Transmission	1 →b	2 03	3 03	
03	National Antiretroviral Treatment and Care guideline for Adult and Children	1 →b	2 04	3 04	
04	Comprehensive HIV Care (IMAI): Acute Care Guide	1 →b	2 05	3 05	
05	Comprehensive HIV Care (IMAI): Chronic HIV Care Guide	1 →b	2 06	3 06	
06	Comprehensive HIV Care: Home Based Care Trainers' Guide for Health Workers	1 →b	2 07	3 07	
07	Uganda Clinical Guidelines	1 →b	2 08	3 08	
08	Sexually Transmitted Infections Treatment Guidelines for Use by Operational Level Health Workers	1 →b	2 09	3 09	
09	Nutritional Care and Support for People Living with HIV/AIDS in Uganda	1 →b	2 10	3 10	
10	Tuberculosis Control & Community-based DOTS as an essential component of District Health Systems	1 →b	2 11	3 11	
11	Tuberculosis Case Management Desk Aide	1	2 12	3 12	
12	Management of uncomplicated Malaria	1 →b	2 13	3 13	
13	Infection Control: Policies and Procedures	1 →b	2 14	3 14	
14	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 →b	2 15	3 15	
15	Standards for Injection Safety and Health Care Waste Management Practices	1 →b	2 1320	3 1320	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1320	**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	→ 1322

1321	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for infection control [MUST MENTION HAND WASHING AND SHARPS]	1 →b	2 → 02	3 → 02	
02	Other protocols/guidelines for injection safety	1 →b	2 → 03	3 → 03	
03	Other protocols/guidelines on waste management	1 →b	2 → 04	3 → 04	
04	Other protocols/guidelines for diagnosis or treatment of malaria?	1 →b	2 → 05	3 → 05	
05	Other protocols/guidelines for STI diagnosis or treatment	1 →b	2 → 06	3 → 06	
06	Any other guidelines for post-exposure prophylaxis?	1 →b	2 → 07	3 → 07	
07	Any other guideliness on nutrition for people living with HIV/AIDS?	1 →b	2 → 1322	3 → 1322	

1322	Do providers assigned to this clinic/unit ever provide any curative or preventive care services for HIV/AIDS infected clients?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . 2 → 1330 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 → 1330 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . . 4 → 1330 PROVIDE NO CLINICAL OR SOCIAL SERVICES FOR HIV/AIDS CLIEN . . . . 5 →1348(03)
1323	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
1324	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 TO: CLINIC/UNIT IN THIS FACILITY	CLIENT REFERRED TO: 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? [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 and/or provide medical follow-up for ART clients	1 ART QRE	2	3	4	5
08	Provide other 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
1325	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	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole Preventive Treatment (CPT).	1	2	3	4	5	
02	Preventive treatment for TB (INH)	1	2	3	4	5	
03	Testing or screening for tuberculosis?	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	
1326	Is there any record of clients receiving CPT? IF YES, ASK TO SEE THE RECORD AND INDICATE CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED 1 YES OBSERVED, SEX NOT RECORDED 2 RECORD REPORTED, NOT SEEN 3 ONLY RECORDED IN INDIVIDUAL CLIENT C 4 INFORMATION NOT RECORDED 5 CPT NOT OFFERED 6					
1327	Is there any record of clients receiving INH for TB preventive treatment? YES, ASK TO SEE THE RECORD AND INDICATE IF IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED 1 YES OBSERVED, SEX NOT RECORDED 2 RECORD REPORTED, NOT SEEN 3 ONLY RECORDED IN INDIVIDUAL CLIENT C 4 INFORMATION NOT RECORDED 5 IPT NOT OFFERED 6					
1328	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					→1330
1329	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR		
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in adults	1 →b	2 → 02	3 → 02			
02	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in children	1 →b	2 → 03	3 → 03			
03	Protocols/guidelines on micronutrient supplementation	1 →b	2 → 04	3 → 04			
04	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 →b	2 → 05	3 → 05			
05	Protocols/guidelines on provision of symptomatic or palliative care? [MUST MENTION PAIN CONTROL]	1 →b	2 → 06	3 → 06			
06	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 →b	2 → 07	3 → 07			
07	Protocols/guidelines on preventive therapy for tuberculosis	1 →b	2 → 08	3 → 08			
08	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 →b	3 → 1330	3 → 1330			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1330	Do providers assigned to this clinic/unit ever ***provide or refer*** HIV infected clients for support services or counseling for helping them and their families live with HIV/AIDS?	YES . . . . . 1 NO 2	→1332

1331	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

1332	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	→ 1339
1333	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	→ 1335 → 1335

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1334	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	
1335	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	→ 1337 → 1337 → 1339
1336	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	→ 1338 → 1338 → 1338
1337	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	
1338	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	
1339	CHECK Q1324 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→ 1348

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1340	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	→ 1345 → 1348

1341 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) LYMPHADENOPATHY	☐☐☐☐
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY) _____	☐☐☐☐

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1342	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA	
1343	RECORD THE TOTAL NUMBER OF ADMISSIONS/DISCHARGES FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER	
1344	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	
1345	Are reports regularly compiled on the number of admissions/discharges of clients for this unit?	YES . . . . . 1 NO 2	→ 1348
1346	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	→ 1348
1347	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL (MOH/UAC/MEP) C REGIONAL LEVEL (MOH/UAC/MEP) D NATIONAL LEVEL (MOH/UAC/MEP) E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
1348	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	
1349	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	
1350	Were bednets observed for the beds of patients in this unit? IF YES, INDICATE IF THE BEDNETS ARE PROVIDED BY THE FACILITY, OR IF THE PATIENT MUST PROVIDE THEIR OWN BEDNET	YES, PROVIDED BY FACILITY AND OBSERVED ALL PATIENT BEDS . . . 1 OBSERVED SOME PATIENT BEDS . . . 2 YES, PROVIDED BY PATIENTS . . . . . 3 NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1351	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	→ 1359 → 1359 → 1359
1352	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	
1353	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . 2 NO 3	
1354	What is the PEP regimen that is most commonly prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) . . . 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) . . . . 02 STAVUDINE (d4T) + DINADOSINE (ddI) . . . . 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) . . . . 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) . . . . 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) . . . . 06 OTHER _____ (SPECIFY) 96	
1355	Are any PEP drugs stored in this UNIT? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→ 1359
1356	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DINADOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR (LPV-r) . . . . . G OTHER ARV _____ (SPECIFY) H OTHER ARV _____ (SPECIFY) I OTHER ARV _____ (SPECIFY) J NONE . . . . . Y	→ 1359
1357	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	
1358	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
1359	Is there a client toilet or latrine that patients from this unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND DESCRIBE IF CLEAN AND FUNCTIONING	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4	→1361
1360	INDICATE THE TYPE OF TOILET/LATRINE AVAILABLE NOTE: SLAB MAY BE MADE OF CEMENT, WOOD OR OTHER SOLID MATERIAL	**FLUSH/POUR FLUSH:** TO PIPED SEWER SYSTEM 01 TO SEPTIC TANK . . . . . 02 TO PIT LATRINE . . . . . 03 TO ELSEWHERE _____ (SPECIFY) 04 TO DON'T KNOW WHERE . . . . . 05 COVERED VIP OR PIT LATRINE . . . . . 06 PIT LATRINE W/OUT COVER 07 BUCKET . . . . . 08 HANGING LATRINE . . . . . 09 OTHER _____ (SPECIFY) 96	

1361 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 (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3
18	EXAMINATION TABLE	1	2	3
19	CONDOMS	1	2	3
20	RAPID TEST FOR HIV	1	2	3
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3
22	VACUTAINER	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1362	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			→ 1364
1363	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
22	VACUTAINER	1	2	3	
1364	Are syringes for client injections or drawing blood ever reused? **IF YES, ASK:** What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY. **IF NO,** CIRCLE 'Y' FOR "NEVER REUSE SYRINGES"	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E OTHER _____ . . . . . X (SPECIFY) NEVER REUSE SYRINGE . . . . . Y			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1365	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	 → 1372a →→1368
1366	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	 →1368 →1368
1367	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
1368	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 _____ (SPECIFY) . . . . . 6 NO ITEMS EVER PROCESSED 7	 →1371(6) →1371(6) →1371(6) →1371(6)
1369	What is the ***final method*** 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 _____ (SPECIFY) X	 →1371(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)

1370	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 ster-ilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or high-level disinfection (HLD)	1	2	3	8			

1371	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 Disinfection (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 → 1371a
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					JIK . . . . . 01 CHLORINE . . . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98	JIK . . . . . 01 CHLORINE . . 02 H2O2 . . . . . 03 POVIDONE IODINE 04 ALCOHOL . . . . . 05 CHLORHEXIDINE 06 GLUTARALDEHYDE 07 CHLORINE TABS 08 DON'T KNOW 98
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture, parts solution or tablets and water					MIXTURE PARTS/L a) DISINFECTANT b) WATER DK 000	MIXTURE PARTS/L a) DISINFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1371a	ASK TO SEE WHERE PROCESSED EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION OR CLINIC/UNIT THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE "7" AND CONTINUE.	SECTION 1 (Q182) . . . . . 1 SECTION 3 (Q356) . . . . . 2 SECTION 5 (Q589) . . . . . 3 OTHER C/U . . . . . 4 NOT PREVIOUSLY SEEN 5	→ 1372a → 1372a → 1372a → 1372a

1372	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 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

1372a	DID YOU NOTICE OR OBSERVE ANYTHING THAT WOULD SUGGEST THAT AN ATTEMPT IS BEING MADE TO STERILIZE OR PROCESS INJECTION EQUIPMENT SUCH AS NEEDLES AND SYRINGES FOR RE-USE? IF YES, CIRCLE ALL RESPONSES THAT APPLY	USED INJECTION EQUIPMENT IN STERILIZER, AUTOCLAVE, BOILER OR DISH OF WATER . . . A USED INJECTION EQUIPMENT IN DRAWERS . . . . . B BULGING OR DISCOLORED SYRINGES . . . . . C NO EVIDENCE OF ATTEMPT . . . . . Y	

1373	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 for filled sharps boxes?	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C) . . . . 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . . 10 → 1375 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 → 1375 STORED UNPROTECTED . . . . . 12 → 1375 **OTHER** _____ (SPECIFY) 96 NEVER HAVE SHARPS WASTE . . . . . 95 → 1375	

1374	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED . . . 2 NO BURIAL OF BURNED/DUMPED SHARPS 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1375	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this clinic/unit ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS . . . 01 **BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000 +° C) . . . . 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . . . . 12 **OTHER** _____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTE . . . 95	→ 1377 → 1377 → 1377 → 1377 → 1377
1376	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED . . . 1 YES, WASTE PARTIALLY COVERED . . . . . 2 NO BURIAL OF BURNED/DUMPED INFECTIOUS WASTE 3	
1377	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES, NEEDLES, AND BANDAGES.	YES . . . . . 1 NO, OR NOT APPLICABLE 2	
1378	CHECK **Q1373 AND 1375,** IS **10** OR **11** OR **12** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL? YES ☐ NO ☐ → 1380		
1379	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED AND BURIED 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ . . . 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1380	ASSESS CONDITION OF SERVICE AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN	1 2	
05	**DOORS:** NO OR MINOR DAMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMAGE	1 2	
1381	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1382	WAS THE SHARPS CONTAINER OVERFLOWING OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1383	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER . . . 2 NO 3	
1384	Now I would like to ask you few questions about availability of adult and pediatric beds and bed nets ASK TO SEE THE WARD AND COUNT THE 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 14. HEALTH MANAGEMENT INFORMATION SYSTEM

Facility Number: ☐☐☐ QRE TYPE **14**

Interviewer Code: ☐☐ ☐☐ 18 ☐☐
Line # Unit # Parent Line #

1400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT 3	

1401 **MANAGING AUTHORITY**

GOVERNMENT 1
PRIVATE 2
OTHER _____ 6
(SPECIFY)

FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SPEAK WITH 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 Q1402 BELOW AND GO ON TO Q1403.

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 **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 d 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.

1402	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1403	Are you the primary person responsible for compiling routine health information reports? IF NO, ASK TO SPEAK WITH THE PRIMARY RESPONSIBLE PERSON.	YES 1 NO, PRIMARY PERSON NOT PRESENT 2 NO, THERE IS NO ONE ASSIGNED TO COMPILE REPORTS 3	→ 1405 →1405
1404	What is the technical background for the person primarily responsible for compiling routine health information reports?	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)	
1405	What is your technical background? 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)	
1406	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	→ 1409
1407	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. IF # OF DAYS CIRCLE "1" IF # OF MONTHS CIRCLE "2"	NUMBER OF DAYS/MONTHS ☐☐ DAYS . . . . . 1 MONTHS 2	
1408	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	
1409	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS . . . . . ☐☐	
1410	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	→ 1415
1411	Who do you train in HMIS?	STAFF IN HMIS UNIT . . . . . 1 STAFF IN SERVICE UNITS . . . . . 2 STAFF IN HMIS AND SERVICE UNITS . . 3	
1412	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	→ 1415
1413	Was the training on strategic information for HIV/AIDS, formal or informal? IF BOTH, RECORD 'FORMAL'.	FORMAL . . . . . 1 INFORMAL 2	
1414	How long was the most recent training on strategic information for HIV/AIDS?	DAYS . . . . . ☐☐	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1415	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	
05	Standard case definintions on priority diseases for surveillance	1	2	3	
06	District Database	1	2	3	
07	Health Unit procedure manual	1	2	3	

1416	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

1417	ASK TO SEE A COPY OF THE LAST 3 FULL MONTHS ROUTINE HEALTH INFORMATION REPORTS THAT WERE SUBMITTED OUTSIDE OF THE FACILITY	OBSERVED 3 MONTHS REPORTS . 1 OBSERVED AT LEAST 1 MONTH REPORT . 2 NO REPORTS OBSERVED . . . . 3 NEVER SUBMIT REPORTS OUTSIDE . . 4	→1419 →1419
1418	ASK TO SEE A COPY OF THE LAST 3 FULL MONTH ROUTINE HEALTH INFORMATION REPORTS THAT WERE COMPILED FOR THE FACILITY	OBSERVED 3 MONTHS REPORTS . . . 1 OBSERVED AT LEAST ONE MONTH REPORT 2 NO REPORTS OBSERVED . . . 3 DO NOT COMPILE REPORTS . . . 4	

1419	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 → 1422	3 → 1424	4 → 1424

1420	RECORD THE NUMBER OF DEATHS ATTRIBUTED TO HIV/AIDS REPORTED FOR PAST 12 MONTHS	NUMBER OF DEATHS	
1421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	
1422	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	→ 1424
1423	To whom outside the facility, are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/UAC/MEP) . . . . . C REGIONAL LEVEL (MOH/UAC/MEP) . . . . . D NATIONAL LEVEL (MOH/UAC/MEP) . . . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1424	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 → 1427	3 → 1429	4 → 1429
1425	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS	NEW HIV CASES			
1426	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA			
1427	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			→ 1429
1428	To whom are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL (MOH/UAC/MEP) . . . . . C REGIONAL LEVEL (MOH/UAC/MEP) . . . . . D NATIONAL LEVEL (MOH/UAC/MEP) . . . . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)			
1429	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**

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1430	INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.	OUTPATIENT CLIENTS ONLY 1 INPATIENT CLIENTS ONLY 2 BOTH OUTPATIENT AND INPATIENT 3	
1431	RECORD THE NUMBER OF CLIENT VISITS 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	NUMBER (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) LYMPHADENOPATHY		
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)		

1432	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION		
1433	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/ DISCHARGES FOR ALL HIV AND NON-HIV DIAGNOSES, FOR THE TIME PERIOD INDICATED IN Q1431	TOTAL OPD VISITS TOTAL IPD ADMISSIONS	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1434	Finally, I want to know about any activities where the data collected and compiled is reviewed for improving services. Are there ever any meetings where service statistics are discussed among management or with clinic/unit staff, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	→ END
1435	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . . B OTHER _____ X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	→ END
1436	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . . . 1 MORE THAN 3 MONTHS AGO . . . . . 2 DON'T KNOW 8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION 15: LABORATORY AND OTHER DIAGNOSTICS

Facility Number: ☐☐☐ QRE TYPE **15**

Interviewer: Code ☐☐ **CLINIC/UNIT CODE** ☐☐ Line # 1 9 Unit # ☐☐ Parent Line #

1500	INDICATE SETTING FOR LAB	LAB IN FACILITY . . . . . 1 AFFILIATED EXTERNAL LAB . . . . . 2 AREA LOCKED/NO ACCESS . . . . . 3 FACILITY HAS NO LAB 4	→ STOP
1501	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	
1502	**MANAGING AUTHORITY** GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)		
1503	CHECK QUESTION Q1500. IS THE RESPONSE '3', NO ACCESS?	YES . . . . . 1 NO 2	→ STOP
1504	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 VCT (Q1529) 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 Q1505 BELOW AND GO ON TO Q1506.

Hello. My name is _____. We are here on behalf of the Ministry of Health, and the 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.

1505	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1506	How many days in a week is the lab open to serve clients?	NUMBER OF DAYS OPEN . . . . . ☐	
1507	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 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
1508	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	(a) REPORTED AVAILABLE NOT SEEN	(a) NOT AVAILABLE	(b) YEAR ON OBSERVED MANUAL
01	Infection Control: Policies and Procedures	1 → b	2 → 02	3 → 02	
02	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 → b	2 → 03	3 → 03	
03	Standards for Injection Safety and Health Care Waste Management Practices	1 → b	2 → 04	3 → 04	
04	Laboratory Guidelines and Standard Operating Procedures (Volume 1)	1 → b	2 → 05	3 → 05	
05	Laboratory Guidelines and Standard Operating Procedures (Volume 2)	1 → b	2 → 06	3 → 06	
06	Other guidelines for blood safety	1 → b	2 → 07	3 → 07	
07	Other guidelines for universal /standard precautions for healthcare workers	1 → b	2 → 08	3 → 08	
08	Other infection prevention guidelines	1 → b	2 → 09	3 → 09	
09	Other guidelines for post-exposure (HIV/AIDS) prophylaxis for healthcare workers	1 → b	2 → 10	3 → 10	
10	Other guidelines for laboratory procedures related to TB microscopic diagnostic procedures	1 → b	2 → 11	3 → 11	
11	Any other standard operating procedures (SOPs) for laboratory work?	1 → b	2 → 1509	3 → 1509	
	HIV TESTING				
1509	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			→ 1524
	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	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON MANUAL YEAR
1510 01	Uganda National Policy on HIV Counseling and Testing	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for HIV testing procedures (who to test, which test to use)	1 → b	2 → 03	3 → 03	
03	Any written guidelines on how to conduct HIV test (may be manufacturers instructions)	1 → b	2 → 04	3 → 04	
04	Written guidelines on confidentiality and disclosure of HIV test results	1 → b	2 → 1511	3 → 1511	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1511	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 → 1512	1	2	3 → 1512			

1512	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	→1514

		(a) RECORD AVAILABLE AND OBSERVED			(b) NUMBERS FROM OBSERVED RECORDS	
1513	INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.	YES	REPORTED, NOT SEEN	NO RECORD	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 → 1514	3 → 1514		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1514	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	→ 1517 → 1517 → 1517 → 1520
1515	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 EVERY FIXED PERCENT OF TESTS . . . . . 2 YES, BUT NO FIXED NUMBER . . . . 3 DO NOT SEND BLOOD ELSEWHERE 4	 → 1517 → 1520
1516	Please tell me how you decide when to send a blood sample for retesting.	RECORD CORRECT NUMBER/PERCENT FOR Q1515 ☐☐☐	
1517	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	 → 1520 → 1520
1518	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	
1519	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE . . . . . ☐☐ DON'T KNOW 98	
1520	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	INTERNAL QUALITY CONTROL . . . . . 1 OTHER _____ 2 DESCRIBE NO 3	 →1522
1521	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
1522	Are there any fees assessed for any services or items related to HIV/AIDS tests?	YES . . . . . 1 NO 2	→ 1524

1523	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 USHS.
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 PCR TEST	1 → b	2 → 05	3 → 05	
05	FEE FOR COMPLETE BLOOD COUNT	1 → b	2 → 1524	3 → 1524	

1524	Do you send blood outside the facility for HIV diagnostic testing?	YES . . . . . 1 NO 2	→1529
1525	For which HIV test do you send blood outside?	ELISA . . . . . A WESTERN BLOT . . . . . B PCR . . . . . C OTHER _____ X SPECIFY	
1526	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	→1528
1527	Does the register indicate if the client or the provider has received the results?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1528	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . A LAB TELLS CLIENT VERBALLY ONLY . . . . . B LAB PROVIDES RESULTS TO HEALTHWORKER/CLINIC/UNIT AND THEY TELL CLIENT . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
1529	Is any pre or post HIV test counseling ever provided to clients in the laboratory area?	YES . . . . . 1 NO 2	Q:VCT
1530	Do you send blood outside the facility for CD4 count, total lymphocyte count or viral load testing? CIRCLE ALL THAT APPLY	YES, CD4 . . . . . A YES, TLC . . . . . B YES, VIRAL LOAD . . . . . C NONE OF THE ABOVE . . . . . Y	→1533
1531	Do you have a record with results of the tests conducted elsewhere? IF YES, ASK TO SEE THE RECORD WITH RESULTS OF ANY OF THE ABOVE TESTS SENT ELSEWHERE.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1532	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . A LAB TELLS CLIENT VERBALLY ONLY . . . . . B LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1533	Does this laboratory or unit regularly compile reports of newly diagnosed HIV cases?	YES . . . . . 1 NO 2	→1538
1534	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	→1536
1535	Where, or to whom does the laboratory send reports? I'm referring to where they are directly sent from the laboratory. CIRCLE ALL THAT APPLY	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR ... B DISTRICT LEVEL (MOH/UAC/MEP) ... C REGIONAL LEVEL (MOH/UAC/MEP) ... D NATIONAL LEVEL (MOH/UAC/MEP) ... E DONOR AGENCY . . . . . F MAIN FACILITY LABORATORY . . . . . G OTHER _____ X (SPECIFY)	
1536	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	→1538
1537	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1538	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	→1540

1539	HIV RESULTS ARE RECORDED SEPARATELY FOR:	YES	NO	NOT APPLICABLE
01	VCT	1	2	5
02	PMTCT/VCT	1	2	5
03	Surveillance	1	2	5
04	Blood bank or blood for transfusion	1	2	5
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	5
06	In-patient units, either by separate units or as total in-patient units	1	2	5
07	By sero-status, irrespective of source	1	2	5

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1540	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	VACUTAINER	1	2	3	
1541	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
1542	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 Q1540.	YES, SAME AREA . . . . . 1 DIFFERENT AREA . . . . . 2 NO BLOOD DRAWN 3			→1544 →1544

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1543	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	VACUTAINER	1	2	3	

ASK TO SPEAK WITH THE PERSON MOST KNOWLEGABLE ABOUT OVERALL LABORATORY PRACTICES. IF PRACTICES VARY BETWEEN LABORATORIES, THEN ASSESS THE DECONTAMINATION, STOCK AND EQUIPMENT MANAGEMENT INFORMATION FOR THE MAIN AREA.

1544	Is there a functioning autoclave for the laboratory?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO 4	
1545	Does the laboratory decontaminate any 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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1546	What is the final procedure for disposing of hazardous laboratory waste? PROBE TO ARRIVE AT THE USUAL PRACTICE FOR THE LAB	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C) . . 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . . . . 04 PIT OR PROTECTED GROUND . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . . . . 06 COVERED PIT OR PIT LATRINE . . . . . 07 OPEN PIT-NO PROTECTION . . . . . 08 PROTECTED GROUND OR PIT . . . . . 09 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . . . . 10 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 11 STORED UNPROTECTED . . . . . 12 **OTHER** _____ 96 (SPECIFY)	
1547	Is there a program for routine preventive maintenance for the laboratory 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	
1548	When was the last time that you received a routine supply of test kits or reagents, either that you ordered or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM . . 4 DON'T KNOW 8	
1549	Does this facility determine the quantity of each test kit or reagent that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DEPENDS ON KIT/REAGENT) 3 DON'T KNOW 8	→ 1552 → 1554
1550	Do you always receive a standard fixed amount for each test kit or reagentreceived or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . . . 2 DON'T KNOW 8	
1551	CHECK Q1549 TO SEE IF '3' (BOTH) IS CIRCLED (DEPENDS ON KIT/REAGENT) YES ☐ NO ☐ → 1554		
1552	Routinely, when you order test kits and reagents, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount 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 used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - **Don't know**	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1553	Which of the following best describes the routine system for deciding ***when*** to order test kits and reagents? 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	
1554	If there is a shortage of a specific test kit or reagent 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 receive** test from outside the facility. - **Facility borrows** from neighboring facility - Test is not offered to client that day	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . 3 FACILITY BORROWS . . . . . 4 TEST IS NOT OFFERED 5	
1555	During the past 6 months, have you always, not always, but often, or almost never received the amount of each test kit and reagent that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

NO.	QUESTIONS	CODING CATEGORIES								GO TO
1556	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 → 1557							
02	Hemotology analyzer/Coulter (for total lymphocyte count, full blood count, platelet count,)	1 → b	2 → 03	1 → c	2 → c	3 → 03	1 → 1557	2	8	
03	Hemoglobinometer (Shali's apparatus)	1 → b	2 → 05	1 → c	2 → c	3 → 05	1	2	8	
04	0.1% HCL for Shali's apparatus			1	2	3				
05	Hemoglobinometer (Lovibond apparatus)	1 → b	2 → 07	1 → c	2 → c	3 → 07	1	2	8	
06	20% Ammonia solution for Lovibond app.			1	2	3				
07	Colorimeter or spectrophotometer	1 → b	2 → 09	1 → c	2 → c	3 → 09	1	2	8	
08	Drabkin's solution (for colorimeter)			1	2	3				
09	Centrifuge for hematocrit	1 → b	2 → 11	1 → c	2 → c	3 → 11	1	2	8	
10	Capillary tubes for hematocrit			1	2	3				
11	Litmus paper for hemoglobin test (with valid expiration date)	1 → b	2 → 12	1	2	3				
12	Other anemia test_____ (SPECIFY)	1 → b	2 → 1557	1	2	3				
1557 01	SYPHILIS TESTS	1	2 → 1559							
02	VDRL	1 → b	2 → 04	1	2	3				
03	Rotator or shaker			1 → c	2 → c	3 → 04	1	2		
04	Rapid plasma reagin test (RPR)	1 → b	2 → 1558	1	2	3				
1558	Do you have any record of syphilis test results? IF YES, ASK TO SEE THE RECORD.	YES, RECORD OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3								

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	BLOOD TRANSFUSION AND SCREENING		
1559	Does this facility ever conduct blood typing and cross matching? IF YES, ASK TO SEE THE REAGENTS BELOW.	YES . . . . . 1 NO 2	→1561
1560		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	
04	Anti-D Reagent (valid expiration date)	1 2 3	
05	Incubator (37 degrees Celsius)	1 2 3	
06	Coomb's reagent	1 2 3	
1561	Is blood ever transfused in this facility?	YES . . . . . 1 NO 2	→1567
1562	Is blood ever stored anywhere in the facility prior to transfusion? IF YES, ASK TO SEE THE FRIDGE THAT IS USED AND INDCATE THE STORAGE CONDITIONS	BLOOD/PLASMA STORED ALONE . . . . . 1 BLOOD STORED W/ MEDS/VACCINES. . . . 2 BLOOD STORED WITH LAB REAGENTS. . . 3 NO BLOOD EVER STORED . . . . . 4 UNABLE TO OBSERVE 8	
1563	Does any place in this facility do blood screening for infectious diseases prior to transfusion? IF THE FACILITY RECEIVES BLOOD THAT IS ALREADY SCREENED, RESPONSE "2" APPLIES	YES . . . . . 1 BLOOD SCREENED OUTSIDE FACILITY . . . . . 2 NO SCREENING TESTS DONE 3	→1567
1564	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	
1565	Do you ever send blood outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2	→1567
1566	INDICATE IF THERE IS AN OBSERVE RECORD OF RESULTS FOR TEST 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	
1567	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2	→1570

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1568	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	VACUTAINER	1	2	3	
1569	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODILY FLUIDS?	YES . . . . . 1 NO 2			
1570	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3			→ 1572
1571	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO 2			
1572	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	BIOCHEMISTRY		

		(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
1573	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 fxn tests)	1→b	2 → 02	1→ c	2 → c	3 → 02	1 → 1574	2	8
02	Other means for serum glucose	1→b	2 → 1574	1→ c	2 → c	3 → 1574	1	2	8
1574 01	**URINE TESTS**	1	2 → 1575						
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 → 1575	1→ c	2 → c	3 → 1575	1	2	8
1575	Pregnancy test	1→b	2 → 1576	1	2	3			

1576	Do you ever send blood or urine outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2	→1578

		(a) SEND BLOOD OUTSIDE FOR TEST		(b) RECORD OF TEST RESULTS OBSERVED	
1577	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

1578	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2	→1584

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1579	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	VACUTAINER	1	2	3	
1580	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3			
1581	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO 2			
1582	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3			
1583	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
	MICROBIOLOGY								
1584	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,	(a) **EQUIPMENT/ TEST USED**		(b) **EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?**			(c) **IS THE ITEM IN WORKING ORDER?**		
		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	Centriguge for CSF microbiology	1→b	2 06	1 →	2 →	3 06	1	2	8
06	Glass slides and covers	1→b	2 1585	1	2	3			
1585 01	**MALARIA TESTS**	1	2 1586						
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 1586	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	
1586	Indian ink stain	1→b	2 1587	1	2	3				
1587 01	**GONORRHEA TESTS**	1	2 1588							
02	Chocolate agar (culture medium)	1→b	2 03	1	2	3				
03	Oxidase reagent	1→b	2 04	1	2	3				
04	Thayer-Martin or Modified TM or Vancomycin-free selective medium (VFSM)	1→b	2 1588	1	2	3				
1588 01	**GRAM STAIN**	1	2 1589							
02	Crystal violet or Gentian violet			1	2	3				
03	Lugol's iodine			1	2	3				
04	Acetone or Acetone alcohol			1	2	3				
05	Neutral red, carbol fuchsin, or other counterstain			1	2	3				
1589 01	**CHLAMYDIA TEST**	1	2 1590							
02	Giemsa stain	1→b	2 03	1	2	3				
03	Other test for chlamydia _____ (SPECIFY)	1→b	2 1590	1	2	3				
1590	Urine microscopy	1→b	2 1591	1	2	3				
1591 01	**STOOL MICROSCOPY**	1	2 1592							
02	Formal saline	1→b	2 03	1	2	3				
03	Iodine solution	1→b	2 1592	1	2	3				
1592 01	**TUBERCULOSIS TEST**	1	2 1592d							
02	Ziehl-Neelson test for AFB	1	2 06							
03	Carbol Fuscin	1→b	2 04	1	2	3				
04	20% Sulphuric Acid	1→b	2 05	1	2	3				
05	Methyl blue	1→b	2 06	1	2	3				
06	New rapid test for TB	1→b	2 07	1	2	3				
07	Culture media for TB (Lowenstein-Jensen; Ogawa and Middlebrook, BACTEC or MGIT)	1→b	2 08	1	2	3				
08	All items for other tests for TB _____ (SPECIFY)	1→b	2 1592d	1	2	3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1592d	Is there a system for **external** quality control for the TB Sptum smears assessed by this laboratory? IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE . A SEND SLIDE FOR RE-READING . B OTHER _____ . X (SPECIFY) . NO EXTERNAL QUALITY CONTROL Y	→1592j
1592e	CHECK PREVIOUS QUESTION. IS "B" CIRCLED? **IF "YES" ASK:** When you send slides for re-reading, how do you determine when to send them? That is do you send them every fixed number of slides or every fixed percentage of slides? **IF "NO":** CIRCLE "4" AND SKIP	YES, SEND EVERY FIXED NUMBER OF SLIDES . . . . . 1 YES, SEND EVERY FIXED PERCENT OF SLIDES . . . . . 2 YES, BUT NO FIXED NUMBER . 3 DO NOT SEND SLIDE ELSEWHERE 4	→1592g →1592g
1592f	Please tell me how you decide when to send a TB slide for re-reading.	RECORD CORRECT NUMBER FOR 1 OR 2 IN Q1592e [ ][ ][ ]	
1592g	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	→1592j →1592j
1592h	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	
1592i	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
1592j	Is there any other system used for quality control of TB sputum slides?	INTERNAL QUALITY CONTROL . . . . . 1 OTHER _____ 2 DESCRIBE NO 3	→1593b
1593a	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	
1593b	Does this laboratory conduct sensitivity testing for tuberculosis drugs? IF YES ASK IF ALL COMPONENTS ARE AVAILABLE TODAY.	YES, ALL COMPONENTS PRESENT . . 1 YES, NOT AVAILABLE TODAY . . . . . 2 NO SENSITIVITY TESTING 3	→1593d
1593c	Is there a written guideline or protocol for TB drug sensitivity testing methods? IF YES, ASK TO SEE IT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1593d	Does this facility ever send sputum outside the facility for testing?	YES . . . . . 1 NO 2	
1593e	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	→1593g →1593g
1593f	When was the last entry in the register for TB test results?	WITHIN 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO 2	
1593g	Do you ever send blood outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2	→1594c

NO.	QUESTIONS	CODING CATEGORIES		GO TO
1594	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	
1594c	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2		→1594i

1594d	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 (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3
18	VACUTAINER	1	2	3

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1594e	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
1594f	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1594g	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1594h	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	
1594i	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	→1595

PATHOLOGY

		ARE ALL ITEMS FOR TEST AVAILABLE?				
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW
1594j	Do you have all items today, for performing.	OBSERVED	REPORTED, NOT SEEN			
01	PAP smears?	1	2	3	4	8
02	Histology?	1	2	3	4	8

	FOR THE BELOW CIRCLE THE RESPONSE THAT BEST REFLECTS THE OVERALL SITUATION FOR ALL LABORATORY AREAS THAT WERE VISITED.	YES	NO
1595			
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1	2
06	**WALLS:** NO OR MINOR DAMMAGE	1	2
07	**ROOF:** NO OR MINOR DAMMAGE	1	2
08	**ROOMS:** CAN BE LOCKED	1	2

NO.	QUESTIONS	CODING CATEGORIES						GO TO
1596	Does this facility perform diagnostic X-rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES . . . . . 1 NO . . . . . 2 INFORMATION ALREADY COLLECTED 3 INFORMATION IN LAB QRE ☐☐☐☐						→END →END
1597	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				
03	ULTRASOUND EQUIPMENT	1 → c	2 → c	3 → 04	1	2	8	
04	CT SCAN	1 → c	2 → c	3 → **END**	1	2	8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE							

SECTION 16: MEDICINES AND SUPPLIES

Facility Number: [ ][ ][ ] **Interviewer Code** [ ][ ] QRE TYPE **1 6**

CLINIC/UNIT CODE [ ][ ][2][0] Line # Unit # [ ][ ] Parent Line #

1600	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
1601	MANAGING AUTHORITY GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)		
1602	CHECK QUESTION Q1600. IS THE RESPONSE "4", NO ACCESS?	YES . . . . . 1 NO 2	→STOP

1603	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT.		APPLICABLE & COMPLETED	NOT APPLICABLE
		(V)CT Q1605 (A)	1	2
	FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	ART (Q1605 (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 Q1604 BELOW AND GO ON TO Q1605.

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 Uganda 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 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.

1604	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1605	Is counseling related to HIV/AIDS ever provided by staff from this medicine storage or dispensing 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
1606	Is there a register or stock cards where the amount of each medicine received, the amount disbursed, and the amount present today (stock balance) is recorded? **IF YES, ASK**: May I see the records?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→1608a
1606a	How often do you update or reconcile your inventory/stock records?	EVERY ☐☐ DAYS . . . . . 1 THE DAY ITEMS ARE RECEIVED OR DISBURSED . . . 2 NEVER 8	
1607	Is the stock maintenance system computerized?	YES . . . . . 1 NO 2	
1608	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN Q1606 OR Q1607.	STOCK RECORDS UPDATED DAY ITEM RECEIVED/DISBURSED 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT RECORD OF RECEIVED/DISTRIBUTED ITEMS OBSERVED . . . . . 2 OTHER _____ . . . . . 6 (SPECIFY)	
1608a	Who is the principal person responsible for managing medical supplies at this facility? By this I mean the person responsible for ordering, receiving and controlling medical supplies.	PHARMACIST . . . . . 1 DISPENSER . . . . . 2 FACILITY IN-CHARGE . . . . . 3 SUPPLIES OFFICER . . . . . 4 STORE ASSISTANT . . . . . 5 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								
1609	GENERAL MEDICINES CHECK INVENTORY	(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 AVAIL-ABLE TODAY	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 CHECK INVENTORY	(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 AVAIL-ABLE TODAY	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	Ergometrine or methergine Oral)		2 → b	3 → 39	4 → 39	5 → 39	6 → 39	1	2	8
39	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	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY	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	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY	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 (20,000 IU)		2→ b	3 86	4 86	5 86	6 86	1	2	8
86	Vitamin A (100,000 IU)		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 1610	4 1610	5 1610	6 1610	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
1610	**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 AVAIL-ABLE TODAY	NEVER AVAIL-ABLE	YES	NO	DK
01	Artemisinin (Tabs) (Artesunate, Cotexin, Arinate)	1 → b	2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Artemether-Lumefantrin (Tabs) (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 (Tabs)	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	Quinine Mixture	1 → b	2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Chloroquine (Tabs)	1 → b	2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Chloroquine (Syrup)	1 → b	2 → b	3 09	4 09	5 09	6 09	1	2	8
09	Chloroquine (inj)	1 → b	2 → b	3 10	4 10	5 10	6 10	1	2	8
10	Amodiaquine (Tabs)	1 → b	2 → b	3 11	4 11	5 11	6 11	1	2	8
11	Homapak (Red)	1 → b	2 → b	3 12	4 12	5 12	6 12	1	2	8
12	Homapak (Green)	1 → b	2 → b	3 13	4 13	5 13	6 13	1	2	8
13	Homapak (Blue)	1 → b	2 → b	3 14	4 14	5 14	6 14	1	2	8
14	Other _____ (SPECIFY)	1 → b	2 → b	3 1610a	4 1610a	5 1610a	6 1610a	1	2	8

1610a	**CHECK Q1610.02** ABOVE ON COARTEM. IS "1" CIRCLED IN COL. B INDICATING STOCKOUT IN LAST 6 MONTHS? IF YES, ASK: Was there any time during the Last 6 months when you had a stockout of Coartem lasting for 1 week or longer?	YES, STOCKOUT LASTED 1 WEEK OR LONGER . . . . . 1 STOCKOUT LASTED LESS THAN 1 WEEK . . . . . 2 NO STOCKOUT ANYTIME IN LAST 6 MONTHS 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
1611	**TUBERCULOSIS**	(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 AVAIL-ABLE TODAY	NEVER AVAIL-ABLE	YES	NO	DK
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	Rifampicin (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 + rifampicin (Rifina) (Adult formulation)		2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Isoniazid + rifampicin (Rifina) (Pediatric formulation)		2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Isoniazid+rifampicin+ pyrazinamide (RHZ, Rifater)		2 → b	3 09	4 09	5 09	6 09	1	2	8
09	Isoniazid + ethambutol (EH)		2 → b	3 10	4 10	5 10	6 10	1	2	8
10	4FDC (combination INH, Ethambutol, pyrazinamide, rifampicin)		2 → b	3 11	4 11	5 11	6 11	1	2	8
11	Other _____ (SPECIFY)		2 → b	3 1612	4 1612	5 1612	6 1612	1	2	8
1612	**INTRAVENOUS SOLUTION** CHECK INVENTORY	(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 AVAIL-ABLE TODAY	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 1613	4 1613	5 1613	6 1613	1	2	8
1613	**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 1614	4 1614	5 1614	6 1614	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1614	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE ALL THE MEDICINES OFF THE FLOOR?	YES . . . . . 1 NO 2	
02	ARE ALL THE MEDICINES PROTECTED FROM WATER?	YES . . . . . 1 NO 2	
03	ARE ALL THE MEDICINES PROTECTED FROM THE SUN?	YES . . . . . 1 NO 2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)	YES . . . . . 1 NO 2	
1615	Does the pharmacy separate damaged and/or expired items from the usable products, and remove them from the inventory? IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED.	**YES, DAMMAGED/EXPIRED ITEM** REMOVED FROM INVENTORY A REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT B EXPIRED ITEMS OBSERVED C NO . . . . . Y	
1616	ASK IF THERE IS A THERMOMETER FOR THE ROOM AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTEGRADE ☐☐ NOT OBSERVED . . . . . 94 → 1617 THERMOMETER NOT FUNCTIONING . . . . . 95 → 1617 NO THERMOMETER PRESENT . . 96 → 1617	
1616a	INDICATE WHETHER TEMPERATURE IN THE ROOM IS ABOVE OR BELOW ZERO (0) DEGREES. FOR ZERO DEGREES CIRCLE "1"	POSITIVE . . . . . 1 NEGATIVE 2	
1617	Is there a functioning refrigerator, separate from one used for vaccines, that is used to store some medicines, or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR	OBSERVED, FUNCTIONING 1 OBSERVED, NOT FUNCTIONING 2 REPORTED, NOT SEEN 3 USE VACCINE FRIDGE 4 NO REFRIGERATOR FOR MEDICINES 5	
1618	LOOK AT THE STORAGE AREA AND CIRCLE ALL THAT APPLY	STORAGE AREA CAN BE LOCKED . . . . . A THERE IS LIMITED ACCESS . . . B DOORS SOLID . . . . . C WINDOWS HAVE BARS OR SHUTTERS . . . . . D NONE OF THE ABOVE . . . . . Y	
1619	When was the last time that you received a routine supply of medicines, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1620	Does this facility determine the quantity of each medicine that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DIFFERS BY MEDICINE) 3 DON'T KNOW 8	→ 1623 → 1626
1621	Do you always receive a standard fixed quantity of medicine or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	
1622	CHECK Q1620 TO SEE IF "3" (BOTH) IS CIRCLED. YES ☐ NO ☐ → 1626		
1623	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 medicine used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - Don't know	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
1624	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	
1625	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS . . . . . 1 BETWEEN 4 TO 8 WEEKS . . . . . 2 OVER 8 WEEKS 3	
1626	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 - Facility borrows from neighboring facility - None of the above	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . 3 FACILITY BORROWS . . . . . 4 NONE OF THE ABOVE 5	 → 1628
1627	During the past 6 months, have you always, not always, but often, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1628	What is the source of your medicines and supplies, ***excluding antiretrovirals?***	NATIONAL MEDICAL STORES ... A JOINT MEDICAL STORES ..... B LOCAL WAREHOUSE ..... C NGO/DONORS ..... D PRIVATE SOURCES _____ E (SPECIFY) PRIVATE SOURCES _____ F (SPECIFY)	
1629	Does this facility stock any antiretroviral medicines? IF YES, CLARIFY THE PURPOSE OF THE ANTIRETROVIRAL MEDICINES AND CIRCLE ALL THAT APPLY.	YES, FOR HIV/AIDS TREATMENT A YES, FOR PEP ..... B YES, FOR PMTCT ..... C NO ..... Y	→ 1648
1630	What is the source of your antiretrovirals?	NATIONAL MEDICAL STORES ... A JOINT MEDICAL STORES ..... B LOCAL WAREHOUSE ..... C NGO/DONORS ..... D PRIVATE SOURCES _____ E (SPECIFY) PRIVATE SOURCES _____ F (SPECIFY)	
1631	GO TO THE MAIN STORAGE AREA WHERE ARVS ARE STORED AND DESCRIBE THE STORAGE OF THE ARVS ARE THE ARVS STORED SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE ..... 1 STORED IN MAIN PHARMACY W/ NON-ARVS ..... 2 STORED OUTSIDE MAIN PHARM. WITH NON-ARVS 3 OTHER 6 _____ (SPECIFY)	→1635
1632	OBSERVE THE PLACE WHERE ARVS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE ALL THE ARVS OFF THE FLOOR?	YES ..... 1 NO 2	
02	ARE ALL THE ARVS PROTECTED FROM WATER?	YES ..... 1 NO 2	
03	ARE ALL THE ARVS PROTECTED FROM SUN?	YES ..... 1 NO 2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)	YES ..... 1 NO 2	
1633	ASK IF THERE IS A THERMOMETER FOR THE ROOM AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTEGRADE ☐☐ NOT OBSERVED ..... 94 THERMOMETER NOT FUNCTIONING ..... 95 NO THERMOMETER PRESENT ... 96	→ 1634 → 1634 → 1634
1633a	INDICATE WHETHER TEMPERATURE IN THE ROOM IS ABOVE OR BELOW ZERO (0) DEGREES. FOR ZERO DEGREES CIRCLE "1"	POSITIVE ..... 1 NEGATIVE 2	
1634	LOOK AT THE STORAGE AREA AND CIRCLE ALL THAT APPLY	STORAGE AREA CAN BE LOCKED ..... A THERE IS LIMITED ACCESS ..... B DOORS SOLID ..... C WINDOWS HAVE BARS OR SHUTTERS ..... D NONE OF THE ABOVE ..... Y	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1635	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, STORED SEPARATELY . . . . . 2 DON'T STOCK ARVS FOR PEP . . . 3	→1638a →1639
1636	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DIDANOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR . . . . . G OTHER ARV _____ (SPECIFY) H OTHER ARV _____ (SPECIFY) I OTHER ARV _____ (SPECIFY) J NONE . . . . . Y	→1639
1637	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 _____ (SPECIFY) 6	
1638	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	
1638a	Are ARVs for PEP accessible after hours, when the dispensary (or pharmacy) is closed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1639	When was the last time that you received a routine supply of ARVs, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
1640	Does this facility determine the quantity of each ARV that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERSAND ORDERS . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DEPENDS ON ARV) . . . . . 3 DON'T KNOW 8	→ 1643 → 1646
1641	Do you always receive a standard fixed quantity of each medicine or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	
1642	CHECK Q1640 TO SEE IF "3" (BOTH) IS CIRCLED. YES ☐ NO ☐		→ 1646
1643	Routinely, when you order ARVs, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount of each ARV 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 ARV used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - **Don't know**	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1644	Which of the following best describes the routine system for deciding ***when*** to order ARVs? 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	
1645	On average, how long does it take to receive your ARV supplies after you have placed an order?	UNDER 4 WEEKS . . . . . 1 BETWEEN 4 TO 8 WEEKS . . . . . 2 OVER 8 WEEKS 3	
1646	If there is a shortage of a **specific ARV** 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	
	- Facility borrows from neighboring facility	FACILITY BORROWS 4	
1647	During the past 6 months, have you always, not always, but often, or almost never received the amount of each ARV that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
1648	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 or 3 ml)	1 →b	2 03	3 03	1	2	8
03	Disposable syringes 5 ml	1 →b	2 04	3 04	1	2	8
04	Autodisable syringes	1 →b	2 05	3 05	1	2	8
05	Infusion sets for intravenous solution	1 →b	2 06	3 06	1	2	8
06	Cannulae for intravenous	1 →b	2 07	3 07	1	2	8
07	Clean non-latex, gloves	1 →b	2 08	3 08	1	2	8
08	Clean latex gloves	1 →b	2 09	3 09	1	2	8
09	Sterile latex gloves	1 →b	2 10	3 10	1	2	8
10	Spinal tap/lumbar puncture kits	1 →b	2 11	3 11	1	2	8
11	Disinfectant for cleaning surfaces (bleach or other cleaning solution such as chlorine or chlorhexidine)	1 →b	2 12	3 12	1	2	8
12	Hand-washing soap	1 →b	2 13	3 13	1	2	8
13	Insecticide treated bed net	1 →b	2 14	3 14	1	2	8
14	Sharps boxes/containers	1 →b	2 **1649**	3 **1649**	1	2	8

1649 GO TO THE MAIN AREA WHERE MEDICINES ARE STORED AND COLLECT INFORMATION ON VALIDATION OF THE LISTED MEDICINES		VALIDATION OF COMMODITY										
		A	B	C	D	E	F	G	H	I	J	K
		PRODUCT NORMALLY CARRIED OR STOCKED AT THIS FACILITY	VALID EXPIRATION DATE ON ALL UNITS PRESENT TODAY	ITEMS STORED BY DATE OF EXPIRATION	STOCK CARD AVAILABLE	NUMBER AVAILABLE MATCHES STOCK RECORD	VARIATION STOCK AND STORE	ANY ZERO BALANCE OBSERVED FOR THE PAST 6 MONTHS	REVIEW INFORMATION (RECORDED ON STOCK CARDS ONLY)* FOR THE PAST 6 MONTHS AND RECORD			MONTHS OF DATA REVIEWED 0-6 MO
									AMOUNT RECEIVED	AMOUNT DISBURSED	BALANCE TODAY	
	PRODUCT & UNIT OF COUNT	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No O=Stockout U=** **If stockout, skip to next line item**	Y=Yes N=No	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No **If Y, skip to G**		Y=Yes N=No				
01	Coartem Tabs: 20mg/120mg **(6 Tab Blisters)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
02	Coartem Tabs: 20mg/120mg **(12 Tab Blisters)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
03	Coartem Tabs: 20mg/120mg **(18 Tab Blisters)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
04	Coartem Tabs: 20mg/120mg **(24 Tab Blisters)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
05	Fansidar Tabs: 25mg/500mg **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
06	Quinine Inj: 600mg/2ml **(Ampoule)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
07	Ciprofloxaxin Tabs: 500mg **(Tabs)**	Y N	Y N O U		Y N	Y N		Y N				
08	Doxyclycline Tabs: 100mg **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
09	Benzathine Penicillin Inj: 2.4mU **(Vial)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
10	Procaine Penicillin Inj: 4MU **(Vial)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
11	Cotrimoxazole Tabs: 120/480mg **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
12	Cotrimoxazole Syr: 240mg/5mL **(Bottle)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
13	Amoxicillin Caps: 250mg **(Capsule)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
14	Amoxicillin Syrup: 250mg/5mL **(Bottle)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
15	Gentamycin Inj: 40mg/mL **(Ampoule)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
16	Metronidazole Tabs: 200mg **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
17	Erythromycin Tabs: 250mg **(Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
18	Nalidixic Acid: 500mg **(Tabs or Caps)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
19	Oxytocin Inj: 10IU/mL **(Ampoule)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
20	Chloramphenicol Inj: 1G **(Vial)**	Y N	Y N O U	Y N	Y N	Y N		Y N				

*If information is not recorded on Stock cards/records, record 9998. Do not collect information from multiple receipts

**U=Not All Checked, but at least one of the items randomly checked was valid

1650 GO TO THE MAIN AREA WHERE ARVS ARE STORED AND COLLECT INFORMATION ON VALIDATION OF THE LISTED ARVS. IF NO ARVS ARE STOKED, END THE INTERVIEW	VALIDATION OF COMMODITY										
	A	B	C	D	E	F	G	H	I	J	K
	PRODUCT NORMALLY CARRIED OR STOCKED AT THIS FACILITY	VALID EXPIRATION DATE ON ALL UNITS PRESENT TODAY	ITEMS STORED BY DATE OF EXPIRATION	STOCK CARD AVAILABLE	NUMBER AVAILABLE MATCHES STOCK RECORD	VARIATION STOCK AND STORE	ANY ZERO BALANCE OBSERVED FOR THE PAST 6 MONTHS	REVIEW INFORMATION (RECORDED ON STOCK CARDS ONLY)* FOR THE PAST 6 MONTHS AND RECORD			MONTHS OF DATA REVIEWED 0-6 MO
								AMOUNT RECEIVED	AMOUNT DISBURSED	BALANCE TODAY	
PRODUCT & UNIT OF COUNT	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No O=Stockout U=** **If stockout, skip tonext line item**	Y=Yes N=No	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No **If Y, skip to G**		Y=Yes N=No				
NsRTI											
01 Zidovudine (ZDV, AZT) **(100 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
02 Zidovudine (ZDV, AZT) **(300 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
03 Zidovudine (ZDV, AZT) **Syrup (50mg/5ml) Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				
04 Abacavir (ABC) **(300 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
05 Abacavir (ABC) **Syrup (20 mg/ml) Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				
06 Didanisine (ddI) **(25 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
07 Didanisine (ddI) **(50 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
08 Didanisine (ddI) **(100 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
09 Didanisine (ddI) **(200 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
10 Didanisine (ddI) **(200 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
11 Didanisine (ddI) **(250 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
12 Didanisine (ddI) **(200 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
13 Lamivudine (3TC) **(150 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
14 Lamivudine (3TC) **Syrup (50mg/5ml) Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				
15 Stavudine (d4T) **15 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
16 Stavudine (d4T) **20 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
17 Stavudine (d4T) **30 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
18 Stavudine (d4T) **40 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
19 Stavudine **Syrup (1 mg/ml) powder**	Y N	Y N O U	Y N	Y N	Y N		Y N				
NrRTI											
20 Tenofovir (Disoproxil Fumerate) **(300 mg Tabs)**	Y N	Y N O U	Y N	Y N	Y N		Y N				

		A	B	C	D	E	F	G	H	I	J	K
		PRODUCT NORMALLY CARRIED OR STOCKED AT THIS FACILITY	VALID EXPIRATION DATE ON ALL UNITS PRESENT TODAY	ITEMS STORED BY DATE OF EXPIRATION	STOCK CARD AVAILABLE	NUMBER AVAILABLE MATCHES STOCK RECORD	VARIATION STOCK AND STORE	ANY ZERO BALANCE OBSERVED FOR THE PAST 6 MONTHS	REVIEW INFORMATION (RECORDED ON STOCK CARDS ONLY)* FOR THE PAST 6 MONTHS AND RECORD			MONTHS OF DATA REVIEWED 0-6 MO
									AMOUNT RECEIVED	AMOUNT DISBURSED	BALANCE TODAY	
	PRODUCT	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No O=Stockout U=** **If stockout, skip tonext line item**	Y=Yes N=No	Y=Yes N=No **If NO, skip to next line item**	Y=Yes N=No **If Y, skip to G**		Y=Yes N=No				
	NNRTI											
21	Nevirapine (NVP) **(200mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
22	Nevirapine(NVP) **Syrup (50 mg/5ml) Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				
23	Efavirenz (EFZ) **50 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
24	Efavirenz (EFZ) **200 mg Capsules**	Y N	Y N O U	Y N	Y N	Y N		Y N				
25	Efavirenz (EFZ) **600 mg Tablets**	Y N	Y N O U	Y N	Y N	Y N		Y N				
26	Efavirenz (EFZ) **Syrup (30mg/ml) Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				
	PROTEASE INHIBITORS											
27	Indinavir **(400 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
28	Ritonavir (Norvir) **(100 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
29	Saquinavir (Invirase) **(200 mg Capsules)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
30	Saquinavir (Invirase) **(500 mg Tablets)**	Y N	Y N O U	Y N	Y N	Y N		Y N				
	COMBINED-3DRUGS											
31	[3TC/d4T(30)/NVP] **Tablets**	Y N	Y N O U	Y N	Y N	Y N		Y N				
32	[3TC/d4T(40)/NVP] **Tablets**	Y N	Y N O U	Y N	Y N	Y N		Y N				
	COMBINED - 2 DRUGS											
33	[AZT+3TC] **Combivir**	Y N	Y N O U	Y N	Y N	Y N		Y N				
34	Lopinavir-Ritonavir (LPV/r) **Tablet**	Y N	Y N O U	Y N	Y N	Y N		Y N				
35	Lopinavir-Ritonavir (LPV/r) **Syrup 60 ml Bottle**	Y N	Y N O U	Y N	Y N	Y N		Y N				

*If information is not recorded on Stock cards/records, record 9998. Do not collect information from multiple receipts
**U=Not All Checked, but at least one of the items randomly checked was valid

SECTION 17: TUBERCULOSIS DIAGNOSIS AND TREATMENT

Facility Number: ☐☐☐ QRE TYPE **17**

Interviewer Code: ☐☐

1700	INDICATE THE SERVICE SETTING FOR THIS SECTION	Line # ☐☐ Unit # ☐☐
1701	**MANAGING AUTHORITY** GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)	

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 Q1702 BELOW AND GO ON TO Q1703.

Hello. My name is _____. We are here on behalf of the Ministry of Health and the **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 use 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.

1702	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1703	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	
1704	What is the most common method used by providers in this clinic/unit (OR AFFILIATED OPD) for diagnosing TB? IF PROVIDERS IN THIS UNIT MAKE THE FINAL DIAGNOSIS, REGARDLESS OF WHERE THE TEST IS DONE, AND MAKE THE DECISION ON STARTING THE CLIENT ON ANTI-TB DRUGS, ONE OF RESPONSE 1-5 MUST APPLY.	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 ELSEWHERE WITHIN FACILITY 6 REFER ELSEWHERE OUTSIDE FACILITY 7	→ 1710 → 1710 → 1707 → 1707
1705	How many sputum tests are required before diagnosing a client with TB?	ONE . . . . . 1 TWO . . . . . 2 THREE . . . . . 3 NO FIXED NUMBER/DEPENDS ON CLIENT . . . . . 4 OTHER _____ 6 (SPECIFY)	
1706	Where is the sputum test performed? IF CLIENT OR SPUTUM ARE SENT TO OTHER FACILITY FOR TESTING, ASK TO SEE A RECORD FOR THE RESULTS THAT WERE RETURNED SO CLINIC/UNIT CAN MAKE DIAGNOSIS AND INITIATE TREATMENT.	THIS FACILITY . . . . . 1 **EXTERNAL FACILITY** RECORD OF TEST RESULTS OBSERVEI 2 RECORD OF TEST RESULTS IN LAB 3 RECORDS REPORTED, NOT SEEN 4	→ 1710 → 1708 → 1708 → 1708
1707	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	
1708	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	→ 1710 → 1710
1709	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
1710	WAS INFORMATION FOR OPD Q1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 1711 (03)

1711	Do you have any guidelines/protocols for the diagnosis and treatment of tuberculosis? IF YES, ASK: May I see the guidelines/ protocols?	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	TB Control and Community-based DOTS as an essential component of District Health Systems	1 → b	2 → 02	3 → 02	
02	TB Case Management Desk Aide	1 → b	2 → 03	3 → 03	
03	Other guidelines for TB diagnosis and treatment	1 → b	2 → 04	3 → 04	
04	Other guidelines for follow-up of TB clients	1 → b	2 → 1712	3 → 1712	

1712	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	→ 1715
1713	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	
1714	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA	
1715	Is this facility included in the national DOTS program?	YES . . . . . 1 NO 2	
1716	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 6M . . . . . 01 DIRECT OBSERVE 6M . . . . . 02 DIRECT OBSERVE 8M . . . . . 03 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE . . . . . 04 DIAGNOSE AND TREAT WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP . . . 05 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE . . . . . 06 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP . . . . . 07 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE 08	→ 1723 → 1723 → 1722 → 1723 → **END**
1717	What is the strategy for the direct observed treatment **(DOT)** 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)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1718	CHECK 1717. IS **C** OR **D** (OR BOTH) CIRCLED INDICATING OUTREACH OR COMMUNITY WORKERS OR FAMILY DIRECTLY OBSERVE CLIENTS DURING TREATMENT OR UNTIL CLIENT IS SPUTUM NEGATIVE?	YES . . . . . 1 NO 2	→ 1720
1719	Do you have a reporting format that the outreach or 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	
1720	Do you have a record or register that show the clients who are currently **on DOTS**? IF YES, ASK TO SEE THE REGISTER/ RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1722 → 1722
1721	Is the record/register up-to-date for the prior week for all clients receiving their **DOTS TB** medications?	YES . . . . . 1 NO 2	
1722	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	→1729
1723	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	
1724	Do you have a register or list of clients currently being followed by this unit for TB treatment, including those being treated on **DOT** and no direct observation?	YES, REGISTER OR LIST OBSERVED . . . . . 1 ONLY HAVE DOTS CLIENTS . . . . . 2 NO 3	→ 1728
1725	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	→ 1728
1726	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 [ ][ ][ ][ ]	
1727	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT BY THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS [ ][ ][ ][ ] DON'T KNOW 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1728	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	
1729	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	→ 1734 → 1734
1730	Where are the clients sent for HIV testing? PROBE FOR A SPECIFIC UNIT WITHIN FACILITY, OR SPECIFIC LOCATION OUTSIDE FACILITY TO BE NAMED	**LOCATION NAMED** INSIDE FACILITY . . . . . 1 OUTSIDE FACILITY. . . . . 2 DON'T KNOW SPECIFIC LOCATION 8	
1731	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	→ 1734 → 1734
1732	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 [ ][ ][ ][ ]	
1733	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1734	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	→ 1736
1735	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	
1736	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)	
1737	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**
1738	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**

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		a				b
1739	**BULK JAR MEDICINES FOR TUBERCULOSIS**	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	Rifampicin		2 → b	3 → 05	4 → 05	1 2 8
05	Streptomycin		2 → b	3 → 06	4 → 06	1 2 8
06	Isoniazid + rifampicin (Rifina) (Adult formulation)		2 → b	3 → 07	4 → 07	1 2 8
07	Isoniazid + rifampicin (Rifina) (Pediatric formulation)		2 → b	3 → 08	4 → 08	1 2 8
08	Isoniazid + rifampicin + pyrazinamide (RHZ, Rifater)		2 → b	3 → 09	4 → 09	1 2 8
09	Isoniazid + ethambutol (EH)		2 → b	3 → 10	4 → 10	1 2 8
10	4FDC (combination INH, Ethambutol, pyrazinamide, rifampicin)		2 → b	3 → 11	4 → 11	1 2 8
11	Other _____ (SPECIFY)		2 → b	3 → **END**	4 → **END**	1 2 8
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE					

SECTION 18: COUNSELING AND TESTING

Facility Number: ☐☐☐ QRE TYPE **18**

Interviewer Code: ☐☐

1800	INDICATE THE SERVICE SETTING FOR THIS SECTION.	☐☐☐☐ Line # Unit #

1801 **MANAGING AUTHORITY**

GOVERNMENT 1
PRIVATE 2
OTHER _____ 6
(SPECIFY)

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 Q1802 BELOW AND GO ON TO Q1803.

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 **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.

1802	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO	QUESTIONS	CODING CATEGORIES	GO TO
1803	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 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	
1804	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	→1814
1805	How many months have **counseling services** been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
1806	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	
1807	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	
1808	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4	→1811 →1812
1809	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	→1811
1810	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1811	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	
1812	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	
1813	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	
1814	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	→ 1818 → 1818 → 1818

NO	QUESTIONS	CODING CATEGORIES				GO TO
1815	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	RAPID TEST USED BY UNIT AND 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 → 1816	3 → 1816		
1816	WHAT IS THE MOST RECENT DATE REDORDED FOR ANY COUNSELING?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO RECORD FOR COUNSELING . 4				→ 1818
1817	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES . . . . . 1 NO 2				
1818	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 SERVICES 0				→ 1822
1819	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
1820	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	
1821	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	
1822	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	→ 1825
1823	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	→ 1825
1824	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVIS(. . . B DISTRICT LEVEL (MOH/UAC/MEP) . C REGIONAL LEVEL(MOH/UAC/MEP) D NATIONAL LEVEL(MOH/UAC/MEP) . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
1825	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** RAPID TEST ONSITE-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
1826	CHECK Q1825 AND CIRCLE CORRECT RESPONSE TO RIGHT	BLOOD DRAWN IN THIS CLINIC/UNIT (A OR E OR F CIRCLED) . . . . . 1 BLOOD FOR HIV TEST DRAWN OUTSIDE FACILITY (ONLY H OR X CIRCLED) . . . 2 ANY OTHER RESPONSE 3			→ 1834 → 1833
1827	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ROOM HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q1828. IF YES, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	DATA RECORDED IN OPD/IPD QRE 1 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] DATA NOT PREVIOUSLY RECORDED 2			→ 1833
1828	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	VACUTAINER	1	2	3	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1829	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
1830	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1831	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED OR BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER . . . 3	
1832	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINE. . . . . 2 NO 3	
1833	CHECK Q1825. 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.		
1834	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 1837
1835	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	→ 1839

NO	QUESTIONS	CODING CATEGORIES			GO TO
		(a)			(b)
1836	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Uganda National Policy on HIV Counseling and Testing	1 → b	2 → 02	3 → 02	
02	Policy Guidelines for Prevention of Mother to Child Transmission	1 → b	2 → 03	3 → 03	
03	National Antiretroviral Treatment and Care guideline for Adult and Children	1 → b	2 → 04	3 → 04	
04	Comprehensive HIV Care (IMAI): Acute Care Guide	1 → b	2 → 05	3 → 05	
05	Comprehensive HIV Care (IMAI): Chronic HIV Care Guide	1 → b	2 → 06	3 → 06	
06	Comprehensive HIV Care: Home Based Care Trainers' Guide for Health Workers	1 → b	2 → 07	3 → 07	
07	Uganda Clinical Guidelines	1 → b	2 → 08	3 → 08	
08	Sexually Transmitted Infections Treatment Guidelines for Use by Operational Level Health Workers	1 → b	2 → 09	3 → 09	
09	Nutritional Care and Support for People Living with HIV/AIDS in Uganda	1 → b	2 → 10	3 → 10	
10	Tuberculosis Control & Community-based DOTS as an essential component of District Health Systems	1 → b	2 → 11	3 → 11	
11	Tuberculosis Case Management Desk Aide	1 → b	2 → 12	3 → 12	
12	Management of uncomplicated Malaria	1 → b	2 → 13	3 → 13	
13	Infection Control: Policies and Procedures	1 → b	2 → 14	3 → 14	
14	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 → b	2 → 15	3 → 15	
15	Standards for Injection Safety and Health Care Waste Management Practices	1 → b	2 → 1837	3 → 1837	

NO	QUESTIONS	CODING CATEGORIES				GO TO
1837	**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 → 1839				
1838	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:		(a) OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for pretest counseling?	1 → b		2 → 02	3 → 02	
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b		2 → 03	3 → 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 → 04	3 → 04	
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b		2 → 05	3 → 05	
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b		2 → 06	3 → 06	
06	Is there a written informed consent document for the client to sign or keep?	1 → b		2 → 07	3 → 07	
07	Any other informed consent policy?	1 → b		2 → 08	3 → 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 → 09	3 → 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 → 10	3 → 10	
10	Any other guidelines for post-exposure prophylaxis? (PEP)	1 → b		2 → 1839	3 → 1839	
1839	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 C/U 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		
1840	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC/UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	→ 1844 →1844
1841	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN 2 NO 3	
1842	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	
1843	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES AND **ASK**: 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)	
1844	Are family planning services routinely provided for all HIV positive clients?	YES, ALWAYS . . . . . 1 YES, SOMETIMES . . . . . 2 NO 3	→1848
1845	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	→1848 →1848
1846	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	
1847	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		
1848	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**
1849	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 . . 01 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 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 95	
1850	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, ASK:** What method is used?	YES, REFERRAL SLIP OBSERVED . . 01 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 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 95	
1851	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	
1852	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	
1853	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 DON'T KNOW 8	
1854	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 AGO . . . . . 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 19: ANTIRETROVIRAL THERAPY

Facility Number: ☐☐☐ QRE TYPE **19**

Interviewer Code: ☐☐

1900	INDICATE THE SERVICE SETTING FOR THIS SECTION	☐☐☐☐ Line # Unit #
1901	**MANAGING AUTHORITY** GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)	

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 Q1902 BELOW AND GO ON TO Q1903.

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.

1902	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1903	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 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	
1904	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK . . . . . ☐	
1905	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . ☐☐☐	
1906	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	→ 1908 → 1908
1907	What is the qualification of the person in charge of ARV services?	CONSULTANT/SPECIALIST . . . . . 01 MEDICAL OFFICER . . . . . 02 CLINICAL OFFICER . . . . . 03 ENROLLED NURSE/MIDWIFE . . . . . 04 REGISTERED NURSE/MIDWIFE . . . . . 05 COMPREHENSIVE NURSE . . . . . 06 PHARMACY WORKER (ANY QUAL) . . . 07 OTHER _____ 96 (SPECIFY)	
1908	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY. AFTER THE RESPONSE, READ THE NAME OF EACH ARV THAT IS NOT MENTIONED, TO VERIFY THAT IT IS NOT PRESCRIBED BY THIS CLINIC/UNIT IF A COMBINATION DRUG IS USED, CIRCLE THE COMPONENTS THAT ARE INDICATED IN LIST (E.G., FOR **STAVUDINE** + **LAMIVUDINE** & **NEVIRAPINE,** CIRCLE "F, E AND H)	**NsRTI** COMBIVIR (AZT+3TC) . . . . . A ZIDOVUDINE (ZDV, AZT) . . . . . B ABACAVIR (ABC) . . . . . C DIDANOSINE (ddI) . . . . . D LAMIVUDINE (3TC) . . . . . E STAVUDINE (d4T) OR (D3T) . . . . . F **NtRTI** (TENOFOVIR [DISOPROXIL FUMARATE/VIREAD]) . . . . . G **NNRTI** NEVIRAPINE (NVP) . . . . . H EFAVIRENZ (EFZ) . . . . . I **PROTEASE INHIBITORS** (INDINAVIR [CRIXIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE]) . . . . . J LOPINAVIR-RITONAVIR (LPV/r) K OTHER _____ X (SPECIFY)	
1909	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

1910 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

1911 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

1912 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

1913 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 FACILITY. . 1
YES, CLIENT GOES ELSEWHERE. . . . 2
YES, BLOOD SENT ELSEWHERE. 3
NO . . . . . 4 → 1915

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1914	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	
1915	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	→ 1917
1916	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	
1917	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	→ 1919
1918	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	

1919 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
1920	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	
04	Prevention counseling	1	2	3	8	
1921	CHECK Q1920 IF THERE IS ANY COUNSELING RELATED TO ART, (01) OR (O2) OR (03) OR (04)= 1 OR 2	YES ..... 1 NO 2				→ 1924
1922	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 OR CLINICAL OFFICER ..... A OTHER CONSULTANT/PHYSICIAN/ CLINICAL OFFICER ..... B REG NURSE/NURSING OFFICER ... C N. MIDWIVE/PHN/TRAINED NRS ... D TRAINED COUNSELOR ..... E PHARMACY STAFF ..... F COMMUNITY/PLHA WORKER ..... G OTHER _____ (SPECIFY) X NO COUNSELING ..... Y				→ 1924
1923	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				
1924	Are there any fees assessed for any services or items related to ARV treatment?	YES ..... 1 NO 2				→ 1926
1925	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 [UGS]	
01	FEE FOR ART CLIENT CARD/CHART	1→ b	2 02	02		
02	FEE FOR CONSULTATION SERVICE	1→ b	2 03	03		
03	FEE FOR ARV MEDICINE	1→ b	2 04	04		
04	FEE FOR LAB TEST CD4 COUNT	1→ b	2 1925a	1925a		
1925a	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				
1926	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES ..... 1 NO 2				→ 1929
1927	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				→ 1931

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1928	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]? LIST ANY NATIONAL GUIDELINES RELATED TO INDICATED TOPICS	(a) OBSERVED	REPORTED AVAIL NOT SEEN	NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Uganda National Policy on HIV Counseling and Testing	1 → b	2 → 02	3 → 02	
02	Policy Guidelines for Prevention of Mother to Child Transmission	1 → b	2 → 03	3 → 03	
03	National Antiretroviral Treatment and Care guideline for Adult and Children	1 → b	2 → 04	3 → 04	
04	Comprehensive HIV Care (IMAI): Acute Care Guide	1 → b	2 → 05	3 → 05	
05	Comprehensive HIV Care (IMAI): Chronic HIV Care Guide	1 → b	2 → 06	3 → 06	
06	Comprehensive HIV Care: Home Based Care Trainers' Guide for Health Workers	1 → b	2 → 07	3 → 07	
07	Uganda Clinical Guidelines	1 → b	2 → 08	3 → 08	
08	Sexually Transmitted Infections Treatment Guidelines for Use by Operational Level Health Workers	1 → b	2 → 09	3 → 09	
09	Nutritional Care and Support for People Living with HIV/AIDS in Uganda	1 → b	2 → 10	3 → 10	
10	Tuberculosis Control & Community-based DOTS as an essential component of District Health Systems	1 → b	2 → 11	3 → 11	
11	Tuberculosis Case Management Desk Aide	1 → b	2 → 12	3 → 12	
12	Management of uncomplicated Malaria	1 → b	2 → 13	3 → 13	
13	Infection Control: Policies and Procedures	1 → b	2 → 14	3 → 14	
14	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 → b	2 → 15	3 → 15	
15	Standards for Injection Safety and Health Care Waste Management Practices	1 → b	2 → 1929	3 → 1929	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1929	**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	→ 1931

1930	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED	(a) REPORTED AVAIL NOT SEEN	(a) NOT AVAIL.	(b) DATE ON MANUAL
01	Other protocols/guidelines for eligibility for ART	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for prescribing ART	1 → b	2 → 03	3 → 03	
03	Other protocols/guidelines on adherence counseling for ART	1 → b	2 → 04	3 → 04	
04	Other protocols/guidelines on nutrition for ART clients	1 → b	2 → 05	3 → 05	
05	Other protocols/guidelines on laboratory follow-up for ART	1 → b	2 → 1931	3 → 1931	

1931	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 CLIENT . . 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	→ 1946
1932	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	
1933	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	
1934	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	→ 1946
1935	How many patients are currently receiving ART through this clinic/unit are adults? **ADULTS ARE 14 YEARS AND OLDER**	TOTAL NUMBER OF ADULTS ON ART . . NONE 0000	
1936	How many patients currently receiving ART through this clinic are children? **CHILDREN ARE THOSE UNDER 14 YEARS**	TOTAL NUMBER OF CHILDREN ON ART NONE 0000	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1937	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	
1938	How many women who were identified through testing when pregnant or at delivery, such as PMTCT clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF PMTCT CLIENTS ON ART ..... [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	
1939	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	
1940	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	
1941	Among ART clients who began treatment before JUNE 2007, 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	
1942	During the past 12 full months, how many ART clients have died?	NUMBER OF CLIENTS DIED ..... [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	→ 1944
1943	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA ..... [ ][ ]	
1944	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	→ 1946
1945	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA ..... [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1946	Are reports regularly compiled on the numbers of clients receiving ART?	YES ..... 1 NO 2	→ 1949
1947	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	→ 1949
1948	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS CLERK ..... A FACILITY DIRECTOR/SUPERVISOR... B DISTRICT LEVEL (MOH/UAC/MEP) ... C REGIONAL LEVEL (MOH/UAC/MEP)... D NATIONAL LEVEL (MOH/UAC/MEP) ... E DONOR AGENCY ..... F OTHER _____ X (SPECIFY)	
1949	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, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3 ENTER CLINIC/UNIT NUMBER ..... [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ 6 (SPECIFY) NO INDIVIDUAL CLIENT CHART/RECORD 7	
1950	Do you have a system for making individual client appointments for follow-up? IF YES, ASK TO SEE ANY RECORDS INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	→ 1952
1951	Does the appointment system indicate if the client kept the appointment or not?	YES ..... 1 NO 2	
1952	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	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	COMMUNITY BASED SERVICES		
1953	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	→ 1959
1954	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 _____ (SPECIFY) . . . 96 NO METHOD USED 98	
1955	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 _____ (SPECIFY) . . . 96 NO METHOD USED 98	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1956	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	
1957	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	
1958	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	
1959	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 20: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

Facility Number: ☐☐☐ QRE TYPE **20**

Interviewer Code: ☐☐

2000	INDICATE THE SERVICE SETTING FOR THIS SECTION	Line # ☐☐ Unit # ☐☐	
2001	**MANAGING AUTHORITY** GOVERNMENT . . . . . 1 PRIVATE . . . . . 2 OTHER _____ 6 (SPECIFY)		
2002	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 Q2003 BELOW AND GO ON TO Q2004.

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 **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.

2003	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2004	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 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	
2005	How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS	

2006 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
2007	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	→ 2009 → 2009 → 2009

2008	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 → 2009	3 → 2009		

2009	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	→ 2013 → 2013
2010	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . 2 NO 3	
2011	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	
2012	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)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2013	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 2016
2014	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	→ 2018

		(a)			(b)
2015	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]? LIST ANY NATIONAL GUIDELINES RELATED TO INDICATED TOPICS	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Uganda National Policy on HIV Counseling and Testing	1 → b	2 → 02	3 → 02	
02	Policy Guidelines for Prevention of Mother to Child Transmission	1 → b	2 → 03	3 → 03	
03	National Antiretroviral Treatment and Care guideline for Adult and Children	1 → b	2 → 04	3 → 04	
04	Comprehensive HIV Care (IMAI): Acute Care Guide	1 → b	2 → 05	3 → 05	
05	Comprehensive HIV Care (IMAI): Chronic HIV Care Guide	1 → b	2 → 06	3 → 06	
06	Comprehensive HIV Care: Home Based Care Trainers' Guide for Health Workers	1 → b	2 → 07	3 → 07	
07	Uganda Clinical Guidelines	1 → b	2 → 08	3 → 08	
08	Sexually Transmitted Infections Treatment Guidelines for Use by Operational Level Health Workers	1 → b	2 → 09	3 → 09	
09	Nutritional Care and Support for People Living with HIV/AIDS in Uganda	1 → b	2 → 10	3 → 10	
10	Tuberculosis Control & Community-based DOTS as an essential component of District Health Systems	1 → b	2 → 11	3 → 11	
11	Tuberculosis Case Management Desk Aide	1 → b	2 → 12	3 → 12	
12	Management of uncomplicated Malaria	1 → b	2 → 13	3 → 13	
13	Infection Control: Policies and Procedures	1 → b	2 → 14	3 → 14	
14	Injection Safety and Appropriate Health Care Waste Management: Participants Notes	1 → b	2 → 15	3 → 15	
15	Standards for Injection Safety and Health Care Waste Management Practices	1 → b	2 → 2017	3 → 2017	

2016	**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	→ 2018

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a)			(b)
2017	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL YEAR
01	Other protocols/guidelines for pretest counseling?	1→b	2 → 02	3 → 02	
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1→b	2 → 03	3 → 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 → 04	3 → 04	
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1→b	2 → 05	3 → 05	
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1→b	2 → 06	3 → 06	
06	Is there a written informed consent document for the client to sign or keep?	1→b	2 → 07	3 → 07	
07	Any other informed consent policy?	1→b	2 → 08	3 → 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 → 09	3 → 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 → 10	3 → 10	
10	Any other guidelines on how to prescribe the ART for the HIV postive woman?	1→b	2 → 11	3 → 11	
11	Any other guidelines on storage and stock management for the ARVs?	1→b	2 → 12	3 → 12	
12	Any other guidelines specifying counseling on family planning for the HIV positive woman?	1→b	2 → 13	3 → 13	
13	Any other guidelines specifying counseling on infant feeding for the HIV positive woman?	1→b	2 → 14	3 → 14	
14	Any other guidelines specifying general nutrition counseling for people living with HIV/AIDS?	1→b	2 → 15	3 → 15	
15	Any other guidelines for Post Exposure Prophylaxis (PEP)?	1→b	2 → 2018	3 → 2018	
2018	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
2019	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	
2020	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4	→ 2023 → 2024
2021	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	 → 2023
2022	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . ☐☐	
2023	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	
2024	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	
2025	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
2026	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** RAPID TEST ONSITE-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	
2027	CHECK Q2026 AND CIRCLE CORRECT RESPONSE TO RIGHT	BLOOD DRAWN IN THIS CLINIC/UNIT **(A OR E OR F CIRCLED)** . . . . . 1 BLOOD FOR HIV TEST DRAWN OUTSIDE FACILITY **(ONLY H OR X CIRCLED)** . . . 2 ANY OTHER RESPONSE 3	→ 2035 → 2034
2028	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ROOM HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q2029. IF YES, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	DATA RECORDED IN OPD/IPD QRE 1 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] DATA NOT PREVIOUSLY RECORDED 2	→ 2034

NO.	QUESTIONS	CODING CATEGORIES			GO TO
2029	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 (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	VACUTAINER	1	2	3	
2030	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
2031	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2			
2032	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3			
2033	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER . 2 NO 3			
2034	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK . . . . . ☐ DON'T KNOW 8			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2035	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 _____ 6 (SPECIFY)	
2036	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 →	2038
2037	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	
2038	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 LAMIVUDIN . . . . . C ZIDOVUDINE AND NEVIRAPIN . . . . . D OTHER _____ X SPECIFY NO ARV AVAILABLE FROM THIS CLINIC/UNIT FOR PMTCT . . . . . Y →	2043
2039	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 **CORPS/VHW** TO GIVE TO WOMAN AT HOME DURING LABOUR . . . . . B **ONLY** PROVIDE TO WOMEN WHO DELIVER IN FACILITY, AT TIME OF DELIVERY . . . . . C →	2041
		OTHER _____ X (SPECIFY)	
2040	What is the most common practice for when the ARV is provided to the HIV positive client or to the **CORPS/VHW?**	SAME DAY HIV STATUS IS CONFIRMED. . . . . 0 PROVIDED AT SPECIFIC STAGE OF PREGNANCY. INDICATE MONTHS OF PREGNANCY ☐	
2041	Which ARV is used for the newborn for PMTCT?	NEVIRAPINE . . . . . 1 ZIDOVUDINE (or AZT) . . . . . 2 NEVIRAPINE + ZIDOVUDINE 3 OTHER _____ 6 (SPECIFY)	
2042	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 **CORPS/VHW** TO GIVE AT HOME AFTER BIRTH . . . . . B INSTRUCT MOTHER TO BRING CHILD TO FACILITY FOR ARV AROUND 72 HOURS AFTER BIRTH . . . . . C GIVEN IMMEDIATELY TO BABY BEFORE DISCHARGE . . . . . D OTHER _____ X (SPECIFY) NO ARV PROPHYLAXIS FOR NEWBORN . . . . . Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2043	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	→ 2046 → 2046
2044	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS [ ][ ][ ][ ]	
2045	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ]	
2046	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	→ 2049 → 2049

NO.	QUESTIONS	CODING CATEGORIES				GO TO
2047	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	RAPID TEST USED BY UNIT AND 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 → 2048	3 → 2048		
2048	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				→ 2051
2049	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				→ 2054
2050	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
2051	AMONG THE WOMEN FOR WHOM TESTING INFORMATION WAS AVAILABLE **(Q2047)** INDICATE IF INFORMATION ON RECEIVING ARV, AND ON THEIR NEWBORN IS AVAILABLE. COLLECT INFORMATION FROM OUTPATIENT AREA ONLY. IF INFORMATION ONLY AVAILABLE IN DELIVERY AREA CIRCLE "2" AND INFORMATION WILL BE COLLECTED IN Q2070.	(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 → 2052	3 → 2052		
2052	Is there any record of HIV positive pregnant women who were referred for ARV treatment? IF YES, ASK TO SEE THE RECORD.	YES, OBSERVED . . . . . 1 YES REPORTED NOT SEEN . . . . . 2 NO 3				
2053	Is there any record of HIV positive pregnant women who started 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				
2054	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				→ 2058
2055	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				
2056	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				→ 2058

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2065	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 Y	
2066	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	
2067	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 RECORDED 4	
2068	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	
2069	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	→ 2071 → 2071

2070	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 → 04	3 → 04		
04	TOTAL NEWBORNS OF HIV POSITIVE WOMEN WHO WHERE PROVIDED ARVS	1 → b	2 → 2071	3 → 2071		

2071	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
2072	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 _____ (SPECIFY) X NONE . . . . . Y DON'T KNOW . . . . . Z	
	IF DELIVERY MODULE HAS BEEN COMPLETED SKIP TO END OF THIS MODULE.		

2073	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 (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3
18	EXAMINATION TABLE	1	2	3
19	CONDOMS	1	2	3
20	RAPID TEST FOR HIV	1	2	3
21	VACUTAINER	1	2	3

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

HEALTH WORKER INTERVIEW

QRE 25

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 . . . . . ☐

Number of INJECTIONS Associated with Provider . . . . . ☐

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN OTHER FACILITY. IF YES, RECORD NAME AND FACILITY NUMBER OF WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED **1**

_____ NAME & NUMBER OF FACILITY ☐☐☐ → **STOP**

NO, NOT PREVIOUSLY INTERVIEWED **2**

READ THE FOLLOWING CONSENT FORM

Hello. My name is _____. We are here on behalf of the Ministry of Health and 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	
101	May I begin the interview now?	YES . . . . . 1 NO 2	→STOP
102	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	
103	What is your current technical (or medical) qualification?	CONSULTANT . . . . . 01 MEDICAL OFFICER . . . . . 08 CLINICAL OFFICER . . . . . 09 ENROLLED NURSE . . . . . 10 ENROLLED MIDWIFE . . . . . 11 REGISTERED NURSE . . . . . 12 R MIDWIFE/DBL. TRAINED NURSE 13 COMPREHENSIVE NURSE . . . . . 14 PUBLIC HEALTH NURSE . . . . . 15 NURSING ASSISTANT . . . . . 16 NURSING AIDE . . . . . 17 PHARMACIST . . . . . 18 PHARMACY DISPENSER . . . . . 19 LAB. TECHNOLOGIST . . . . . 20 LAB. TECHNICIAN . . . . . 21 LAB ASSISTANT . . . . . 22 NUTRITIONIST . . . . . 23 HEALTH EDUCATOR . . . . . 24 STATISTICIAN . . . . . 25 RECORDS CLERK . . . . . 26 HOSPITAL ADMINISTRATOR . . . . 27 SOCIAL WORKER . . . . . 28 HIV/AIDS COUNSELOR . . . . . 29 OTHER COUNSELOR . . 30 PATHOLOGIST . . . . . 31 OTHER STAFF PROVIDING CLIENT SERVICES _____ 96 SPECIFY	
104	What year did you graduate (or complete) with this qualification? IF NO TECHNICAL QUALIFICATION, ASK: What year did you complete any basic training for your current position? IF NO BASIC TRAINING, CIRCLE "0000" AND SKIP.	YEAR ☐☐☐☐ NO TECHNICAL QUALIFICATION AND NO BASIC TRAINING . . 0000	→ 106
105	How many years of study were required for this qualification? In other words, ***how long*** was your technical training after completing basic education? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS . . . . . ☐☐ MONTHS . . . . . ☐☐	
106	In what year did you start working in this facility?	YEAR ☐☐☐☐	
107	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 ☐☐☐☐	
108	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 (of Infection Control)?	1	2	3	
02	Waste management-that is disposal of sharps and contaminated waste?	1	2	3	
03	Any other training related to infection prevention?	1	2	3	
04	Any training related to Injection safety?	1	2	3	
05	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3 3	
06	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS (PLHA)?	1	2	3	
200a	As part of your services in this facility, have you received any dose of Hepatitis B vaccine? **IF YES, ASK:** How many doses have you received so far?	YES, ONE DOSE . . . . 1 YES, TWO DOSES . . . . 2 YES, THREE DOSES . . 3 NO 4			
201	Are you a manager or in-charge for any clinical services?	YES . . . . . 1 NO 2			
202	Do you provide any client/clinical 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** DURATION IN YEARS	
01	Diagnosis and/or treatment (**i.e., management**) 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 tests or analysis?	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 pre-service 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 pre-service 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 syndromic management for STIs?	1	2	3
03	Drug resistance to STI treatment medications	1	2	3
04	Any topic related to malaria? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 08
05	Diagnosis and treatment of malaria?	1	2	3
06	Specifically diagnosing and treating malaria in children?	1	2	3
07	Intermittent Preventive Treatment (IPT) of malaria for pregnant women?	1	2	3
08	Any topic related to tuberculosis? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 205
09	Diagnosing tuberculosis (TB) using sputum test?	1	2	3
10	Diagnosing TB using clinical symptoms?	1	2	3
11	Prescribing treatment for TB?	1	2	3
12	The DOTS (Direct observed treatment-short-course) strategy?	1	2	3
13	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			→504a
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 BOXES	YEARS			
504a	Do you ***personally*** provide any PMTCT services? IF YES, INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED	PREVENTIVE COUNSELING . . A HIV TEST COUNSELING . . B CONDUCT HIV TEST . . . . . C PROVIDE ARV TO MOTHER . . . D PROVIDE ARV TO/FOR INFANT . E NO PMTCT SERVICES . . . . . Y			
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	Any topic related to pregnancy and AIDS or PMTCT?	1	2	3	→507
08	Counseling for prevention of mother to child transmission of HIV?	1	2	3	
09	Antiretroviral treatment for prevention of mother to child transmission (PMTCT) of HIV?	1	2	3	
10	Nutritional counseling for the newborn of mothers with HIV/AIDS?	1	2	3	
11	Guidelines to follow when dispensing the preventive ARV to HIV positive women?	1	2	3	
12	Record keeping, or other management of the ARVs for PMTCT?	1	2	3	
13	Nutrition counseling for the pregnant woman with HIV/AIDS?	1	2	3	

NO.	QUESTIONS	CODING CLASSIFICATION	
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 IN YEARS
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	

NO.	QUESTIONS	CODING CLASSIFICATION		
		a		b
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:	YES 1 → b	NO 2 ↓ 605	DURATION IN YEARS [ ][ ]
02	Clinical management of HIV/AIDS-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	[ ][ ]
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	
605a	Do your clients who are HIV positve actively participate in the services that you provide or the services that they receive? IF YES, ASK: How do they actively participate?	SUPPORT GROUPS . . . . . A DELIVER MEDS FOR OTHER CLIENTS WHO ARE TOO SICK TO ATTEND CLINIC . . . . . B OTHER _____ X (SPECIFY) NO ACTIVE PARTICIPATION . . Y NO SERVICES TO HIV CLIENTS Z		

NO.	QUESTIONS	CODING CLASSIFICATION		
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 (or comprehensive) training for HIV/AIDS counselors (3 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), (8 weeks)	1	2	3
05	Supervisors training course for counselors at district and regional level (VCT) (6 days)	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	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 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	Cotrimoxazole 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 prior to transfusion?		1	2	3
05	Blood screening for Hepatitis B prior to transfusion?		1	2	3
06	Tests for monitoring ART such as TLC and serum creatinine.		1	2	3
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 . ☐☐☐ DON'T KNOW/NOT CERTAIN 998			

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 _____ (SPECIFY) X	
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 _____ (SPECIFY) X	
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 _____ (SPECIFY) W OTHER _____ (SPECIFY) X	

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 _____ X (SPECIFY) NOTHING . . . . . Y DON'T KNOW . . . . . Z	
900a	Have you had any needle stick injuries in the last 6 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
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 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 EFFECTIVENESS ☐☐☐ 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.		

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	Registered Midwife	13
Medical Officer	08	Comprehensive Nurse	14
Clinical Officer	09	Public Health Nurse	15
Enrolled Nurse	10	Nursing Assistant	16
Enrolled Midwife	11	Nursing Aide	17
Registered Nurse	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 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 spontaneous abortions	1	2	8	
06	Previous induced 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 fundal height (or conduct ultrasound)	1	2	8	
05	Listen to the client's abdomen for fetal heartbeat	1	2	8	
06	Examine the client's breasts	1	2	8	
07	Conduct vaginal examination/exam of perineal area	1	2	8	
08	Perform or refer for anemia test	1	2	8	
09	Perform or refer for urine test	1	2	8	
10	Perform or refer the client for a syphilis test	1	2	8	
11	Perform or refer for HIV test	1	2	8	
12	Provide or refer for counseling related to HIV test	1	2	8	
13	Look at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1	2	8	
14	Discuss any aspect related to having ever received a tetanus toxoid injection	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 IPT-1 or IPT-2	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 the malaria tablets	1	2	8	
	DIRECT OBSERVATION:				
11	Dose of IPT-1 or IPT-2 is ingested in presence of provider	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	Client given an ITN free of charge	1	2	8	
15	Client purchased ITN from provider	1	2	8	
16	Explanation is given about using the 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	Client indicated that she plans to deliver in a facility	1	2	8	
03	Advise the client to use a skilled health worker during delivery	1	2	8	
04	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	
05	Mention planning for transportation during labor (either to place of delivery or for emergency care during home-delivery)	1	2	8	
06	Mention setting aside money for emergencies at time of delivery	1	2	8	
07	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 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	 → 106 → 106
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, 2-4 TIMES . . . . 2 YES, 5 OR MORE TIMES 3 NO . . . . . 4 DON'T KNOW 8	
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD?	WEEKS . . . . . INFORMATION NOT AVAILABLE 98	
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT?	YES, 1 DOSE . . . . . 1 YES, 2 DOSES . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
106	How many weeks pregnant do you think you are? IF RESPONSE IS IN MONTHS, CALCULATE WEEKS, USING 4 WEEKS PER MONTH.	WEEKS . . . . . DON'T KNOW 98	
107	Is this your first pregnancy?	YES . . . . . 1 NO 2	
108	Is this your first antenatal visit at this facility for this pregnancy?	YES . . . . . 1 NO 2	
109	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	 → 111 → 114 → 114
110	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	
111	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	
112	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
113	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	
114	During this or previous visits, has a provider given, or prescribed any anti-malaria tablets for you? SHOW THE CLIENT TABLETS OF FANSIDAR (OR OTHER APPROPRIATE MED).	YES, THIS VISIT . . . . . 1 YES, PREVIOUS VISIT . . . . . 2 YES, BOTH PREVIOUS VISIT AND THIS VISIT . . . . . 3 NO . . . . . 4 DON'T KNOW 8	→ 116 → 117 → 117
114a	Did provider ask you to take the tablet in front of him or her? **IF YES, ASK:** Did you take it?	YES, I TOOK IT . . . . . 1 YES, BUT I DID NOT TAKE . . 2 NO, PROVIDER DID NOT ASK 3	→ 117
115	ASK TO SEE THE CLIENT'S ANTI-MALARIAL TABLETS.	SAW PILLS . . . . . 1 SAW PRESCRIPTION . . . . . 2 NO PILLS OR PRESC SEEN 3	
116	Did a provider explain to you how to take the anti-malarial tablets?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
117	Do you own an ITN, that is a net that has been treated with a chemical to protect you from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
118	Did you sleep under an ITN last night?	YES . . . . . 1 NO 2	
119	During this visit or previous visit, did a provider offer you an ITN free of charge or offer to sell you one? IF THERE IS AN INDICATION THAT THE CLIENT WILL PICK UP OR BUY THE ITN ELSEWHERE WITHIN THE FACILITY, THAT COUNTS AS PROVIDER GIVING OR CLIENT PURCHASING FROM PROVIDER	YES, OFFERED FREE THIS VISIT . . . . . 1 YES OFFERED FREE PREVIOUS VISIT . . . . . 2 YES, OFFERED TO SELL THIS VISIT . . . . . 3 YES, OFFERED TO SELL PREVIOUS VISIT . . . . . 4 NO, NOT OFFERED 5	
120	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	
121	Have you ever received a tetanus toxoid (TT) injection, including one you may have received today? **IF YES, ASK:** 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	
122	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	
123	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 GLOVES . . . . . E COTTON WOOL . . . . . F CLOTHS FOR BABY . . . . . G OTHER_____X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
124	Do you have money set aside for the delivery? IF YES, PROBE: Is the money enough?	YES, ENOUGH . . . . . 1 YES, BUT NOT ENOUGH . . . . 2 NO 3	
125	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	→ 129 → 129
126	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	
127	What did the provider advise you to do if you experienced any of the danger 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)	
128	Do you know any danger signs during/after delivery? IF YES: What danger signs do you know?	BLEEDING . . . . . A FEVER . . . . . B GENITAL INJURIES . . . . . C OTHER _____ X (SPECIFY) NONE . . . . . Y	
129	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	
130	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	→ 132 → 132
131	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	
132	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	
133	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) DON'T KNOW 8	
134	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? IF CLIENT ARRIVED AT THE FACILITY BEFORE FACILITY OFFICIALLY OPENED, THAT TIME DOES NOT COUNT AS WAITING TIME	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	

NO.			LARGE	SMALL	NO PROB-LEM	DK
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.					
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 . . . . . ☐☐ DON'T KNOW 98	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school? **IF YES, ASK:** Was your schooling formal or informal?	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO SCHOOLING 3	 → 306 → 306
304	What is the highest level of school you attended?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TERTIARY . . . . . 3 UNIVERSITY 4	
305	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
	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 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			

S

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	Registered Midwife	13
Medical Officer	08	Comprehensive Nurse	14
Clinical Officer	09	Public Health Nurse	15
Enrolled Nurse	10	Nursing Assistant	16
Enrolled Midwife	11	Nursing Aide	17
Registered Nurse	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 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 → 14
10	Good for up to 12 years				
11	Should return to the clinic 3-6 weeks post insertion or after first menses				
12	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting, or mild abdominal cramps)	1	2	8	
13	Should return to clinic if side effectss continue	1	2	8	
	SPERMICIDE/FOAM				5 → 16
14	May cause irritation	1	2	8	
15	Insert before each occurrence of intercourse	1	2	8	
	IMPLANT				5 → 20
16	Good for 3-5 years (Implanon-3 yrs, Jadelle-5 yrs)	1	2	8	
17	Changes that may occur with menstruation (irregular bleeding, spotting)	1	2	8	
18	Initial side effects that may occur (nausea, weight gain, and breast tenderness)	1	2	8	
19	Should return to clinic if side effectss continue	1	2	8	
	RHYTHM METHOD or PERIODIC ABSTINENCE				5 → 22
20	How to identify a woman's fertile period	1	2	8	
21	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 → 25
22	Slight risk of pregnancy during the time shortly before menstruation resumes	1	2	8	
23	Most effective with "exclusive breastfeeding" without menstruation	1	2	8	
24	Not effective after menstruation begins again	1	2	8	
	VASECTOMY				5 → 30
25	Partner is protected from pregnancy after 3 months	1	2	8	
26	Use of a back-up method for the next 3 months	1	2	8	
27	Procedure intended to be permanent; slight risk of failure	1	2	8	
28	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	1	2	8	
29	Should return to clinic if experience warning signs	1	2	8	
	FEMALE STERILIZATION				5 → 34
30	Protect from pregnancy immediately	1	2	8	
31	Procedure intended to be permanent, slight risk of failure	1	2	8	
32	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	1	2	8	
33	Should return to clinic if experience warning sign	1	2	8	
	EMERGENCY CONTRACEPTION				5 →111
34	If vomit within 2 hours, need another dose	1	2	8	
35	If next period is unusually light or fails to occur within 4 weeks, return for pregnancy check	1	2	8	
36	First dose to be taken within 72 hours of contact	1	2	8	
37	Second dose should be taken 12 hours after first dose	1	2	8	
38	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, IMPLANT OR MALE OR FEMALE STERILIZATION.	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 OFFICER . . . . . 08 CLINICAL OFFICER . . . . . 09 ENROLLED NURSE . . . . . 10 ENROLLED MIDWIFE . . . . . 11 REGISTERED NURSE . . . . . 12 REGISTERED MIDWIFE . . . . 13 COMPREHENSIVE NURSE . . 14 PUBLIC HEALTH NURSE . . . . 15 NURSING ASSISTANT . . . . . 16 NURSING AIDE . . . . . 17 OTHER_____ 96 (SPECIFY)	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION OR PROCEDURE.	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 MALE STERILIZATION . . . . . E FEMALE STERILIZATION . . . F	

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/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	5
05	USE STERILIZED OR HIGH LEVEL DISINFECTED INSTRUMENTS	STERILIZED/HLD INSTRUMENTS	1	2	5
06	WASH HIS/HER HANDS WITH SOAP AND RUNNING WATER BEFORE PUTTING ON GLOVES.	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 WITH SOAP AND RUNNING WATER 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/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 AND RUNNING WATER BEFORE PUTTING ON GLOVES	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 WITH SOAP AND RUNNING WATER 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 CLIENT TOLD THAT IUD IS GOOD FOR UP TO 12 YEARS?	GOOD FOR UP TO 12 YEARS	1	2	5	

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO	
			YES	NO	NA
21	WAS CLIENT INSTRUCTED TO RETURN TO THE CLINIC 3 TO 6 WEEKS POST INSERTION OR AFTER FIRST MENSES?	INSTRUCTED TO RETURN IN 3 TO 6 WEEKS	1	2	5
22	WAS THE CLIENT INSTRUCTED TO REGULARLY CHECK THE STRING AFTER MENSTRUATION?	INSTRUCTED CHECK STRING	1	2	5
23	WAS THE CLIENT TOLD THAT SHE MAY EXPERIENCE SIDE EFFECTS? (HEAVY BLEEDING FOR 1ST FEW MONTHS, SPOTTING, OR MILD ABDOMINAL CRAMPS?)	TOLD ABOUT SIDE EFFECTS	1	2	5
24	WAS THE CLIENT INSTRUCTED TO RETURN TO THE CLINIC IF SIDE EFFECTS CONTINUED?	RETURN TO CLINIC	1	2	5
25	WAS THE CLIENT PROVIDED WITH A CARD STATING THE DATE IUD WAS INSERTED AND THE FOLLOW-UP DATE?	CARD PROVIDED	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 and running water before giving the injection	WASHED HANDS	1	2	
05	Prepare injection in area with clean table or tray to set items on	PREPARE IN CLEAN LOCATION	1	2	
06	(**If using reusables**) Use newly reprocessed needle and syringe	USE NEW/CLEAN NEEDLE	1	2	5
07	**(If using disposables)** Use new syringe and needle from a sterile sealed pack	USE NEW/CLEAN NEEDLE	1	2	5
08	Saw the provider open the new packet with syringe and needle	SAW OPEN PACKET	1	2	5
09	Remove needle from multiple dose vial each time	REMOVE NEEDLE	1	2	5
10	Stir or mix the bottle *before* drawing dose (DEPO)	STIR BOTTLE	1	2	5
11	Clean and air-dry the injection site *before* injection	CLEAN AND AIR-DRY THE SITE	1	2	
12	Draw back plunger *before* giving injection	DRAW BACK PLUNGER	1	2	
13	Allow dose to self-disperse instead of massaging the site	NO MASSAGE	1	2	
14	Use scoop technique to recap needle	SCOOP TECHNIQUE	1	2	
15	Recap needle using two hands	TWO-HAND RECAP	1	2	
16	Did not recap needle	NO RECAP	1	2	
17	Immediately dispose of sharps in puncture-resistant safety container or remove needle with needle cutter/puller and dispose of syringe in safety container that is not overflowing or pierced or broken	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 and running, water before wearing gloves	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 with soap and running water *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
24	WAS THE CLIENT INSTRUCTED TO RETURN TO THE CLINIC IF SIDE EFFECTS CONTINUED?	RETURN TO CLINIC	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 PROGESTIN (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/REF) FOR. IF THE CLIENT IS CONTINUING USING A METHOD IN **Q106** 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/REF 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 PROGESTIN (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 ***[SKIP TO 201 ONLY IF BOTH "Z" ARE CIRCLED, IE, NO METHOD EITHER RECEIVED OR PRESCRIBED]. OTHERWISE 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(S) 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 are the common side effects of an IUD?	HEAVY BLEEDING 1ST FEW MONTHS, SPOTTING OR CRAMPING . . . . . 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)	At what point is your partner protected against pregnancy?	AFTER 3 MONTHS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
13	Female sterilization	After you have been sterilized, for how long are you protected against pregnancy?	Intended to be permanent; only slight risk or failure 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 . . . . . ☐☐ DON'T KNOW 98	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school? **IF YES, ASK:** Was your schooling formal or informal?	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO SCHOOLING 3	 → 306 → 306
304	What is the highest level of school you attended?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TERTIARY . . . . . 3 UNIVERSITY 4	
305	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
	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 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 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	Registered Midwife	13
Medical Officer	08	Comprehensive Nurse	14
Clinical Officer	09	Public Health Nurse	15
Enrolled Nurse	10	Nursing Assistant	16
Enrolled Midwife	11	Nursing Aide	17
Registered Nurse	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 able or 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) using a timer	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
		YES	NO	DK		
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	YES	NO	DK		
01	Give a written prescription during consultation	1	2	8		
02	Provide oral medication during consultation	1	2	8		
	DID THE PROVIDER EXPLAIN:					
03	How much of the medicine to take each time **(dose)**	1	2	8		
04	How many times each day the medicine should be taken **(frequency)**	1	2	8		
05	How many days the medicine should be taken **(duration)**	1	2	8		
06	Ask the caretaker to repeat the instructions for the medications	1	2	8		
07	Give the first dose of the oral treatment	1	2	8		

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 MILD	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 (DIAGNOSED BY SYMPTOMS)	1	2	3	4	8
	2) MALARIA (DIAGNOSED BY MICROSCOPY IN LAB)	1	2	3	4	8
	3) MALARIA (DIAGNOSED BY RDT AT SITE)	1	2	3	4	8
	4) 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	TREATMENTS GIVEN OR PRESCRIBED	1 2→217 8→217	
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) CO-TRIMOXAZOLE TABLETS	1 2 8	
	5) CO-TRIMOXAZOLE SYRUP	1 2 8	
	6) AMOXICILLIN CAPSULES	1 2 8	
	7) AMOXICILLIN SYRUP	1 2 8	
	8) OTHER ANTIBIOTIC TABLET/SYRUP	1 2 8	
	9) PARACETAMOL	1 2 8	
	10) ZINC (for Diarrhea) (SPECIFY DOSE in mg) ☐☐☐☐	1 2 8	
	11) VITAMINS	1 2 8	
	12) COUGH SYRUPS/OTHER MEDICATION FOR SYMPTOMATIC TREATMENT	1 2 8	
212	**RESPIRATORY**		
	1) NEBULIZER 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 OR FANSIDAR (SP) OR ARTEMETHER	1 2 8	
	2) INJECTABLE CHLOROQUINE	1 2 8	
	3) OTHER INJECTABLE ANTIMALARIAL	1 2 8	
	4) ORAL COARTEM (ARTEMETHER + LUMEFANTRINE)	1 2 8	
	5) ORAL ARTESUNATE + AMODIAQUINE	1 2 8	
	6) ORAL ARTESUNATE + FANSIDAR (SP)	1 2 8	
	7) ORAL ARTESUNATE + MEFLOQUINE	1 2 8	
	8) ORAL AMODIAQUINE + FANSIDAR (SP)	1 2 8	
	9) ORAL ARTESUNATE	1 2 8	
	10) ORAL FANSIDAR	1 2 8	
	11 ORAL AMODIAQUINE	1 2 8	
	12) ORAL CHLOROQUINE	1 2 8	
	13) HOMAPAK	1 2 8	
	14) 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?	YES . . . . . 1 REFERRED FOR IMMINIZATION 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 . . . . . ☐☐ DON'T KNOW 98	
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	1 / 2	
02	Diarrhea	1 / 2	
03	Fever/body hotness at home	1 / 2	
04	Vomiting everything	1 / 2	
05	Feeding problems	1 / 2	
06	Convulsions	1 / 2	
07	Excessive 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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	Has [NAME] been brought to this facility before for this same sickness or illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 110 → 110
109	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 4	 → 126

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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	
117	DOES THE CARETAKER HAVE OBSERVED ANTIMALARIA MEDICATIONS? IF YES, INDICATE IF LEAVING WITH FULL TREATMENT	YES, FULL TREATMENT . . . 1 YES, PARTIAL TREATMENT . 2 NO . . . . . 3 DON'T KNOW 8	→ 120
118	EXPLAIN: I want to ask you specifically about this medicine (SHOW ANTIMALARIAL DRUG). Do you know what this medicine is for?	MENTIONS MALARIA . . . . . 1 MENTIONS FEVER . . . . . 2 MENTIONS BOTH FOR MALARIA AND FEVER . . . 3 NO (OR WRONG) RESPONSE 4	
119	Can you tell me how you will give this medicine? What I want to know is how much you will give each time, how many times each day you will give the medicine, and finally, how many days in total, you will give the medicine. INTERVIEWER CHECK RESPONSE AGAINST COUNTRY ADAPTED NOTE	CORRECT RESPONSE . . . . . 1 INCORRECT RESPONSE . . . 2 DON'T KNOW 8	
120	DOES THE CARETAKER HAVE OTHER MEDICINES THAT THE CHILD IS TO TAKE AT HOME?	YES . . . . . 1 NO 2	→ 126
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
122	Do you feel confident that you know ***how much*** of each medication to give [NAME] each day? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
123	Do you feel confident that you know ***how many times each day (or how often)*** to give each medicine? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
124	Do you feel comfortable or confident that you know ***for how many days*** to give each medicine? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	Has [NAME] been given a dose of any of these medications here at the facility already?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
126	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	
	CHECK THE ABOVE QUESTIONS (119, 121, 122, 123 AND 124). IF THE CARETAKER DID NOT KNOW HOW TO GIVE THE MEDICINES (RESPONSE '2' OR '8') SUGGEST THE CARETAKER RETURN TO THE PROVIDER OR THE PHARMACY FOR CLARIFICATION ON HOW TO GIVE THE MEDICINES.		
127	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, ONLY OTHER FOODS & LIQUIDS . . 5 DON'T KNOW 8	
128	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES, TYPE ONLY . . . . . 1 YES, AMOUNT ONLY . . . . . 2 YES, BOTH TYPE & AMOUNT 3 NO . . . . . 4 CANNOT REMEMBER 8	
129	Did anyone at the health facility weigh [NAME] today?	YES . . . . . 1 NO 2	
130	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES . . . . . 1 NO 2	
131	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	
132	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	
133	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	
134	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
135	Was [NAME] given a vaccination today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
136	Do you have [NAME]'s vaccination card with you?	YES . . . . . 1 NO 2	→ 139
137	ASK TO SEE THE CHILD'S VACCINATION CARD. INDICATE WHETHER THE RECORD SHOWS THAT THE CHILD WAS VACCINATED TODAY.	YES . . . . . 1 NO 2	

138 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→ b NO OR NO RECORD . . 2→ 02	
02	BCG	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 03	
03	POLIO-1	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 04	
04	POLIO-2	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 05	
05	POLIO-3	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 06	
06	DPT-HB + Hib-1	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 07	
07	DPT-HB + Hib-2	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 08	
08	DPT-HB + Hib-3	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 09	
09	MEASLES	YES . . . . . 1→ b NO OR NO RECORD . . 2→ 139	

139	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	→ 141

140		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	

141	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 services for sick children.		
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 . . . . . ☐☐ DON'T KNOW 98	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school? **IF YES, ASK:** Was your schooling formal or informal?	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO SCHOOLING 3	 → 306 → 306
304	What is the highest level of school you attended?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TERTIARY . . . . . 3 UNIVERSITY 4	
305	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
	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 Sick Child Observation

Date | | | | | | | | | | FAC #

DAY MONTH YEAR

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 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	Registered Midwife . . .	13
Medical Officer	08	Comprehensive Nurse	14
Clinical Officer	09	Public Health Nurs	15
Enrolled Nurse	10	Nursing Assistant	16
Enrolled Midwife	11	Nursing Aide	17
Registered Nurse	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	
10	Obtain client's consent for examination prior to conducting examination.	OBTAIN CONSENT	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	
17	Obtain client's consent for examination prior to conducting examination.	OBTAIN CONSENT	1	2	8		
18	Have an assistant of the same sex as client present during examination	SAME-SEX ASSISTANT	1	2	8		
110	RECORD WHETHER A SPECIMEN WAS TAKEN OR A LABORATORY TEST 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		

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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	
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	
07	Genital herpes	1 2 8	
08	Gonorrhea	1 2 8	
09	Syphilis	1 2 8	
10	Chancroid	1 2 8	
11	Non-specific vaginal discharge	1 2 8	
12	Non-specific urethral discharge/urethritis	1 2 8	
13	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	
07	ERYTHROMYCIN, ORAL	1 ☐☐☐☐☐☐☐☐ 2	
08	FAMCICLOVIR, ORAL	1 ☐☐☐☐☐☐☐☐ 2	
09	METRONIDAZOLE, ORAL	1 ☐☐☐☐☐☐☐☐ 2	
10	MICONAZOLE, PESSARIES	1 ☐☐☐☐☐☐☐☐ 2	
11	NYSTATIN, PESSARIES	1 ☐☐☐☐☐☐☐☐ 2	
12	NYSTATIN, ORAL	1 ☐☐☐☐☐☐☐☐ 2	
13	PENICILLIN, BENZATHINE INJ	1 ☐☐☐☐☐☐☐☐ 2	
14	SPECTINOMYCIN, INJ	1 ☐☐☐☐☐☐☐☐ 2	
15	OTHER _____ SPECIFY ALL OTHER TREATMENTS	1 ☐☐☐☐☐☐☐☐ 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	WAS A PRESCRIPTION WRITTEN FOR CONDOMS, OR WERE CONDOMS OFFERED TO THE CLIENT?	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 illness 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 . . . . . ☐☐ DON'T KNOW 98	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school? **IF YES, ASK:** Was your schooling formal or informal?	YES, FORMAL . . . . . 1 YES, INFORMAL . . . . . 2 NO SCHOOLING 3	 → 306 → 306
304	What is the highest level of school you attended?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 TERTIARY . . . . . 3 UNIVERSITY 4	
305	What is the highest grade you completed at that level?	GRADE . . . . . ☐☐	
	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 [ ][ ] [ ][ ] [ ][ ][ ][ ] FAC # [ ][ ][ ]

DAY MONTH YEAR

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				
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 Injections

1. Facility Identification

Name of the facility: _____ QTYPE . . . . . O I N

Location of the facility: _____

FACILITY NUMBER . . . . . ☐☐☐

2. Provider Information

Provider category:

Consultant	01	Registered Midwife	13
Medical Officer	08	Comprehensive Nurse	14
Clinical Officer	09	Public Health Nurs	15
Enrolled Nurse	10	Nursing Assistant	16
Enrolled Midwife	11	Nursing Aide	17
Registered Nurse	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 Injections

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE PROCEDURE, 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 injection procedure for this client in order to understand how injections 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. 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	WHAT IS THE AGE OF THE CLIENT?	UNDER 5 YEARS OLD . . . . . 1 OVER 5 YEARS OLD . . . . . 2 DON'T KNOW 8				
104	WHAT TYPE OF INJECTION WAS IT?	THERAPEUTIC . . . . . 1 IMMUNIZATION . . . . . 2 FAMILY PLANNING . . . . . 3 DON'T KNOW 8				
105	WHAT WAS THE MODE OF DELIVERY?	INTRAMUSCULAR . . . . . 1 INTRAVENOUS . . . . . 2 SUBCUTANEOUS . . . . . 3 INTRADERMAL 4 DON'T KNOW 8				
106	WHO PROVIDED THE SYRINGE AND NEEDLE?	FACILITY PROVIDED FREE . . . 1 FACILITY PROVIDED AT A COST . . . . . 2 CLIENT PROVIDED . . . . . 3 DON'T KNOW 8				
107	WAS IT AN AUTO-DISABLE SYRINGE AND NEEDLE?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				
108	**DID THE PROVIDER DO ANY OF THE FOLLOWING WHILE GIVING THE INJECTION?**	**YES**	**NO**	**DK**	**NA**	
01	WASH HAND WITH SOAP AND WATER BEFORE THE PROCEDURE?	1	2	8		
02	PREPARE THE INJECTION IN AN AREA WITH CLEAN TABLE OR TRAY TO SET ITEMS ON?	1	2	8		
03	USE NEW SYRINGE AND NEEDLE FROM A STERILE SEALED PACK?	1	2	8		
04	WERE THE SYRINGE AND NEEDLE FROM SEPARATE PACKS?	1	2	8		
05	REMOVE NEEDLE FROM MULTIPLE-DOSE VIAL EACH TIME?	1	2	8	5	
06	CLEAN SKIN WITH ANTISEPTIC?	1	2	8	5	
07	DRAW BACK PLUNGER BEFORE INJECTION?	1	2	8		
08	RECAP NEEDLE?	1	2 → 11	8 → 11		
09	USE SCOOP TECHNIQUE TO RECAP NEEDLE?	1	2	8		
10	USE BOTH HANDS TO RECAP NEEDLE?	1	2	8		
11	IMMEDIATELY DISPOSE OF NEEDLE WITH SYRINGE IN A PUNCTURE RESISTANT SAFETY CONTAINER OR REMOVE NEEDLE WITH A NEEDLE CUTTER/PULLER AND DISPOSE OF SYRINGE IN A SAFETY CONTAINER THAT IS NOT OVERFLOWING, PIERCED OR BROKEN?	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
	DID THE PROVIDER DO ANY OF THE FOLLOWING WHILE GIVING THE INJECTION?	**YES**	**NO**	**DK**	**NA**	
12	WAS THERE ANY RECONSTITUTION OF MEDICINES FOR THIS INJECTION?	1	2 → 14	8 → 14		
13	WAS THE RECONSTITUTION DONE USING NEW STERILE DEVICES, SEPARATE FROM WHAT IS USED FOR THE INJECTION?	1	2	8		
14	IF A GLASS AMPOULE (OR VIAL WITH METAL CAP) WAS USED, DID THE PROVIDER USE A CLEAN BARRIER SUCH AS A SPONGE, COTTON, GAUZE OR FILE TO PROTECT HIS/HER FINGERS WHEN BREAKING THE AMPOULE OR REMOVING THE METAL CAP?	1	2	8	5	
15	DID THE PROVIDER USE, EXPLAIN OR REFER TO ANY COMMUNICATION/IEC MATERIALS WITH THE CLIENT?	1	2	8		
16	ARE THERE REMINDERS, POSTERS OR JOB AIDS POSTED IN THE INJECTION AREA THAT PROMOTE REDUCING THE USE OF INJECTIONS, SAFE INJECTION ADMINISTRATION, OR SAFE DISPOSAL OF USED INJECTION EQUIPMENT?	1	2	8		
109	RECORD THE TIME THE OBSERVATION ENDED					