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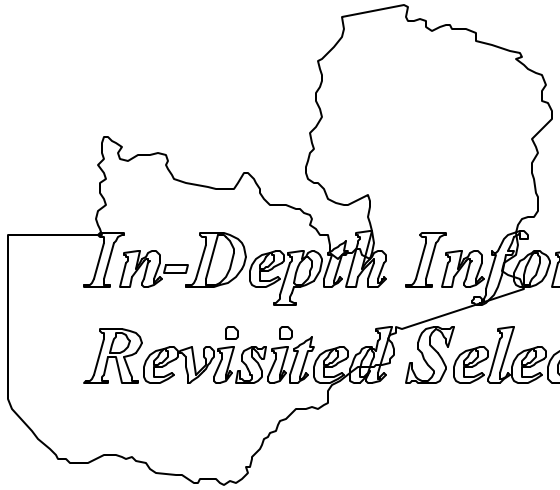
Republic of Zambia

Central Statistical Office

Zambia Situation Analysis 1997



In-Depth Information from Revisited Selected SDPS

April, 1998

THE POPULATION COUNCIL

The Population Council seeks to help improve the well-being and reproductive health of current and future generations around the world and help achieve a humane , equitable, and sustainable balance between people and resources. The Council analyses population issues and trends; conducts biomedical research to develop new contraceptives; works with public and private agencies to improve the quality and outreach of family planning and reproductive health services; helps governments to influence demographic behaviour; communicates the results of research in the population field to appropriate audiences; and helps build research capacities in developing countries. The Council, a non profit, nongovernmental research organisation established in 1952, has a multinational Board of trustees; its New York headquarters supports a global network of regional and country offices.

AFRICA OR/TA PROJECT II

The overall objectives of the Africa OR/TA Project II are to broaden understanding of how to improve family planning services in sub-Saharan Africa, and to apply operations research and technical assistance to improve services by:

- *increasing access to a full range of family planning services and methods;*
- *developing service delivery strategies that are client-oriented and acceptable to various population groups;*
- *improving the operations of programs to make them more efficient and financial sustainable;*
- *improving the quality of services;*
- *strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.*

ACKNOWLEDGEMENTS

This study was undertaken with the financial assistance from the Population Council's Africa Operations Research and Technical Assistance Project II. We acknowledge the dedicated work of the 6 field staff (CSO Statisticians) who visited 18 Health Service Delivery Points in the three provinces; Copperbelt, Eastern and Lusaka. We are grateful to the Ministry of Health, in particular the District Health Management Teams offices who made it possible for the field staff to operate at the SDPs without any problems. The staff at the SDPs for the corporation, we thank them too.

We would like to thank the CSO provincial offices for providing transport, administrative and other logistical support. Finally, the valid contributions and concerns made through the Data Interpretation Workshop in September 1997 and through meetings with stake holders, are warmly acknowledged. The concerns led us to quickly conduct a snap survey for some of the important variables in order to collect detailed information.

ACRONYMS AND ABBREVIATIONS

AIDS	:	*Acquire Immune Deficiency Syndrome*
BCG	:	*Bacilli Calmette Guerin*
CBD	:	*Community Based Distribution*
COC	:	*Combined Oral Contraceptive*
CSO	:	*Central Statistical Office*
DHMT	:	*District Health Management Team*
DPT	:	*Diphtheria, Pertussis and Tabanus*
FP	:	*Family Planning*
HIV	:	*Human Immune Virus*
IEC	:	*Information Education and Communication*
IMCI	:	*Integrated Management Of Child Illness*
IUD	:	*Intra-Uterine Device*
JSI	:	*John Snow, Incorporated*
LAM	:	*Lactational Amenorrhea*
MCH	:	*Maternal and Child Health*
MOH	:	*Ministry of Health*
NFP	:	*Natural Family Planning*
OPD	:	*Out Patient Department*
ORT	:	*Oral Rehydration therapy*
POP	:	*Progestin only Pill*
SDP	:	*Service Delivery Points*
SEATS	:	*Family Planning Services Expansion and Technical Support*
STD	:	*Sexual Transmitted Disease*
UNFPA	:	*United Nations Fund for Population Activities*
USAID	:	*United States Agency for International Development*
ZFPS	:	*Zambia Family Planning Services*

TABLES OF CONTENTS

BACKGROUND

The Central Statistical Office and Africa Operation Research and Techincal Assistance (OR/TA) Project II of the Population Council assisted the MOH and their partners (ZFPS, CARE, SEATS, UNFPA, BASICS) in the planning , monitoring and evaluation of the activities being undertaken to strengthen the delivery of family planning, reproductive health, and child health services in the public sector by undertaking a study of the functioning and quality of services at service delivery points (SDP), using the Situation Analysis approach. A Situation Analysis study collects data directly from clinical service points on a large number of indicators that describe the availability of facilities, equipment and supplies for health services; the functioning of service delivery sub-systems; and the quality of services provided. Data are also collected on client load and mix of services and contraceptive methods utilised by clients. Situation Analysis data are collected through a complete clinic inventory, staff interviews, observations of the interactions between providers and clients, and client exit interviews.

An instrument review workshop for the Situation Analysis study was held in January, 1997. The instruments were reviewed by the MOH and its partners, the main beneficiaries of the data. A number of modifications were made to the Situation Analysis instruments to collect information relevant to the Zambia reproductive and child health program. Data collectors were trained for ten days by CSO staff, Africa OR/TA staff and consultants, and by resource people from the stakeholder organizations. The data were collected by 14 teams, each comprised of a CSO social scientist and three health workers (family planning and child health nurses and midwives) between 19 May and 19 July 1997.

Problem Statement

Preliminary results of study undertaken were presented at a workshop in September, 1997. The purpose of this workshop was to share with stakeholders selected tabulations and solicit their assistance with interpreting and presenting the results. This study therefore sought to collect more detailed information on issues such as:

- **Basic Medical Equipment and IUD Equipment** at the health facility in terms of availability and the condition (functioning or not functioning).
- **IEC Materials** in particular, brochure and posters, who produced and distributed the material and what is the message and in what language.
- **Laboratory Tests.** Additional information on the type of equipment or kits used in the laboratory and number of tests done in the last 3 months.
- **Service Statistics Reports**. Type of service statistics and kind of information sent.
- **Staff Training**. Information on whether the staff are trained to counsel or provide a particular service.

The revisit study provides a better understanding on these issues and will enrich the main report in making an enlightened interpretation of results.

Rationale

During the preliminary analysis of the original study, it was found that 90 percent (228) of the health facilities

reported to have had basic medical equipment, this caused a lot of concern. It was felt that there were too many facilities in the study sample which claimed to have the equipment and therefore it was important to go back to some of the facilities and ascertain if these equipment are really available and functioning. Similarly, results on IEC materials particularly the brochure, showed that about 10 percent of the health facilities had family planning brochures when in actual fact such materials were not yet available from the National Family Planning Programme. A revisit to some of the facilities had to made to find out the source, topics or messages and language in which these IEC materials are written.

A substantial number of health facilities reported in the original study that there were offering Pap Smear, pregnancy tests, and HIV tests. There was need therefore to check with facilities if they had the necessary equipment and materials to perform these tests. Inquires about laboratories at the revisited facilities were made including making an inventory of the equipment. HIV/AIDS tests are done voluntarily at very few health facilities, however, the original study reported that a number of facilities were submitting service statistics reports on HIV to their superiors. The question therefore was, what type of reports were being sent, this study was therefore designed to find out the type reports being sent. About 8 percent of family planning service providers during the main study reported that their training included topics such as vasectomy, minilap/TL, and emergency contraception. There was need to find out whether providers were trained to provide these methods or merely oriented about these methods. This report attempts to address the issues by way of providing a better understanding of the orginal data collected, although the results are based on only 18 health facilities.

The main objective of the study is to provide more detailed information on facility inventory, services, and staff training and activities in order to assist with the interpretation of the Situation Analysis results.

Study Design

Eighteen SDPs out of the 254 SDPs visited in the main study were selected for this purpose. The selected SDPs were in Chipata District of Eastern province, Copperbelt (three in Ndola Urban and three in Ndola Rural), and Lusaka (urban area). These areas were purposively selected to include facilities with a lot of family planning activities and for easy accessibility. The SDPs in Chipata include six (of the eight) SDPs included in the original study; two SDPs which have been assigned to a new district were excluded. The SDPs in the urban areas of Lusaka were chosen according to their location in the city centre or in the peri-urban area. Three were selected randomly from each group. For Copperbelt, three SDPs were selected randomly in Ndola Urban and three in Ndola Rural.

The selected sites are:

Chipata:*Mkanda, Chipata General Hospital, Kapata 1st Level, Jerusalem, Mshawa, and Madzimoyo*
Copperbelt; Ndola Urban: *Dola Hill, Mushili, Luboto;* **Ndola Rural**: *Chilese, Miengwe, Kashitu*
Lusaka: *Kabwata, Chilenje, Civic Centre, Chawama, George and, Kaunda Square*

Instrument for Data Collection

For each of the health facilities re-visited during the study, information was collected through interviews, observation, physical check and counting. A short inventory questionnaire on IEC materials, equipment and commodities, services statistics reports, screening and diagnostic facilities was designed for this purpose. In addition, a few questions for staff providers were included, particularly relating to training and provision of certain contraception methods. (See instrument in Appendix A).

Fieldwork

The three teams took 5 days to collect the data required at the selected health facilities. Each team consisted of two social scientist (CSO) statisticians) and both were involved in collecting the data, one collecting data on inventory and the other interviewing the staff providers.

Data Processing and Analysis

The instrument were initially checked by the team while in the field. The questionnaires were then brought to CSO HQ where further checking and editing was done by the principal investigator. EPI Info was used for data entry which lasted for one day and basic tables were produced.

FAMILY PLANNING SERVICE PROVIDERS PREPAREDINESS

Categories of Providers and Experience

During the re-visit to 18 health facilities, 40 health providers (12 in Copperbelt, 12 in Eastern and 16 in Lusaka Province) were interviewed about their basic and refresher training, and experience in terms of how long ago they received their basic training. Table 1 provides information on the categories of staff found providing family planning service on the day of visit and their experience. Enrolled nurses midwives constituted half of all the staff providers and only 6 were Registered nurse midwives. It was also found that one of the providers was a classified daily employee, without any basic training in family planning but was trained as a traditional birth attendant . About one third of the providers have been working for 16 to 20 years ever since they had basic training, the majority of them being Enrolled nurse midwives. The daily classified employee has been working for a long time and seem to have learnt how to provide the basic family planning methods over the period.

Table 1: Number of family planning providers by designation and years of experience

Designation	**Number of years of experience since basic training**						
	1-10	**11-15**	**16-20**	**21-25**	**26-30**	**31 +**	**Total**
Clinical Officer	2	0	0	0	0	0	2
Reg. nurse midwives	0	4	1	1	0	0	6
Registered nurse	1	0	0	0	0	0	1
Enrolled nurse midwives	0	3	9	6	1	1	20
Enrolled nurse	4	1	3	0	0	1	9
Environ. health tech.	0	0	1	0	0	0	1
Other (CDE)	0	0	0	0	0	1*	1
Total	**7**	**8**	**14**	**7**	**1**	**3**	**40**

** No basic training and it is not known exactly how long she has been working.*

Over 60 percent of the providers attended a refresher[1] course in 1996 and half of them were enrolled nurse midwives. Eight providers (20 percent) have never attended any refresher course. These rely on the material they learnt during the basic training and from experience.

1 *Refresher courses include training workshops*

Staff Training

Table 2 shows the percentage of family planning providers by topic covered during the basic and refresher training and type of service they provide. The ability of a staff to provide a wide range of services is dependent on the type of basic and refresher training received. The majority of the staff are generally well trained and with versed experience. All the providers provide family planning services, although 73 and 65 percent were trained in family planning during their basic and refresher courses respectively. Infact over 70 percent received basic training in all topics indicated in table 2 except for HIV/AIDs counselling and testing, with 15 and 5 percent respectively. HIV/AIDs counselling is done by only 60 percent of the staff. Only 35 percent have attended a refresher or training workshop in counselling, requiring significant attention in the training of HIV/AIDs counsellors. Many of the refresher courses or training workshops the staff attended were centred on family planning. There is therefore need to foster post basic training in other services as well.

Table 2: Percent of providers by topic covered during training

Services	**Training**		**Staff provides**
	Basic training	**Refresher training**	
Family Planning	73	65	100
Ante-natal care	90	40	98
Delivery service	88	38	63
Post natal care	88	33	93
Child immunization	90	40	98
Child Growth monitoring	93	35	100
Consultation for fertility	70	33	73
Oral rehydration therapy services	83	38	95
Management of abortion	80	25	58
Nutrition services	93	25	93
STD services	78	58	75
STD treatment	90	60	93
HIV/AIDs counselling	15	35	60
HIV/AIDs test	5	8	0

Almost all the staff are able to provide ante-natal care, post natal care, child immunization and growth monitoring, ORS, nutrition and STD treatment.

Staff providers were asked if they have some training, counsel or provide specific methods which require specialised training and knowledge. Table 3 gives the percentage of staff with basic or refresher training, trained to counsel, trained to provide, whether they provide and counsel for a specific method. Staff whose basic or refresher training included IUD insertion or removal account for 60 percent. Sixty-five percent were trained to counsel, 60 percent were trained to provide, 43 and 75 percent provide and counsel respectively . The staff providing IUD services are mainly clinical officers and midwife nurses who either registered or enrolled based in Lusaka and Copperbelt provinces. In addition, the study reveals that all staff providers in Lusaka at the re-visited health facilities are trained in IUD insertion and removal.

Norplant@ requires that for a staff to administer it, should have special training in inserting and removing the Norplant@ capsules properly. Thirty-eight percent of staff providers indicated that their basic or refresher training included Norplant@ and 9 of them (1 in Copperbelt and 8 in Lusaka province) were trained to provide.

However, none of them provides the method.

Forty-eight percent of the staff said that during their basic or refresher training, Minilaparotomy and Laparoscopy (ML/LA) was included and 18 percent thus, 1 in Copperbelt and 6 in Lusaka province said they were trained to provide the service. According to the Family planning in Reproductive Health Policy Framework Strategies Guidelines, ML/LA requires that the provider must be a doctor (public health practioner or physician) with training and basic surgical experience in performing minilaparatomy. Therefore, the 18 percent who said were trained to provide ML/LA service may have meant that the method was mentioned or merely oriented during their training, this is further qualified by the zero percent of those that provide the service.

Male sterilization (vasectomy) is another method that requires to be performed by a medical doctor or physician who is adequately trained and skilled in minor surgeries. However, 48 percent of the staff providers said that their basic/refresher training included male sterilization. Again 15 percent said they were trained to provide, all are in Lusaka province. This is yet another error where a topic mentioned or discussed during training may be misunderstood to mean being trained to provide. Staff trained in counselling constitute 60 percent but none of them provides the method.

Table 3: Percent of staff by basic/refresher training, trained to provide or counsel, counselling and providing a Method (n=40)

Method	Basic/ refresher training	Trained to counsel	Trained to provide	Staff Providing	Staff counselling
IUD insertion/removal	60	65	60	43	75
Norplant	38	60	23	0	65
ML/LA (surgical procedure)	48	60	18	0	70
Vasectomy (surgical procedure)	48	60	15	0	68
Emergency contraception	53	58	58	50	63
Female condom	58	60	58	48	65

A random sample of nurses talked to about whether they are trained to provide the methods such as ML/LA and vasectomy said that they are trained about the procedures and not necessarily to provide. the services.

Many of the staff understand Emergency contraception to be a service provided for instance, if a female client has had unprotected sex and would not want to be pregnant. The conceptual understanding is correct but the administration of it for some of the staff may be wrong, for instant, some staff said they provide an overdose if a client forgot to take the pill (sometimes a combination of COC and POP) or if it is a new client they provide her with contraceptive pills. The desgnated product PC4 or morning after pill is not widely known. However, the results in Table 3 shows that 23 of the staff (58 Percent) were trained to provide emergency contraception; thus 14 in Copperbelt and 9 in Lusaka province. Eight staff providers in Copperbelt and 12 in Lusaka province said that they provide emergency contraception. It is therefore important that the government embarks on a massive campaign for training the providers in emergency contraception. The percents in respect to emergency contraception in Table 3 may not be reflecting the true picture.

Female condoms can be provided by medical staff, trained community workers, pharmacists etc. However, female condoms are relatively new in Zambia and not many staff providers have been trained yet. In this study,

58 percent of the providers said that during their basic/refresher course, female condom was included. Sixty percent were trained to counsel, and 48 percent do provide the method; most of the providers are in Lusaka and the Copperbelt province. There is therefore need to train staff providers and make them aware of the female condom and be integrated in the reproductive health programmes.

READINESS OF HEALTH FACILITIES

Information Education and Communication (Iec) Materials

The availability of IEC materials and activities enhances knowledge of providers and clients on reproductive health and child health issues and therefore, researchers checked if the IEC materials were available at the health facilities re-visited, particularly *brochures* and *posters.* Table 4 shows the number of health facilities that had brochures and posters displayed on the day of visit. Eight health facilities thus, 2 in Copperbelt, 1 in Eastern and 5 in Lusaka province had brochures on family planning, most of them were distributed by the Society for Family Health. The main messages in the brochure were in English and Nyanja, encouraging people to use family planning methods for example '*safe plan the modern way of planning your family*'. There are also other brochures distributed by PPAZ and MOH which are produced by JHU in English with messages such as '*plan your family now, your children's future depends on you*'.

HIV/STDs brochures were found at 4 health facilities (2 in Copperbelt and 2 in Lusaka province), most of them produced by the National AIDS/STD/TB Control Program sponsored by WHO with messages in English about '*having one sexual partner*'. TB brochures were not available at any of the facilities. The study shows very clearly that health facilities lack brochures both in local languages and English.

Most of the health facilities (17) had posters on family planning produced by Society for Family Health, PPAZ, Population service international, JHU, USAID, MOH/JHU/PCS/UNFPA. Most of the posters are in English and just a few in Nyanja carrying message of the *importance of family planning*. Fourteen health facilities had HIV/STDs posters, the majority are written in English and a few in Bemba, Nyanja and Kaonde. The main messages are about *prevention of HIV and STDs* and were produced by organisations such as AIDSCAP, NASTLP, SIDA, and WHO.

Table 4: Number of health facilities with IEC materials and type of material (n=18)

Subject	**IEC material available/displayed**	
	Brochure	**Poster**
Family planning	8	17
Antenatal/Postnatal care	1	8
Delivery services	0	2
HIV/STDs	4	14
Other STDs	0	10
TB	0	7
Nutrition	1	13
Child immunization	1	9
IMCI wall charts	-	4

Posters on nutrition were available at 13 health facilities (3 in Copperbelt, 4 in Eastern and 6 in Lusaka province) most of them produced by National Food and Nutrition Commission in conjunction with UNICEF in English.

The Integrated Management of Child Illness (IMCI) wall charts were only found at 4 health facilities in the

Copperbelt and Lusaka provinces. These were produced by WHO and distributed mainly by DHMTs carrying messages of *'how to assess children with fever, pneumonia and RTI diseases*'. Posters on Antenatal/postnatal care, TB, and Child immunization were available at 8, 7 and 9 health facilities respectively. Although posters are available at most of the facilities, there is need for the government and other institutions to double their efforts in providing IEC materials to health facilities. It also seems that there is very little coordination of the various reproductive health and child health communication projects, resulting in very little material being produced and sometimes what is available is difficult to know who produced it.

Availability of Equipment and Supplies

Certain basic equipment is needed for the provision of health services. A list of basic equipment was used to check whether the equipment was available and its status, functioning or not functioning. Table 5 gives the distribution of facilities with selected basic equipment and the status. The data collectors found out that all the health facilities (18) visited had sterilizing equipment, mainly steam pots and auto claves. An average number of 2 sterilizers were functioning and one sterilizer was not functioning at each health facility. Blood pressure machines, stethoscope and examining couch were also found at all the health facilities, with some facilities having more than one of each. Most of the health facilities had scissors, EPI refridgirators, adult weighing scales and specula. Microscopes were missing at all the health facilities in Copperbelt province. In Eastern province 4 health facilities did not have microscopes while only 2 health facilities in Lusaka provinces had no microscopes. Uterine sound and tenacula/vulsellum were missing at 9 (4 in Copperbelt and 5 in Eastern province) and 8 (3 in Copperbelt and 5 in Eastern province) of the health facility respectively.

All the facilities had disinfectants such as hibitane, chlorhexideine and jik. Antiseptic lotions such as centrimide and savlon were also available at some of the facilities.

IUD equipment; In order for a health facility to be ready to provide IUD services, must have basic equipment such as sterilizing equipment, uterine sound, speculum, tenaculum, gloves and antiseptic lotion. The study shows that 2 health facilities in the Copperbelt and 1 in Lusaka province had all the basic equipment required and 15 had some of the equipment but not all. No health facility was found to have completely nothing of any of the basic equipments. The results in main survey seem justisfied. There are main facilities having at least one of the

Table 5: Number of facilities with selected equipment by status and type of equipment

Type of equipment	Number of health facilities	Status	
		Number functioning	Number not Functioning
Sterilizing equipment	18	37	25
Blood pressure machines	18	34	17
Adult weighing scale	16	28	6
Scissors	17	95	1
Stethoscope	18	43	11
Refridge. EPI (immunization)	17	20	1
Examination couch	18	44	3
Microscope	6	7	3
Kidney dishes	17	221	0
Disinfectants	14	-	-
Uterine sound	9	60	1
Specula	15	183	0
Tanacula/vulsellum	8	44	0

equpiment required for an IUD insertion but only a few are able to provide the service.

General Medical Examination; The necessary items required for a basic general medical examination are blood pressure machine, weighing scale and stethoscope. Sixteen (89 percent) health facilities had all the items while 2 both in Eastern province had no weighing scales and no health facility had completely nothing of any of the items. In the main survey, a similar proportion (90 percent) of health facilities in the main survey were found to have the necessary items required for a basic general medical examination.

Screening and Diagnostics Facilities

Clients receiving antenatal care services from health facilities are supposed to be screened for syphilis infection. In some cases, pregnancy tests are also done, at the request of the client. However, most of the tests require access to laboratory facilities in the health facility. The study revealed that only 3 health facilities in Lusaka and 1 in Eastern province have laboratory facilities. The other health facilities have basic equipment used to perform certain types of tests. Syphilis test is performed at 10 health facilities; facilities without laboratory use an RPR test to test for syphilis. Those who do not have laboratories or test kits indicated that they refer clients or send the specimens to other facilities where these tests are available. Two facilities with laboratories indicated that they test for gonorrhea and candida, and a total of 85 and 331 tests respectively were performed in the last three months prior to the visit. It was also found that HIV testing was only done at one facility, however, the study is not able to provide information on the type of test.

Table 6: Number of health facilities with screening and diagnostic facilities

Test of..	Number of health facility where test is done	Number of test in the last 3 months
Syphilis	10	6818
Gonorrhea	2	85
Chlamydia	0	0
HIV	1	359
Candida	2	331
Cervical cancer (pap smear)	0	0
Pregnancy	8	346
TB	4	1293
Malaria blood smears	4	6825
Haemoglobin/hematocrit	7	5838

A pap smear test for cervical cancer is not being done at any of the facilities while pregnancy tests were available at 8 facilities and haemoglobin at 7 facilities. At health facilities which test for pregnancy, most of them use a gravindex test and for haemoglobin, a talquist test booklet is used. Further, the study indicates that tests for haemoglobin, malaria and syphilis are more frequent than other tests and that most of the facilities lacked access to laboratory services or basic test kits.

Service Statistics Reports

The clinical officer/nurse in-charge of the health facility/MCH/FP unit was asked whether service statistics reports on HIV/AIDs and STDs were being sent to a supervisor or higher unit and what kind of reports. Only one health facility (a General Hospital) reported that it sends reports to a supervisor on HIV/AIDs quarterly. The reports show the total number of in and out patients. These include those who have been diagnosed HIV positive, those suffering from Karposis sarcoma, heptatis and other HIV/AIDS related complexes. The study however is not able to distinguish those diagnosed HIV positive from those suffering from HIV/AIDs related diseases since the figures were lumped together.

Thirteen health facilities reported that STDs reports are submitted to the supervisor. However, there is inconsistency on the type of information sent to the supervisor on STDs; some health facilities send the total number of new clients only while others send both numbers of new and revisit clients over a period of one month. Information sent include number of patients suffering from syphilis, gonorrhea and other sexual transmitted diseases.

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APPENDIX A

Confidential

Revisit- Zambia Situation Analysis Study 1997 Questionnaire Number:

REPUBLIC OF ZAMBIA

CENTRAL STATISTICAL OFFICE

REVISIT INSTRUMENT

NSTRUCTIONS TO DATA COLLECTOR Thi
i
that there are functioning or not.

District (name):_____

District code:

Health facility visited (name):_____

Health facility code:

Village/Location (Name):_____

Date of visit: Day ..... Month.....Year.....

Type of health facility:

1 = Referral Hospital
2 = General Hospital
3 = District Hospital
4 = Mission Hospital
5 = Rural Health Centre
6 = Urban Health Centre
7 = Other (Specify):_____

Type of sector:

1 = Government
2 = Mission
3 = Private
4 = Industrial/Employment-based
5 = Other (Specify):_____

Locality:

1 = Rural
2 = Urban

IEC MATERIALS AND ACTIVITIES

ASK/OBS 1. Which IEC Materials on the following subjects are on display?

Is.....	1. 1. Brochure					
	On Display		Who distributed it	Who produced it	What are the main messages	In what Language
	Yes	No				
1. Family Planning	1	2				
2. Antenatal/Postnatal Care	1	2				
3. Delivery Services	1	2				
4. HIV/STDs	1	2				
5. Other STDs	1	2				
6. TB	1	2				
7. Nutrition	1	2				
8. Child Immunization	1	2				

Is.....	1.2. Poster					
	On Display		Who distributed it	Who produced it	What are the main meassages	In what Langaua ge
	Yes	No				
1. Family Planning	1	2				
2. Antenatal/Postnatal Care	1	2				
3. Delivery Services	1	2				
4. HIV/STDs	1	2				
5. Other STDs	1	2				
6. TB	1	2				
7. Nutrition	1	2				
8. Child Immunization	1	2				
9. IMCI Wall Charts	1	2				

EQUIPMENT AND COMMODITIES INVENTORY

ASK/OBS 2. Are the following types of equipment available in the health facility, an

Types of Equipment	Available in the health facility and/or in the stockroom		Number (Ask to see equipment)	
	Yes	No	Functioning	Not Functioning
1. Sterilizing equipment	1	2		
2. Angle poise/gynecology lamps/torch	1	2		
3. Blood pressure machines	1	2		
4. Adult weighing scale (Bath room)	1	2		
5. Infant Scale	1	2		
7. Scissors	1	2		
8. Antiseptic lotions(Please Specify:.....).	1	2		
9. Fetal scope	1	2		
10. Episiotomy scissors	1	2		
11. Cord scissors	1	2		
12. Mucus extractor	1	2		
13. Suture needles	1	2		
14. Bag and mask for neonatal resuscitation	1	2		
15. Infant laryngoscope	1	2		
16. Cord clamps	1	2		
17. Suture materials	1	2		
18. IV kit (Intravenous)	1	2		

Types of Equipment	Available in the health facility and/or in the stockroom		Number (Ask to see equipment)	
	Yes	No	Functioning	Not Functioning
19. Stethoscopes	1	2		
20. Refrigerator for EPI (immunization)	1	2		
21. Examination couch	1	2		
22. Thermometer	1	2		
23. Needles	1	2		
24. Syringes	1	2		
25. Microscope	1	2		
26. Cotton wool	1	2		
27. Gauze	1	2		
28. Countdown timer/watch or clock with second hand	1	2		
29. Centrifuge	1	2		
30. Kidney dishes	1	2		
31. Disinfectant	1	2		
32. Sponge holding forceps	1	2		
33. Uterine sounds	1	2		
34. Specula	1	2		
35. Tenacula/Vulsellum	1	2		
36. Non-disposable Gloves	1	2		
37. Disposable Gloves	1	2		

ASK/OBS 3. Are services statistics reports for the following services sent to a super

Report On ...	Sent		What kind of reports (Ask to see the report and give details of information)
	Yes	No	
1. HIV/AIDs	1	2	
2. STDs	1	2	

SCREENING AND DIAGNOSTIC FACILITIES

ASK/OBS 4. Is there a test for (read 1-10) available at this MCH/FP unit or at this he

Test on...	Is the test done at the health facility		How many tests were performed in the last 3 months?
	Yes	No	
1. Syphilis	1	2	
2. Gonorrhea	1	2	
3. Chlamydia	1	2	
4. HIV	1	2	
5. Candida	1	2	
6. Cervical cancer (pap smear)	1	2	
7. Pregnancy	1	2	
8. TB	1	2	
9. Malaria blood smears	1	2	
10. Haemoglobin/haematocrit	1	2	

ASK 5 If yes to any of the above, ASK , Is there a laboratory

1. Yes
2. No.

ASK 6 ASK to be shown laboratory and note down type and number of equipment

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INTERVIEW FOR STAFF PROVIDING FAMILY PLANNING SERVICES
(Complete for all FP Providers present on the day of visit)

Health facility code: .....

Number of Staff :.....

Q1. Designation of staff member

1. Medical Doctor
2. Public Health Nurses
3. Clinical Officers
4. Registered Nurse Midwives
5. Registered Nurses
6. Family Health Nurses
7. Enrolled Nurse Midwife
8. Enrolled Nurse
9. Environmental Health Technicians
10. Others (Specify).....

Q2. How many years ago did you finish your basic training?

Q3. When was your last refresher course? .....

Services	**Q4. Did your basic training include... (Read 1-12)**		**Q5. Have you ever had refresher training in .. (Read 1-12)**		**Q6. Do you yourself provide the service**	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**
1. Family Planning	1	2	1	2	1	2
2. Ante-Natal Care	1	2	1	2	1	2
3. Delivery Services	1	2	1	2	1	2
4. Post Natal Care	1	2	1	2	1	2
5. Child Immunization	1	2	1	2	1	2
6. Child Growth Monitoring	1	2	1	2	1	2
7. Consultation for infertility	1	2	1	2	1	2
8. Oral rehydration therapy services	1	2	1	2	1	2
9. Management of abortion	1	2	1	2	1	2
10. Nutrition Services	1	2	1	2	1	2
11. STD Diagnosis	1	2	1	2	1	2
12. STD Treatment	1	2	1	2	1	2
13. HIV/AIDs Counselling	1	2	1	2	1	2
14. HIV/AIDs test	1	2	1	2	1	2

Method	Q7. Did your basic/ refreaher course include... .		Q8. Were you trained to counsel on this method		Q9. Were you trained to provide this method		Q10. Do you yourself provide this method		Q11. Do you yourself counsel this method	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. IUD Insertion/removal	1	2	1	2	1	2	1	2	1	2
2. NorPlant	1	2	1	2	1	2	1	2	1	2
3. ML/LA (Surgical Procedure)	1	2	1	2	1	2	1	2	1	2
4. Vasectomy (Surgical Procedure)	1	2	1	2	1	2	1	2	1	2
5. Emergency Contraception	1	2	1	2	1	2	1	2	1	2
6. Female Condom	1	2	1	2	1	2	1	2	1	2

END OF INTERVIEW

APPENDIX B

ANALYST: *Oliver J.M Chinganya (Principal Investigator)*

DESKTOP OFFICER: *Perry Musenge*

DATA COLLECTORS: COPPERBELT PROVINCE

Martin Njovu
Alophoso Susiku

EASTERN PROVINCE

Dorothy Simambo
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LUSAKA PROVINCE

Njekwa Katukula
Christine Shimulopwe