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PRIMARY HEALTH CARE THESAURUS
VOLUME II
A LIST OF SERVICE AND SUPPORT INDICATORS

PRICOR

PRIMARY HEALTH CARE OPERATIONS RESEARCH

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PREFACE

Much work has been done in recent years to measure the effects and impact of primary health care programs, but little has been done to objectively measure day to day activities and processes. Effect measures, if properly made, tell us whether programs work and which ones work better than others, but they tell us little about the internal operations leading to identified results. As ex post facto measures, moreover, they are of relatively little help in refining daily activities. By the time effect (or lack thereof) is measured, it may be too late to modify program processes. The development of objective indicators for day to day activities is clearly a high priority for the strengthening of primary health care and child survival programs.

> From a systems perspective, the process of service delivery can be viewed as the net result of a large number of individual, potentially observable, activities. On a day to day basis, the opportunities for a manager to improve the cost-effectiveness of a program lie primarily in affecting these individual activities. There is little prospect for improving the performance of an activity when performance itself cannot be measured. To address performance at this level of specificity the activities of service delivery personnel must be defined in measurable terms. (PRICOR Statement of Work)

Under the terms of a cooperative agreement with the Agency for International Development, the Primary Health Care Operations Research (PRICOR) Project has undertaken a major international effort to document and analyze the activities of primary health care programs in developing countries. The objective of this effort is to improve the cost-effectiveness of basic health services, by documenting and analyzing prevailing problems and by applying operations research techniques to resolve them.

PRICOR is attempting to achieve this objective by conducting a series of systematic analyses of primary health care programs in about a dozen countries. Analyses describe in some detail how service delivery personnel carry out the specific tasks that comprise child survival services, and how training, supervision, management information and other systems support these activities. These analyses are primarily based on direct observation of activities at peripheral levels; they measure activities objectively, in quantifiable form, using standardized indicators that may be compared from one program to another. Their net result, a long felt need, will be to redirect analytical attention from outputs, effects, and impacts to processes and to give managers tools for more routine activity monitoring and refinement.

New analytical and measurement techniques are being developed for this on a scale not previously attempted. We are pleased to present the preliminary results of this methodological work in the volume that follows.

THE PRICOR THESAURUS DEFINES PRIMARY HEALTH CARE ACTIVITIES IN MEASURABLE TERMS

This volume contains one of PRICOR's most innovative analytical tools, a Thesaurus of primary health care service delivery and support activities. The Thesaurus contains extensive lists of service delivery activities for oral rehydration therapy, immunizations, prevention and treatment of malaria, treatment of acute respiratory infections, child

spacing, growth monitoring, and maternal health care. It also provides activity lists for planning, training, supervision, community organization, logistics, financial management, and information systems/monitoring/evaluation. The Thesaurus, in brief, covers the routine activities that are the core of primary health care.

The Thesaurus is more than an activity list, however, because it defines activities in measurable form by breaking them down into concrete tasks and subtasks. Activities are detailed to the point needed for construction of quantitative indicators, making it possible to objectively observe and record their performance. The indicators themselves are one of the most important outputs of the Thesaurus development process and have been published in Volume II of this series. Indicators largely reflect direct observation of service delivery and support activities as illustrated by the following example taken from the immunization service delivery activity list:

2.2.2.3 Administer all vaccines with sterile needles

▪	*Are health workers administering vaccines with sterile needles?*
a.	% of observed vaccine injections given with sterile needles **Immunization Encounter Observation**

The Thesaurus, in sum, enumerates and operationally defines service delivery and support activities and provides objectively measurable indicators for them. In doing so, it complements the broad existing literature on program effects and outputs and concentrates on the processes that largely determine effects and outputs. The Thesaurus is, thus, the single most important tool for the programmatic analyses described above.

THE THESAURUS IS SYSTEMATIC BUT NOT EXHAUSTIVE

An important feature of the Thesaurus is that it touches on all significant service delivery and support activities within its frame of reference, including activities that may occur infrequently or be difficult to observe. The reason for comprehensiveness is to ensure that analysts examine parts of the delivery system with which they may be personally unfamiliar and devote due attention to activities that may be underdeveloped. In doing this, the Thesaurus directs attention to the less documented and often forgotten activities that may be critical to effective performance.

The Thesaurus does not, however, attempt to exhaustively enumerate all possible tasks and subtasks for primary health care because such a list would be unmanageably long and would almost certainly obscure the broad system picture. To make the tool manageable, initial activity lists were intensively scrutinized and only those activities thought to be most closely related to program effects retained. Numerous experts, WHO guidelines, and committee reports were consulted; several expert panels were convened to critique and pare down early drafts. Intensive field testing is underway and has already resulted

in major reductions in detail. This process will continue and will be reflected in later versions of the Thesaurus. The goal is to produce a screening tool for program managers and operational staff rather than an exhaustive activity list.

By design, activity definitions presented in the Thesaurus are oriented toward a program in which these services are provided by non-professional health workers or lower-level professionals. The Thesaurus thus concentrates on activities that should be routinely performed by health workers at the most peripheral levels. It also includes support activities that must be carried out by mid-level personnel.

The Thesaurus is designed for international applicability by allowing wide latitude for program variations. Managers can simply use those parts of the Thesaurus that are relevant to their activities. The Thesaurus also allows for policy variations by making certain activity lists very general, leaving details to be added by local analysts.

THE PRICOR THESAURUS IS FOR RESEARCHERS, MANAGERS, AND EVALUATORS

The programmatic analyses that PRICOR has initiated represent a major attempt to document how programs function on a day to day basis and how these activities relate to program effects. They represent a thorough, data-based, effort to learn how we can strengthen programs WHILE THEY ARE UNDERWAY instead of waiting until they are finished. They also move research attention from output and effect indicators, which are already well developed, to process measures which are not. Researchers, managers, and evaluators will all gain from this work.

PRICOR uses the Thesaurus as a research tool (1) to identify problems that require operations research, (2) to identify the strongest correlations between program effects and specific activities, and (3) to permit objective comparisons between programs. The Thesaurus facilitates objective quantification of program activities and research based on such data. Its use will streamline study design and permit accumulation of research findings within a standardized framework.

As it is refined and simplified, the PRICOR Thesaurus will gradually become a management as well as a research tool because it will highlight the activities found to be most closely related to program effects. Simplified versions of the Thesaurus indicators may eventually be used for management information systems as well as for periodic rapid appraisals. While not in any sense a cookbook, its activity lists may help in program design as well.

The Thesaurus, finally, will serve as a valuable evaluation tool outside the context of formal systems analyses. Resulting evaluations will differ from those often conducted in their thoroughness, objectivity, and emphasis on observation of concrete activities. Logically necessary service delivery and support activities will be identified beforehand to ensure that they are looked at (or looked FOR when they are rare or underdeveloped). Guidelines will be provided for managers and evaluators who may not know what to examine in unfamiliar parts of the system. Actual service delivery and support activities will be assessed, not simply the plans for them. Observations will be objectively measured and recorded using standardized indicators that can be compared across programs. Results will be very different from those of traditional evaluation in that they

will be better documented, more thorough and easier to analyze systematically. Systems analysis rationalizes and "hardens" the impressionistic "art" of traditional evaluation and is likely to change the nature of such evaluations in the future.

The field response to systems analyses based on the Thesaurus has been uniformly enthusiastic. Managers have benefited greatly from direct observation of field activities, especially at peripheral levels that they do not normally reach. Researchers have appreciated the thoroughness of observation and documentation. Activities have been measured objectively, rather than impressionistically and subjectively. Problems have been looked at from multiple points of view; problem clusters have quickly emerged even with limited data analysis. Everyone involved has gained understanding of how programs operate and how their various components relate to each other. The effort, though substantial, has proven worthwhile in every country in which PRICOR has worked. We recommend replication by other local and international agencies.

Comments on this series are welcome and may be addressed to:

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Guide to Volume II

The PRICOR Primary Health Care Thesaurus is divided into seven chapters: Immunization; Oral Rehydration Therapy; Malaria; Acute Respiratory Infections; Maternal Health; Child Spacing; and Growth Monitoring/Promotion.

Each chapter has two major sections: service delivery activities; and support activities. Within the secton on support activities, activity lists, indicators, and data sources are presented separately for seven support systems: planning; training; supervision; community organization; logistical support; financial management; and information system, monitoring, and evaluation.

Service delivery and support lists are presented in outline format. Activities are numbered with single-digit arabic numerals. Where applicable, activities are broken down into their component tasks, sub-tasks and sub- sub-tasks; these are numbered with double-, triple- and quadruple-digit arabic numerals respectively.

For selected activities, two additional details follow. The first is a prose question, phrased in general management-oriented language. The second is one or more precisely defined quantitative indicator(s) with a preferred data source. An example taken from the Growth Monitoring/Promotion service delivery list, follows:

2.2 MONITOR CHILDREN'S GROWTH

2.2.1 CALCULATE CHILD'S AGE

- *Do health workers correctly calculate children's ages?*

a. % of children (weighing session attendees) for whom ages are correctly calculated **Weighing Encounter Observation** (growth cards)

2.2.1.1 Record child's birthdate

- *Do health workers record children's birthdates on growth cards?*

a. % of children (weighing session attendees who have growth cards) leaving weighing sessions with birthdates recorded on growth cards **Weighing Encounter Observation** (growth cards)

2.2.1.2 Count the number of months since child's birthmonth and record in appropriate place on card

2.2.2 WEIGH CHILD

2.2.2.1 Set scale to 0

2.2.2.2 Remove child's clothing

2.2.2.3 Place child correctly on scale

2.2.2.4 Read scale indicating child's weight

- *Do health workers correctly read children's weights?*

a. % of children (weighing session attendees) for whom health worker-read weight is within 100 gm. of observer-read weight **Weighing Encounter Observation**

2.2.3 PLOT CHILD'S WEIGHT PER TYPE OF CARD (LOCALLY DETERMINED)

- *Do health workers plot children's ages and weights per standard procedures?*

a. % of children (weighing session attendees) for whom age and weight are plotted per standard procedures **Weighing Encounter Observation** (growth cards)

2.2.3.1 Point child's age on card

2.2.3.2 Point child's weight on card

2.2.4 COUNSEL MOTHER (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING GROWTH MONITORING SESSIONS)

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME II

Immunization Service INDICATORS

Version 1.1
May 1, 1988

CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

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IMMUNIZATION
SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS TO IMMUNIZATION SERVICES

1.1 IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY)

- *Does the service delivery facility maintain records which identify all children under 1 (and/or other age per local policy)?*

a. Presence at the service delivery facility of records which identify all children under 1 (and/or other age per local policy) **Service Delivery Facility Observation** (client records)

1.1.2 SEEK TO IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS AT CLINIC SESSIONS

- *Do health workers seek to identify children under 1 (and/or other age per local policy) needing immunizations at clinic sessions?*

a. % of clinic sessions in which health workers examine children's vaccination cards or question mothers to determine immunizations needed **Session Observation**

1.1.3 SEEK TO IDENTIFY CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS DURING HOME VISITS

- *Do health workers seek to identify children under 1 (and/or other age per local policy) needing immunizations during home visits?*

a. % of home visits (to households with children under 1 (and/or other age per local policy)) in which health workers examine children's vaccination cards or question mothers to determine immunizations needed **Home Visit Observation**

1.2 RECRUIT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS (SEE IMMUNIZATION: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING IMMUNIZATION)

1.3 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

1.3.1 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS AS NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

- *Do health workers direct children under 1 (and/or other age per local policy) identified at clinic sessions as needing immunizations to sources of immunization services?*

a. % of clinic sessions in which mothers of children needing immunizations are told when and where to take their children for needed immunizations **Session Observation**

1.3.2 DIRECT CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS AS NEEDING IMMUNIZATIONS TO SOURCES OF IMMUNIZATION SERVICES

- *Do health workers direct children under 1 (and/or other age per local policy) identified during home visits as needing immunizations to sources of immunization services?*

a. % of home visits (to households with children under 1 (and/or other age per local policy) needing immunizations) in which mothers are told when and where to take their children for needed immunizations **Home Visit Observation**

1.3.3 EXPLAIN WHEN AND WHERE IMMUNIZATIONS ARE PROVIDED DURING GROUP IMMUNIZATION EDUCATION SESSIONS (SEE IMMUNIZATION: SERVICE DELIVERY -- 3.2.1.4 EXPLAIN WHEN AND WHERE IMMUNIZATIONS ARE PROVIDED)

2. PROVIDE IMMUNIZATIONS

- *Do children under 1 (and/or other age per local policy) have access to immunization services?*

a. % of children under 1 (and/or other age per local policy) in the service delivery facility catchment area living within 5 km. of a provider of immunization services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of immunization services per 1000 children under 1 (and/or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of immunization services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility hold planned immunization sessions?*

d. Ratio of the number of immunization sessions held in the last 3 months to the number of sessions planned by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its immunization targets?*

e. Number of immunizations given last year to children under 1 (and/or other age per local policy) per 1000 children under 1 (and/or other age per local policy) in the service delivery facility catchment area by type of vaccine and by vaccine dose (series #) **Service Delivery Facility Document Review**

f. % of immunization targets achieved last year by type of vaccine and by vaccine dose (series #) **Service Delivery Facility Document Review**

- *Is desired immunization program impact being attained in the service delivery facility catchment area?*

g. Number of new cases of vaccine-preventable diseases in children under 1 (and/or other age per local policy) last year per 1000 children under 1 (and/or other age per local policy) in the service delivery facility catchment area by type of disease **Service Delivery Facility Document Review**

2.1 PREPARE VACCINES AND IMMUNIZATION EQUIPMENT AND SUPPLIES

2.1.1 PREPARE VACCINES (SEE IMMUNIZATION: LOGISTIC SUPPORT)

2.1.2 STERILIZE NEEDLES AND SYRINGES

- *Do health workers sterilize needles and syringes per standard procedures?*

a. % of immunization sessions* for which needles and syringes are sterilized per standard procedures **Immunization Session Observation**[1]

2.2 IMMUNIZE CHILDREN

2.2.1 DETERMINE IMMUNIZATIONS REQUIRED

2.2.1.1 Examine child's vaccination card or question mother to determine immunizations required

- *Do health workers examine children's vaccination cards or question mothers to determine immunizations required?*

a. % of children (immunization session attendees) for whom health workers examine vaccination cards or question mothers to determine immunizations required **Immunization Encounter Observation**

*The term "immunization sessions" refers to single-purpose sessions during which immunizations only are provided, to multi-purpose sessions during which services in addition to immunization are provided and to home visits during which immunizations are provided. An immunization session may include single or multiple immunization encounters.

- *What are reasons for non-immunization of immunization session attendees?*

b. % of children (immunization session attendees) not immunized by reason for non-immunization **Immunization Encounter Observation**

2.2.2 ADMINISTER VACCINES

2.2.2.1 Administer recommended doses for all vaccines

2.2.2.2 Use correct administration technique for all vaccines

2.2.2.3 Administer all vaccines with sterile needles

- *Do health workers administer all vaccines with sterile needles?*

a. % of vaccine injections given with sterile needles **Immunization Encounter Observation**

2.2.2.4 Administer all vaccines with sterile syringes

- *Do health workers administer all vaccines with sterile syringes?*

a. % of vaccine injections given with sterile syringes **Immunization Encounter Observation**

2.2.2.5 Protect BCG, polio and measles vaccines from heat and light during use

- *Do health workers protect BCG, polio and measles vaccines from heat and light during use per standard procedures?*

a. % of immunization sessions in which BCG, polio and measles vaccines are protected from heat during use per standard procedures **Immunization Session Observation**[1]

b. % of immunization sessions in which BCG, polio and measles vaccines are protected from light during use per standard procedures **Immunization Session Observation**[1]

2.2.3 COUNSEL MOTHER (SEE IMMUNIZATION: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS)

2.3 RECORD IMMUNIZATION INFORMATION ON VACCINATION CARD

2.3.1 RECORD CHILD'S BIRTHDATE

- *Do health workers record children's birthdates on vaccination cards?*

a. % of children (immunization session attendees who have vaccination cards) leaving immunization sessions with birthdates recorded on vaccination cards **Immunization Encounter Observation** (vaccination cards)

2.3.2 RECORD INFORMATION ON VACCINES ADMINISTERED

- *Do health workers record required information on vaccines administered on vaccination cards?*

a. % of children (who received immunizations and who have vaccination cards) for whom vaccines administered (today) by dose (series #) are recorded on vaccination cards **Immunization Encounter Observation** (vaccination cards)

2.3.2.1 Record date

2.3.2.2 Record dose (vaccine series #)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING IMMUNIZATION

- *Do mothers have their children immunized?*

a. % of mothers (with children under 1 (and/or other age per local policy)) whose children have vaccination cards **Mothers' Interview (Household)**

b. % of mothers (with children under 1 (and/or other age per local policy) who have vaccination cards) whose children are fully immunized by age **Mothers' Interview (Household)**

c. % of mothers (with children under 1 (and/or other age per local policy) who have vaccination cards) whose children have been immunized with BCG vaccine by age **Mothers' Interview (Household)**

d. % of mothers (with children under 1 (and/or other age per local policy) who have vaccination cards) whose children have been immunized with DPT vaccine by dose and by age **Mothers' Interview (Household)**

e. % of mothers (with children under 1 (and/or other age per local policy) who have vaccination cards) whose children have been immunized with polio vaccine by dose and by age **Mothers' Interview (Household)**

f. % of mothers (with children under 1 (and/or other age per local policy) who have vaccination cards) whose children have been immunized with measles vaccine by age **Mothers' Interview (Household)**

g. % of mothers (with children aged 1-4) whose children are not fully immunized by reason **Mothers' Interview (Household)**

- *Do mothers have adequate immunization knowledge?*

h. % of mothers (with children under 1 (and/or other age per local policy)) who know the purpose of immunization **Mothers' Interview (Household)**

i. Mean number of 6 vaccine-preventable diseases known by mothers (with children under 1 (and/or other age per local policy)) **Mothers' Interview (Household)**

j. % of mothers (with children under 1 (and/or other age per local policy)) who know the recommended age of first immunization after birth **Mothers' Interview (Household)**

k. % of mothers (with children under 1 (and/or other age per local policy)) who know when and where immunizations are provided **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS

- *Do counselled mothers of children attending immunization sessions have adequate immunization knowledge?*

a. % of mothers (of children attending immunization sessions) who know when and where to take their children for their next required immunizations **Mothers' Interview (Exit)**

3.1.1 TRANSMIT KEY IMMUNIZATION MESSAGES

3.1.1.1 Tell mother which vaccines were administered to her child

3.1.1.2 Tell mother when and where to take her child for next required immunizations

- *Do health workers tell mothers of all children attending immunization sessions when and where to take their children for their next required immunizations?*

a. % of mothers (of children attending immunization sessions) told when and where to take their children for their next required immunizations **Immunization Encounter Observation**

3.1.1.3 Tell mother of the child who received DPT3 and/or Polio3 immunization that she must take her child at 9 months of age (or other age per local policy) for measles immunization

- *Do health workers tell mothers of children who receive DPT3 and/or Polio3 immunizations that they must take their children at 9 months of age (or other age per local policy) for measles immunization?*

a. % of mothers (of children receiving DPT3 and/or Polio3 immunizations) told that they must take their children at 9 months of age (or other age per local policy) for measles immunization **Immunization Encounter Observation**

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat when and where to bring her child for next required immunizations

3.1.2.2 Ask mother if she has any questions

3.2 PROVIDE OUTREACH IMMUNIZATION EDUCATION

- *Does the service delivery facility hold group immunization education sessions**?*

a. % of clinic sessions which include group immunization education **Session Observation**

b. Number of group immunization education sessions held in the last 6 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers promote immunization during home visits?*

c. Number of home visits made in the last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with children under 1 (and/or other age per local policy)) which include immunization education **Home Visit Observation**

3.2.1 TRANSMIT KEY IMMUNIZATION MESSAGES

- *Do health workers transmit key immunization messages?*

a. Mean % of key immunization messages transmitted during group immunization education sessions (4 messages = 100%) **Immunization Education Session Observation or Role-Play Exercise**

b. Mean % of key immunization messages transmitted during home visits (to households with children under 1 (and/or other age per local policy)) (4 messages = 100%) **Home Visit Observation or Role Play Exercise**

**A "group immunization education session" is a group health education session with immunization messages transmitted.

3.2.1.1 Explain the purpose of immunization

- *Do health workers correctly explain the purpose of immunization?*

a. % of group immunization education sessions in which the purpose of immunization is correctly explained **Immunization Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 1 (and/or other age per local policy)) in which the purpose of immunization is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.2 Explain what diseases can be prevented by immunization

- *Do health workers correctly explain what diseases can be prevented by immunization?*

a. % of group immunization education sessions in which one or more of the diseases that can be prevented by immunization are correctly explained **Immunization Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 1 (and/or other age per local policy)) in which one or more of the diseases that can be prevented by immunization are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain recommended age of first immunization after birth

- *Do health workers correctly explain the recommended age of first immunization after birth?*

a. % of group immunization education sessions in which the recommended age of first immunization after birth is correctly explained **Immunization Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 1 (and/or other age per local policy)) in which the recommended age of first immunization after birth is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain when and where immunizations are provided

▪	*Do health workers explain when and where immunizations are provided?*
a.	% of group immunization education sessions in which health workers explain when and where immunizations are provided **Immunization Education Session Observation or Role-Play Exercise**
b.	% of home visits (to households with children under 1 (and/or other age per local policy)) in which health workers explain when and where immunizations are provided

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

[1]If only one immunization session is observed per service delivery facility, indicators will become "Sterilization of needles and syringes for session per standard procedures"; and "Protection of BCG, polio and measles vaccines from heat (and light) during use during session".

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME II

Immunization Support INDICATORS

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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

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IMMUNIZATION
PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT IMMUNIZATION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET IMMUNIZATION OBJECTIVES AND TARGETS

2.1 SPECIFY TARGET AGE GROUP(S)

- *What are the immunization target age group(s)?*

a. Immunization target age group(s) **Facility Document Review or Facility Key Informant Interview**[1]

2.2 DETERMINE DESIRED IMMUNIZATION PROGRAM IMPACT

- *What is the desired immunization program impact? (Are disease reduction targets set? What are disease reduction targets?)*

a. Desired immunization program impact **Facility Document Review or Facility Key Informant Interview**[1]

2.3 DETERMINE DESIRED IMMUNIZATION COVERAGE

- *What is the desired immunization coverage?*

a. Level of desired immunization coverage by type of vaccine and by vaccine dose (series #) **Facility Document Review or Facility Key Informant Interview**[1]

2.4 SET QUANTITATIVE AND DATED IMMUNIZATION TARGETS

- *Are quantitative and dated immunization targets set?*

a. Existence of quantitative and dated immunization targets by type of vaccine and by vaccine dose (series #) **Facility Key Informant Interview**

- *What are the immunization targets?*

b. Level of immunization targets for last year by type of vaccine and by vaccine dose (series #) **Facility Document Review or Facility Key Informant Interview**[1]

- *Does the service delivery facility participate in target-setting?*

c. Participation of the service delivery facility in target-setting for its catchment area **Service Delivery Facility Key Informant Interview**

3. DEVELOP IMMUNIZATION STRATEGY

3.1 DEVELOP IMMUNIZATION POLICIES

3.1.1 DEVELOP RECOMMENDED IMMUNIZATION SCHEDULE

- *What is the recommended immunization schedule? (For each vaccine: What is the recommended number of doses? What is the recommended age at first dose? What is the recommended interval between doses?)*

a. Recommended immunization schedule **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP POLICY ON CONTRAINDICATIONS TO IMMUNIZATION

- *What are the contraindications to immunizations?*

a. Contraindications to immunization **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON INCENTIVES FOR IMMUNIZATION

- *What are the incentives for immunization? (What are individual incentives for immunization? What are community incentives for immunization?)*

a. Incentives for immunization **Facility Document Review or Facility Key Informant Interview**

3.2 DEVELOP IMMUNIZATION PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR CHANNELLING CHILDREN TO IMMUNIZATION SERVICES, INCLUDING OUTREACH IMMUNIZATION EDUCATION

- *What are the procedures for identifying, recruiting and directing children to immunization services? (Is there a system for enumerating and tracking children under 1 (and/or other age per local policy)? Are children needing immunizations to be identified and directed to immunization services at service delivery facility clinic sessions? Are group immunization education sessions to be held? Where are group immunization education sessions to be held? How often are group immunization education sessions to be held (by site of sessions)? Are home visits to be made? Are children needing immunizations to be identified, recruited and directed to immunization services during home visits?)*

a. Procedures for channelling children to immunization services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DETERMINE SITES FOR IMMUNIZATION SESSIONS

- *Where are immunization sessions to be held?*

a. Sites for immunization sessions **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DETERMINE FREQUENCY OF IMMUNIZATION SESSIONS

- *How often are immunization sessions to be held (by site of session)?*

a. Frequency of immunization sessions (by site of sessions) **Facility Document Review or Facility Key Informant Interview**[1]

3.3 DEVELOP BUDGET FOR IMMUNIZATION ACTIVITIES

3.4 DEVELOP IMMUNIZATION WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT IMMUNIZATION ACTIVITIES

- *Is service delivery facility staffing adequate for immunization activities?*

a. Number of health workers of different levels (doctors, nurses, auxiliaries, etc.) who routinely immunize children per 1000 children under 1 (and/or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide outreach immunization education per 1000 children under 1 (and/or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR IMMUNIZATION ACTIVITIES

- *Does the service delivery facility have adequate transport for immunization activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting vaccines **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE IMMUNIZATION PLAN

- *Are immunization policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of immunization policy documents **Service Delivery Facility Observation**

- *Are immunization procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of immunization procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which objectives, targets, policies and procedures are developed.

IMMUNIZATION
TRAINING INDICATORS AND DATA SOURCES

1. PLAN IMMUNIZATION TRAINING

1.1 ASSESS IMMUNIZATION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR IMMUNIZATION TRAINING

1.3 SELECT IMMUNIZATION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN IMMUNIZATION TASKS

- *Have health workers received formal immunization training?*

a. % of health workers who say that they received formal immunization training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in immunization tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during immunization training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY IMMUNIZATION INFORMATION AND REQUIRED SKILLS PER TRAINEES' IMMUNIZATION TASKS

- *Are trainees taught key immunization information and required skills?*

a. Mean % of immunization information and skill items taught during immunization training courses (18 items = 100%) **Training Course Observation**[1]

b. Mean % of immunization information and skill items present in immunization training curriculum (18 items = 100%) **Support Facility Observation**[2]

2.1.1 TEACH WHAT DISEASES CAN BE PREVENTED BY IMMUNIZATION

- *Are trainees taught what diseases can be prevented by immunization?*

a. % of immunization training courses in which trainees are taught the diseases that can be prevented by immunization **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on diseases that can be prevented by immunization **Support Facility Observation**[2]

2.1.2 TEACH RECOMMENDED IMMUNIZATION SCHEDULE (LOCALLY DETERMINED)

- *Are trainees taught the recommended immunization schedule?*

a. % of immunization training courses in which trainees are taught the recommended immunization schedule **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the recommended immunization schedule **Support Facility Observation**[2]

2.1.3 TEACH CONTRAINDICATIONS TO IMMUNIZATION (PER LOCAL POLICY)

- *Are trainees taught the contraindications to immunization?*

a. % of immunization training courses in which trainees are taught the contraindications to immunization **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the contraindications to immunization **Support Facility Observation**[2]

2.1.4 TEACH POSSIBLE SIDE EFFECTS OF IMMUNIZATION

- *Are trainees taught the possible side effects of immunization?*

a. % of immunization training courses in which trainees are taught the possible side effects of immunization **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the possible side effects of immunization **Support Facility Observation**[2]

2.1.5 TEACH RECOMMENDED DOSES FOR VACCINES

- *Are trainees taught the recommended doses for vaccines?*

a. % of immunization training courses in which trainees are taught the recommended doses for vaccines **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the recommended doses for vaccines **Support Facility Observation**[2]

2.1.6 TEACH VACCINE ADMINISTRATION TECHNIQUES

- *Are trainees taught vaccine administration techniques?*

a. % of immunization training courses in which trainees are taught vaccine administration techniques **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on vaccine administration techniques **Support Facility Observation**[2]

2.1.7 TEACH HOW TO STERILIZE NEEDLES AND SYRINGES

- *Are trainees taught how to sterilize needles and syringes?*

a. % of immunization training courses in which trainees are taught how to sterilize needles and syringes **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on how to sterilize needles and syringes **Support Facility Observation**[2]

2.1.8 TEACH IMPORTANCE OF USING A STERILE NEEDLE AND A STERILE SYRINGE FOR EACH VACCINE INJECTION

- *Are trainees taught the importance of using a sterile needle and a sterile syringe for each vaccine injection?*

a. % of immunization training courses in which trainees are taught the consequences of not using a sterile needle and a sterile syringe for each vaccine injection **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the consequences of not using a sterile needle and a sterile syringe for each vaccine injection **Support Facility Observation**[2]

2.1.9 TEACH PROCEDURES FOR RECORDING IMMUNIZATION INFORMATION ON VACCINATION CARDS

- *Are trainees taught procedures for recording immunization information on vaccination cards?*

a. % of immunization training courses in which trainees are taught procedures for recording immunization information on vaccination cards **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for recording immunization information on vaccination cards **Support Facility Observation**[2]

2.1.10 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING IMMUNIZATION SESSIONS WHEN AND WHERE TO TAKE CHILDREN FOR NEXT REQUIRED IMMUNIZATIONS

- *Are trainees taught the importance of telling all mothers of children attending immunization sessions when and where to take their children for their next required immunizations?*

a. % of immunization training courses in which trainees are taught that they should tell all mothers of children attending immunization sessions when and where to take their children for their next required immunizations **Training Course Observation**[1]

b. Presence in immunization training curriculum of information that all mothers of children attending immunization sessions should be told when and where to take their children for their next required immunizations **Support Facility Observation**[2]

2.1.11 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught the use of counselling and health education techniques and materials?*

a. % of immunization training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.12 TEACH PROCEDURES FOR CHANNELLING CHILDREN TO IMMUNIZATION SERVICES

- *Are trainees taught procedures for channelling children to immunization services?*

a. % of immunization training courses in which trainees are taught procedures for channelling children to immunization services **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for channelling children to immunization services **Support Facility Observation**[2]

2.1.13 TEACH METHODS FOR DETERMINING QUANTITIES OF VACCINES AND NEEDLES AND SYRINGES TO ORDER

- *Are trainees taught methods for determining quantities of vaccines and needles and syringes to order?*

a. % of immunization training courses in which trainees are taught methods for determining quantities of vaccines and needles and syringes to order **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on methods for determining quantities of vaccines and needles and syringes to order **Support Facility Observation**[2]

2.1.14 TEACH COLD CHAIN MAINTENANCE PROCEDURES

2.1.14.1 Teach procedures for packing vaccines for transport

- *Are trainees taught procedures for packing vaccines for transport?*

a. % of immunization training courses in which trainees are taught procedures for packing vaccines for transport **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for packing vaccines for transport **Support Facility Observation**[2]

2.1.14.2 Teach procedures for reading and recording refrigerator temperature

- *Are trainees taught procedures for reading and recording refrigerator temperature?*

a. % of immunization training courses in which trainees are taught procedures for reading and recording refrigerator temperature **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for reading and recording refrigerator temperature **Support Facility Observation**[2]

2.1.14.3 Teach procedures for protecting vaccines from heat and light during use

- *Are trainees taught procedures for protecting vaccines from heat and light during use?*

a. % of immunization training courses in which trainees are taught procedures for protecting vaccines from heat and light during use **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for protecting vaccines from heat and light during use **Support Facility Observation**[2]

2.1.14.4 Teach procedures for discarding vaccines that are no longer potent or that have been opened

- *Are trainees taught procedures for discarding vaccines that are no longer potent or that have been opened?*

a. % of immunization training courses in which trainees are taught procedures for discarding vaccines that are no longer potent or that have been opened **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for discarding vaccines that are no longer potent or that have been opened **Support Facility Observation**[2]

2.1.15 TEACH PROCEDURES FOR MAINTAINING IMMUNIZATION RECORDS AND REPORTING IMMUNIZATION INFORMATION

- *Are trainees taught procedures for maintaining immunization records and reporting immunization information?*

a. % of immunization training courses in which trainees are taught procedures for maintaining immunization records and reporting immunization information **Training Course Observation**[1]

b. Presence in immunization training curriculum of information on procedures for maintaining immunization records and reporting immunization information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED IMMUNIZATION SKILLS

- *Are required immunization skills demonstrated to trainees?*

a. Mean % of required immunization skills demonstrated during immunization training courses (7 skills = 100%) **Training Course Observation**[1]

b. Mean % of required immunization skills that recent trainees (training received ≤ 6 months ago) say were demonstrated during training (7 skills = 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate how to sterilize needles and syringes

- *Is sterilization of needles and syringes demonstrated to trainees?*

a. % of immunization training courses in which sterilization of needles and syringes is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that sterilization of needles and syringes was demonstrated during training **Health Worker Interview**[3]

2.2.1.2 Demonstrate how to administer vaccines

- *Is vaccine administration demonstrated to trainees?*

a. % of immunization training courses in which vaccine administration is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that vaccine administration was demonstrated during training **Health Worker Interview**[3]

2.2.1.3 Demonstrate counselling and health education

- *Is immunization counselling demonstrated to trainees?*

a. % of immunization training courses in which immunization counselling is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that immunization counselling was demonstrated during training **Health Worker Interview**[3]

- *Is group immunization education demonstrated to trainees?*

c. % of immunization training courses in which group immunization education is demonstrated **Training Course Observation**[1]

d. % of recent trainees (training received ≤ 6 months ago) who say that group immunization education was demonstrated during training **Health Worker Interview**[3]

2.2.1.4 Demonstrate cold chain maintenance procedures

2.2.1.4.1 Demonstrate procedures for packing vaccines for transport

- *Are procedures for packing vaccines for transport demonstrated to trainees?*

a. % of immunization training courses in which procedures for packing vaccines for transport are demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that procedures for packing vaccines for transport were demonstrated during training **Health Worker Interview**[3]

2.2.1.4.2 Demonstrate procedures for reading and recording refrigerator temperature

- *Are procedures for reading and recording refrigerator temperature demonstrated to trainees?*

a. % of immunization training courses in which procedures for reading and recording refrigerator temperature are demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that procedures for reading and recording refrigerator temperature were demonstrated during training **Health Worker Interview**[3]

2.2.1.4.3 Demonstrate procedures for protecting vaccines from heat and light during use

- *Are procedures for protecting vaccines from heat and light during use demonstrated to trainees?*

a. % of immunization training courses in which procedures for protecting vaccines from heat and light during use are demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that procedures for protecting vaccines from heat and light during use were demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE IMMUNIZING CHILDREN DURING TRAINING

- *Are trainees given the opportunity to practice immunizing children during training?*

a. % of immunization training courses in which trainees practice immunizing children **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced immunizing children during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON IMMUNIZATION

2.3 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS

- *Is demonstrated competence in immunization tasks required of trainees before they complete training?*

a. % of immunization training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE KNOWLEDGE OF RECOMMENDED IMMUNIZATION SCHEDULE BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED SCHEDULE WHEN IMMUNIZING CHILDREN (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED SCHEDULE

- *Is trainee knowledge of the recommended immunization schedule tested using appropriate methods?*

a. % of immunization training courses in which trainee knowledge of the recommended immunization schedule is tested using appropriate methods **Training Course Observation**[1]

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED PROCEDURES FOR STERILIZING NEEDLES AND SYRINGES BY: (1) OBSERVING WHETHER THEY FOLLOW RECOMMENDED PROCEDURES (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES

- *Is trainee knowledge of recommended procedures for sterilizing needles and syringes tested using appropriate methods?*

a. % of immunization training courses in which trainee knowledge of recommended procedures for sterilizing needles and syringes is tested using appropriate methods **Training Course Observation**[1]

2.3.3 TEST TRAINEE STERILE TECHNIQUE (USE OF A STERILE NEEDLE AND A STERILE SYRINGE FOR EACH VACCINE INJECTION) BY OBSERVING WHETHER THEY USE STERILE TECHNIQUE WHEN ADMINISTERING VACCINES (IN IMMUNIZATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee sterile technique (use of a sterile needle and a sterile syringe for each vaccine injection) tested using appropriate methods?*

a. % of immunization training courses in which trainee sterile technique is tested using appropriate methods **Training Course Observation**[1]

2.3.4 TEST TRAINEE KNOWLEDGE OF RECOMMENDED COLD CHAIN MAINTENANCE PROCEDURES

2.3.4.1 Test trainee knowledge of procedures for packing vaccines for transport by: (1) observing whether they follow recommended procedures (in role-play exercises); or (2) by administering written or oral tests of recommended procedures

2.3.4.2 Test trainee knowledge of procedures for reading and recording refrigerator temperature by: (1) observing whether they follow recommended procedures (in role-play exercises); or (2) administering written or oral tests of recommended procedures

2.3.4.3 Test trainee knowledge of recommended procedures for protecting vaccines from heat and light during use by: (1) observing whether they follow recommended procedures (in immunization sessions or in role-play exercises); or (2) administering written or oral tests of recommended procedures

- *Is trainee knowledge of recommended procedures for protecting vaccines from heat and light during use tested using appropriate methods?*

a. % of immunization training courses in which trainee knowledge of recommended procedures for protecting vaccines from heat and light during use is tested using appropriate methods **Training Course Observation**[1]

2.3.4.4 Test trainee knowledge of recommended procedures for discarding vaccines that are no longer potent or that have been opened by: (1) observing whether they follow recommended procedures (in immunization sessions or in role-play exercises); or (2) administering written or oral tests of recommended procedures

3. EVALUATE IMMUNIZATION TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS (SEE IMMUNIZATION: TRAINING -- 2.3 TEST COMPETENCE OF TRAINEES IN IMMUNIZATION TASKS)

3.2 ASSESS HEALTH WORKER IMMUNIZATION TASK PERFORMANCE (SEE IMMUNIZATION: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN IMMUNIZATION TRAINING RECORDS AND REPORT IMMUNIZATION TRAINING INFORMATION (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of immunization training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of immunization information and skill items taught during immunization training course"; and "Transmission of information X/skill X (e.g. what diseases can be prevented by immunization) in immunization training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of immunization information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g. what diseases can be prevented by immunization) in immunization training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

IMMUNIZATION
SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**[1]

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

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*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

** The term "supervision encounter" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE IMMUNIZATION SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility immunization service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which immunization service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which immunization service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING IMMUNIZATION TASKS

2.1.1 SET OR COMMUNICATE IMMUNIZATION TARGETS

2.1.2 DEVELOP IMMUNIZATION WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR IMMUNIZATION TASK PERFORMANCE

- *Do health workers have access to information on standards for immunization task performance?*

a. Presence at the service delivery facility of an immunization procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF IMMUNIZATION TARGETS, IF PRESENT, AND/OR FREQUENCY OF IMMUNIZATION SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining its immunization targets and/or is conducting immunization service delivery activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its immunization targets or in conducting immunization service delivery activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of immunization targets by: (1) reviewing service delivery facility records to obtain data on the proportion of children immunized; or (2) conducting sample household immunization coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining its immunization targets using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining its immunization targets by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of immunization targets **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess frequency of immunization sessions by: (1) reviewing service delivery facility records to obtain data on the number of immunization sessions held; (2) interviewing community leaders and members about the frequency of immunization sessions; or (3) asking health workers about the frequency of immunization sessions

- *Does the first-level supervisor regularly assess whether the service delivery facility is holding planned immunization sessions using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is holding planned immunization sessions by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the frequency of immunization sessions **Service Delivery Facility Key Informant Interview**

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying specific children needing immunization are maintained; (2) observing whether health workers identify children needing immunizations during clinic sessions and/or home visits and whether they direct these children to sources of immunization services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group immunization education sessions held; (4) interviewing community leaders and members about the frequency of group immunization education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting channelling activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of channelling activities **Service Delivery Key Informant Interview**

2.2.2 ASSESS QUALITY OF IMMUNIZATION SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of immunization service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of immunization service delivery activities, if applicable. **Supervisor Interview**[3]

- *Does the first-level supervisor regularly observe service delivery facility immunization sessions?*

b. Number of immunization sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach immunization education activities?*

c. Number of group immunization education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess whether health workers sterilize needles and syringes per standard procedures by observing health workers sterilize needles and syringes (in immunization sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers sterilize needles and syringes per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers sterilize needles and syringes per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding sterilization of needles and syringes **Service Delivery Facility Key Informant Interview**

2.2.2.2 Assess whether health workers examine children's vaccination cards or question mothers to determine immunizations required by observing health workers screen children (in immunization sessions or in role-play exercises)

2.2.2.3 Assess whether health workers administer recommended doses of vaccines by observing health workers administer vaccines (in immunization sessions)

2.2.2.4 Assess whether health workers use correct administration technique when administering vaccines by observing health workers administer vaccines (in immunization sessions)

2.2.2.5 Assess whether health workers use sterile needles and syringes for all children immunized by observing health workers administer vaccines (in immunization sessions)

- *Does the first-level supervisor regularly assess whether health workers use sterile needles and syringes for all children immunized using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers use sterile needles and syringes for all children immunized by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the use of sterile needles and syringes for all children immunized **Service Delivery Facility Key Informant Interview**

2.2.2.6 Assess whether health workers protect BCG, polio and measles vaccines from heat and light during use per standard procedures by observing health workers handle vaccines (in immunization sessions)

- *Does the first-level supervisor regularly assess whether health workers protect BCG, polio and measles vaccines from heat and light during use per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers protect BCG, polio and measles vaccines from heat and light during use per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the protection of BCG, polio and measles vaccines from heat and light during use **Service Delivery Facility Key Informant Interview**

2.2.2.7 Assess whether health workers correctly record immunization information on vaccination cards by: (1) observing health workers record immunization information on vaccination cards (in immunization sessions); or (2) reviewing previously-recorded vaccination cards for completeness and correctness of information

2.2.2.8 Assess whether health workers tell all mothers of children attending immunization sessions when and where to take children for next required immunizations by: (1) observing health workers counsel mothers (in immunization sessions or in role-play exercises); or (2) interviewing mothers leaving immunization sessions to determine whether they know when and where to take children for next required immunizations

- *Does the first-level supervisor regularly assess whether health workers tell all mothers of children attending immunization sessions when and where to take their children for their next required immunizations using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell all mothers of children attending immunization sessions when and where to take their children for their next required immunizations by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding immunization counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.9 Assess whether health workers effectively provide outreach immunization education by: (1) observing health workers provide outreach immunization education (in group immunization education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group immunization education sessions and/or after home visits to determine whether they know key immunization messages

- *Does the first-level supervisor regularly assess whether health workers effectively provide outreach immunization education using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers effectively provide outreach immunization education by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding outreach immunization education messages and techniques **Service Delivery Facility Key Informant Interview**

2.2.3 ASSESS QUALITY OF IMMUNIZATION SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of immunization support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of immunization support activities, if applicable **Supervisor Interview**[3]

2.2.3.1 Assess whether the service delivery facility has adequate quantities of vaccines, needles and syringes by: (1) observing quantities of vaccines, needles and syringes available at the service delivery facility: or (2) asking health workers about shortages of vaccines, needles and syringes

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of vaccines, needles and syringes using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of vaccines, needles and syringes by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of vaccines, needles and syringes **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether the service delivery facility maintains refrigerator temperature in the safe range by: (1) reviewing refrigerator temperature log: or (2) checking current refrigerator temperature

- *Does the first-level supervisor regularly assess whether the service delivery facility maintains refrigerator temperature in the safe range, if applicable, using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility maintains refrigerator temperature in the safe range, if applicable, by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the maintenance of refrigerator temperature in the safe range, if applicable **Service Deliver Facility Key Informant Interview**

2.2.3.3 Assess whether health workers transport vaccines per standard procedures by: (1)observing health workers pack vaccines for transport; or (2)checking vaccines for coldness (in immunization sessions)

- *Does the first-level supervisor regularly assess whether health workers transport vaccines per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers transport vaccines per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the transport of vaccines **Service Delivery Facility Key Informant Interview**

2.2.3.4 Assess whether health workers adequately maintain immunization registers by reviewing immunization registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining immunization targets and/or in conducting immunization service delivery activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining immunization targets or in conducting immunization service delivery activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining immunization targets or in conducting immunization service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of immunization service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of immunization service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of immunization service delivery activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of immunization support activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of immunization support activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of immunization support activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON IMMUNIZATION PERFORMANCE

2.3.1.1 Praise or otherwise reward good immunization performance

2.3.1.2 Advise or instruct health workers how to improve poor immunization performance

2.3.1.3 Provide direct assistance in performing immunization tasks

2.3.2 TAKE FOLLOW-UP ACTION ON IMMUNIZATION PERFORMANCE

2.3.2.1 Provide or arrange for formal immunization in-service training

2.3.2.2 Provide immunization logistic support, if applicable

2.3.2.2.1 Provide vaccines and/or immunization and/or cold chain equipment and supplies

2.3.2.2.2 Provide reference materials on immunization

2.3.2.3 Refer persistent immunization performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor immunization performance, if applicable

2.5 MOTIVATE HEALTH WORKERS (SEE IMMUNIZATION: SUPERVISION -- 2.3 ASSIST IN RESOLVING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF IMMUNIZATION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER IMMUNIZATION TASK PERFORMANCE (SEE IMMUNIZATION: SUPERVISION, INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either **First -Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant** depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicators will become: "Supervision of immunization service delivery and/or support activities in supervision encounter"; "Assessment of immunization service delivery or support item X (e.g. whether health workers use sterile needles and syringes for all children immunized) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1) -- items 2.2.1.1 - 2.2.1.3
Category 2 (item 2.2.2) -- items 2.2.2.1, 2.2.2.5, 2.2.2.6, 2.2.2.8 and 2.2.2.9
Category 3 (item 2.2.3) -- items 2.2.3.1 - 2.2.3.3

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

IMMUNIZATION
COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING IMMUNIZATION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

- *Does the service delivery facility assigned specific health workers to organize community-managed immunization activities?*

a. Existence of at least one health worker responsible for organizing community-managed immunization activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed immunization activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed immunization activities, when needed **Health Worker Interview**

2. ORGANIZE COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE IMMUNIZATION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN IMMUNIZATION ACTIVITIES

*The term "community-managed immunization activities" refers to immunization service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of immunization services by community members, e.g. to having children immunized or to attending health education sessions. The specific immunization activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.1.2 EXPLAIN IMMUNIZATION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE IMMUNIZATION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING IMMUNIZATION ACTIVITIES

2.2.1 PLAN IMMUNIZATION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system immunization service delivery activities

2.2.1.2 Plan community-managed channelling activities, including outreach immunization education

2.2.1.3 Select community members for training as unsalaried health workers

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN IMMUNIZATION SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN IMMUNIZATION CHANNELLING TASKS, INCLUDING OUTREACH IMMUNIZATION EDUCATION

- *Do unsalaried community members and/or health workers educate mothers about immunizations and inform them of specific session times and locations?*

a. % of mothers (of children attending immunization sessions) who report being informed of specific session times and locations by unsalaried community members and/or health workers **Mothers' Interview (Exit)**

2.4 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED IMMUNIZATION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed immunization activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed immunization activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED IMMUNIZATION SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

IMMUNIZATION
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES*

Vaccines
(BCG, DPT, Polio, Measles, Tetanus Toxoid)

Immunization Equipment and Supplies
(Needles, Syringes, Vaccination Cards, Sterilizers)

Cold Chain Equipment and Supplies
(Cold Boxes, Icepacks, Refrigerators, Fuel)

1. PLAN IMMUNIZATION LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF VACCINES, NEEDLES AND SYRINGES TO BE ORDERED OR ISSUED FOR IMMUNIZATION SESSIONS

- *What is the policy on quantities of vaccines to be ordered or issued for immunization sessions? (Are fixed or variable quantities of vaccines to be ordered or issued? If multiple dose vials: Are orders rounded up or down?)*

a. Policy on quantities of vaccines to be ordered or issued for immunization sessions **Facility Document Review or Facility Key Informant Interview**[1]

1.2 DEVELOP PROCEDURES FOR PROCURING VACCINES

- *What system is used to supply vaccines to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued vaccines?)*

a. System used to supply vaccines to the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

1.3 DEVELOP PROCEDURES FOR COLD CHAIN MAINTENANCE

*We recognize that there exist many different organizational arrangements for procuring, storing and distributing vaccines. In some instances, these activities are principally conducted by large central, regional or district facilities; in others, peripheral service delivery facilities play an important role in procuring and storing vaccines, and may distribute these to outreach locations. In organizing the immunization logistic support indicators as we have, we have assumed the peripheral model. In programs in which peripheral facilities play a minimal role in procuring and storing vaccines, the indicators in section 2, which measure peripheral facility performance in procuring vaccines and supplies, would more appropriately belong in section 4, as measures of the distribution performance of central, regional or district facilities. In this case, it may be of interest to add measures of the availability of vaccines and supplies at the central, regional or district level to section 2 as well as measures of vaccine storage conditions at this level to section 3.

1.3.1 DEVELOP PROCEDURES FOR TRANSPORTING VACCINES

- *What are procedures for transporting vaccines? (How are vaccines to be packed for transport from the support facility to the service delivery facility? How are vaccines to be packed for transport from the service delivery facility to outreach locations, if applicable?)*

a. Procedures for transporting vaccines **Facility Document Review or Facility Key Informant Interview**[1]

1.3.2 DEVELOP PROCEDURES FOR READING AND RECORDING REFRIGERATOR TEMPERATURE

- *What are procedures for reading and recording refrigerator temperature? (How often are refrigerators to be read? Is a refrigerator temperature log to be kept? How frequently is refrigerator temperature to be recorded in refrigerator temperature log?)*

a. Procedures for reading and recording refrigerator temperature **Facility Document Review or Facility Key Informant Interview**[1]

1.3.3 DEVELOP PROCEDURES FOR PROTECTING VACCINES FROM HEAT AND LIGHT DURING USE

- *What are procedures for protecting vaccines from heat and light during use? (Where are vaccines (by type) to be placed before and after each use?)*

a. Procedures for protecting vaccines from heat and light during use **Facility Document Review or Facility Key Informant Interview**[1]

1.3.4 DEVELOP PROCEDURES FOR DISCARDING VACCINES THAT ARE NO LONGER POTENT OR THAT HAVE BEEN OPENED

- *What are procedures for discarding vaccines that are no longer potent? (How long are vaccines (by type) to be kept past their expiration dates? Are expired vaccines (by type) to be used if these are the only ones available? What is the time/temperature exposure limit for discarding vaccines (by type)? Are vaccines (by type) that have exceeded the time/temperature exposure limit to be used if these are the only ones available?)*

a. Procedures for discarding vaccines that are no longer potent **Facility Document Review or Facility Key Informant Interview**[1]

- *What are procedures for discarding vaccines that have been opened? (Are opened vaccines (by type) to be immediately discarded after immunization sessions? If no, how long are opened vaccines (by type) to be kept?)*

b. Procedures for discarding vaccines that have been opened **Facility Document Review or Facility Key Informant Interview**[1]

2. PROCURE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

- *Does the service delivery facility have adequate supplies of vaccines?*

a. % of immunization sessions with an inadequate supply of vaccines (vaccines are not present or run out) by type of vaccine **Immunization Session Observation**

b. Length of the longest period in the last year that polio immunizations were not given because of lack of vaccine **Service Delivery Facility Key Informant Interview**

c. Length of the longest period in the last year that measles immunizations were not given because of lack of vaccine **Service Delivery Facility Key Informant Interview**

- *What complaints does the service delivery facility have about supplies of vaccines?*

d. Complaints regarding vaccine supply **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility have adequate supplies of needles and syringes?*

e. % of immunization sessions with an inadequate supply of sterile needles (resterilization of needles is necessary during sessions) **Immunization Session Observation**

f. Average ratio of the number of needles available at immunization sessions to the number of injections given **Immunization Session Observation**

g. Average ratio of the number of syringes available at immunization sessions to the number of injections given **Immunization Session Observation**

- *Does the service delivery facility have adequate supplies of vaccination cards?*

h. % of immunization sessions with an inadequate supply of patient-retained vaccination cards (cards are not present or run out) **Immunization Session Observation**

- *Are required cold chain supplies available at the service delivery facility, if applicable*

i. Presence at the service delivery facility of at least one cold box **Service Delivery Facility Observation**[2]

j. Presence at the service delivery facility of at least one complete set of icepacks (locally defined) **Service Delivery Facility Observation**[2]

2.1 ESTIMATE REQUIREMENTS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

2.2 SECURE AND DISBURSE FUNDS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES, IF APPLICABLE

2.3 ORDER OR BE ISSUED VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

2.4 COLLECT OR RECEIVE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

2.4.1 TRANSPORT VACCINES PER STANDARD PROCEDURES

- *Do health workers transport vaccines per standard procedures?*

a. % of immunization sessions to which vaccines are transported per standard procedures **Immunization Session Observation**

3. STORE VACCINES AND STORE AND MAINTAIN IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

3.1 ORGANIZE AND ROTATE VACCINE STOCKS IN REFRIGERATORS

3.2 MAINTAIN REFRIGERATOR TEMPERATURE IN SAFE RANGE (0-8°C)

- *Does the service delivery facility, if applicable, maintain refrigerator temperature in the safe range (0-8°C)?*

a. Presence of the service delivery facility refrigerator temperature in the safe range (0-8°C) **Service Delivery Facility Observation**[3]

b. Number of days in the last month that the service delivery facility refrigerator temperature was in the safe range (0-8°C) **Service Delivery Facility Document Review (temperature log)**[3]

3.2.1 READ AND RECORD REFRIGERATOR TEMPERATURE DAILY

- *Does the service delivery facility refrigerator, if applicable, have a thermometer?*

a. Presence of a thermometer in the service delivery facility refrigerator **Service Delivery Facility Observation**[3]

- *Does the service delivery facility, if applicable, maintain a refrigerator temperature log?*

b. Presence at the service delivery facility of a refrigerator temperature log **Service Delivery Facility Observation**[3]

- *Do health workers read and record refrigerator temperature daily, if applicable?*

c. Number of days in the last month that the service delivery facility refrigerator temperature was recorded **Service Delivery Facility Document Review (temperature log)**[3]

3.3 DISCARD VACCINES THAT ARE NO LONGER POTENT OR THAT HAVE BEEN OPENED AT IMMUNIZATION SESSIONS

3.4 CLEAN AND CHECK REFRIGERATORS WEEKLY

3.5 REPAIR REFRIGERATORS, IF NECESSARY

4. DISTRIBUTE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.1 RECEIVE ORDERS FOR OR ISSUE VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.2 DELIVER VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES

4.2.1 TRANSPORT VACCINES PER STANDARD PROCEDURES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

[2]Obtain indicator if service delivery facility cold boxes and icepacks are used to transport vaccines to or from the service delivery facility.

[3]Obtain indicator if the service delivery facility stores vaccines.

IMMUNIZATION
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR IMMUNIZATION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR IMMUNIZATION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR IMMUNIZATION ACTIVITIES

1.1.2 OBTAIN ALLOCATED VACCINES AND IMMUNIZATION AND COLD CHAIN EQUIPMENT AND SUPPLIES (SEE IMMUNIZATION: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR IMMUNIZATION ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility immunization activities?*

a. Coverage of part of the recurrent costs of service delivery facility immunization activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR IMMUNIZATION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for immunization activities

- *What is the policy on user or social financing for immunization activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for immunizations?** Are vaccination cards to be sold?*** Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for immunization activities **Facility Key Informant Interview**[1]

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for immunization activities. Instead they receive material resources (vaccines, equipment and supplies) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

**We, the World Health Organization and other experts in this field do not advocate charging fees for immunizations. We do recognize, however, that in some programs fees are charged for immunizations, and indicators relating to the setting and collection of fees for immunizations are included in this chapter of the Thesaurus so that performance of these tasks may be examined.

***In many instances combined vaccination and growth cards are sold. Frequently, a range of child survival services, including growth monitoring and immunizations, are included in the price of these cards.

1.2.1.2 Develop procedures for user and/or social financing for immunization activities

1.2.1.2.1 Establish fee schedules for immunizations

- *Have fee schedules for immunizations been established?*

a. Existence of fee schedules for immunizations **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for vaccination cards

- *Have sales prices for vaccination cards been established?*

a. Existence of sales prices for vaccination cards **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to immunization services

- *Are there arrangements to ensure indigents equal access to immunization services?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for immunizations for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for vaccination cards for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.2.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.2.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for immunization activities

1.2.2 COLLECT LOCAL RESOURCES FOR IMMUNIZATION ACTIVITIES

1.2.2.1 Collect user fees for immunizations and sales receipts for vaccination cards per local policy and procedures

- *Does the service delivery facility collect charges for immunization cards?*

a. % of mothers (of children attending immunization sessions) report paying charges for immunizations and/or vaccination cards **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for immunization activities

- *Do community groups contribute material resources or labor to support service delivery facility immunization activities?*

a. Receipt from the community of material resources or labor to support service delivery facility immunization activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR IMMUNIZATION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE IMMUNIZATION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

IMMUNIZATION INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT IMMUNIZATION DATA

1.1 COLLECT DATA ON SIZE OF IMMUNIZATION TARGET POPULATION

- *Does the service delivery facility have information on the number of children under 1 (and/or other age per local policy) in its catchment area?*

a. Availability at the service delivery facility of information on the number of children under 1 (and/or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT IMMUNIZATION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE IMMUNIZATION: SERVICE DELIVERY -- 1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 1 (AND/OR OTHER AGE PER LOCAL POLICY)

1.2.2 MAINTAIN IMMUNIZATION RECORDS

- *Does the service delivery facility maintain immunization records which contain: (1) children's ages; and (2) vaccines administered by dose (series #)?*

a. Presence at the service delivery facility of immunization records which contain: (1) children's ages; and (2) vaccines administered by dose (series #) **Service Delivery Facility Observation**

1.2.2.1 Record children's ages

1.2.2.2 Record vaccines administered by dose (series #)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.3.1 Record number of immunization sessions held

1.2.3.2 Record number of group immunization education sessions held

1.2.3.3 Record number of home visits made

1.3 COLLECT DATA ON IMMUNIZATION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on vaccines

- *Does the service delivery facility if applicable, maintain records on vaccines received, distributed and on hand (by type of vaccine)?*

a. Presence at the service delivery facility of records on vaccines received, distributed and on hand (by type of vaccine) **Service Delivery Facility Observation**[1]

1.3.4.1.1 Record quantities received (by type of vaccine)

1.3.4.1.2 Record quantities distributed (by type of vaccine)

1.3.4.1.3 Record current stock levels (by type of vaccine)

1.3.4.2 Record information on immunization and cold chain equipment and supplies

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.4.2.3 Record dates of cold chain equipment maintenance

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record immunization receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for immunization services and supplies*

1.3.5.2 Record funds disbursed for immunization activities

1.3.5.3 Record current balances

1.4 COLLECT IMMUNIZATION IMPACT DATA

1.4.1 MAINTAIN RECORDS ON CASES OF VACCINE-PREVENTABLE DISEASES

1.4.2 MAINTAIN RECORDS ON DEATHS FROM VACCINE-PREVENTABLE DISEASES

1.5 CONDUCT SPECIAL IMMUNIZATION KAP, COVERAGE AND IMPACT STUDIES

*We, the World Health Organization and other experts in this field do not advocate charging fees for immunization services. We do recognize, however, that in some programs fees are charged, and the task of recording monies collected for these services, if applicable, has therefore, been included in this chapter of the Thesaurus.

2. PROCESS IMMUNIZATION DATA

2.1 VERIFY/VALIDATE IMMUNIZATION DATA COLLECTED

2.2 CODE IMMUNIZATION DATA

2.3 FILE IMMUNIZATION DATA

2.4 TABULATE IMMUNIZATION DATA

2.4.1 TABULATE NUMBER OF IMMUNIZATIONS PROVIDED MONTHLY BY TYPE OF VACCINE, VACCINE DOSE (SERIES #), AND AGE OF RECIPIENT

- *Does the service delivery facility routinely tabulate the number of immunizations provided monthly by type of vaccine, vaccine dose (series #), and age of recipient?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of immunizations provided by type of vaccine, vaccine dose (series #), and age of recipient **Service Delivery Facility Observation**[2]

2.5 ANALYZE IMMUNIZATION DATA

2.5.1 CALCULATE INCIDENCE RATES OF VACCINE-PREVENTABLE DISEASES

2.5.2 CALCULATE MORTALITY RATES FROM VACCINE-PREVENTABLE DISEASES

2.5.3 CALCULATE IMMUNIZATION COVERAGE RATES

- *Does the service delivery facility routinely calculate immunization coverage rates by type of vaccine, vaccine dose (series #), and age?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of immunization coverage rates by type of vaccine, vaccine dose (series #) and age **Service Delivery Facility Observation**[2]

3. REPORT IMMUNIZATION INFORMATION

3.1 PREPARE REQUIRED IMMUNIZATION REPORTS

3.2 TRANSMIT REQUIRED IMMUNIZATION REPORTS

- *Does the service delivery facility transmit required immunization reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility immunization report **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON IMMUNIZATION INFORMATION REPORTED (SEE IMMUNIZATION: SUPERVISION)

4. UTILIZE IMMUNIZATION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTYING IMMUNIZATION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO IMMUNIZATION: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING IMMUNIZATION ACTIVITIES (SEE IMMUNIZATION: PLANNING)

[1]Obtain indicator if the service delivery facility stores vaccines.

[2]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME II

Oral Rehydration Therapy Service INDICATORS

Version 1.1
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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
Supported by the U.S. Agency for International Development

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ORAL REHYDRATION THERAPY
SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. IDENTIFY CHILDREN UNDER 5 NEEDING ORT* SERVICES

- *Do mothers or unsalaried community members and/or health workers adequately assess children's need for ORT services?*

a. % of mothers (with children under 5 with recent diarrhea episodes** not taken to the service delivery facility***) who report not taking their children to the service delivery facility because none of the (locally determined) indications for seeking medical care for diarrhea were present **Mothers' Interview (Household)**

b. % of mothers (with children under 5 with recent diarrhea episodes not taken to the service delivery facility) who report not taking their children to the service delivery facility on the advice of trained unsalaried community members or health workers **Mothers' Interview (Household)**

c. % of mothers (with children under 5 with recent diarrhea episodes taken to the service delivery facility) who report taking their children to the service delivery facility because one or more of the (locally determined) indications for seeking medical care for diarrhea was present **Mothers' Interview (Household)**

d. % of mothers (with children under 5 with recent diarrhea episodes taken to the service delivery facility) who report taking their children to the service delivery facility on the advice of trained unsalaried community members or health workers **Mothers' Interview (Household)**

2. MANAGE DIARRHEA CASES

- *Do children under 5 have access to ORT services?*

a. % of children under 5 in the service delivery facility catchment area living within 5 km. of a provider of ORT services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of ORT services per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of ORT services by the service delivery facility **Service Delivery Facility Key Informant Interview**

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*The term "ORT" refers to a method for managing diarrhea and/or dehydration by oral administration of ORS or other recommended solutions. The term "ORS" refers to a specific mixture of salts used to prepare solutions for ORT. Most commonly, it is a standard mixture consistent with the WHO formulation; in some countries a modified WHO formulation may be used for the same purpose.

**The term "recent diarrhea episodes "refers to diarrhea starting in the last 2 weeks.

***The term "service delivery facility" refers to any provider of ORT services, including a community health worker operating out of his/her home.

- *Are diarrhea cases in children under 5 treated at the service delivery facility?*

d. Ratio of the number of diarrhea cases in children under 5 treated at the service delivery facility last year to the estimated total number of diarrhea episodes last year in children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

e. % of mothers (with children under 5 with recent diarrhea episodes) who report taking their children to the service delivery facility for treatment **Mothers' Interview (Household)**

- *Is the desired ORT use rate being attained in the service delivery facility catchment area?*

f. % of mothers (with children under 5 with recent diarrhea episodes) who report administering ORT at home **Mothers' Interview (Household)**

g. % of diarrhea cases treated at the service delivery facility last year with ORT by degree of dehydration **Service Delivery Facility Document Review**

- *Is the desired ORS use rate being attained in the service delivery facility catchment area?*

h. % of mothers (with children under 5 with recent diarrhea episodes) who report administering ORS at home **Mothers' Interview (Household)**

i. % of diarrhea cases treated at the service delivery facility last year with ORS by degree of dehydration **Service Delivery Facility Document Review**

- *Is desired ORT program impact being attained in the service delivery facility catchment area?*

j. Proportional distribution of diarrhea cases in children under 5 treated at the service delivery facility last year by degree of dehydration **Service Delivery Facility Document Review**

k. Number of diarrhea-associated deaths in the service delivery facility catchment area last year per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.1 PREPARE ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY)

2.1.1 MIX ORS PACKET INGREDIENTS WITH CORRECT AMOUNT OF WATER (LOCALLY DETERMINED)

2.1.2 PREPARE OTHER RECOMMENDED SOLUTION USING CORRECT RECIPE (LOCALLY DETERMINED)

2.2 ASSESS HYDRATION STATUS

2.2.1 TAKE MEDICAL HISTORY

- *Do health workers take adequate medical histories from diarrhea cases?*

a. Mean % of medical history items asked about for diarrhea cases**** (11 items = 100%) **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.1 Ask about duration of diarrhea

- *Do health workers ask about the duration of children's diarrhea?*

a. % of diarrhea cases for whom health workers ask about the duration of diarrhea **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.2 Ask about frequency of stools

- *Do health workers ask about the frequency of children's stools?*

a. % of diarrhea cases for whom health workers ask about the number of stools in the last 24 hours **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.3 Ask about consistency of stools

2.2.1.4 Ask about presence of blood and/or mucus in stools

- *Do health workers ask about the presence of blood or mucus in children's stools?*

a. % of diarrhea cases for whom health workers ask about the presence of blood or mucus in the stools **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.5 Ask about presence of vomiting

- *Do health workers ask about the presence of vomiting?*

a. % of diarrhea cases for whom health workers ask about the presence of vomiting **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.6 Ask about frequency of vomiting

**** The term "diarrhea cases" refers to children under 5 identified by health workers as diarrhea cases.

- *Do health workers ask about the frequency of vomiting?*

a. % of diarrhea cases for whom health workers ask about the frequency of vomiting **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.1.7 Ask about fever

2.2.1.8 Ask about urine output

2.2.1.9 Ask about thirst

2.2.1.10 Ask about treatment administered at home

2.2.1.11 Ask about other illnesses

2.2.2 CONDUCT PHYSICAL EXAMINATION

- *Do health workers conduct adequate physical examinations of diarrhea cases?*

a. Mean % of physical examination items obtained for diarrhea cases (9 items = 100%) **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.2.1 Assess general status (alertness, muscle tone)

2.2.2.2 Examine mucus membranes of mouth

- *Do health workers examine the mucus membranes of children's mouths?*

a. % of diarrhea cases for whom the mucus membranes of the mouth are examined **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.2.3 Pinch skin

- *Do health workers pinch children's skin?*

a. % of diarrhea cases for whom the skin is pinched **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.2.4 Examine if eyes are sunken or if tears are present

2.2.2.5 Touch fontanelle

2.2.2.6 Feel radial pulse

2.2.2.7 Weigh child

- *Do health workers weigh children?*

a. % of diarrhea cases weighed **Diarrhea Encounter Observation or Role-Play Exercise**

2.2.2.8 Determine nutritional status/degree of malnutrition using growth card

2.2.2.9 Take temperature

2.2.3 CLASSIFY CHILD BY DEGREE OF DEHYDRATION (SEE APPENDIX A: "HOW TO ASSESS YOUR PATIENT FOR DEHYDRATION AND OTHER PROBLEMS"(WHO))

- *Do health workers correctly classify children by degree of dehydration?*

a. % of diarrhea cases classified by degree of dehydration **Diarrhea Encounter Observation or Role-Play Exercise**

b. % of diarrhea cases correctly classified by degree of dehydration **Diarrhea Encounter Observation or Role-Play Exercise**

2.3 ADMINISTER OR PRESCRIBE APPROPRIATE TREATMENT PER CHILDREN'S CLASSIFICATIONS AND PER LOCAL POLICY (SEE APPENDIX B: "TREATMENT PLANS A, B AND C" (WHO))

- *Do health workers administer appropriate treatments to diarrhea cases according to children's classifications and local policy?*

a. % of diarrhea cases administered or prescribed appropriate treatments according to their classifications and local policy **Diarrhea Encounter Observation or Role-Play Exercise**

- *Do health workers administer inappropriate treatments to diarrhea cases according to their classifications and local policy?*

b. % of diarrhea cases administered or prescribed antibiotics in the absence of high fever, cholera or dysentery **Diarrhea Encounter Observation or Role-Play Exercise**

c. % of diarrhea cases administered or prescribed antidiarrheals **Diarrhea Encounter Observation or Role-Play Exercise**

2.3.1 RECOMMEND HOME ADMINISTRATION OF ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY)

- *Do health workers appropriately recommend home administration of ORS or other recommended solutions (per local policy)?*

a. % of diarrhea cases for whom health workers recommend home administration of ORS or other recommended solution by classification **Diarrhea Encounter Observation or Role-Play Exercise**

2.3.2 ADMINISTER ORS OR OTHER RECOMMENDED SOLUTION (PER LOCAL POLICY) IN APPROPRIATE AMOUNTS

- *Do health workers appropriately administer (or supervise mothers in administering) ORS or other recommended solutions (per local policy)?*

a. % of diarrhea cases to whom health workers administer (or supervise mothers in administering) ORS or other recommended solutions (per local policy) by classification **Diarrhea Encounter Observation or Role-Play Exercise**

- *Do health workers (or mothers) administer appropriate amounts of ORS or other recommended solutions (per local policy)?*

b. % of diarrhea cases (who receive ORS or other recommended solutions) administered appropriate amounts of solution during therapy **Diarrhea Encounter Observation or Role-Play Exercise**

c. Average quantity (in ml/kg) of ORS or other recommended solution administered during therapy to diarrhea cases (who receive ORS or other recommended solutions) **Diarrhea Observation Encounter or Role-Play Exercise**

2.3.3 ADMINISTER IV THERAPY OR NASOGASTRIC TUBE THERAPY

- *Do health workers appropriately administer IV therapy or nasogastric tube therapy?*

a. % of diarrhea cases administered IV therapy or nasogastric tube therapy by classification **Diarrhea Encounter Observation or Role-Play Exercise**

2.4 MONITOR CHILDREN TREATED AT SERVICE DELIVERY FACILITY

2.4.1 REASSESS CHILD'S HYDRATION STATUS DURING TREATMENT

- *Do health workers reassess children's hydration during treatment?*

a. % of diarrhea cases (to whom health workers administer ORS or other recommended solutions) for whom hydration status is assessed after 4-6 hours **Diarrhea Encounter Observation or Role-Play Exercise**

b. % of diarrhea cases (to whom health workers administer IV or nasogastric tube therapy) for whom hydration status is assessed hourly during treatment **Diarrhea Encounter Observation or Role-Play Exercise**

2.4.2 DISCHARGE REHYDRATED CHILD WITH INSTRUCTIONS FOR CONTINUING HOME TREATMENT (PER LOCAL POLICY)

2.5 COUNSEL MOTHER (SEE ORT: SERVICE DELIVERY – 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF DIARRHEA CASES)

2.6 REFER CHILDREN WHO ARE UNABLE TO DRINK IF NEITHER IV THERAPY NOR NASOGASTRIC TUBE THERAPY IS POSSIBLE

- *Do health workers refer dehydration cases who are unable to drink if neither IV therapy nor nasogastric tube therapy is possible?*

a. % of dehydration cases referred by reason for referral **Diarrhea Encounter Observation or Role-Play Exercise**

2.7 FOLLOW UP SELECTED DIARRHEA CASES TO ASCERTAIN STATUS AND CONFIRM IMPROVEMENT

- *Do health workers schedule home or service delivery facility visits for selected diarrhea cases to ascertain status and confirm improvements?*

a. % of diarrhea cases for whom home or service delivery facility visits are scheduled **Diarrhea Observation Encounter or Role-Play Exercise**

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING DIARRHEA AND ORT

- *Do mothers manage diarrhea appropriately?*

a. % of mothers (with children under 5 with recent diarrhea episodes) who report administering additional fluids at the onset of diarrhea and throughout diarrhea episodes **Mothers' Interview (Household)**

b. % of mothers (with children under 5 with recent diarrhea episodes) who report administering ORS or other recommended solutions by type of solution **Mothers' Interview (Household)**

c. % of mothers (with children under 5 with recent diarrhea episodes given ORS or other recommended solutions at home) who correctly demonstrate or explain how to prepare the solutions they gave **Mothers' Observation (Household)**

d. % of mothers (with children under 5 with recent diarrhea episodes given ORS or other recommended solutions at home) who report following the recommended administration schedule (quantity and frequency) **Mothers' Interview (Household)**

e. % of mothers (with children under 5 with recent diarrhea episodes) who report following appropriate feeding practices during and after the diarrhea episodes according to their children's weaning statuses [See 3.1.1.5 for Feeding Practices] **Mothers Interview (Household)**

- *Do mothers have adequate knowledge about diarrhea and ORT?*

f. % of mothers (with children under 5 without recent diarrhea episodes) who know to administer extra fluids at the onset of diarrhea and throughout diarrhea episodes **Mothers' Interview (Household)**

g. % of mothers (with children under 5 without recent diarrhea episodes) who know the recipe for ORS or other recommended solutions **Mothers' Interview (Household)**

h. % of mothers (with children under 5 without recent diarrhea episodes) who know the correct schedule for administering ORS or other recommended solutions **Mothers' Interview (Household)**

i. % of mothers (with children under 5 without recent diarrhea episodes) who know the appropriate feeding practices during and after diarrhea for their children's weaning statuses [See 3.1.1.5 for Feeding Practices] **Mothers' Interview (Household)**

j. % of mothers (with children under 5) who know the (locally determined) indications for seeking medical care for diarrhea **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF DIARRHEA CASES

- *Do counselled mothers of diarrhea cases correctly manage diarrhea in the home?*

a. % of mothers (of diarrhea cases) who give extra fluids at home during the 4 hours after discharge from the service delivery facility **Mothers' Observation (Household)**[1]

b. % of mothers (of diarrhea cases given ORS or other recommended solutions at home during the 4 hours following discharge from the service delivery facility) who correctly prepare the solutions they give **Mothers' Observation (Household)**[1]

c. % of mothers (of diarrhea cases given ORS or other recommended solutions at home during the 4 hours following discharge from the service delivery facility) who follow the recommended administration schedule (quantity and frequency) **Mothers' Observation (Household)**[1]

d. % of mothers (of diarrhea cases) who correctly feed their children at home during the 4 hours following discharge from the service delivery facility [See 3.1.1.5 for Feeding Practices] **Mothers' Observation (Household)**[1]

- *Do counselled mothers of diarrhea cases have adequate knowledge for managing diarrhea in the home?*

e. % of mothers (of diarrhea cases) who know that they should give extra fluids during diarrhea **Mothers' Interview (Exit)**[2]

f. % of mothers (of diarrhea cases to whom health workers recommended giving ORS or other recommended solutions at home) who know how to prepare solutions correctly **Mothers' Interview (Exit)**[2]

g. % of mothers (of diarrhea cases to whom health workers recommended giving ORS or other recommended solutions at home) who know the recommended administration schedule (quantity and frequency) **Mothers' Interview (Exit)**[2]

h. % of mothers (of diarrhea cases) who know the appropriate feeding practices during and after diarrhea for their children's weaning status [See 3.1.1.5 for Feeding Practices] **Mothers' Interview (Exit)**[2]

i. % of mothers (of diarrhea cases) who know that they should bring their children for return consultation if their children's conditions worsen or do not improve **Mothers' Interview (Exit)**[2]

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

3.1.1.1 Tell mother to give extra fluids during diarrhea

- *Do health workers tell mothers to give extra fluids during diarrhea ?*

a. % of mothers (of diarrhea cases) told to give extra fluids during diarrhea **Diarrhea Encounter Observation** or Role-Play Exercise

3.1.1.2 Tell mother how to prepare ORS or other recommended solution (per local policy)

- *Do health workers tell mothers how to prepare ORS or other recommended solutions (per local policy)?*

a. % of mothers (of diarrhea cases to whom health workers recommend giving ORS or other recommended solutions at home) told how to prepare ORS or other recommended solutions **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.1.3 Tell mother how to administer ORS or other recommended solution

- *Do health workers tell mothers how to administer ORS or other recommended solutions?*

a. % of mothers (of diarrhea cases to whom health workers recommend giving ORS or other recommended solutions at home) told the recommended administration schedule (quantity and frequency) **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.1.4 Tell mother how ORT works (i.e. that ORS or other recommended solution replaces water and salt lost in diarrhea rather than stopping diarrhea)

3.1.1.5 Tell mother about appropriate feeding practices during and after diarrhea

- *Do health workers tell mothers about appropriate feeding practices during and after diarrhea?*

a. % of mothers (of diarrhea cases) told the appropriate feeding practices for their children's weaning statuses **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.1.5.1 Tell mother to continue breastfeeding

3.1.1.5.2 Tell mother to continue feeding

3.1.1.5.3 Tell mother to give appropriate foods (locally determined)

3.1.1.5.4 Tell mother to give extra foods after diarrhea episode

3.1.1.6 Tell mother about the signs and symptoms of dehydration

- *Do health workers tell mothers about the signs and symptoms of dehydration?*

a. % of mothers (of diarrhea cases) told at least 3 signs and symptoms of dehydration **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.1.6.1 Tell mother about lethargy

3.1.1.6.2 Tell mother about absence of tears while crying

3.1.1.6.3 Tell mother about pinched skin retracting slowly

3.1.1.6.4 Tell mother about cessation of urination

3.1.1.6.5 Tell mother about dry mouth

3.1.1.6.6 Tell mother about sunken eyes

3.1.1.6.7 Tell mother about sunken fontanelle

3.1.1.7 Tell mother to bring child for return consultation if child's condition worsens or does not improve

- *Do health workers tell mothers to bring their children for return consultation if children's conditions worsen or do not improve?*

a. % of mothers (of diarrhea cases) told to bring their children for return consultation if their children's conditions worsen or do not improve **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate preparation and administration of ORS or other recommended solution

- *Do health workers demonstrate preparation of ORS or other recommended solutions to mothers?*

a. % of mothers (of diarrhea cases to whom health workers recommend giving ORS or other recommended solutions at home) to whom health workers demonstrate solution preparation **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.2.2 Ask mother to repeat key messages and/or demonstrate required skills

- *Do health workers ask mothers to repeat key messages and/or to demonstrate required skills?*

a. Mean % of key messages repeated or demonstrated by mothers (of diarrhea cases to whom health workers recommend giving ORS or other recommended solutions at home) (4 messages and skills = 100%) **Diarrhea Encounter Observation or Role-Play Exercise**

3.1.2.2.1 Ask mother to repeat the recipe for ORS or other recommended solution (per local policy) and the procedures for administration

3.1.2.2.2 Ask mother to demonstrate the preparation and administration of ORS or other recommended solution (per local policy)

3.1.2.3 Give mother written, including pictorial, instructions for preparing and administering ORS or other recommended solution (per local policy)

3.1.2.4 Ask mother if she has any questions

3.2 PROVIDE OUTREACH ORT EDUCATION

- *Does the service delivery facility hold group ORT education sessions?*[*****]

a. % of clinic sessions which include group ORT education **Session Observation**

b. Number of group ORT education sessions held in the last 3 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

[*****] A "group ORT education session" is a group health education session with ORT/diarrhea messages transmitted.

- *Do health workers provide ORT education during home visits?*

c. Number of home visits made in the last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with children under 5) which include ORT education **Home Visit Observation**

3.2.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

- *Do health workers transmit key ORT/diarrhea messages?*

a. Mean % of key ORT/diarrhea messages transmitted during group ORT education sessions (10 messages = 100%) **ORT Education Sessions Observation or Role-Play Exercise**

b. Mean % of key ORT/diarrhea messages transmitted during home visits (10 messages = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.1 Explain that additional fluids should be given at the onset of diarrhea and throughout diarrhea episodes

- *Do health workers explain that additional fluids should be given at the onset of diarrhea and throughout diarrhea episodes?*

a. % of group ORT education sessions in which health workers explain that additional fluids should be administered at the onset of diarrhea and throughout diarrhea episodes **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers explain that additional fluids should be administered at the onset of diarrhea and throughout diarrhea episodes **Home Visit Observation or Role-Play Exercise**

3.2.1.2 Explain recommended treatment for diarrhea in the home (per local policy)

- *Do health workers correctly explain the recommended treatment for diarrhea in the home (per local policy)?*

a. % of group ORT education sessions in which the recommended home treatment for diarrhea in the home is correctly explained **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which the recommended treatment for diarrhea in the home is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain how to prepare ORS or other recommended solution (per local policy)

- *Do health workers correctly explain how to prepare ORS or other recommended solutions?*

a. % of group ORT education sessions in which health workers explain how to prepare ORS or other recommended solutions **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers correctly explain how to prepare ORS or other recommended solutions **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain how to administer ORS or other recommended solution

- *Do health workers correctly explain the administration schedule for ORS or other recommended solutions?*

a. % of group ORT education sessions in which health workers correctly explain the administration schedule for ORS or other recommended solutions **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers correctly explain the administration schedule for ORS or other recommended solutions **Home Visit Observation or Role-Play Exercise**

3.2.1.5 Explain appropriate feeding practices during and after diarrhea

- *Do health workers explain appropriate feeding practices during and after diarrhea?*

a. Mean % of appropriate feeding practices during and after diarrhea explained during group ORT education sessions (4 practices = 100%) **ORT Education Session Observation or Role-Play Exercise**

b. Mean % of appropriate feeding practices during and after diarrhea explained during home visits (to households with children under 5) (4 practices = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.5.1 Explain that breastfeeding should be continued if children are breastfeeding

3.2.1.5.2 Explain that feeding should be continued if children are being/have been weaned

3.2.1.5.3 Explain that appropriate foods (locally determined) should be given if children are being/have been weaned

3.2.1.5.4 Explain that extra foods should be given after diarrhea episodes if children are being/have been weaned

3.2.1.6 Explain the signs and symptoms of dehydration

- *Do health workers explain the signs and symptoms of dehydration?*

a. % of group ORT education sessions in which 3 or more of the signs and symptoms of dehydration are explained **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which 3 or more of the signs and symptoms of dehydration are explained **Home Visit Observation or Role-Play Exercise**

3.2.1.6.1 Explain about lethargy

3.2.1.6.2 Explain about absence of tears while crying

3.2.1.6.3 Explain about pinched skin retracting slowly

3.2.1.6.4 Explain about cessation of urination

3.2.1.6.5 Explain about dry mouth

3.2.1.6.6 Explain about sunken eyes

3.2.1.6.7 Explain about sunken fontanelle

3.2.1.7 Explain indications for seeking medical care (locally determined)

- *Do health workers correctly explain the (locally determined) indications for seeking medical care?*

a. % of group ORT education sessions in which the (locally determined) indications for seeking medical care are correctly explained **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which the (locally determined) indications for seeking medical care are explained **Home Visit Observation or Role-Play Exercise**

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Demonstrate preparation of ORS or other recommended solution

- *Do health workers correctly demonstrate preparation of ORS or other recommended solutions?*

a. % of group ORT education sessions in which health workers correctly demonstrate the preparation of ORS or other recommended solutions **ORT Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers correctly demonstrate the preparation of ORS or other recommended solutions **Home Visit Observation or Role-Play Exercise**

3.2.2.2 Ask questions of and respond to questions from attendees

[1]Preferred indicator/data source.
[2]Alternative indicator/data source; obtain for each observed diarrhea case only if it is not possible to observe mothers at home following discharge from the service delivery facility.

APPENDIX A:

HOW TO ASSESS YOUR PATIENT FOR DEHYDRATION AND OTHER PROBLEMS

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, Revised 1987.

APPENDIX A:

After a child with diarrhea has been examined, decide how to treat child.

- Find on the table "HOW TO ASSESS YOUR PATIENT" the signs which describe the child's condition.
- Decide if the child has any of the signs in the column labeled "FOR OTHER PROBLEMS." If so, there are problems which require treatment in addition to any treatment which may be needed for dehydration. Treat these problems according to customary practice or refer for treatment.

If there is blood in the stool and diarrhoea for less than 14 days, give antibiotics. If there is diarrhoea for longer than 14 days with or without blood in the stool or if there is severe undernutrition, continue feeding the child and refer for treatment. If there is fever, show the mother how to cool the child with a wet cloth and fanning, then look for and treat other causes (for example, malaria).

- Determine the degree of dehydration.

  Look at Column C. If 2 or more of the signs listed in that column are present, conclude that the patient has severe dehydration.

  If 2 or more signs from Column C are not present, look at Column B. If 2 or more of the signs listed in that column are present, conclude that the patient has some dehydration.

  If 2 or more signs from column B are not present, conclude that the patient has no signs of dehydration.

- Select the appropriate treatment plan based on the degree of dehydration. These treatment plans are described on the DIARRHOEA TREATMENT PLANS (APPENDIX E).

For no signs of dehydration, select Treatment Plan A - To Treat Diarrhoea.
For some dehydration, select Treatment B - To Treat Dehydration.
For severe dehydration, select Treatment Plan C - To Treat Severe Dehydration Quickly.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 13, Revised 1987.

HOW TO ASSESS YOUR PATIENT

		FOR DEHYDRATION A	FOR DEHYDRATION B	FOR DEHYDRATION C	FOR OTHER PROBLEMS
1 ASK ABOUT	DIARRHOEA	Less than 4 liquid stools per day	4 to 10 liquid stools per day	More than 10 liquid stools per day	Longer than 14 days duration Blood in the stool
	VOMITING	None or a small amount	Some	Very frequent	
	THIRST	Normal	Greater than normal	Unable to drink	
	URINE	Normal	A small amount dark	No urine for 6 hours	
2 LOOK AT	CONDITION	Well alert	Unwell sleepy or irritable	Very sleepy unconscious floppy or having fits	Severe undernutrition
	TEARS	Present	Absent	Absent	
	EYES	Normal	Sunken	Very dry and sunken	
	MOUTH and TONGUE	Wet	Dry	Very dry	
	BREATHING	Normal	Faster than normal	Very fast and deep	
3 FEEL	SKIN	A pinch goes back quickly	A pinch goes back slowly	A pinch goes back very slowly	
	PULSE	Normal	Faster than normal	Very fast weak or you cannot feel it	
	FONTANELLE (in infants)	Normal	Sunken	Very sunken	
4 TAKE TEMPERATURE					Fever - 38.5°C (or 101°F) or greater
5 WEIGH IF POSSIBLE		Loss of less than 25 grams for each kilogram of weight	Loss of 25-100 grams for each kilogram of weight	Loss of more than 100 grams for each kilogram of weight	
6 DECIDE		The patient has no signs of dehydration **Use Plan A**	If the patient has 2 or more of these signs he has some dehydration **Use Plan B**	If the patient has 2 or more of these danger signs, he has severe dehydration **Use Plan C**	

IF YOUR PATIENT HAS	THEN:
Blood in the stool and diarrhoea for less than 14 days	Treat with an appropriate oral antibiotic for shigella dysentery If the child is also - dehydrated - severely undernourished or - less than 1 year of age reassess the child's progress in 24 - 48 hours For the severely undernourished child, also refer for treatment of severe undernutrition
Diarrhoea for longer than 14 days with or without blood	Continue feeding and refer for treatment
Severe undernutrition	
Fever - 38.5°C (or 101°F) or greater	Show the mother how to cool the child with a wet cloth and fanning Look for and treat other causes (for example pneumonia, malaria)

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 54, Revised 1987.

APPENDIX B:

TREATMENT PLAN A - TO TREAT DIARRHEA

TREATMENT PLAN B - TO TREAT DEHYDRATION

TREATMENT PLAN C - TO TREAT SEVERE DEHYDRATION QUICKLY

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, Revised 1987.

TREATMENT PLAN A
TO TREAT DIARRHOEA

EXPLAIN THE THREE RULES FOR TREATING DIARRHOEA AT HOME:

1. GIVE YOUR CHILD MORE FLUIDS THAN USUAL TO PREVENT DEHYDRATION. SUITABLE FLUIDS INCLUDE:
   - The recommended home fluid or food-based fluids, such as gruel, soup, or rice water
   - Breastmilk or milk feeds prepared with twice the usual amount of water.

2. GIVE YOUR CHILD FOOD
   - Give freshly prepared foods. Recommended foods are mixes of cereal and beans, or cereal and meat or fish. Add a few drops of oil to the food, if possible.
   - Give fresh fruit juices or bananas to provide potassium.
   - Offer food every 3 or 4 hours (6 times a day) or more often for very young children.
   - Encourage the child to eat as much as he wants.
   - Cook and mash or grind food well so it will be easier to digest.
   - After the diarrhoea stops, give one extra meal each day for a week, or until the child has regained normal weight.

3. TAKE YOUR CHILD TO THE HEALTH WORKER IF THE CHILD HAS ANY OF THE FOLLOWING:
   - passes many stools
   - is very thirsty
   - has sunken eyes

   These 3 signs suggest your child is dehydrated.

   - has a fever
   - does not eat or drink normally
   - seems not to be getting better.

TEACH THE MOTHER HOW TO USE ORS SOLUTION AT HOME, IF:

- The mother cannot come back if the diarrhoea gets worse,
- It is national policy to give ORS to all children who see a health worker for diarrhoea treatment, or
- Her child has been on Plan B, to prevent dehydration from coming back.

SHOW HER HOW TO MIX AND GIVE ORS

SHOW HER HOW MUCH TO GIVE
- 50-100 ml (¼ to ½ large cup) of ORS solution after each stool for a child less than 2 years old.
- 100-200 ml (½ to 1 large cup) for older children.
- Adults should drink as much as they want.

TELL HER IF THE CHILD VOMITS, wait 10 minutes. Then continue giving the solution but more slowly – a spoonful every 2 - 3 minutes.

GIVE HER ENOUGH PACKETS FOR 2 DAYS

Note: While a child is getting ORS, he should be given breastmilk or dilute milk feeds and should be offered food. Food-based fluids or a salt and sugar solution should *NOT* be given in addition to ORS.

EXPLAIN HOW SHE CAN PREVENT DIARRHOEA BY:

Giving only breastmilk for the first 4 - 6 months and continuing to breastfeed for at least the first year.

Introducing clean, nutritious weaning foods at 4 - 6 months.

Giving her child freshly prepared and well-cooked food and clean drinking water.

Having all family members wash their hands with soap after defecating, and before eating or preparing food.

Having all family members use a latrine.

Quickly disposing of the stool of a young child by putting it into a latrine or by burying it.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 55, Revised 1987.

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TREATMENT PLAN B
TO TREAT DEHYDRATION

1. AMOUNT OF ORS SOLUTION TO GIVE IN FIRST 4 TO 6 HOURS

Patient's age	2 4 6 8 10 12 18 months	2 3 4 6 8 15 years	adult			
Patient's weight in kilograms	3 5 7 9 11 13 15 20 30 40 50					
Give this much solution for 4-6 hours — in ml.	200-400	400-600	600-800	800-1000	1000-2000	2000-4000
Give this much solution for 4-6 hours — in local unit of measure:						

* Use the patient's age only when you do not know the weight.

NOTE: ENCOURAGE THE MOTHER TO CONTINUE BREASTFEEDING.

If the patient wants more ORS, give more.
If the eyelids become puffy, stop ORS and give other fluids. If diarrhoea continues, use ORS again when the puffiness is gone.
If the child vomits, wait 10 minutes and then continue giving ORS, but more slowly.

2. IF THE MOTHER CAN REMAIN AT THE HEALTH CENTRE

- Show her how much solution to give her child.
- Show her how to give it – a spoonful every 1 to 2 minutes.
- Check from time to time to see if she has problems.

3. AFTER 4 TO 6 HOURS, REASSESS THE CHILD USING THE ASSESSMENT CHART. THEN CHOOSE THE SUITABLE TREATMENT PLAN.

NOTE: If a child will continue on Plan B, tell the mother to offer small amounts of food.

If the child is under 12 months, tell the mother to:
- continue breastfeeding or
- if she does not breastfeed, give 100-200 mls of clean water before continuing ORS.

4. IF THE MOTHER MUST LEAVE ANY TIME BEFORE COMPLETING TREATMENT PLAN B

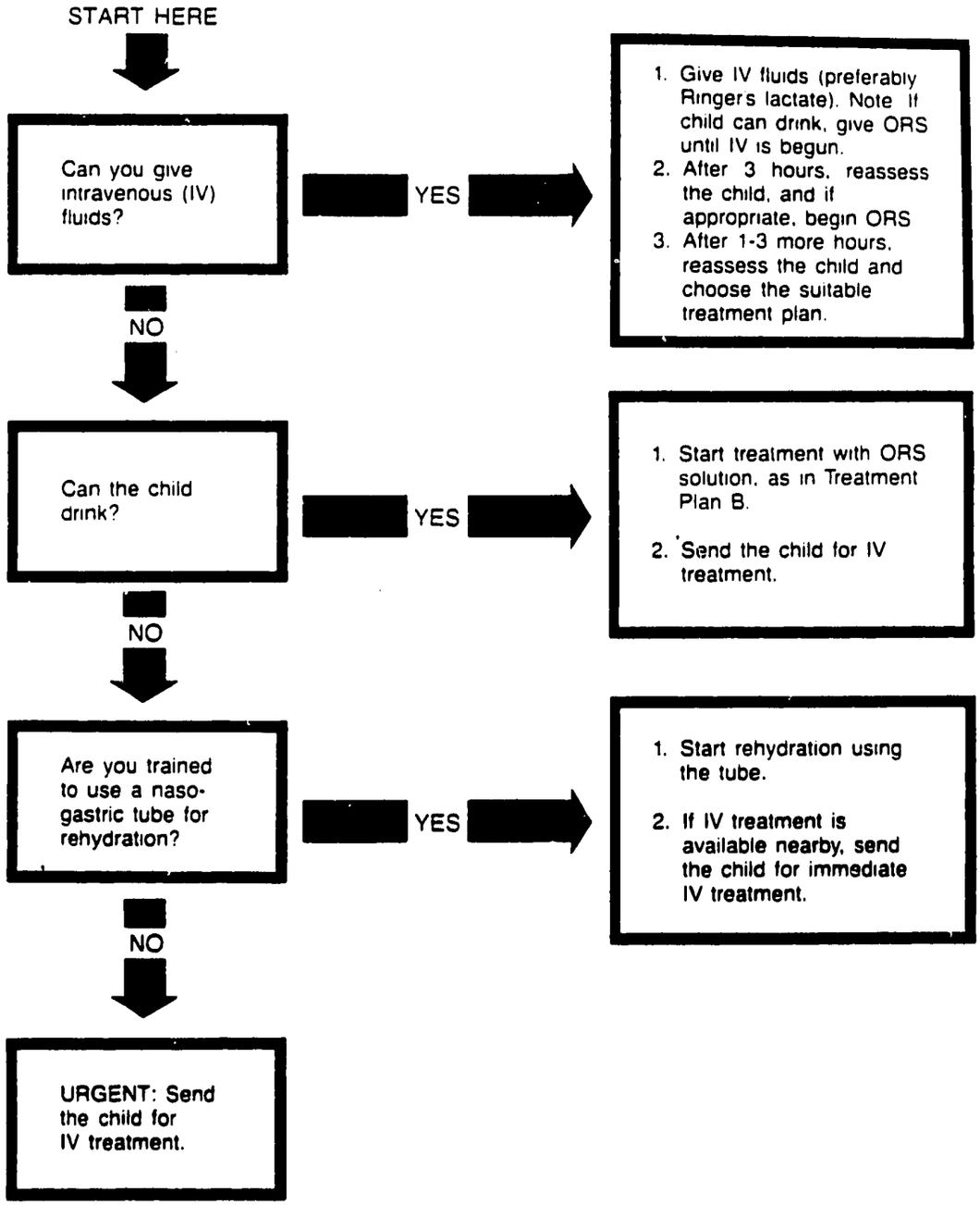
- Give her enough ORS packets for 2 days and show her how to prepare the fluid.
- Show her how much ORS to give to finish the 4-6 hour treatment at home.
- Tell her to give the child as much ORS and other fluids as he wants after the 4-6 hour treatment is finished.
- Tell her to offer the child small amounts of food every 3-4 hours.
- Tell her to bring the child back to the health worker if the child has any of the following:
  - passes many stools
  - is very thirsty
  - has sunken eyes

  These 3 signs suggest the child is dehydrated.
  - has a fever
  - does not eat or drink normally
  - seems not to be getting better.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 56, Revised 1987.

TREATMENT PLAN C
TO TREAT SEVERE DEHYDRATION QUICKLY

Follow the arrows. If the answer to the questions is 'yes', go across. If it is 'no', go down



NOTE: If the child is above 2 years of age and cholera is known to be currently occuring in your area, suspect cholera and give an appropriate oral antibiotic once the child is alert.

Source: World Health Organization, Programme for Control of Diarrhoeal Diseases, Supervisory Skills, TREATMENT OF DIARRHOEA, page 57, Revised 1987.

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME II

Oral Rehydration Therapy Support INDICATORS

Version 1.1
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CENTER FOR HUMAN SERVICES

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ORAL REHYDRATION THERAPY PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS AND IMPACT OF CURRENT ORT ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET ORT OBJECTIVES

2.1 SPECIFY TARGET AGE GROUP(S)

- *What are the ORT target age group(s)?*

a. ORT target age group(s) **Facility Document Review or Facility Key Informant Interview**[1]

2.2 DETERMINE DESIRED ORT PROGRAM IMPACT

- *What is the desired ORT program impact? (Is a disease-severity reduction target set? What is the disease-severity reduction target? Is a mortality reduction target set? What is the mortality reduction target?)*

a. Desired ORT program impact **Facility Document Review or Facility Key Informant Interview**[1]

2.3 DETERMINE DESIRED ORT USE RATE

- *What is the desired ORT use rate?*

a. Level of desired ORT use rate **Facility Document Review or Facility Key Informant Interview**[1]

2.4 DETERMINE DESIRED ORS USE RATE

- *What is the desired ORS use rate?*

a. Level of desired ORS use rate **Facility Document Review or Facility Key Informant Interview**[1]

3. DEVELOP ORT STRATEGY

3.1 DEVELOP ORT POLICIES

3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF DIARRHEA

- *What is the policy on home management of diarrhea? (Are mothers to give increased fluids during diarrhea? Are mothers to give ORS or other solutions? What other solutions are recommended for home use? Under what circumstances are ORS and other recommended solutions to be used in the home? What is the recommended administration schedule (quantity and frequency) for ORS or other recommended solutions? Are mothers to increase feeding during diarrhea? What are the indications for seeking medical care for diarrhea?*

a. Policy on home management of diarrhea **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING DIARRHEA AT THE SERVICE DELIVERY FACILITY

- *What is the protocol for managing diarrhea at the service delivery facility? (What medical history and physical examination items are to be obtained to assess hydration status? Are diarrhea cases to be classified by degree of dehydration? What is the recommended dehydration classification scheme? For each classification: What treatments are to be administered at the service delivery facility? What is the recommended administration schedule (quantity and frequency) for ORS or other recommended solutions? How long are children to be monitored at the service delivery facility? What recommendations are mothers to be given for continuing treatment in the home? What are indications for return consultation?)*

a. Protocol for managing diarrhea at the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON REFERRAL OF DIARRHEA CASES

- *What is the policy on referral of diarrhea cases? (Under what circumstances are diarrhea cases to be referred? To where are they to be referred?)*

a. Policy on referral of diarrhea cases **Facility Document Review or Facility Key Informant Interview**[1]

3.1.4 DEVELOP POLICY ON FOLLOW-UP OF DIARRHEA CASES

- *What is the policy on follow-up of diarrhea cases? (Under what circumstances are diarrhea cases to be followed up?)*

a. Policy on follow-up of diarrhea cases **Facility Document Review or Facility Key Informant Interview**[1]

3.2 DEVELOP ORT PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING CHILDREN UNDER 5 NEEDING ORT SERVICES

- *Is there a system for actively identifying children under 5 needing ORT services?*

a. Existence of a system for actively identifying children under 5 needing ORT services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DEVELOP SERVICE DELIVERY FACILITY DIARRHEA TREATMENT PROCEDURES

- *What are the service delivery facility diarrhea treatment procedures? (Are diarrhea cases to be triaged? Who is to administer ORS or other recommended solutions at the service delivery facility? Where are mothers to obtain supplies needed for continuing treatment in the home?)*

a. Service delivery facility diarrhea treatment procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DEVELOP REFERRAL PROCEDURES

- *What are referral procedures? (How are referred cases to be transported to the referral facility? Are they to be accompanied by service delivery facility staff?)*

a. Referral procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DEVELOP FOLLOW-UP PROCEDURES

- *What are the procedures for following up diarrhea cases? (Are follow-up visits to be scheduled before discharge from the service delivery facility? Are home or facility visits to be scheduled?*

a. Follow-up procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.5 DEVELOP PROCEDURES FOR PROVIDING OUTREACH ORT EDUCATION

- *What are procedures for providing outreach ORT education? (Are group ORT education sessions to be held? Where are group ORT education sessions to be held? How often are group ORT education sessions to be held (by site of sessions)? Are home visits to be made? Is ORT to be promoted during home visits?*

a. Procedures for providing outreach ORT education **Facility Document Review or Facility Key Informant Interview**[1]

3.3 DEVELOP BUDGET FOR ORT ACTIVITIES

3.4 DEVELOP ORT WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT ORT ACTIVITIES

- *Is service delivery facility staffing adequate for ORT activities?*

a. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide ORT services per estimated 1,000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide outreach ORT education per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR ORT ACTIVITIES

- *Does the service delivery facility have adequate transport for ORT activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting referred diarrhea cases to the referral facility **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE ORT PLAN

- *Are ORT policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of ORT policy documents **Service Delivery Facility Observation**

- *Are ORT procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of ORT procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which objectives, targets, policies and procedures are developed.

ORAL REHYDRATION THERAPY TRAINING INDICATORS AND DATA SOURCES

1. PLAN ORT TRAINING

1.1 ASSESS ORT TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR ORT TRAINING

1.3 SELECT ORT TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN ORT TASKS

- *Have health workers received formal ORT training?*

a. % of health workers who say that they received formal ORT training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in ORT tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during ORT training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY ORT INFORMATION AND REQUIRED SKILLS PER TRAINEES' ORT TASKS

- *Are trainees taught key ORT information and required skills?*

a. Mean % of ORT information and skill items taught during ORT training courses (11 items = 100%) **Training Course Observation**[1]

b. Mean % of ORT information and skill items present in ORT training curriculum (11 items = 100%) **Support Facility Observation**[2]

2.1.1 TEACH HOW TO ASSESS HYDRATION STATUS

- *Are trainees taught how to assess hydration status?*

a. % of ORT training courses in which trainees are taught how to assess hydration status **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on how to assess hydration status **Support Facility Observation**[2]

2.1.2 TEACH RECOMMENDED DIARRHEA/DEHYDRATION CLASSIFICATION SCHEME

- *Are trainees taught the recommended diarrhea/dehydration classification scheme?*

a. % of ORT training courses in which trainees are taught the recommended diarrhea/dehydration classification scheme **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on the recommended diarrhea/dehydration classification scheme **Support Facility Observation**[2]

2.1.3 TEACH RECOMMENDED DIARRHEA/DEHYDRATION TREATMENT PROTOCOL

- *Are trainees taught the recommended diarrhea/dehydration treatment protocol?*

a. % of ORT training courses in which trainees are taught the recommended diarrhea/dehydration treatment protocol **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on the recommended diarrhea/dehydration treatment protocol **Support Facility Observation**[2]

2.1.4 TEACH HOW TO PREPARE ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY)

- *Are trainees taught how to prepare ORS or other recommended solutions (per local policy)?*

a. % of ORT training courses in which trainees are taught how to prepare ORS or other recommended solutions (per local policy) **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on how to prepare ORS or other recommended solutions (per local policy) **Support Facility Observation**[2]

2.1.5 TEACH HOW TO ADMINISTER ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY)

- *Are trainees taught how to administer ORS or other recommended solutions (per local policy)?*

a. % of ORT training courses in which trainees are taught how to administer ORS or other recommended solutions (per local policy) **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on how to administer ORS or other recommended solutions (per local policy) **Support Facility Observation**[2]

2.1.6 TEACH HOW ORT WORKS (I.E., THAT ORT REPLACES WATER AND SALT LOST IN DIARRHEA RATHER THAN STOPPING DIARRHEA)

- *Are trainees taught how ORT works?*

a. % of ORT training courses in which trainees are taught how ORT works **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on how ORT works **Support Facility Observation**[2]

2.1.7 TEACH APPROPRIATE FEEDING PRACTICES DURING AND AFTER DIARRHEA

- *Are trainees taught appropriate feeding practices during and after diarrhea?*

a. % of ORT training courses in which trainees are taught appropriate feeding practices during and after diarrhea **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on appropriate feeding practices during and after diarrhea **Support Facility Observation**[2]

2.1.8 TEACH IMPORTANCE OF TELLING MOTHERS OF DIARRHEA CASES TO GIVE EXTRA FLUIDS DURING DIARRHEA

- *Are trainees taught the importance of telling mothers of diarrhea cases to give extra fluids during diarrhea?*

a. % of ORT training courses in which trainees are taught that they should tell mothers of diarrhea cases to give extra fluids during diarrhea **Training Course Observation**[1]

b. Presence in ORT training curriculum of information that mothers of diarrhea cases should be told to give extra fluids during diarrhea **Support Facility Observation**[2]

2.1.9 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught use of counselling and health education techniques and materials?*

a. % of ORT training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.10 TEACH METHODS FOR DETERMINING QUANTITIES OF ORS PACKETS TO ORDER

- *Are trainees taught methods for determining quantities of ORS packets to order?*

a. % of ORT training courses in which trainees are taught methods for determining quantities of ORS packets to order **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on methods for determining quantities of ORS packets to order **Support Facility Observation**[2]

2.1.11 TEACH PROCEDURES FOR MAINTAINING DIARRHEA TREATMENT RECORDS AND REPORTING ORT/DIARRHEA INFORMATION

- *Are trainees taught procedures for maintaining diarrhea treatment records and reporting ORT/diarrhea information?*

a. % of ORT training courses in which trainees are taught procedures for maintaining diarrhea treatment records and reporting ORT/diarrhea information **Training Course Observation**[1]

b. Presence in ORT training curriculum of information on procedures for maintaining diarrhea treatment records and reporting ORT/diarrhea information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED ORT SKILLS

- *Are required ORT skills demonstrated to trainees?*

a. Mean % of required ORT skills demonstrated during ORT training courses (5 skills = 100%) **Training Course Observation**[1]

b. Mean % of required ORT skills that recent trainees (training received $\leq$ 6 months ago) say were demonstrated during training (5 skills = 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate how to prepare ORS or other recommended solutions (per local policy)

- *Is preparation of ORS or other recommended solutions (per local policy) demonstrated to trainees?*

a. % of ORT training courses in which preparation of ORS or other recommended solutions (per local policy) is demonstrated **Training Course Observation**[1]

b. % of interviewed recent trainees (training received ≤ 6 months ago) who say that preparation of ORS or other recommended solutions (per local policy) was demonstrated during training **Health Worker Interview**[3]

2.2.1.2 Demonstrate how to rehydrate children

- *Is rehydration of dehydrated children demonstrated to trainees?*

a. % of ORT training courses in which rehydration of dehydrated children is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that rehydration of dehydrated children was demonstrated during training **Health Worker Interview**[3]

2.2.1.3 Demonstrate counselling and health education

- *Is ORT counselling demonstrated to trainees?*

a. % of ORT training courses in which ORT counselling is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that ORT counselling was demonstrated during training **Health Worker Interview**[3]

- *Is group ORT education demonstrated to trainees?*

c. % of ORT training courses in which group ORT education is demonstrated **Training Course Observation**[1]

d. % of recent trainees (training received ≤ 6 months ago) who say that group ORT education was demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REHYDRATING CHILDREN DURING TRAINING

- *Are trainees given the opportunity to practice rehydrating children during training?*

a. % of ORT training courses in which trainees practice rehydrating children **Training Course Observation**[1]

b. % of interviewed recent trainees (training received ≤ 6 months ago) who say that they practiced rehydrating children during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON ORT/DIARRHEA

2.3 TEST COMPETENCE OF TRAINEES IN ORT TASKS

- *Is demonstrated competence in ORT tasks required of trainees before they complete training?*

a. % of ORT training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE SKILL IN ASSESSING HYDRATION STATUS BY OBSERVING WHETHER THEY CORRECTLY CLASSIFY CHILDREN BY SEVERITY OF DEHYDRATION (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in assessing hydration status tested using appropriate methods?*

a. % of ORT training courses in which trainee skill in assessing hydration status is tested using appropriate methods **Training Course Observation**[1]

2.3.2 TEST TRAINEE SKILL IN PREPARING ORS OR OTHER RECOMMENDED SOLUTIONS (PER LOCAL POLICY) BY OBSERVING WHETHER THEY CORRECTLY PREPARE ORS OR OTHER RECOMMENDED SOLUTIONS (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in preparing ORS or other recommended solutions (per local policy) tested using appropriate methods?*

a. % of ORT training courses in which trainee skill in preparing ORS or other recommended solutions (per local policy) is tested using appropriate methods **Training Course Observation**[1]

2.3.3 TEST TRAINEE SKILL IN REHYDRATING CHILDREN BY OBSERVING WHETHER THEY CORRECTLY REHYDRATE CHILDREN (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in rehydrating children tested using appropriate methods?*

a. % of ORT training courses in which trainee skill in rehydrating children is tested using appropriate methods **Training Course Observation**[1]

3. EVALUATE ORT TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN ORT TASKS (SEE ORT: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN ORT TASKS)

3.2 ASSESS HEALTH WORKER ORT TASK PERFORMANCE (SEE ORT: SUPERVISION; INFORMATION SYSTEM MONITORING AND EVALUATION)

4. MAINTAIN ORT TRAINING RECORDS AND REPORT ORT TRAINING INFORMATION (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of ORT training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of ORT information and skill items taught during ORT training course"; and "Transmission of information X/skill X (e.g., how to assess hydration status) in ORT training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of ORT information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g., how to assess hydration status) in ORT training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

ORAL REHYDRATION THERAPY SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Document Review or Support Facility Key Informant Interview**[1]

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounters" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE ORT SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery ORT service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which ORT service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which ORT service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING ORT TASKS

2.1.1 SET OR COMMUNICATE ORT OBJECTIVES

2.1.2 DEVELOP ORT WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR ORT TASK PERFORMANCE

- *Do health workers have access to information on standards for ORT task performance?*

a. Presence at the service delivery facility of an ORT procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY ORT SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF DESIRED ORT AND ORS USE RATES, IF PRESENT, AND/OR FREQUENCY OF ORT SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining desired ORT and ORS use rates and/or is conducting ORT activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining desired ORT and ORS use rates or in conducting ORT activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of desired ORT and ORS use rates by: (1) reviewing service delivery facility records to obtain data on the proportion of diarrhea cases treated with ORT and ORS; or (2) conducting sample household ORT and ORS coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining desired ORT and ORS use rate using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining desired ORT and ORS use rates by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of desired ORT and ORS use rates **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess occurrence and frequency of outreach ORT education activities by: (1) reviewing service delivery facility records to obtain data on the number of home visits made and/or group ORT education sessions held; (2) interviewing community leaders and members about the frequency of group ORT education sessions; or (3) asking health workers about the occurrence and frequency of outreach ORT education activities

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting outreach ORT education activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting outreach ORT education activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the past 6 months) with the first-level supervisor regarding the occurrence and frequency of outreach ORT education activities **Service Delivery Key Informant Interview**

2.2.2 ASSESS QUALITY OF ORT SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of ORT service delivery activities?*

a. Knowledge of first-level supervisor of the observer-identified significant problems(s) (locally defined) that a selected service delivery facility has regarding the quality of ORT service delivery activities, if applicable **Supervisor Interview**[3]

- *Does the first-level supervisor regularly have the opportunity to observe service delivery facility ORT activities?*

b. Number of consultation sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach ORT education activities?*

c. Number of group ORT education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess whether health workers correctly prepare ORS or other recommended solutions by observing health workers prepare ORS or other recommended solutions (in consultation sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly prepare ORS or other recommended solutions using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly prepare ORS or other recommended solutions by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding preparation of ORS or other recommended solutions **Service Delivery Facility Key Informant Interview**

2.2.2.2 Assess whether health workers correctly assess children's hydration statuses by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly assess children's hydration statuses using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly assess children's hydration statuses by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the assessment of children's hydration statuses **Service Delivery Facility Key Informant Interview**

2.2.2.3 Assess whether health workers administer, prescribe or distribute appropriate treatments to diarrhea cases according to children's classifications and local policy by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly administer, prescribe or distribute appropriate treatments to diarrhea cases according to children's classifications and local policy using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly administer, prescribe or distribute appropriate treatments to diarrhea cases according to children's classification and local policy by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the treatment of diarrhea cases **Service Delivery Facility Key Informant Interview**

2.2.2.4 Assess whether health workers monitor diarrhea cases treated at the service delivery facility by observing health workers treat diarrhea cases (in consultation sessions or in role-play exercises)

2.2.2.5 Assess whether health workers tell all mothers of diarrhea cases how to prepare and administer ORS or other recommended solutions (per local policy) by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know how to prepare and administer ORS or other recommended solutions (per local policy)

- *Does the first-level supervisor regularly assess whether health workers tell all mothers of diarrhea cases how to prepare and administer ORS or other recommended solutions (per local policy) using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell all mothers of diarrhea cases how to prepare and administer ORS or other recommended solutions (per local policy) by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding ORT counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.6 Assess whether health workers tell all mothers of diarrhea cases to administer extra fluids and to follow appropriate feeding practices during and after diarrhea by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know to give extra fluids and to follow appropriate feeding practices during and after diarrhea

- *Does the first-level supervisor regularly assess whether health workers tell all mothers of diarrhea cases to administer extra fluids and to follow appropriate feeding practices during and after diarrhea using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell all mothers of diarrhea cases to administer extra fluids and to follow appropriate feeding practices during and after diarrhea by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding ORT counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.7 Assess whether health workers tell all mothers of diarrhea cases to bring their children for return consultation if children's conditions worsen or do not improve by: (1) observing health workers counsel mothers (in consultation sessions or in role-play exercises); or (2) interviewing mothers of diarrhea cases leaving consultation sessions to determine whether they know that they should bring their children for return consultation if their children's conditions worsen or do not improve

- *Does the first-level supervisor regularly assess whether health workers tell all mothers of diarrhea cases to bring their children for return consultation if their children's conditions worsen or do not improve using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell all mothers of diarrhea cases to bring their children for return consultation if their children's conditions worsen or do not improve by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding ORT counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.8 Assess whether health workers effectively provide outreach ORT education by: (1) observing health workers provide outreach ORT education (in group ORT education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group ORT education sessions and/or after home visits to determine whether they know key ORT messages

- *Does the first-level supervisor regularly assess whether health workers effectively provide outreach ORT education using appropriate assessment methods?*

a % of supervision encounters in which the first-level supervisor assesses whether health workers effectively provide outreach ORT education by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding outreach ORT education messages and techniques **Service Delivery Facility Key Informant Interview**

2.2.3 ASSESS QUALITY OF ORT SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of ORT support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problems(s) (locally defined) that a selected service delivery facility has regarding the quality of ORT support activities, if applicable **Supervisor Interview**[3]

2.2.3.1 Assess whether the service delivery facility has adequate quantities of ORS packets and preparation equipment for ORS or other recommended solutions by: (1) observing quantities of ORS packets and preparation equipment available at the service delivery facility; or (2) asking health workers about shortages of ORS packets and preparation equipment

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of ORS packets and preparation equipment for ORS or other recommended solutions using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of ORS packets and preparation equipment for ORS or other recommended solutions by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of ORS packets and preparation equipment for ORS or other recommended solutions **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether health workers properly organize and rotate ORS packets by examining the service delivery facility ORS storage place

2.2.3.3 Assess whether health workers adequately maintain diarrhea treatment records by reviewing diarrhea treatment records for completeness and correctness of information

2.3 ASSIST IN RESOLVING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining desired ORT and ORS use rates?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining desired ORT and ORS use rates if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer identified significant problem(s) (locally defined) that the service delivery facility has in attaining desired ORT and ORS use rates if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of ORT service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of ORT service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of ORT service delivery activities, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of ORT support activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of ORT support activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of ORT support activities, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON ORT PERFORMANCE

2.3.1.1 Praise or otherwise reward good ORT performance

2.3.1.2 Advise or instruct health workers how to improve poor ORT performance

2.3.1.3 Provide direct assistance in performing ORT tasks

2.3.2 TAKE FOLLOW-UP ACTION ON HEALTH WORKER ORT PERFORMANCE

2.3.2.1 Provide or arrange for formal in-service training in ORT

2.3.2.2 Provide ORT logistic support, if applicable

2.3.2.2.1 Provide ORS packets and/or preparation equipment for ORS or other recommended solutions

2.3.2.2.2 Provide reference materials on ORT and diarrhea

2.3.2.3 Refer persistent ORT performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor ORT performance, if applicable

2.5 MOTIVATE HEALTH WORKERS (SEE ORT: SUPERVISION--2.3 ASSIST IN RESOLVING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF ORT SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER ORT TASK PERFORMANCE (SEE ORT: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either **First-Level Support Facility Observation, Document or Key Informant** or **Higher-Level Support Facility Observation, Document or Key Informant** depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicators will become: "Supervision of ORT service delivery and/or support activities in supervision encounter"; "Assessment of ORT service delivery or support item X (e.g., whether health workers correctly assess children's hydration statuses in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1) -- items 2.2.1.1 - 2.2.1.2
Category 2 (item 2.2.2) -- items 2.2.2.1, 2.2.2.2, 2.2.2.3, 2.2.2.5, 2.2.2.6, 2.2.2.7 and 2.2.2.8
Category 3 (item 2.2.3) -- item 2.2.3.1

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

ORAL REHYDRATION THERAPY
COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED ORT ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING ORT ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED ORT SUPPLY DEPOTS

1.1.4 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES (SEE: ORT FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED ORT ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED ORT ACTIVITIES

- *Has the service delivery facility assigned specific health workers to organize community-managed ORT activities?*

a. Existence of at least one health worker responsible for organizing community-managed ORT activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED ORT ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed ORT activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed ORT, when needed **Health Worker Interview**

2. ORGANIZE COMMUNITY-MANAGED ORT ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE ORT ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN ORT ACTIVITIES

2.1.2 EXPLAIN ORT OBJECTIVES AND STRATEGIES

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*The term "community-managed ORT activities" refers to ORT service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of ORT services by community members, e.g. to having children with diarrhea treated at the service delivery facility or to attending health education sessions. The specific ORT activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE ORT ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING ORT ACTIVITIES

2.2.1 PLAN ORT SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system ORT service delivery activities

2.2.1.2 Plan community-managed activities for identifying children needing ORT services

2.2.1.3 Plan community-managed diarrhea treatment activities

2.2.1.4 Plan community-managed outreach ORT education activities

2.2.1.5 Select community members for training as unsalaried health workers

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED ORT SUPPLY DEPOTS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES (SEE ORT: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ORT SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY CHILDREN NEEDING ORT SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize dehydration

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO TREAT DIARRHEA CASES

- *Do unsalaried community members and/or health workers treat diarrhea cases (outside their own families)?*

a. % of mothers (with children under 5 with recent diarrhea episodes) who report taking their children to unsalaried community members and/or health workers for treatment **Mothers' Interview (Household)**

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ORT EDUCATION TASKS

- *Do unsalaried community members and/or health workers promote ORT and train mothers how to prepare and administer ORS or other recommended solutions?*

a. % of mothers (with children under 5 and who know the recipe for ORS or other recommended solutions) who report being taught the recipe for ORS or other recommended solutions by unsalaried community members and/or health workers **Mothers' Interview (Household)**

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED ORS SUPPLY DEPOTS

- *Do communities have functioning community ORS supply depots?*

a. % of mothers (with children under 5 with recent diarrhea episodes given ORS at home) who report obtaining ORS packets from community-managed ORS supply depots. **Mothers' Interview (Household)**

b. % of communities in which at least one key informant reports the existence of a functioning community-managed ORS supply depot **Community Key Informant Interview**

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED ORS SUPPLY DEPOTS

2.4.2 DISTRIBUTE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS (SEE ORT: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES

3. MONITOR COMMUNITY-MANAGED ORT ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED ORT ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed ORT activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed ORT activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED ORT SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED ORT LOGISTIC SUPPORT ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR ORT ACTIVITIES

ORAL REHYDRATION THERAPY
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

ORS Packets

Preparation Equipment for ORS or Other Recommended Solutions
(Spoons, Containers)

1. PLAN ORT LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF ORS PACKETS TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING ORS PACKETS

- *What system is used to supply ORS packets to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued ORS packets?)*

a. System used to supply ORS packets to the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

2. PROCURE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

- *Does the service delivery facility have an adequate supply of ORS packets?*

a. % of consultation sessions with an inadequate supply of ORS packets (ORS packets are not present or run out) **Consultation Session Observation**

b. Length of the longest period in the last year that the service delivery facility was without ORS packets **Service Delivery Facility Key Informant Interview**

c. Number of ORS packets available at the service delivery facility per 1000 children under 5 in the service delivery facility catchment area or per the monthly service delivery facility diarrhea caseload* **Service Delivery Facility Observation and Service Delivery Facility Document Review**

d. Ability of the service delivery facility to obtain an emergency supply of ORS packets within 48 hours if necessary **Service Delivery Facility Key Informant Interview**

- *What complaints does the service delivery facility have about supplies of ORS packets?*

e. Complaints regarding ORS supply **Service Delivery Facility Key Informant Interview**

[1] There does not exist, to our knowledge, a standard ratio of the number of ORS packets that should be available per 1000 children under 5 or per monthly diarrhea caseload. The most appropriate denominator for this ratio will depend upon local policy on the types of diarrhea cases to whom the service delivery facility should provide ORS packets and must, therefore, be determined locally.

- *Is required preparation equipment for ORS or other recommended solutions available at the service delivery facility?*

e. Presence at the service delivery facility of appropriate spoons and containers (locally defined) **Service Delivery Facility Observation**

2.1 ESTIMATE REQUIREMENTS FOR ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

2.2 SECURE AND DISBURSE FUNDS FOR PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS, IF APPLICABLE

2.3 ORDER OR BE ISSUED ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

2.4 COLLECT OR RECEIVE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

3. STORE ORS PACKETS AND STORE AND MAINTAIN PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

3.1 ORGANIZE AND ROTATE STOCK OF ORS PACKETS

3.2 STORE ORS PACKETS IN A COOL, DRY PLACE

- *Does the service delivery facility have an adequate storage place for ORS packets?*

a. Presence at the service delivery facility of an adequate storage place for ORS packets (locally defined) **Service Delivery Facility Observation**

3.3 DISCARD ORS PACKETS THAT HAVE EXPIRED OR HAVE BEEN DAMAGED

3.4 CLEAN PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS AFTER USE

4. DISTRIBUTE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

- *Are adequate supplies of ORS packets available in the community?*

a. % of community-managed depots with ORS packets, if applicable **Depot Observation**

b. % of mothers (with children under 5 with recent diarrhea episodes given ORS at home) who report having difficulties obtaining ORS packets by type of difficulty **Mothers' Interview (Household)**

4.1 RECEIVE ORDERS FOR OR ISSUE ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

4.2 DELIVER ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR ORS PACKETS AND PREPARATION EQUIPMENT FOR ORS OR OTHER RECOMMENDED SOLUTIONS (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

ORAL REHYDRATION THERAPY
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR ORT ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR ORT ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR ORT ACTIVITIES

1.1.2 OBTAIN ALLOCATED ORS PACKETS AND ORS PREPARATION EQUIPMENT (SEE ORT: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR ORT ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility ORT activities?*

a. Coverage of part of the recurrent costs of service delivery facility ORT activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR ORT ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for ORT activities

- *What is the policy on user or social financing for ORT activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for consultations? Are ORS packets to be sold? Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for ORT activities **Facility Key Informant Interview**[1]

1.2.1.2 Develop procedures for user and/or social financing for ORT activities

1.2.1.2.1 Establish fee schedules for consultations

- *Have fee schedules for consultations been established?*

a. Existence of fee schedules for consultations **Facility Observation or Facility Key Informant Interview**[1]

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for oral rehydration activities. Instead they receive material resources (ORS packets, and ORS preparation equipment) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

1.2.1.2.2 Establish sales prices for ORS packets

- *Have sales prices for ORS packets been established?*

a. Existence of sales prices for ORS packets **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to ORT services and supplies

- *Are there arrangements to ensure indigents equal access to ORT services and supplies?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for consultations for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for ORS packets for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for ORT activities

1.2.2 COLLECT LOCAL RESOURCES FOR ORT ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for ORS packets per local policy and procedures

- *Does the service delivery facility collect charges for consultations and ORS packets?*

a. % of mothers (of diarrhea cases) who report paying charges for consultations and/or ORS packets **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for ORT activities

- *Do community groups contribute material resources or labor to support service delivery facility ORT activities?*

a. Receipt from the community of material resources or labor to support service delivery facility ORT activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR ORT ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE ORT: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

ORAL REHYDRATION THERAPY INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT ORT/DIARRHEA DATA

1.1 COLLECT DATA ON SIZE OF ORT TARGET POPULATION

- *Does the service delivery facility have information on the number of children under 5 in its catchment area?*

a. Availability at the service delivery facility of information on the number of children under 5 in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT ORT SERVICE DELIVERY DATA

1.2.1 MAINTAIN DIARRHEA TREATMENT RECORDS

- *Does the service delivery facility maintain diarrhea treatment records which contain: (1) children's ages; (2) diarrhea/dehydration classifications; (3) diarrhea/dehydration treatments administered, prescribed or distributed; and (4) diarrhea/dehydration referrals made?*

a. Presence at the service delivery facility of diarrhea treatment records which contain: (1) children's ages; (2) diarrhea/dehydration classifications; (3) diarrhea/dehydration treatments administered, prescribed or distributed; and (4) diarrhea/dehydration referrals made **Service Delivery Facility Observation**

1.2.1.1 Record children's ages

1.2.1.2 Record diarrhea/dehydration classifications

1.2.1.3 Record diarrhea/dehydration treatments administered, prescribed or distributed

1.2.1.4 Record diarrhea/dehydration referrals made

1.2.2 MAINTAIN ACTIVITIES RECORDS

1.2.2.1 Record number of group ORT education sessions held

1.2.2.2 Record number of home visits made

1.3 COLLECT DATA ON ORT SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on ORS packets

- *Does the service delivery facility maintain records on ORS packets received, distributed and on hand?*

a. Presence at the service delivery facility of records on ORS packets received, distributed and on hand **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received

1.3.4.1.2 Record quantities distributed

1.3.4.1.3 Record current stock levels

1.3.4.2 Record information on preparation equipment for ORS or other recommended solutions

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record ORT receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for ORT services and supplies

1.3.5.2 Record funds disbursed for ORT activities

1.3.5.3 Record current balances

1.4 COLLECT ORT/DIARRHEA IMPACT DATA

1.4.1 MAINTAIN RECORDS ON DIARRHEA-ASSOCIATED DEATHS

1.5 CONDUCT SPECIAL ORT/DIARRHEA KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS ORT/DIARRHEA DATA

2.1 VERIFY/VALIDATE ORT/DIARRHEA DATA COLLECTED

2.2 CODE ORT/DIARRHEA DATA

2.3 FILE ORT/DIARRHEA DATA

2.4 TABULATE ORT/DIARRHEA DATA

2.4.1 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN UNDER 5 TREATED MONTHLY BY DEGREE OF SEVERITY

- *Does the service delivery facility routinely tabulate the number of diarrhea cases in children under 5 treated monthly by degree of severity?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of diarrhea cases in children under 5 treated by degree of severity **Service Delivery Facility Observation**[1]

2.4.2 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN UNDER 5 TREATED MONTHLY WITH ORT BY DEGREE OF SEVERITY AND BY TYPE OF ORAL REHYDRATION SOLUTION

- *Does the service delivery facility routinely tabulate the number of diarrhea cases in children under 5 treated monthly with ORT by degree of severity and by type of oral rehydration solution?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of diarrhea cases in children under 5 treated with ORT by degree of severity and by type of oral rehydration solution **Service Delivery Facility Observation**[1]

2.4.3 TABULATE NUMBER OF DIARRHEA CASES IN CHILDREN REFERRED MONTHLY BY DEGREE OF SEVERITY

- *Does the service delivery facility routinely tabulate the number of diarrhea cases in children under 5 referred monthly by degree of severity?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of diarrhea cases in children under 5 referred by degree of severity **Service Delivery Facility Observation**[1]

2.5 ANALYZE ORT/DIARRHEA DATA

2.5.1 CALCULATE DIARRHEA-ASSOCIATED MORTALITY RATE

2.5.2 CALCULATE DIARRHEAL DISEASE CASE-FATALITY RATE

2.5.3 CALCULATE PROPORTION OF DIARRHEA CASES REFERRED

2.5.4 CALCULATE ORT USE RATE

- *Does the service delivery facility routinely calculate the ORT use rate for the service delivery facility catchment area?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the ORT use rate for the service delivery facility catchment area **Service Delivery Facility Observation**[1]

2.5.5 CALCULATE ORS USE RATE

- *Does the service delivery facility routinely calculate the ORS use rate for the service delivery facility catchment area?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the ORS use rate for the service delivery facility catchment area **Service Delivery Facility Observation**[1]

3. REPORT ORT/DIARRHEA INFORMATION

3.1 PREPARE REQUIRED ORT/DIARRHEA REPORTS

3.2 TRANSMIT REQUIRED ORT/DIARRHEA REPORTS

- *Does the service delivery facility transmit required ORT/diarrhea reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility ORT/diarrhea report **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON ORT/DIARRHEA INFORMATION REPORTED (SEE ORT: SUPERVISION)

4. UTILIZE ORT/DIARRHEA INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING ORT SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO ORT: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING ORT ACTIVITIES (SEE ORT: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

PRICOR

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VOLUME II

Malaria Service INDICATORS

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MALARIA
SERVICE DELIVERY INDICATORS AND DATA SOURCES
Treatment

1. IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 NEEDING MALARIA TREATMENT SERVICES

- *Do mothers or unsalaried community members and/or health workers adequately assess children's need for malaria treatment services?*

a. % of mothers (with children under 5 with recent fever episodes* not taken to the service delivery facility**) who report not taking their children to the service delivery facility because none of the (locally determined) indications for seeking medical care for fever were present **Mothers' Interview (Household)**

b. % of mothers (with children under 5 with recent fever episodes not taken to the service delivery facility) who report not taking their children to the service delivery facility on the advice of trained unsalaried community members or health workers **Mothers' Interview (Household)**

c. % of mothers (with children under 5 with recent fever episodes taken to the service delivery facility) who report taking their children to the service delivery facility because one or more of the (locally determined) indications for seeking medical care for fever was present **Mothers' Interview (Household)**

d. % of mothers (with children under 5 with recent fever episodes taken to the service delivery facility) who report taking their children to the service delivery facility on the advice of trained community members or health workers **Mothers' Interview (Household)**

2. MANAGE MALARIA CASES

- *Do pregnant women and/or children under 5 have access to malaria treatment services?*

a. % of women aged 15-44 and/or children under 5 in the service delivery facility catchment area living within 5 km. of a provider of malaria treatment services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of malaria treatment services per 1000 women aged 15-44 and/or children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of malaria treatment services by the service delivery facility **Service Delivery Facility Key Informant Interview**

*The term "recent fever episodes" refers to fever starting in the last month.
**The term "service delivery facility" refers to any provider of malaria treatment services, including a community health worker operating out of his/her home.

- *Are malaria cases in pregnant women and/or children under 5 treated at the service delivery facility?*

d. Ratio of the number of malaria cases in pregnant women and/or children under 5 treated at the service delivery facility last year to the estimated total number of malaria cases in pregnant women and/or children under 5 in the service delivery facility catchment area last year **Service Delivery Facility Document Review**

e. % of mothers (with children under 5 with recent fever episodes) who report taking their children to the service delivery facility for treatment **Mothers' Interview (Household)**

- *Is the desired malaria treatment rate being attained in the service delivery facility catchment area?*

f. % of pregnant women (with recent fever episodes) and/or mothers (with children under 5 with recent fever episodes) who report administering antimalarial drugs at home **Mothers' Interview (Household)**

g. % of fever cases in pregnant women and/or children under 5 treated at the service delivery facility last year given antimalarial drugs **Service Delivery Facility Document Review**

- *Is desired malaria treatment program impact being attained in the service delivery facility catchment area?*

h. Number of malaria deaths last year per 1000 live births and/or children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.1 DIAGNOSE MALARIA OR OTHER FEVER-RELATED ILLNESSES

2.1.1 TAKE MEDICAL HISTORY

- *Do health workers take adequate medical histories from fever cases?*

a. Mean % of medical history items asked about for fever cases*** (13 items = 100%) **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.1.1 Ask about level of fever

- *Do health workers ask fever cases about the level of fever?*

a. % of fever cases asked about the level of fever **Malaria Treatment Encounter Observation or Role-Play Exercise**

***The term "fever cases" refers to pregnant women and/or children under 5 identified by health workers as fever cases.

2.1.1.2 Ask about pattern of fever

- *Do health workers ask fever cases about the pattern of fever?*

a. % of fever cases asked about the pattern of fever **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.1.3 Ask about chills/sweats

2.1.1.4 Ask about headache

2.1.1.5 Ask about vomiting

2.1.1.6 Ask about convulsions (cerebral malaria)

2.1.1.7 Ask about antimalarial drug administration in last 24 hours

- *Do health workers ask fever cases about antimalarial drug administration in the last 24 hours?*

a. % of fever cases asked about antimalarial drug administration in the last 24 hours **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.1.8 Ask about the following to rule out other fever-related illnesses:

2.1.1.8.1 Ask about diarrhea

2.1.1.8.2 Ask about cough

2.1.1.8.3 Ask about runny nose/sore throat

2.1.1.8.4 Ask about ear pain

2.1.1.8.5 Ask about urinary symptoms (dysuria, frequency)

2.1.1.8.6 Ask about joint pain or swelling

2.1.2 CONDUCT PHYSICAL EXAMINATION

- *Do health workers conduct adequate physical examinations of fever cases?*

a. Mean % of physical examination items obtained for fever cases (7 items = 100%) **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.2.1 Take temperature

- *Do health workers take fever cases' temperatures?*

a. % of fever cases for whom temperature is taken **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.2.2 Examine neck for stiffness

2.1.2.3 Palpate abdomen/stomach

2.1.2.4 Ascultate lungs (per local policy)

2.1.2.5 Examine ears, nose, throat

2.1.2.6 Examine skin

2.1.2.7 Weigh patient

- *Do health workers weigh fever cases (children under 5 only)?*

a. % of fever cases (children under 5 only) weighed **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.3 PERFORM LABORATORY TESTS

2.1.3.1 Make blood slide (per local policy)

- *Do health workers make blood slides for fever cases (per local policy)?*

a. % of fever cases for whom blood slide is taken (per local policy) **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.1.3.2 Examine blood slide (per local policy)

- *Do health workers examine blood slides of fever cases (per local policy)?*

a. % of fever cases for whom blood slide is examined (per local policy) **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.2 ADMINISTER APPROPRIATE TREATMENTS PER PATIENTS' DIAGNOSES AND PER LOCAL POLICY

- *Do health workers administer appropriate treatments for diagnosed or presumed malaria according to local policy?*

a. % of fever cases administered appropriate treatments for diagnosed or presumed malaria according to local policy **Malaria Treatment Encounter Observation or Role-Play Exercise**

b. % of fever cases administered inappropriate treatments according to local policy by type of treatment **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.2.1 ADMINISTER ANTIMALARIAL DRUGS

- *Do health workers administer, prescribe or distribute appropriate antimalarial drugs to diagnosed or presumed malaria cases according to the recommended schedule?*

a. % of fever cases to whom health workers administer, prescribe or distribute antimalarial drugs **Malaria Treatment Encounter Observation or Role-Play Exercise**

b. % of fever cases to whom health workers administer, prescribe or distribute appropriate antimalarial drugs (locally determined) **Malaria Treatment Encounter Observation or Role-Play Exercise**

c. % of fever cases to whom health workers administer, prescribe or distribute appropriate antimalarial drugs according to the recommended (presumptive or radical treatment) schedule **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.2.1.1 Administer appropriate antimalarial drug per recommended (presumptive or radical treatment) schedule (locally determined)

2.2.1.2 Prescribe or distribute appropriate antimalarial drug for home administration per recommended treatment schedule (locally determined)

2.2.2 ADMINISTER SUPPORTIVE TREATMENTS FOR HYPERPYREXIA IF FEVER IS OVER 39 DEGREES CENTIGRADE

2.2.2.1 Administer antipyretic drug

2.2.2.2 Sponge or bathe with water

2.3 COUNSEL (EXPECTANT) MOTHERS[****] **(SEE MALARIA: SERVICE DELIVERY TREATMENT – 2.1 PROVIDE INDIVIDUAL COUNSELLING TO MALARIA CASES OR MOTHERS OF MALARIA CASES)**

2.4 REFER FEVER CASES

- *Do health workers appropriately refer fever cases?*

a. % of fever cases referred by reason for referral **Malaria Treatment Encounter Observation or Role-Play Exercise**

2.4.1 REFER CASE OF CEREBRAL OR OTHER SERIOUS/COMPLICATED OR UNRESPONSIVE MALARIA

2.4.2 REFER FOR FURTHER DIAGNOSIS/OTHER TREATMENT IF OTHER SERIOUS FEVER-RELATED ILLNESS IS SUSPECTED, E.G. MENINGITIS, TYPHOID, OR DENGUE FEVER

2.4.3 REFER SUSPECTED MALARIA CASE TO A HIGHER LEVEL HEALTH FACILITY FOR A BLOOD SLIDE (PER LOCAL POLICY)

[****] The term "(expectant) mothers" refers to both pregnant women and mothers of children under 5 identified by health workers as fever cases.

2.5 MAKE AND EXAMINE BLOOD SLIDES AT APPROPRIATE INTERVALS (LOCALLY DETERMINED) DURING DRUG THERAPY TO DETERMINE CHANGE IN PARASITE COUNT AND DETECT ANY RESISTANCE TO ANTIMALARIAL DRUG BEING USED (PER LOCAL POLICY)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA TREATMENT

- *Do mothers treat malaria (fever) appropriately?*

a. % of mothers (with children under 5 with recent fever episodes) who report administering appropriate antimalarial drugs (locally determined) at home **Mothers' Interview (Household)**

b. % of interviewed mothers (with children under 5 with recent fever episodes given appropriate antimalarial drugs at home) who report administering the total recommended antimalarial drug dose **Mothers' Interview (Household)**

c. % of mothers (with children under 5) who have appropriate antimalarial drugs (locally determined) at home **Mothers' Interview (Household)**

- *Do mothers have adequate knowledge about malaria (fever) treatment?*

d. % of mothers (with children under 5 without recent fever episodes) who know that fever is a sign of malaria **Mothers' Interview (Household)**

e. % of mothers (with children under 5 without fever episodes) who know at least one consequence of not treating fever **Mothers' Interview (Household)**

f. % of mothers (with children under 5 without recent fever episodes) who know at least one appropriate antimalarial drug (locally determined) to be used to treat fever in the home **Mother's Interview (Household)**

g. % of mothers (with children under 5 without recent fever episodes) who know the recommended antimalarial drug administration schedule (treatment) **Mothers' Interview (Household)**

h. % of mothers (with children under 5) who know the (locally determined) indications for seeking medical care for fever **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MALARIA CASES OR MOTHERS OF MALARIA CASES

- *Do counselled fever cases or mothers of fever cases have adequate knowledge for managing malaria (fever) in the home?*

a. % of (expectant) mothers (to whom health workers prescribed or distributed antimalarial drugs) who know the recommended antimalarial drug administration schedule (treatment) **Mothers' Interview (Exit)**

b. % of (expectant) mothers (to whom health workers administered antimalarial drugs) who know when to return to the service delivery facility for further drug administrations **Mothers' Interview (Exit)**

c. % of (expectant) mothers (to whom health workers administered, prescribed or distributed antimalarial drugs) who know the possible consequences of not completing the entire treatment course **Mothers' Interview (Exit)**

d. Mean % of signs and symptoms of unresponsive and complicated malaria known by (expectant) mothers **Mothers' Interview (Exit)** [See 3.1.1.4.1 - 3.1.1.4.4 for signs and symptoms]

e. % of (expectant) mothers who know that they should return for consultation if any sign of unresponsive or complicated malaria develops **Mothers' Interview (Exit)**

3.1.1 TRANSMIT KEY MESSAGES ABOUT MALARIA TREATMENT

3.1.1.1 Tell (expectant) mother how to administer antimalarial drug prescribed or distributed for home administration

- *Do health workers tell (expectant) mothers how to administer antimalarial drugs prescribed or distributed for home administration?*

a. % of (expectant) mothers (to whom health workers prescribe or distribute antimalarial drugs) told the recommended antimalarial drug administration schedule (treatment) **Malaria Treatment Encounter Observation or Role-Play Exercise**

3.1.1.2 Tell (expectant) mother when to return for the next drug administration at service delivery facility

- *Do health workers tell (expectant) mothers when to return to the service delivery facility for further drug administrations?*

a. % of (expectant) mothers (to whom health workers administer antimalarial drugs) told when to return to the service delivery facility for further drug administrations **Malaria Treatment Encounter Observation or Role-Play Exercise**

3.1.1.3 Tell observed (expectant) mother the importance of completing entire treatment course

- *Do health workers tell (expectant) mothers about the importance of completing the entire treatment course?*

a. % of (expectant) mothers (to whom health workers administer, prescribe or distribute antimalarial drugs) told about the possible consequences of not completing the entire treatment course **Malaria Treatment Encounter Observation or Role-Play Exercise**

3.1.1.4 Tell (expectant) mother the signs and symptoms of unresponsive and complicated malaria

- *Do health workers tell (expectant) mothers about the signs and symptoms of unresponsive and complicated malaria?*

a. Mean % of signs and symptoms of unresponsive and complicated malaria told to (expectant) mothers **Malaria Treatment Encounter Observation or Role-Play Exercise**

3.1.1.4.1 Tell (expectant) mother about unconsciousness, severe drowsiness

3.1.1.4.2 Tell (expectant) mother about fever continuing for more than two days after initiation of treatment

3.1.1.4.3 Tell (expectant) mother about any relapse of fever within three weeks after initiation of treatment

3.1.1.4.4 Tell (expectant) mother about jaundice

3.1.1.5 Tell (expectant) mother to return for consultation if signs of unresponsive or complicated malaria develop

- *Do health workers tell (expectant) mothers to return for consultation if signs of unresponsive or complicated malaria develop?*

a. % of (expectant) mothers told to return for consultation if any sign of unresponsive or complicated malaria develops **Malaria Treatment Encounter Observation or Role-Play Exercise**

3.1.1.6 Tell (expectant) mother how to prevent malaria by chemoprophylaxis and by other methods, such as the use of mosquito nets, household spraying, and eliminating standing water

3.1.2 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat key messages

3.1.2.1.1 Ask (expectant) mother to repeat the administration schedule for antimalarial drug prescribed or distributed for home administration

3.1.2.1.2 Ask (expectant) mother to repeat when to return for the next drug administration at service delivery facility

3.1.2.1.3 Ask (expectant) mother to repeat under what circumstances to return for consultation

3.1.2.2 Give (expectant) mother written, including pictorial, instructions for administering antimalarial drug prescribed or distributed for home administration

3.1.2.3 Ask (expectant) mother if she has any questions

3.2 PROVIDE OUTREACH MALARIA TREATMENT EDUCATION

- *Does the service delivery facility hold group malaria treatment education sessions*****

a. % of clinic sessions which include group malaria treatment education **Session Observation**

b. Number of group malaria treatment education sessions held in the last 6 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers provide malaria treatment education during home visits?*

c. Number of home visits made in the last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with pregnant women and/or children under 5) which include malaria treatment education **Home Visit Observation**

3.2.1 TRANSMIT KEY MESSAGES

- *Do health workers transmit key messages about malaria treatment?*

a. Mean % of key messages about malaria treatment transmitted during group malaria treatment education sessions (5 messages = 100%) **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. Mean % of key messages about malaria treatment transmitted during home visits (to households with pregnant women and/or children under 5) **Home Visit Observation or Role-Play Exercise**

***** A "group malaria treatment education session" is a group health education session with malaria treatment messages transmitted.

3.2.1.1 Explain malaria signs and symptoms, especially fever

- *Do health workers correctly explain the signs and symptoms of malaria?*

a. % of group malaria treatment education sessions in which the signs and symptoms of malaria, especially fever are correctly explained **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the signs and symptoms of malaria, especially fever are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.2 Explain importance of immediate treatment of malaria (fever) in the home

- *Do health workers explain the importance of immediate treatment of malaria (fever) in the home?*

a. % of group malaria treatment education sessions in which the consequences of not immediately treating malaria (fever) are correctly explained **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the consequences of not immediately treating malaria (fever) are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain which drug(s) should be used to treat fever in the home

- *Do health workers correctly explain which drugs should be used to treat fever in the home?*

a. % of group malaria treatment education sessions in which the drugs which should be used to treat fever in the home are correctly explained **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the drugs which should be used to treat fever in the home are correctly explained **Home Visit Observation or Role-Play Exercise**

- *Does the service delivery facility maintain records which identify all women aged 15-44 and/or children under 5 (per local policy)?*

a. Presence at the service delivery facility of records which identify all women aged 15-44 and/or children under 5 **Service Delivery Facility Observation** (client records)

1.2 RECRUIT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA PREVENTION)

1.3 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

1.3.1 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

- *Do health workers direct pregnant women and/or children under 5 (per local policy) identified at clinic sessions to sources of chemoprophylaxis services?*

a. % of clinic sessions in which pregnant women and/or mothers of children under 5 (per local policy) are told when and where to go to obtain chemoprophylaxis services **Session Observation**

1.3.2 DIRECT PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS TO SOURCES OF CHEMOPROPHYLAXIS SERVICES

- *Do health workers direct pregnant women and/or children under 5 (per local policy) identified during home visits to sources of chemoprophylaxis services?*

b. % of home visits (to households with pregnant women and/or children under 5) in which pregnant women and/or mothers of children under 5 (per local policy) are told when and where to go to obtain chemoprophylaxis services **Home Visit Observation**

1.3.3 EXPLAIN WHEN AND WERE TO GO TO OBTAIN CHEMOPROPHYLAXIS SERVICES DURING GROUP MALARIA PREVENTION EDUCATION SESSIONS (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS -- 3.2.1.4 EXPLAIN WHEN AND WHERE TO GO TO OBTAIN CHEMOPROPHYLAXIS SERVICES)

3.2.1.4 Explain recommended antimalarial drug administration schedule (treatment)

- *Do health workers correctly explain the recommended antimalarial drug administration schedule (treatment)?*

a. % of group malaria treatment education sessions in which the recommended antimalarial drug administration schedule (treatment) is correctly explained **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the recommended antimalarial drug administration schedule (treatment) is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.5 Explain indications for seeking medical care (locally determined)

- *Do health workers correctly explain the (locally determined) indications for seeking medical care?*

a. % of group malaria treatment education sessions in which the (locally determined) indications for seeking medical care are correctly explained **Malaria Treatment Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the (locally determined) indications for seeking medical care are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

Chemoprophylaxis

1. CHANNEL PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY TO CHEMOPROPHYLAXIS SERVICES

1.1 IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY)

1.1.1 SEEK TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) AT CLINIC SESSIONS

1.1.2 SEEK TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) DURING HOME VISITS

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44 AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY)

2. PROVIDE CHEMOPROPHYLAXIS

- *Do pregnant women and/or children under 5 (per local policy) have access to chemoprophylaxis services?*

a. % of women aged 15-44 and/or children under 5 (per local policy) in the service delivery facility catchment area living within 5 km. of a provider of chemoprophylaxis services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of chemoprophylaxis services per 1000 women aged 15-44 and/or children under 5 (per local policy) in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of chemoprophylaxis services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its chemoprophylaxis targets?*

d. Number of pregnant women and/or children under 5 (per local policy) regularly provided malaria chemoprophylaxis last year per 1000 live births and/or per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

- *Is the service delivery facility meeting its malaria reduction targets?*

e. Number of episodes of malaria in pregnant women and/or children under 5 (per local policy) last year per 1000 live births and/or per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.1 ADMINISTER ANTIMALARIAL DRUGS

- *Do health workers administer, prescribe or distribute appropriate antimalarial drugs according to the recommended schedule?*

a. % of pregnant women and/or children under 5 (per local policy) to whom health workers administer, prescribe or distribute antimalarial drugs for malaria chemoprophylaxis **Malaria Chemoprophylaxis Encounter Observation**

b. % of pregnant women and/or children under 5 (per local policy) to whom health workers administer, prescribe or distribute appropriate antimalarial drugs (locally determined) for malaria chemoprophylaxis **Malaria Chemoprophylaxis Encounter Observation**

c. % of pregnant women and/or children under 5 (per local policy) to whom health workers administer, prescribe or distribute appropriate antimalarial drugs (locally determined) per the recommended (chemoprophylaxis) schedule **Malaria Chemoprophylaxis Encounter Observation**

2.1.1 ADMINISTER APPROPRIATE ANTIMALARIAL DRUG PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

2.1.2 PRESCRIBE OR DISTRIBUTE APPROPRIATE ANTIMALARIAL DRUG FOR HOME ADMINISTRATION PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

2.2 COUNSEL (EXPECTANT) MOTHERS****** (SEE MALARIA: SERVICE DELIVERY - CHEMOPROPHYLAXIS – 3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN AND/OR MOTHERS OF CHILDREN RECEIVING CHEMOPROPHYLAXIS)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING MALARIA PREVENTION

- *Do (expectant) mothers use appropriate methods to prevent malaria?*

a. % of mothers (with children under 5) who report that their children are regularly receiving malaria chemoprophylaxis **Mothers' Interview (Household)**

b. % of mothers (with children under 5) who report that their children are not regularly receiving malaria chemoprophylaxis by reason **Mothers' Interview (Household)**

c. % of mothers (with children under 5) who report regularly receiving malaria chemoprophylaxis during their last pregnancies **Mothers' Interview (Household)**

d. % of mothers (with children under 5) who report not regularly receiving malaria chemoprophylaxis during their last pregnancies by reason **Mothers' Interview (Household)**

- *Do mothers have adequate knowledge about malaria prevention?*

e. % of mothers (with children under 5) who know at least one appropriate antimalarial drug to be used for malaria chemoprophylaxis **Mothers' Interview (Household)**

f. % of mothers (with children under 5) who know the recommended antimalarial drug administration schedule (chemoprophylaxis) **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN AND/OR MOTHERS OF CHILDREN RECEIVING CHEMOPROPHYLAXIS

- *Do counselled (expectant) mothers have adequate knowledge about malaria prevention?*

a. % of (expectant) mothers (to whom health workers prescribed or distributed antimalarial drugs) who know the recommended antimalarial drug administration schedule (chemoprophylaxis) **Mothers' Interview (Exit)**

b. % of (expectant) mothers (to whom health workers administered antimalarial drugs) who know when to return to the service delivery facility for further drug administrations **Mothers' Interview (Exit)**

3.1.1 TRANSMIT KEY MALARIA PREVENTION MESSAGES

3.1.1.1 Tell (expectant) mother why is it especially important that she (or her child) receive chemoprophylaxis

3.1.1.2 Tell (expectant) mother what antimalarial drug has been prescribed or distributed for home administration

3.1.1.3 Tell (expectant) mother how to administer antimalarial drug prescribed or distributed for home administration

****** The term "(expectant) mothers" refers to both pregnant women and mothers of children under 5 receiving chemoprophylaxis.

- *Do health workers tell (expectant) mothers how to administer antimalarial drugs prescribed or distributed for home administration?*

a. % of (expectant) mothers (to whom health workers prescribe or distribute antimalarial drugs) told the recommended antimalarial drug administration schedule (chemoprophylaxis) **Malaria Chemoprophylaxis Encounter Observation**

3.1.1.4 Tell (expectant) mother when to return for next antimalarial drug administration at service delivery facility

- *Do health workers tell (expectant) mothers when to return to the service delivery facility for further drug administrations ?*

a. % of (expectant) mothers (to whom health workers administer antimalarial drugs) told when to return to the service delivery facility for further drug administrations **Malaria Chemoprophylaxis Encounter Observation**

3.1.1.5 Tell (expectant) mother the possible side effects of antimalarial drug(s)

3.1.1.6 Tell (expectant) mother about other methods of malaria prevention, such as the use of mosquito nets, household spraying, eliminating standing water, etc.

3.1.2 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.2.1 Ask (expectant) mother to repeat key messages

3.1.2.1.1 Ask mother to repeat the administration schedule for antimalarial drug prescribed or distributed for home administration

3.1.2.1.2 Ask (expectant) mother to repeat when she should return for the next antimalarial drug administration at service delivery facility

3.1.2.2 Give (expectant) mother written, including pictorial, instructions for administering antimalarial drug prescribed or distributed for home administration

3.1.2.3 Ask (expectant) mother if she has any questions

3.2 PROVIDE OUTREACH MALARIA PREVENTION EDUCATION

- *Are group malaria prevention education sessions*[*******] *held?*

a. % of clinic sessions which include group malaria prevention education **Session Observation**

b. Number of group malaria prevention education sessions held in the last 6 months by location of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

[*******] A "group malaria prevention education session" is a group health education session with malaria prevention messages transmitted.

- *Do health workers provide malaria prevention education during home visits?*

c. Number of home visits made in the last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with pregnant women and/or children under 5) which include malaria prevention education **Home Visit Observation**

3.2.1 TRANSMIT KEY MESSAGES

- *Do health workers transmit key messages about malaria prevention?*

a. Mean % of key messages about malaria prevention transmitted during group malaria prevention education sessions (5 messages = 100%) **Malaria Prevention Education Session Observation or Role-Play Exercise**

b. Mean % of key messages about malaria prevention transmitted during home visits (to households with pregnant women and/or children under 5) (5 messages = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.1 Explain the importance of chemoprophylaxis for pregnant women and/or children under 5 (per local policy)

3.2.1.2 Explain which drug(s) can be used for malaria prevention

- *Do health workers correctly explain which drug(s) can be used for malaria prevention?*

a. % of group malaria prevention education sessions in which the drugs which can be used for malaria prevention are correctly explained **Malaria Prevention Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the drugs which can be used for malaria prevention are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain recommended antimalarial drug administration schedule (chemoprophylaxis)

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- *Do health workers correctly explain the recommended antimalarial drug administration schedule (chemoprophylaxis)?*

a. % of group malaria prevention education sessions in which the recommended antimalarial drug administration schedule (chemoprophylaxis) is correctly explained **Malaria Prevention Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which the recommended antimalarial drug administration schedule (chemoprophylaxis) is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain when and where to go to obtain chemoprophylaxis services

- *Do health workers explain when and where to go to obtain chemoprophylaxis services?*

a. % of group malaria prevention education session in which health workers explain when and where to go to obtain chemoprophylaxis services **Malaria Prevention Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with pregnant women and/or children under 5) in which health workers explain when and where to go to obtain chemoprophylaxis services **Home Visit Observation or Role-Play Exercise**

3.2.1.5 Explain other malaria prevention techniques, such as the use of mosquito nets, household spraying, eliminating standing water, etc.

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

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PRIMARY HEALTH CARE THESAURUS

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MALARIA
PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT MALARIA ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET MALARIA TREATMENT AND PREVENTION OBJECTIVES AND TARGETS

2.1 DETERMINE DESIRED MALARIA TREATMENT PROGRAM IMPACT

- *What is the desired malaria treatment program impact? (Is a mortality reduction target set? What is the mortality reduction target?)*

a. Desired malaria treatment program impact **Facility Document Review or Facility Key Informant Interview**[1]

2.2 SPECIFY TARGET GROUP(S) FOR MALARIA TREATMENT ACTIVITIES

- *What are the target group(s) for malaria treatment activities?*

a. Target group(s) for malaria treatment activities **Facility Document Review or Facility Key Informant Interview**[1]

2.3 DETERMINE DESIRED MALARIA TREATMENT RATE

- *What is the desired malaria treatment rate?*

a. Desired malaria treatment rate **Facility Document Review or Facility Key Informant Interview**[1]

2.4 DETERMINE DESIRED MALARIA PREVENTION PROGRAM IMPACT

- *What is the desired malaria prevention program impact? (Is a disease reduction target set? What is the disease reduction target?)*

a. Desired malaria prevention program impact **Facility Document Review or Facility Key Informant Interview**[1]

2.5 SPECIFY TARGET GROUP(S) FOR MALARIA CHEMOPROPHYLAXIS ACTIVITIES

- *What are the target group(s) for malaria chemoprophylaxis activities?*

a. Target group(s) for malaria chemoprophylaxis activities **Facility Document Review or Facility Key Informant Interview**[1]

2.6 DETERMINE DESIRED MALARIA CHEMOPROPHYLAXIS COVERAGE

- *What is the desired malaria chemoprophylaxis coverage?*

a. Desired malaria chemoprophylaxis coverage **Facility Document Review or Facility Key Informant Interview**[1]

2.7 SET QUANTITATIVE AND DATED MALARIA CHEMOPROPHYLAXIS TARGETS

- *Are quantitative and dated malaria chemoprophylaxis targets set?*

a. Existence of quantitative and dated malaria chemoprophylaxis targets **Facility Document Review or Facility Key Informant Interview**[1]

- *What are malaria chemoprophylaxis targets?*

b. Level of malaria chemoprophylaxis targets for last year **Facility Document Review or Facility Key Informant Interview**[1]

3. DEVELOP MALARIA TREATMENT AND PREVENTION STRATEGIES

3.1 DEVELOP MALARIA TREATMENT AND PREVENTION POLICIES

3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF FEVER

- *What is the policy on home treatment of fever? (Are mothers to immediately administer antimalarial drugs at home to all fever cases? What antimalarial drugs are recommended for home administration? What is the recommended antimalarial drug administration schedule (quantity and frequency)? What are the indications for seeking medical care for fever?)*

a. Policy on home treatment of fever **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING FEVER AT THE SERVICE DELIVERY FACILITY

- *What is the protocol for managing fever at the service delivery facility? (Are all cases of fever to be presumed to be malaria and to be treated presumptively with antimalarial drugs? What medical history and physical examination items are to be obtained to diagnose malaria? Are blood slides to be taken? What antimalarial drugs are recommended for presumptive and/or radical treatment? What is the recommended presumptive and/or radical antimalarial drug administration schedule (quantity and frequency)? What are indications for return consultation?)*

a. Protocol for managing fever at the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON REFERRAL OF FEVER CASES

- *What is the policy on referral of fever cases? (Under what circumstances are fever cases to be referred? To where are they to be referred?)*

a. Policy on referral of fever cases **Facility Document Review or Facility Key Informant Interview**[1]

3.1.4 DEVELOP STANDARD PROTOCOL FOR MALARIA CHEMOPROPHYLAXIS

- *What is the protocol for malaria chemoprophylaxis? (What antimalarial drugs are recommended for chemoprophylaxis? What is the recommended chemoprophylaxis schedule (quantity and frequency)? Are antimalarial drugs to be administered at the service delivery facility or in the home?)*

a. Protocol for malaria chemoprophylaxis **Facility Document Review or Facility Key Informant Interview**[1]

3.2 DEVELOP MALARIA TREATMENT AND PREVENTION PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 NEEDING MALARIA TREATMENT SERVICES

- *Is there a system for actively identifying pregnant women and/or children under 5 needing malaria treatment services?*

a. Existence of a system for actively identifying pregnant women and/or children under 5 needing malaria treatment services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DEVELOP SERVICE DELIVERY FACILITY FEVER TREATMENT PROCEDURES

- *What are the service delivery facility fever treatment procedures? (Are antimalarial drugs to be administered at the service delivery facility or at home? If at home: Where are mothers to obtain antimalarial drugs needed for home treatment?)*

a. Service delivery facility fever treatment procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DEVELOP REFERRAL PROCEDURES

- *What are the referral procedures? (How are referred cases to be transported to the referral facility? Are they to be accompanied by service delivery facility staff?)*

a. Referral procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DETERMINE SITES FOR DISTRIBUTION OF ANTIMALARIAL DRUGS

- *What are the sites for distribution of antimalarial drugs?*

a. Sites for distribution of antimalarial drugs **Facility Document Review or Facility Key Informant Interview**[1]

3.2.5 DEVELOP PROCEDURES FOR CHANNELLING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO CHEMOPROPHYLAXIS SERVICES, INCLUDING OUTREACH MALARIA PREVENTION EDUCATION

- *What are the procedures for identifying, recruiting and directing pregnant women and/or children under 5 (per local policy) to chemoprophylaxis services? (Are pregnant women and/or children under 5 to be identified and directed to chemoprophylaxis services at service delivery facility clinic sessions? Are group malaria prevention education sessions to be held? Where are group malaria prevention education sessions to be held? How often are group malaria prevention education sessions to be held (by site of sessions)? Are home visits to be made? Are pregnant women and/or children under 5 to be identified, recruited and directed to chemoprophylaxis services during home visits?)*

a. Procedures for channelling pregnant women and/or children under 5 (per local policy) to chemoprophylaxis services **Facility Document Review or Facility Key Informant Interview**[1]

3.3 DEVELOP BUDGET FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

3.4 DEVELOP MALARIA TREATMENT AND PREVENTION WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT MALARIA TREATMENT AND PREVENTION ACTIVITIES

- *Is service delivery facility staffing adequate for malaria treatment and/or prevention activities?*

a. Ratio of number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely treat fever per 1000 women aged 15-44 and/or children under 5 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide malaria chemoprophylaxis per 1000 women aged 15-44 and/or children under 5 (per local policy) in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

c. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide outreach malaria treatment and/or prevention education per 1000 women aged 15-44 and/or children under 5 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

- *Does the service delivery facility have adequate transport for malaria treatment activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting referred fever cases to the referral facility **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE MALARIA TREATMENT AND PREVENTION PLAN

- *Are malaria treatment and/or prevention policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of malaria treatment and/or prevention policy documents **Service Delivery Facility Observation**

- *Are malaria treatment and/or prevention procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of malaria treatment and/or prevention procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which objectives, targets, policies and procedures are developed.

MALARIA
TRAINING INDICATORS AND DATA SOURCES

1. PLAN MALARIA TREATMENT AND PREVENTION TRAINING

1.1 ASSESS MALARIA TREATMENT AND PREVENTION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR MALARIA TREATMENT AND PREVENTION TRAINING

1.3 SELECT MALARIA TREATMENT AND PREVENTION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN MALARIA TREATMENT AND PREVENTION TASKS

- *Have health workers received formal malaria treatment and/or prevention training?*

a. % of health workers who say that they received formal malaria training* in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in malaria treatment and/or prevention tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during malaria training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY MALARIA TREATMENT AND PREVENTION INFORMATION AND REQUIRED SKILLS PER TRAINEES' MALARIA TASKS

- *Are trainees taught key malaria treatment and/or prevention information and required skills?*

a. Mean % of malaria information and skill items taught during malaria training courses** **Training Course Observation**[1]

b. Mean % of malaria information and skill items present in malaria training curriculum** **Support Facility Observation**[2]

*The term "malaria" as used in the phrases "malaria training courses", "malaria training curriculum" and "malaria information and skill items" may refer to malaria treatment or to malaria prevention. Certain information and skill items are only applicable to malaria treatment training, e.g. the recommended malaria treatment protocol, while others apply only to malaria prevention training, e.g. the recommended malaria chemoprophylaxis schedule. Still others apply to both types of training, e.g. the possible side effects of antimalarial drugs.

**The specific items to be included in these indicators will depend upon the type of malaria training examined, e.g. malaria treatment training or malaria prevention training. If malaria treatment and prevention training is provided in a combined course, 12 items will equal 100%.

2.1.1 TEACH HOW TO DIAGNOSE MALARIA

- *Are trainees taught how to diagnose malaria?*

a. % of malaria training courses in which trainees are taught how to diagnose malaria **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on how to diagnose malaria **Support Facility Observation**[2]

2.1.2 TEACH HOW TO DIAGNOSE OTHER FEVER-RELATED ILLNESSES

- *Are trainees taught how to diagnose other fever-related illnesses?*

a. % of malaria training courses in which trainees are taught how to diagnose other fever-related illnesses **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on how to diagnose other fever-related illnesses **Support Facility Observation**[2]

2.1.3 TEACH RECOMMENDED MALARIA TREATMENT PROTOCOL

- *Are trainees taught the recommended malaria treatment protocol?*

a. % of malaria training courses in which trainees are taught the recommended malaria treatment protocol **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on the recommended malaria treatment protocol **Support Facility Observation**[2]

2.1.4 TEACH POSSIBLE SIDE EFFECTS OF ANTIMALARIAL DRUGS

- *Are trainees taught the possible side effects of antimalarial drugs?*

a. % of malaria training courses in which trainees are taught the possible side effects of antimalarial drugs **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on the possible side effects of antimalarial drugs **Support Facility Observation**[2]

2.1.5 TEACH HOW TO MAKE AND EXAMINE BLOOD SLIDES (PER LOCAL POLICY)

- *Are trainees taught how to make blood slides (per local policy)?*

a. % of malaria training courses in which trainees are taught how to make blood slides (per local policy) **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on how to make blood slides (per local policy) **Support Facility Observation**[2]

- *Are trainees taught how to examine blood slides (per local policy)?*

c. % of malaria training courses in which trainees are taught how to examine blood slides (per local policy) **Training Course Observation**[1]

d. Presence in malaria training curriculum of information on how to examine blood slides (per local policy) **Support Facility Observation**[2]

2.1.6 TEACH IMPORTANCE OF CHEMOPROPHYLAXIS FOR PREGNANT WOMEN AND CHILDREN UNDER 5 (PER LOCAL POLICY)

- *Are trainees taught the benefits of chemoprophylaxis for pregnant women and children under 5 (per local policy)?*

a. % of malaria training courses in which trainees are taught the benefits of chemoprophylaxis for pregnant women and children under 5 (per local policy) **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on the benefits of chemoprophylaxis for pregnant women and children under 5 (per local policy) **Support Facility Observation**[2]

2.1.7 TEACH RECOMMENDED MALARIA CHEMOPROPHYLAXIS SCHEDULE

- *Are trainees taught the recommended malaria chemoprophylaxis schedule?*

a. % of malaria training courses in which trainees are taught the recommended malaria chemoprophylaxis schedule **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on the recommended malaria chemoprophylaxis schedule **Support Facility Observation**[2]

2.1.8 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught the use of counselling and health education techniques and materials?*

a. % of malaria training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.9 TEACH PROCEDURES FOR CHANNELLING PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) TO CHEMOPROPHYLAXIS SERVICES

- *Are trainees taught procedures for channelling pregnant women and/or children under 5 (per local policy) to chemoprophylaxis services?*

a. % of malaria training courses in which trainees are taught procedures for channelling pregnant women and/or children under 5 (per local policy) to chemoprophylaxis services **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on procedures for channelling pregnant women and/or children under 5 (per local policy) to chemoprophylaxis services **Support Facility Observation**[2]

2.1.10 TEACH METHODS FOR DETERMINING QUANTITIES OF ANTIMALARIAL DRUGS TO ORDER

- *Are trainees taught methods for determining quantities of antimalarial drugs to order?*

a. % of malaria training courses in which trainees are taught methods for determining quantities of antimalarial drugs to order **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on methods for determining quantities of antimalarial drugs to order **Support Facility Observation**[2]

2.1.11 TEACH PROCEDURES FOR MAINTAINING MALARIA TREATMENT AND CHEMOPROPHYLAXIS RECORDS AND REPORTING MALARIA TREATMENT AND PREVENTION INFORMATION

- *Are trainees taught procedures for maintaining malaria treatment and chemoprophylaxis records and reporting malaria treatment and prevention information?*

a. % of malaria training courses in which trainees are taught procedures for maintaining malaria treatment and chemoprophylaxis records and reporting malaria treatment and prevention information **Training Course Observation**[1]

b. Presence in malaria training curriculum of information on procedures for maintaining malaria treatment and chemoprophylaxis records and reporting malaria treatment and prevention information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED MALARIA TREATMENT AND PREVENTION

2.2.1.1 Demonstrate how to make and examine blood slides (per local policy)

2.2.1.2 Demonstrate counselling and health education

- *Is malaria counselling demonstrated to trainees?*

a. % of malaria training courses in which malaria counselling is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received $\leq$ 6 months ago) who say that malaria counselling was demonstrated during training **Health Worker Interview**[3]

- *Is group malaria education demonstrated to trainees?*

c. % of malaria training courses in which group malaria education is demonstrated **Training Course Observation**[1]

d. % of recent trainees (training received $\leq$ 6 months ago) who say that group malaria education was demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE TREATING MALARIA DURING TRAINING

- *Are trainees given the opportunity to practice treating malaria during training?*

a. % of malaria training courses in which trainees practice treating malaria **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced treating malaria during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON MALARIA TREATMENT AND PREVENTION

2.3 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS

- *Is demonstrated competence in malaria treatment and/or prevention tasks required of trainees before they complete training?*

a. % of malaria training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE KNOWLEDGE OF RECOMMENDED MALARIA TREATMENT PROTOCOL BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED PROTOCOL WHEN TREATING MALARIA CASES (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED PROTOCOL

- *Is trainee knowledge of the recommended malaria treatment protocol tested using appropriate methods?*

a. % of malaria training courses in which trainee knowledge of the recommended malaria treatment protocol is tested using appropriate methods **Training Course Observation**[1]

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED MALARIA CHEMOPROPHYLAXIS SCHEDULE BY: (1) OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED SCHEDULE WHEN PROVIDING CHEMOPROPHYLAXIS (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF THE RECOMMENDED SCHEDULE

- *Is trainee knowledge of the recommended malaria chemoprophylaxis schedule tested using appropriate methods?*

a. % of malaria training courses in which trainee knowledge of the recommended malaria chemoprophylaxis schedule is tested using appropriate methods **Training Course Observation**[1]

2.3.3 TEST TRAINEE SKILL IN TAKING AND/OR EXAMINING BLOOD SLIDES (PER LOCAL POLICY) BY: (1) OBSERVING WHETHER THEY FOLLOW RECOMMENDED PROCEDURES WHEN TAKING BLOOD SLIDES (IN CONSULTATION SESSIONS); (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES FOR MAKING BLOOD SLIDES; (3) REEXAMINING BLOOD SLIDES EXAMINED BY TRAINEES; AND/OR (4) ADMINISTERING WRITTEN OR ORAL TEST OF IDENTIFYING CHARACTERISTICS OF DIFFERENT MALARIAL PARASITES

3. EVALUATE MALARIA TREATMENT AND PREVENTION

3.1 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS (SEE MALARIA: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN MALARIA TREATMENT AND PREVENTION TASKS)

3.2 ASSESS HEALTH WORKER MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE (SEE MALARIA: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN MALARIA TREATMENT AND PREVENTION TRAINING RECORDS AND REPORT MALARIA TREATMENT AND PREVENTION TRAINING INFORMATION (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of malaria training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of malaria information and skill items taught during malaria training course"; and "Transmission of information X/skill X (e.g., how to diagnose malaria) in malaria training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of malaria information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g., how to diagnose malaria) in malaria training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago)

MALARIA
SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**[1]

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performance of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounters" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees' workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility malaria treatment and prevention service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which malaria service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which malaria service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING MALARIA TREATMENT AND PREVENTION TASKS

2.1.1 SET OR COMMUNICATE DESIRED MALARIA TREATMENT AND PREVENTION OBJECTIVES AND TARGETS

2.1.2 DEVELOP MALARIA TREATMENT AND PREVENTION WORKPLANS

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE

- *Do health workers have access to information on standards for malaria treatment and prevention task performance?*

a. Presence at the service delivery facility of malaria treatment and prevention procedures manuals and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

[2] The term "malaria" as used in the phrases "malaria service delivery and/or support activities" and "malaria education sessions" may refer to malaria treatment or to malaria prevention.

2.2.1 ASSESS ATTAINMENT OF DESIRED MALARIA TREATMENT RATE AND/OR FREQUENCY OF MALARIA TREATMENT SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining the desired malaria treatment rate and/or is conducting malaria treatment activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining the desired malaria treatment rate or in conducting malaria treatment activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of desired malaria treatment rate by: (1) reviewing service delivery facility records to obtain data on the proportion of fever cases in pregnant women and children under 5 treated with antimalarial drugs; or (2) conducting sample household surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining the desired malaria treatment rate using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining the desired malaria treatment rate by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of the desired malaria treatment rate **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess frequency of outreach malaria treatment education activities by: (1) reviewing service delivery facility records to obtain data on the number of home visits made and/or group malaria treatment education sessions held; (2) interviewing community leaders and members about the frequency of group malaria treatment education sessions; or (3) asking health workers about the frequency of outreach malaria treatment education activities

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting planned outreach malaria treatment education activities using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting planned outreach malaria treatment education activities by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the frequency of outreach malaria treatment education activities **Service Delivery Facility Key Informant Interview**

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2.2.2 ASSESS ATTAINMENT OF MALARIA CHEMOPROPHYLAXIS TARGETS, IF PRESENT, AND/OR FREQUENCY OF MALARIA PREVENTION SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining chemoprophylaxis targets and/or is conducting malaria prevention activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its chemoprophylaxis targets or in conducting malaria prevention activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.2.1 Assess attainment of chemoprophylaxis targets by: (1) reviewing service delivery facility records to obtain data on the proportion of pregnant women and/or children under 5 (per local policy) provided chemoprophylaxis, or (2) conducting sample household chemoprophylaxis coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining chemoprophylaxis targets using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining chemoprophylaxis targets by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of chemoprophylaxis targets **Service Delivery Facility Key Informant Interview**

2.2.2.2 Assess occurrence and frequency of chemoprophylaxis channelling activities by: (1) observing whether health workers identify pregnant women and/or children under 5 (per local policy) during clinic sessions and/or home visits and whether they direct these women and/or children to sources of chemoprophylaxis services; (2) observing whether records identifying all women aged 15-44 and/or children under 5 (per local policy) are maintained; (3) reviewing service delivery facility records to obtain data on the number of group malaria prevention education sessions held and/or home visits made; (4) interviewing community leaders and members about the frequency of group malaria prevention education sessions ; or (5) asking health workers about the frequency of chemoprophylaxis channelling activities

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting chemoprophylaxis channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting chemoprophylaxis channelling activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of chemoprophylaxis channelling activities **Service Delivery Facility Key Informant Interview**

2.2.3 ASSESS QUALITY OF MALARIA TREATMENT SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of malaria treatment service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of malaria treatment service delivery activities, if applicable **Supervisor Interview**[3]

- *Does the first-level supervisor regularly have the opportunity to observe health workers treat fever cases?*

b. Number of consultation sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach malaria treatment education activities?*

c. Number of group malaria treatment education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.3.1 Assess whether health workers administer antimalarial drugs to all fever cases (per local policy) by observing health workers treat fever cases (in consultation sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers administer antimalarial drugs to all fever cases (per local policy) using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers administer antimalarial drugs to all fever cases (per local policy) by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding administration of antimalarial drugs to all fever cases (per local policy) **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether health workers follow the recommended antimalarial drug administration schedule (treatment) by: (1) observing health workers treat fever cases (in consultation sessions or in role-play exercises); (2) reviewing records to obtain data on the proportion of cases where the administration schedule was correctly followed; or (3) interviewing health workers to determine whether they know the recommended administration schedule

- *Does the first-level supervisor regularly assess whether health workers follow the recommended antimalarial drug administration schedule (treatment) using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers follow the recommended antimalarial drug administration schedule (treatment) by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the antimalarial drug administration schedule (treatment) **Service Delivery Facility Key Informant Interview**

2.2.3.3 Assess whether health workers tell fever cases the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by: (1) observing health workers counsel fever cases (in consultation sessions or in role-play exercises); or (2) interviewing fever cases leaving consultation sessions to determine whether they know the recommended administration schedule

- *Does the first-level supervisor regularly assess whether health workers tell fever cases the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell fever cases the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding malaria treatment counselling messages **Service Delivery Facility Key Informant Interview**

2.2.3.4 Assess whether health workers are effectively transmitting the message that fever should be treated immediately with antimalarial drugs by: (1) observing health workers provide outreach malaria treatment education (in group malaria treatment education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group malaria treatment education sessions and/or after home visits to determine whether they know that fever should be treated immediately with antimalarial drugs

- *Does the first-level supervisor regularly assess whether health workers effectively transmit the message that fever should be treated immediately with antimalarial drugs using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers effectively transmit the message that fever should be treated immediately with antimalarial drugs by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding outreach malaria treatment education messages and techniques **Service Delivery Facility Key Informant Interview**

2.2.3.5 Assess whether health workers correctly take and examine blood slides (per local policy) by: (1) observing health workers take blood slides (in consultation sessions); (2) testing health workers to determine whether they know correct procedures for taking blood slides; (3) reexamining blood slides examined by health workers; and/or (4) testing health workers to determine whether they know identifying characteristics of different malarial parasites

2.2.4 ASSESS QUALITY OF MALARIA CHEMOPROPHYLAXIS ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of malaria chemoprophylaxis service delivery activities?*

a. Knowledge of the first-level supervision of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of malaria chemoprophylaxis service delivery activities, if applicable **Supervisor Interview**[3]

- *Does the first-level supervisor regularly have the opportunity to observe health workers provide malaria chemoprophylaxis?*

b. Number of clinic sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach malaria prevention education activities?*

c. Number of group malaria prevention education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.4.1 Assess whether health workers follow the recommended antimalarial drug administration schedule (chemoprophylaxis) by: (1) observing health workers provide chemoprophylaxis (in clinic sessions or in role-play exercises); (2) reviewing records to obtain data on the proportion of cases where the administration schedule was correctly followed; or (3) interviewing health workers to determine whether they know the recommended administration schedule

- *Does the first-level supervisor regularly assess whether health workers follow the recommended antimalarial drug administration schedule (chemoprophylaxis) using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers follow the recommended antimalarial drug administration schedule (chemoprophylaxis) by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the antimalarial drug administration schedule (chemoprophylaxis) **Service Delivery Facility Key Informant Interview**

2.2.4.2 Assess whether health workers tell chemoprophylaxis recipients the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by: (1) observing health workers counsel chemoprophylaxis recipients (in clinic sessions or in role-play exercises); or (2) interviewing chemoprophylaxis recipients leaving clinic sessions to determine whether they know the recommended administration schedule

- *Does the first-level supervisor regularly assess whether health workers tell chemoprophylaxis recipients the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell chemoprophylaxis recipients the recommended administration schedule for antimalarial drugs prescribed or distributed for home administration by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding malaria chemoprophylaxis counselling messages **Service Delivery Facility Key Informant Interview**

2.2.4.3 Assess whether health workers are effectively transmitting the message that chemoprophylaxis is especially important for pregnant women and/or children under 5 (per local policy) by: (1) observing health workers counsel pregnant women and/or mothers of children under 5 (in clinic sessions or in role-play exercises); (2) interviewing pregnant women and/or mothers of children under 5 leaving consultation sessions to determine if they know that it is important for them or their children to receive chemoprophylaxis; (3) observing health workers provide outreach malaria prevention education (in group malaria prevention education sessions, in home visits or in role-play exercises); or (4) interviewing women leaving group malaria prevention education sessions and/or after home visits to determine whether they know that it is important for pregnant women and/or children under 5 to receive chemoprophylaxis

2.2.5 ASSESS QUALITY OF MALARIA TREATMENT AND PREVENTION SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of malaria treatment and prevention support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of malaria treatment and prevention support activities, if applicable **Supervisor Interview**[3]

2.2.5.1 Assess whether the service delivery facility has adequate quantities of antimalarial drugs by: (1) observing quantities of antimalarial drugs available (at the service delivery facility); or (2) asking health workers about shortages of antimalarial drugs

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of antimalarial drugs using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of antimalarial drugs by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of antimalarial drugs **Service Delivery Facility Key Informant Interview**

2.2.5.2 Assess whether health workers are adequately maintaining malaria treatment and chemoprophylaxis records by reviewing malaria treatment and chemoprophylaxis records for completeness and correctness of information

2.3 ASSIST IN RESOLVING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining the desired malaria treatment rate and/or in conducting malaria treatment activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining the desired malaria treatment rate or in conducting malaria treatment service delivery activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining the desired malaria treatment rate or in conducting malaria treatment and prevention service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining chemoprophylaxis targets and/or in conducting malaria prevention activities per standard procedures?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining chemoprophylaxis targets or in conducting malaria prevention activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining chemoprophylaxis targets or in conducting malaria prevention service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of malaria treatment service delivery activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of malaria treatment service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of malaria treatment service delivery activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of malaria chemoprophylaxis service delivery activities?*

g. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of malaria chemoprophylaxis service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

h. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of malaria chemoprophylaxis service delivery activities, if applicable; by type of action **Service Delivery Facility Key Informant Interview**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of malaria treatment and prevention support activities?*

i. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of malaria treatment and prevention support activities, if applicable, by type of action **Supervisor Interview**[4]

j. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of malaria treatment and prevention support activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON MALARIA TREATMENT AND PREVENTION PERFORMANCE

2.3.1.1 Praise or otherwise reward good malaria treatment and prevention performance

2.3.1.2 Advise or instruct health workers how to improve poor malaria treatment and prevention performance

2.3.1.3 Provide direct assistance in performing malaria treatment and prevention tasks

2.3.2 TAKE FOLLOW-UP ACTION ON MALARIA TREATMENT AND PREVENTION PERFORMANCE

2.3.2.1 Provide or arrange for formal malaria treatment and prevention in-service training

2.3.2.2 Provide malaria treatment and prevention logistic support, if applicable

2.3.2.2.1 Provide antimalarial drugs and/or blood slide equipment and supplies

2.3.2.2.2 Provide reference materials on malaria treatment and prevention

2.3.2.3 Refer persistent malaria treatment and prevention performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor malaria treatment and prevention performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE MALARIA: SUPERVISION -- 2.3 ASSIST IN RESOLVING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER MALARIA TREATMENT AND PREVENTION TASK PERFORMANCE (SEE MALARIA: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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[1]Data source may be either First-Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicators will become: "Supervision of malaria treatment and prevention service delivery and/or support activities in supervision encounter"; "Assessment of malaria treatment and prevention service delivery or support item X (e.g. whether health workers administer antimalarial drugs to all fever cases) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item(s) for each category on the basis of locally determined priorities. Categories are:
Category 1 (item 2.2.1) -- items 2.2.1.1 - 2.2.1.2
Category 2 (item 2.2.2) -- items 2.2.2.1 - 2.2.2.2
Category 3 (item 2.2.3) -- items 2.2.3.1 - 2.2.3.4
Category 4 (item 2.2.4) -- items 2.2.4.1 - 2.2.4.2
Category 5 (item 2.2.5) -- item 2.2.5.1

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

MALARIA
COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

1.1.4 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

- *Has the service delivery facility assigned specific health workers to organize community-managed malaria treatment and prevention activities?*

a. Existence of at least one health worker responsible for organizing community-managed malaria treatment and prevention activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed malaria treatment and prevention activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed malaria treatment and prevention activities, when needed **Health Worker Interview**

*The term "community-managed malaria treatment and prevention activities" refers to malaria treatment and prevention service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of malaria treatment and prevention services by community members, e.g. to having pregnant women and/or children under 5 (per local policy) with malaria treated at the service delivery facility or to attending health education sessions. The specific malaria treatment and prevention activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2. ORGANIZE COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1.2 EXPLAIN MALARIA TREATMENT AND PREVENTION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.2.1 PLAN MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system malaria treatment and prevention service delivery activities

2.2.1.2 Plan community-managed activities for identifying pregnant women and/or children under 5 (per local policy) needing malaria treatment services

2.2.1.3 Plan community-managed malaria treatment activities

2.2.1.4 Plan community-managed outreach malaria treatment and prevention education activities

2.2.1.5 Select community members for training as unsalaried health workers

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN MALARIA SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY PREGNANT WOMEN AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY) NEEDING MALARIA TREATMENT SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize malaria

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO TREAT MALARIA CASES

- *Do unsalaried community members and/or health workers treat malaria cases (outside their own families)?*

a. % of mothers (with children under 5 with recent fever episodes) who report taking their children to unsalaried community members and/or health workers for treatment **Mothers' Interview (Household)**

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN MALARIA TREATMENT AND PREVENTION EDUCATION TASKS

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

- *Do communities have functioning community-managed distribution systems for anti-malarial drugs?*

a. % of mothers (of children under 5 with recent fever episodes given antimalarial drugs at home) who report obtaining antimalarial drugs from community-managed supply sources **Mothers' Interview (Household)**

b. % of mothers (who received chemoprophylaxis during their last pregnancy) who report obtaining antimalarial drugs from community-managed supply sources **Mothers' Interview (Household)**

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED DISTRIBUTION SYSTEMS FOR ANTIMALARIAL DRUGS

2.4.2 DISTRIBUTE ANTIMALARIAL DRUGS (SEE MALARIA: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED MALARIA TREATMENT AND PREVENTION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed malaria treatment and prevention activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 6 months) between health workers and community leaders and members to discuss community-managed malaria treatment and prevention activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED MALARIA SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED MALARIA LOGISTIC SUPPORT ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

MALARIA
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

Antimalarial Drugs
(Chloroquine, Sulphadoxine with Pyrimethamine, Quinine)

Blood Slide Equipment and Supplies
(Slides, Lancets or Needles, Stain, Microscopes)

1. PLAN MALARIA TREATMENT AND PREVENTION LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF ANTIMALARIAL DRUGS TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING ANTIMALARIAL DRUGS

- *What system is used to supply antimalarial drugs to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued antimalarial drugs?)*

a. System used to supply antimalarial drugs to the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

2. PROCURE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

- *Does the service delivery facility have an adequate supply of antimalarial drugs?*

a. % of consultation sessions with an inadequate supply of antimalarial drugs (antimalarial drugs are not present or run out) **Consultation Session Observation**

b. Length of the longest period in the last year that the service delivery facility was without antimalarial drugs **Service Delivery Facility Key Informant Interview**

c. Quantity of antimalarial drugs available at the service delivery facility per 1000 children under 5 and/or women aged 15-45 in the service delivery facility catchment area per the monthly service delivery facility malaria case-load **Service Delivery Facility Observation and Service Delivery Facility Document Review**

d. Ability of the service delivery facility to obtain an emergency supply of antimalarial drugs within 48 hours, if necessary **Service Delivery Facility Key Informant Interview**

[1] There does not exist, to our knowledge, a standard ratio of the quantity of antimalarial drugs that should be available per 1000 children under 5 or women aged 15-45, and/or per monthly service delivery facility malaria caseload. The most appropriate denominator for this ratio will depend upon local policy on the groups to whom the service delivery facility should provide antimalarial drugs for malaria treatment and/or prevention and on other local factors such as seasonal variations in malaria incidence, and must therefore, be determined locally.

- *What complaints does the service delivery facility have about supplies of antimalarial drugs?*

d. Complaints regarding antimalarial drug supply **Service Delivery Facility Key Informant Interview**

2.1 ESTIMATE REQUIREMENTS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

2.2 SECURE AND DISBURSE FUNDS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES, IF APPLICABLE

2.3 ORDER OR BE ISSUED ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

2.4 COLLECT OR RECEIVE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

3. STORE ANTIMALARIAL DRUGS AND STORE AND MAINTAIN BLOOD SLIDE EQUIPMENT AND SUPPLIES

3.1 ORGANIZE AND ROTATE STOCK OF ANTIMALARIAL DRUGS

3.2 STORE ANTIMALARIAL DRUGS IN A COOL, DRY PLACE

- *Does the service delivery facility have an adequate storage place for antimalarial drugs?*

a. Presence at the service delivery facility of an adequate storage place for antimalarial drugs (locally defined) **Service Delivery Facility Observation**

3.3 DISCARD ANTIMALARIAL DRUGS THAT ARE NO LONGER POTENT

4. DISTRIBUTE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

- *Are adequate supplies of antimalarial drugs available in the community?*

a. % of community-managed depots with antimalarial drugs, if applicable **Depot Observation**

b. % of mothers (with children under 5 with fever starting in the last month given antimalarial drugs at home) who report having difficulties obtaining antimalarial drugs by type of difficulty **Mothers' Interview (Household)**

4.1 RECEIVE ORDERS FOR OR ISSUE ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

4.2 DELIVER ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

MALARIA
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.1.2 OBTAIN ALLOCATED ANTIMALARIAL DRUGS AND BLOOD SLIDE EQUIPMENT AND SUPPLIES (SEE MALARIA: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility malaria treatment and prevention activities?*

a. Coverage of part of the recurrent costs of service delivery facility malaria treatment and prevention activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for malaria treatment and prevention activities

- *What is the policy on user or social financing for malaria treatment and prevention activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for consultations? Are antimalarial drugs to be sold? Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for malaria treatment and prevention activities **Facility Key Informant Interview**[1]

1.2.1.2 Develop procedures for user and/or social financing for malaria treatment and prevention activities

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*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for malaria treatment and prevention activities. Instead they receive material resources (antimalarial drugs) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

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1.2.1.2.1 Establish fee schedules for consultations

- *Have fee schedules for consultations been established?*

a. Existence of fee schedules for consultations **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for antimalarial drugs

- *Have sales prices for antimalarial drugs been established?*

a. Existence of sales prices for antimalarial drugs **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to malaria treatment and prevention services and drugs

- *Are there arrangements to ensure indigents equal access to malaria treatment and prevention services and drugs?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for consultations for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for antimalarial drugs for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for malaria treatment and prevention activities

1.2.2 COLLECT LOCAL RESOURCES FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for antimalarial drugs per local policy and procedures

- *Does the service delivery facility collect charges for consultations and antimalarial drugs?*

a. % of mothers (of fever cases) who report paying charges for consultations and/or antimalarial drugs **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for malaria treatment and prevention activities

- *Do community groups contribute material resources or labor to support service delivery facility malaria treatment and prevention activities?*

a. Receipt from the community of material resources or labor to support service delivery facility malaria treatment and prevention activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR MALARIA TREATMENT AND PREVENTION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

MALARIA
INFORMATION SYSTEM, MONITORING AND EVALUATION
INDICATORS AND DATA SOURCES

1. COLLECT MALARIA DATA

1.1 COLLECT DATA ON SIZE OF MALARIA TREATMENT AND PREVENTION TARGET POPULATION(S)

- *Does the service delivery facility have information on the number of women aged 15-44 and/or children under 5 in its catchment area?*

a. Availability at the service delivery facility of information on the number of women aged 15-44 and/or children under 5 in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE MALARIA: SERVICE DELIVERY-CHEMOPROPHYLAXIS -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44 AND/OR CHILDREN UNDER 5 (PER LOCAL POLICY))

1.2.2 MAINTAIN MALARIA TREATMENT RECORDS

- *Does the service delivery facility maintain malaria treatment records which contain: (1) women's or children's ages and/or weights (per local policy); (2) diagnoses; and (3) antimalarial drugs administered, prescribed or distributed?*

a. Presence at the service delivery facility of malaria treatment records which contain: (1) women's or children's ages and/or weights (per local policy); (2) diagnoses; and (3) antimalarial drugs administered, prescribed or distributed **Service Delivery Facility Observation**

1.2.2.1 Record women's or children's ages and/or weights (per local policy)

1.2.2.2 Record diagnoses

1.2.2.3 Record antimalarial drugs administered, prescribed or distributed

1.2.3 MAINTAIN CHEMOPROPHYLAXIS RECORDS

- *Does the service delivery facility maintain chemoprophylaxis records which contain: (1) women's or children's ages and/or weights (per local policy); and (2) antimalarial drugs administered prescribed or distributed?*

a. Presence at the service delivery facility of chemoprophylaxis records which contain: (1) women's or children's ages and/or weights (per local policy); and (2) antimalarial drugs administered prescribed or distributed **Service Delivery Facility Observation**

1.2.3.1 Record women's or children's ages and/or weights (per local policy)

1.2.3.2 Record antimalarial drugs administered, prescribed or distributed

1.2.4 MAINTAIN ACTIVITIES RECORDS

1.2.4.1 Record number of group malaria treatment and prevention education sessions held

1.2.4.2 Record number of home visits made

1.3 COLLECT DATA ON MALARIA TREATMENT AND PREVENTION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on antimalarial drugs

- *Does the service delivery facility maintain records on antimalarial drugs received, distributed and on hand (by type of drug)?*

a. Presence at the service delivery facility of records on antimalarial drugs received, distributed and on hand (by type of drug) **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received (by type of drug)

1.3.4.1.2 Record quantities distributed (by type of drug)

1.3.4.1.3 Record current stock levels (by type of drug)

1.3.4.2 Record information on blood slide equipment and supplies

1.3.4.2.1 Record quantities received (by item)

1.3.4.2.2 Record quantities distributed (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record malaria treatment and prevention receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for malaria treatment and prevention services and drugs

1.3.5.2 Record funds disbursed for malaria treatment and prevention activities

1.3.5.3 Record current balances

1.4 COLLECT MALARIA IMPACT DATA

1.4.1 MAINTAIN RECORDS ON MALARIA DEATHS

1.4.2 MAINTAIN RECORDS ON MALARIA CASES (SEE MALARIA: INFORMATION SYSTEM, MONITORING AND EVALUATION--1.2.2 MAINTAIN MALARIA TREATMENT RECORDS)

1.5 CONDUCT SPECIAL MALARIA TREATMENT AND PREVENTION KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS MALARIA DATA

2.1 VERIFY/VALIDATE MALARIA TREATMENT AND PREVENTION DATA COLLECTED

2.2 CODE MALARIA TREATMENT AND PREVENTION DATA

2.3 FILE MALARIA TREATMENT AND PREVENTION DATA

2.4 TABULATE MALARIA TREATMENT AND PREVENTION DATA

2.4.1 TABULATE NUMBER OF MALARIA CASES IN PREGNANT WOMEN AND/OR CHILDREN UNDER 5 TREATED MONTHLY

- *Does the service delivery facility routinely tabulate the number of malaria cases in pregnant women and/or children under 5 treated monthly?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of malaria cases in pregnant women and/or children under 5 treated **Service Delivery Facility Observation**[1]

2.4.2 TABULATE NUMBER OF PREGNANT WOMEN AND/OR CHILDREN UNDER 5 PROVIDED CHEMOPROPHYLAXIS MONTHLY

- *Does the service delivery facility routinely tabulate the number of pregnant women and/or children under 5 provided chemoprophylaxis monthly?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of pregnant women and/or children under 5 provided chemoprophylaxis **Service Delivery Facility Observation**[1]

2.5 ANALYZE MALARIA TREATMENT AND PREVENTION DATA

2.5.1 CALCULATE MALARIA INCIDENCE RATE

2.5.2 CALCULATE MALARIA CASE-FATALITY RATE

2.5.3 CALCULATE MALARIA TREATMENT RATE

- *Does the service delivery facility routinely calculate the malaria treatment rate for its catchment area?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the malaria treatment rate for the service delivery facility catchment area **Service Delivery Facility Observation**[1]

2.5.4 CALCULATE MALARIA CHEMOPROPHYLAXIS RATE

- *Does the service delivery facility routinely calculate the malaria chemoprophylaxis rate for its catchment area?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the malaria chemoprophylaxis rate for the service delivery facility catchment area **Service Delivery Facility Observation**[1]

3. REPORT MALARIA TREATMENT AND PREVENTION INFORMATION

3.1 PREPARE REQUIRED MALARIA TREATMENT AND PREVENTION REPORTS

3.2 TRANSMIT REQUIRED MALARIA TREATMENT AND PREVENTION REPORTS

- *Does the service delivery facility transmit required malaria treatment and prevention reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility malaria treatment and prevention reports **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON MALARIA TREATMENT AND PREVENTION INFORMATION REPORTED (SEE MALARIA: SUPERVISION)

4. UTILIZE MALARIA TREATMENT AND PREVENTION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING MALARIA TREATMENT AND PREVENTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO MALARIA: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING MALARIA TREATMENT AND PREVENTION ACTIVITIES (SEE MALARIA: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

PRICOR

PRIMARY HEALTH CARE THESAURUS

VOLUME II

Acute Respiratory Infections Service INDICATORS

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CENTER FOR HUMAN SERVICES

Primary Health Care Operations Research Project
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ACUTE RESPIRATORY INFECTIONS SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. IDENTIFY CHILDREN UNDER 5 NEEDING ARI SERVICES

- *Do mothers or unsalaried community members and/or health workers adequately assess children's need for ARI services?*

a. % of mothers (with children under 5 with recent ARI episodes* not taken to the service delivery facility**) who report not taking their children to the service delivery facility because none of the (locally determined) indications for seeking medical care for ARI were present **Mothers' Interview (Household)**

b. % of mothers (with children under 5 with recent ARI episodes not taken to the service delivery facility) who report not taking their children to the service delivery facility on the advice of trained unsalaried community members or health workers **Mothers' Interview (Household)**

c. % of mothers (with children under 5 with recent ARI episodes taken to the service delivery facility) who report taking their children to the service delivery facility because one or more of the (locally determined) indications for seeking medical care for ARI was present **Mothers' Interview (Household)**

d. % of mothers (with children under 5 with recent ARI episodes taken to the service delivery facility) who report taking their children to the service delivery facility on the advice of trained unsalaried community members or health workers **Mothers' Interview (Household)**

2. MANAGE ARI CASES

- *Do children under 5 have access to ARI services?*

a. % of children under 5 in the service delivery facility catchment area living within 5 km. of a provider of ARI services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of ARI services per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of ARI services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Are ARI cases in children under 5 treated at the service delivery facility?*

d. Ratio of the number of ARI cases in children under 5 treated at the service delivery facility last year to the estimated total number of ARI episodes last year in children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

e. % of mothers (with children under 5 with recent ARI episodes) who report taking their children to the service delivery facility for treatment **Mothers' Interview (Household)**

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*The term "recent ARI episodes" refers to ARI starting in the last month.

**The term "service delivery facility" refers to any provider of ARI services, including a community health worker operating out of his/her home.

- *Is desired ARI program impact being attained in the service delivery facility catchment area?*

f. Proportional distribution of ARI cases in children under 5 treated at the service delivery facility last year by degree of severity **Service Delivery Facility Document Review**

g. Number of pneumonia deaths in the service delivery facility catchment area last year per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.1 ASSESS SEVERITY OF ARI

2.1.1 TAKE MEDICAL HISTORY

- *Do health workers take adequate medical histories from ARI cases?*

a. Mean % of medical history items asked about for ARI cases*** (10 items = 100%) **ARI Encounter Observation or Role-Play Exercise**

2.1.1.1 Ask about presence/level of fever

2.1.1.2 Ask about duration of cough

- *Do health workers ask about the duration of children's coughs?*

a. % of ARI cases for whom health workers ask about the duration of cough **ARI Encounter Observation or Role-Play Exercise**

2.1.1.3 Ask about activity level

- *Do health workers ask about children's activity levels?*

a. % of ARI cases for whom health workers ask about activity level **ARI Encounter Observation or Role-Play Exercise**

2.1.1.4 Ask about ability to drink

- *Do health workers ask about children's ability to drink?*

a. % of ARI cases for whom health workers ask about the ability to drink **ARI Encounter Observation or Role-Play Exercise**

***The term "ARI cases" refers to children under 5 identified by health workers as ARI cases.

2.1.1.5 Ask about presence of sore throat

▪ *Do health workers ask about the presence of sore throat?*
a. % of ARI cases for whom health workers ask about the presence of sore throat **ARI Encounter Observation or Role-Play Exercise**

2.1.1.6 Ask about presence of earache

▪ *Do health workers ask about the presence of earache?*
a. % of ARI cases for whom health workers ask about the presence of earache **ARI Encounter Observation or Role-Play Exercise**

2.1.1.7 Ask about any past history of respiratory problems (asthma)

2.1.1.8 Ask about past history of choking on food or swallowing foreign body

2.1.1.9 Ask about family history of TB or other respiratory illness

2.1.1.10 Ask about any treatment administered

2.1.2 CONDUCT PHYSICAL EXAMINATION

▪ *Do health workers conduct adequate physical examinations of ARI cases?*
a. Mean % of physical examination items obtained for ARI cases (11 items = 100%) **ARI Encounter Observation or Role-Play Exercise**

2.1.2.1 Count respiratory rate

2.1.2.2 Observe breathing for chest indrawing

2.1.2.3 Listen for stridor, wheeze and/or hoarseness

2.1.2.4 Observe for nasal flaring and/or listen for grunting

2.1.2.5 Auscultate chest (per local policy)

2.1.2.6 Assess general status (alertness, muscle tone)

2.1.2.7 Observe coloration of lips, ears, face and nailbeds

2.1.2.8 Examine throat for exudate/discharge, enlarged tonsils and inflamed pharynx

2.1.2.9 Examine neck for tender glands

2.1.2.10 Examine ears (tympanic membrane) (per local policy)

2.1.2.11 Take temperature

2.1.3 CLASSIFY CHILD BY SEVERITY OF ARI (SEE APPENDIX A FOR CLASSIFICATION SCHEME)

- *Do health workers classify ARI cases by degree of severity?*

a. % of ARI cases classified by degree of severity **ARI Encounter Observation or Role-Play Exercise**

2.2 ADMINISTER APPROPRIATE TREATMENTS PER CHILD'S CLASSIFICATION AND PER LOCAL POLICY (SEE APPENDIX B FOR TREATMENT PROTOCOLS)

- *Do health workers administer, prescribe or distribute appropriate treatments to ARI cases according to children's classifications and local policy?*

a. % of ARI cases administered, prescribed or distributed appropriate treatments according to their classifications and local policy **ARI Encounter Observation or Role-Play Exercise**

2.2.1 ADMINISTER THERAPEUTIC TREATMENT

- *Do health workers administer, prescribe or distribute appropriate therapeutic treatments to ARI cases according to children's classifications and local policy?*

a. % of ARI cases administered, prescribed or distributed appropriate therapeutic treatments according to their classifications and local policy **ARI Encounter Observation or Role-Play Exercise**

2.2.1.1 Administer appropriate antimicrobial drug per recommended schedule (locally determined)

2.2.1.2 Prescribe or distribute appropriate antimicrobial drug per recommended schedule (locally determined)

2.2.2 ADMINISTER SUPPORTIVE TREATMENTS

2.2.2.1 Administer fluids, if child is dehydrated

2.2.2.2 Administer, prescribe or distribute antipyretic drug

2.2.2.3 Administer appropriate bronchodilator and/or cough mixture (locally determined)

2.2.2.4 Drain nose, if necessary

2.3 COUNSEL MOTHER (SEE ARI: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF ARI CASES)

2.4 REFER CHILDREN WITH SEVERE ARI OR WITH COUGH LASTING MORE THAN 30 DAYS

- *Do health workers refer children with severe ARI?*

a. % of ARI cases classified as "severe" referred **ARI Encounter Observation or Role-Play Exercise**

- *Do health workers refer children under 5 with cough of more than 30 days duration?*

b. % of children under 5 with cough reported as being of more than 30 days duration referred **ARI Encounter Observation or Role-Play Exercise**

2.5 FOLLOW UP ARI CASES AS APPROPRIATE TO REASSESS CONDITION AND MODIFY TREATMENT, IF NECESSARY (SEE ARI: SERVICE DELIVERY – 3.1.1.5 TELL MOTHER TO BRING HER CHILD FOR RETURN CONSULTATION IF CHILD'S CONDITION WORSENS OR DOES NOT IMPROVE)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING ARI TREATMENT

- *Do mothers have adequate knowledge about ARI?*

a. % of mothers (with children under 5) who know the recommended treatment for mild ARI in the home **Mothers' Interview (Household)**

b. % of mothers (with children under 5) who know at least 3 signs or symptoms of moderate or severe ARI **Mothers' Interview (Household)**

c. % of mothers (with children under 5) who know that they should immediately seek medical care if any sign of moderate or severe ARI develops **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF ARI CASES

- *Do counselled mothers of ARI cases have adequate knowledge for managing ARI in the home?*

a. % of mothers (of ARI cases for whom health workers prescribed or distributed antimicrobial drugs) who know the recommended antimicrobial drug administration schedule (quantity and frequency) **Mothers' Interview (Exit)**

b. % of mothers of (ARI cases for whom health workers prescribed or distributed antimicrobial drugs) who know the possible consequence of not completing the entire treatment course **Mothers' Interview (Exit)**

c. % of mothers (of ARI cases) who know that they should return for consultation if their children's conditions worsen or do not improve **Mothers' Interview (Exit)**

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS

3.1.1.1 Tell mother how to administer antimicrobial drug prescribed or distributed for home administration

- *Do health workers tell mothers how to administer antimicrobial drugs prescribed or distributed for home administration?*

a. % of mothers (of ARI cases for whom health workers prescribe or distribute antimicrobial drugs) told the recommended antimicrobial drug administration schedule (quantity and frequency) **ARI Encounter Observation or Role-Play Exercise**

3.1.1.2 Tell mother the importance of completing entire treatment course

- *Do health workers tell mothers about the importance of completing the entire treatment course?*

a. % of mothers (of ARI cases for whom health workers prescribe or distribute antimicrobial drugs) told about the possible consequences of not completing the entire treatment course **ARI Encounter Observation or Role-Play Exercise**

3.1.1.3 Tell mother how to administer basic supportive treatments

3.1.1.3.1 Tell mother to continue breastfeeding and to give extra fluids and appropriate foods (locally determined)

3.1.1.3.2 Tell mother to maintain a neutral temperature in the home or sickroom

3.1.1.3.3 Tell mother how to administer appropriate brochodilator and/or cough mixture (locally determined)

3.1.1.3.4 Tell mother how to drain nose and ears, if necessary

3.1.1.4 Tell mother about the signs and symptoms of moderate or severe ARI

- *Do health workers tell mothers about the signs and symptoms of moderate or severe ARI?*

a. % of mothers (of ARI cases) told at least 3 signs or symptoms of moderate or severe ARI **ARI Encounter Observation or Role Play Exercise**

3.1.1.4.1 Tell mother about stridor

3.1.1.4.2 Tell mother about chest indrawing/rapid breathing

3.1.1.4.3 Tell mother about inability to drink

3.1.1.4.4 Tell mother about cyanosis

3.1.1.4.5 Tell mother about weakness or lethargy

3.1.1.5 Tell mother to bring her child for return consultation if child's condition worsens or does not improve

- *Do health workers tell mothers to bring their children for return consultation if children's conditions worsen or do not improve?*

a. % of mothers (of ARI cases) told to bring their children for return consultation if their children's conditions worsen or do not improve **ARI Encounter Observation or Role-Play Exercise**

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate required skills

3.1.2.1.1 Demonstrate how to recognize rapid breathing

- *Do health workers demonstrate to mothers how to recognize rapid breathing?*

a. % of mothers (of ARI cases) to whom health workers demonstrate how to recognize rapid breathing **ARI Encounter Observation or Role-Play Exercise**

3.1.2.1.2 Demonstrate how to inspect for chest indrawing

- *Do health workers demonstrate to mothers how to inspect for chest indrawing?*

a. % of mothers (of ARI cases) to whom health workers demonstrate how to inspect for chest indrawing **ARI Encounter Observation or Role-Play Exercise**

3.1.2.1.3 Demonstrate how to inspect for cyanosis

3.1.2.1.4 Demonstrate nasal draining methods

3.1.2.2 Ask mother to repeat key messages and/or demonstrate required skills

- *Do health workers ask mothers to repeat key messages and/or demonstrate required skills?*

a. Mean % of key messages and skills repeated or demonstrated by mothers (of ARI cases) (4 messages and skills = 100%) **ARI Encounter Observation or Role-Play Exercise**

3.1.2.2.1 Ask mother to repeat the administration schedule for antimicrobial drug prescribed or distributed for home administration

3.1.2.2.2 Ask mother to repeat under what circumstances to return for consultation

3.1.2.2.3 Ask mother to demonstrate how to recognize rapid breathing

3.1.2.2.4 Ask mother to demonstrate how to inspect for chest indrawing

3.1.2.3 Ask mother if she has any questions

3.2 PROVIDE OUTREACH ARI EDUCATION

- *Does the service delivery facility hold group ARI education sessions[****]?*

a. % of clinic sessions which include group ARI education **Session Observation**

b. Number of group ARI education sessions held in the last 3 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers provide ARI education during home visits?*

c. Number of home visits made in the last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with children under 5) which include ARI education **Home Visit Observation**

3.2.1 TRANSMIT KEY MESSAGES

- *Do health workers transmit key ARI messages?*

a. Mean % of key ARI messages transmitted during group ARI education sessions (4 messages = 100%) **ARI Education Session Observation or Role-Play Exercise**

b. Mean % of key ARI messages transmitted during home visits (to households with children under 5) (4 messages = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.1 Explain how to distinguish mild from moderate or severe ARI

- *Do health workers correctly explain how to distinguish mild from moderate or severe ARI?*

a. % of group ARI education sessions in which health workers correctly explain how to distinguish mild from moderate or severe ARI **ARI Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers correctly explain how to distinguish mild from moderate or severe ARI **Home Visit Observation or Role-Play Exercise**

3.2.1.2 Explain recommended treatment for mild ARI in the home

[****] A "group ARI session" is a group health education session with ARI messages transmitted.

- *Do health workers correctly explain the recommended home treatment for mild ARI?*

a. % of group ARI education sessions in which the recommended home treatment for mild ARI is correctly explained **ARI Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which the recommended home treatment for mild ARI is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain importance of immediate medical care if signs of moderate or severe ARI develop

- *Do health workers explain the importance of immediate medical care if signs of moderate or severe ARI develop?*

a. % of group ARI education sessions in which health workers explain that immediate medical care should be sought if any sign of moderate to severe ARI develops **ARI Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5) in which health workers explain that immediate medical care should be sought if any sign of moderate or severe ARI develops **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain general preventive measures for ARI

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

ACUTE RESPIRATORY INFECTIONS

Appendix A

Plan of Classification for Mild, Moderate, and Severe ARI

Definitions:

ARI Case: Any child suffering from one or more of the following conditions will be considered a possible case of ARI - cough, wheeze, stridor, grunting, chest indrawing, nasal flaring, hoarseness, sore throat, earache or ear discharge.

Severity of ARI: Once it has been established that a child has possible ARI, severity is determined by the signs and symptoms listed below. A child is classified as moderate or severe if the child has one or more signs or symptoms in that category.

SEVERE ARI

- Respiratory rate >70/minute
- Chest indrawing
- Inability to drink
- Stridor at rest
- Cyanosis
- Apnea, seizures, or change in consciousness
- Marked reduction in activities and play
- Dehydration

MODERATE ARI

- Respiratory rate 50-70/minute
- Temperature $\geq$ 40°C (104°F)
- Nasal flaring or grunting
- Earache, ear discharge, or pulling at ears (classification and treatment per local policy)
- Sore throat with enlarged tender nodes, with or without exudate, (classification and treatment per local policy)
- Moderate reduction in activities and play

MILD ARI

- Respiratory rate, <50/minute
- Temperature < 40°C (104°F)
- Stridor relieved at rest
- Sore throat without enlarged tender nodes

SEE ACCOMPANYING NOTES ON CLASSIFICATION SCHEME

ACUTE RESPIRATORY INFECTIONS

Appendix B

Treatment Protocols for mild, moderate and severe ARI

SEVERE ARI: The child must be seen by a health worker immediately. Therapeutic and/or supportive treatment can be initiated by the health worker or the mother, but the patient should be referred to a higher facility as soon as possible, if he/she does not respond to therapeutic treatment administered or if his/her condition worsens. Recommendations:

A. Supportive treatment[1]
B. Therapeutic treatment[2]
C. Referral to higher facility for more intensive treatment[3]

MODERATE ARI: Supportive treatment can be initiated by the mother, but a health worker will usually have to intervene without delay, particularly for antimicrobial treatment. Recommendations:

A. Supportive treatment [1]
B. Therapeutic treatment [2]

MILD ARI: Treatment can be initiated by the mother with or without information to a health worker. Recommendations:

A. Supportive treatment [1] only

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[1]Supportive treatments:

- Antipyretics
- Bronchodialators and cough medicine (per local policy)
- Adequate fluids
- Proper feeding
- Maintenance of neutral environmental temperature
  (Do not bundle up the child with too many clothes. Do not overheat the room. Assure proper ventilation but protect the child from chills)
- Keep air passages clear
- Other recommended local measures

[2]Therapeutic treatments:

Primarily first line antimicrobials to be given per local policy. According to WHO recommendations benzylpenicillin or procaine penicillin G injections, or cotrimoxazole, amoxcillin, or ampicillin orally should be considered as first line antimicrobials, which can be distributed for ambulatory treatment.

[3]Intensive treatment:

May include intensive first line or second line antimicrobials (such as gentamycin, kanamycin, oxacillin and chloramphenicol), oxygen therapy, brochodialators, steam humidification or other measures that are available mainly in referral centers.

Notes on ARI Classification Scheme

1. One important objective of this classification scheme is to identify those children who should receive antibiotics. One is especially interested in treating early pneumonia.

2. There is no perfect scheme for classifying cases of ARI in the field. This is a fairly conservative approach in that it tends to err on the side of treating rather than not treating.

3. Using fever as a classification criterion is problematic in that high fever due to any cause may increase respiratory rate. In general a child should have some sign or symptom of ARI (see above definition) before assuming that fever and increased respiratory rate are due to ARI. If there is doubt, one might administer an antipyretic and see if the respiratory rate returns to normal when the fever drops.

4. Local program directors should decide if they wish to classify or treat suspected cases of throat infection that could be caused by Group A Beta Hemolytic Streptococcus or ear infections, especially where laboratory or otoscopic examination is not feasible.

PRICOR

PRIMARY HEALTH CARE THESAURUS

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ACUTE RESPIRATORY INFECTIONS PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT ARI INTERVENTION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET ARI OBJECTIVES

2.1 SPECIFY TARGET AGE GROUP(S)

- *What are ARI target age groups?*

a. ARI target age group(s) **Support Facility Document Review or Support Facility Key Informant Interview**

2.2 DETERMINE DESIRED ARI PROGRAM IMPACT

- *What is desired ARI program impact? (Is a mortality reduction target set? What is the mortality reduction target?)*

a. Desired ARI program impact **Facility Document Review or Facility Key Informant Interview**[1]

2.3 DETERMINE DESIRED ARI TREATMENT COVERAGE

- *What is desired ARI treatment coverage?*

a. Level of desired ARI treatment coverage **Facility Document Review or Facility Key Informant Interview**[1]

3. DEVELOP ARI STRATEGY

3.1 DEVELOP ARI POLICIES

3.1.1 DEVELOP POLICY ON HOME MANAGEMENT OF ARI

- *What is the policy on home management of ARI? (What are the recommended treatments for ARI in the home (by degree of severity)? What are the indications for seeking medical care for ARI?*

a. Policy on home management of ARI **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP STANDARD PROTOCOL FOR MANAGING ARI AT THE SERVICE DELIVERY FACILITY

- *What is the protocol for managing ARI at the service delivery facility? (What medical history and physical examination items are to be obtained to assess severity of ARI? Are ARI cases to be classified by degree of severity? What is the recommended ARI classification scheme? For each classification: What therapeutic and supportive treatments are to be administered at the service delivery facility? What is the recommended administration schedule (quantity and frequency) for antimicrobial drugs? What recommendations are mothers to be given for continuing treatment in the home? What are indications for return consultation?)*

a. Protocol for managing ARI at the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON REFERRAL OF ARI CASES

- *What is the policy on referral of ARI cases? (Under what circumstances are ARI cases to be referred? Where are they to be referred?)*

a. Policy on referral of ARI cases **Facility Document Review or Facility Key Informant Interview**[1]

3.1.4 DEVELOP POLICY ON FOLLOW-UP OF ARI CASES

- *What is the policy on follow-up of ARI cases? (Under what circumstances are ARI cases to be followed up?)*

a. Policy on follow-up of ARI cases **Facility Document Review or Facility Key Informant Interview**[1]

3.2 DEVELOP ARI PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR IDENTIFYING CHILDREN UNDER 5 NEEDING ARI SERVICES

- *Is there a system for actively identifying children under 5 needing ARI services?*

a. Existence of a system for actively identifying children under 5 needing ARI services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DEVELOP SERVICE DELIVERY FACILITY ARI TREATMENT PROCEDURES

- *What are the service delivery facility ARI treatment procedures? (Are moderate and/or severe ARI cases to be triaged? Are therapeutic treatments to be administered at the service delivery facility or prescribed or distributed for home administration? Where are mothers to obtain drugs needed for continuing treatment in the home?)*

a. Service delivery facility ARI treatment procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DEVELOP REFERRAL PROCEDURES

- *What are referral procedures? (How are referred cases to be transported to the referral facility? Are they to be accompanied by service delivery facility staff?)*

a. Referral procedures **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DEVELOP PROCEDURES FOR PROVIDING OUTREACH ARI EDUCATION

- *What are procedures for providing outreach ARI education? (Are group ARI education sessions to be held? Where are group ARI education sessions to be held? How often are group ARI education sessions to be held (by site of sessions)? Are home visits to be made? Is ARI treatment to be promoted during home visits?)*

a. Procedures for providing outreach ARI education **Facility Document Review or Facility Key Informant Interview**[1]

3.3 DEVELOP BUDGET FOR ARI ACTIVITIES

3.4 DEVELOP ARI WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT ARI ACTIVITIES

- *Is service delivery facility staffing adequate for ARI activities?*

a. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide ARI services per 1000 children under 5 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide outreach ARI education per 1000 children under 5 in service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR ARI ACTIVITIES

- *Does the service delivery facility have adequate transport for ARI activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting referred ARI cases to the referral facility **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE ARI PLAN

- *Are ARI policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of ARI policy documents **Service Delivery Facility Observation**

- *Are ARI procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of ARI procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be either **Service Delivery Facility Document or Key Informant** or **Support Facility Document or Key Informant**, depending on the level of the health system at which objectives, policies and procedures are developed.

ACUTE RESPIRATORY INFECTIONS TRAINING INDICATORS AND DATA SOURCES

1. PLAN ARI TRAINING

1.1 ASSESS ARI TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR ARI TRAINING

1.3 SELECT ARI TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN ARI TASKS

- *Have health workers received formal ARI training?*

a. % of health workers who say that they received formal ARI training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in ARI tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during ARI training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY ARI INFORMATION AND REQUIRED SKILLS PER TRAINEES' ARI TASKS

- *Are trainees taught key ARI information and required skills?*

a. Mean % of ARI information and skill items taught in ARI training courses (8 items = 100%) **Training Course Observation**[1]

b. Mean % of ARI information and skill items present in ARI training curriculum (8 items = 100%) **Support Facility Observation**[2]

2.1.1 TEACH HOW TO ASSESS SEVERITY OF ARI

- *Are trainees taught how to assess the severity of ARI?*

a. % of ARI training courses in which trainees are taught how to assess the severity of ARI **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on how to assess the severity of ARI **Support Facility Observation**[2]

2.1.2 TEACH HOW TO COUNT RESPIRATORY RATE

- *Are trainees taught how to count the respiratory rate?*

a. % of ARI training courses in which trainees are taught how to count the respiratory rate **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on how to count the respiratory rate **Support Facility Observation**[2]

2.1.3 TEACH RECOMMENDED ARI CLASSIFICATION SCHEME

- *Are trainees taught the recommended ARI classification scheme?*

a. % of ARI training courses in which trainees are taught the recommended ARI classification scheme **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on the recommended ARI classification scheme **Support Facility Observation**[2]

2.1.4 TEACH RECOMMENDED ARI THERAPEUTIC TREATMENT PROTOCOL

- *Are trainees taught the recommended ARI therapeutic treatment protocol?*

a. % of ARI training courses in which trainees are taught the recommended ARI therapeutic treatment protocol **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on the recommended ARI therapeutic treatment protocol **Support Facility Observation**[2]

2.1.5 TEACH RECOMMENDED SUPPORTIVE TREATMENTS FOR ARI

- *Are trainees taught the recommended supportive treatments for ARI?*

a. % of ARI training courses in which trainees are taught the recommended supportive treatments for ARI **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on the recommended supportive treatments for ARI **Support Facility Observation**[2]

2.1.6 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught the use of counselling and health education techniques and materials?*

a. % of ARI training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.7 TEACH METHODS FOR DETERMINING QUANTITIES OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS TO ORDER

- *Are trainees taught methods for determining quantities of antimicrobial and antipyretic drugs to order?*

a. % of ARI training courses in which trainees are taught methods for determining quantities of antimicrobial and antipyretic drugs to order **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on methods for determining quantities of antimicrobial and antipyretic drugs to order **Support Facility Observation**[2]

2.1.8 TEACH PROCEDURES FOR MAINTAINING ARI TREATMENT RECORDS AND REPORTING ARI INFORMATION

- *Are trainees taught procedures for maintaining ARI treatment records and reporting ARI intervention information?*

a. % of ARI training courses in which trainees are taught procedures for maintaining ARI treatment records and reporting ARI information **Training Course Observation**[1]

b. Presence in ARI training curriculum of information on procedures for maintaining ARI treatment records and reporting ARI information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED ARI SKILLS

- *Are required ARI skills demonstrated to trainees?*

a. Mean % of required ARI skills demonstrated during ARI training courses (3 skills = 100%) **Training Course Observation**[1]

b. Mean % of required ARI skills that recent trainees (training received ≤ 6 months ago) say were demonstrated during training (3 skills = 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate how to count respiratory rate

- *Is counting of the respiratory rate demonstrated to trainees?*

a. % of ARI training courses in which counting of the respiratory rate is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that counting of the respiratory rate was demonstrated during training **Health Worker Interview**[3]

2.2.1.2 Demonstrate how to examine for chest indrawing

- *Is examination for chest indrawing demonstrated to trainees?*

a. % of ARI training courses in which examination for chest indrawing is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that examination for chest indrawing was demonstrated during training **Health Worker Interview**[3]

2.2.1.3 Demonstrate how to look for signs of cyanosis

- *Is examination for signs of cyanosis demonstrated to trainees?*

a. % of ARI training courses in which examination for signs of cyanosis is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that examination for signs of cyanosis was demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE TREATING CHILDREN WITH ARI DURING TRAINING

- *Are trainees given the opportunity to practice treating children with ARI during training?*

a. % of ARI training courses in which trainees practice treating children with ARI **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced treating children with ARI during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON ARI

2.3 TEST COMPETENCE OF TRAINEES IN ARI TASKS

- *Is demonstrated competence in ARI tasks required of trainees before they complete training?*

a. % of ARI training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE SKILL IN ASSESSING SEVERITY OF ARI BY OBSERVING WHETHER THEY CORRECTLY CLASSIFY CHILDREN BY SEVERITY OF ARI (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in assessing the severity of ARI tested using appropriate methods?*

a. % of ARI training courses in which trainee skill in assessing the severity of ARI is tested using appropriate methods **Training Course Observation**[1]

2.3.2 TEST TRAINEE KNOWLEDGE OF RECOMMENDED ARI THERAPEUTIC TREATMENT PROTOCOL BY OBSERVING WHETHER THEY FOLLOW THE RECOMMENDED PROTOCOL WHEN TREATING ARI CASES (IN CONSULTATION SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee knowledge of the recommended ARI therapeutic treatment protocol tested using appropriate methods?*

a. % of ARI training courses in which trainee knowledge of the recommended ARI therapeutic treatment protocol is tested using appropriate methods **Training Course Observation**[1]

3. EVALUATE ARI TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN ARI TASKS (SEE ARI: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN ARI TASKS)

3.2 ASSESS HEALTH WORKER ARI TASK PERFORMANCE (SEE ARI: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN ARI TRAINING RECORDS AND REPORT ARI TRAINING INFORMATION (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of ARI training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of ARI information and skill items taught during ARI training course"; and "Transmission of information X/skill X (e.g., how to assess the severity of ARI) in ARI training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of ARI information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g. how to assess the severity of ARI) in ARI training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

ACUTE RESPIRATORY INFECTIONS (ARI) SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**[1]

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounter" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees' workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE ARI SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility ARI service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which ARI service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which ARI service delivery and/or support activities are supervised **Supervision Encounter Observation**

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING ARI TASKS

2.1.1 SET OR COMMUNICATE DESIRED ARI TREATMENT COVERAGE

2.1.2 DEVELOP ARI WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR ARI TASK PERFORMANCE

- *Do health workers have access to information on standards for ARI task performance?*

a. Presence at the service delivery facility of an ARI procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY ARI SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF ARI TREATMENT COVERAGE TARGET, IF PRESENT, AND/OR FREQUENCY OF ARI SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining its ARI treatment coverage targets and/or is conducting ARI service delivery activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its ARI treatment coverage targets or in conducting ARI service delivery activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of ARI treatment coverage target by: (1) reviewing service delivery facility records to obtain data on the proportion of children with ARI treated; or (2) conducting sample household ARI treatment coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining its ARI treatment coverage targets using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining its ARI treatment coverage targets by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of ARI treatment coverage targets **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess frequency of group ARI education sessions by: (1) reviewing service delivery facility records to obtain data on the number of group ARI education sessions held; (2) interviewing community leaders and members about the frequency of group ARI education sessions; or (3) asking health workers about the frequency of group ARI education sessions

- *Does the first-level supervisor regularly assess whether the service delivery facility is holding planned group ARI education sessions using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is holding planned group ARI education sessions by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the frequency of group ARI education sessions **Service Delivery Facility Key Informant Interview**

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying specific children with ARI by severity are maintained; (2) observing whether health workers classify children with ARI by severity during clinic sessions and/or home visits and whether they direct these children to sources of ARI service delivery facility; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group ARI education sessions held; (4) interviewing community leaders and members about the frequency of group ARI education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting channelling activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of channelling activities **Service Delivery Key Informant Interview**

2.2.2 ASSESS QUALITY OF ARI SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of ARI service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of ARI service delivery activities, if applicable. **Supervisor Interview**[3]

- *Does the first-level supervisor regularly observe service delivery facility patient encounter sessions?*

b. Number of patient encounter sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach ARI education activities?*

c. Number of group ARI education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess whether health workers correctly classify children by severity of ARI by observing health workers treat ARI cases (in consultation sessions or in role-play exercises) or by interviewing health workers to determine whether they know the recommended classification scheme

- *Does the first-level supervisor regularly assess whether health workers correctly classify children by severity of ARI per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly classify children by severity of ARI per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding classification of children by severity of ARI **Service Delivery Facility Key Informant Interview**

2.2.2.2 Assess whether health workers follow the recommended ARI treatment protocol by observing health workers treating ARI cases (in consultation sessions or in role-play exercises) by reviewing health worker records to obtain data on the proportion of cases where the treatment protocol was correctly followed, or by interviewing health workers to determine whether they know the recommended treatment protocol

- *Does the first level supervisor regularly assess whether health worker correctly follow the recommended ARI treatment protocol using appropriate methods?*

a. % of supervision encounters in which first-level supervisor assess whether health workers correctly follow the recommended ARI treatment protocol by type of assessment method **Supervision Encounter Obvservation**[2]

2.2.2.3 Assess whether health workers tell mothers of ARI cases (1) about the signs and symptoms of severe ARI, (2) how to inspect for these signs, and (3) that they should bring children for return consultation if these signs develop, by observing health workers counselling mothers (in consultation sessions or in role-play exercises) or by interviewing mothers leaving consultation sessions to determine whether they know the signs and symptoms of severe ARI, how to inspect for these signs and that they should being their children for return consultation if these signs develop

- *Does the first-level supervisor regularly assess whether health workers tell mothers of ARI cases about signs and symptoms of severe ARI, how to inspect for these signs and that they should bring their children for return consultation if these signs develop, using appropriate methods?*

a. % of supervision encounters in which first-level supervisor assesses whether health workers tell mothers of ARI cases about signs and symptoms of severe ARI, how to inspect for these signs and that they should bring their children for return consultation if these signs develop, by type of assessment method **Supervision Encounter Observation**[2]

2.2.2.4 Assess whether health workers effectively provide outreach ARI education by: (1) observing health workers provide outreach ARI education (in group ARI education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group ARI education sessions and/or after home visits to determine whether they know key ARI intervention messages

- *Does the first-level supervisor regularly assess whether health workers effectively provide outreach ARI education using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers effectively provide outreach ARI education by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding outreach ARI education messages and techniques **Service Delivery Facility Key Informant Interview**

2.2.3 ASSESS QUALITY OF ARI SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of ARI support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of ARI support activities, if applicable **Supervisor Interview**[3]

2.2.3.1 Assess whether the service delivery facility has adequate quantities of antimicrobial drugs by: (1) observing quantities of antimicrobial drugs available (in patient encounter sessions); or (2) asking health workers about shortages of antimicrobial drugs

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of antimicrobial drugs using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of antimicrobial drugs by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of antimicrobial drugs **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether health workers adequately maintain ARI treatment registers by reviewing ARI registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining ARI intervention targets and/or in conducting ARI service delivery activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining ARI intervention targets or in conducting ARI service delivery activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining ARI intervention targets or in conducting ARI service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of ARI service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of ARI service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of ARI service delivery activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of ARI support activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of ARI support activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of ARI support activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON ARI PERFORMANCE

2.3.1.1 Praise or otherwise reward good ARI task performance

2.3.1.2 Advise or instruct health workers how to improve poor ARI task performance

2.3.1.3 Provide direct assistance in performing ARI tasks

2.3.2 TAKE FOLLOW-UP ACTION ON ARI PERFORMANCE

2.3.2.1 Provide or arrange for formal ARI intervention in-service training

2.3.2.2 Provide direct assistance in performing ARI intervention tasks

2.3.2.3 Provide ARI intervention logistic support, if applicable

2.3.2.3.1 Provide ARI intervention drugs and supplies

2.3.2.3.2 Provide reference materials on ARI

2.3.2.4 Refer persistent ARI task performance problems to higher-level supervisors

2.3.2.5 Apply sanctions for ARI task performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE ARI: SUPERVISION -- 2.3 ASSIST IN RESOLVING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF ARI SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER ARI TASK PERFORMANCE (SEE ARI: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either First-Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicators will become: "Supervision of ARI service delivery and/or support activities in supervision encounter"; "Assessment of ARI service delivery or support item X (e.g., whether health workers administer appropriate antimicrobial drug per recommended schedule) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1) -- item 2.2.1.3
Category 2 (item 2.2.2) -- item 2.2.2.2
Category 3 (item 2.2.3) -- item 2.2.3.1

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

ACUTE RESPIRATORY INFECTIONS COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED ARI ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING ARI ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES (SEE ARI: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED ARI ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED ARI ACTIVITIES

- *Has the service delivery facility assigned specific staff to organize community-managed ARI activities?*

a. Existence of at least one health worker responsible for organizing community-managed ARI activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED ARI ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed ARI activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed ARI activities, when needed **Health Worker Interview**

2. ORGANIZE COMMUNITY-MANAGED ARI ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE ARI ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN ARI ACTIVITIES

2.1.2 EXPLAIN ARI OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE ARI ACTIVITIES

*The term "community-managed ARI activities" refers to ARI service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of ARI services by community members, e.g., to having children with ARI treated at the service delivery facility or to attending health education sessions. The specific ARI activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING ARI ACTIVITIES

2.2.1 PLAN ARI SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions/decisions regarding health system ARI service delivery activities

2.2.1.2 Plan community-managed activities for identifying children needing ARI services

2.2.1.3 Plan community-managed outreach ARI education activities

2.2.1.4 Select community members for training as unsalaried health workers

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES (SEE ARI: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS IN ARI SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO IDENTIFY CHILDREN NEEDING ARI SERVICES

2.3.1.1 Train unsalaried community members and/or health workers to recognize moderate and severe ARI

2.3.1.2 Train unsalaried community members and/or health workers in referral procedures

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN ARI EDUCATION TASKS

- *Do unsalaried community members/health workers educate mothers about ARI?*

a. % of mothers (with children under 5 and who know the signs and symptoms of moderate or severe ARI) who report being told the signs and symptoms of moderate and severe ARI by unsalaried community member and/or health worker **Mothers' Interview (Household)**

2.4 ORGANIZE COMMUNITY-MANAGED FINANCING/RESOURCE GENERATION FOR ARI ACTIVITIES

3. MONITOR COMMUNITY-MANAGED ARI ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED ARI ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed ARI activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed ARI activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED ARI SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR ARI ACTIVITIES

ACUTE RESPIRATORY INFECTIONS
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

Antimicrobial and Antipyretic Drugs

(Penicillin, Ampicillin, Sulpha-Methaxazole, Aspirin, Acetomenophen)

1. PLAN ARI LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING ANTIMICROBIAL AND ANTIPYRETIC DRUGS

- *What system is used to supply antimicrobial drugs to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued antimicrobial drugs?)*

a. System used to supply antimicrobial drugs to the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

2. PROCURE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

- *Does the service delivery facility have an adequate supply of antimicrobial drugs?*

a. % of consultation sessions with an inadequate supply of antimicrobial drugs (antimicrobial drugs are not present or run out) **Consultation Session Observation**

b. Length of the longest period in the last year that the service delivery facility was without antimicrobial drugs **Service Delivery Facility Key Informant Interview**

c. Quantity of antimicrobial drugs available at the service delivery facility per 1000 children under 5 in the service delivery facility catchment area or per the monthly service delivery facility ARI caseload[1] **Service Delivery Facility Observation and Service Delivery Facility Document Review**

d. Ability of the service delivery facility to obtain an emergency supply of antimicrobial drugs within 48 hours if necessary **Service Delivery Facility Key Informant Interview**

- *What complaints does the service delivery facility have about supplies of antimicrobial drugs?*

e. Complaints regarding antimicrobial drug supply **Service Delivery Facility Key Informant Interview**

2.1 ESTIMATE REQUIREMENTS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS

2.2 SECURE AND DISBURSE FUNDS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS, IF APPLICABLE

[1] There does not exist, to our knowledge, a standard ratio of the quantity of antimicrobial drugs that should be available per 1000 children under 5 or per monthly ARI caseload. The most appropriate denominator for this ratio will depend upon local policy regarding the types of ARI cases to whom the service delivery facility should provide antimicrobial drugs and on other local factors such as seasonal variations in ARI incidence, and must, therefore, be determined locally.

2.3 ORDER OR BE ISSUED ANTIMICROBIAL AND ANTIPYRETIC DRUGS

2.4 COLLECT OR RECEIVE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

3. STORE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

3.1 ORGANIZE AND ROTATE STOCK OF ANTIMICROBIAL AND ANTIPYRETIC DRUGS

3.2 STORE ANTIMICROBIAL AND ANTIPYRETIC DRUGS IN A COOL, DRY PLACE

- *Does the service delivery facility have an adequate storage place for antimicrobial drugs?*

a. Presence at the service delivery facility of an adequate storage place for antimicrobial drugs (locally defined) **Service Delivery Facility Observation**

3.3 DISCARD ANTIMICROBIAL AND ANTIPYRETIC DRUGS THAT ARE NO LONGER POTENT

4. DISTRIBUTE ANTIMICROBIAL AND ANTIPYRETIC DRUGS

5. MAINTAIN INVENTORY RECORDS FOR ANTIMICROBIAL AND ANTIPYRETIC DRUGS (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

ACUTE RESPIRATORY INFECTIONS
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR ARI ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR ARI ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR ARI ACTIVITIES

1.1.2 OBTAIN ALLOCATED ANTIMICROBIAL AND ANTIPYRETIC DRUGS (SEE ARI: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR ARI ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility ARI activities?*

a. Coverage of part of the recurrent costs of service delivery facility ARI activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR ARI ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for ARI activities

- *What is the policy on user or social financing for ARI activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for consultations? Are antimicrobial and/or antipyretic drugs to be sold? Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for ARI activities **Facility Key Informant Interview**[1]

1.2.1.2 Develop procedures for user and/or social financing for ARI activities

1.2.1.2.1 Establish fee schedules for consultations

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for ARI activities. Instead they receive material resources (antimicrobial and antipyretic drugs) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

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- *Have fee schedules for consultations been established?*

a. Existence of fee schedules for consultations **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for antimicrobial and antipyretic drugs

- *Have sales prices for antimicrobial drugs been established?*

a. Existence of sales prices for antimicrobial drugs **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to ARI services and drugs

- *Are there arrangements to ensure indigents equal access to ARI services and drugs?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for consultations for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for antimicrobial drugs for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for ARI activities

1.2.2 COLLECT LOCAL RESOURCES FOR ARI ACTIVITIES

1.2.2.1 Collect user fees for consultations and sales receipts for antimicrobial and antipyretic drugs per local policy and procedures

- *Does the service delivery facility collect charges for consultations and antimicrobial and antipyretic drugs?*

a. % of mothers (of ARI cases) who report paying charges for consultations, antimicrobial drugs and/or antipyretic drugs **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for ARI activities

- *Do community groups contribute material resources or labor to support service delivery facility ARI activities?*

a. Receipt from the community of material resources or labor to support service delivery facility ARI activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR ARI ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE ARI: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

ACUTE RESPIRATORY INFECTIONS INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT ARI DATA

1.1 COLLECT DATA ON SIZE OF ARI TARGET POPULATION

- *Does the service delivery facility have information on the number of children under 5 in its catchment area?*

a. Availability at the service delivery facility of information on the number of children under 5 in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT ARI SERVICE DELIVERY DATA

1.2.1 MAINTAIN ARI TREATMENT RECORDS

- *Does the service delivery facility maintain ARI treatment records which contain: (1) children's ages; (2) ARI classifications; (3) ARI therapeutic treatments administered, prescribed or distributed; and (4) referrals made?*

a. Presence at the service delivery facility of ARI treatment records which contain: (1) children's ages; (2) ARI classifications; (3) ARI therapeutic treatments administered, prescribed or distributed; and (4) referrals made **Service Delivery Facility Observation**

1.2.1.1 Record children's ages

1.2.1.2 Record ARI classifications

1.2.1.3 Record ARI treatments administered, prescribed or distributed

1.2.1.4 Record ARI referrals made

1.2.2 MAINTAIN ACTIVITIES REGISTER

1.2.2.1 Record number of group ARI education sessions held

1.2.2.2 Record number of home visits made

1.3 COLLECT DATA ON ARI SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on antimicrobial and antipyretic drugs

- *Does the service delivery facility maintain records on antimicrobial and antipyretic drugs received, distributed and on hand (by type of drug)?*

a. Presence at the service delivery facility of records on antimicrobial and antipyretic drugs received, distributed and on hand (by type of drug) **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received (by type of drug)

1.3.4.1.2 Record quantities distributed (by type of drug)

1.3.4.1.3 Record current stock levels (by type of drug)

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record ARI receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for ARI services and drugs

1.3.5.2 Record funds disbursed for ARI activities

1.3.5.3 Record current balances

1.4 COLLECT ARI IMPACT DATA

1.4.1 MAINTAIN RECORDS ON ARI DEATHS

1.5 CONDUCT SPECIAL ARI KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS ARI DATA

2.1 VERIFY/VALIDATE ARI DATA COLLECTED

2.2 CODE ARI DATA

2.3 FILE ARI DATA

2.4 TABULATE ARI DATA

2.4.1 TABULATE NUMBER OF ARI CASES IN CHILDREN UNDER 5 TREATED MONTHLY BY DEGREE OF SEVERITY

- *Does the service delivery facility routinely tabulate the number of ARI cases in children under 5 treated monthly by degree of severity?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of ARI cases in children under 5 treated by degree of severity **Service Delivery Facility Observation**[1]

2.4.2 TABULATE NUMBER OF ARI CASES IN CHILDREN UNDER 5 REFERRED MONTHLY BY DEGREE OF SEVERITY

- *Does the service delivery facility routinely tabulate the number of ARI cases in children under 5 referred monthly by degree of severity?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of ARI cases in children under 5 referred by degree of severity **Service Delivery Facility Observation**[1]

2.5 ANALYZE ARI DATA

2.5.1 CALCULATE ARI MORTALITY RATE

2.5.2 CALCULATE ARI CASE-FATALITY RATE

2.5.3 CALCULATE ARI TREATMENT RATE

- *Does the service delivery facility routinely calculate the ARI treatment rate for the service delivery facility catchment area?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the ARI treatment rate for the service delivery facility catchment area **Service Delivery Facility Observation**[1]

3. REPORT ARI INFORMATION

3.1 PREPARE REQUIRED ARI REPORTS

3.2 TRANSMIT REQUIRED ARI REPORTS

- *Does the service delivery facility transmit required ARI reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility ARI report **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON ARI INFORMATION REPORTED (SEE ARI: SUPERVISION)

4. UTILIZE ARI INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING ARI SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ARI: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING ARI ACTIVITIES (SEE ARI: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

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CENTER FOR HUMAN SERVICES

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MATERNAL HEALTH -- PRENATAL SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL PREGNANT WOMEN TO PRENATAL SERVICES

- *Do pregnant women register for prenatal services?*

a. Number of pregnant women who registered for prenatal care last year per 1000 live births in the service delivery facility catchment area **Service Delivery Facility Document Review**

1.1 IDENTIFY PREGNANT WOMEN

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL PREGNANT WOMEN

- *Does the service delivery facility maintain records which identify all pregnant women?*

a. Presence at the service delivery facility of records which identify all pregnant women **Service Delivery Facility Document Review**

1.1.2 IDENTIFY PREGNANT WOMEN AT CLINIC SESSIONS

- *Do health workers identify pregnant women at clinic sessions?*

a. % of clinic sessions in which health workers ask women aged 15-44 about pregnancy status **Session Observation**

1.1.3 IDENTIFY PREGNANT WOMEN DURING HOME VISITS

- *Do health workers identify pregnant women during home visits?*

a. % of home visits (to households with women aged 15 to 44) in which health workers ask about pregnancy status **Home Visit Observation**

1.2 RECRUIT PREGNANT WOMEN (SEE MATERNAL HEALTH - PRENATAL: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE WOMEN AND OTHER COMMUNITY MEMBERS REGARDING PRENATAL CARE)

1.3 DIRECT PREGNANT WOMEN TO PRENATAL SERVICES

1.3.1 DIRECT PREGNANT WOMEN IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF PRENATAL SERVICES

- ***Do health workers direct pregnant women identified at clinic sessions to sources of prenatal services?***

a. % of clinic sessions in which pregnant women are told when and where to go for prenatal services **Session Observation**

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1.3.2 DIRECT PREGNANT WOMEN IDENTIFIED DURING HOME VISITS TO SOURCES OF PRENATAL SERVICES

- *Do health workers direct pregnant women identified during home visits to sources of prenatal services?*

a. % of pregnant women identified during home visits who are told when and where to go for prenatal services **Home Visit Observation**

1.3.3 EXPLAIN WHEN AND WHERE PRENATAL SERVICES ARE PROVIDED DURING GROUP MATERNAL HEALTH EDUCATION SESSIONS (SEE MATERNAL HEALTH -- PRENATAL: SERVICE DELIVERY--3.2.1.2 EXPLAIN WHEN AND WHERE TO OBTAIN PRENATAL CARE)

2. PROVIDE PRENATAL SERVICES

- *Do pregnant women have access to prenatal services?*

a. % of women aged 15 to 44 in the service delivery facility catchment area living within 5 km. of a provider of prenatal services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of prenatal services per 1000 women aged 15 to 44 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of prenatal services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility hold planned prenatal sessions?**

d. Ratio of the number of prenatal sessions held in the last 3 months to the number of sessions planned by site of sessions (service delivery facility, outreach locations) **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its prenatal service targets?*

e. Number of women who made at least one prenatal visit last year per 1000 live births in the service delivery facility catchment area Service Delivery Facility Document Review

f. % of women with a birth in the past year who report making at least one prenatal visit **Mothers' Interview (Household)**

g. Mean number of prenatal visits made last year per 1000 live births in the service delivery facility catchment area **Service Delivery Facility Document Review**

*The term "prenatal sessions" refers to single-purpose sessions during which only prenatal services are provided, to multi-purpose sessions during which services in addition to prenatal care are provided, and to home visits during which prenatal services are provided. A prenatal session may include single or multiple prenatal encounters.

2.1 PREPARE PRENATAL EQUIPMENT AND SUPPLIES

2.1.1 STERILIZE SPECULA, GLOVES, SYRINGES, NEEDLES, SWABS

2.2 ASSESS PREGNANCY RISK AND DIAGNOSE PRENATAL OBSTETRIC AND MEDICAL PROBLEMS (SEE APPENDICES A AND B FOR PRENATAL RISK FACTORS AND SELECTED PRENATAL OBSTETRIC AND MEDICAL PROBLEMS)

- *Do health workers assess pregnancy risk?*

a. % of pregnant women for whom health workers assess pregnancy risk **Prenatal Encounter Observation** (initial or follow-up visits)

2.2.1 TAKE PREGNANCY HISTORY

- *Do health workers take adequate pregnancy histories from pregnant women?*

a. Mean % of pregnancy history items asked of pregnant women (7 items = 100%) **Prenatal Encounter Observation** (initial visits)

2.2.1.1 Ask about number of previous pregnancies

2.2.1.2 Ask about outcome of each pregnancy

2.2.1.3 Ask about complications of previous pregnancies (bleeding, toxemia, infection, prolonged labor, cesarean section, stillbirth, spontaneous abortion)

2.2.1.4 Ask date of last delivery

2.2.1.5 Ask about current or past breastfeeding

2.2.1.6 Ask date of last menstrual period

2.2.1.7 Ask age

2.2.2 ASK ABOUT RISK FACTORS IN CURRENT PREGNANCY

2.2.2.1 Ask about any spotting or bleeding during current or past pregnancies

- *Do health workers ask pregnant women about prenatal bleeding?*

a. % of pregnant women asked about recent bleeding **Prenatal Encounter Observation** (initial or follow-up visits)

2.2.2.2 Ask about burning on urination or foul smelling vaginal discharge

2.2.2.3 Ask about any existing medical conditions (especially diabetes, cardiovascular and renal problems, circumcision) or previous injuries, especially to pelvis

- *Do health workers ask pregnant women about existing medical conditions?*

a. % of pregnant women asked about existing health problems **Prenatal Encounter Observation** (initial visits)

2.2.2.4 Ask about any medications currently being taken (therapeutic medications, contraceptives, antimalarial drugs)

2.2.2.5 Ask about immunization against tetanus

2.2.2.6 Ask about any problems associated with current pregnancy

2.2.2.7 Ask about amounts and types of food being eaten during pregnancy

2.2.2.8 Ask about plans for delivery

2.2.3 CONDUCT PHYSICAL EXAMINATION

- *Do health workers conduct adequate physical examinations of pregnant women?*

a. Mean [illegible] of physical examination items obtained for pregnant women (8 [illegible]%) **Prenatal Encounter Observation** (initial or follow-up visits)

2.2.3.1 Examine legs for signs of edema

2.2.3.2 Palpate abdomen to determine size of uterus/gestational age and position of fetus

2.2.3.3 Auscultate abdomen for fetal heart sounds and rate

2.2.3.4 Examine genitals for signs of infection or obstruction

2.2.3.5 Examine eyes and mucus membranes for signs of anemia

2.2.3.6 Perform vaginal exam to confirm pregnancy and evaluate pelvic size

2.2.3.7 Take vital signs (TPR, BP)

2.2.3.8 Measure height and weight

2.2.4 PERFORM LABORATORY TESTS

2.2.4.1 Examine urine for sugar and protein (per local policy)

2.2.4.2 Draw blood for glucose, hemoglobin and malaria diagnosis (if medically indicated)

2.2.5 CALCULATE EXPECTED DATE OF DELIVERY

2.3 ADMINISTER APPROPRIATE TREATMENT(S) PER WOMAN'S DIAGNOSES AND PER LOCAL POLICY

2.3.1 ADMINISTER, PRESCRIBE OR DISTRIBUTE IRON AND/OR FOLIC ACID TABLETS (PER LOCAL POLICY)

2.3.2 ADMINISTER, PRESCRIBE OR DISTRIBUTE NUTRITION SUPPLEMENTS (PER LOCAL POLICY)

2.3.3 IMMUNIZE AGAINST TETANUS PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED)

- *Do health workers immunize pregnant women against tetanus?*

a. % of pregnant women who receive tetanus toxoid vaccine **Prenatal Encounter Observation** (initial or follow-up visits)

b. Number of tetanus toxoid immunizations given to pregnant women last year per 1000 live births in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.3.4 ADMINISTER, PRESCRIBE OR DISTRIBUTE ANTIMALARIAL DRUGS (FOR MALARIA CHEMOPROPHYLAXIS) PER RECOMMENDED SCHEDULE (LOCALLY DETERMINED) (SEE MALARIA: SERVICE DELIVERY -- CHEMOPROPHYLAXIS)

2.3.5 TREAT OBSTETRIC AND MEDICAL PROBLEM(S) AND EMERGENCIES (SEE APPENDIX B FOR INTERVENTIONS FOR SELECTED OBSTETRIC AND MEDICAL PROBLEMS)

- *Do health workers appropriately treat obstetric and medical problems and emergencies per local policy?*

a. % of pregnant women with diagnosed obstetric and/or medical problem(s) or emergencies treated per local policy **Prenatal Encounter Observation** (initial or follow-up visits)

2.3.5.1 Manage ectopic pregnancy

2.3.5.2 Manage infection or bleeding from abortion

2.3.5.3 Manage other prenatal problems and emergencies especially hemorrhage, sepsis and eclampsia

2.4 COUNSEL PREGNANT WOMEN (SEE MATERNAL HEALTH - PRENATAL CARE: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN RECEIVING PRENATAL CARE)

2.5 RECORD FINDINGS OF PRENATAL EXAMINATIONS AND HISTORIES ON MATERNAL HEALTH CARDS (PER LOCAL POLICY)

- *Do health workers record prenatal information on maternal health cards?*

a. % of pregnant women leaving prenatal sessions with identified risk factors recorded on maternal health cards Prenatal Session Observation (initial or follow-up visits)

b. % of pregnant women leaving prenatal sessions with diagnosed obstetric and medical problems recorded on maternal health cards Prenatal Session Observation (initial or follow-up visit)

c. % of pregnant women leaving prenatal sessions with treatments administered, prescribed or distributed recorded on maternal health cards Prenatal Session Observation (initial or follow-up visits)

2.6 REFER AT-RISK PREGNANCIES PER LOCAL POLICY

- *Do health workers refer at-risk pregnancies per local policy?*

a. % of pregnant women referred by reason for referral **Prenatal Encounter Observation** (initial or follow-up visits)

3. MOTIVATE/EDUCATE PREGNANT WOMEN AND OTHER COMMUNITY MEMBERS REGARDING PRENATAL CARE

3.1 PROVIDE INDIVIDUAL COUNSELLING TO PREGNANT WOMEN RECEIVING PRENATAL SERVICES.

- *Are pregnant women effectively counselled?*

a. Mean % of danger signs and emergencies during pregnancy and labor known by pregnant women receiving prenatal services (10 signs = 100%) **Women's Interview Exit**

b. % of pregnant women receiving prenatal services who know when to return for their next prenatal visits **Women's Interview Exit**

3.1.1 TRANSMIT KEY MESSAGES

3.1.1.1 Tell pregnant woman about danger signs and emergencies during pregnancy and labor

- *Do health workers tell pregnant women about danger signs and emergencies during pregnancy and labor?*

a. Mean % of danger signs and emergencies during pregnancy and labor transmitted to pregnant women (10 messages=100%) **Prenatal Encounter Observation** (initial or follow-up visits)

3.1.1.1.1 Tell pregnant woman about pre-eclampsia, infection, bleeding, sharp or constant abdominal pain, prolonged or severe headache, fever

3.1.1.1 2 Tell pregnant woman about passage of meconium

3.1.1.1.3 Tell pregnant woman about prolapsed cord or abnormal foot/hand/shoulder/ buttocks presentation

3.1.1.1.4 Tell pregnant woman about labor lasting over 24 hours

3.1.1.2 Transmit nutrition messages

3.1.1.2.1 Tell pregnant woman to increase her total food intake or to balance her food intake and activities during pregnancy and lactation (per local policy)

3.1.1.2.2 Tell pregnant woman the administration schedule for nutrition supplements, iron and/or folic acid tablets prescribed or distributed for home administration

3.1.1.1.3 Warn pregnant woman of dangers of alcohol, smoking, drugs

3.1.1.3 Give instructions to pregnant woman with specific medical problem(s) (See Appendix B for instructions for selected prenatal medical problems)

- *Do health workers give appropriate instructions to pregnant women with specific medical problems per local policy?*

a. % of pregnant women diagnosed as having medical problems provided appropriate instructions per local policy **Prenatal Encounter Observation** (initial or follow-up visits)

3.1.1.4 Tell pregnant woman to have family seek assistance or transport her to clinic/hospital if danger signs of obstetric emergencies or complications of labor occur

3.1.1.5 Encourage pregnant woman to have delivery attended by a trained health worker

- *Do health workers encourage pregnant women to have their deliveries attended by trained health workers?*

a. % of pregnant women encouraged to have their deliveries attended by trained health workers **Prenatal Encounter Observation** (initial or follow-up visits)

3.1.1.6 Tell pregnant woman when to return for next prenatal visit

- *Do health workers tell pregnant women when to return for their next prenatal visits?*

a. % of pregnant women told when to return for their next prenatal visits **Prenatal Encounter Observation** (initial or follow-up visits)

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask pregnant woman to repeat key messages

- *Do health workers ask pregnant women to repeat key messages?*

a. % of pregnant women asked to repeat key messages **Prenatal Encounter Observation** (initial or follow-up visits)

3.1.2.2 Ask expectant mother if she has any questions

3.2 PROVIDE OUTREACH PRENATAL EDUCATION

- *Does the service delivery facility hold group prenatal education sessions?***

a. % of clinic sessions which include group prenatal education **Session Observation**

b. Number of group prenatal education sessions held in last 6 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers promote prenatal care during home visits?*

c. Number of home visits made in last 6 months per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with women aged 15-44) which include prenatal education **Home Visit Observation**

3.2.1 TRANSMIT KEY MESSAGES

- *Do health workers transmit key prenatal care messages?*

a. Mean % of key prenatal care messages transmitted during group prenatal education sessions (9 messages = 100%) **Prenatal Education Session Observation or Role-Play Exercise**

b. Mean % of key prenatal care messages transmitted during home visits (to households with women aged 15-44) (9 messages = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.1 Explain importance of prenatal care during pregnancy

- *Do health workers explain the importance of prenatal care during pregnancy?*

a. % of group prenatal education sessions in which the benefits of prenatal care during pregnancy are explained **Prenatal Education Session Observation or Role Play Exercise**

b. % of home visits (to households with women aged 15-44) in which the benefits of prenatal care during pregnancy are explained **Home Visit Observation or Role-Play Exercise**

**A "group prenatal education session" is a group health education session with prenatal care messages transmitted.

3.2.1.2 Explain when and where to obtain prenatal services

- *Do health workers explain when and where to obtain prenatal services?*

a. % of group prenatal education sessions in which health workers explain when and where to obtain prenatal services **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which health workers explain when and where to obtain prenatal services **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain benefits of weight gain during pregnancy

- *Do health workers explain the benefits of weight gain during pregnancy?*

a. % of group prenatal education sessions in which the benefits of weight gain during pregnancy are explained **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which the benefits of weight gain during pregnancy are explained **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain increased nutritional needs and types of foods to include in diet during pregnancy and lactation

3.2.1.5 Explain types of foods to include in diet during pregnancy and lactation

- *Do health workers explain that women have increased nutritional needs during pregnancy and lactation?*

a. % of group prenatal education sessions in which health workers explain that women have increased nutritional needs during pregnancy and lactation **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which health workers explain that women have increased nutritional needs during pregnancy and lactation **Home Visit Observation or Role-Play Exercise**

3.2.1.6 Explain danger signs of pregnancy which require immediate attention (swelling of feet, severe or prolonged dizziness, bleeding from vagina, sharp or constant abdominal pain, fever, vaginal odor or discharge)

- *Do health workers explain the danger signs of pregnancy which require immediate attention?*

a. % of group prenatal education sessions in which one or more of the danger signs of pregnancy which require immediate attention are explained **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which one or more of the danger signs of pregnancy which require immediate attention are explained **Home Visit Observation or Role-Play Exercise**

3.2.1.7 Explain importance of tetanus toxoid immunization during pregnancy

- *Do health workers explain the importance of tetanus toxoid immunization during pregnancy?*

a. % of group prenatal education sessions in which the possible consequences of not receiving tetanus toxoid immunization during pregnancy are explained **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which the possible consequences of not receiving tetanus toxoid immunization during pregnancy are explained **Home Visit Observation or Role-Play Exercise**

3.2.1.8 Explain the importance of having delivery attended by a trained health worker

- *Do health workers explain the importance of having delivery attended by a trained health worker?*

a. % of group prenatal education sessions in which the benefits of having delivery attended by a trained health worker are explained **Prenatal Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which the benefits of having delivery attended by a trained health worker are explained **Home Visit Observation or Role-Play Exercise**

3.2.1.9 Explain the dangers of non-therapeutic abortion

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

MATERNAL HEALTH
APPENDIX A: PRENATAL RISK FACTORS

MATERNAL AGE LESS THAN 16 OR OVER 35

FIRST PREGNANCY OVER 30 YEARS OF AGE

5-8 PAST PREGNANCIES

OVER 10 YEARS SINCE LAST PREGNANCY

PREVIOUS CESAREAN SECTION

PREVIOUS DELIVERY COMPLICATIONS

PREVIOUS STILL BIRTH

PREVIOUS MISCARRIAGES: 2 OR MORE

PREVIOUS NEONATAL DEATH

3 OR MORE ABORTIONS

2 OR MORE INFANT DEATHS

PREVIOUS LOW BIRTH WEIGHT BABY

MATERNAL HEIGHT LESS THAN LOCAL STANDARD

SMALL PELVIC OUTLET

MATERNAL LIMP/POLIO LEG

BLEEDING SINCE LAST PERIOD

CLINICALLY ANEMIC

FEVER

BLOOD PRESSURE GREATER THAN 140/90

SPUTUM AFB POSITIVE

DIABETES

HEART DISEASE

PRE-ECLAMPSIA

ABNORMAL FETAL PRESENTATION

SICKLE CELL

MALARIA

AIDS

BREECH PRESENTATION OR TRANSVERSE LIE

LARGE FOR DATE PREGNANCY

SUSPECTED TWINS

MATERNAL HEALTH
APPENDIX B: SELECTED PERINATAL MEDICAL AND OBSTETRIC PROBLEMS

Problem	Intervention
Bleeding - prenatal	**Prevent shock, IV fluids, blood transfusion, deliver baby (if profuse)**
Bleeding - intrapartal	**Prevent shock, IV fluids, blood transfusion, deliver baby (if possible), refer for Cesarean section (if indicated), ocytocics**
Bleeding - postpartal	**Prevent shock, IV fluids, blood transfusion, ocytocics, uterine massage, remove retained placenta fragments**
Infection	**Antibiotic therapy**
Pre-eclampsia	**Antihypertensives (if indicated), avoid salt intake, frequent rest with legs elevated**
Eclampsia	**Anticonvulsants, safety precautions, deliver baby**
Anemia	**Iron and/or folic acid Improved dietary intake**
Premature labor	**Refer (if possible) to facility capable of caring for premature infant**
Transverse lie, cephalo-pelvic disproportion	**Refer for cesarean section**
Dystocia	**Refer for surgical or medical intervention**
Ectopic pregnancy	**Surgical Intervention, IV fluids, blood transfusion**

MATERNAL HEALTH
LABOR AND DELIVERY
SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL NEAR-TERM AND DELIVERING WOMEN TO LABOR AND DELIVERY SERVICES

1.1 IDENTIFY NEAR-TERM AND DELIVERING WOMEN (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 1.1 IDENTIFY PREGNANT WOMEN)

1.2 RECRUIT NEAR-TERM AND DELIVERING WOMEN TO APPROPRIATE LABOR AND DELIVERY SERVICES (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 2.2 ASSESS PREGNANCY RISK AND DIAGNOSE OBSTETRIC AND MEDICAL PROBLEMS)

1.2.1 CONDUCT PRENATAL EXAMINATIONS

1.2.2 IDENTIFY HIGH RISK PREGNANCIES

1.2.3 IDENTIFY OBSTETRIC PROBLEMS AND EMERGENCIES PER LOCAL POLICY (SEE MATERNAL HEALTH LABOR AND DELIVERY: SERVICE DELIVERY -- 2.2 ASSESS POTENTIAL OBSTETRIC COMPLICATIONS AND EMERGENCIES)

1.3 DIRECT NEAR-TERM AND DELIVERING WOMEN TO APPROPRIATE LABOR AND DELIVERY SERVICES

1.3.1 DIRECT NORMAL DELIVERIES TO TRAINED BIRTH ATTENDANT (SEE MATERNAL HEALTH PRENATAL SERVICE DELIVERY: -- 3.1.1.5 ENCOURAGE PREGNANT WOMEN TO HAVE DELIVERY ATTENDED BY A TRAINED HEALTH WORKER)

1.3.2 DIRECT AT-RISK PREGNANCIES TO APPROPRIATE LABOR AND DELIVERY SERVICES, PER LOCAL POLICY (SEE MATERNAL HEALTH PRENATAL: SERVICE DELIVERY -- 2.6 REFER AT-RISK PREGNANCIES PER LOCAL POLICY)

1.3.3 DIRECT OBSTETRIC COMPLICATIONS AND EMERGENCIES TO REFERRAL FACILITY (SEE MATERNAL HEALTH LABOR AND DELIVERY: SERVICE DELIVERY -- 2.3.5 REFER OBSTETRIC COMPLICATIONS AND EMERGENCIES PER LOCAL POLICY)

1.3.4 ARRANGE TRANSPORT TO REFERRAL FACILITY, IF REQUIRED

2. MANAGE LABOR AND DELIVERY

- *Do pregnant women have access to trained birth attendants**?

a. % of women aged 15-44 in the service delivery facility catchment area living within 5 km. of a trained birth attendant **Service Delivery Facility Document Review** (census records and area maps)

b. Number of trained birth attendants per 1000 women aged 15-44 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of labor and delivery services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Are service delivery facility labor and delivery services available whenever required?*

d. % of recent mothers (birth $\leq$ 12 months ago) who sought service delivery facility labor and delivery services but were unable to obtain them **Mothers Interview** (birth $\leq$ 12 months ago)

- *Is the service delivery facility reaching its labor and delivery targets?*

e. % of mothers (with children under 1) who report that their last deliveries were attended by trained birth attendants **Mothers' Interview (Household)**

2.1 PREPARE EQUIPMENT AND SUPPLIES

2.1.1 STERILIZE NEEDLES, SYRINGES, CORD TIES, SCISSORS/RAZOR BLADE, CATHETER, IV INFUSION SET, GLOVES

- *Do health workers sterilize equipment to be used for labor and delivery?*

a. % of births for which health workers sterilize equipment to be used for labor and delivery **Labor and Delivery Observation or Role-Play Exercise**

2.1.2 PREPARE CLEAN BIRTHING PLACE

2.2 ASSESS POTENTIAL OBSTETRIC COMPLICATIONS AND EMERGENCIES

2.2.1 TAKE LABOR HISTORY

- *Do health workers take adequate labor histories of women in labor?*

a. Mean % of labor history items asked of women in labor (11 items = 100%) **Labor and Delivery Observation or Role-Play Exercise**

*The term "trained birth attendants" refers to any trained provider of labor and delivery services, including health workers at the service delivery facility.

2.2.1.1 Ask when labor pains began

- *Do health workers ask women in labor when labor pains began?*

a. % of women in labor asked when labor pains began **Labor and Delivery Observation or Role-Play Exercise**

2.2.1.2 Ask about frequency of contractions

2.2.1.3 Ask if and when bag of water broke

- *Do health workers ask women in labor if and when bag of water broke?*

a. % of observed women in labor asked if and when bag of water broke **Labor and Delivery Observation or Role-Play Exercise**

2.2.1.4 Ask about vaginal bleeding

- *Do health workers ask women in labor about vaginal bleeding?*

a. % of women in labor asked about vaginal bleeding **Labor and Delivery Observation or Role-Play Exercise**

2.2.1.5 Ask about dark black/green discharge (meconium)

- *Do health workers ask women in labor about meconium?*

a. % of women in labor asked about meconium **Labor and Delivery Observation or Role-Play Exercise**

2.2.1.6 Ask about bloody show

2.2.1.7 Ask when woman in labor last ate

2.2.1.8 Ask when woman in labor last passed stool

2.2.1.9 Ask when woman in labor last urinated and about problems urinating

2.2.1.10 Ask about any medication or treatment taken

2.2.1.11 Take prenatal history if woman in labor was not examined prenatally

2.2.2 CONDUCT PHYSICAL EXAMINATION

- *Do health workers conduct adequate physical examinations of women in labor?*

a. Mean % of physical examination items obtained for women in labor (4 items = 100%) **Labor and Delivery Observation or Role-Play Exercise**

2.2.2.1 Take vital signs (TPR, BP)

2.2.2.2 Palpate abdomen

- *Do health workers palpate abdomens of women in labor?*

a. % of women in labor whose abdomens are palpated **Labor and Delivery Observation or Role-Play Exercise**

2.2.2.2.1 Determine strength and length of contractions

2.2.2.2.2 Determine position of fetus

2.2.2.2.3 Determine if more than one fetus

2.2.2.3 Auscultate fetal heart rate

- *Do health workers auscultate fetal heart rate?*

a. % of women in labor for whom fetal heart rate is auscultated **Labor and Delivery Observation or Role-Play Exercise**

2.2.2.4 Perform vaginal or rectal exam (per local policy)

2.2.2.4.1 Wash hands and woman in labor's perineum

- *Do health workers use clean technique when performing vaginal or rectal exams?*

a. % of vaginal or rectal exams performed by health workers who have washed their hands before exam **Labor and Delivery Observation or Role-Play Exercise**

2.2.2.4.2 Palpate cervix to determine thickness and firmness (effacement), openness (dilation), whether bag of water has broken (membranes ruptured)

2.2.2.4.3 Determine how far into the pelvis the presenting part has come (station)

2.2.2.4.4 Determine the presenting part and its position

2.2.2.4.5 Feel for prolapsed cord, placenta previa

2.2.3 MONITOR WOMEN THROUGHOUT LABOR

- *Do health workers adequately monitor women throughout labor?*

a. Mean % of items monitored during labor (8 items=100%) **Labor and Delivery Observation or Role-Play Exercise**

2.2.3.1 Take BP and pulse regularly

2.2.3.2 Take temperature regularly

2.2.3.3 Measure duration and frequency of contractions regularly

2.2.3.4 Auscultate fetal heart beat regularly

2.2.3.5 Palpate abdomen to determine any changes in fetal position regularly

2.2.3.6 Perform vaginal or rectal exam to assess dilation, effacement and station at appropriate intervals (per local policy)

2.2.3.7 Observe perineum for crowning, opening of the vulva and/or rectum to indicate beginning of second stage of labor

2.2.3.8 Monitor blood loss regularly

2.2.4 DIAGNOSE OBSTETRIC COMPLICATIONS AND EMERGENCIES

2.2.4.1 Diagnose dystocia

2.2.4.2 Diagnose hemorrage and shock

2.2.4.3 Diagnose eclampsia

2.2.4.4 Diagnose infection

2.2.4.5 Diagnose cause of maternal distress

2.2.4.6 Diagnose cause of fetal distress

2.2.4.7 Diagnose abnormal presentation of fetus

2.3 MANAGE DELIVERY

2.3.1 ASSIST PROGRESS OF LABOR

2.3.1.1 Tell woman not to bear down until fully dilated and effaced

2.3.1.2 Make woman urinate frequently or catheterize her for urinary retention (per local policy)

2.3.1.3 Reposition woman in labor or increase her activities (i.e., walking) to help presenting part move further into the pelvis and birth canal and to speed labor

2.3.1.4 Administer low enema if bowel is full of stool and woman in labor cannot pass it (per local policy)

2.3.1.5 Administer anesthetic or analgesic (per local policy)

2.3.2 PROVIDE EMOTIONAL SUPPORT DURING LABOR

2.3.3 ASSIST WITH NORMAL DELIVERY

2.3.3.1 Wash hands and woman in labor's perineum

- *Do health workers use clean technique during delivery?*

a. % of deliveries performed by health workers who have washed their hands **Labor and Delivery Observation or Role-Play Exercise**

2.3.3.2 Deliver head

2.3.3.2.1 Support perineum to prevent tearing when fetal head is crowning

- *Do health workers support perinea to prevent tearing when fetal heads are crowning?*

a. % of delivering women for whom perinea are supported when fetal heads are crowning **Labor and Delivery Observation or Role-Play Exercise**

2.3.3.2.2 Perform episiotomy if perineum is very tight, swollen, inflamed, or appears likely to tear

- *Do health workers perform episiotomies when necessary?*

a. % of delivering women with spontaneous lacerations **Labor and Delivery Observation or Role-Play Exercise**

2.3.3.2.3 Support fetus' head as it passes over perineum

2.3.3.2.4 Feel if umbilical cord is around fetus' neck, and slip it over head

2.3.3.2.5 Suck mucus and/or meconium from infant's nose and mouth

- *Do health workers suction mucus/meconium from infants' noses and mouths?*

a. % of deliveries in which infants' noses and mouths are suctioned **Labor and Delivery Observation or Role-Play Exercise**

2.3.3.3 Deliver shoulders and body

2.3.4 TREAT OBSTETRIC PROBLEMS AND EMERGENCIES

2.3.4.1 Treat shock and hemorrhage

2.3.4.1.1 Administer ergonovine, IV crystaloids, blood (per local policy)

2.3.4.1.2 Place mother in trundelenberg position

2.3.4.2 Treat infection

2.3.4.2.1 Administer antibiotics

2.3.4.3 Treat eclamptic convulsions

2.3.4.3.1 Administer anticonvulsants (per local policy)

2.3.4.3.2 Protect physical safety of mother during convulsions

2.3.4.3.3 Deliver infant immediately

2.3.4.4 Attempt manual manipulation of fetal head in cases of incomplete internal rotation

2.3.4.5 Use appropriate technique to deliver fetus in abnormal position (footling, buttocks, face, brow, arm, shoulder presentations)

2.3.4.6 Provide other emergency care as indicated

2.3.5 REFER OBSTETRIC PROBLEMS AND EMERGENCIES PER LOCAL POLICY

- *Do health workers appropriately refer women with obstetric problems or emergencies (per local policy)?*

a. % of women in labor referred by reason for referral **Labor and Delivery Observation or Role-Play Exercise**

2.3.6 PROVIDE IMMEDIATE CARE FOR NEWBORN

- *Do health workers provide adequate immediate care for newborns?*

a. Mean % of recommended immediate care items performed for newborns (11 items=100%) **Labor and Delivery Observation or Role-Play Exercise**

2.3.6.1 Establish respiration/loud cry

2.3.6.2 Tie umbilical cord in three places with sterile ties

- *Do health workers tie umbilical cords in three places?*

a. Percent of observed newborns for whom umbilical cords are tied in three places with sterile ties **Labor and Delivery Observation or Role-Play Exercise**

2.3.6.3 Cut umbilical cord with sterile scissors or razor blade; leave 2 ties on infant's side

- *Do health workers cut umbilical cords with sterile equipment?*

a. % of newborns for whom sterile equipment is used to cut umbilical cords **Labor and Delivery Observation or Role-Play Exercise**

2.3.6.4 Wrap in clean cloth and cover head to maintain warmth

2.3.6.5 Determine APGAR score at 1 minute and 5 minutes after birth

2.3.6.6 Give to mother to suckle

2.3.6.7 Weigh

2.3.6.8 Insert antibiotic eye ointment or silver nitrate drops into eyes within one hour after birth (per local policy)

2.3.6.9 Immunize (per local policy)

2.3.6.10 Administer Vitamin K (per local policy)

2.3.6.11 Provide emergency care, as indicated

- *Do health workers provide mouth-to-mouth or other resuscitation methods to establish respirations?*

a. % of newborns with respiratory distress for whom mouth-to-mouth or other resuscitation methods are used **Labor and Delivery Observation or Role-Play Exercise**

- *Do health workers provide cardiac massage or other cardiac stimulants to establish circulation?*

a. % of newborns without adequate circulation for whom cardiac massage or other cardiac stimulants are provided **Labor and Delivery Observation or Role-Play Exercise**

2.3.7 DELIVER PLACENTA

2.3.7.1 Deliver placenta and examine for completeness

- *Do health workers examine placentas for completeness?*

a. % of delivered placentas examined for completeness **Labor and Delivery Observation or Role-Play Exercise**

2.3.7.2 Manually remove retained (partial or complete) placenta (per local policy)

- *Do health workers manually remove retained placentas?*

a. % of delivered women with retained (partial or complete) placentas for whom retained placentas are manually removed **Labor and Delivery Observation or Role-Play Exercise**

2.3.8 REPAIR EPISIOTOMY OR PERINEAL LACERATION

2.3.8.1 Administer local anesthetic to perineum (per local policy)

2.3.8.2 Suture episiotomy or laceration

- *Do health workers suture episiotomies or lacerations?*

a. % of delivered women with episiotomies or lacerations for whom episiotomies or lacerations are sutured **Labor and Delivery Observation or Role-Play Exercise**

2.3.9 ESTABLISH BREASTFEEDING

2.4 PREVENT COMPLICATIONS DURING IMMEDIATE POSTPARTUM PERIOD

2.4.1 MONITOR MOTHER IMMEDIATELY AFTER DELIVERY

- *Do health workers adequately monitor newly delivered mothers?*

a. Mean length of time for which newly delivered mothers are monitored **Labor and Delivery Observation or Role-Play Exercise**

b. Mean frequency with which monitoring activities are conducted **Labor and Delivery Observation or Role-Play Exercise**

2.4.1.1 Monitor blood pressure and pulse regularly

2.4.1.2 Massage uterus within 15 minutes after delivery and regularly thereafter

- *Do health workers massage women's uterus within 15 minutes after delivery?*

a. % of delivered women for whom uteruses are massaged within 15 minutes after delivery **Labor and Delivery Observation or Role Play Exercise**

2.4.1.3 Monitor blood loss

2.4.2 ADMINISTER ERGONOVINE 1 MG IM IF MOTHER IS BLEEDING HEAVILY (PER LOCAL POLICY)

2.5 CONDUCT THOROUGH EXAMINATIONS OF INFANTS

- *Do health workers conduct adequate examination of infants before discharge?*

a. % of newborns examined before discharge **Labor and Delivery Observation or Role-Play Exercise**

b. Mean % of recommended newborn physical examination items obtained for newborns (13 items = 100%) **Labor and Delivery Observation or Role-Play Exercise**

2.5.1.1 Assess general appearance, alertness, tone

2.5.1.2 Examine head and feel for fontanelles and sutures

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2.5.1.3 Examine eyes for redness, discharge, jaundice, pallor

2.5.1.4 Examine ears and nose for signs of infection

2.5.1.5 Listen to chest to assess respiration and heartbeat

2.5.1.6 Palpate abdomen and liver

2.5.1.7 Examine genitals for normality, hernias

2.5.1.8 Examine for muscle tone and moro reflex

2.5.1.9 Examine skeletal system for broken or dislocated bones

2.5.1.10 Inspect skin for sores, breaks

2.5.1.11 Examine for birth defects

2.5.1.12 Weigh

2.5.1.13 Take temperature

2.6 REFER INFANTS WITH MEDICAL EMERGENCIES AND BIRTH DEFECTS

- *Do health workers appropriately refer infants with medical emergencies and birth defects?*

a. % of newborns referred by reason for referral **Labor and Delivery Observation or Role-Play Exercise**

2.8 RECORD LABOR AND DELIVERY INFORMATION ON LABOR CHARTS

3. PROVIDE INDIVIDUAL COUNSELLING TO NEWLY DELIVERED MOTHERS

3.1 TRANSMIT KEY MESSAGES

- *Do health workers transmit key messages to newly delivered mothers?*

a. Mean % of key messages transmitted to newly delivered mothers (4 messages=100%) **Labor and Delivery Observation or Role-Play Exercise**

3.1.1 TELL MOTHER HOW TO CARE FOR HER GENITALS

- *Do health workers instruct newly delivered mothers how to care for her genitals?*

a. % of newly delivered mothers instructed how to care for their genitals **Labor and Delivery Observation or Role-Play Exercise**

3.1.1.1 Tell mother to keep her genital area clean

3.1.1.2 Tell mother to return to clinic if gross bleeding occurs, or if lochia remains red or has foul smell

3.1.1.3 Tell mother to refrain from intercourse for 4-6 weeks

3.1.2 TELL MOTHER HOW TO CARE FOR INFANT'S UMBILICAL CORD

- *Do health workers instruct newly delivered mothers how to care for infants' umbilical cords?*

a. % of newly delivered mothers instructed in the care of infants' umbilical cords **Labor and Delivery Observation or Role-Play Exercises**

3.1.2.1 Tell mother to keep area around cord clean and dry

3.1.2.2 Tell mother not to put anything (soil/salve) on the cord and not to remove the ties

3.1.2.3 Tell mother to bring infant to clinic if any redness or discharge from cord occurs

3.1.3 TELL MOTHER ABOUT BREASTFEEDING

- *Do health workers adequately tell newly delivered mothers about breastfeeding?*

a. Mean % of breastfeeding messages transmitted to newly delivered mothers (8 messages = 100%) **Labor and Delivery Observation or Role-Play Exercise**

3.1.3.1 Instruct mothers in the health benefits of breastfeeding

3.1.3.2 Tell mother to feed colostrom

3.1.3.3 Tell mother that normal milk flow will begin after 2-3 days

3.1.3.4 Tell mother to breastfeed infant frequently during the first few days

3.1.3.5 Tell mother to use both breasts, feeding from one until it is empty, then from the other

3.1.3.6 Tell mother to start feeding with the breast that is not the breast she started feeding from last time

3.1.3.7 Tell mother to continue breastfeeding when she or infant is ill

3.1.3.8 Tell mother to keep nipples clean and dry to prevent cracking

3.1.4 TELL MOTHER WHEN TO RETURN FOR FIRST POSTPARTUM VISIT AND FOR INFANT'S FIRST WELL-CHILD VISIT

- *Do health workers tell newly delivered mothers when to return for their first postpartum visits and for their infants' first well-child visits?*

a. % of newly delivered mothers told when to return for their first postpartum visits and for their infants' first well-child visits **Labor and Delivery Observation or Role-Play Exercise**

3.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.2.1 DEMONSTRATE REQUIRED SKILLS

3.2.1.1 Demonstrate to mother how to wash her genitals

3.2.1.2 Demonstrate how to bathe and clean infant, especially around umbilical cord

3.2.1.3 Demonstrate how to express breastmilk to relieve congestion and prevent engorgement

3.2.1.4 Demonstrate how to position infant's mouth around areola for breastfeeding

3.2.2 ASK MOTHER TO REPEAT KEY MESSAGES AND/OR DEMONSTRATE REQUIRED SKILLS

3.2.2.1 Ask mother to demonstrate how to wash her genitals

3.2.2.2 Ask mother to demonstrate bathing the infant, cleaning around the cord and cleaning the genitals

3.2.2.3 Ask mother to demonstrate breastfeeding and breast care

3.2.2.4 Ask mother to repeat the warning signs for her and/or her infant to return to clinic

3.2.2.5 Ask mother to repeat when she will return for first postpartum visit and for infant's first well-child visit

3.2.3 ASK MOTHER IF SHE HAS ANY QUESTIONS

MATERNAL HEALTH -- POSTPARTUM*
SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL RECENTLY DELIVERED MOTHERS TO POSTPARTUM SERVICES

1.1 IDENTIFY RECENTLY DELIVERED MOTHERS

1.1.1 MAINTAIN RECORDS WHICH IDENTIFY RECENTLY DELIVERED MOTHERS

- *Does the service delivery facility maintain records which identify recently delivered mothers?*

a. Presence at the service delivery facility of records which identify recently delivered mothers **Service Delivery Facility Document Review (client records)**

1.1.2 IDENTIFY RECENTLY DELIVERED MOTHERS AT CLINIC SESSIONS

1.1.3 IDENTIFY RECENTLY DELIVERED MOTHERS DURING HOME VISITS

1.2 RECRUIT RECENTLY DELIVERED MOTHERS (SEE MATERNAL HEALTH - POSTPARTUM: SERVICE DELIVERY -- 3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING POSTPARTUM CARE)

1.3 DIRECT RECENTLY DELIVERED MOTHERS TO POSTPARTUM SERVICES

1.3.1 DIRECT RECENTLY DELIVERED MOTHERS IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF POSTPARTUM SERVICES

1.3.2 DIRECT RECENTLY DELIVERED MOTHERS IDENTIFIED DURING HOME VISITS TO SOURCES OF POSTPARTUM SERVICES

1.3.3 EXPLAIN WHEN AND WHERE POSTPARTUM SERVICES ARE PROVIDED DURING GROUP POSTPARTUM EDUCATION SESSIONS (SEE MATERNAL HEALTH -- POSTPARTUM: SERVICE DELIVERY--3.2 PROVIDE OUTREACH POSTPARTUM EDUCATION)

2. PROVIDE POSTPARTUM SERVICES

- *Do recently delivered mothers have access to postpartum services?*

a. % of women aged 15 to 44 in the service delivery facility catchment area living within 5 km. of a provider of postpartum services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of postpartum services per 1000 women aged 15 to 44 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of postpartum services by the service delivery facility **Service Delivery Facility Key Informant Interview**

*The term "postpartum" refers to the period beginning immediately after discharge following delivery and ending 6 weeks after delivery.

- *Does the service delivery facility hold planned postpartum sessions**?*

d. Ratio of the number of postpartum sessions held in the last 3 months to the number of sessions planned, by site of sessions (service delivery facility, outreach locations) **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its postpartum service targets?*

e. Number of women who made at least one postpartum visit last year per 1000 live births in the service delivery facility catchment area **Service Delivery Facility Document Review**

2.1 PREPARE POSTPARTUM EQUIPMENT AND SUPPLIES

2.2 ASSESS MOTHERS' POSTPARTUM SERVICE NEEDS

2.2.1 TAKE POSTPARTUM HISTORY

- *Do health workers take adequate postpartum histories from recently delivered mothers?*

a. Mean % of postpartum history questions asked of recently delivered mothers (8 questions=100%) **Postpartum Encounter Observation**

2.2.1.1 Ask mother when and where she delivered, or obtain from maternal health card

2.2.1.2 Ask mother the outcome of the delivery, or obtain from maternal health card

2.2.1.3 Ask mother about vaginal bleeding

- *Do health workers ask recently delivered mothers about vaginal bleeding?*

a. % of recently delivered mothers asked about vaginal bleeding **Postpartum Encounter Observation**

2.2.1.4 Ask mother about foul smelling vaginal discharge

- *Do health workers ask recently delivered mothers about foul-smelling vaginal discharge?*

a. % of recently delivered mothers asked about foul-smelling vaginal discharge **Postpartum Encounter Observation**

**The term "postpartum sessions" refers to single-purpose sessions during which postpartum services only are provided, to multi-purpose sessions during which services in addition to postpartum care are provided, and to home visits during which postpartum services are provided. A postpartum session may include single or multiple postpartum encounters.

2.2.1.5 Ask mother if she has any pain or tenderness in the abdomen or breasts

- *Do health workers ask recently delivered mothers about pain or tenderness in abdomen or breasts?*

a. % of recently delivered mothers asked about pain or tenderness in abdomen or breasts **Postpartum Encounter Observation**

2.2.1.6 Ask mother if she has had a fever

- *Do health workers ask recently delivered mothers about fever?*

a. % of recently delivered mothers asked about fever **Postpartum Encounter Observation**

2.2.1.7 Ask mother if she is taking any medications, including contraceptives

2.2.1.8 Ask mother what she is eating

2.2.2 CONDUCT PHYSICAL EXAMINATION

- *Do health workers conduct adequate physical examinations of recently delivered mothers?*

a. % of recently delivered mothers who receive physical examinations **Postpartum Encounter Observation**

b. Mean % of recommended physical examination items obtained for recently delivered mothers (6 items = 100%) **Postpartum Encounter Observation**

2.2.2.1 Examine the abdomen for swelling and for condition of cesarean incision and to determine the size and firmness of the uterus

- *Do health workers examine the abdomens of recently delivered mothers for swelling and for condition of cesarean incision and to determine the size and firmness of the uterus?*

a. % of recently delivered mothers whose abdomens are examined **Postpartum Encounter Observation**

2.2.2.2 Examine the genitals for swelling, discharge, bleeding, tears, fistula and episiotomy repair

- *Do health workers examine the genitals of recently delivered mothers for swelling, discharge, bleeding, tears, fistula and episiotomy repair?*

a. % of recently delivered mothers whose genitals are examined **Postpartum Encounter Observation**

2.2.2.3 Examine the breasts for cracked nipples, engorgement, abscess

2.2.2.4 Take vital signs (TPR, blood pressure)

2.2.2.5 Weigh the mother

2.2.2.6 Examine eyes for signs of anemia

2.3 ADMINISTER APPROPRIATE TREATMENT TO MOTHERS IF NEEDED PER DIAGNOSIS AND LOCAL POLICY

- *Do health workers appropriately treat postpartum problems?*

a. % of recently delivered mothers administered appropriate treatment(s) according to their diagnosed conditions and local policy **Postpartum Encounter Observation**

2.3.1 PROVIDE IRON AND/OR FOLIC ACID TABLETS (PER LOCAL POLICY)

2.3.2 PROVIDE NUTRITION SUPPLEMENTS (PER LOCAL POLICY)

2.3.3 PROVIDE MALARIA CHEMOPROPHYLAXIS (PER LOCAL POLICY)

2.3.4 GIVE OTHER THERAPEUTIC MEDICATIONS TO TREAT MEDICAL CONDITIONS PER WOMEN'S DIAGNOSIS AND LOCAL POLICY

2.4 RECORD FINDINGS OF HISTORY AND PHYSICAL ON MATERNAL HEALTH CARD (PER LOCAL POLICY)

2.5 REFER POSTPARTUM CASES REQUIRING SPECIAL TREATMENT

- *Do health workers refer postpartum cases which require special treatment?*

a. % of recently delivery mothers referred by reason for referral **Postpartum Encounter Observation**

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING POSTPARTUM CARE

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS RECEIVING POSTPARTUM CARE

3.1.1 TRANSMIT KEY MESSAGES

3.1.1.1 Tell mother about breastfeeding

3.1.1.1.1 Tell mother to feed infant with breastmilk only, for the first 4-6 months

3.1.1.1.2 Tell mother to continue eating extra food while she is breastfeeding

3.1.1.1.3 Tell mother to continue breastfeeding even if she and/or infant is ill

3.1.1.1.4 Tell mother about specific, locally available, nutritious, appropriate foods

3.1.1.2 Give appropriate instructions to mother with specific medical problem(s) (See Appendix B for instructions for selected postpartum medical problems)

3.1.1.3 Tell mother when to return for next postpartum visit per local policy

3.1.1.4 Tell mother about child spacing

3.1.1.4.1 Tell mother to refrain from vaginal intercourse for 4-6 weeks after delivery

3.1.1.4.2 Tell mother that breastfeeding will not prevent her from getting pregnant even if her periods have not begun

3.1.1.4.3 Tell mother where she can obtain child spacing services and supplies (See Child Spacing: Service Delivery--3.2.1.3 Explain when and where interested persons can obtain child spacing services and supplies)

3.1.1.5 Tell mother about enrolling infant in well-child clinic and about having infant immunized

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Ask mother to repeat key messages

3.1.2.2 Ask mother if she has any questions

3.2 PROVIDE OUTREACH POSTPARTUM EDUCATION

3.2.1 TRANSMIT KEY MESSAGES

3.2.1.1 Explain the importance of postpartum care for the mother and infant

3.2.1.2 Explain the importance of breastfeeding

3.2.1.3 Explain the importance of increased maternal food intake while breastfeeding

3.2.1.4 Explain benefits of child spacing and when and where interested families can obtain child spacing services and supplies

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

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MATERNAL HEALTH
PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT MATERNAL HEALTH ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET MATERNAL HEALTH OBJECTIVES AND TARGETS

2.1 DETERMINE DESIRED MATERNAL HEALTH PROGRAM IMPACT

2.2 DETERMINE DESIRED COVERAGE FOR MATERNAL HEALTH CARE

2.2.1 DETERMINE DESIRED PROPORTION OF PREGNANT WOMEN WHO WILL MAKE AT LEAST ONE PRENATAL VISIT

- *What is the desired proportion of pregnant women who will make at least one prenatal visit?*

a. Desired proportion of pregnant women who will make at least one prenatal visit **Facility Document Review or Facility Key Informant Interview**[1]

2.2.2 DETERMINE DESIRED NUMBER OF PRENATAL VISITS PER PREGNANCY

- *What is the desired number of prenatal visits per pregnancy?*

a. Desired number of prenatal visits per pregnancy **Facility Document Review or Facility Key Informant Interview**[1]

2.2.3 DETERMINE DESIRED PROPORTION OF BIRTHS TO BE DELIVERED BY TRAINED BIRTH ATTENDANTS

- *What is the desired proportion of births to be delivered by trained birth attendants?*

a. Desired proportion of births to be delivered by trained birth attendants **Facility Document Review or Facility Key Informant Interview**[1]

2.2.4 DETERMINE DESIRED COVERAGE FOR POSTPARTUM MATERNAL HEALTH SERVICES

- *What is the desired coverage for postpartum maternal health services?*

a. Desired coverage for postpartum maternal health services **Facility Document Review or Facility Key Informant Interview**[1]

2.3 SET QUANTITATIVE AND DATED TARGETS FOR MATERNAL HEALTH SERVICES

- *Are quantitative and dated targets set for maternal health services, by type of service?*

a. Existence of quantitative and dated targets for maternal health services, by type **Facility Key Informant Interview**[1]

- *What are the maternal health targets, by type of service?*

b. Level of maternal health targets for last year, by type **Facility Document Review or Facility Key Informant Interview**[1]

- *Does the service delivery facility participate in target setting?*

c. Participation of the service delivery facility in target-setting for its catchment area **Service Delivery Facility Key Informant Interview**

3. DEVELOP MATERNAL HEALTH STRATEGY

3.1 DEVELOP MATERNAL HEALTH POLICIES

3.1.1 DEVELOP RECOMMENDED SCHEDULE FOR PRENATAL AND POSTNATAL VISITS

- *What is the recommended prenatal and postpartum visit schedule?*

a. Recommended prenatal and postpartum visit schedule **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP POLICY ON PRENATAL FOOD, IRON, FOLIC ACID SUPPLEMENTATION

- *What is the policy on prenatal food, iron, folic acid supplementation? (For each supplement, what are the criteria for distribution? How much of each supplement is to be given? How frequently are supplements to be given?)*

a. Policy on food, iron, folic acid supplementation **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON PROVISION OF MALARIA CHEMOPROPHYLAXIS TO PREGNANT WOMEN

- *What is the policy on malaria prophylaxis for pregnant women? (When during pregnancy do women receive prophylaxis? What dose of prophylaxis do pregnant women receive?)*

a. Policy on provision of malaria chemoprophylaxis to pregnant women **Facility Document Review or Facility Key Informant Interview**[1]

3.1.4 DEVELOP POLICY ON PRENATAL TETANUS IMMUNIZATION

- *What is the recommended prenatal tetanus immunization schedule? (Is it recommended that all pregnant women receive tetanus immunization with each pregnancy? What is the recommended number of doses to be given if unvaccinated? What is the recommended number of doses if vaccinated in last pregnancy? When during the pregnancy is the vaccine recommended? What is the recommended interval between doses?)*

a. Immunization schedule for pregnant women **Facility Document Review or Facility Key Informant Interview**[1]

3.1.5 DEVELOP CRITERIA FOR DIAGNOSING PREGNANCIES AT RISK

- *What are key prenatal risk factors?*

a. Prenatal risk factors **Facility Document Review or Facility Key Informant Interview**[1]

- *Is there a prenatal risk classification scheme?*

b. Prenatal risk classification scheme **Facility Document Review or Facility Key Informant Interview**[1]

3.1.6 DEVELOP POLICY ON REFERRAL OF AT-RISK PREGNANCIES

- *What types of at-risk pregnancies are to be referred?*

a. Recommendations on types of at-risk pregnancies to be referred **Facility Document Review or Facility Key Informant Interview**

- *When are at-risk pregnancies to be referred?*

b. Recommendations for when to refer at-risk pregnancies, by risk factor(s) **Facility Document Review or Facility Key Informant Interview**[1]

- *Where are at-risk pregnancies to be referred?*

c. Referral facility or location **Facility Document Review or Facility Key Informant Interview**[1]

3.2 DEVELOP MATERNAL HEALTH PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR CHANNELLING WOMEN TO MATERNAL HEALTH SERVICES

- *What are the procedures for identifying, recruiting, and directing pregnant, laboring, and postpartum women to maternal health services? (Is there a system for identifying and tracking pregnant women needing maternal health services? Are women needing material health services to be identified and directed to maternal health services at service delivery facility clinic sessions? Are group maternal health education sessions to be held? Where are group maternal health education sessions to be held? How often are group material health education sessions to be held (by site of sessions)? Are home visits to be made? Are women needing maternal health services to be identified, recruited and directed to maternal health services during home visits? What is the system for assuring that a trained birth attendant is present at all deliveries?)*

a. Procedures for channelling pregnant, laboring, and postpartum women to maternal health services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DETERMINE SITES FOR MATERNAL HEALTH SERVICES

- *Where are maternal health sessions to be held?*

a. Sites for maternal health sessions **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DETERMINE FREQUENCY OF MATERNAL HEALTH SESSIONS

- *How often are prenatal and postpartum sessions to be held (by site of session)?*

a. Frequency of prenatal and postpartum sessions (by site of session) **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DEVELOP PROTOCOLS FOR TREATMENT OF OBSTETRIC AND MEDICAL PROBLEMS

- *What are the protocols for treatment of obstetric and medical problems associated with pregnancy, labor and delivery and postpartum (by type of problem)?*

a. Protocols for treatment of obstetric and medical situations associated with pregnancy, labor and delivery and postpartum **Facility Document Review or Facility Key Informant Interview**[1]

3.2.5 DEVELOP PROTOCOLS FOR LABOR AND DELIVERY

- *What are the protocols for labor and delivery? (What are the protocols for performing vaginal exam, medicating mother prophylactically and/or therapeutically, performing episiotomy, removing placenta, providing immediate care for newborn, delivering abnormal presentation?)*

a. Protocols for labor and delivery **Facility Document Review or Facility Key Informant Interview**[1]

3.2.6 DEVELOP PROTOCOL FOR IMMEDIATE POSTPARTUM MONITORING

- *For what duration immediately after delivery is postpartum mother monitored (including home delivery, health facility delivery)?*

a. Duration which postpartum mother is to be monitored immediately after delivery **Facility Document Review or Facility Key Informant Interview**[1]

3.2.7 DEVELOP REFERRAL PROCEDURES

- *What are the procedures for referral of pregnant, laboring or postpartum women (including transportation system or accompaniment by health personnel)?*

a. Procedures for referral of pregnant, laboring, and postpartum women **Facility Document Review or Facility Key Informant Interview**[1]

3.3 DEVELOP BUDGET FOR MATERNAL HEALTH ACTIVITIES

3.4 DEVELOP MATERNAL HEALTH WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT MATERNAL HEALTH ACTIVITIES

- *Is service delivery facility staffing adequate for maternal health activities?*

a. **Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, birth attendants, etc.) who routinely provide maternal health services per 1000 women 15 to 44 in the service delivery facility catchment area Service Delivery Facility Key Informant Interview**

b. **Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, birth attendants, etc.) who routinely provide outreach maternal health education per 1000 women 15 to 44 in the service delivery facility catchment area Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR MATERNAL HEALTH ACTIVITIES

4. COMMUNICATE MATERNAL HEALTH PLAN

- *Are maternal health policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of maternal health policy documents **Service Delivery Facility Observation**

- *Are maternal health procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of maternal health procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which objectives, targets, policies and procedures are developed.

MATERNAL HEALTH
TRAINING INDICATORS AND DATA SOURCES

1. PLAN MATERNAL HEALTH TRAINING

1.1 ASSESS MATERNAL HEALTH TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR MATERNAL HEALTH TRAINING

1.3 SELECT MATERNAL HEALTH TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN MATERNAL HEALTH TASKS

- *Have health workers received formal maternal health training?*

a. % of health workers who say that they received formal maternal health training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in maternal health tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during maternal health training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY MATERNAL HEALTH INFORMATION AND REQUIRED SKILLS PER TRAINEES' MATERNAL HEALTH TASKS

- *Are trainees taught key maternal health information and required skills?*

a. Mean % of maternal health information and skill items taught during maternal health training courses (14 items=100%) **Training Course Observation**[1]

b. Mean % of maternal health information and skill items present in maternal health training curriculum (14 items=100%) **Support Facility Observation**[2]

2.1.1 TEACH HEALTH WORKERS HOW TO DIAGNOSE PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS

2.1.1.1 Teach trainees how to take present pregnancy, past pregnancy, labor, and postpartum histories

- *Are trainees taught how to take present pregnancy, past pregnancy, labor, and postpartum histories?*

a. % of maternal health training courses in which trainer teaches how to take present pregnancy, past pregnancy, labor, and postpartum histories **Training Course Observation**[1]

b. Presence in maternal health training curriculum of information on present pregnancy, past pregnancy, labor, and postpartum histories **Support Facility Observation**[2]

2.1.1.2 Teach trainees how to conduct physical, vaginal or rectal, and abdominal examinations of perinatal women

- *Are trainees taught how to conduct physical, vaginal or rectal, and abdominal examinations of perinatal women?*

a. % of maternal health training courses in which trainer teaches how to conduct physical, vaginal or rectal, and abdominal examinations of perinatal women **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on how to conduct physical, vaginal or rectal, and abdominal examinations of perinatal women **Support Facility Observation**[2]

2.1.1.3 Teach trainees signs and symptoms of prenatal, intrapartal, and postpartum risk, problems and complications

- *Are trainees taught signs and symptoms of prenatal, intrapartal, and postpartum risk, problems and complications?*

a. Mean % of prenatal, intrapartal, and postpartum risk, problem and complication items taught during maternal health training courses (6 items = 100%) **Training Course Observation**[1]

b. Mean % of prenatal, intrapartal, and postpartum risk, problem and complication items present in maternal health training curriculum (6 items = 100%) **Support Facility Observation**[2]

- *Which prenatal, intrapartal, and postpartum risks, problems and complications are trainees taught to diagnose?*

c. Mean % of prenatal, intrapartal, and postpartum risks, problems and complications which trainees are taught to diagnose (6 items = 100%) **Training Course Observation**[1] **or Support Facility Observation**[2]

2.1.1.3.1 Teach how to diagnose prenatal risk

2.1.1.3.2 Teach how to diagnose infection

2.1.1.3.3 Teach how to diagnose hemorrhage

2.1.1.3.4 Teach how to diagnose pre-eclampsia and eclampsia

2.1.1.3.5 Teach how to diagnose dystocia

2.1.1.3.6 Teach how to diagnose other obstetric problems or complications

2.1.2 TEACH MANAGEMENT OF PROBLEMS OR COMPLICATIONS

- *Are trainees taught how to manage prenatal, intrapartal, and postpartum risks, problems and complications?*

a. Mean % of prenatal, intrapartal, and postpartum risks, problems and complications which trainees are taught to manage during maternal health training courses (6 items = 100%) **Training Course Observation**[1]

b. Mean % of items on management of prenatal, intrapartal, and postpartum risks, problems and complications present in maternal health training curriculum (6 items = 100%) **Support Facility Observation**[2]

2.1.2.1 Teach management of prenatal risk

2.1.2.2 Teach management of hemorrhage

2.1.2.3 Teach management of infection

2.1.2.4 Teach management of pre-eclampsia and eclampsia

2.1.2.5 Teach management of dystocia

2.1.2.6 Teach management of other problems or complications

2.1.3 TEACH HEALTH WORKERS HOW TO CALCULATE EXPECTED DATE OF DELIVERY

- *Are health workers taught how to calculate the expected date of delivery?*

a. % of maternal health training courses in which trainees are taught how to calculate the expected date of delivery **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on how to calculate expected date of delivery **Support Facility Observation**[2]

2.1.4 TEACH HEALTH WORKERS DOSAGES AND SCHEDULES FOR PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS

- *Are trainees taught dosages and schedules for prophylactic and therapeutic medication treatments?*

a. % of maternal health training courses in which trainees are taught dosages and schedules for prophylactic and therapeutic medication treatments **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on dosages and schedules for prophylactic and therapeutic medication treatments **Support Facility Observation**[2]

2.1.5 TEACH IMPORTANCE OF HAVING BIRTH ATTENDED BY TRAINED BIRTH ATTENDANT

- *Are trainees taught the importance of having birth attended by a trained birth attendant?*

a. % of maternal health training courses in which trainees are taught the importance of having birth attended by a trained birth attendant **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on importance of having birth attended by a trained birth attendant **Support Facility Observation**[2]

2.1.6 TEACH DELIVERY OF INFANT IN NORMAL PRESENTATION

- *Are trainees taught how to deliver infant in normal position?*

a. % of maternal health training courses in which trainees are taught how to deliver infant in normal position **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on how to deliver infant in normal position **Support Facility Observation**[2]

2.1.7 TEACH DELIVERY OF INFANT IN BREECH, SHOULDER, FACE PRESENTATIONS

- *Are trainees taught how to deliver infants in breech, shoulder, and face presentations?*

a. % of maternal health training courses in which trainees are taught how to deliver infants in breech, shoulder, and face presentations **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on how to deliver infants in breech, shoulder, and face presentations **Support Facility Observation**[2]

2.1.8 TEACH PERFORMANCE AND REPAIR OF EPISIOTOMY

- *Are trainees taught performance and repair of episiotomy?*

a. % of maternal health training courses in which trainees are taught performance and repair of episiotomy **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on performance and repair of episiotomy **Support Facility Observation**[2]

2.1.9 TEACH IMMEDIATE CARE OF THE NEWBORN

- *Are trainees taught immediate care of the newborn?*

a. % of maternal health training courses in which trainees are taught immediate care of the newborn **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on immediate care of the newborn **Support Facility Observation**[2]

2.1.10 TEACH HOW TO PERFORM PHYSICAL EXAMINATION OF THE NEWBORN

- *Are trainees taught how to perform physical examination of the newborn?*

a. % of maternal health training courses in which trainees are taught how to perform physical examination of the newborn **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on how to perform physical examination of the newborn **Support Facility Observation**[2]

2.1.11 TEACH APPROPRIATE COUNSELLING AND HEALTH EDUCATION TECHNIQUES

- *Are trainees taught appropriate counselling and health education techniques and materials?*

a. % of maternal health training courses in which trainees are taught appropriate counselling and health education techniques **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on appropriate counselling and health education techniques **Support Facility Observation**[2]

2.1.12 TEACH PROCEDURES FOR CHANNELLING PERINATAL WOMEN TO MATERNAL HEALTH SERVICES

- *Are trainees taught procedures for channelling perinatal women to maternal health services?*

a. % of maternal health training courses in which trainees are taught procedures for channelling perinatal women to maternal health services **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on procedures for channelling perinatal women to maternal health services **Support Facility Observation**[2]

2.1.13 TEACH PROCEDURES FOR RECORDING INFORMATION FROM MATERNAL HEALTH HISTORIES, PHYSICAL EXAMINATIONS, AND TREATMENTS ON MATERNAL HEALTH CARDS

- *Are trainees taught procedures for recording information from maternal health histories, physical examinations, and treatments on maternal health cards?*

a. % of maternal health training courses in which trainees are taught procedures for recording information from maternal health histories, physical examinations, and treatments on maternal health cards **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on procedures for recording information from maternal health histories, physical examinations, and treatments on maternal health cards **Support Facility Observation**[2]

2.1.14 TEACH PROCEDURES FOR MAINTAINING MATERNAL HEALTH REGISTERS AND REPORTING MATERNAL HEALTH INFORMATION

- *Are trainees taught procedures for maintaining maternal health registers and reporting maternal health information?*

a. % of maternal health training courses in which trainees are taught procedures for maintaining maternal health registers and reporting maternal health information **Training Course Observation**[1]

b. Presence in the maternal health training curriculum of information on procedures for maintaining maternal health registers and reporting maternal health information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED MATERNAL HEALTH SKILLS

- *Are required maternal health skills demonstrated to trainees?*

a. Mean % of required maternal health skills demonstrated during maternal health training courses (9 skills = 100%) **Training Course Observation**[1]

b. Mean % of required maternal health skills that recent trainees (training received ≤ 6 months ago) say were demonstrated during training (9 skills = 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate how to take present pregnancy, past pregnancy, labor, and postpartum histories

- *Is the taking of present pregnancy, past pregnancy, labor, and postpartum histories demonstrated to trainees?*

a. % of training courses in which the taking of present pregnancy, past pregnancy, labor, and postpartum histories is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that the taking of present pregnancy, past pregnancy, labor, and postpartum histories was demonstrated during training **Health Worker Interview**[3]

2.2.1.2 Demonstrate physical, vaginal or rectal, and abdominal examinations

- *Are physical, vaginal or rectal, and abdominal examinations demonstrated to trainees?*

a. % of training courses in which physical, vaginal or rectal, and abdominal examinations are demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that physical, vaginal or rectal, and abdominal examinations were demonstrated during training **Health Worker Interview**[3]

2.2.1.3 Demonstrate delivery of infant in normal position

- *Is delivery of infant in normal position demonstrated to trainees?*

a. % of training courses in which delivery of infant in normal position is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that delivery of infant in normal position was demonstrated during training **Health Worker Interview**[3]

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2.2.1.4 Demonstrate delivery of infant in breech, shoulder, face presentation

- *Is delivery of infant in breech, shoulder, face presentation demonstrated to trainees?*

a. % of training courses in which delivery of infant in breech, shoulder, face presentation is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that delivery of infant in breech, shoulder, face presentation was demonstrated during training **Health Worker Interview**[3]

2.2.1.5 Demonstrate performance and repair of episiotomy

- *Is performance and repair of episiotomy demonstrated to trainees?*

a. % of training courses in which performance and repair of episiotomy is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that performance and repair of episiotomy was demonstrated during training **Health Worker Interview**[3]

2.2.1.6 Demonstrate management of perinatal problems or complications

- *Is management of perinatal problems or complications demonstrated to trainees?*

a. Mean % of perinatal problems or complications whose management is demonstrated during maternal health training courses (5 problems = 100%) **Training Course Observation**[1]

b. Mean % of perinatal problems or complications that recent trainees (training received ≤6 months ago) say were demonstrated during training (5 problems = 100%) **Health Worker Interview**[3]

2.2.1.6.1 Demonstrate management of prenatal, intrapartal and postpartum hemorrhage

2.2.1.6.2 Demonstrate management of prenatal, intrapartal and postpartum infection

2.2.1.6.3 Demonstrate management of pre-eclampsia and eclampsia

2.2.1.6.4 Demonstrate management of dystocia

2.2.1.6.5 Demonstrate management of other problems or complications

2.2.1.7 Demonstrate immediate care of the newborn

- *Is immediate care of the newborn demonstrated to trainees?*

a. % of training courses in which immediate care of the newborn is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that immediate care of the newborn was demonstrated during training **Health Worker Interview**[3]

2.2.1.8 Demonstrate physical examination of the newborn

- *Is physical examination of the newborn demonstrated to trainees?*

a. % of training courses in which physical examination of the newborn is demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that physical examination of the newborn was demonstrated during training **Health Worker Interview**[3]

2.2.1.9 Demonstrate appropriate counselling and health education techniques

- *Are appropriate counselling and health education techniques demonstrated to trainees?*

a. % of training courses in which appropriate counselling and health education techniques are demonstrated to trainees **Training Course Observation**[1]

b. % of recent trainees (training received ≤6 months ago) who say that appropriate counselling and health education techniques were demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REQUIRED MATERNAL HEALTH SKILLS

- *Are trainees given the opportunity to practice diagnosing prenatal, intrapartal and postpartum risk, problems and complications?*

a. Mean % of prenatal, intrapartal and postpartum risk, problems and complications which trainees practice diagnosing during training courses (3 items=100%) **Training Course Observation**[1]

b. Mean % of prenatal, intrapartal and postpartum risk, problems and complications that recent trainees (training received ≤6 months ago) say they practiced diagnosing during training (3 items=100%) **Health Worker Interview**[3]

- *Are trainees given the opportunity to practice managing prenatal, intrapartal and postpartum risk, problems and complications?*

c. Mean % of prenatal, intrapartal and postpartum risk, problems and complications which trainees practice managing during training courses (6 items=100%) **Training Course Observation**[1]

d. Mean % of prenatal, intrapartal and postpartum risk, problems and complications that recent trainees (training received ≤6 months ago) say they practiced managing during training (6 items=100%) **Health Worker Interview**[3]

- *Are trainees given the opportunity to practice normal deliveries?*

e. % of training courses in which trainees practice normal deliveries **Training Course Observation**[1]

f. % of recent trainees (training received ≤6 months ago) who say that they practiced normal deliveries during training **Health Worker Interview**[3]

- *Are trainees given the opportunity to practice performing an episiotomy and repairing an episiotomy/perineal laceration?*

g. % of training courses in which trainees practice performing an episiotomy and repairing an episiotomy/perineal laceration **Training Course Observation**[1]

h. % of recent trainees (training received ≤6 months ago) who say that they practiced performing an episiotomy and repairing an episiotomy/perineal laceration during training **Health Worker Interview**[3]

- *Are trainees given the opportunity to practice providing immediate care to the newborn?*

i. % of training courses in which trainees practice providing immediate care to the newborn **Training Course Observation**[1]

j. % of recent trainees (training received ≤6 months ago) who say that they practiced providing immediate care to the newborn during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON MATERNAL HEALTH CARE

2.3 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS

- *Is demonstrated competence in maternal health tasks required of trainees before they complete training?*

a. % of maternal health training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE SKILL IN DIAGNOSING PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY IDENTIFY PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS - (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF PRENATAL, INTRAPARTAL, AND POSTPARTUM RISK, PROBLEMS AND COMPLICATIONS

- *Is trainee skill in diagnosing and classifying pregnancies at risk tested using appropriate methods?*

a. % of maternal health training courses in which trainee skill in diagnosing and classifying pregnancies at risk is tested using appropriate methods **Training Course Observation**[1]

- *Is trainee skill in diagnosing prenatal, intrapartal and postpartal problems and complications tested using appropriate methods?*

b. Mean % of prenatal, intrapartal and postpartum problems and complications for which trainee diagnostic skill is tested in maternal health training courses using appropriate methods (6 items = 100%) **Training Course Observation**[1]

2.3.1.1 Test trainee skill in diagnosing and classifying prenatal risk

2.3.1.2 Test trainee skill in diagnosing hemorrhage

2.3.1.3 Test trainee skill in diagnosing infection

2.3.1.4 Test trainee skill in diagnosing pre-eclampsia and eclampsia

2.3.1.5 Test trainee skill in diagnosing dystocia

2.3.1.6 Test trainee skill in diagnosing other obstetric complications and problems

2.3.2 TEST TRAINEE SKILL IN MANAGING PRENATAL, INTRAPARTAL, POSTPARTAL PROBLEMS AND COMPLICATIONS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY MANAGE PRENATAL, INTRAPARTAL, POSTPARTAL RISK, PROBLEMS AND COMPLICATIONS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF RECOMMENDED PROCEDURES

- *Is trainee skill to manage pregnancies at risk tested using appropriate methods?*

a. % of maternal health training courses in which trainee ability to manage pregnancies at risk and classify them as low, moderate or high risk is tested using appropriate methods **Training Course Observation**[1]

- *Is trainee skill in managing prenatal, intrapartal and postpartal problems and complications tested using appropriate methods?*

b. Mean % of prenatal, intrapartal and postpartum problems and complications for which trainee management skill is tested in maternal health training course using appropriate methods (6 items = 100%) **Training Course Observation**[1]

2.3.3 TEST TRAINEE SKILLS IN CONDUCTING PHYSICAL, VAGINAL OR RECTAL, AND ABDOMINAL EXAMINATIONS BY: OBSERVING WHETHER HEALTH WORKERS CORRECTLY PERFORM PHYSICAL, VAGINAL OR RECTAL, AND ABDOMINAL EXAMINATIONS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.4 TEST TRAINEE KNOWLEDGE OF HOW TO CALCULATE EXPECTED DATE OF DELIVERY BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY CALCULATE EXPECTED DATE OF DELIVERY (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF HOW TO CALCULATE EXPECTED DATE OF DELIVERY

2.3.5 TEST TRAINEE KNOWLEDGE OF DOSAGES AND SCHEDULES FOR PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS BY: (1) OBSERVING WHETHER TRAINEES CORRECTLY PRESCRIBE OR ADMINISTER PROPHYLACTIC AND THERAPEUTIC MEDICATION TREATMENTS (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF PROPHYLACTIC TREATMENTS ADMINISTERED PERINATALLY

2.3.6 TEST TRAINEE SKILL IN DELIVERING INFANT IN NORMAL, BREECH, SHOULDER, FACE POSITIONS BY: OBSERVING WHETHER TRAINEES CORRECTLY DELIVER INFANT (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee ability to deliver infant in normal, breech, shoulder, face presentations tested using appropriate methods?*

a. % of maternal health training courses in which trainee ability to deliver infant in normal, breech, shoulder, face presentations is tested using appropriate methods **Training Course Observation**[1]

2.3.7 TEST TRAINEE SKILL IN PERFORMING EPISIOTOMY AND REPAIRING EPISIOTOMY/PERINEAL LACERATION BY OBSERVING WHETHER TRAINEES CORRECTLY PERFORM EPISIOTOMY AND REPAIRS EPISIOTOMY/PERINEAL LACERATION (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.8 TEST TRAINEE SKILL IN MANAGING IMMEDIATE CARE OF THE NEWBORN BY OBSERVING WHETHER TRAINEES CORRECTLY MANAGE IMMEDIATE CARE OF THE NEWBORN (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

2.3.9 TEST TRAINEE SKILL IN RECORDING MATERNAL HEALTH INFORMATION ON INDIVIDUAL RECORDS AND HEALTH FACILITY REGISTRY BY OBSERVING TRAINEES RECORDING MATERNAL HEALTH INFORMATION ON INDIVIDUAL MATERNAL HEALTH RECORDS AND HEALTH FACILITY REGISTRY (IN MATERNAL HEALTH SESSIONS OR IN ROLE-PLAY EXERCISES)

3. EVALUATE MATERNAL HEALTH TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS (SEE MATERNAL HEALTH: TRAINING ⇒2.3 TEST COMPETENCE OF TRAINEES IN MATERNAL HEALTH TASKS)

3.2 ASSESS HEALTH WORKER MATERNAL HEALTH TASK PERFORMANCE (SEE MATERNAL HEALTH: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN MATERNAL HEALTH TRAINING RECORDS AND REPORT MATERNAL HEALTH TRAINING INFORMATION (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of maternal health training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed, the indicators will become: "% of maternal health information and skill items taught during maternal health training course"; and "Transmission of information X/skill X (e.g., how to take present pregnancy, past pregnancy, labor, and postpartum histories) in maternal health training course." If it is not possible to observe any training courses, data may be obtained by interviewing key informants or through structured group discussions with trainers. In this case, indicators will become: "% of maternal health information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g., how to take present pregnancy, past pregnancy, labor, and postpartum histories) in maternal health training course." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

MATERNAL HEALTH
SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounters" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees' workplaces, at first-level supervisors' offices, or at other locations.

- *How many supervision encounters are planned per community-managed health worker per year?*

c. Number of supervision encounters planned per community-managed health worker per year by type of worker **Support Facility Document Review or Support Facility Key Informant Interview**

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility maternal health service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which maternal health service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which maternal health service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING MATERNAL HEALTH TASKS

2.1.1 SET OR COMMUNICATE MATERNAL HEALTH TARGETS

2.1.2 DEVELOP MATERNAL HEALTH WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR MATERNAL HEALTH PERFORMANCE

- *Do health workers have access to information on standards for maternal health task performance?*

a. Presence at the service delivery facility of a maternal health procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF MATERNAL HEALTH SERVICE DELIVERY TARGETS, IF PRESENT, AND FREQUENCY OF MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining its maternal health service delivery targets and/or is conducting maternal health service delivery activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its maternal health service delivery targets or in conducting maternal health service delivery activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of maternal health care coverage, by type of maternal health service delivery activity (prenatal, labor and delivery, postpartum), by: (1) reviewing service delivery facility records to obtain data on the number and proportion of perinatal women who received care, by type of maternal health service delivery activity; or (2) conducting sample household maternal health care coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining its maternal health care targets, by type of maternal health service delivery activity, using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining its maternal health care targets, by type of maternal health service delivery activity, by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of maternal health care targets, by type of maternal health service **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess frequency of maternal health sessions by: (1) reviewing health worker records to obtain data on the number of maternal health sessions held; or (2) interviewing community leaders and members about the number of maternal health sessions held; or (3) asking health workers about the frequency of maternal health sessions

- *Does the first-level supervisor regularly assess whether the service delivery facility is holding planned maternal health sessions, by type of maternal health service delivery activity, using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is holding planned maternal health sessions, by type of maternal health service delivery activity, by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the frequency of maternal health sessions, by type of maternal health service delivery activity **Service Delivery Facility Key Informant Interview**

2.2.1.3 Assess occurrence and frequency of channelling activities, by: (1) observing whether records identifying perinatal women are maintained; (2) observing whether health workers identify perinatal women during clinic sessions and/or home visits and whether they direct these women to sources of maternal health services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group maternal health sessions held; (4) interviewing community leaders and members about the frequency of group maternal health education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting channelling activities per standard procedures, by type of maternal health service delivery system, by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of channelling activities, by type of maternal health service delivery system **Service Delivery Facility Key Informant Interview**

2.2.2 ASSESS QUALITY OF MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of maternal health service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of maternal health service delivery activities, if applicable **Supervisor Interview**[3]

- *Does the first-level supervisor regularly observe service delivery facility maternal health sessions of different types?*

b. Number of maternal health sessions attended by the first-level supervisor in the last 6 months, by type of maternal health service **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach maternal health education activities?*

c. Number of group maternal health education sessions attended by first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess whether health workers correctly identify prenatal risk factors and classify pregnancies at risk by: (1) observing health workers provide prenatal care (in maternal health sessions or in role-play exercises); or (2) interviewing health workers to determine whether they know the prenatal risk factors and risk classification scheme

- *Does the first-level supervisor regularly assess whether health workers correctly identify prenatal risk factors and classify pregnancies at risk using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly identify prenatal risk factors and classify pregnancies at risk per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding identification of prenatal risk and classification of pregnancies at risk **Service Delivery Facility Key Informant Interview**

2.2.2.2 Assess whether health workers correctly diagnose perinatal problems and complications by observing health workers provide prenatal care (in maternal health sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly diagnose perinatal problems and complications using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly diagnose perinatal problems and complications per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding diagnoses of perinatal problems and complications **Service Delivery Facility Key Informant Interview**

2.2.2.3 Assess whether health workers correctly manage prenatal, intrapartal and postpartal problems and complications by observing health workers manage problems and complications (in maternal health service delivery sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly manage perinatal problems and complications using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly manage perinatal problems and complications per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding management of perinatal problems and complications **Service Delivery Facility Key Informant Interview**

2.2.2.4 Assess whether health workers correctly prescribe or administer prophylactic and therapeutic medication treatments (in maternal health service delivery sessions or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly prescribe or administer prophylactic and therapeutic medication treatments using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly prescribe or administer prophylactic and therapeutic medication treatments per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding prescription or administration of prophylactic and therapeutic medication treatments **Service Delivery Facility Key Informant Interview**

2.2.2.5 Assess whether health workers correctly deliver infants in normal, breech, face, shoulder presentations by observing health workers deliver infants (in labor and delivery situations or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly deliver infants in normal, breech, face, shoulder presentations using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly deliver infants in normal, breech, face, shoulder presentations per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding delivery of infants in normal, breech, face, shoulder presentations **Service Delivery Facility Key Informant Interview**

2.2.2.6 Assess whether health workers correctly provide immediate care to newborns by observing health workers provide immediate care to newborns (in labor and delivery situations or in role-play exercises)

- *Does the first-level supervisor regularly assess whether health workers correctly provide immediate care to newborns using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly provide immediate care to newborns per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding provision of immediate care to newborns **Service Delivery Facility Key Informant Interview**

2.2.2.7 Assess whether health workers correctly perform and repair episiotomies and perineal lacerations (in labor and delivery situations or in role-play exercises)

2.2.2.8 Assess whether health workers are effectively transmitting key maternal health messages about having birth attended by a trained provider, about nutrition and breastfeeding, and about postpartal child spacing by: (1) observing health workers counsel perinatal women (in maternal health sessions or in role-play exercises); (2) interviewing women leaving maternal health sessions to determine whether they know the key maternal health messages; (3) observing health workers provide group maternal health education (in group maternal health education sessions or in role-play exercises); or (4) interviewing community leaders and members to determine whether they know the key maternal health messages

2.2.3 ASSESS QUALITY OF MATERNAL HEALTH SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of maternal health support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of maternal health support activities, if applicable **Supervisor Interview**[3]

2.2.3.1 Assess whether the service delivery facility has adequate quantities of maternal health drugs, equipment and supplies by: (1) observing quantities of drugs, equipment and supplies available at the service delivery facility; or (2) asking health workers about shortages of maternal health drugs, equipment and supplies

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of maternal health drugs, equipment and supplies using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of maternal health drugs, equipment and supplies by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of maternal health drugs, equipment and supplies **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether there are adequate community-managed procedures for identifying and transporting women in difficult labor by: (1) interviewing service delivery facility health workers; or (2) interviewing community leaders and members about community-managed identification and transportation procedures

- *Does the first-level supervisor regularly assess whether there are adequate community-managed procedures for identifying and transporting women in difficult labor using appropriate methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether there are adequate community-managed procedures for identifying and transporting women in difficult labor by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the adequacy of community-managed procedures for identifying and transporting women in difficult labor **Community Key Informant Interview**

2.2.3.3 Assess whether health workers adequately maintain maternal health registers by reviewing maternal health registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining maternal health targets, per service delivery system, and/or conducting maternal health service delivery activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve known problem(s) that a selected service delivery facility has in attaining maternal health targets, by maternal health service delivery system, or in conducting maternal health service delivery activities per standard procedures **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining maternal health targets, by maternal health service delivery system, or in conducting maternal health service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Facility Key Informant Interview** (selected facilities)[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of maternal health service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve known problem(s) that a selected service delivery facility has regarding the quality of maternal health service delivery activities, by maternal health service delivery system, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of maternal health service delivery activities, by maternal health service delivery system, if applicable, by type of action **Service Delivery Facility Key Informant Interview** (selected facilities)[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of maternal health support activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve known problem(s) that a selected service delivery facility has regarding the quality of maternal health support activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of maternal health support activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview** (selected facilities)[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON MATERNAL HEALTH PERFORMANCE

2.3.1.1 Praise or otherwise reward good maternal health performance

2.3.1.2 Advise or instruct health workers how to improve poor maternal health performance

2.3.1.3 Provide direct assistance in performing maternal health tasks

2.3.2 TAKE FOLLOW-UP ACTION ON MATERNAL HEALTH PERFORMANCE

2.3.2.1 Provide or arrange for formal maternal health in-service training

2.3.2.2 Provide maternal health logistic support, if applicable

2.3.2.2.1 Provide maternal health medications, equipment and supplies

2.3.2.2.2 Provide reference materials on maternal health

2.3.2.3 Refer persistent maternal health performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor maternal health performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE MATERNAL HEALTH: SUPERVISION -- 2.3 ASSIST IN RESOLVING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER MATERNAL HEALTH TASK PERFORMANCE (SEE MATERNAL HEALTH: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either First-Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant, depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicator will become: "Supervision of maternal health service delivery and/or support activities in supervision encounter"; "Assessment of maternal health service delivery or support item X (e.g., whether health workers correctly identify prenatal risk factors) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after supervision encounters.

[3]Select one or more items from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1)--items 2.2.1.1-2.2.1.2
Category 2 (item 2.2.2)--items 2.2.2.1, 2.2.2.5, 2.2.2.6
Category 3 (item 2.2.3)--item 2.2.3.2

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor is aware of these observer-identified problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

MATERNAL HEALTH
COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING MATERNAL HEALTH ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.2.1 Decide whether or not to establish a community-based transport system for women in labor with delivery complications

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES (SEE MATERNAL HEALTH: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

- *Has the service delivery facility assigned specific health workers to organize community-managed maternal health activities?*

a. Existence of at least one health worker responsible for organizing community-managed maternal health activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed maternal health activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed maternal health, when needed **Health Worker Interview**

2. ORGANIZE COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE MATERNAL HEALTH ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN MATERNAL HEALTH ACTIVITIES

*The term "community-managed maternal health activities" refers to maternal health service delivery and/or support activities carried out by unsalaried community members, traditional birth attendants, and/or health workers. It does not refer to utilization of maternal health services by community members or to attendance at health education sessions. The specific maternal health activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2.1.1.1 Assess interest of traditional birth attendants in maternal health training

2.1.2 EXPLAIN MATERNAL HEALTH OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE MATERNAL HEALTH ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING MATERNAL HEALTH ACTIVITIES

2.2.1 PLAN MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding maternal health service delivery activities

2.2.1.2 Plan community-managed activities for notifying health workers of pending deliveries, especially high risk cases

2.2.1.3 Plan community-managed transport systems for women in or near labor who need specialized care

2.2.1.4 Plan community-managed outreach maternal health education activities

2.2.1.5 Select community members and traditional birth attendants for training as unsalaried health workers

2.2.2 DECIDE HOW TO ESTABLISH A COMMUNITY-BASED TRANSPORT SYSTEM FOR HIGH RISK WOMEN IN LABOR (PER LOCAL POLICY)

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES (SEE MATERNAL HEALTH: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN MATERNAL HEALTH SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS AND/OR HEALTH WORKERS TO IDENTIFY AND REFER HIGH RISK WOMEN NEEDING MATERNAL HEALTH SERVICES (SEE MATERNAL HEALTH: TRAINING)

2.3.1.1 Train unsalaried community members, traditional birth attendants, and/or health workers to identify high risk women

2.3.1.2 Train unsalaried community members, traditional birth attendants and/or health workers in referral procedures for high risk women

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN LABOR AND DELIVERY TASKS (SEE MATERNAL HEALTH: TRAINING)

2.3.3 TRAIN UNSALARIED COMMUNITY MEMBERS, TRADITIONAL BIRTH ATTENDANTS, AND/OR HEALTH WORKERS IN MATERNAL HEALTH EDUCATION TASKS

2.4 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

3. MONITOR COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED MATERNAL HEALTH ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed maternal health activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed maternal health activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED MATERNAL HEALTH SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

MATERNAL HEALTH
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

Drugs
(Iron, Folic Acid, Ergonovine, Antimicrobial Drugs, Anticonvulsant Drugs IV Crystaloids)

Equipment and Supplies
(Needles, Syringes, Scissors or Razor Blades, Sutures, Specula, Cord Ties, Maternal Health Cards, IV Set-Ups)

Tetanus Toxoid and BCG Vaccines
(See Immunization: Logistic Support)

Antimalarial Drugs
(See Malaria: Logistic Support)

1. PLAN MATERNAL HEALTH LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF DRUGS TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING DRUGS

- *What system is used to supply drugs to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued drugs?)*

a. System used to supply drugs to the service delivery facility **Facility Document Review or Facility Key Informant Interview**

2. PROCURE DRUGS, EQUIPMENT AND SUPPLIES

- *Does the service delivery facility have an adequate supply of ergonovine?*

a. % of maternal health sessions with an inadequate supply of ergonovine (ergonovine is not present or runs out) **Maternal Health Session Observation**

b. Length of the longest period in the last year that the service delivery facility was without ergonovine **Service Delivery Facility Key Informant Interview**

c. Quantity of ergonovine available at the service delivery facility per 1000 women aged 15-45 in the service delivery facility catchment area **Service Delivery Facility Observation and Service Delivery Facility Document Review**

d. Ability of the service delivery facility to obtain an emergency supply of ergonovine within 48 hours, if necessary **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility have an adequate supply of antimicrobial drugs?*

e. % of maternal health sessions with an inadequate supply of antimicrobial drugs (antimicrobial drugs are not present or run out) **Maternal Health Session Observation**

f. Length of the longest period in the last year that the service delivery facility was without antimicrobial drugs **Service Delivery Facility Key Informant Interview**

g. Quantity of antimicrobial drugs available at the service delivery facility per 1000 women aged 15-45 in the service delivery facility catchment area **Service Delivery Facility Observation and Service Delivery Facility Document Review**

h. Ability of the service delivery facility to obtain an emergency supply of antimicrobial drugs within 48 hours, if necessary **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility have an adequate supply of anticonvulsant drugs?*

i. % of maternal health sessions with an inadequate supply of anticonvulsant drugs (anticonvulsant drugs are not present or run out) **Maternal Health Session Observation**

j. Length of the longest period in the last year that the service delivery facility was without anticonvulsant drugs **Service Delivery Facility Key Informant Interview**

k. Quantity of anticonvulsant drugs available at the service delivery facility per 1000 women aged 15-45 in the service delivery facility catchment area **Service Delivery Facility Observation and Service Delivery Facility Document Review**

l. Ability of the service delivery facility to obtain an emergency supply of anticonvulsant drugs within 48 hours, if necessary **Service Delivery Facility Key Informant Interview**

- *What complaints does the service delivery facility have about supplies of ergonovine, antimicrobial drugs and/or anticonvulsant drugs?*

m. Complaints regarding supplies of ergonovine, antimicrobial drugs and/or anticonvulsant drugs **Service Delivery Facility Key Informant Interview**

- *Are required labor and delivery supplies available at the service delivery facility?*

n. % of deliveries with no sterile cutting instruments (scissors or razor blades) available **Delivery Observation**

o. % of deliveries with no appropriate cord ties (locally determined) available **Delivery Observation**

2.1 ESTIMATE REQUIREMENTS FOR DRUGS, EQUIPMENT AND SUPPLIES

2.2 **SECURE AND DISBURSE FUNDS FOR DRUGS, EQUIPMENT AND SUPPLIES, IF APPLICABLE**

2.3 **ORDER OR BE ISSUED DRUGS, EQUIPMENT AND SUPPLIES**

2.4 **COLLECT OR RECEIVE DRUGS, EQUIPMENT AND SUPPLIES**

3. STORE DRUGS AND STORE AND MAINTAIN EQUIPMENT AND SUPPLIES

3.1 **ORGANIZE AND ROTATE STOCKS OF DRUGS**

3.2 **STORE DRUGS IN A COOL DRY PLACE**

- *Does the service delivery facility have an adequate storage place for ergonovine, antimicrobial and anticonvulsant drugs?*

a. Presence at the service delivery facility of an adequate storage place for ergonovine and antimicrobial and anticonvulsant drugs **Service Delivery Facility Observation**

3.3 **DISCARD OUTDATED DRUGS AND SUPPLIES**

3.4 **MAINTAIN EQUIPMENT**

4. DISTRIBUTE DRUGS, EQUIPMENT AND SUPPLIES

4.1 **RECEIVE ORDERS FOR OR ISSUE DRUGS, EQUIPMENT AND SUPPLIES**

4.2 **DELIVER DRUGS, EQUIPMENT AND SUPPLIES**

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR DRUGS, EQUIPMENT AND SUPPLIES (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

MATERNAL HEALTH
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR MATERNAL HEALTH ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR MATERNAL HEALTH ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR MATERNAL HEALTH ACTIVITIES

1.1.2 OBTAIN ALLOCATED MATERNAL HEALTH DRUGS, EQUIPMENT AND SUPPLIES (SEE MATERNAL HEALTH: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR MATERNAL HEALTH ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility maternal health activities?*

a. Coverage of part of the recurrent costs of service delivery facility maternal health activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR MATERNAL HEALTH ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for maternal health activities

- *What is the policy on user or social financing for maternal health activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for prenatal visits, labor and delivery and/or postpartum visits? Are drugs and/or supplies to be sold? Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for maternal health activities **Facility Key Informant Interview**[1]

1.2.1.2 Develop procedures for user and/or social financing for maternal health activities

1.2.1.2.1 Establish fee schedules for prenatal and postpartum visits and for labor and delivery

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for maternal health activities. Instead they receive material resources (drugs and supplies) and human resources (personnel). This chapter covers financial management, and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

- *Have fee schedules for prenatal and postpartum visits and for labor and delivery been established?*

a. Existence of fee schedules for prenatal and postpartum visits and for labor and delivery **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for maternal health drugs and supplies

- *Have sales prices for maternal health drugs and supplies been established?*

a. Existence of sales prices for maternal health drugs and supplies **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to maternal health services, drugs and supplies

- *Are there arrangements to ensure indigents equal access to maternal health services, drugs and supplies?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for prenatal and postpartum visits and for labor and delivery for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for maternal health drugs and supplies for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for maternal health activities

1.2.2 COLLECT LOCAL RESOURCES FOR MATERNAL HEALTH ACTIVITIES

1.2.2.1 Collect user fees for prenatal and postpartum visits and for labor and delivery and sales receipts for maternal drugs and supplies per local policy and procedures

- *Does the service delivery facility collect charges for prenatal visits, drugs and supplies?*

a. % of pregnant women who report paying charges for prenatal visits, drugs and/or supplies **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for maternal health activities

- *Do community groups contribute material resources or labor to support service delivery facility maternal health activities?*

a. Receipt from the community of material resources or labor to support service delivery facility maternal health activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR MATERNAL HEALTH ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE MATERNAL HEALTH: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

MATERNAL HEALTH INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT MATERNAL HEALTH DATA

1.1 COLLECT DATA ON SIZE OF MATERNAL HEALTH TARGET POPULATION

- *Does the service delivery facility have information on the number of women aged 15-44 in its catchment area?*

a. Availability at the service delivery facility of information on the number of women aged 15-44 in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT MATERNAL HEALTH SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE MATERNAL HEALTH -- PRENATAL CARE: SERVICE DELIVERY -- 1.1.1 MAINTAIN RECORDS WHICH IDENTIFY ALL WOMEN AGED 15-44)

1.2.2 MAINTAIN PRENATAL AND POSTPARTUM CARE RECORDS

- *Does the service delivery facility maintain prenatal and postpartum care records which contain: (1) women's ages; (2) date of last menstrual period and/or expected delivery; (3) diagnoses; (4) preventive and therapeutic treatments administered, prescribed or distributed; and (5) referrals made (by reason)?*

a. Presence at the service delivery facility of prenatal and postpartum care records which contain: (1) women's ages; (2) date of last menstrual period and/or expected delivery; (3) diagnoses; (4) preventive and therapeutic treatments administered, prescribed or distributed; and (5) referrals made (by reason) **Service Delivery Facility Observation**

1.2.2.1 Record women's ages

1.2.2.2 Record date of last menstrual period and/or expected delivery

1.2.2.3 Record diagnoses

1.2.2.4 Record preventive and therapeutic treatments administered, prescribed or distributed

1.2.2.5 Record referrals made (by reason)

1.2.3 MAINTAIN LABOR AND DELIVERY RECORDS

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- *Does the service delivery facility maintain labor and delivery records which contain: (1) birth complications; (2) treatments administered; (3) birth outcomes; and (4) referrals made (by reason)?*

a. **Presence** at the service delivery facility of labor and delivery records which contain: (1) birth complications; (2) treatments administered; (3) birth outcomes; and (4) referrals made (by reason) **Service Delivery Facility Observation**

1.2.3.1 Record birth complications

1.2.3.2 Record treatments administered

1.2.3.3 Record birth outcomes

1.2.3.4 Record referrals made (by reason)

1.2.4 MAINTAIN ACTIVITIES RECORDS

1.2.4.1 Record number of group maternal health education sessions held

1.2.4.2 Record number of home visits made

1.3 COLLECT DATA ON MATERNAL HEALTH SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on maternal health drugs, equipment and supplies

- *Does the service delivery facility maintain records on maternal health drugs, equipment and supplies received, distributed and on hand (by item)?*

a. **Presence** at the service delivery facility of records on maternal health drugs, equipment and supplies received, distributed and on hand (by item) **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received (by item)

1.3.4.1.2 Record quantities distributed (by item)

1.3.4.1.3 Record current stock levels (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record maternal health receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for maternal health services and supplies

1.3.5.2 Record funds disbursed for maternal health activities

1.3.5.3 Record current balances

1.4 COLLECT MATERNAL HEALTH IMPACT DATA

1.4.1 MAINTAIN RECORDS ON MATERNAL DEATHS

- *Does the service delivery facility maintain records on maternal deaths by age and cause?*

a. Presence at the service delivery facility of records on maternal deaths by age and cause **Service Delivery Facility Observation**

1.4.2 MAINTAIN RECORDS ON NEONATAL DEATHS

- *Does the service delivery facility maintain records on neonatal deaths by age and cause?*

a. Presence at the service delivery facility of records on neonatal deaths by age and cause **Service Delivery Facility Observation**

1.5 CONDUCT SPECIAL MATERNAL HEALTH KAP, COVERAGE AND IMPACT STUDIES

2. PROCESS MATERNAL HEALTH DATA

2.1 VERIFY/VALIDATE MATERNAL HEALTH DATA COLLECTED

2.2 CODE MATERNAL HEALTH DATA

2.3 FILE MATERNAL HEALTH DATA

2.4 TABULATE MATERNAL HEALTH DATA

2.4.1 TABULATE NUMBER OF PRENATAL AND POSTPARTUM VISITS

- *Does the service delivery facility routinely tabulate the number of prenatal and postpartum visits?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of prenatal and postpartum visits **Service Delivery Facility Observation**[1]

2.4.2 TABULATE NUMBER OF DELIVERIES BY OUTCOME

- *Does the service delivery facility routinely tabulate the number of deliveries by outcome?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of deliveries by outcome **Service Delivery Facility Observation**[1]

2.4.3 TABULATE NUMBER OF MONTHLY REFERRALS OF DELIVERING WOMEN BY REASON

2.5 ANALYZE MATERNAL HEALTH DATA

2.5.1 CALCULATE MATERNAL MORTALITY RATE

2.5.2 CALCULATE NEONATAL MORTALITY RATE

2.5.3 CALCULATE PROPORTION OF PREGNANT WOMEN RECEIVING PRENATAL CARE

- *Does the service delivery facility routinely calculate the proportion of pregnant women receiving prenatal care?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the proportion of pregnant women receiving prenatal care **Service Delivery Facility Observation**[1]

2.5.4 CALCULATE MEAN NUMBER OF PRENATAL VISITS PER PREGNANCY

- *Does the service delivery facility routinely calculate the mean number of prenatal visits per pregnancy?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the mean number of prenatal visits per pregnancy **Service Delivery Facility Observation**[1]

2.5.5 CALCULATE PROPORTION OF DELIVERIES ATTENDED BY TRAINED BIRTH ATTENDANTS

- *Does the service delivery facility routinely calculate the proportion of deliveries attended by trained birth attendants?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the proportion of deliveries attended by trained birth attendants **Service Delivery Facility Observation**[1]

3. REPORT MATERNAL HEALTH INFORMATION

3.1 PREPARE REQUIRED MATERNAL HEALTH REPORTS

3.2 TRANSMIT REQUIRED MATERNAL HEALTH REPORTS

- *Does the service delivery facility transmit required maternal health reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility maternal health report **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON MATERNAL HEALTH INFORMATION REPORTED (SEE MATERNAL HEALTH: SUPERVISION)

4. UTILIZE MATERNAL HEALTH INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING MATERNAL HEALTH SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO MATERNAL HEALTH: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING MATERNAL HEALTH CARE ACTIVITIES (SEE MATERNAL HEALTH CARE: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

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CHILD SPACING
SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO CHILD SPACING SERVICES

1.1 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS

1.1.1 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS DURING CLINIC SESSIONS

- *Do health workers ask women 15-44 about reproductive history and intentions during clinic sessions?*

a. % of clinic sessions in which health workers ask women 15-44 about reproductive history and intentions **Session Observation**

1.1.2 IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS DURING HOME VISITS

- *Do health workers ask women about reproductive history and intentions during home visits?*

a. % of home visits to women 15-44 in which health workers ask women about reproductive history and intentions **Home Visit Observation**

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS

- *Does the service delivery facility maintain records which identify high risk women and other potential child spacing users?*

a. Presence at the service delivery facility* of records which identify high risk women and other potential child spacing users **Service Delivery Facility Document Review**

1.2 RECRUIT POTENTIAL CHILD SPACING USERS (SEE CHILD SPACING: SERVICE DELIVERY – 3. MOTIVATE/EDUCATE CHILD SPACING USERS AND OTHER COMMUNITY MEMBERS REGARDING CHILD SPACING)

1.3 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO SOURCES OF CHILD SPACING SERVICES

*The term "service delivery facility" refers to any provider of child spacing services, including a community health worker operating out of his/her home.

1.3.1 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS IDENTIFIED AT CLINIC SESSIONS TO SOURCES OF CHILD SPACING SERVICES

- *Do health workers direct high risk women and other potential child spacing users identified at clinic sessions to sources of child spacing services?*

a. % of clinic sessions in which high risk women and other potential child spacing users are told when and where to go to obtain child spacing services and supplies **Session Observation**

1.3.2 DIRECT HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS IDENTIFIED DURING HOME VISITS TO SOURCES OF CHILD SPACING SERVICES

- *Do health workers direct high risk women and other potential child spacing users identified during home visits to sources of child spacing services?*

a. % of home visits (to high risk women and other potential child spacing users) in which women are told when and where to go to obtain child spacing services and supplies **Home Visit Observation**

1.3.3 EXPLAIN WHEN AND WHERE CHILD SPACING SERVICES AND SUPPLIES ARE PROVIDED DURING GROUP CHILD SPACING EDUCATION SESSIONS (SEE CHILD SPACING: SERVICE DELIVERY--3.2.1.3 EXPLAIN WHEN AND WHERE INTERESTED PERSONS CAN OBTAIN CHILD SPACING SERVICES AND SUPPLIES)

2. MANAGE CHILD SPACING CLIENTS

- *Do high risk women and other potential child spacing users have access to child spacing services?*

a. % of women aged 15-44 in the service delivery facility catchment area living within 5 km. of a provider of child spacing services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of child spacing services and supplies per 1000 women aged 15-44 in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of child spacing services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its child spacing targets?*

d. Number of new acceptors registered at the service delivery facility in the last year per 1000 women aged 15-44 in the service delivery facility catchment area **Service Delivery Facility Document Review**

e. % of target for new acceptors achieved last year **Service Delivery Facility Document Review**

f. 12-month all-method continuation rate for the last year **Service Delivery Facility Document Review**

- *Is the desired contraceptive prevalence rate being attained in the service delivery facility catchment area?*

g. % of woman aged 15-44 who report currently using a modern method of childspacing **Women's Interview (Household)**

2.1 IDENTIFY APPROPRIATE CHILD SPACING METHODS

2.1.1 INTERVIEW CLIENT

2.1.1.1 Ask about reproductive history

- *Do health workers ask appropriate reproductive history questions of child spacing clients?*

a. Mean % of reproductive history questions asked of new child spacing clients** and those wishing to switch methods (3 questions=100%) **Child Spacing Encounter Observation**

2.1.1.1.1 Ask about previous use of child spacing methods

2.1.1.1.2 Ask about reasons for stopping or switching methods

2.1.1.1.3 Ask about number, spacing and outcome of pregnancies

2.1.1.2 Ask about personal and family considerations

- *Do health workers ask appropriate questions regarding personal and family considerations of child spacing clients?*

a. Mean % of personal and family questions asked of new child spacing clients and those wishing to switch methods (2 questions=100%) **Child Spacing Encounter Observation**

2.1.1.2.1 Ask if and when client/partner would like to have children

2.1.1.2.2 Ask about other personal and family factors affecting method selection (personal preferences, partner/family approval, privacy)

2.1.1.3 Take medical history

- *Do health workers take adequate medical histories from child spacing clients?*

a. Mean % of medical history items asked about for new child spacing clients and those wishing to switch methods (9 items=100%) **Child Spacing Encounter Observation**

2.1.1.3.1 Ask about breast lumps, cancer

**The term "new child spacing clients" refers to clients who have not previously practiced child spacing as well as those who have previously practiced child spacing but are not currently doing so.

2.1.1.3.2 Ask about history of heart disease, liver disease or high blood pressure

2.1.1.3.3 Ask about history of Pelvic Inflammatory Disease

2.1.1.3.4 Ask about history of suspected or confirmed venereal disease

2.1.1.3.5 Ask about history of blood clots or thromboemboli

2.1.1.3.6 Ask about occurrence of severe headaches

2.1.1.3.7 Ask about regularity of menstrual periods

2.1.1.3.8 Ask about current breastfeeding

2.1.1.3.9 Ask about current reproductive status (dates of last menstrual period and most recent intercourse)

2.1.2 CONDUCT PHYSICAL EXAMINATION (PER LOCAL POLICY)

- *Do health workers conduct physical examinations of child spacing clients (per local policy)?*

a. % of new child spacing clients and those wishing to switch methods who receive physical examinations (per local policy) **Child Spacing Encounter Observation**

2.1.2.1 Take blood pressure

2.1.2.2 Examine breasts for lumps

2.1.2.3 Perform pelvic exam

2.1.2.3.1 Look for signs of pregnancy

2.1.2.3.2 Look for signs of cervical erosion

2.1.2.3.3 Look for signs of uterine tumors

2.1.2.4 Examine patient for signs of anemia

2.1.3 PERFORM LABORATORY TESTS, PER LOCAL POLICY

2.1.3.1 Take Pap smear

2.1.3.2 Examine Pap smear

2.1.3.3 Examine urine for glucose

2.2 ADMINISTER CHILD SPACING METHODS

2.2.1 ADMINISTER, PRESCRIBE OR DISTRIBUTE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

2.2.1.1 Prescribe or distribute condom, pills or foam

2.2.1.2 Insert IUD

2.2.1.3 Measure client and prescribe or distribute diaphragm

2.2.1.4 Prescribe or distribute recommended supplies for natural child spacing methods

2.2.1.5 Administer injectable contraceptive or implant

2.2.2 COUNSEL CLIENT ABOUT HOW TO USE METHOD (SEE CHILD SPACING: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO CHILD SPACING ACCEPTORS AND METHOD SWITCHERS)

2.3 FOLLOW-UP CHILD SPACING USERS

- *Do health workers follow up child spacing users?*

a. % of new acceptors and method switchers last quarter who report being followed up within two months after acceptance by location of visit (home, service delivery facility) **Acceptors' Interview (Household)**

b. % of new acceptors and method switchers for whom home or service delivery facility visits are scheduled **Child Spacing Encounter Observation**

2.3.1 FACILITATE CONTINUED USE OF A CHILD SPACING METHOD

2.3.1.1 Verify correct usage of method

2.3.1.2 Support user in managing side-effects

- *Do health workers ask users about side effects?*

a. % of follow-up child spacing clients asked about side effects experienced from selected child spacing methods **Child Spacing Encounter Observation**

2.3.2 ASSIST DISSATISFIED USERS IN FINDING ALTERNATIVE METHODS

- *Do health workers assist dissatisfied users to find alternative child spacing methods?*

a. % of follow-up child spacing clients wishing to drop selected methods because of side effects who accept alternative methods **Child Spacing Encounter Observation**

2.3.3 ASSIST USER WISHING TO HAVE CHILDREN

2.3.4 ASSIST PREVIOUS USER TO RESUME USE AFTER PREGNANCY AND BREASTFEEDING

2.4 REFER CHILD SPACING CLIENTS WITH SEVERE SIDE EFFECTS, ECTOPIC PREGNANCIES, PELVIC INFLAMMATORY DISEASE, CASES OF INFERTILITY AND STERILIZATION CANDIDATES

- *Do health workers refer clients with severe side effects, ectopic pregnancies, pelvic inflammatory disease, cases of infertility and sterilization candidates?*

a. % of child spacing clients referred by reason for referral **Child Spacing Encounter Observation**

3. MOTIVATE/EDUCATE CHILD SPACING CLIENTS AND COMMUNITY MEMBERS REGARDING CHILD SPACING

- *Do women aged 15-44 have adequate child spacing knowledge?*

a. Mean % of messages regarding child spacing benefits and options known by women aged 15-44 (4 messages = 100%) [see 3.2.1.1.1 - 3.2.1.1.4 for messages] **Women's Interview (Household)**

b. % of women aged 15-44 who know that breastfeeding helps keep babies healthy and helps postpone pregnancy **Women's Interview (Household)**

c. % of women aged 15-44 who know when and where child spacing services and supplies can be obtained **Women's Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO CHILD SPACING ACCEPTORS AND METHOD SWITCHERS

- *Do child spacing acceptors and method switchers have adequate knowledge for practicing child spacing?*

a. % of child spacing acceptors and method switchers (to whom health workers prescribed contraceptives or other child spacing supplies) who know where to obtain necessary contraceptives or other child spacing supplies **Acceptors' Interview (Exit)**

b. % of child spacing acceptors and method switchers who know how to use their selected methods **Acceptors' Interview (Exit)**

c. % of child spacing acceptors and method switchers who know when and where to go for resupplies and checkups **Acceptors' Interview (Exit)**

3.1.1 TRANSMIT KEY MESSAGES AND REQUIRED SKILLS (PER SELECTED CHILD SPACING METHOD)

3.1.1.1 Explain correct use of selected method (see Appendix A for user instructions for selected child spacing methods)

- *Do health workers explain the correct use of selected methods?*

a. Mean % of user instructions for selected methods transmitted to child spacing acceptors and method switchers **Child Spacing Encounter Observation**

3.1.1.2 Explain possible side effects of selected method (see Appendix A for side effects of selected child spacing methods)

- *Do health workers explain the possible side effects of selected methods?*

a. Mean % of possible side effects explained to child spacing acceptors and method switchers **Child Spacing Encounter Observation**

3.1.1.3 Explain types of side effects which warrant return consultation

3.1.1.4 Explain when and where to go for resupplies and checkups

- *Do health workers explain when and where to go for resupplies and checkups?*

a. % of child spacing users told when and where to go for resupplies and checkups **Child Spacing Encounter Observation**

3.1.1.5 Explain reversibility of method for next desired pregnancy

3.1.2 USE APPROPRIATE COUNSELLING TECHNIQUES

3.1.2.1 Demonstrate required skills for appropriate use of child spacing method

Do health workers demonstrate how to use child spacing methods?

a. % of child spacing acceptors and method switchers to whom health workers demonstrate use of selected child spacing methods **Child Spacing Encounter Observation**

3.1.2.1.1 Demonstrate how to correctly insert and remove diaphragms

3.1.2.1.2 Demonstrate how to correctly place vaginal foam tablets

3.1.2.1.3 Demonstrate how to check IUD strings to ensure proper position

3.1.2.1.4 Demonstrate how to correctly use pill packets

3.1.2.2 Ask child spacing user to repeat key messages and/or demonstrate required skills

3.1.2.2.1 Ask child spacing user to repeat common side effects of his/her selected child spacing method

3.1.3.2.2 Ask child spacing user to repeat when and where to return for supplies and checkups

3.1.2.3 Ask child spacing user if he/she has any questions

3.2 PROVIDE OUTREACH CHILD SPACING EDUCATION

- *Does the service delivery facility hold group child spacing sessions[***]?*

a. Number of group child spacing education sessions held in the last 3 months by site of sessions (service delivery facility; outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers make home visits to high risk women and other potential child spacing clients?*

b. Number of home visits made in the last 3 months to high risk women and other potential child spacing clients per 100 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

3.2.1 TRANSMIT KEY MESSAGES ABOUT CHILD SPACING

3.2.1.1 Explain child spacing benefits and options

- *Do health workers explain child spacing benefits and options?*

a. Mean % of key messages regarding child spacing benefits and options transmitted during group child spacing education sessions (4 messages = 100%) **Child Spacing Education Session Observation or Role-Play Exercise**

b. Mean % of key messages regarding child spacing benefits and options transmitted during home visits (to households with women aged 15-44) (4 messages = 100%) **Home Visit Observation or Role-Play Exercise**

3.2.1.1.1 Explain benefits of child spacing for mothers, children and families

3.2.1.1.2 Explain various methods of child spacing

3.2.1.1.3 Explain that couples/women can select methods which are best for them

3.2.1.1.4 Explain side effects/contraindications to dispel fears and rumors about child spacing

3.2.1.2 Explain benefits of breastfeeding for healthy babies and natural child spacing

[***] A "group child spacing education session" is a group health education session with child spacing messages transmitted.

- *Do health workers explain the benefits of breastfeeding for healthy babies and natural child spacing?*

a. % of group child spacing education sessions in which the benefits of breastfeeding for healthy babies and natural child spacing are explained **Child Spacing Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women 15-44) in which the benefits of breastfeeding for healthy babies and natural child spacing are explained **Home Visit Observation or Role Play Exercise**

3.2.1.3 Explain when and where interested persons can obtain child spacing services and supplies

- *Do health workers explain when and where interested persons can obtain child spacing services and supplies?*

a. % of group child spacing education sessions in which health workers explain when and where child spacing services and supplies can be obtained **Child Spacing Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with women aged 15-44) in which health workers explain when and where child spacing services and supplies can be obtained **Home Visit Observation or Role Play Exercise**

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Ask questions of and respond to questions from attendees

3.2.2.2 Use visual aids in transmitting key messages

CHILD SPACING

APPENDIX A

CONTRAINDICATIONS, SIDE EFFECTS AND USER INSTRUCTIONS FOR SELECTED CONTRACEPTIVE METHODS

ORAL CONTRACEPTIVES

CONTRAINDICATIONS

CORONARY ARTERY DISEASE

MALIGNANCY OF BREAST OR REPRODUCTIVE SYSTEM

SEVERE HEADACHES, MIGRAINE

HYPERTENSION

SICKLE CELL DISEASE

UNDIAGNOSED, ABNORMAL VAGINAL BLEEDING

OVER 40 YEARS OF AGE

BREASTFEEDING A CHILD UNDER 6 WEEKS OF AGE

SIDE EFFECTS (MINOR)

NAUSEA, WEIGHT GAIN, FLUID RETENTION, MILD HEADACHES, SPOTTING BETWEEN PERIODS, MOOD CHANGES, SLIGHT SKIN CHANGES

SIDE EFFECTS (MAJOR):* REPORT TO CLINIC

SEVERE ABDOMINAL PAIN, OR CHEST PAIN, SEVERE HEADACHES, BLURRED VISION, LEG PAIN OR OTHER INDICATIONS OF VASCULAR PROBLEMS

USER INSTRUCTIONS

TAKE THE FIRST PILL FROM YOUR PACK ON THE FIRST DAY OF YOUR PERIOD

TAKE PILL EVERY DAY AT THE SAME TIME

CHECK PACKAGE EVERY DAY TO MAKE SURE YOU TOOK PILL THE DAY BEFORE:

If you miss one pill, take yesterday's (forgotten pill) immediately and today's pill at the usual time

* Major side effects indicate conditions requiring medical attention. However, peripheral health workers should be trained to recognize that minor side effects may be serious since they often result in dissatisfied users, method switching or drop-outs. Health worker training programs must include culturally sensitive messages to help support users and manage difficult cases. User instructions include generic messages gleaned from literature reviews and field experience.

If you miss two pills in a row, take two pills as soon as you remember, and two the next day. Also, use other forms of contraception (i.e.condoms, diaphragm, or foam) until your next period

If you miss three pills in a row, throw away old pack. Use another form of contraception. Start a new pack on the first day of bleeding. Continue using both methods of contraception for the first two weeks of the new packet. Finally, consider using an alternative method.

INTRAUTERINE DEVICES

CONTRAINDICATIONS

ACTIVE, RECENT OR RECURRENT PELVIC INFECTION, INCLUDING SUSPECTED OR CONFIRMED GONORRHEA

PREGNANCY

CERVICAL OR UTERINE MALIGNANCY

HISTORY OF UTERINE BLEEDING

HISTORY OF ECTOPIC PREGNANCY

NULLIPARITY

ANEMIA

ABNORMAL UTERINE SHAPE

SIDE EFFECTS (MINOR)

INCREASED VAGINAL BLEEDING

INCREASED CRAMPING

MINOR PAIN

SIDE EFFECTS (MAJOR)*: REPORT TO CLINIC

PERIOD LATE, NO PERIOD

SEVERE ABDOMINAL PAIN

INCREASED TEMPERATURE, FEVER, CHILLS

NOTICEABLY HEAVY AND OR FOUL DISCHARGE

SPOTTING, HEAVY PERIODS, CLOTS

SIGNS OF PREGNANCY

USER INSTRUCTIONS

CHECK DAILY FOR IUD STRINGS

DO NOT REMOVE IUD

RETURN FOR CHECK-UP SIX MONTHS AFTER INSERTION

CONDOMS

CONTRAINDICATIONS

NONE

SIDE EFFECTS (MINOR)

DECREASED SENSATION

SIDE EFFECTS (MAJOR)*: REPORT TO CLINIC

SEVERE ITCHING; MAY INDICATE ALLERGY TO MATERIAL OR LUBRICANT

USER INSTRUCTIONS

KEEP CONDOM SUPPLY AT HAND, PREFERABLY IN COOL, DRY PLACE

PUT CONDOM ON BEFORE GENITAL CONTACT

UNROLL CONDOM ON ERECT PENIS; PLACE ROLLED PORTION OUT SO THAT IT WILL UNROLL PROPERLY

AFTER EJACULATION, BE SURE CONDOM DOES NOT BECOME DISLODGED FROM PENIS. HOLD RIM OF CONDOM FIRMLY AGAINST THE BASE DURING WITHDRAWAL

IF YOU WANT TO REUSE CONDOM, WASH THOROUGHLY AND DUST WITH POWDER

DO NOT REUSE IF CONDOM IS FOUND STUCK TOGETHER OR YELLOWED

DIAPHRAGMS

CONTRAINDICATIONS

PROLAPSED UTERUS

ALLERGY TO RUBBER OR SPERMICIDE

LACK OF PRIVACY

REPEATED URINARY TRACT INFECTIONS FOLLOWING DIAPHRAGM USE

SIDE EFFECTS (MINOR)

ALLERGIC REACTIONS

FOUL-SMELLING VAGINAL DISCHARGE

SIDE EFFECT (MAJOR)*: REPORT TO CLINIC

MONILIA VAGINITIS

RECURRENT CYSTITIS

USER INSTRUCTIONS

USE THE DIAPHRAGM WHENEVER YOU HAVE INTERCOURSE, EVEN DURING YOUR PERIOD.

PLAN TO INSERT THE DIAPHRAGM BEFORE INTERCOURSE (MAY BE INSERTED UP TO 6 HOURS BEFORE INTERCOURSE.)

LEAVE THE DIAPHRAGM IN PLACE AT LEAST 6 HOURS AFTER INTERCOURSE.

IF YOU HAVE INTERCOURSE MORE THAN ONCE WITHIN THE 6 HOUR PERIOD, USE THE PLASTIC APPLICATOR TO INSERT FRESH JELLY OR CREAM IN FRONT OF THE DIAPHRAGM.

NATURAL CHILD SPACING METHODS

CONTRAINDICATIONS:

IN USING NATURAL CHILD SPACING TO AVOID PREGNANCY, INTERCOURSE MUST BE CONFINED TO A LIMITED NUMBER OF DAYS BASED ON THE METHOD PRACTICED:

CERVICAL MUCUS METHOD - 1/2 OF THE DAYS OF THE CYCLE

BASAL BODY TEMPERATURE METHOD - 7-13 DAYS OF THE CYCLE

CALENDAR METHOD - DEPENDS ON CYCLE VARIABILITY AND LENGTH

NATURAL CHILD SPACING IS NOT RECOMMENDED FOR WOMEN WHO DO NOT HAVE STEADY, HIGHLY MOTIVATED PARTNERS

SIDE EFFECTS

ABSTINENCE MAY CAUSE MARITAL DIFFICULTIES

USER INSTRUCTIONS

CERVICAL MUCUS METHOD:

Abstain during menstruation

Abstain on days when mucus is present and for at least three days afterward

While learning the method, abstain on alternate "dry" days prior to the onset of feeling or observation of mucus

BASAL BODY TEMPERATURE METHOD:

(Ovulation occurs during the days when temperature is .2°C higher for three consecutive days)

Take temperature in the morning, immediately after awakening and before rising

Use certified clinical or expanded scale thermometer; the temperature can be measured vaginally (3 min) or orally (4-5 min)

If the mercury stops between two temperature graduations, record the lower temperature as the BBT reading

Record temperature daily on chart

Abstain four days before ovulation, three days during ovulation and three days after last day of ovulation

CALENDAR (RHYTHM) METHOD:

(This method is somewhat difficult for women who have irregular cycles)

Use a standard calendar or menstrual diary

Record the length of each menstrual cycle

To calculate the earliest day of fertility, subtract 20 from the number of days of the shortest cycle

To calculate the first day you are not fertile, subtract 10 from the number of days of the longest cycle

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CHILD SPACING
PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS AND EFFECTS (CONTRACEPTIVE PREVALENCE) OF CURRENT CHILD SPACING ACTIVITIES USING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET CHILD SPACING OBJECTIVES AND TARGETS

2.1 SPECIFY TARGET GROUP(S) FOR CHILD SPACING ACTIVITIES

- *What are the child spacing target group(s)?*

a. Child spacing target group(s) **Facility Document Review or Facility Key Informant Interview[1]**

2.1.1 DEFINE "WOMEN AT RISK" (PER LOCAL POLICY)

2.1.2 IDENTIFY POPULATION GROUPS WITH SIGNIFICANT NUMBERS "AT RISK" (PER LOCAL POLICY)

2.2 DETERMINE DESIRED CONTRACEPTIVE PREVALENCE RATE (PER LOCAL POLICY)

- *What is the desired contraceptive prevalence rate?*

a. Level of desired contraceptive prevalence rate **Facility Document Review or Facility Key Informant Interview[1]**

2.3 SET QUANTITATIVE AND DATED CHILD SPACING TARGETS (PER LOCAL POLICY)

2.3.1 SET TARGET FOR NEW ACCEPTORS TO BE SOUGHT

- *Is there a target for the number of new acceptors?*

a. Existence of a target for the number of new acceptors **Facility Document Review or Facility Key Informant Interview[1]**

- *What is the target for new acceptors?*

b. Target for the number of new acceptors **Facility Document Review or Facility Key Informant Interview[1]**

2.3.2 SET DESIRED ALL-METHOD CONTINUATION RATE

- *Is there a desired all-method continuation rate?*

a. Existence of a desired all-method continuation rate **Facility Document Review or Facility Key Informant Interview[1]**

- *What is the desired all-method continuation rate?*

b. Level of desired all-method continuation rate **Facility Document Review or Facility Key Informant Interview**[1]

3. DEVELOP CHILD SPACING STRATEGY

3.1 DEVELOP CHILD SPACING POLICIES

3.1.1 DEVELOP POLICY ON CHILD SPACING METHODS TO BE OFFERED

- *What child spacing methods are to be offered?*

a. Child spacing methods to be offered **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP POLICY ON CONTRAINDICATIONS FOR SPECIFIC CHILD SPACING METHODS

- *What are the contraindications for specific child spacing methods?*

a. Contraindications for specific child spacing methods **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON REFERRALS

3.2 DEVELOP CHILD SPACING PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR CHANNELLING HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS TO CHILD SPACING SERVICES, INCLUDING OUTREACH CHILD SPACING EDUCATION

- *What are procedures for identifying, recruiting and directing high risk women and other potential child spacing users to child spacing services? (Is there a system for enumerating and tracking specific high risk women and other potential child spacing users? Are high risk women and other potential child spacing users to be identified and directed to child spacing services at service delivery facility clinic sessions? Are group child spacing education sessions to be held? Where are group child spacing education sessions to be held? How often are group child spacing education sessions to be held (by site of sessions)? Are home visits to high-risk women and other potential child spacing users to be made?)*

a. Procedures for channelling high risk women and other child spacing users to child spacing services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DETERMINE SITES FOR PROVISION OF CHILD SPACING SERVICES

- *Where are child spacing services to be provided?*

a. Sites for provision of child spacing services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DETERMINE TIMES OF AVAILABILITY OF CHILD SPACING SERVICES

- *When are child spacing services to be provided? (Are child spacing services to be provided whenever the service delivery facility is open or during special sessions?)*

a. Times of availability of child spacing services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DEVELOP STANDARD PROTOCOL FOR MANAGING CHILD SPACING CLIENTS

3.2.4.1 Develop standard protocol for client interview/physical exam

3.2.4.2 Develop standard protocol for return visits to service delivery facility

3.2.4.3 Develop standard protocol for home visits

3.2.5 DEVELOP REFERRAL PROCEDURES

3.3 DEVELOP BUDGET FOR CHILD SPACING ACTIVITIES

3.4 DEVELOP CHILD SPACING WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT CHILD SPACING ACTIVITIES

- *Is service delivery facility staffing adequate for child spacing activities?*

a. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely manage child spacing clients per 1000 women aged 15 to 44 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely provide outreach child spacing education per 1000 women aged 15 to 44 in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR CHILD SPACING ACTIVITIES

- *Does the service delivery facility have adequate transport for child spacing activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting child spacing workers and supplies to group child spacing education sessions and/or home visits **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE CHILD SPACING PLAN

- *Are child spacing policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of child spacing policy documents **Service Delivery Facility Observation**

- *Are child spacing procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of child spacing procedures manuals or guidelines **Service Delivery Facility Observation**

- *Do health workers know the target group(s) for child spacing activities?*

c. Knowledge of the definition of "women at risk" (per local policy) **Service Delivery Facility Key Informant Interview**

d. Knowledge of the population groups with significant numbers of "women at risk" (per local policy) **Service Delivery Facility Key Informant Interview**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant, depending on the level of the health system at which objectives, targets, policies and procedures are developed.

CHILD SPACING
TRAINING INDICATORS AND DATA SOURCES

1. PLAN CHILD SPACING TRAINING

1.1 ASSESS CHILD SPACING TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR CHILD SPACING TRAINING

1.3 SELECT CHILD SPACING TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN CHILD SPACING TASKS

- *Have health workers received formal child spacing training?*

a. % of health workers who say that they received formal child spacing training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in child spacing tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during child spacing training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY CHILD SPACING INFORMATION AND REQUIRED SKILLS PER TRAINEES' CHILD SPACING TASKS

- *Are trainees taught key child spacing information and required skills?*

a. Mean % of child spacing information and skill items taught during child spacing training courses (10 items = 100%) **Training Course Observation**[1]

b. Mean % of child spacing information and skill items present in child spacing training curriculum (10 items = 100%) **Support Facility Observation**[2]

2.1.1 TEACH WHAT MATERNAL AND CHILD HEALTH PROBLEMS CAN BE REDUCED BY CHILD SPACING

- *Are trainees taught what maternal and child health problems can be reduced by child spacing?*

a. % of child spacing training courses in which trainees are taught the maternal and child health problems that can be reduced by child spacing **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on the maternal and child health problems that can be reduced by child spacing **Support Facility Observation**[2]

2.1.2 TEACH HOW TO IDENTIFY WOMEN AND FAMILIES IN NEED OF CHILD SPACING

- *Are trainees taught how to identify women and families in need of child spacing?*

a. % of child spacing training courses in which trainees are taught how to identify women and families in need of child spacing **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on how to identify women and families in need of child spacing **Support Facility Observation**[2]

2.1.3 TEACH HOW TO IDENTIFY APPROPRIATE CHILD SPACING METHODS FOR USERS

- *Are trainees taught how to identify appropriate child spacing methods for users?*

a. % of child spacing training courses in which trainees are taught how to identify appropriate child spacing methods for users **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on how to identify appropriate child spacing methods for users **Support Facility Observation**[2]

2.1.3.1 Teach contraindications to child spacing methods

- *Are trainees taught the contraindications to child spacing methods?*

a. % of child spacing training courses in which trainees are taught the contraindications to child spacing methods **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on the contraindications to child spacing methods **Support Facility Observation**[2]

2.1.3.2 Teach minor and major side effects of child spacing methods

- *Are trainees taught the minor and major side effects of child spacing methods?*

a. % of child spacing training courses in which trainees are taught the minor and major side effects of child spacing methods **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on the minor and major side effects of child spacing methods **Support Facility Observation**[2]

2.1.3.3 Explain other considerations for child spacing methods, including users' and partners' preferences, access to privacy, and reversibility of methods

- *Are trainees taught other considerations for child spacing methods?*

a. % of child spacing training courses in which trainees are taught other considerations for child spacing methods **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on other considerations for child spacing methods **Support Facility Observation**[2]

2.1.4 TEACH HOW TO MANAGE DISSATISFIED CHILD SPACING USERS OR METHOD-SWITCHERS

- *Are trainees taught how to manage dissatisfied child spacing users or method-switchers?*

a. % of child spacing training courses in which trainees are taught how to manage dissatisfied child spacing users or method-switchers **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on how to manage dissatisfied child spacing users or method-switchers **Support Facility Observation**[2]

2.1.5 TEACH HOW TO ADMINISTER CHILD SPACING METHODS

- *Are trainees taught how to administer child spacing methods?*

a. % of child spacing training courses in which trainees are taught how to administer child spacing methods **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on how to administer child spacing methods **Support Facility Observation**[2]

2.1.6 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught the use of counselling and health education techniques and materials?*

a. % of child spacing training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.7 TEACH PROCEDURES FOR CHANNELLING FAMILIES TO CHILD SPACING SERVICES

- *Are trainees taught procedures for channelling families to child spacing services?*

a. % of child spacing training courses in which trainees are taught procedures for channelling families to child spacing services **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on procedures for channelling families to child spacing services **Support Facility Observation**[2]

2.1.8 TEACH METHODS FOR DETERMINING QUANTITIES OF CONTRACEPTIVES OR OTHER CHILD SPACING SUPPLIES TO ORDER

- *Are trainees taught methods for determining quantities of contraceptives or other child spacing supplies to order?*

a. % of child spacing training courses in which trainees are taught methods for determining quantities of contraceptives or other child spacing supplies to order **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on methods for determining quantities of contraceptives or other child spacing supplies to order **Support Facility Observation**[2]

2.1.9 TEACH PROCEDURES FOR MAINTAINING CHILD SPACING RECORDS AND REPORTING CHILD SPACING INFORMATION

- *Are trainees taught procedures for maintaining child spacing records and reporting child spacing information?*

a. % of child spacing training courses in which trainees are taught procedures for maintaining child spacing records and reporting child spacing information **Training Course Observation**[1]

b. Presence in child spacing training curriculum of information on procedures for maintaining child spacing records and reporting child spacing information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED CHILD SPACING SKILLS

- *Are required child spacing skills demonstrated to trainees?*

a. Mean % of required child spacing skills demonstrated during child spacing training courses (5 skills = 100%) **Training Course Observation**[1]

b. Mean % of required child spacing skills that recent trainees (training received ≤ 6 months ago) say were demonstrated during training (5 skills - 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate how to perform pelvic exams

2.2.1.2 Demonstrate how to take and examine Pap smears

2.2.1.3 Demonstrate how to insert IUDs

2.2.1.4 Demonstrate how to measure for and insert diaphragms

2.2.1.5 Demonstrate how to use pill packets

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY INFORMATION

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE CHILD SPACING SKILLS DURING TRAINING

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON CHILD SPACING

2.3 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS

- *Is demonstrated competence in child spacing tasks required of trainees before they complete training?*

a. % of child spacing training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[1]

2.3.1 TEST TRAINEE SKILL IN IDENTIFYING APPROPRIATE CHILD SPACING METHODS FOR USERS BY OBSERVING WHETHER THEY SELECT APPROPRIATE CHILD SPACING METHODS FOR USERS (IN CHILD SPACING SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in identifying appropriate child spacing methods for users tested using appropriate methods?*

a. % of child spacing training courses in which trainee skill in identifying appropriate child spacing methods for users is tested using appropriate methods **Training Course Observation**[1]

2.3.2 TEST TRAINEE SKILL IN ADMINISTERING CHILD SPACING METHODS BY OBSERVING WHETHER THEY CORRECTLY INSERT IUDS, MEASURE FOR DIAPHRAGMS, ETC. (IN CHILD SPACING SESSIONS)

- *Is trainee skill in administering child spacing methods tested using appropriate methods?*

a. % of child spacing training courses in which trainee skill in administering child spacing methods is tested using appropriate methods **Training Course Observation**[1]

3. EVALUATE CHILD SPACING TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS (SEE CHILD SPACING: TRAINING--2.3 TEST COMPETENCE OF TRAINEES IN CHILD SPACING TASKS)

3.2 ASSESS HEALTH WORKER CHILD SPACING TASK PERFORMANCE (SEE CHILD SPACING: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN CHILD SPACING TRAINING RECORDS AND REPORT CHILD SPACING TRAINING INFORMATION (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Preferred indicator/data source. Observation of child spacing training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of child spacing information and skill items taught during child spacing training course"; and "Transmission of information X/skill X (e.g. how to administer child spacing methods) in training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of child spacing information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g. how to administer child spacing methods) in training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall if long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

CHILD SPACING
SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULES AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounters" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees' workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE CHILD SPACING SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility child spacing service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which child spacing service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of supervision encounters in which child spacing service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING CHILD SPACING TASKS

2.1.1 SET OR COMMUNICATE CHILD SPACING TARGETS

2.1.2 DEVELOP CHILD SPACING WORKPLAN

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR CHILD SPACING TASK PERFORMANCE

- *Do health workers have access to information on standards for child spacing task performance?*

a. Presence at the service delivery facility of child spacing procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF CHILD SPACING TARGETS, IF PRESENT, AND/OR FREQUENCY OF CHILD SPACING SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining its child spacing targets and/or is conducting child spacing service delivery activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its child spacing targets or in conducting child spacing service delivery activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of child spacing targets by: (1) reviewing service delivery facility records to obtain data on the proportion of women 15 to 44 who have accepted a child spacing method; or (2) conducting sample household contraceptive prevalence surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining its child spacing targets using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining its child spacing targets by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of child spacing targets **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess availability of service delivery facility child spacing services by: (1) reviewing service delivery facility records to obtain data on the number of days when child spacing services were available at the service delivery facility and the number of home visits made; (2) interviewing female community leaders and members about the availability of child spacing services; or (3) asking health workers about the availability of child spacing services

- *Does the first-level supervisor regularly assess whether service delivery facility child spacing services are available using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether service delivery facility child spacing services are available, by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the availability of service delivery facility child spacing services **Service Delivery Facility Key Informant Interview**

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying high risk women and other potential child spacing users are maintained; (2) observing whether health workers identify high risk women during clinic sessions and/or home visits and whether they direct these women to sources of child spacing services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group child spacing education sessions held; (4) interviewing community leaders and members about the frequency of group child spacing education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting channelling activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of channelling activities **Service Delivery Key Informant Interview**

2.2.2 ASSESS QUALITY OF CHILD SPACING SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of child spacing service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of child spacing service delivery activities, if applicable. **Supervisor Interview**[3]

- *Does the first-level supervisor regularly observe initial and followup child spacing service delivery encounters?*

b. Number of child spacing sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

c. Proportion of supervisory visits in which supervisor observes initial child spacing encounters **Supervision Visit Observation**

d. Proportion of supervisory visits in which supervisor observes followup child spacing encounters **Supervision Visit Observation**

- *Does the first-level supervisor regularly observe service delivery facility outreach child spacing education activities?*

e. Number of group child spacing education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

f. Number of home visits for child spacing education observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess the quality of health worker counselling to acceptors about method choices by observing health workers interview and counsel acceptors (in child spacing encounters or in role-play exercises)

2.2.2.2 Assess the quality of health worker medical histories and physical exams by observing health workers take medical histories and conduct physical exams (in child spacing encounters or in role-play exercises)

2.2.2.3 Assess the quality of health worker method administration and instruction by observing health workers administer methods and instruct users (in child spacing encounters or in role-play exercises)

2.2.2.4 Assess the quality of health worker assistance to users experiencing side effects or wishing to change methods by observing health workers counsel dissatisfied users (in child spacing encounters or in role-play exercises)

2.2.2.5 Assess whether health workers effectively provide outreach child spacing education by: (1) observing health workers provide outreach child spacing education (in group child spacing education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group child spacing education sessions and/or after home visits to determine whether they know key child spacing messages

2.2.3 ASSESS QUALITY OF CHILD SPACING SUPPORT ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of child spacing support activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of child spacing support activities, if applicable **Supervisor Interview**

2.2.3.1 Assess whether the service delivery facility has adequate quantities of contraceptives by: (1) observing quantities of contraceptives available at the service delivery facility; or (2) asking health workers about shortages of contraceptives

- *Does the first-level supervisor regularly assess whether the service delivery facility has adequate quantities of contraceptives using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility has adequate quantities of contraceptives by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding shortages of contraceptives **Service Delivery Facility Key Informant Interview**

2.2.3.2 Assess whether health workers adequately maintain child spacing registers by reviewing child spacing registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining child spacing targets and/or in conducting child spacing service delivery activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining child spacing targets or in conducting child spacing service delivery activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining child spacing targets or in conducting child spacing service delivery activities per standard procedures, if applicable, by type of action. **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of child spacing service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of child spacing service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of child spacing service delivery activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of child spacing support activities?*

e. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of child spacing support activities, if applicable, by type of action **Supervisor Interview**[4]

f. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of child spacing support activities, if applicable, by type of action **Service Delivery Facility Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON CHILD SPACING PERFORMANCE

2.3.1.1 Praise or otherwise reward good child spacing performance

2.3.1.2 Advise or instruct health workers how to improve poor child spacing performance

2.3.1.3 Provide direct assistance in performing child spacing tasks

2.3.2 TAKE FOLLOW-UP ACTION ON CHILD SPACING PERFORMANCE

2.3.2.1 Provide or arrange for formal child spacing in-service training

2.3.2.2 Provide child spacing logistic support, if applicable

2.3.2.2.1 Provide contraceptives

2.3.2.2.2 Provide reference materials on child spacing

2.3.2.3 Refer persistent child spacing performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor child spacing performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE CHILD SPACING: SUPERVISION -- 2.3 ASSIST IN RESOLVING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF CHILD SPACING SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER CHILD SPACING TASK PERFORMANCE (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either First-Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor, the indicators will become: "Supervision of child spacing service delivery and/or support activities in supervision encounter"; "Assessment of child spacing service delivery or support item X (e.g. whether health workers assist dissatisfied users in finding alternative methods) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1) -- items 2.2.1.1 - 2.2.1.3
Category 2 (item 2.2.2) -- item 2.2.2.3
Category 3 (item 2.2.3) -- item 2.2.3.1

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

CHILD SPACING
COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED CHILD SPACING ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING CHILD SPACING ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO ESTABLISH COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

- *Has the service delivery facility assigned specific health workers to organize community-managed child spacing activities?*

a. Existence of at least one health worker responsible for organizing community-managed child spacing activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed child spacing activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed child spacing activities, when needed **Health Worker Interview**

*The term "community-managed child spacing activities" refers to child spacing service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of child spacing services by community members; e.g. to practicing child spacing or to attending health education sessions. The specific child spacing activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

2. ORGANIZE COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE CHILD SPACING ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN CHILD SPACING ACTIVITIES

2.1.2 EXPLAIN CHILD SPACING OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE CHILD SPACING ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING CHILD SPACING ACTIVITIES

2.2.1 PLAN CHILD SPACING SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system child spacing service delivery activities

2.2.1.2 Plan community-managed channelling activities, including outreach child spacing education

2.2.1.3 Select community members for training as unsalaried health workers

2.2.2 DECIDE WHERE AND HOW TO ESTABLISH COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

2.2.3 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES (SEE CHILD SPACING: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN CHILD SPACING SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN CHILD SPACING CHANNELLING TASKS, INDLUCING OUTREACH CHILD SPACING EDUCATION

2.3.1.1 Train unsalaried community members and/or health workers to identify "women at risk" (per local policy)

2.3.1.2 Train unsalaried community members and/or health workers to educate mothers about child spacing

- *Do unsalaried community members and/or health workers educate mothers about the health benefits of child spacing?*

a. % of mothers (with children under 5 and who know the health benefits of child spacing) who report being told the health benefits of child spacing by unsalaried community members and/or health workers **Mothers' Interview (Household)**

2.3.1.3 Train unsalaried community members/health workers in referral procedures

2.4 ASSIST UNSALARIED COMMUNITY MEMBERS/HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-BASED CONTRACEPTIVE DISTRIBUTION SYSTEMS

- *Do communities have functioning community-managed contraceptive supply depots?*

a. % of mothers (who are currently using contraceptives) who say that they obtain contraceptives from community-managed contraceptive supply depots **Mothers' Interview (Household)**

b. % of communities in which at least one key informant reports the existence of a functioning community-managed contraceptive supply depot **Community Key Informant Interview**

2.4.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO ESTABLISH AND MAINTAIN COMMUNITY-MANAGED CONTRACEPTIVE SUPPLY DEPOTS

2.4.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO MAKE HOME VISITS TO DISTRIBUTE CONTRACEPTIVES

2.4.2 DISTRIBUTE CONTRACEPTIVES TO COMMUNITY-MANAGED DEPOTS (SEE CHILD SPACING: LOGISTIC SUPPORT)

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

3. MONITOR COMMUNITY-MANAGED CHILD SPACING ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED CHILD SPACING ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS.

- *Do health workers meet regularly with community leaders and members to discuss community-managed child spacing activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed child spacing activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED CHILD SPACING SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED CONTRACEPTIVE DISTRIBUTION ACTIVITIES

3.1.3 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

CHILD SPACING
LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

Contraceptives And Other Child Spacing Supplies
(Oral Contraceptives, IUDs, Diaphragms, Foam, Condoms, Thermometers)

1. PLAN CHILD SPACING LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITIES OF CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

- *What system is used to supply contraceptives and/or other child spacing supplies to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued contraceptives and/or other child spacing supplies?)*

a. System used to supply contraceptives and/or other child spacing supplies to the service delivery facility **Facility Document Review or Facility Key Informant Interview**[1]

2. PROCURE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

- *Does the service delivery facility have adequate supplies of contraceptives and/or other child spacing supplies?*

a. % of child spacing sessions with an inadequate supply of contraceptives and/or other child spacing supplies (contraceptives and/or other child spacing supplies are not present or run out) **Child Spacing Session Observation**

b. Length of the longest period in the last year that the service delivery facility was without contraceptives and/or other child spacing supplies **Service Delivery Facility Key Informant Interview**

c. Quantity of contraceptives and/or other child spacing supplies available at the service delivery facility per 1000 women aged 15 - 45 in the service delivery facility catchment area or per the monthly service delivery facility child spacing caseload **Service Delivery Facility Observation and Service Delivery Facility Document Review**

[1] There does not exist, to our knowledge, a standard ratio of the quantity of contraceptives or other child spacing supplies that should be available per 1000 women aged 15-45 or per monthly child spacing caseload. The most appropriate denominator for this ratio will depend upon local policy regarding the individuals to whom the service delivery facility should provide contraceptives or other child spacing supplies and must, therefore be determined locally.

- *What complaints does the service delivery facility have about supplies of contraceptives and/or other child spacing supplies?*

d. Complaints regarding supplies of contraceptives and/or other child spacing supplies **Service Delivery Facility Key Informant Interview**

2.1 ESTIMATE REQUIREMENTS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

2.2 SECURE AND DISBURSE FUNDS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES, IF APPLICABLE

2.3 ORDER OR BE ISSUED CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

2.4 COLLECT OR RECEIVE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

3. STORE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

3.1 STORE CONTRACEPTIVES IN A DRY PLACE

- *Does the service delivery facility have an adequate storage place for contraceptives?*

a. Presence at the service delivery facility of an adequate storage place for contraceptives (locally defined) **Service Delivery Facility Observation**

4. DISTRIBUTE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

- *Are adequate supplies of contraceptives or other child spacing supplies available in the community?*

a. % of community-managed depots with contraceptives and/or other child spacing supplies, if applicable **Depot Observation**

b. % of women (who are currently practicing child spacing) who report having difficulties in obtaining contraceptives or other child spacing supplies by type of difficulty **Mothers' Interview (Household)**

4.1 RECEIVE ORDERS FOR OR ISSUE CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

4.2 DELIVER CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

CHILD SPACING
FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR CHILD SPACING ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR CHILD SPACING ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR CHILD SPACING ACTIVITIES

1.1.2 OBTAIN ALLOCATED CONTRACEPTIVES AND OTHER CHILD SPACING SUPPLIES AND EQUIPMENT (SEE CHILD SPACING: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR CHILD SPACING ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility child spacing activities?*

a. Coverage of part of the recurrent costs of service delivery facility child spacing activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR CHILD SPACING ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for child spacing activities

- *What is the policy on user or social financing for child spacing activities? (Are user payments and/or social financing to be sought? If so, are user fees to be charged for child spacing visits? Are contraceptives and other child spacing supplies to be sold? Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for child spacing activities **Facility Key Informant Interview**[1]

1.2.1.2 Develop procedures for user and/or social financing for child spacing activities

1.2.1.2.1 Establish fee schedules for child spacing visits

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for child spacing activities. Instead they receive material resources (contraceptives and other child spacing supplies) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

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- *Have fee schedules for child spacing visits been established?*

a. Existence of fee schedules for child spacing visits **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for contraceptives and other child spacing supplies

- *Have sales prices for contraceptives and other child spacing supplies been established?*

a. Existence of sales prices for contraceptives and other child spacing supplies **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to child spacing services and supplies

- *Are there arrangements to ensure indigents equal access to child spacing services and supplies?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for child spacing visits for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for contraceptives and other child spacing supplies for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scale

1.2.1.2.4 Develop other community and/or social financing mechanisms for child spacing activities

1.2.2 COLLECT LOCAL RESOURCES FOR CHILD SPACING ACTIVITIES

1.2.2.1 Collect user fees for child spacing visits and sale receipts for contraceptives and other child spacing supplies per local policy and procedures

- *Does the service delivery facility collect charges for child spacing visits and for contraceptives and other child spacing supplies?*

a. % of child spacing clients who report paying charges for child spacing visits and/or contraceptives or other child spacing supplies **Client Interview (Exit)**

1.2.2.2 Receive other community resources for child spacing activities

- *Do community groups contribute material resources or labor to support service delivery facility child spacing activities?*

a. Receipt from the community of material resources or labor to support service delivery facility child spacing activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR CHILD SPACING ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE CHILD SPACING: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

CHILD SPACING INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT CHILD SPACING DATA

1.1 COLLECT DATA ON SIZE OF CHILD SPACING TARGET POPULATION

- *Does the service delivery facility have information on the number of women aged 15-44 in its catchment area?*

a. Availability at the service delivery facility of information on the number of women aged 15-44 in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT CHILD SPACING SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE CHILD SPACING: SERVICE DELIVERY -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY HIGH RISK WOMEN AND OTHER POTENTIAL CHILD SPACING USERS (PER LOCAL POLICY))

1.2.2 MAINTAIN CHILD SPACING RECORDS

- *Does the service delivery facility maintain child spacing records which contain: (1) women's ages; (2) child spacing methods administered, prescribed or distributed; and (3) referrals made (by reason)?*

a. Presence at the service delivery facility of child spacing records which contain: (1) women's ages; (2) child spacing methods administered, prescribed, or distributed; and (3) referrals made (by reason) **Service Delivery Facility Observation**

1.2.2.1 Record women's ages (and parities)

1.2.2.2 Record child spacing methods administered, prescribed or distributed

1.2.2.3 Record referrals made (by reason)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.3.1 Record number of group child spacing education sessions held

1.2.3.2 Record number of home visits made

1.3 COLLECT DATA ON CHILD SPACING SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISION RECORDS

1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on contraceptives and other child spacing supplies

- *Does the service delivery facility maintain records on contraceptives and other child spacing supplies received, distributed and on hand (by item)?*

a. Presence at the service delivery facility of records on contraceptives and other child spacing supplies received, distributed and on hand (by item) **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received (by item)

1.3.4.1.2 Record quantities distributed (by item)

1.3.4.1.3 Record current stock levels (by item)

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record child spacing receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for child spacing services and supplies

1.3.5.2 Record funds disbursed for child spacing activities

1.3.5.3 Record current balances

1.4 CONDUCT SPECIAL CHILD SPACING KAP STUDIES AND CONTRACEPTIVE PREVALENCE SURVEYS

2. PROCESS CHILD SPACING DATA

2.1 VERIFY/VALIDATE CHILD SPACING DATA COLLECTED

2.2 CODE CHILD SPACING DATA

2.3 FILE CHILD SPACING DATA

2.4 TABULATE CHILD SPACING DATA

2.4.1 TABULATE NUMBER OF MONTHLY CHILD SPACING VISITS BY CLIENT AGE, VISIT TYPE AND OUTCOME

- *Does the service delivery facility routinely tabulate the number of monthly child spacing visits by client age, visit type and outcome?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of child spacing visits made by client age, visit type and outcome **Service Delivery Facility Observation**[1]

2.5 ANALYZE CHILD SPACING DATA

2.5.1 CALCULATE METHOD-SPECIFIC CONTRACEPTIVE PREVALENCE RATES

- *Does the service delivery facility routinely calculate method-specific contraceptive prevalence rates?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of method-specific contraceptive prevalence rates **Service Delivery Facility Observation**[1]

2.5.2 CALCULATE PROPORTION OF WOMEN AGED 15-44 MAKING AT LEAST ONE CHILD SPACING VISIT ANNUALLY

- *Does the service delivery facility routinely calculate the proportion of women aged 15-44 making at least one child spacing visit annually?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the proportion of women aged 15-44 making at least one child spacing visit in the last year **Service Delivery Facility Observation**[1]

2.5.3 CALCULATE METHOD-SPECIFIC CONTINUATION RATES

- *Does the service delivery facility routinely calculate the method-specific continuation rates?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of method-specific continuation rates **Service Delivery Facility Observation**[1]

2.5.4 CALCULATE METHOD-SPECIFIC DROP-OUT RATES BY CAUSE

- *Does the service delivery facility routinely calculate method-specific drop-out rates by cause?*

a. Presence at the service delivery facility of a recent calculation (for the last completed quarter) of method-specific drop-out rates by cause **Service Delivery Facility Observation**[1]

3. REPORT CHILD SPACING INFORMATION

3.1 PREPARE REQUIRED CHILD SPACING REPORTS

3.2 TRANSMIT REQUIRED CHILD SPACING REPORTS

- *Does the service delivery facility transmit required child spacing reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility report
Support Facility Observation

3.3 RECEIVE FEEDBACK ON CHILD SPACING INFORMATION REPORTED (SEE CHILD SPACING: SUPERVISION)

4. UTILIZE CHILD SPACING INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING CHILD SPACING SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE CHILD SPACING: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING CHILD SPACING ACTIVITIES (SEE CHILD SPACING: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.

PRICOR

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Growth Monitoring/ Promotion Service INDICATORS

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GROWTH MONITORING/PROMOTION SERVICE DELIVERY INDICATORS AND DATA SOURCES

1. CHANNEL CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) TO GROWTH MONITORING SERVICES

- *Are children under 5 (or other age per local policy) registered for growth monitoring?*

a. Ratio of the number of children under 5 (or other age per local policy) registered for growth monitoring to the number of children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Document Review**

b. Ratio of the number of children under 1 registered for growth monitoring to the number of children under 1 in the service delivery facility catchment area **Service Delivery Facility Document Review**

1.1 IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY)

1.1.1 SEEK TO IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) AT CLINIC SESSIONS

- *Do health workers seek to identify children under 5 (or other age per local policy) at clinic sessions?*

a. % of clinic sessions in which health workers examine children's growth cards or question mothers about children's participation in the growth monitoring program **Session Observation**

1.1.2 SEEK TO IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) DURING HOME VISITS

- *Do health workers seek to identify children under 5 (or other age per local policy) during home visits?*

a. % of home visits (to households with children under 5 (or other age per local policy)) in which health workers examine children's growth cards or question mothers about children's participation in the growth monitoring program **Home Visit Observation**

1.1.3 MAINTAIN RECORDS WHICH IDENTIFY CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY)

- *Does the service delivery facility maintain records which identify all children under 5 (or other age per local policy)?*

a. Presence at the service delivery facility of records which identify all children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Observation** (client records)

- *Does the service delivery facility maintain records which identify (locally defined) high risk children under 5 (or other age groups per local policy)?*

b. Presence at the service delivery facility of records which identify high risk children under 5 (or other age group per local policy) in the service delivery facility catchment area **Service Delivery Facility Observation** (client records)

1.2 RECRUIT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY--3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING GROWTH MONITORING

1.3 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) TO WEIGHING SESSIONS

1.3.1 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) IDENTIFIED AT CLINIC SESSIONS TO WEIGHING SESSIONS

- *Do health workers direct children under 5 (or other age per local policy) identified at clinic sessions to weighing sessions?*

a. % of clinic sessions in which mothers of children under 5 (or other age per local policy) are told when and where to take their children for weighing **Session Observation**

1.3.2 DIRECT CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY) IDENTIFIED DURING HOME VISITS TO WEIGHING SESSIONS

- *Do health workers direct children under 5 (or other age per local policy) identified during home visits to weighing sessions?*

a. % of home visits (to households with children under 5)(or other age per local policy)) in which mothers are told when and where to take their children for weighing **Home Visit Observation**

1.3.3 EXPLAIN WHEN AND WHERE TO GO FOR GROWTH MONITORING SERVICES DURING GROUP NUTRITION EDUCATION SESSIONS (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY--3.2.1.8 EXPLAIN WHEN AND WHERE TO GO FOR GROWTH MONITORING SERVICES)

2. PROVIDE GROWTH MONITORING

- *Do children under 5 (or other age per local policy) have access to growth monitoring services?*

a. % of children under 5 (or other age per local policy) in the service delivery facility catchment area living within 5 km. of a provider of growth monitoring services **Service Delivery Facility Document Review** (census records and area maps)

b. Number of providers of growth monitoring services per 1000 children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

c. Provision of growth monitoring services by the service delivery facility **Service Delivery Facility Key Informant Interview**

- *Does the service delivery facility hold planned weighing sessions*?*

d. Ratio of the number of weighing sessions held in the last 3 months to the number of sessions planned by site of sessions (fixed facility, outreach locations) **Service Delivery Facility Document Review and/or Service Delivery Facility Key Informant Interview**

- *Is the service delivery facility meeting its growth monitoring targets?*

e. Mean number of children under 5 (or other age per local policy) weighed per locally determined weighing period (month, quarter, other) last year per 1000 children under 5 (or other age per local policy) in service delivery facility catchment area **Service Delivery Facility Document Review**

f. Mean number of high risk children under 5 (or other age per local policy) weighed per locally determined weighing period (month, quarter, other) last year per 1000 children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Document Review**

g. % of children under 5 (or other age per local policy) in the service delivery facility catchment weighed regularly (locally defined) last year **Service Delivery Facility Document Review** (client records)

- *Is the service delivery meeting its growth monitoring objectives?*

h. Mean number of children under 5 (or other age per local policy) in each nutritional category during the last 2 years per 1000 children under 5 (or other age per local policy) weighed at the service delivery facility **Service Delivery Facility Document Review**

2.1 PREPARE EQUIPMENT AND SUPPLIES

2.1.1 TARE SCALE TO 0

*The term "weighing session" refers to single-purpose sessions, to multi-purpose sessions during which activities in addition to weighing are conducted, or to home visits during which children are weighed. A weighing session may include single or multiple weighing encounters.

- *Do health workers tare scales to 0?*

a. % of weighing sessions for which scales are tared to 0 **Weighing Session Observation**

2.2 MONITOR CHILDREN'S GROWTH

2.2.1 CALCULATE CHILD'S AGE

- *Do health workers correctly calculate children's ages?*

a. % of children (weighing session attendees) for whom ages are correctly calculated **Weighing Encounter Observation** (growth cards)

2.2.1.1 Record child's birthdate

- *Do health workers record children's birthdates on growth cards?*

a. % of children (weighing session attendees who have growth cards) leaving weighing sessions with birthdates recorded on growth cards **Weighing Encounter Observation** (growth cards)

2.2.1.2 Count the number of months since child's birthmonth and record in appropriate place on card

2.2.2 WEIGH CHILD

2.2.2.1 Set scale to 0

2.2.2.2 Remove child's clothing

2.2.2.3 Place child correctly on scale

2.2.2.4 Read scale indicating child's weight

- *Do health workers correctly read children's weights?*

a. % of children (weighing session attendees) for whom health worker-read weight is within 100 gm. of observer-read weight **Weighing Encounter Observation**

2.2.3 PLOT CHILD'S WEIGHT PER TYPE OF CARD (LOCALLY DETERMINED)

- *Do health workers plot children's ages and weights per standard procedures?*

a. % of children (weighing session attendees) for whom age and weight are plotted per standard procedures **Weighing Encounter Observation** (growth cards)

2.2.3.1 Point child's age on card

2.2.3.2 Point child's weight on card

2.2.4 COUNSEL MOTHER (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY -- 3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING GROWTH MONITORING SESSIONS)

2.3 REFER CHILDREN

2.3.1 REFER SICK/MALNOURISHED CHILD FOR MEDICAL ATTENTION

- *Do health workers refer sick/malnourished children for medical attention?*

a. % of children (weighing session attendees) referred for medical attention by reason for referral **Weighing Encounter Observation**

2.3.2 REFER MALNOURISHED CHILD FOR NUTRITIONAL REHABILITATION

- *Do health workers refer malnourished children for nutritional rehabilitation?*

b. % of children (weighing session attendees) referred for nutritional rehabilitation by reason for referral **Weighing Encounter Observation**

2.4 FOLLOW UP NONATTENDERS

- *Do health workers follow up nonattenders?*

a. % of children not attending last weighing session visited at home **Service Delivery Facility Document Review** (client records)

3. MOTIVATE/EDUCATE MOTHERS AND OTHER COMMUNITY MEMBERS REGARDING GROWTH MONITORING

- *Do mothers have their children weighed?*

a. % of mothers (with children under 5 (other age per local policy)) whose children have growth cards **Mothers' Interview (Household)**

b. % of mothers (with children under 5 (other age per local policy)) whose children have been weighed per schedule (locally determined) over the last 3 weighings **Mothers' Interview (Household)**

c. % of mothers (with children under 5 (other age per local policy)) whose children have never been weighed by reason **Mothers' Interview (Household)**

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- *Do mothers have adequate growth monitoring knowledge?*

d. % of mothers (with children under 5 (or other age per local policy)) who know the purpose of growth monitoring **Mothers' Interview (Household)**

e. % of mothers (with children under 5 (or other age per local policy)) who know when their children should next be weighed **Mothers' Interview (Household)**

f. % of mothers (with children under 5 (or other age per local policy)) who know when and where children can be weighed **Mothers' Interview (Household)**

- *Do mothers put into practice (locally determined) key nutrition messages ?*

g. % of mothers (with children under 5 (or other age per local policy)) who say they put into practice (locally determined) key nutrition messages **Mothers' Interview (Household)**

- *Do mothers breastfeed their children?*

h. % of mothers (with children under 2) who say that they are currently breastfeeding their children by age **Mothers' Interview (Household)**

3.1 PROVIDE INDIVIDUAL COUNSELLING TO MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS

- *Do counselled mothers of children attending weighing sessions have adequate growth monitoring and nutrition knowledge?*

a. % of mothers (of children attending weighing sessions) who know what they were told about how their children are growing **Mothers' Interview (Exit)**

b. % of mothers (of children attending weighing sessions) who know the recommendations they were given regarding child feeding and care **Mothers' Interview (Exit)**

3.1.1 INTERPRET CHILD'S PROGRESS TO MOTHER

3.1.1.1 Tell mother whether child has gained weight, lost weight or stayed the same since last weighing

- *Do health workers correctly tell mothers if their children have gained weight, lost weight or stayed the same since their last weighings?*

a. % of mothers (of children attending weighing sessions) told whether their children have gained weight, lost weight or stayed the same since their last weighings **Weighing Encounter Observation**

3.1.1.2 Tell mother the nutritional status of the child

- *Do health workers correctly tell mothers their children's nutritional statuses?*

a. % of mothers (of children attending weighing sessions) correctly told their children's nutritional statuses **Weighing Encounter Observation**

3.1.1.3 Ask mother how her child has been doing at home and if he/she has had any problems since last weighing

- *Do health workers ask mothers how their children have been doing at home and if they have had any problems since their last weighings?*

a. % of mothers (of children attending weighing sessions) asked about their children's progress and problems at home since their last weighings **Weighing Encounter Observation**

3.1.1.4 Use growth card to explain to mother how her child is growing

- *Do health workers use children's growth cards to explain to mothers how their children are growing?*

a. % of mothers (of children attending weighing sessions) for whom children's growth cards are used to explain how their children are growing **Weighing Encounter Observation**

3.1.2 TRANSMIT KEY GROWTH MONITORING MESSAGES

3.1.2.1 Make recommendations per local policy regarding child feeding and care per child's age, growth monitoring results, and what mother has said regarding her child

- *Do health workers make recommendations per local policy regarding child feeding and care according to children's ages, growth monitoring results and mothers' comments about their children?*

a. % of mothers (of children attending weighing sessions) given recommendations regarding child feeding and care **Weighing Encounter Observation**

3.1.2.2 Tell mother when to take child for next weighing

- *Do health workers tell mothers of all children attending weighing sessions when and where to take their children for their next weighings?*

a. % of mothers (of children attending weighing sessions) told where and when to take their children for their next weighings **Weighing Encounter Observation**

3.1.3 USE APPROPRIATE INDIVIDUAL COUNSELLING TECHNIQUES

3.1.3.1 Ask mother questions about recommendations made to determine her understanding

3.1.3.2 Ask mother to repeat when she should take child for next weighing

3.1.3.3 Ask mother if she has any questions

3.2 PROVIDE OUTREACH NUTRITION EDUCATION

- *Does the service delivery facility hold group nutrition education sessions?*[**]

a. % of clinic sessions which include group nutrition education **Session Observation**

b. Number of group nutrition education sessions held in the last 6 months by site of sessions (service delivery facility, outreach locations) **Service Delivery Facility Key Informant Interview**

- *Do health workers provide nutrition education during home visits?*

c. Number of home visits made in the last 6 months per 1000 households in the service delivery facility catchment area **Service Delivery Facility Document Review**

d. % of home visits (to households with children under 5 (or other age per local policy)) which include nutrition education **Home Visit Observation**

3.2.1 TRANSMIT KEY NUTRITION MESSAGES

- *Do health workers transmit key nutrition messages?*

a. Mean % of key nutrition messages transmitted during group nutrition education sessions (8 messages = 100%) **Nutrition Education Session Observation or Role-Play Exercise**

b. Mean % of key nutrition messages transmitted during home visits (to households with children under 5 (or other age per local policy)) **Home Visit Observation or Role-Play Exercise**

[**] A "group nutrition education session" is a group health education session with nutrition messages transmitted.

3.2.1.1 Explain importance of good breastfeeding and weaning practices

- *Do health workers explain the importance of good breastfeeding and weaning practices?*

a. % of group nutrition education sessions in which the importance of good breastfeeding and weaning practices is explained **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the importance of good breastfeeding and weaning practices is explained **Home Visit Observation or Role-Play Exercise**

3.2.1.2 Explain which locally available foods constitute a balanced diet for children

- *Do health workers correctly explain which locally available foods constitute a balanced diet for children?*

a. % of group nutrition education sessions in which the locally available foods which constitute a balanced diet for children are correctly explained **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the locally available foods which constitute a balanced diet for children are correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.3 Explain how to feed children during illness

- *Do health workers correctly explain how to feed children during illness?*

a. % of group nutrition education sessions in which health workers correctly explain how to feed children during illness **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which health workers correctly explain how to feed children during illness **Home Visit Observation or Role-Play Exercise**

3.2.1.4 Explain the importance of gaining weight as an indicator of health

- *Do health workers explain the importance of gaining weight as an indicator of health?*

a. % of group nutrition education sessions in which the importance of gaining weight as an indicator of health is explained **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the importance of gaining weight as an indicator of health is explained **Home Visit Observation or Role-Play Exercise**

3.2.1.5 Explain the relation between food consumption and growth

- *Do health workers correctly explain the relation between food consumption and growth*

a. % of group nutrition education sessions in which the relation between food consumption and growth is correctly explained **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the relation between food consumption and growth is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.6 Explain causes for non-growth

3.2.1.7 Explain the purpose of growth monitoring

- *Do health workers correctly explain the purpose of growth monitoring?*

a. % of group nutrition education sessions in which the purpose of growth monitoring is correctly explained **Nutrition Education Session Observation or Role Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the purpose of growth monitoring is correctly explained **Home Visit Observation or Role-Play Exercise**

3.2.1.8 Explain when and where to go for growth monitoring services

- *Do health workers explain when and where to go for growth monitoring services?*

a. % of group nutrition education sessions in which health workers explain when and where to go for growth monitoring services **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which health workers explain when and where to go for growth monitoring services **Home Visit Observation or Role-Play Exercise**

3.2.2 USE APPROPRIATE HEALTH EDUCATION TECHNIQUES AND MATERIALS

3.2.2.1 Demonstrate preparation of weaning foods

- *Do health workers demonstrate the preparation of weaning foods?*

a. % of group nutrition education sessions in which the preparation of weaning foods is demonstrated **Nutrition Education Session Observation or Role-Play Exercise**

b. % of home visits (to households with children under 5 (or other age per local policy)) in which the preparation of weaning foods is demonstrated **Home Visit Observation or Role-Play Exercise**

3.2.2.2 Ask questions of and respond to questions from attendees

3.2.2.3 Use visual aids in transmitting key messages

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VOLUME II

Growth Monitoring/ Promotion Support INDICATORS

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GROWTH MONITORING/PROMOTION PLANNING INDICATORS AND DATA SOURCES

1. ASSESS OUTPUTS, EFFECTS (COVERAGE) AND IMPACT OF CURRENT GROWTH MONITORING/PROMOTION ACTIVITIES UTILIZING INFORMATION SYSTEM, MONITORING AND EVALUATION INFORMATION

2. SET GROWTH MONITORING/PROMOTION OBJECTIVES AND TARGETS

2.1 SPECIFY TARGET AGE GROUP(S)

- *What are the growth monitoring target age group(s)?*

a. Growth monitoring target age group(s) **Facility Document Review or Facility Key Informant Interview**[1]

2.2 DETERMINE DESIRED GROWTH MONITORING COVERAGE

- *What is the desired growth monitoring coverage?*

a. Level of desired growth monitoring coverage **Facility Document Review or Facility Key Informant Interview**[1]

2.3 SET QUANTITATIVE AND DATED GROWTH MONITORING TARGETS

- *Are quantitative and dated growth monitoring targets set?*

a. Existence of quantitative and dated growth monitoring targets **Facility Document Review or Facility Key Informant Interview**[1]

- *What are the growth monitoring targets?*

b. Level of growth monitoring targets for last year **Facility Document Review or Facility Key Informant Interview**[1]

- *Does the service delivery facility participate in target-setting?*

c. Participation of the service delivery facility in target-setting for its catchment area **Service Delivery Facility Key Informant Interview**

3. DEVELOP GROWTH MONITORING/PROMOTION STRATEGY

3.1 DEVELOP GROWTH MONITORING/PROMOTION POLICIES

3.1.1 DEVELOP RECOMMENDED WEIGHING SCHEDULE

- *What is the recommended weighing schedule? (What is the recommended interval between weighings for each age group and/or nutritional status)*

a. Recommended weighing schedule **Facility Document Review or Facility Key Informant Interview**[1]

3.1.2 DEVELOP POLICIES ON GROWTH STANDARD AND GROWTH CARD TO BE USED

- *What is the growth standard to be used?*

a. Recommended growth standard to be used **Facility Document Review or Facility Key Informant Interview**[1]

- *What type of growth card is to be used?*

b. Growth card to be used **Facility Document Review or Facility Key Informant Interview**[1]

3.1.3 DEVELOP POLICY ON ELIGIBILITY

- *What are the criteria for eligibility for the growth monitoring program (if applicable)?*

a. Criteria for eligibility for the growth monitoring program **Facility Document Review or Facility Key Informant Interview**[1]

3.1.4 DEVELOP POLICIES ON REFERRAL AND FOLLOW-UP OF MALNOURISHED CHILDREN

- *What is the policy on referral of malnourished children? (Under what circumstances are malnourished children to be referred? To where are they to be referred?)*

a. Policy on referral of malnourished children **Facility Document Review or Facility Key Informant Interview**[1]

- *What is the policy on follow-up of malnourished children? (Are malnourished children to be followed up? At what intervals are they to be followed-up? Where are they to be followed up?)*

b. Policy on follow-up of malnourished children **Facility Document Review or Facility Key Informant Interview**[1]

3.1.5 DEVELOP POLICIES ON INCENTIVES FOR GROWTH MONITORING

- *What are the incentives for growth monitoring? (What are individual incentives for growth monitoring? What are community incentives for growth monitoring?)*

a. Incentives for growth monitoring **Facility Document Review or Facility Key Informant Interview**[1]

3.2 DEVELOP GROWTH MONITORING/PROMOTION PROCEDURES

3.2.1 DEVELOP PROCEDURES FOR CHANNELLING CHILDREN TO GROWTH MONITORING/ PROMOTION SERVICES, INCLUDING OUTREACH NUTRITION EDUCATION

- *What are the procedures for identifying, recruiting and directing children to growth monitoring services? (Is there a system for enumerating and tracking children under 5 (or other age per local policy)? Is there a system for enumerating and tracking "high risk" children needing growth monitoring services? Are children under 5 and/or "high risk" children to be identified and directed to growth monitoring services at service delivery facility clinic sessions? Are group nutrition education sessions to be held? Where are group nutrition education sessions to be held? How often are group nutrition education sessions to be held (by site of sessions)? Are home visits to be made? Are children under 5 and/or "high risk" children to be identified, recruited and directed to growth monitoring services during home visits?)*

a. Procedures for channelling children to growth monitoring services **Facility Document Review or Facility Key Informant Interview**[1]

3.2.2 DETERMINE SITES FOR WEIGHING SESSIONS

- *Where are weighing sessions to be held?*

a. Sites for weighing sessions **Facility Document Review or Facility Key Informant Interview**[1]

3.2.3 DETERMINE FREQUENCY OF WEIGHING SESSIONS

- *How often are weighing sessions to be held (by site of session)?*

a. Frequency of weighing sessions (by site of sessions) **Facility Document Review or Facility Key Informant Interview**[1]

3.2.4 DEVELOP STANDARD WEIGHING PROCEDURES

- *What are the procedures for weighing children? (Are scales to be set to 0 for each child? Are children's clothes to be removed?)*

a. Procedures for weighing children **Facility Document Review or Facility Key Informant Interview**[1]

3.2.5 DEVELOP STANDARD PROCEDURES FOR COMPLETING GROWTH CARDS

- *What are the procedures for completing growth cards? (What information is to be noted on each card? Is weight to be plotted on the line or in the space between lines?)*

a. Procedures for completing growth cards **Facility Document Review or Facility Key Informant Interview**[1]

3.2.6 DEVELOP STANDARD PROCEDURES FOR COUNSELLING MOTHERS

- *What are the procedures for counselling mothers? (Are mothers told their children's progress, e.g. whether they have gained weight, lost weight or stayed the same? Are mothers told their children's nutritional statuses? Are mothers asked how their children are doing at home between weighings?)*

a. Procedures for counselling mothers **Facility Document Review or Facility Key Informant Interview**[1]

3.2.7 DEVELOP PACKAGE OF KEY NUTRITION MESSAGES

- *What are the key nutritional messages?*

a. Key nutritional messages **Facility Document Review or Facility Key Informant Interview**[1]

3.2.8 DEVELOP REFERRAL PROCEDURES

3.3 DEVELOP BUDGET FOR GROWTH MONITORING/PROMOTION ACTIVITIES

3.4 DEVELOP GROWTH MONITORING/PROMOTION WORKPLANS AND SCHEDULES

3.4.1 IDENTIFY SPECIFIC STAFF TO CONDUCT GROWTH MONITORING/PROMOTION ACTIVITIES

- *Is service delivery facility staffing adequate for growth monitoring/promotion activities?*

a. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers, etc.) who routinely weigh children per 1,000 children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

b. Number of health workers of different levels (doctors, nurses, auxiliaries, community health workers,etc.) who routinely provide outreach nutrition education per 1,000 children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Key Informant Interview**

3.4.2 PROVIDE LOGISTIC SUPPORT FOR GROWTH MONITORING/PROMOTION ACTIVITIES

- *Does the service delivery facility have adequate transport for growth monitoring/promotion activities?*

a. Availability of adequate transport and fuel or transportation allowance for transporting health workers and growth monitoring equipment and supplies to outreach weighing sessions **Service Delivery Facility Key Informant Interview**

4. COMMUNICATE GROWTH MONITORING/PROMOTION PLAN

- *Are growth monitoring/promotion policy documents available at the service delivery facility?*

a. Presence at the service delivery facility of growth monitoring/promotion policy documents **Service Delivery Facility Observation**

- *Are growth monitoring/promotion procedures manuals or guidelines available at the service delivery facility?*

b. Presence at the service delivery facility of growth monitoring/promotion procedures manuals or guidelines **Service Delivery Facility Observation**

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which objectives, targets, policies and procedures are developed.

GROWTH MONITORING/PROMOTION TRAINING INDICATORS AND DATA SOURCES

1. PLAN GROWTH MONITORING/PROMOTION TRAINING

1.1 ASSESS GROWTH MONITORING/PROMOTION TRAINING NEEDS

1.2 SET OBJECTIVES AND TARGETS FOR GROWTH MONITORING/PROMOTION TRAINING

1.3 SELECT GROWTH MONITORING/PROMOTION TRAINING MATERIALS AND METHODS

2. TRAIN HEALTH WORKERS IN GROWTH MONITORING/PROMOTION TASKS

- *Have health workers received formal growth monitoring/promotion training?*

a. % of health workers who say that they received formal growth monitoring/promotion training in the last 3 years **Health Worker Interview**

- *Are health workers effectively trained in growth monitoring/promotion tasks?*

b. % of health workers trained in the last 6 months who received passing scores on competency-based tests administered during growth monitoring/promotion training **Service Delivery Facility Document Review or Support Facility Document Review**

2.1 TRANSMIT KEY GROWTH MONITORING/PROMOTION INFORMATION AND REQUIRED SKILLS PER TRAINEES' GROWTH MONITORING/PROMOTION TASKS

- *Are trainees taught key growth monitoring/promotion information and required skills?*

a. Mean % of growth monitoring/promotion information and skill items taught during growth monitoring/promotion training courses (14 items = 100%) **Training Course Observation**[1]

b. Mean % of growth monitoring/promotion information and skill items present in growth monitoring/promotion training curriculum (14 items = 100%) **Support Facility Observation**[2]

2.1.1. TEACH STAGES OF GROWTH AND DEVELOPMENT OF CHILDREN

- *Are trainees taught the stages of growth and development of children?*

a. % of growth monitoring/promotion training courses in which trainees are taught the stages of growth and development of children **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the stages of growth and development of children **Support Facility Observation**[2]

2.1.2 TEACH IMPORTANCE OF BREASTFEEDING

- *Are trainees taught the importance of breastfeeding?*

a. % of growth monitoring/promotion training courses in which trainees are taught the benefits of breastfeeding **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the benefits of breastfeeding **Support Facility Observation**[2]

2.1.3 TEACH PROPER WEANING PROCEDURES

- *Are trainees taught proper weaning procedures?*

a. % of growth monitoring/promotion training courses in which trainees are taught proper weaning procedures **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on proper weaning procedures **Support Facility Observation**[2]

2.1.4 TEACH SIGNS AND SYMPTOMS OF ACUTE MALNUTRITION

- *Are trainees taught the signs and symptoms of acute malnutrition?*

a. % of growth monitoring/promotion training courses in which trainees are taught the signs and symptoms of acute malnutrition **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the signs and symptoms of acute malnutrition **Support Facility Observation**[2]

2.1.5 TEACH PACKAGE OF KEY NUTRITION MESSAGES

- *Are trainees taught the (locally determined) package of key nutrition messages?*

a. % of growth monitoring/promotion training courses in which trainees are taught the (locally determined) package of key nutrition messages **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the (locally determined) key nutrition messages **Support Facility Observation**[2]

2.1.6 TEACH DIETARY MANAGEMENT OF ILLNESS

- *Are trainees taught the dietary management of illness?*

a. % of growth monitoring/promotion training courses in which trainees are taught the dietary management of illness **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the dietary management of illness **Support Facility Observation**[2]

2.1.7 TEACH WEIGHING TECHNIQUE

- *Are trainees taught weighing technique?*

a. % of growth monitoring/promotion training courses in which trainees are taught weighing technique **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on weighing technique **Support Facility Observation**[2]

2.1.8 TEACH PLOTTING TECHNIQUE

- *Are trainees taught plotting technique?*

a. % of growth monitoring/promotion training courses in which trainees are taught plotting technique **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on plotting technique **Support Facility Observation**[2]

2.1.9 TEACH HOW TO INTERPRET AND USE GROWTH CARD FOR EDUCATING MOTHERS

- *Are trainees taught how to interpret growth cards?*

a. % of growth monitoring/promotion training courses in which trainees are taught how to interpret growth cards **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on how to interpret growth cards **Support Facility Observation**[2]

- *Are trainees taught how to use growth cards for educating mothers?*

c. % of growth monitoring/promotion training courses in which trainees are taught how to use growth cards for educating mothers **Training Course Observation**[1]

d. Presence in growth monitoring/promotion training curriculum of information on how to use growth cards for educating mothers **Support Facility Observation**[2]

2.1.10 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS HOW THEIR CHILDREN ARE GROWING

- *Are trainees taught the importance of telling all moth. rs of children attending weighing sessions how their children are growing?*

a. % of growth monitoring/promotion training courses in which trainees are taught that they should tell all mothers of children attending weighing sessions how their children are growing **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information that all mothers of children attending weighing sessions should be told how their children are growing **Support Facility Observation**[2]

2.1.11 TEACH IMPORTANCE OF TELLING ALL MOTHERS OF CHILDREN ATTENDING WEIGHING SESSIONS WHEN AND WHERE TO RETURN FOR NEXT WEIGHINGS

- *Are trainees taught the importance of telling all mothers of children attending weighing sessions when and where to return for their children's next weighings?*

a. % of growth monitoring/promotion training courses in which trainees are taught that they should tell all mothers of children attending weighing sessions when and where to return for their children's next weighings **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information that all mothers of children attending weighing sessions should be told when and where to return for their children's next weighings **Support Facility Observation**[2]

2.1.12 TEACH USE OF COUNSELLING AND HEALTH EDUCATION TECHNIQUES AND MATERIALS

- *Are trainees taught the use of counselling and health education techniques and materials?*

a. % of growth monitoring/promotion training courses in which trainees are taught the use of counselling and health education techniques and materials **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on the use of counselling and health education techniques and materials **Support Facility Observation**[2]

2.1.13 TEACH PROCEDURES FOR CHANNELLING CHILDREN TO GROWTH MONITORING SERVICES

- *Are trainees taught procedures for channelling children to growth monitoring services?*

a. % of growth monitoring/promotion training courses in which trainees are taught procedures for channelling children to growth monitoring services **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on procedures for channelling children to growth monitoring services **Support Facility Observation**[2]

2.1.14 TEACH PROCEDURES FOR MAINTAINING WEIGHING RECORDS AND REPORTING GROWTH MONITORING/PROMOTION INFORMATION

- *Are trainees taught procedures for maintaining weighing records and reporting growth monitoring/promotion information?*

a. % of growth monitoring/promotion training courses in which trainees are taught procedures for maintaining weighing records and reporting growth monitoring/promotion information **Training Course Observation**[1]

b. Presence in growth monitoring/promotion training curriculum of information on procedures for maintaining weighing records and reporting growth monitoring/promotion information **Support Facility Observation**[2]

2.2 USE APPROPRIATE TRAINING METHODS

2.2.1 DEMONSTRATE REQUIRED GROWTH MONITORING/PROMOTION SKILLS

- *Are required growth monitoring/promotion skills demonstrated to trainees?*

a. Mean % of required growth monitoring/promotion skills demonstrated during growth monitoring/promotion training courses (4 skills = 100%) **Training Course Observation**[1]

b. Mean % of required growth monitoring/promotion skills that recent trainees (training received ≤ 6 months ago) say were demonstrated during training (4 skills = 100%) **Health Worker Interview**[3]

2.2.1.1 Demonstrate weighing technique

- *Is weighing technique demonstrated to trainees?*

a. % of growth monitoring/promotion training courses in which weighing technique is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that the weighing technique was demonstrated during training **Health Worker Interview**[3]

2.2.1.2 Demonstrate plotting technique

- *Is plotting technique demonstrated to trainees?*

a. % of growth monitoring/promotion training courses in which plotting technique is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that plotting technique was demonstrated during training **Health Worker Interview**[3]

2.2.1.3 Demonstrate counselling and health education

- *Is nutrition counselling demonstrated to trainees?*

a. % of growth monitoring/promotion training courses in which nutrition counselling is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that nutrition counselling was demonstrated during training **Health Worker Interview**[3]

- *Is group nutrition education demonstrated to trainees?*

a. % of growth monitoring/promotion training courses in which group nutrition education is demonstrated **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago who say that group nutrition education was demonstrated during training **Health Worker Interview**[3]

2.2.2 ASK QUESTIONS OF AND RESPOND TO QUESTIONS FROM TRAINEES

2.2.3 USE VISUAL AIDS IN TRANSMITTING KEY MESSAGES

2.2.4 PROVIDE OPPORTUNITIES FOR TRAINEES TO PRACTICE REQUIRED GROWTH MONITORING/PROMOTION SKILLS

- *Are trainees given the opportunity to practice required growth monitoring/ promotion skills during training?*

a. Mean % of required growth monitoring/promotion skills practiced by trainees during growth monitoring/promotion training courses (4 skills = 100%) **Training Course Observation**

b. Mean % of required growth monitoring/promotion skills that recent trainees (training received ≤ 6 months ago) say they practiced during training (4 skills = 100%) **Health Workers Interview**

2.2.4.1 Provide opportunities for trainees to practice weighing children

- *Are trainees given the opportunity to practice weighing children during training?*

a. % of growth monitoring/promotion training courses in which trainees practice weighing children **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced weighing children during training **Health Worker Interview**[3]

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2.2.4.2 Provide opportunities for trainees to practice plotting children's weights

- *Are trainees given the opportunity to practice plotting children's weights?*

a. % of growth monitoring/promotion training courses in which trainees practice plotting children's weights **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced plotting children's weights during training **Health Worker Interview**[3]

2.2.4.3 Provide opportunities for trainees to practice counselling mothers

- *Are trainees given the opportunity to practice counselling mothers?*

a. % of growth monitoring/promotion training courses in which trainees practice counselling mothers **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced counselling mothers during training **Health Worker Interview**[3]

2.2.4.4 Provide opportunities for trainees to practice providing group nutrition education

- *Are trainees given the opportunity to practice providing group nutrition education?*

a. % of growth monitoring/promotion training courses in which trainees practice providing group nutrition education **Training Course Observation**[1]

b. % of recent trainees (training received ≤ 6 months ago) who say that they practiced providing group nutrition education during training **Health Worker Interview**[3]

2.2.5 GIVE TRAINEES WRITTEN, INCLUDING PICTORIAL, REFERENCE MATERIALS ON GROWTH MONITORING/PROMOTION

2.3 TEST COMPETENCE OF HEALTH WORKERS IN GROWTH MONITORING/ PROMOTION TASKS

- *Is demonstrated competence in growth monitoring/promotion tasks required of trainees before they complete training?*

a. % of growth monitoring/promotion training courses in which trainees who do not initially obtain passing scores on competency-based tests are retrained and retested **Training Course Observation**[3]

2.3.1 TEST TRAINEE SKILL IN PLOTTING CHILDREN'S WEIGHTS BY OBSERVING WHETHER THEY CORRECTLY PLOT CHILDREN'S WEIGHTS (IN WEIGHING SESSIONS OR IN ROLE-PLAY EXERCISES)

- *Is trainee skill in plotting children's weights tested using appropriate methods?*

a. % of growth monitoring/promotion training courses in which trainee skill in plotting children's weights is tested using appropriate method **Training Course Observation**[1]

2.3.2 TEST TRAINEE KNOWLEDGE OF KEY NUTRITION MESSAGES (LOCALLY DETERMINED) BY: (1) OBSERVING WHETHER THEY CORRECTLY TRANSMIT KEY NUTRITION MESSAGES (IN WEIGHING OR GROUP NUTRITION EDUCATION SESSIONS OR IN ROLE-PLAY EXERCISES); OR (2) ADMINISTERING WRITTEN OR ORAL TESTS OF KEY NUTRITION MESSAGES

- *Is trainee knowledge of key nutrition messages (locally determined) tested using appropriate methods?*

a. % of growth monitoring/promotion training courses in which trainee knowledge of (locally determined) key nutrition messages is tested using appropriate methods **Training Course Observation**[1]

3. EVALUATE GROWTH MONITORING/PROMOTION TRAINING

3.1 TEST COMPETENCE OF TRAINEES IN GROWTH MONITORING/PROMOTION TASKS (SEE GROWTH MONITORING/PROMOTION--2.3 TEST COMPETENCE OF TRAINEES IN GROWTH MONITORING/PROMOTION TASKS)

3.2 ASSESS HEALTH WORKER GROWTH MONITORING/PROMOTION TASK PERFORMANCE (SEE GROWTH MONITORING/PROMOTION: SUPERVISION; INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN GROWTH MONITORING/PROMOTION TRAINING RECORDS AND REPORT GROWTH MONITORING/PROMOTION TRAINING INFORMATION (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

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[1]Preferred indicator/data source. Observation of growth monitoring/promotion training courses will yield the most valid data on course content and training methods. An effort should be made to observe at least one and preferably several training courses. If only one course is observed the indicators will become: "% of growth monitoring/promotion information and skill items taught during growth monitoring/promotion training course"; and "Transmission of information X/skill X (e.g., the signs and symptoms of acute malnutrition) in growth monitoring/promotion training course." If it is not possible to observe any training courses, data may be obtained by interviewing training key informants or through structured group discussions with trainers. In this case indicators will become: "% of growth monitoring/promotion information and skill items that training key informant says are taught"; and "Transmission of information X/skill X (e.g., the signs and symptoms of acute malnutrition) in growth monitoring/promotion training courses." It should be noted, however, that interview data may be of questionable validity since what trainers say they teach may bear little relation to what they actually teach.

[2]Alternative indicator/data source. Data are of questionable validity since, although the absence of a given information item from the training curriculum probably means that this information is not taught, the presence of an information item in the curriculum does not assure that this information is taught.

[3]Alternative indicator/data source. Health worker recall of long-past details is poor. If data from health workers are obtained, interviews should be limited to recent trainees (those trained no longer than 6 months ago).

GROWTH MONITORING/PROMOTION SUPERVISION INDICATORS AND DATA SOURCES*

1. PLAN SUPERVISION ACTIVITIES

1.1 ASSESS SUPERVISION NEEDS

1.2 SET SUPERVISION OBJECTIVES AND TARGETS

1.3 IDENTIFY AND TRAIN SUPERVISORS

- *Is support facility staffing adequate for supervision activities?*

a. Ratio of first-level supervisors to service delivery facilities **Support Facility Document Review or Support Facility Key Informant Interview**

- *Are supervisors trained in supervision techniques?*

b. % of first-level supervisors who say that they received training in supervision techniques in the last 3 years **Supervisor Interview**

1.4 DEVELOP SUPERVISION SCHEDULE AND WORKPLANS

- *Are supervision schedules established?*

a. Existence of a schedule of supervision encounters** **Support Facility Observation or Support Facility Key Informant Interview**

- *How many supervision encounters are planned per service delivery facility per year?*

b. Number of supervision encounters planned per service delivery facility per year by performance level of service delivery facility (better performing; worse performing) **Support Facility Document Review or Support Facility Key Informant Interview**

*We recognize that there exist many different organizational arrangements for supervising health worker activities. In most instances, however, service delivery facilities are supervised by supervisors operating out of first-level support facilities. The indicators in section 2 of this chapter have been designed to permit measurement of the supervision performances of these first-level supervisors. Frequently, when service delivery facilities have more than one health worker, the most senior health worker at the facility directly supervises the other health workers. In these instances, it may be of interest to adapt the indicators included here so as to examine the supervision performance of within-facility supervisors.

**The term "supervision encounters" refers to face-to-face encounters between first-level supervisors and their supervisees. These encounters may occur during site visits to supervisees workplaces, at first-level supervisors' offices or at other locations.

1.5 PROVIDE LOGISTIC SUPPORT FOR SUPERVISION ACTIVITIES

- *Is support facility transport adequate for supervision activities?*

a. Number of supervision encounters cancelled in the last 6 months because of lack of transport **Supervisor Interview**

1.6 COMMUNICATE SUPERVISION SCHEDULES AND RESPONSIBILITIES

2. SUPERVISE GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

- *Does the first-level supervisor regularly supervise service delivery facility growth monitoring/promotion service delivery and support activities?*

a. Number of supervision encounters occurring in the last 6 months **Service Delivery Facility Key Informant Interview**

b. % of supervision encounters occurring in the last 6 months in which growth monitoring/promotion service delivery and/or support activities were supervised **Service Delivery Facility Key Informant Interview**

c. % of observed supervision encounters in which growth monitoring/promotion service delivery and/or support activities are supervised **Supervision Encounter Observation**[2]

2.1 ASSIST HEALTH WORKERS IN ORGANIZING AND PLANNING GROWTH MONITORING/PROMOTION TASKS

2.1.1 SET OR COMMUNICATE GROWTH MONITORING TARGETS

2.1.2 DEVELOP GROWTH MONITORING/PROMOTION WORKPLANS

2.1.3 DEVELOP OR CLARIFY STANDARDS FOR GROWTH MONITORING/PROMOTION PERFORMANCE

- *Do health workers have access to information on standards for growth monitoring/promotion task performance?*

a. Presence at the service delivery facility of a growth monitoring/promotion procedures manual and/or technical guidelines **Service Delivery Facility Observation**

2.2 IDENTIFY GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS

2.2.1 ASSESS ATTAINMENT OF GROWTH MONITORING TARGETS, IF PRESENT, AND/OR FREQUENCY OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility is attaining its growth monitoring targets and/or is conducting growth monitoring/promotion service delivery activities per standard procedures?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has in attaining its growth monitoring targets or in conducting growth monitoring/promotion service delivery activities per standard procedures, if applicable **Supervisor Interview**[3]

2.2.1.1 Assess attainment of growth monitoring targets by: (1) reviewing service delivery facility records to obtain data on the proportion of children weighed; or (2) conducting sample household growth monitoring coverage surveys

- *Does the first-level supervisor regularly assess whether the service delivery facility is attaining its growth monitoring targets using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is attaining its growth monitoring targets by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding attainment of growth monitoring targets **Service Delivery Facility Key Informant Interview**

2.2.1.2 Assess frequency of weighing sessions by: (1) reviewing service delivery facility records to obtain data on the number of weighing sessions held; (2) interviewing community leaders and members about the frequency of weighing sessions; or (3) asking health workers about the frequency of weighing sessions

- *Does the first-level supervisor regularly assess whether the service delivery facility is holding planned weighing sessions using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is holding planned weighing sessions by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the frequency of weighing sessions **Service Delivery Facility Key Informant Interview**

2.2.1.3 Assess occurrence and frequency of channelling activities by: (1) observing whether records identifying children under 5 (or other age per local policy) and/or "high risk" children are maintained; (2) observing whether health workers identify children under 5 (or other age per local policy) and/or "high risk" children during clinic sessions and/or home visits and whether they direct these children to sources of growth monitoring services; (3) reviewing service delivery facility records to obtain data on the number of home visits made and/or group nutrition education sessions held; (4) interviewing community leaders and members about the frequency of group nutrition education sessions; or (5) asking health workers about the occurrence and frequency of channelling activities.

- *Does the first-level supervisor regularly assess whether the service delivery facility is conducting channelling activities per standard procedures using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether the service delivery facility is conducting channelling activities per standard procedures by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the occurrence and frequency of channelling activities **Service Delivery Facility Key Informant Interview**

2.2.2. ASSESS QUALITY OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

- *Does the first-level supervisor know whether the service delivery facility has problems regarding the quality of growth monitoring/promotion service delivery activities?*

a. Knowledge of the first-level supervisor of the observer-identified significant problem(s) (locally defined) that a selected service delivery facility has regarding the quality of growth monitoring/promotion service delivery activities, if applicable **Supervisor Interview**[3]

- *Does the first-level supervisor regularly observe service delivery facility weighing sessions?*

b. Number of weighing sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

- *Does the first-level supervisor regularly observe service delivery facility outreach nutrition education activities?*

c. Number of group nutrition education sessions attended by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

d. Number of home visits observed by the first-level supervisor in the last 6 months **Service Delivery Facility Key Informant Interview**

2.2.2.1 Assess whether health workers weigh children per standard procedures by observing health workers weigh children (in weighing sessions or in role-play exercises)

2.2.2.2 Assess whether health workers correctly plot children's weights on growth cards by: (1) observing health workers plot children's weights (in weighing sessions or in role-play exercises); or (2) reviewing previously plotted growth cards for correctness

- *Does the first level supervisor regularly assess whether health workers correctly plot children's weights on growth cards using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers correctly plot children's weights on growth cards by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding plotting of children's weights on growth cards **Service Delivery Facility Key Informant Interview**

2.2.2.3 Assess whether health workers correctly interpret children's growth by observing health workers counsel mothers (in weighing sessions or in role-play exercises)

2.2.2.4 Assess whether health workers counsel mothers individually about their children's growth statuses by: (1) observing health workers counsel mothers (in weighing sessions or in role-play exercises); or (2) interviewing mothers leaving weighing sessions to determine whether they know their children's growth statuses

- *Does the first-level supervisor regularly assess whether health workers counsel mothers individually about their children's growth statuses using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers counsel mothers individually about their children's growth statuses by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding the growth monitoring counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.5 Assess whether health workers tell all mothers of children attending weighing sessions when and where to take children for next weighings by: (1) observing health workers counsel mothers (in weighing session or in role-play exercises); or (2) interviewing mothers leaving weighing sessions to determine whether they know when and where to take their children for their next required weighings

- *Does the first-level supervisor regularly assess whether health workers tell all mothers of children attending weighing sessions when and where to take their children for their next required weighings using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers tell all mothers of children attending weighing sessions when and where to take their children for their next required weighings by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding growth monitoring counselling messages **Service Delivery Facility Key Informant Interview**

2.2.2.6 Assess whether health workers refer sick and/or malnourished children by observing health workers provide growth monitoring (in weighing sessions or in role-play exercises)

2.2.2.7 Assess whether health workers follow up non-attenders by: (1) reviewing health worker records to obtain data on the proportion of nonattenders followed up; (2) interviewing health workers about the frequency of follow-up; or (3) conduct sample household surveys to determine the proportion of non-attenders followed up

2.2.2.8 Assess whether health workers effectively provide outreach nutrition education by: (1) observing health workers provide outreach nutrition education (in group nutrition education sessions, in home visits, or in role-play exercises); or (2) interviewing mothers leaving group nutrition education sessions and/or after home visits to determine whether they know key nutrition messages

- *Does the first-level supervisor regularly assess whether health workers effectively provide outreach nutrition education using appropriate assessment methods?*

a. % of supervision encounters in which the first-level supervisor assesses whether health workers effectively provide outreach nutrition education by type of assessment method **Supervision Encounter Observation**[2]

b. Existence of a recent discussion (within the last 6 months) with the first-level supervisor regarding outreach nutrition education messages and techniques **Service Delivery Facility Key Informant Interview**

2.2.3 ASSESS QUALITY OF GROWTH MONITORING/PROMOTION SUPPORT ACTIVITIES

2.2.3.1 Assess whether health workers are adequately maintaining weighing registers by reviewing registers for completeness and correctness of information

2.3 ASSIST IN RESOLVING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems in attaining growth monitoring targets and/or in conducting growth monitoring/promotion service delivery activities per standard procedures?*

a. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has in attaining growth monitoring targets or in conducting growth monitoring/promotion service delivery activities per standard procedures, if applicable, by type of action **Supervisor Interview**[4]

b. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has in attaining growth monitoring targets or in conducting growth monitoring/promotion service delivery activities per standard procedures, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

- *Does the first-level supervisor take appropriate actions to resolve service delivery facility problems regarding the quality of growth monitoring/promotion service delivery activities?*

c. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the known problem(s) that a selected service delivery facility has regarding the quality of growth monitoring/promotion service delivery activities, if applicable, by type of action **Supervisor Interview**[4]

d. Existence of a recent action (within the last 6 months) by the first-level supervisor to resolve the observer-identified significant problem(s) (locally defined) that the service delivery facility has regarding the quality of growth monitoring/promotion service delivery activities, if applicable, by type of action **Service Delivery Key Informant Interview (selected facilities)**[5]

2.3.1 PROVIDE IMMEDIATE FEEDBACK ON GROWTH MONITORING/PROMOTION PERFORMANCE

2.3.1.1 Praise or otherwise reward good growth monitoring/promotion performance

2.3.1.2 Advise or instruct health workers how to improve poor growth monitoring/promotion performance

2.3.1.3 Provide direct assistance in performing growth monitoring tasks

2.3.2 TAKE FOLLOW-UP ACTION ON GROWTH MONITORING/PROMOTION PERFORMANCE

2.3.2.1 Provide or arrange for formal growth monitoring/promotion in-service training

2.3.2.2 Provide reference materials on growth monitoring/promotion

2.3.2.3 Refer persistent growth monitoring/promotion performance problems to higher-level supervisors

2.3.2.4 Apply sanctions for poor growth monitoring/promotion performance, if applicable

2.4 MOTIVATE HEALTH WORKERS (SEE GROWTH MONITORING/PROMOTION: SUPERVISION -- 2.3 ASSIST IN RESOLVING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS IDENTIFIED)

3. EVALUATE SUPERVISION OF GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT ACTIVITIES

3.1 ASSESS FIRST-LEVEL SUPERVISOR SUPERVISION TASK PERFORMANCE

3.2 ASSESS HEALTH WORKER GROWTH MONITORING/PROMOTION TASK PERFORMANCE (SEE GROWTH MONITORING/PROMOTION: SUPERVISION, INFORMATION SYSTEM, MONITORING AND EVALUATION)

4. MAINTAIN SUPERVISION RECORDS AND REPORT SUPERVISION INFORMATION (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be either **First -Level Support Facility Observation, Document or Key Informant or Higher-Level Support Facility Observation, Document or Key Informant** depending on the level of the health system at which supervision schedules are established.

[2]If only one supervision encounter is observed per first-level supervisor the indicators will become: "Supervision of growth monitoring/promotion service delivery and/or support activities in supervision encounter"; "Assessment of growth monitoring/promotion service delivery or support item X (e.g. whether health workers counsel mothers individually about their children's growth statuses) in supervision encounter". Data may also be obtained by reviewing supervision checklists completed by first-level supervisors during or after observed supervision encounters.

[3]Select one or more item from each category on the basis of locally determined priorities. Categories are:

Category 1 (item 2.2.1) -- items 2.2.1.1 - 2.2.1.3
Category 2 (item 2.2.2) -- items 2.2.2.2, 2.2.2.4, 2.2.2.5 and 2.2.2.8

Randomly select one service delivery facility per first-level supervisor and, using the indicators in the Service Delivery Chapter of the Thesaurus, determine whether the selected service delivery facility has significant performance problems (to be defined locally) relating to the selected items. Interview the first-level supervisor of the selected service delivery facility to determine whether this supervisor is aware of these observer-identified problems.

[4]Question each first-level supervisor who knows that the selected service delivery facility has observer-identified performance problems relating to the selected items to determine whether this supervisor has recently taken some action to resolve these problems and, if so, the types of actions taken.

[5]Question the service delivery facility key informant of each selected service delivery facility that has observer-identified performance problems relating to the selected items to determine whether the first-level supervisor of this facility has recently taken some action to resolve these problems and, if so, the types of actions taken.

GROWTH MONITORING/PROMOTION COMMUNITY ORGANIZATION INDICATORS AND DATA SOURCES

1. PLAN COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES*

1.1 DETERMINE DESIRED COMMUNITY ROLE IN CONDUCTING GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.1 DECIDE ON DESIRED ROLE FOR UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS

1.1.2 DECIDE ON DESIRED ROLE FOR COMMUNITY ORGANIZATIONS

1.1.3 DECIDE WHETHER OR NOT TO SEEK COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE: GROWTH MONITORING/PROMOTION: FINANCIAL MANAGEMENT)

1.2 ESTABLISH SCHEDULES AND WORKPLANS FOR ORGANIZING COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.1 IDENTIFY SPECIFIC STAFF TO ORGANIZE COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

- *Has the service delivery facility assigned specific health workers to organize community-managed growth monitoring/promotion activities?*

a. Existence of at least one health worker responsible for organizing community-managed growth monitoring/promotion activities **Service Delivery Facility Key Informant Interview**

1.2.2 PROVIDE LOGISTIC SUPPORT FOR ORGANIZING COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

- *Does the service delivery facility provide logistic support for organizing community-managed growth monitoring/promotion activities?*

a. Availability of transport and fuel or transportation allowance for organizing community-managed growth monitoring/promotion activities, when needed **Health Worker Interview**

*The term "community-managed growth monitoring/promotion activities" refers to growth monitoring/promotion service delivery and support activities carried out by unsalaried community members and/or health workers. It does not refer to the utilization of growth monitoring/promotion services by community members, e.g. to having children weighed or to attending health education sessions. The specific growth monitoring/promotion activities to be undertaken by the community will depend on local policy, although some common community-managed activities have been listed here.

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2. ORGANIZE COMMUNITY GROWTH MONITORING/PROMOTION ACTIVITIES

2.1 DEVELOP COMMUNITY MOTIVATION AND CAPACITY TO PARTICIPATE IN OR UNDERTAKE GROWTH MONITORING/PROMOTION ACTIVITIES

2.1.1 ASSESS LOCAL INTEREST IN GROWTH MONITORING/PROMOTION ACTIVITIES

2.1.2 EXPLAIN GROWTH MONITORING/PROMOTION OBJECTIVES AND STRATEGIES

2.1.3 IDENTIFY EXISTING OR ESTABLISH NEW COMMUNITY ORGANIZATIONS THAT CAN PARTICIPATE IN OR UNDERTAKE GROWTH MONITORING/PROMOTION ACTIVITIES

2.2 DEVELOP JOINT PLAN OF ACTION FOR COMMUNITY/HEALTH SYSTEM COOPERATION IN PLANNING, CONDUCTING AND MONITORING/EVALUATING GROWTH MONITORING/PROMOTION ACTIVITIES

2.2.1 PLAN GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

2.2.1.1 Obtain community suggestions and/or decisions regarding health system growth monitoring/promotion service delivery activities

2.2.1.2 Plan community-managed channelling activities, including outreach nutrition education

2.2.1.3 Plan community-managed weighing sessions

2.2.1.4 Select community members for training as unsalaried health workers

2.2.2 PLAN COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: FINANCIAL MANAGEMENT)

2.3 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN GROWTH MONITORING/PROMOTION SERVICE DELIVERY TASKS

2.3.1 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS IN GROWTH MONITORING/PROMOTION CHANNELLING TASKS, INCLUDING OUTREACH NUTRITION EDUCATION

- *Do unsalaried community members and/or health workers provide nutrition education?*

a. % of mothers (with children under 5 and who know the purpose of growth monitoring) who report being taught the purpose of growth monitoring by unsalaried community members and/or health workers **Mothers' Interview (Household)**

2.3.2 TRAIN UNSALARIED COMMUNITY MEMBERS AND/OR HEALTH WORKERS TO CONDUCT WEIGHING SESSIONS

- *Do communities conduct weighing sessions?*

a. % of weighing sessions conducted by unsalaried community members and/or health workers **Weighing Session Observation**

2.5 ORGANIZE COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

3. MONITOR COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES

3.1 MEET REGULARLY WITH COMMUNITY LEADERS AND MEMBERS TO ASSESS DEGREE AND EFFECTIVENESS OF COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION ACTIVITIES AND TO ASSIST IN RESOLVING PROBLEMS

- *Do health workers meet regularly with community leaders and members to discuss community-managed growth monitoring/promotion activities?*

a. % of communities in which at least one key informant reports a recent meeting (within the last 3 months) between health workers and community leaders and members to discuss community-managed growth monitoring/promotion activities **Community Key Informant Interview**

3.1.1 MONITOR COMMUNITY-MANAGED GROWTH MONITORING/PROMOTION SERVICE DELIVERY ACTIVITIES

3.1.2 MONITOR COMMUNITY-MANAGED RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

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GROWTH MONITORING/PROMOTION LOGISTIC SUPPORT INDICATORS AND DATA SOURCES

Growth Monitoring/Promotion Equipment and Supplies (Scales, Growth Cards)

1. PLAN GROWTH MONITORING/PROMOTION LOGISTIC SUPPORT ACTIVITIES

1.1 DEVELOP POLICY ON QUANTITY OF GROWTH CARDS TO BE ORDERED OR ISSUED

1.2 DEVELOP PROCEDURES FOR PROCURING GROWTH CARDS

- *What system is used to supply growth cards to the service delivery facility? (Does the service delivery facility order or is the service delivery facility issued growth cards?)*

a. System used to supply growth cards to the service delivery facility **Facility Document Review or Facility Key Informant Interview**

2. PROCURE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

- *Does the service delivery facility have a scale?*

a. Presence at the service delivery facility of a scale **Service Delivery Facility Observation**

- *Does the service delivery facility have an adequate supply of growth cards?*

b. % of weighing sessions with an inadequate supply of growth cards (growth cards are not present or run out) **Weighing Session Observation**

c. Length of the longest period in the last year that the service delivery facility was without growth cards **Service Delivery Facility Key Informant Interview**

- *What complaints does the service delivery facility have about supplies of growth cards?*

d. Complaints regarding growth card supply **Service Delivery Facility Key Informant Interview**

2.1 ESTIMATE REQUIREMENTS FOR GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES

2.2 SECURE AND DISBURSE FUNDS FOR GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES, IF APPLICABLE

2.3 ORDER OR BE ISSUED GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

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2.4 COLLECT OR RECEIVE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

3. STORE AND MAINTAIN GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

3.1 MAINTAIN SCALES IN WORKING ORDER

■	*Does the service delivery facility maintain its scale in working order?*
a.	Presence of service delivery facility scale in working order **Service Delivery Facility Observation**

3.2 STORE GROWTH CARDS IN A DRY PLACE

4. DISTRIBUTE GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

4.1 RECEIVE ORDERS FOR OR ISSUE GROWTH MONITORING/ PROMOTION EQUIPMENT AND SUPPLIES

4.2 DELIVER GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES

5. MAINTAIN INVENTORY AND EQUIPMENT RECORDS FOR GROWTH MONITORING/PROMOTION EQUIPMENT AND SUPPLIES (SEE GROWTH MONITORING/PROMOTION: INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Document or Key Informant or Support Facility Document or Key Informant depending on the level of the health system at which policies and procedures are developed.

GROWTH MONITORING/PROMOTION FINANCIAL MANAGEMENT INDICATORS AND DATA SOURCES

1. SECURE RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES*

1.1 OBTAIN RESOURCES BUDGETED FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.1 OBTAIN FUNDS BUDGETED FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.1.2 OBTAIN ALLOCATED EQUIPMENT AND SUPPLIES FOR GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: LOGISTIC SUPPORT)

1.1.3 FILL OFFICIALLY SANCTIONED STAFF POSITIONS

1.2 GENERATE LOCAL RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES

- *Do users or community groups cover part of the recurrent costs of service delivery facility growth monitoring/promotion activities?*

a. Coverage of part of the recurrent costs of service delivery facility growth monitoring/promotion activities by community groups or users **Service Delivery Facility Key Informant Interview**

1.2.1 PLAN LOCAL RESOURCE GENERATION FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.1.1 Develop policy on user and/or social financing for growth monitoring/promotion activities

- *What is the policy on user or social financing for growth monitoring/promotion activities? (Are user payments and/or social financing for to be sought? If so, are user fees to be charged for weighings? Are growth cards to be sold?** Will there be exemptions and/or sliding scales for the indigent? Will other community and/or social financing be sought?)*

a. Policy on user or social financing for growth monitoring/promotion activities **Facility Key Informant Interview**[1]

*We recognize that, in many instances, service delivery facilities do not obtain or generate funds for growth monitoring/promotion activities. Instead they receive material resources (scales, and growth cards) and human resources (personnel). This chapter covers financial management and its use will not be appropriate if finances are not managed at the service delivery facility level. The management of material resources is covered in the Logistic Support chapter of the Thesaurus. Personnel management is not covered in a single chapter, but is touched upon in the Training and Supervision chapters.

**In many instances combined vaccination and growth cards are sold. Frequently, a range of child survival services, including growth monitoring and immunizations, are included in the price of these cards.

1.2.1.2 Develop procedures for user and/or social financing for growth monitoring/promotion activities

1.2.1.2.1 Establish fee schedules for weighings

- *Have fee schedules for weighings been established?*

a. Existence of fee schedules for weighings **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.2 Establish sales prices for growth cards

- *Have sales prices for growth cards been established?*

a. Existence of sales prices for growth cards **Facility Observation or Facility Key Informant Interview**[1]

1.2.1.2.3 Ensure indigents equal access to growth monitoring services

- *Are there arrangements to ensure indigents equal access to growth monitoring services?*

a. Existence of a policy (or arrangement with community groups) to reduce or waive user fees for weighings for those unable to pay **Facility Key Informant Interview**[1]

b. Existence of a policy (or arrangement with community groups) to reduce or waive charges for growth cards for those unable to pay **Facility Key Informant Interview**[1]

1.2.1.2.3.1 Determine who is eligible for sliding scale or exemption

1.2.1.2.3.2 Set sliding scales

1.2.1.2.4 Develop other community and/or social financing mechanisms for growth monitoring/promotion activities

1.2.2 COLLECT LOCAL RESOURCES FOR GROWTH MONITORING/PROMOTION ACTIVITIES

1.2.2.1 Collect user fees for weighings and sales receipts for growth cards per local policy and procedures

- *Does the service delivery facility collect charges for weighings and growth cards?*

a. % of mothers (of children attending weighing sessions) who report paying charges for weighings and/or growth cards **Mothers' Interview (Exit)**

1.2.2.2 Receive other community resources for growth monitoring/promotion activities

- *Do community groups contribute material resources or labor to support service delivery facility growth monitoring/promotion activities?*

a. Receipt from the community of material resources or labor to support service delivery facility growth monitoring/promotion activities **Service Delivery Facility Key Informant Interview**

2. DISBURSE AND ACCOUNT FOR FUNDS FOR GROWTH MONITORING/ PROMOTION ACTIVITIES

2.1 USE FUNDS FOR INTENDED PURPOSES

2.2 MAINTAIN ACCOUNTS LEDGER (SEE: GROWTH MONITORING/PROMOTION INFORMATION SYSTEM, MONITORING AND EVALUATION)

[1]Data source may be Service Delivery Facility Observation or Key Informant or Support Facility Observation or Key Informant depending on the level of the health system at which policies and procedures are developed.

GROWTH MONITORING/PROMOTION INFORMATION SYSTEM, MONITORING AND EVALUATION INDICATORS AND DATA SOURCES

1. COLLECT GROWTH MONITORING/PROMOTION DATA

1.1 COLLECT DATA ON SIZE OF GROWTH MONITORING/PROMOTION TARGET POPULATION

- *Does the service delivery facility have information on the number of children under 5 (or other age per local policy) in its catchment area?*

a. Availability at the service delivery facility of information on the number of children under 5 (or other age per local policy) in the service delivery facility catchment area **Service Delivery Facility Observation or Service Delivery Facility Key Informant Interview**

1.2 COLLECT GROWTH MONITORING/PROMOTION SERVICE DELIVERY DATA

1.2.1 MAINTAIN CLIENT RECORDS (SEE GROWTH MONITORING/PROMOTION: SERVICE DELIVERY -- 1.1.3 MAINTAIN RECORDS WHICH IDENTIFY ALL CHILDREN UNDER 5 (OR OTHER AGE PER LOCAL POLICY))

1.2.2 MAINTAIN GROWTH MONITORING OR WEIGHING REGISTER

- *Does the service delivery facility maintain a growth monitoring or weighing register which contains: (1) children's ages; (2) children's weights or nutritional statuses; and (3) referrals made (by destination)?*

a. Presence at the service delivery facility of a growth monitoring or weighing register which contains: (1) children's ages; (2) children's weights or nutritional statuses; and (3) referrals made (by destination) **Service Delivery Facility Observation**

1.2.2.1 Record children's ages

1.2.2.2 Record children's weights and/or nutritional statuses

1.2.2.3 Record referrals made (by destination)

1.2.3 MAINTAIN ACTIVITIES RECORDS

1.2.2.1 Record number of weighing sessions held

1.2.2.2 Record number of group nutrition education sessions held

1.2.2.3 Record number of home visits made

1.3 COLLECT DATA ON GROWTH MONITORING/PROMOTION SUPPORT ACTIVITIES

1.3.1 MAINTAIN PERSONNEL RECORDS

1.3.2 MAINTAIN TRAINING RECORDS

1.3.3 MAINTAIN SUPERVISORY RECORDS

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1.3.4 MAINTAIN INVENTORY AND EQUIPMENT RECORDS

1.3.4.1 Record information on growth cards

- *Does the service delivery facility maintain records on growth cards received, distributed and on hand?*

a. Presence at the service delivery facility of records on growth cards received, distributed and on hand **Service Delivery Facility Observation**

1.3.4.1.1 Record quantities received

1.3.4.1.2 Record quantities distributed

1.3.4.1.3 Record current stock levels

1.3.5 MAINTAIN ACCOUNTS LEDGER

- *Does the service delivery facility maintain a ledger showing funds received (by source) and disbursed (by purpose)?*

a. Presence at the service delivery facility of a ledger showing funds received (by source) and disbursed (by purpose) **Service Delivery Facility Observation**

1.3.5.1 Record growth monitoring/promotion receipts

1.3.5.1.1 Record funds received from higher levels

1.3.5.1.2 Record monies collected for growth monitoring services and supplies

1.3.5.2 Record funds disbursed for growth monitoring/promotion activities

1.3.5.3 Record current balances

1.4 CONDUCT SPECIAL GROWTH MONITORING/PROMOTION KAP AND COVERAGE STUDIES AND NUTRITION SURVEILLANCE STUDIES

2. PROCESS GROWTH MONITORING/PROMOTION DATA

2.1 VERIFY/VALIDATE GROWTH MONITORING/PROMOTION DATA COLLECTED

2.2 CODE GROWTH MONITORING/PROMOTION DATA

2.3 FILE GROWTH MONITORING/PROMOTION DATA

2.4 TABULATE GROWTH MONITORING/PROMOTION DATA

2.4.1 TABULATE NUMBER OF CHILDREN UNDER 5 WEIGHED MONTHLY BY AGE CATEGORY AND BY NUTRITIONAL STATUS

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- *Does the service delivery facility routinely tabulate the number of children under 5 weighed monthly by age category and by nutritional status?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of children under 5 weighed by age category and by nutritional status **Service Delivery Facility Observation**[1]

2.4.2 TABULATE NUMBER OF CHILDREN UNDER 5 REFERRED MONTHLY FOR NUTRITIONAL REHABILITATION AND FOR MEDICAL CARE BY NUTRITIONAL STATUS

- *Does the service delivery facility routinely tabulate the number of children under 5 referred monthly for nutritional rehabilitation and for medical care by nutritional status?*

a. Presence at the service delivery facility of a recent tabulation (for the last completed month) of the number of children under 5 referred for nutritional rehabilitation and for medical care by nutritional status **Service Delivery Facility Observation**[1]

2.5 ANALYZE GROWTH MONITORING/PROMOTION DATA

2.5.1 CALCULATE GROWTH MONITORING COVERAGE RATE*

- *Does the service delivery facility routinely calculate its growth monitoring coverage rate?*

a. Presence at the service delivery facility of a recent calculation (for the last completed year) of the service delivery facility growth monitoring coverage rate **Service Delivery Facility Observation**[1]

3. REPORT GROWTH MONITORING/PROMOTION INFORMATION

3.1 PREPARE REQUIRED GROWTH MONITORING/PROMOTION REPORTS

3.2 TRANSMIT REQUIRED GROWTH MONITORING/PROMOTION REPORTS

- *Does the service delivery facility transmit required growth monitoring/promotion reports to the appropriate office(s) per local schedule?*

a. Presence at the support facility of the last required service delivery facility growth monitoring/promotion report **Support Facility Observation**

3.3 RECEIVE FEEDBACK ON GROWTH MONITORING/PROMOTION INFORMATION REPORTED (SEE GROWTH MONITORING/PROMOTION: SUPERVISION)

*See Growth Monitoring/Promotion: Service Delivery--2.a for definition of growth monitoring coverage rate.

4. UTILIZE GROWTH MONITORING/PROMOTION INFORMATION

4.1 UTILIZE INFORMATION FOR IDENTIFYING GROWTH MONITORING/PROMOTION SERVICE DELIVERY AND SUPPORT PROBLEMS AND STRONG POINTS (SEE ALSO GROWTH MONITORING/PROMOTION: SUPERVISION)

4.2 UTILIZE INFORMATION FOR PLANNING GROWTH MONITORING/PROMOTION ACTIVITIES (SEE GROWTH MONITORING/PROMOTION: PLANNING)

[1]It may be necessary to obtain data from the support facility if copies of service delivery facility reports are unavailable at the service delivery facility level.