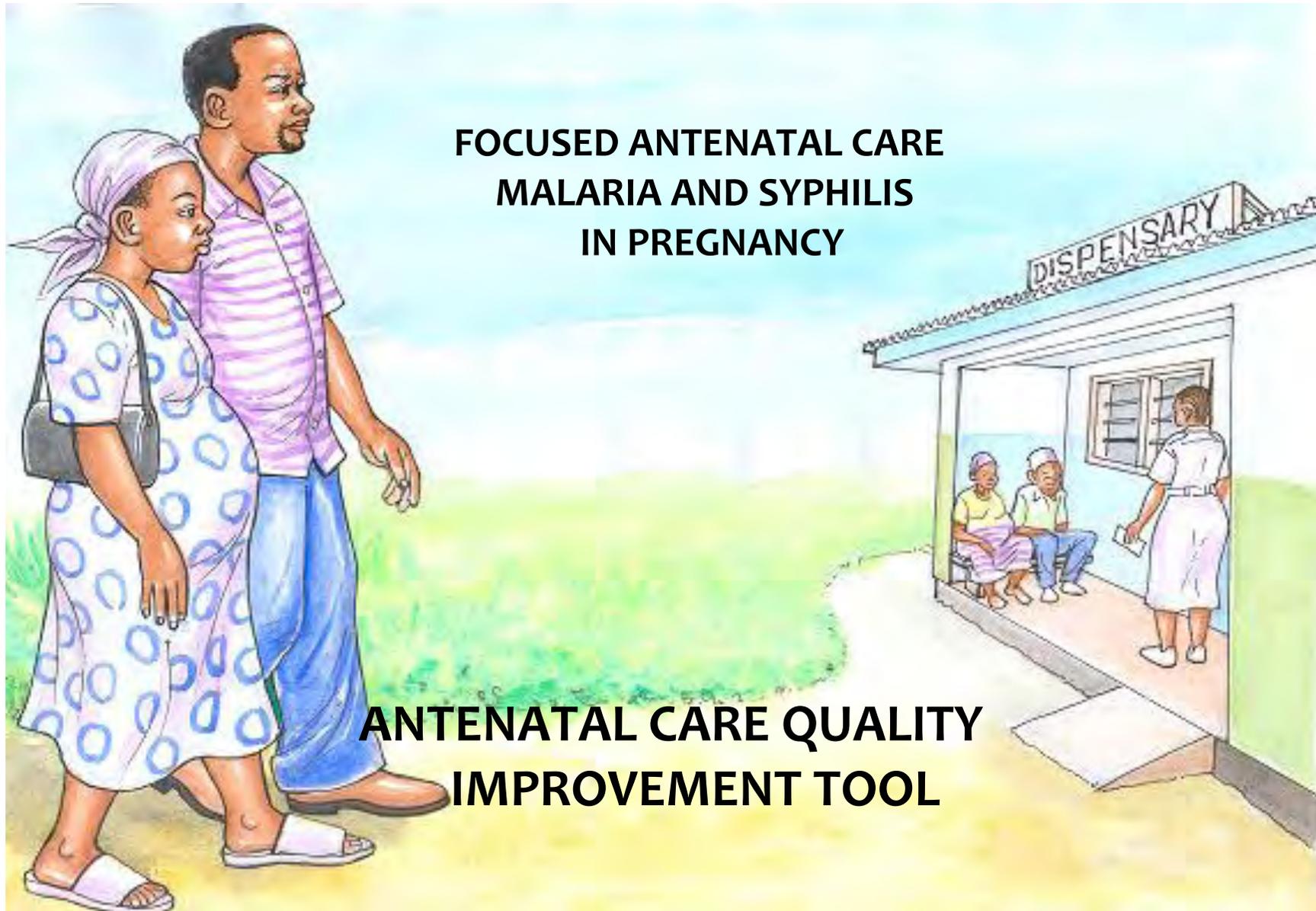




THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

**FOCUSED ANTENATAL CARE
MALARIA AND SYPHILIS
IN PREGNANCY**



**ANTENATAL CARE QUALITY
IMPROVEMENT TOOL**

FOCUSED ANTENATAL CARE MALARIA AND SYPHILIS IN PREGNANCY

ANTENATAL CARE QUALITY IMPROVEMENT TOOL

Using the Standard-Based management and Recognition process (SBM-R)

January 2009



ANC QUALITY IMPROVEMENT TOOL
FOR ESTABLISHING FACILITY PERFORMANCE

INTRODUCTION

The Tool for establishing facility level performance has 20 key standards for Focused Antenatal Care including Malaria, Anaemia and Syphilis in Pregnancy and Prevention of Maternal to Child Transmission of HIV. The tool includes direct clinical care to clients as well as the support functions needed for delivery of care. Each standard has verification criteria that are observable and must be recorded with one of the following options: Yes (Y), No (N), or Not Applicable (NA)

The ANC Quality Improvement Tool:

- Establishes the desired level of performance objectively and expresses it using standards
- Serves to measure actual performance during the baseline as well as in the internal monitoring and external assessment visits
- Helps identify the gaps between actual and desired performance.

ALL STANDARDS MUST BE ASSESSED EITHER BY OBSERVATION OR INTERVIEW OR RECORD REVIEW

The tool also has:

- Instructions for completing it.
- Summary of results by standard
- Form to consolidate the total results

INSTRUCTIONS FOR COMPLETING THE ANC QUALITY IMPROVEMENT TOOL

USING THE ANC QUALITY IMPROVEMENT TOOL

Each standard has instructions about the way that information is collected and the number of cases to be observed. Collection of information is based upon:

- Direct structured observation,
- Guided interviews.
- Revision of administrative documents and medical histories/records

COMPLETING THE ANC QUALITY IMPROVEMENT TOOL

- Record information collected immediately.
- Write Yes (Y), No (N) or Not Applicable (NA) in the column provided (third column).
- Record all relevant comments, clearly and briefly, trying to highlight the gaps and possible causes you observe during the visit assessment. This helps to identify causes of gaps, and plan for proper interventions.

ALL criteria of verification must be completed using Y, N or NA. DO NOT LEAVE ANY blank criteria.

- Write **Y** if the **item is performed or meets the description of the verification criteria.**
- Write **N** if the **item is not performed or does not meet the description (incorrect or incomplete or not done but was required).** For instance:

1. A criteria not performed

In case you are observing a provider conducting physical examination and does not wash her/his hands

2. Does not meet the description of the verification criteria:

In the case you are observing, the provider washes her/his hands with water but does not use soap, or dries her/his hands on her/his own clothes. Therefore, you should write **N** for this criteria

3. Verification criteria has components not performed:

Takes vital signs:

- Pulse for one whole minute
- Respiration for one whole minute
- Blood pressure

In the case you are observing, the provider does not take the vital signs, none of them or one of them. Therefore, you should write **N** for each of the

component that was not performed.

4. Data or information is incomplete or missed

- Write **NA** only when the verification criteria **specifies a condition that does not apply to the case you are assessing**. For instance: The case you are observing involves a woman who is 18 weeks pregnant and the provider does not check for foetal heart rate, therefore, you should write **NA** for this criteria

SCORING THE POINTS

- Each verification criteria is worth 1 point.
- To mark a standard as accomplished, all verification criteria must be marked with **Y** or **NA**. Even if only one verification criteria has a **N**, the standard cannot be marked accomplished

CONSOLIDATION OF RESULTS FORMS (included in the tool)

- Fill in the form Summary of Standards. Put **Y** if the standard was achieved and **N** if not in the correspondent column. Fill out the number of total standards achieved by section..
- Fill in the Consolidation of Results form the number of standards achieved. Calculate the total percentage

OPERATIONAL ACTION PLAN (included in the tool)

- Fill in the matrix Operational Action Plan included in this tool
 - List all the verification criteria marked with **N** (those are founded gaps)
 - Select gaps to start if there are many
 - Find the cause(s) of the gap (until reach the more specific cause if possible)
 - Identify the proper intervention to decrease the gaps, responsible person and date to be accomplished.

STEPS TO IMPLEMENT THE ANC QUALITY IMPROVEMENT PROCESS

Steps	Activities
1. Advocacy Promotion/consensus	Inform and motivate facility management, staff, community representatives and DMO's office regarding the objectives and methodology of the process; reach consensus on its implementation including identification of Quality Improvement Team members as well as a team to receive feedback.
2. Identification of actual performance using the ANC Quality improvement tool	Baseline/regular internal (recommended every three months during the first year and then twice a year) Consolidation of results Feedback meeting
3. Cause analysis	Meeting to discuss cause analysis
4. Identification and design of interventions	Intervention planning meeting
5. Implementation of the interventions	Technical assistance Resource mobilization and coordination with Technical Groups Monitoring of progress using the ANC Quality Improvement Tool Feedback meeting
6. Verification	External assessments according to requisition of the QI team to verify new level of performance using the ANC Quality Improvement Tool, Official recognition of progress (recommended at least once a year) Feedback meeting, cause analysis and intervention identification as needed
7. Accreditation	Coordination between official recognition and community campaign.

**ANC QUALITY IMPROVEMENT TOOL
TANZANIA MOHSW**

SUMMARY OF STANDARDS

NAME OF FACILITY..... BASELINE.....INTERNAL ASSESSMENT.....EXTERNAL ASSESSMENT.....

DATE..... RESPONSIBLE PERSON.....

Serial #	Performance Standard	Yes (Y)	No (N)
1.	The facility has the minimum skilled human resources with appropriate language for providing FANC.		
2.	The physical structure is adequate, clean and safe for providing FANC		
3.	Information about maternal and newborn care , including malaria, HIV/AIDS, PMTCT, syphilis and other STIs, and is available in the clinic.		
4.	The health facility offers pregnant women group educational sessions about maternal and child health using group education skills.		
5.	The health care provider prepares necessary supplies and equipment including registers and cards to perform ANC		
6.	The provider receives and treats the pregnant women cordially , and conducts a quick check at the first contact.		
7.	The health care provider takes the clinical history , including obstetric, medical, surgical, social aspects and HIV/AIDS status.		
8.	The health provider properly conducts a physical and obstetric examination		
9.	The health care provider requests or checks for laboratory tests and observes infection prevention standard precautions according to the national guidelines		

10. The health care provider **makes clinical decisions** based on findings from the history, physical examination and laboratory investigation results and properly conducts **individualized care, counseling including provision of IPTp and ITN voucher against malaria** , based on national guidelines
11. The health care provider **manages uncomplicated and severe malaria** according to the national guides
12. The health care provider **manages moderate and severe anemia** according to the national guidelines
13. The health care provider **manages Syphilis** of all stages according to the national guidelines
14. The provider manages **HIV positive woman** according to the PMTCT national guidelines.
15. The health care provider **evaluates the care given, plans the return visit** with the pregnant woman and ensures **proper filling of findings in the appropriate registers and cards**
16. The **pharmacy** and or the equivalent has written procedures **for ordering, receiving, storing, controlling and issuing of medicines and medical supplies and has a one month storage of essential FANC medicines**
17. **The laboratory and or the equivalent is adequate, correctly performs ANC basic laboratory investigations**, has written procedures and observes **infection prevention standard precautions**
18. The **facility** has in place an appropriate system for final **medical waste disposal**
19. **The facility promotes teamwork** and periodically **evaluates ANC services**, including client satisfaction
20. The clinic **records summarizes and reports data on maternal and child health on quarterly basis** according to the standards, and analyses and uses the information for decision making purposes

CONSOLIDATED OF RESULTS

Name of Facility: _____ Responsible person(s): _____

Type of assessment: Baseline _____ Internal Assessment #: _____

External Assessment #: _____ Date: _____

$\% \text{ ACHIEVED} = \text{ACHIEVED STANDARDS} / \text{ASSESSED STANDARDS} \times 100$

NB All STANDARDS MUST BE ASSESSED BY OBSERVATION OR INTERVIEW OR RECORD REVIEW

Performance Standards

Achieved standards

% Achieved

20

**QUALITY IMPROVEMENT TOOL FOR ANTENATAL CARE
MOHSW - TANZANIA**

Name of Facility _____ Type _____ Owned by _____
 District _____ Region _____ Date of assessment _____
 Individual responsible for assessment _____

PERFORMANCE STANDARDS

VERIFICATION CRITERIA

Y, N or NA

COMMENTS

1. The facility has the minimum **skilled human resources with appropriate language** for providing FANC.

Verify the existence of at least		
• 1 general physician/AMO/CO	_____	
• 1 nurse midwife	_____	
• (Certificate/Dipl/Adv.Dipl/Degree)	_____	
• 1 laboratory technician/assistant	_____	
• 1 pharmacist/pharmaceutical assistant	_____	
• 1 medical attendant	_____	
• One of the staff speaks the local language	_____	
Verify if the following areas are big enough, safe and clean to allow provider to conduct FANC procedures in a comfortable manner for clients and staff:		
• Reception/waiting area	_____	
– Adequate shade if outdoors	_____	
– Well ventilated	_____	
– A sufficient number of chairs and benches in the waiting area	_____	
– Clean	_____	

2. The **physical structure** is adequate, clean, attractive and safe for providing FANC

• Materials for group education	_____	
• Counseling/consultation/lab test room	_____	
– Clean	_____	
– Desk and chairs for provider, client and Companion	_____	
– Privacy with a screen or curtain to separate the woman from others during the attention	_____	
– Adequate source of light	_____	
– Well ventilated	_____	
– Examination couch(s)	_____	
– Safe drinking water and clean/disposable cups for clients	_____	
– Running water and soap for hand washing and individual hand towel/drier	_____	
• Toilets for clients	_____	
– Running water and soap for hand washing	_____	
– Clean	_____	
• Toilets for staff	_____	
– Running water and soap for hand washing and individual hand towel/drier	_____	
– Clean	_____	
3. Information about maternal and newborn care, including	Observe in the ANC area (reception, waiting area and consultation rooms) whether:	_____

malaria, HIV/AIDS, PMTCT, syphilis and other STIs is available in the clinic.

<ul style="list-style-type: none"> • Culturally appropriate materials are available and visible with regard to maternal and newborn health including messages on malaria; HIV/AIDS, PMTCT, Syphilis and other STIs . 	_____	
<ul style="list-style-type: none"> • Materials are written clearly, using simple local language, and include pictures or drawings for those who cannot read 	_____	
<ul style="list-style-type: none"> • Technical contents of the information is up to date 	_____	
<ul style="list-style-type: none"> • There is information available on where to go in the event of complaints or problems related to the care received (suggestion box) 	_____	
Reception, waiting room, ANC clinic laboratory, and pharmacy have visible and clear signals to identify where they are and how to get them	_____	
<ul style="list-style-type: none"> • Establish if the facility has a list of topics to be taught for a specific period 	_____	_____
<ul style="list-style-type: none"> • There is a component of FANC in the day's educational session 	_____	_____
<ul style="list-style-type: none"> • Determine whether educational sessions include the following topics: 	_____	_____
<ul style="list-style-type: none"> – Birth preparedness and complications readiness plan 	_____	_____
<ul style="list-style-type: none"> – Where birth will take place 	_____	_____
<ul style="list-style-type: none"> – Who will assist the birth 	_____	_____
<ul style="list-style-type: none"> – Availability of transportation and funds 	_____	_____
<ul style="list-style-type: none"> – Support person/decision maker 	_____	_____

4. The health facility offers pregnant women group educational sessions about maternal and child health using group education skills.

5. The health care provider prepares necessary supplies and equipment including registers and cards to perform ANC

- Danger symptoms and signs in pregnancy		
- and what to do	---	---
- Vaginal bleeding	---	---
- Difficulty breathing	---	---
- Severe headache/blurred vision	---	---
- Fever	---	---
- Severe abdominal pain – convulsions or loss of consciousness	---	---
- Risks and, prevention of	---	---
- HIV/AIDS	---	---
- STIs	---	---
- Malaria	---	---
- Anemia		
- - Family planning	---	---
- Benefits of having birth in a facility	---	---
- Breastfeeding and infant feeding	---	---
- PMTCT and VCT services availability	---	---
- Condom use	---	---
Determine whether the provider has prepared:		
BASIC EQUIPMENT:		
• Blood pressure equipment in good condition	---	
• Thermometer	---	
• Tape to measure fundal height	---	

• Fetoscope	—	
• Weighing machine	—	
• Scale for measuring height	—	
EMERGENCY TRAY		
• adrenaline, diazepam 10mg. injection	—	
• dextrose 5% solution, Normal saline	—	
• quinine IM and Ringer's lactate solution	—	
• delivery kit for emergency, oxytocin, Magnesium sulphate	—	
SUPPLIES		
• Examination gloves	—	
• Containers for urine sample	—	
• Strips for testing albumin and sugar in urine	—	
• RPR test kits	—	
• HIV test kits	—	
• Taliquist/Hemoglobinometer	—	
• Disposable syringes (2, 5 and 10ml)	—	
• puncture proof/safety box	—	
DRUGS AND VACCINES		
• SP tablets (Sulfadoxine 500 mg plus Pyrimethamine 25mg)	—	
• Ferrous sulphate 200 mg tablets or FEFOL 400 mg	—	
• Folic Acid 5mg or FEFOL 400 mg	—	

• Benzathine Penicillin	—	
• Erythromycin tablets 500mg	—	
• Mebendazole/Albendazole	—	
• TT vaccine in a cold box/vaccine carrier	—	
PRINTS AND CLINICAL RECORDS	—	
• ITN vouchers	—	
• Pre and post HIV counseling records	—	
• National guidelines for ANC, Malaria, PMTCT, STIs, SIP, infant feeding	—	
• Clinical records (RCH 4 Card book Nos 2, 6, 10, 12 ,TT card)	—	
Observe during care whether the provider:		
• Greets the woman and her	—	—
• companion/relative with respect		
• Introduces him/herself	—	—
• Offers the woman a seat	—	—
Determine whether the provider/receptionist asks the pregnant woman upon her arrival in the clinic whether she has or has had the following danger symptoms and signs:		
• Severe abdominal pain	—	—
• Vaginal bleeding	—	—
• Respiratory difficulty, fatigue, lethargy	—	—
• Fever, chills and vomits	—	

6. The provider receives and treats the pregnant women cordially, and conducts a quick check at the first contact.

Observations to be made of interactions with two pregnant women (at least one of them must be her first visit)

	• Severe headache/ blurred vision	—	—
	• Loss of consciousness/convulsions	—	—
	• Assures immediate attention in the event of any of the above signs	—	—
	• Does rapid initial assessment in case of any danger sign and responds accordingly	—	—
	Observe during care whether the provider:		
	• Speaks using easy- understandable local language	—	—
	• Addresses the woman by her name	—	—
	• Encourages the woman to allow her companion to remain at her side, as appropriate	—	—
	• Explains to the woman and her companion what she is going to do	—	—
	• Encourages her to ask questions	—	—
	• Responds to questions accordingly	—	—
	• Opens/reviews RCH card no. 4	—	—
The health care provider takes the clinical history , including obstetric, medical, surgical, social aspects and HIV/AIDS status.	Observe whether the provider asks the women for the following, per RCH card No 4:		
	PERSONAL INFORMATION		
	• Name, age, address, education, occupation, marital status, spouse	—	—
	OBSTETRIC INFORMATION		

Observations of care provided to two pregnant women (at least one of them

must be her first visit)

• Number of previous pregnancies (mode and place of delivery), abortions, number of children live/dead	___	___
• Date of last delivery/abortion	___	___
• Use of contraceptive	___	___
• Use of condom	___	___
• Date of LNMP and regularity of menses	___	___
• Calculates gestational age	___	___
• Calculates expected date of delivery (EDD)	___	___
• Ask previous pregnancy complications e.g. PIH, eclampsia, PPH	___	___
MEDICAL/SURGICAL HISTORY		
• Any general or chronic health problem (e.g. heart disease, hypertension, and diabetes mellitus).	___	___
• Any previous surgery	___	___
• Any medication, any allergy specifically to penicillin or sulfur	___	___
• Use of ITN (Insecticides treated net)	___	___
• Has received IPT – when and how many doses	___	___
• Has been screened and treated for syphilis (when and how)	___	___
• Has received full or partial tetanus toxoid immunization, refer to card	___	___
• Uses alcohol and/or tobacco	___	___

	<ul style="list-style-type: none"> • Is aware of her HIV status 	___	___
	FAMILY AND SOCIAL HISTORY		
	Ask about:		
	<ul style="list-style-type: none"> • Her and family feeling in regard to this pregnancy 	___	___
	<ul style="list-style-type: none"> • Her social and financial support 	___	___
	<ul style="list-style-type: none"> • Presence of a reliable transport in her community 	___	___
	Records all required information in the RCH card No 4	—	—
8. The health provider properly conducts a physical and obstetric examination <i>Observations during care of two pregnant women (at least one of them must be her first visit)</i>	Observe whether the provider:		
	<ul style="list-style-type: none"> • Explains each stage of the examination to the woman using easy-to-understand language 	___	___
	<ul style="list-style-type: none"> • Asks the woman to urinate 	___	___
	<ul style="list-style-type: none"> • If test are done in ANC room save the urine for albumin and sugar 	___	___
	<ul style="list-style-type: none"> • Helps the woman to climb up into the examining bed if necessary 	___	___
	<ul style="list-style-type: none"> • Places a pillow under her head where necessary and ensure she remains covered 	___	___
	PHYSICAL EXAMINATION		
	<ul style="list-style-type: none"> • Observe the woman's general appearance exclude signs of HIV/AIDS 	___	___
<ul style="list-style-type: none"> • Takes height, weight, blood pressure, pulse, respiratory rate, 	___	___	

• Washes hands with soap and water, dries them with a clean individual towel or applies alcohol-based solution for hand rub	___	___
• Checks conjunctiva and palms for anemia	___	___
• Checks for facial and hands oedema	___	___
• Examines breast	___	___
ABDOMINAL EXAMINATION		
• Inspection of the abdomen	___	___
• Measures fundal height using a tape measure beginning after 22 weeks	___	___
• Ask the mother if she has felt fetal movement. (from 20 weeks)	___	___
• Determines fetal lie and presentation (of concern after 36 weeks), carrying out	___	___
• fundal, lateral and abdominal palpation. Detect any abnormal mass	___	___
• Listens and count foetal heart beats (beginning at 24 weeks)	___	___
GENITAL INSPECTION		
• Tells the woman what she is going to do	___	___
• Washes hands with soap and water, dries them with a disposable towel/air dry	—	—
• Puts on clean examination gloves on both hands	___	___
• Asks woman to inspect external genitalia for ulcers, sores, swelling and FGM	___	___

9. The health care provider **requests or checks for laboratory tests** and observes infection prevention standard precautions according to the national FANC guide

Observations during care of two pregnant women (at least one of them must be her first visit)

<ul style="list-style-type: none"> • Inspects vaginal orifice for bleeding or abnormal discharge 	___	___
<ul style="list-style-type: none"> • Communicates with the mother about the findings. 	___	___
<ul style="list-style-type: none"> • Helps the client to get down from the examination bed if needed 	___	___
<ul style="list-style-type: none"> • Records all required finding in the RCH 4 Card 	___	___
Observe whether the provider requests or checks for:		
<ul style="list-style-type: none"> • Hemoglobin 	___	___
<ul style="list-style-type: none"> • Blood grouping and Rh factor 	___	___
<ul style="list-style-type: none"> • Urine test for albumin 	___	___
<ul style="list-style-type: none"> • Urine test for sugar 	___	___
<ul style="list-style-type: none"> • RPR test 	___	___
HIV including CD4 count when indicated Health provider	___	___
<ul style="list-style-type: none"> • Uses personal protective equipments (PPE) 	___	___
<ul style="list-style-type: none"> • Uses syringes and needles are disposed immediately without recapping or taken apart 	___	___
<ul style="list-style-type: none"> • Collectors are closed and disposed of when filled (3/4 full) 	___	___
<ul style="list-style-type: none"> • Removes/disposes them in a leak proof container lined with plastic bag 	___	___
Washes hands with soap and water, dries them with an individual towel/air dry	___	___

10. The health care provider makes clinical decisions based on findings from the history, physical examination and laboratory investigation results and properly conducts **individualized care including counseling and provision of IPTp and ITN voucher against malaria**, based on national guidelines

Observations during care of two pregnant women (1st visit and revisit).

Observe whether the provider:		
<i>IDENTIFIES PROBLEMS AND NEEDS</i>		
Explains findings from the clinical history, physical examination and laboratory investigations using a simple language	—	—
PROVIDE ROUTINE CARE – TAKE ACTION		
Gives Routine medication and Vaccination	—	—
<ul style="list-style-type: none"> • Gives on DOT 3 tablets of SP according to the national guidelines (if woman is not allergic, has 20 weeks and above of gestation, AND at least four weeks apart from the previous doses) 	—	—
<ul style="list-style-type: none"> • Explains that in case she vomits within 30 minutes, the dose should be repeated 	—	—
<ul style="list-style-type: none"> • Provides ferrous sulfate and folic acid or FEFOL in enough amounts to last until next visit. 	—	—
<ul style="list-style-type: none"> • Mebendazole 500 mg on DOT once by chewing after first trimester 	—	—
<ul style="list-style-type: none"> • Give Tetanus toxoid (TT) based on woman's need according to standard guidelines 	—	—
INDIVIDUAL BIRTH PLAN (IBP)		
Supports the woman to develop an IBP, including all preparations for normal birth and plan in case of emergency:		
<ul style="list-style-type: none"> • Identifying a place of birth 	—	—
<ul style="list-style-type: none"> • Identifying a skilled health service provider 	—	—

• Symptoms and signs of normal labor and when she has to go to the hospital	___	___
• Emergency transportation and funds	___	___
• Essential items necessary for a clean birth and warmth for both mother and baby such as khangas or vitenge	___	___
• Decision making person in case complication occurred at home	___	___
• Danger symptoms and signs during pregnancy ,labor, post partum period and to the new born	___	___
• Identify at least two blood donors	___	___
• Community has a transport in case of emergency	_____	_____
• Identifying someone to take care of her family in her absence	___	___
COUNSELING AND HEALTH PROMOTION		
• Provides specific advice and counseling as needed (e.g. common discomforts, rest, safe sex, nutrition, hygiene, breastfeeding)	___	___
• Encourages use of ITN and provides the ITN voucher	___	___
• Explains side effects of taking ferrous sulfate	___	___
• Counsels about eating food rich in Vit C and avoiding tea, coffee and cola drinks when eating	___	___
• Encourage eating 3 meals and a snack/bite in between meals every day	___	___

11. The health care provider manages **uncomplicated and severe malaria** according to the national guides

If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.

Two providers need to be observed /interviewed.

It can be one direct observation and one interview

If there is only one provider in the facility, fill in only the first column. Note this in the comments column

Gives the client IEC materials to enhance understanding	—	—
Circle the method used: DIRECT OBSERVATION / INTERVIEW IF the woman has <u>uncomplicated Malaria</u> ask (if interview is used) or observe how the provider treats the client:		
IF PREGNANCY IS IN FIRST TRIMESTER Gives oral Quinine 10 mg base per kg body weight, eight hourly for 7 days	—	—
IF PREGNANCY IS IN SECOND OR THIRD TRIMESTER • Gives the first dose of ALu at the health facility as DOT	—	—
• Explain to the woman how to administer the following doses: – 2nd dose strictly 8 hours after first dose – 3rd dose 12 hours after 2nd dose and it must be taken in the morning. – 3rd and 4th doses must be taken on the same day not less than 10 hours apart until completion of 6 doses	—	—
– Uses clean cups and safe water for administering medicine on DOT	—	—
• Counselling	—	—

– If the drug is vomited or spat out within 30 minutes after administration, the dose should be repeated	___	___
– ALu should be taken with fat meals or drinks such as milk to enhance its absorption	___	___
– Use of ITN and other protection measures	___	___
Environmental sanitation	___	___
• Asks to the woman to return to the clinic if there is no response after 3 days of ALu/quinine treatment	___	___
IF WITHIN 3 DAYS AFTER TREATMENT WITH ALU A PATIENT RETURNS COMPLAINING OF CONTINUED SYMPTOMS OF MALARIA Takes a blood smear (and not RDT) for malaria parasites		
If malaria parasites are not found • Investigates other causes for symptoms	___	___
If malaria parasites are present • Gives <i>Quinine tablets for 7-10 days, at a dose of 10mg/kg every 8 hours</i>	___	___
• Refers the woman to the hospital if there is no improvement in three days	___	___
Circle the method used: DIRECT OBSERVATION / INTERVIEW IF the woman has <u>moderate Anemia</u> (Hb 7 to 11 g/dL) ask (if interview is used) how the provider treats the woman: • Identifies and treats cause of anemia	___	___

12. The health care provider manages **moderate and severe anemia** according to the national guidelines
If there is a case during the

assessment use *Direct Observations criteria. Otherwise, conduct an interview.*

Two providers need to be observed /interviewed.

It can be one direct observation and one interview

If there is only one provider in the facility, fill in only the first column. Note this in the comments column

<ul style="list-style-type: none"> • Gives ferrous sulfate 200 mg tds and 5 mg of folic acid daily by mouth. Gives enough amount until next visit. The treatment to continue until three months after delivery. 	---	---
<ul style="list-style-type: none"> • Uses clean cups and safe water for administering medicine on DOT 	---	---
<ul style="list-style-type: none"> • Gives Mebendazole 500 mg /albendazole 400 mg as DOT by chewing after the first trimester once if not previously de-wormed 	---	---
<ul style="list-style-type: none"> • Advises about nutrition 	---	---
<ul style="list-style-type: none"> • Treats as in severe malaria 	---	---
<p>If the woman has <u>severe Anaemia</u> (Hb less than 7g/dL) ask (if interview is used) or observe if the provider:</p> <ul style="list-style-type: none"> • Gives pre-referral treatment (diuretics- frusemide) • Then refers to hospital accompanied by donors 	---	---
<p>13. The health care provider manages Syphilis of all stages according to the national guidelines</p> <p><i>If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.</i></p> <p><i>Two providers need to be observed /interviewed.</i></p>	Circle the method used: DIRECT OBSERVATION / INTERVIEW	
	<i>If the woman is reactive to RPR ask (if interview is used) or observe how provider manages Syphilis:</i>	
<ul style="list-style-type: none"> • Gives single doses of Benzathine Penicillin 2.4 MU intramuscular 1.2 MU in each buttock observing IP standard precaution practices (refer to verification criteria for performance standard no.8) OR 	---	---
<ul style="list-style-type: none"> • If woman is allergic to Penicillin, Erythromycin tablets 500 mg 6 hourly for 15 days 	---	---
<ul style="list-style-type: none"> • Explains to her that her partner(s) must receive treatment 	---	---

It can be one direct observation and one interview

If there is only one provider in the facility, fill in only the first column. Note this in the comments column

14. The provider manages **HIV positive woman** according to the national PMTCT guidelines.

If there is a case during the assessment use Direct Observations criteria. Otherwise, conduct an interview.

Two providers need to be observed /interviewed.

It can be one direct observation and one interview

If there is only one provider in the facility, fill in only the first column. Note this in the comments column

IF TERTIARY SYPHILIS IS SUSPECTED		
• Gives three doses of Benzathine Penicillin 2.4 MU, seven days apart OR	___	___
• If woman is allergic to Penicillin give Erythromycin tablets 500 mg 6 hourly for 30 days	___	___
• Gives to the woman a follow up schedule in 7 days (if primary syphilis) and two appointments seven days apart if late syphilis	___	___
• Encourage testing for HIV	___	___
Circle the method used: DIRECT ATIONINTERVIEW If the woman is HIV positive ask (if interview is used) or observe how the provider treats the woman:		
• Assures she has received post test counseling	___	___
• Requests or refer or checks laboratory tests, if available	___	___
- Complete blood counts	___	___
- Simple diagnostic for gonorrhea, T vaginalis	___	___
- CD4 and CD8 counts and CD4/CD8 ratio and Viral load	___	___
- Encourage Life style and behavioral change	___	___
- Safe sex practices, explain how to use condom	___	___
• Assure prophylaxis	___	___
- Iron and folate supplementation	___	___
- Multivitamin supplementation	___	___
- Mebendazole for deworming	___	___
- IPT and ITN	___	___

15. The health care provider evaluates the care given, plans the return visit with the pregnant woman and ensures proper filling of findings in the appropriate registers and cards

-Tetanus toxoid immunization	—	—
-Cotrimoxazole if CD4 is less than 350 or in 3 rd or 4 th stage of AIDS	—	—
• ARVs: After 28 weeks of gestation provides take home Nevirapine tablet 200 mg	—	
• Instruct how and when to take it (at the onset of true labour) including what to do if vomiting occurs. Encourage getting early to the facility for safe delivery.	—	—
• The facility has functioning incinerator/deep protected pit for final medical waste disposal	—	
Observes whether the provider: Asks the woman to repeat back the most important points of the counseling	—	
• Asks about, and responds to, any question that the woman asked	—	
• Sets a date for the next visit with the client	—	
• Encourage her to return to the next planned visit	—	
• Tells the woman that she can come anytime if she has any of the danger symptoms and signs or any concerns	—	
• Legibly records all required information on RCH Card No.4, TT Cards, MTUHA Book 6 and other registers	—	
• Thanks the woman for coming	—	

16. The pharmacy has written procedures for ordering, receiving, storing, controlling and issuing of medicines and medical supplies and has a one month storage of essential FANC medicines.

<ul style="list-style-type: none"> • Stores the MTUHA books on shelves, in chronological order 	—	
Verify whether there are written procedures for Ordering medicines and medical supplies	—	
<ul style="list-style-type: none"> • Receiving medicines and medical supplies 	—	
<ul style="list-style-type: none"> • Issuing medicines and medical supplies 	—	
Verify whether: <ul style="list-style-type: none"> • Medicines are organized in accordance with the FO system (First to Expire, First Out) 	—	
<ul style="list-style-type: none"> • All medicines are within their expiry date 	—	
A daily record exists for recording in/out medicines (ledger)	—	
<ul style="list-style-type: none"> • A record exists of OS (out of stock or unsatisfied demand) 	—	
Verify on the monthly drug monitoring form for the preceding month (in accordance with the bill of sale or medicines receipt voucher), the nonexistence of unsatisfied demand for each of the following medicines <ul style="list-style-type: none"> • Paracetamol (tablets) 	—	
<ul style="list-style-type: none"> • Benzathine penicillin (injection) 	—	
<ul style="list-style-type: none"> • Erythromycin 500 mg (capsules) 	—	
<ul style="list-style-type: none"> • Magnesium sulfate (injection) 	—	
<ul style="list-style-type: none"> • Calcium Sulfate (injection) 	—	
<ul style="list-style-type: none"> • Diazepam 10 mg (injection) 	—	
<ul style="list-style-type: none"> • Saline and Hartmann's solution 	—	
<ul style="list-style-type: none"> • 5% glucose, isotonic (solution) 	—	

• Dextrose solution 25%, dextrose saline	—	
• Distilled water (injection)	—	
• Tetanus toxoid (vaccine)	—	
• Amoxicillin (tablets)	—	
• Cotrimazole	—	
• Metronidazol 200 mg (tablets)	—	
• Quinine 300 mg (tablets)	—	
• Quinine IM	—	
• Alcohol 60-90%	—	
• Bleach to prepare chorine solution	—	
• Oxytocin	—	
Verify in the storeroom, by comparison with consumption for the previous month as indicated on the stock control form, the existence and amounts of the following consumable materials:		
• Examining gloves	—	
• Heavy-duty gloves	—	
• Cotton or gauze	—	
• Linen for the examination bed/couch	—	
• Syringes and disposables needles	—	
• Towels or paper towels	—	
• Soap or detergent	—	
• Hand soap	—	
• Cups and safe drinking water	—	

17. The laboratory is adequate, correctly **performs ANC basic laboratory investigations, has written procedures and** observes infection prevention standard precautions

• Plastic bags	—	
• Brushes for washing materials	—	
• RPR test kits	—	
• HIV test kit	—	
• Container for urine sample	—	
• Delivery kits for emergency delivery	—	
Verify in the storeroom or administrative office, by observing mean monthly consumption on the control form, the existence of the following printed forms:	—	
• RCH4, book 6 and TT card		
• Form for requesting tests	—	
• Daily record of ANC clients	—	
IPT record for pregnant women (MTUHA Book 6)	—	
• Monthly consolidated vaccination report	—	
Weekly epidemiological surveillance report for:	—	
• STI, HIV/AIDS and malaria	—	
• ANC supplies stock out forms	—	
• ANC service statistics forms	—	
Verify whether the physical environment is adequate:		
Contains a sturdy bench and shelf	—	
• Has good source of light	—	
• There is running water	—	
• There is a working wash basin with faucet	—	

<ul style="list-style-type: none"> The refrigerator temperature is kept stable between 2 to 8 °C 	—	
<p>Verify whether there is appropriate equipment, in working condition, supplies, and solutions for each type of test required:</p> <ul style="list-style-type: none"> Hemoglobin 	—	
<ul style="list-style-type: none"> Group and Rh factor 	—	
<ul style="list-style-type: none"> HIV test 	—	
<ul style="list-style-type: none"> RPR test 	—	
<ul style="list-style-type: none"> Urinalysis for albumin 	—	
<ul style="list-style-type: none"> Urinalysis for sugar 	—	
<ul style="list-style-type: none"> Parasites (malaria) 	—	
<p>Verify the existence of written procedure for performing</p> <ul style="list-style-type: none"> Hemoglobin 	—	
<ul style="list-style-type: none"> Group and Rh factor 	—	
<ul style="list-style-type: none"> HIV test 	—	
<ul style="list-style-type: none"> RPR test 	—	
<ul style="list-style-type: none"> Urinalysis for albumin 	—	
<ul style="list-style-type: none"> Urinalysis for sugar 	—	
<ul style="list-style-type: none"> Parasites (malaria) 	—	
<p>Observe whether:</p> <ul style="list-style-type: none"> Concentration of the chlorine solution is correct:0.5% (6 parts water to 1 part of bleach, for liquid or powder of 3.5% bleach) 	—	

<ul style="list-style-type: none"> • The chlorine solution is prepared and changed daily 	—	
<ul style="list-style-type: none"> • The chlorine solution is clear (not cloudy) Note if powder is used 	—	
<ul style="list-style-type: none"> • The materials/instruments remain in the solution for at least 10 minutes but no longer than 1 hour 	—	
Observe how sharps are being handled:		
<ul style="list-style-type: none"> • The collectors are appropriate: Cardboard box, hard plastic containers, or cans 	—	
<ul style="list-style-type: none"> • The container is closed with only a small opening 	—	
<ul style="list-style-type: none"> • The collectors are located in dry and clean places near procedure areas 	—	
<ul style="list-style-type: none"> • Syringes with needles are disposed of immediately after use, without being re-capped and taken apart 	—	
<ul style="list-style-type: none"> • Collectors are closed and disposed of when filled (3/4 full) 	—	
18. The facility has in place an appropriate system for final waste disposal .		
Determine whether:		
<ul style="list-style-type: none"> • The ANC room has separate containers for contaminated items (e.g. gloves, clothes with blood and organic matter) and trash (not contaminated) 	—	
<ul style="list-style-type: none"> • Handler of medical wastes put on personal protective equipment 	—	

	<ul style="list-style-type: none"> • Solid waste (used dressings and other materials contaminated with blood and organic matter) are incinerated/burnt and buried 	—	
	<ul style="list-style-type: none"> • The responsible individual washes his/her hands with soap and water after handling or transporting waste 	—	
19. The facility promotes teamwork and periodically evaluates ANC services, including client satisfaction	Verify whether:		
	<ul style="list-style-type: none"> • Existence of FANC, IP, MIP, SIP, PMTCT up to date guidelines and standards/checklists 	—	
	- Maternal and newborn health team conducts periodic meetings and has action plan to improve care	—	
	<ul style="list-style-type: none"> • Exit interviews were conducted or opinions obtained from maternal-newborn health clients during the three preceding months 	—	
	<ul style="list-style-type: none"> • Results obtained are graphically posted in a visible place to both the team and clients 	—	
	<ul style="list-style-type: none"> • Action plan is made based on client/community suggestions 	—	
	<ul style="list-style-type: none"> • Presence of minutes of the previous village health committee meetings, ward health teams, district health board and full council. 	—	
20. The clinic staff records summarizes and reports data on maternal and child health on quarterly basis according to the standards, and analyses and uses the information for decision	Verify that the following reports have been properly completed:	—	
	Proportion of women of reproductive age (for programmatic year)	—	
	Expected pregnant women (for programmatic year)	—	

making purposes

• Daily record of ANC attendance (separated by 1 st visits and revisits)	—	
• Daily record of women attending ANC before 16 weeks of gestation	—	
• Daily vaccination record for pregnant women	—	
• Daily record of IPTp given: first and second doses	—	
• Daily record of ALu doses given	—	
• Report of maternal morbidity including HIV/AIDS, STIs, malaria and anemia	—	
• Daily record of women tested for syphilis	—	
• Daily record of RPR positive women	—	
• Daily record of RPR positive treated women	—	
• Daily record of partners of treated RPR positive women	—	
• Maternal, perinatal and neonatal death records	—	
Verify the existence of:		
• Maternal, perinatal and neonatal death review meetings (minutes)	—	
• Analysis meetings of maternal and neonatal morbidity	—	
• Decisions and interventions made following data analysis meetings on maternal and neonatal are recorded and acted upon (verify- with staff, review records like minutes of relevant meetings)	—	

TANZANIA ANTENATAL CARE QUARTERLY SERVICE STATISTICS FORM FOR HEALTH FACILITIES

Facility Name: _____

District Name: _____ region Name: _____

Type of Facility

- Hospital
- Health Center
- Dispensary

Ownership/Affiliation of Facility

- Central government/Ministry/Zonal or Regional government
- Local Government/District
- FBO
- Private/commercial for profit

Total Population in Facility Service Area: _____ # of Women of Reproductive Age (15-49) in Service Area: _____ # of Expected Pregnant women _____

Year: 20__ Jan – March Apr – Jun Jul – Sep Oct – Dec

Total # of ANC visits	# of 1 st ANC visits	# of 1 st visits < 16 weeks	# of ANC revisits (2 nd or higher)	# received IPT 1	# received IPT2	# of days SP was out of stock in ANC clinic	# ITN vouchers given	# of TT 2	# received iron	<i>Syphilis Testing and Treatment</i>				
										Total # tested	# tested positive	# of days RPR kits were out of stock in ANC clinic	# of women treated	# of women whose partner(s)/ spouse(s) treated