

Clinic Assessment Guide

Introduction

Pathfinder International's facility assessment tool enables project managers, trainers, supervisors, and others involved in the health management field to collect detailed information on the range and quality of integrated services available at a given facility. This guide is intended primarily as an instrument for conducting facility needs assessments, with the expectations that its application will enable the design of more effective program interventions. In addition to providing essential baseline information, the assessment process facilitates the creation of a quality improvement action plan that helps health facilities to address a broad range of program areas, including policy, operations, and training. Used at regular intervals, program planners will be increasingly able to assess changes and determine the impact of their interventions. Pathfinder has designed the facility assessment tool for use by a team, though it could easily be adapted for individual use.

Determining minimum requirements for a health facility is a difficult task. Given the disparity in contexts and resource availability, no simple mechanism exists with which to evaluate each component that affects the quality of care and services. By helping facilities to assess their needs and the current state of their operations, this guide ultimately encourages the design of interventions aimed at improving the quality of a facility's overall service delivery program.

Client Rights During Facility Assessment¹

In preparation for the assessment, team members should review the following information to ensure that they are respectful of the client's rights throughout her/his clinic visit. Particular emphasis should be placed on the client's right to privacy and confidentiality.

When conducting a physical examination, ensure that it takes place in an environment that protects the client's right to bodily privacy. Remember to obtain the client's permission before having a member of the assessment team observe any procedure. Whether receiving counseling, undergoing a physical examination, or discussing contraceptive services, the client should always be informed about the role of each individual present (e.g. service provider or assessment team member).

The client should understand that s/he has the right to refuse being observed or interviewed. S/he also has the right to refuse to answer specific questions during the interview. Do not reschedule or deny a client's care if s/he does not permit a member of the assessment team to be present.

Discussions among team members about specific client interviews or observations should always take place in private, out of listening range of other staff and clients, and without reference to the client's name.

¹ **Adapted from:** Sullivan, R., R. Magarick, G. Bergthold, A. Blouse, and N. McIntosh. 1995. *Clinical training skills for reproductive health professionals*. Baltimore: JHPIEGO



Organization of Assessment Guide

Each section of this guide begins with a brief introduction as to why a certain topic is important and discusses the procedure for conducting observations and collecting relevant data. Throughout the process, the assessment teams are encouraged to supplement additional information or observations not specifically requested in a particular chart by providing comments and recommendations. Such contributions will provide a clearer understanding of the facility's care and services, enabling the design of more effective interventions and other quality improvement methods.

- I. General Background Information
- II. Client Volume and Range of Integrated Services
- III. Personnel and Supervision
- IV. Recordkeeping & Treatment Protocols
- V. Inventory Assessment
- VI. Training Equipment & Supplies
- VII. Infection Prevention Practices
- VIII. Provider Assessment and Counseling Practices
 - General provider/client guidelines
 - Physical assessment
 - Family planning
 - Antenatal care
 - Postnatal care
 - Infant's first clinic visit
 - Well child care
 - Postabortion care and services
 - HIV/AIDS and STI counseling and services
- IX. Clinic Management

Using This Assessment Tool

Discussing Objectives: Before filling out the individual sections of this guide, it is extremely important for the assessment team to discuss their objectives with facility staff and supervisors. The team leader should clearly explain the purpose of the assessment, emphasizing that it is not to find fault, but to identify potential areas for improvement.

Completing the Guide: Complete only the sections relevant to the facility and services it provides. Sections do not need to be completed in a particular order. For example, if there are clients at the facility, first complete those sections that require client observations. The management section is generally best left until the end.

Data Collection Methods: Using several methods of data collection may allow the team to answer a specific question more effectively, thereby improving the assessment's accuracy. Possible methods include:

- A review of clinic records;
- Interviews with clinic managers and staff;
- Examinations of the clinic layout and environment;
- Client interviews;
- Observations of provider-client interactions;
- Observations of providers' clinical skills, and
- A review of clinic policies and procedures.



Filling out the Data Collection Forms: Before proceeding, begin by determining whether you need a team or an individual to assess a particular facility. In the case of a team, decide who will collect the data for different sections. The following checklist will help guide you through the process:

- For each section, fill in the information requested, using the available ratings. In many cases, the same rating system is used to measure quality, frequency, and quantity.
- Take into account the providers' routines and try to ensure that the data collection process is as unobtrusive as possible.
- Be as objective as possible. If a team is conducting the assessment, it is important that you agree on definitions and ratings before beginning the data collection process.
- Consider timing. Certain sections require clients to be present. Others can be completed in their absence.
- Be flexible. It may be impossible to complete the whole guide at one time. You may have to wait to observe some additional procedures.
- Just observe. Do not discuss procedures with service providers.
- Use your judgement and ask other pertinent questions that may not be included in the assessment tool.
- Use the comments/recommendations column to record additional details. Personal observations often provide the most useful information.

Implementing the Data: Following the assessment, go over the data with facility staff, looking at each section and interpreting the data as a whole.

Discuss the identified strengths and weakness, but always begin by highlighting the former.

Prioritizing Areas for Improvement: After reviewing the results with the staff, begin the process of prioritizing which of the problems are critical and require immediate attention and which can be addressed within a predetermined length of time.

Guide the staff to select at least three areas of improvement that they can immediately address at their level, using their various resources. Problems can be categorized in terms of those that:

- Affect many clients;
- Address client safety;
- Staff view as important;
- Staff recognize as needing to be changed;
- Are important to facility managers, or
- Are related to compliance policies and service delivery guidelines.

One method for prioritizing the problems is to play “the multi-voting game,” where each staff member has only five votes and can assign them individually or all at once depending on how important s/he believes a particular problem to be. After voting on each identified problem, add up all the votes. Prioritize the one with the highest number of votes as the first problem requiring immediate attention. Select the next problem according to which one received the next highest vote and so on (see template on page 48).

Remind the staff that it is not possible to address all of the identified problems at the same time. Rather, make plans to deal with others through periodic meetings and monitoring. Do not tackle too many problems at once, especially those that are incredibly complicated or beyond the facility's direct control.



Developing the Action Plans: For an action plan to be effective, staff must determine what they believe are the root causes of each problem and the appropriate steps for resolving them. A solution based on symptoms will provide only short-term benefits at best and will not address the problem's fundamental cause. Sometimes staff members identify lack of equipment or supplies as problems, but these are not problems themselves, these are the solutions to problems. Creating an Action Plan form will help staff members to visualize and complete the process (see template on page 49).

The following list outlines the basic elements of an action plan designed to address root causes, which includes identifying:

- Problems
- Root Cause(s)
- Interventions/solutions
- Resources
- Person(s) Responsible
- Completion Date

Using a Causal Table will help the staff to determine a problem's root causes. To develop the Table, make three columns, using the one on the left to list the problems. Next, label the middle column "**Why**" and the right column "**Because.**" Inform the staff that you will conduct two brainstorming sessions to determine the problem's root causes. First, ask the staff to discuss the evident or immediate causes of a particular problem. List these under the "**Why**" column. During the second brainstorming session, ask the question "What are the roots of each cause? Are there additional roots behind the roots of each cause?" Write the answers under the "**Because**" column. Ask the why several times to identify the root causes of each problem. This is like peeling back the layers of an onion. End the analysis when the solution becomes apparent or the staff begins to discuss causes over which they have no control (see template on page 48).

Determining the Next Steps: For each cause, discuss a solution or action that is logistically and economically feasible. Potential activities may include providing more comprehensive job descriptions and service delivery guidelines or creating posters and brochures, using job aids, and ensuring that staff are recognized for their work. Additional steps may include conducting in-service updates, offering structured on-the-job training, increasing community involvement, altering the workspace, acquiring needed equipment or supplies, or promoting mass media efforts.

When choosing a particular action with which to proceed, consider the following questions:

- Will it be effective in improving the quality of services?
- Is it feasible?
- Is it affordable and sustainable?
- Are the systems in place to support it?
- Will the client benefit from the intervention?
- Will the clinic manager or supervisor support it?
- Is it the right intervention to solve the problem?

External resources take a long time to become available, if they ever do. For this reason, never accept an action plan in which most of the proposed solutions depend on outside resources. Encourage staff to examine their local resources and find out what, if anything, the community would be willing to contribute.

Identify responsible persons. Encourage all staff to select one or more tasks that s/he could realistically complete, or assign tasks based on the person's ability to accomplish them. Avoid assigning all actions to high-ranking staff.



Clinic Assessment

I. General Background Information

This section provides general information about the facility and details the assessment process.

Date of Visit: _____

Name of Facility: _____

Location: _____

Type of Facility: MOH _____ NGO _____ Private _____ Other _____

Level of Facility: _____ (Dispensary, Clinic, Health Center, Hospital)

Number of Rooms: Total _____ Waiting Room _____ Examination Room _____ Laboratory _____ Other _____

Staff Interviewed (Name and Position): _____

Person/People Conducting Interviews and Observations: _____



II. Client Volume and Range of Integrated Services

This section gathers information on client volume and the range of services provided at a particular facility, thereby helping to determine the quality of care. While some facilities may initially offer only a limited number of services, expanding the range is an important aspect of improving quality, especially if the services are not available in other nearby facilities. Mapping services offered in the area will help determine the need for program expansion. In order to maintain and improve quality, providers should also be experienced in delivering all the services offered by the facility and be capable of performing as many of those that are appropriate for their training level. Additional training should be made available if need be, and a minimum of at least one staff member trained in providing family planning services and in responding to obstetric, pediatric, and medical emergencies should be on-call 24 hours a day, seven days a week.

Using the facility record books, document the following service-related statistics for three months and record an average for a one-month period. Note any additional comments or recommended actions, such as the quality of data collection systems.

Services Offered	No. of Clients	Comments / Recommendations
Family Planning		
Combined oral pill		
Progestin-only pill		
Injectables (DMPA-Noristerat, Cyclofem)		
Intrauterine device (IUD)		
Lactational amenorrhea method (LAM)		
Male condoms		
Female condoms		
Foaming tablets		
Norplant		



Services Offered	No. of Clients	Comments/Recommendations
Family Planning (cont'd)		
Sterilization (female)		
Sterilization (male)		
Emergency contraceptive pill (ECP)		
Counseling for family planning		
Reproductive Health		
Counseling for STIs and reproductive tract infection (RTI)		
Treatment for STI/RTI		
PAP Smear/screening for cervical cancer		
Screening for breast cancer		
Pregnancy test		
Treatment of incomplete abortion		



Services Offered	No. of Clients	Comments/Recommendations
Maternal and Child Health		
Antenatal care		
Deliveries (vaginal and cesarean section)		
Postpartum care		
Infant health care		
Growth monitoring/well baby examination		
Immunizations		
Treatment for infectious diseases (specify)		
Postpartum Family Planning		
Combined oral pill		
Progestin-only pill		
Injectables		
Postpartum IUD		



Services Offered	No. of Clients	Comments / Recommendations
Postpartum		
LAM		
Male condoms		
Female condoms		
Sterilization (Female)		
Sterilization (Male)		
Norplant		
HIV/AIDS		
Voluntary counseling and testing (VCT)		
HIV care and support		
Treatment for opportunistic infections		
Antiretroviral therapy (ARV)		
Laboratory facilities		
Prevention of mother-to-child transmission (PMTCT)		



Services Offered	No. of Clients	Comments / Recommendations
Referrals		
Provided for each of the following service categories: Family Planning Reproductive Health Maternal and Child Health Postpartum HIV/AIDS		
From other community-based distribution of services		
From other health facilities		
From other units within the same facility		
To other health facilities		
To other units within the same facility		

III. Personnel and Supervision

This section gathers information on the staff providing services at the facility and their training level. In order to provide good quality services, facilities must have staff that can cover all or most aspects of integrated care.

List all personnel involved in the provision of services and the training they have received, using the codes beneath the table. (Common staff titles include managers, midwives, doctors, nurses, counselors, and laboratory technicians; however, some facilities or health systems may use different terms. Record the title used by the facility staff.) Document if the individual is available off hours to provide family planning counseling for postabortion care and to respond to obstetric, pediatric and medical emergencies.



Name	Title/Position	Type of Training	Duration of Training	Training Agency and Date	Available for emergency services? (Y/N)

- | | | | |
|-----------------------------------|-----------------------------------|--|---------------------------------|
| 1= IUD (Interval) | 9= Manual Vacuum Aspiration (MVA) | 17= Well Baby Care / Growth Monitoring | 25= PMTCT |
| 2= IUD (Postpartum/ Postabortion) | 10= Norplant | 18= Life Saving Skills | 26= ARV Therapy |
| 3= Vasectomy | 11= Injectables | 19= Counseling | 27= Opportunistic Infections |
| 4= Minilap (Interval) | 12= Oral Contraceptives | 20= Training of Trainers | 28= Referrals |
| 5= Minilap (Postpartum) | 13= Male Condoms | 21= Supervision | 29= Laboratory Training |
| 6= Postabortion Care (PAC) | 14= Female Condoms | 22= Management | 30= Home-Based Care and Support |
| 7= LAM | 15= Tablets/Foam | 23= Prenatal/Postnatal Care | 31= Others (specify) |
| 8= RTIs/STIs | 16= Infection Prevention | 24= ECP | |

IV. Recordkeeping and Treatment Protocols

This section provides information on how the facility keeps track of the services provided to its clients and whether it sufficiently adheres to its predetermined treatment protocols and guidelines. Maintaining accurate and complete client and service records is important, in order to assess the client’s health against her/his medical history. Client records should be stored in such a way that they are easily accessible and they should include information on complications and deaths. Treatment protocols must be periodically reviewed to ensure that they are up-to-date, accurate, and representative of national standards, such as the essential drug list.

Review the facility’s recordkeeping system and rate it with the preprinted scale listed underneath the table. If there is additional information you wish to include, such as potential improvements, note it in the “Comments/Recommendations” column.

Recordkeeping	Rating	Comments / Recommendations
General		
Is there a staff member available to do data entry?		
Is a client’s medical record used in the clinic?		
Does the client receive a card to record scheduled appointments?		
Is there a system for filing and retrieving client records?		
Is there a system for filing and retrieving client records?		
Informed consent form		
Medical history		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Recordkeeping	Rating	Comments / Recommendations
General (cont'd)		
Physical examination		
Record of counseling session		
Number of drugs and/or contraceptives given		
Referral form		
Registration Book		
Is the collected data reviewed and analyzed? If so, by whom?		
Are service trends reported back to key hospital staff?		
Are complications related to drug or contraceptive use reported? If "Yes", where?		
Postpartum: Do the forms contain accurate and complete information on the following?		
Delivery record		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Recordkeeping	Rating	Comments / Recommendations
Postpartum: Do the forms contain accurate and complete information on the following?		
Post operation monitoring		
Record of counseling session		
Antenatal Care: Do the forms contain accurate and complete information on the following?		
Obstetric history		
Delivery history		
Physical examination		
Weight		
Blood pressure		
Results of lab tests		
Medication given		
Referral		
Counseling given		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Recordkeeping	Rating	Comments / Recommendations
Well Baby Visits: Does the infant record contain accurate and complete information on the following?		
Delivery history		
Physical examination		
Weight/growth monitoring		
Immunization		
Illness history (please specify)		
Treatment		
Treatment Protocols: Are treatment protocols and/or clinical guidelines available and used for the following services?		
Contraception		
Emergency contraception		
Pregnancy counseling and testing		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Recordkeeping	Rating	Comments/Recommendations
Treatment protocols: Are treatment protocols and/or clinical guidelines available and used for the following services?		
Labor and delivery care		
Prenatal and postnatal care		
Postabortion care		
Syndromic management of STIs		
Tuberculosis (Directly Observed Therapy Short-course)		
Rehydration therapy		
Voluntary Counseling and Testing		
Integrated management of childhood diseases (IMCI)		
Management of other infectious diseases		
Infection prevention practices		
PMTCT		
HIV outpatient and inpatient		

1= Poor or rarely/never

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



V. Inventory Assessment

This section offers information on the physical aspects of the facility, such as those designated for services, utilities, equipment, supplies, and commodities. Whenever possible, facilities should have dedicated spaces or rooms for a waiting area, private counseling area, private examination room, operating room, recovery area, training room, a room for processing contaminated instruments, and an appropriate method for disposing of medical waste. Facilities should also have certain basic amenities such as electricity, running water, adequate lighting, and functioning sinks and toilets. Procedures and facilities for storing commodities and medical supplies must be adequate.

Recognizing that wide variations in context and available resources lead not only to significant differences in physical structures, utilities, and equipment, but also to the accompanying challenges, it is particularly important to include comments and observations in this section. For example, if a facility has no running water, note how it carries out instrument cleaning and handwashing; if there is no electricity, list alternative light sources used. Use the scale listed underneath the table to rate the facility's physical and material quality. If any of the rooms need renovating, specify the particular problems in the chart's "Comments/Recommendations" column.

Inventory Assessment	Rating	Comments/Recommendations
Room/Area		
Separate room for equipment processing		
An appropriate place for medical waste disposal		
Multi-purpose operating room		
Isolated operating room for voluntary surgical contraception (VSC) or PAC		
Recovery area		
Laboratory		

0= Not present 1= Inadequate, needs renovation 2= Adequate 3= Good N/A= Not applicable N/O= Not observed



Inventory Assessment	Rating	Comments/Recommendations
Room/Area		
Training room		
Waiting room area with seating for all clients		
Waiting area protected from rain		
Private counseling area		
Private examination room		
Availability and visibility of information, education, and communication (IEC) materials		
Storage facility protected from: Rain Sunshine Rats and pests		
Covered storage space for contraceptives		

0= Not present 1= Inadequate, needs renovation 2= Adequate facility 3= Good facility N/A= Not applicable N/O= Not observed



Inventory Assessment	Rating	Comments/Recommendations
Utilities		
Electricity		
Running water		
Functioning sink in examination room/area		
An adequate supply of water		
Toilet for clients		
Adequate lighting		
Telephone		
Sign with clinic hours		
Signs directing clients to services inside clinic		
Equipment		
Instruments for decontamination		

0= Not present 1= Inadequate, needs renovation 2= Adequate 3= Good N/A= Not applicable N/O= Not observed



Inventory Assessment	Rating	Comments/Recommendations
Equipment		
Supplies for cleaning instruments		
Hot air oven or autoclave		
IUD insertion/removal kits		
Norplant implant insertion/removal kits		
MVA equipment		
Minilap kit		
Vasectomy kit		
Instrument trays and tables		
Operating room light		
Sphygomanometer		

0= Not present

1= Inadequate, needs renovation

2= Adequate

3= Good

N/A= Not applicable

N/O= Not observed



Inventory Assessment	Rating	Comments/Recommendations
Equipment		
Stethoscope		
Gooseneck lamp		
Chairs for counseling		
Revolving stool		
Screens (for privacy)		
Linens		
Drapes		
Gloves		
Safe needles and syringes, or adequate disposal		

0= Not present 1= Inadequate, needs renovation 2= Adequate 3= Good N/A= Not applicable N/O= Not observed



Inventory Assessment	Rating	Comments/Recommendations
Equipment (cont'd)		
Please note any additional equipment and supplies found or needed		
Are the following systems in place?		
Inventory of equipment and commodities		
Storage system according to commodity expiration dates		
Supplies maintained in good condition		
Expired contraceptives are destroyed		
System for ordering (reordering) supplies		

0= Not present 1= Inadequate, needs renovation 2= Adequate 3= Good N/A= Not applicable N/O= Not observed



It is important to ascertain whether the amount and condition of drug and contraceptive supplies are sufficient to provide services on an ongoing basis. Perform a rough count of the total number of items available in the storeroom, and note the number below, along with any other comments or recommendations. Use the ratings underneath the table to summarize the overall situation. Mark contraceptive stock-outs with a “1” in the appropriate “Rating” box, to indicate an inadequate supply system.

Drug Supplies	Rating	Quantities in Stock	Comments / Recommendations
Have supplies of the following drugs or equivalents run out during the past three months?			
Paracetamol			
Chloroquine			
Iron supplements			
Oral rehydration salts (ORS)			
Other:			
Did supplies of the following run out during the past three months?			
Combined pills			
IUDs			
Male condoms			
Female condoms			

0= None 1= Poor quality, insufficient supply 2= Adequate quality and supply 3= Good quality and supply N/A= Not applicable N/O= Not observed



Drug Supplies	Rating	Quantities in Stock	Comments/Recommendations
Did supplies of the following run out during the past three months?			
Injectables			
Norplant Implants			
Progestin-only pills			
Prepackaged ECPs			
Other:			
Did supplies of the following drugs or equivalents for the syndromic treatment of STIs run out during the past three months?			
Metronidazole			
Doxycycline			
Erythromycin			
Ciprofloxacin			
Spectinomycin			
Benzathine benzylpenicillin			
Clotrimazole			

0= None 1= Poor quality, insufficient supply 2= Adequate quality and supply 3= Good quality and supply N/A= Not applicable N/O= Not observed



Drug Supplies	Rating	Quantities in Stock	Comments / Recommendations
Did supplies of the following drugs or equivalents to prevent and treat opportunistic infections and HIV related diseases run out during the past three months?			
Trimethoprim/Sulfamethoxazole			
Fluconazole/Diflucan			
Isoniazid			
Rifampacin			
Nevirapine			
Other:			

0= None 1= Poor quality, insufficient supply 2= Adequate quality and supply 3= Good quality and supply N/A= Not applicable N/O= Not observed



In the box below, describe the supply flow of drugs and contraceptives. Who supplies them? Is this facility responsible for supplying to other facilities? Identify any problems related to the flow of drugs and contraceptives.

A large, empty rectangular box intended for handwritten or typed responses to the question above.



VI. Training Equipment and Supplies

This section collects information on training equipment. If on-site clinical training is to be provided, the facility should ideally be equipped with items such as overhead and slide projectors, video player, whiteboard or blackboard, and anatomic models that are in good working order. A knowledge- and skills-based training curriculum is also an important component of clinical training.

Training Equipment & Supplies	Quantity	Comments/Recommendations
Training room		
Overhead projector		
Slide projector		
Projection screen		
Television		
VCR		
Videos for training (include variety)		
Black board or white board		
Training curriculum		
Reference material		
Pelvic models		
Handheld uterine models		
Postpartum uterine models		
Breast models		
Penis models		



VII. Infection Prevention Practices

This section provides information on a variety of infection prevention (IP) practices and procedures. The facility should work towards the highest possible standards of infection prevention. The best possible guidelines for infection prevention procedures should be in place, with all contaminated instruments processed according to the established protocol. If infection prevention skills and practices are not observed, the assessment can be made by asking a staff person to demonstrate or describe key IP practices.

Enter the appropriate rating from the scale listed underneath the table. Please note the name of the person observed on this worksheet. Record any additional remarks in the “Comments/Recommendations” column.

Infection Prevention Practices	Rating	Comments/Recommendations
Decontamination		
0.5% chlorine solution is available.		
Instructions for mixing chlorine are present.		
Buckets and solutions are labeled.		
Wears rubber gloves.		
Places all instruments in chlorine solution for 10 minutes immediately following procedure.		
Mixes chlorine solution correctly.		
Wipes down exam table with chlorine between clients.		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



Infection Prevention Practices	Rating	Comments/Recommendations
Instrument Cleaning		
Completely disassembles instruments and/or opens jaws of jointed items.		
Washes all surfaces with soap and water and a brush or cloth until visibly clean.		
Thoroughly cleans serrated edges.		
Rinses all surfaces with clean water.		
Wears rubber gloves.		
Cleaning equipment & supplies available.		
High Level Disinfection (HLD): Boiling		
Completely submerges items in water.		
Starts timing when boiling begins.		
Keeps at rolling boil for 20 minutes.		
Air dries equipment.		
Boiled items removed using HLD forceps.		
Stores items in HLD container.		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



Infection Prevention Practices	Rating	Comments/Recommendations
HLD: Chemical		
Immerses items completely.		
Instruments submerged for 20 minutes.		
Rinses items with boiled water.		
Stores items in HLD container.		
Sterilization: Autoclaving		
Wraps instruments.		
Arranges packs loosely in autoclave.		
Puts holes in drums in open position.		
Sterilizes wrapped items for 30 minutes at 121°C (250°F) and 106 kPa (15lbs/in ²).		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



Task	Rating	Comments/Recomendations
Sterilization: Dry Heat		
Puts loose instruments on trays.		
Beings timing after set temperature has been reached.		
Uses Standard Time/Temperature. 170° C (340° F) - 60 minutes 160° C (320° F) - 120 minutes 150° C (300° F) - 150 minutes 140° C (285° F) - 180 minutes 121° C (250° F) – overnight		
Stores items in a sterile container.		
Sterilization: Chemical		
2% glutaraldehyde freshly made.		
Soaks in covered container 8-10 hours.		
Rinses items with sterile water.		
Stores items in a sterile container.		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



Infection Prevention Practices	Rating	Comments/Recommendations
Asepsis Handwashing		
Soap available.		
Clean towel available.		
Staff wash hands correctly for 15 minutes.		
Staff wash hands between clients.		
Barriers		
Linen is clean.		
Paper or linen is changed between clients.		
Sterile gloves are changed between procedures.		
Exam table is wiped down with chlorine solution at least once daily.		
Gloves are put on properly.		
Gloves are disposed of properly.		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



Infection Prevention Practices	Rating	Comments/Recommendations
Storage and Disposal		
Antiseptic solutions are labeled.		
Used needles and syringes are immediately disposed of in a special container.		
HLD or sterile equipment is stored in a dry sterile or HLD container.		
Pickup forceps are stored in a dry HLD container.		
Handling Specimens		
Clean gloves worn when obtaining or handling specimens.		
Spills of blood or other bodily products are cleaned up immediately with 0.5% chlorine solution.		

0= Never

1= Poor or rarely

2= Average or sometimes

3= Good or routine/always

N/A= Not applicable

N/O= Not observed



VIII. Provider Assessment and Counseling Practices

This section collects information on a provider's clinical skills and their ability to convey information to the client in a clear and concise manner, standard components of providing high quality health care services. Whenever possible, providers are observed conducting a physical examination, counseling on various family planning services and STI/HIV prevention, and providing antenatal, intrapartum, postnatal and infant care. Since some clinic staff may act as trainers and preceptors, their clinical skills must meet certain uniform standards. These are key indicators of technical competence that help to determine whether the staff requires additional training. It is critical that all facilities meet standard counseling guidelines and that staff training programs are available to those requiring ongoing or periodic training. Indicate how well counseling services are provided using the rating system listed underneath the table. Note the name of the person observed on this worksheet.

Provider/client guidelines	Rating	Comments / Recommendations
General		
Visual and auditory privacy is acceptable for counseling.		
Client is greeted in a respectful manner.		
Uses language the client understands.		
Interactive communication between client and provider.		
Discusses a range of health care topics with clients.		
Tailors information to the client's needs.		
Encourages client to ask questions.		

0= Not performed

1 = Poor performance/counsels infrequently

2 = Adequate performance/counsels sometimes

3 = Good performance/counsels routinely

N/A= Not applicable

N/O = Not observed



Provider/Client Guidelines	Rating	Comments/Recommendations
General (cont'd)		
Offers cancer screening (Pap Smears, breast and prostate).		
Explains range of services available at the clinic.		
Uses visual aids to explain medical procedures, general health education and counseling.		
Gives clear and accurate information, especially when client expresses confusion.		
Tells client to return if s/he has any concerns.		
Schedules follow-up appointment as necessary.		
Refers client for methods or procedures not available.		
Physical assessment		
Makes client comfortable and provides feedback during and after the examination.		
Ensures privacy during examination.		



Provider/Client Guidelines	Rating	Comments/Recommendations
Physical assessment (cont'd)		
Follows correct steps in conducting the physical examination.		
Documents abnormal and normal findings in client record.		
Family Planning		
Clearly and accurately records indications or precautions in the client's history and physical examination forms.		
Obtains the client's opinion about contraception and if s/he has a preferred method.		
Asks client information that will help determine suitability of the contraceptive method (age, number of children, birth date of last child, whether she wishes to space or limit pregnancies, and whether she is at risk for STI infections).		
If the client has a preferred contraceptive method, asks what s/he knows about the method and if s/he wants to discuss additional methods that may be suitable for her/him.		

0= Not performed

1 = Poor performance/counsels infrequently

2 = Adequate performance/counsels sometimes

3 = Good performance/counsels routinely

N/A= Not applicable

N/O = Not observed



Provider/Client Guidelines	Rating	Comments/Recommendations
Family Planning (cont'd)		
If the client has no preferred contraceptive method, inform her/him of methods that may be appropriate for her/his needs.		
Provides clear, accurate and concise instructions to the client on the appropriate techniques for using her/his preferred method and the rates of effectiveness.		
Counsels the client about possible side effects and disadvantages of her/his chosen method and on recognizing the warning signs of potential complications.		
Administrative		
Administers a quantity of supplies appropriate for the duration of time before the client's next visit, if s/he meets the medical criteria for using the selected method.		
Instructs the client to return if the supplies run out, if there are any problems, if s/he encounters method failure or exposure to STI/HIV.		
Schedules follow-up visit within period appropriate for the client's preferred method (ie. three months for DMPA).		



Provider/Client Guidelines	Rating	Comments/Recommendations
Administrative (cont'd)		
Documents client visit and records quantity of supplies administered and additional follow-up recommendations.		
Antenatal Care		
Takes the client's obstetric history on the first visit.		
Performs physical exams correctly.		
Monitors and/or measures if all of the following indicators are within normal and acceptable parameters: Weight Blood pressure Fundal height Fetal heart beat Edema Anemia		
Counsels the expecting mother on the following issues: Nutrition Hygiene Breastfeeding Family planning Birth preparedness Newborn care Immunization Relaxation techniques		

0= Not performed 1 = Poor performance/counsels infrequently 2 = Adequate performance/counsels sometimes 3 = Good performance/counsels routinely
N/A= Not applicable N/O = Not observed



Provider/Client Guidelines	Rating	Comments/Recommendations
Antenatal Care (cont'd)		
Administers at least two doses of tetanus toxoid during the antenatal period.		
Labor and Deliveries		
Provides expecting mother with privacy, counseling and support throughout the delivery.		
Offers adequate emergency obstetrics readiness.		
Demonstrates capacity to provide quality emergency care to women transferred in from the community.		
Follows Baby Friendly Hospital Initiative guidelines (see page 50).		
Postnatal Care		
Records the obstetric history correctly, including: Mode of delivery Complications during the antenatal period or delivery Illness since delivery Bleeding since delivery		
Checks status of mother's tetanus toxoid vaccinations.		



Provider/Client Guidelines	Rating	Comments/Recommendations
Postnatal Care (cont'd)		
Conducts physical examination correctly, recording the following: Weight Blood pressure Breast examination Examination of systems (heart, lungs, etc.) Possibility of infections Involution of uterus		
Counsels new mother on the following: Nutrition for baby and mother Exclusive breastfeeding Family planning, birth spacing and resuming sexual activity Immunization (provides timeline and schedules visits) Growth monitoring		
Infant's First Clinic Visit		
Records infant medical history and discusses vaccination schedule.		
Conducts physical examination correctly, including the following: Weight General appearance Examination of systems (heart, lungs, reflexes, etc.)		

0= Not performed
 N/A= Not applicable

1 = Poor performance/counsels infrequently
 N/O = Not observed

2 = Adequate performance/counsels sometimes

3 = Good performance/counsels routinely



Provider/Client Guidelines	Rating	Comments/Recommendations
Infant's First Clinic Visit (cont'd)		
Counsels new mother correctly and includes information on the following: Breastfeeding Nutrition/weening The importance of sunlight Immunizations Growth monitoring		
Administers the BCG vaccine, unless it was done at birth.		
Gives infant of at least six weeks DPT, Hepatitis B and Polio vaccines (in accordance with the national immunization schedule).		
Well Child Care		
Conducts physical examination correctly, verifying that the child has received all of the necessary vaccinations.		
Consults child's medical records.		
Instructs mother on good dietary practices and checks child for deficiency warning signs.		
Instructs mother on proper procedure for recognizing and treating diarrheal diseases, demonstrating how to mix oral rehydration salts.		



Provider/Client Guidelines	Rating	Comments/Recommendations
Well Child Care (cont'd)		
Documents visit and notes the quantity and types of any medications administered.		
Postabortion Care and Services		
Adequately informs client about PAC procedures and pain management choices.		
Offers counseling support and care throughout the PAC visit.		
Ensures adequate pain management.		
Discusses options for postabortion contraception.		
Provides adequate supply of selected method.		
Maintains privacy and confidentiality throughout the visit.		

0= Not performed
N/A= Not applicable

1 = Poor performance/counsels infrequently
N/O = Not observed

2 = Adequate performance/counsels sometimes

3 = Good performance/counsels routinely



Provider/Client Guidelines	Rating	Comments/Recommendations
HIV/AIDS and STI Counseling and Services		
Records the client's STI history and treatment regimens.		
Conducts client risk assessment.		
Discusses risk factors for STI/HIV and methods for preventing exposure.		
Counsels the client on treatment options and possible side effects.		
Offers pre- and post-test counseling to clients wishing to find out their HIV status.		
Facilitates partner notification and testing.		
Schedules follow-up visit.		
Preserves client's anonymity by ensuring that none of the documentation refers to her/his name.		
Instructs clients on other available RH services and provides referrals as needed.		



IX. Facility Management and Supervision

This section provides information on various aspects of clinic management, focusing on those that improve access to and the quality of services, such as job descriptions, service delivery guidelines and treatment protocols, hours of clinic operation, referrals and supervision.

Enter the appropriate rating listed underneath the table. Please remember that observations and remarks are particularly important.

Facility Management and Supervision	Rating	Comments/Recommendations
Organization		
Referral systems		
Management information system (MIS)		
Commodity logistics management system		
Performance appraisal system		
Personnel management system		
Monitoring and evaluation system		
Financial management system		
Administrative procedures are written, available, and followed.		
Facility-operating hours are posted.		
Adequate operating hours and provider coverage to ensure easy access to integrated services.		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Facility management and Supervision	Rating	Comments / Recommendations
Human Resources		
All staff have clearly written job descriptions.		
Compensation policies in place and complied with (e.g. paying staff on time).		
Staff development program in place (guidelines for staff development, promotion or advancement exists).		
Mechanism in place to recognize providers who provide high quality care (incentives, reward and recognition).		
Financial management systems in place and used properly.		
Supervision		
Supervisors provide staff with regular feedback (note how often this occurs).		
Supervisors ensure compliance with standards, guidelines, and protocols (e.g., counseling, informed choice, and consent, and technical requirements).		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Facility Management and Supervision	Rating	Comments/Recommendations
Supervision		
Supervisors periodically review birth records, laboratory records, informed consent forms, complication records, operating room register, medical records and inventory supply forms.		
Supervisory check-ins are well-documented, recording the type of visit (whether to provide technical assistance or to conduct a performance review) and the necessary follow-up.		
Relationship with Community		
Facility outreach and community health workers for IEC, DOTS, and others health outreach and education programs.		
Community involvement in quality of care feedback.		

0= Never

1 = Poor or rarely

2 = Average or sometimes

3 = Good or routinely/always

N/A= Not applicable

N/O= Not observed



Appendix I: Tools for Developing Action Plans

The Multi-Voting Game

List Identified Problems	Staff Member	Staff Member	Staff Member	Staff Member	Total *
Inadequate infection prevention (IP) practices	3	2		4	9
Lack of cold-chain equipment to support immunization services	2	2		1	5
No service protocols and guidelines		1	5		6
Lack of waiting room space					0
Total **	5	5	5	5	

* Problem with the highest number of votes requires immediate action.

** Each staff member's total number of votes cannot exceed five.

The Causal Table

Identified Problem	Why (Immediate Causes)	Because (What are the roots of each cause? Are there additional roots behind the roots of each cause?)
Inadequate IP practices	<ol style="list-style-type: none"> 1. Inadequate knowledge of IP 2. Improper handling and disposal of waste 3. Lack of proper equipment 	<ol style="list-style-type: none"> 1 a. Lack of appropriate IP guidelines b. Lack of qualified trainers for IP c. Lack of funding for training programs 2 a. b. c. 3 a. b. c.



The Action Plan*

Problem	Root Cause	Interventions/ solutions	Resources	Person(s) Responsible	Date of Completion

* After completing the multi-voting game and the causal table, creating an action plan chart will provide a clear and concise method for monitoring your project activities.



Appendix II: **The Baby-Friendly Hospital Initiative (BFHI)**

The BFHI, launched by UNICEF and the WHO, is in an effort to curb infant morbidity and mortality. The program encourages hospitals to become centers for breastfeeding support. According to guidelines, a baby-friendly facility does not accept low-cost infant formulas or bottles; instead, it promotes the following ten steps:

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in the skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and maintain lactation, even if they must be separated from their infants.
- Give newborn infants no food or drink other than breastmilk, unless medically indicated.
- Practice rooming in - that is, allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.



For more information or to find out how to become a Baby-Friendly Hospital, please contact your local UNICEF office or visit their website at <http://www.unicef.org>.

