

SECTION 10

IN-DEPTH PROGRAMME REVIEWS

- TB
- STD's
- EPI
- Child Health
- Maternal Health
- Contraceptive Services
- Chronic Care
- HIV/AIDS
- Drug Management
- Information Systems

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: TUBERCULOSIS

CLINIC DATE

[✓] Tick appropriate box

- | | Daily | Special days |
|--|-------|---|
| <input type="checkbox"/> Availability of services | | |
| <input type="checkbox"/> Fast Line service available for TB patients currently on treatment | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Protocols and policies available | | |
| • The SATB Control Practical Guidelines 2000 | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Provincial Circular 22/1999 on "EDL: Implementation of new Tuberculosis Treatment Regimes" | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • A Training Manual for DOTS supporters | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Flow charts on TB diagnosis | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • The latest EDL manual on TB management | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • TB posters on walls, leaflets and pamphlets in local languages for distribution | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Is there a single person responsible for TB management in the clinic | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Are TB patients notified and notification forms submitted to the appropriate office | | <input type="checkbox"/> Y <input type="checkbox"/> N |

CLINICAL MANAGEMENT OF ADULTS WITH TB

- | | | |
|--|--|---|
| <input type="checkbox"/> Are clinic staff doing the following | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Identifying TB suspects | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Requesting appropriate sputum investigations for specific categories of patients | | |
| – Sputum direct for new TB suspects/patients currently on treatment | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – Sputum culture and MCS for TB treatments/patients who fail to convert on treatment | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Requesting sputum investigations at the correct times | | |
| – After 2 months on treatment | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – After 5 months (new patients) / 7 months (retreatment patients) on treatment | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Initiating the correct treatment protocols for | | |
| – Newly diagnosed patients | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – Retreatment patients | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Providing the following information to new TB patients | | |
| – The importance of treatment compliance | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – The need for a treatment supporter | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – What to do if side-effects occur, they run out of drugs, need to leave for another area beyond the clinic's catchment area | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Reviewing the clinical progress of each TB patient at least once during the treatment period | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Referring TB patients for appropriate care when necessary | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Managing contacts according to TB Programme guidelines | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Offering VCT and HIV testing to all newly diagnosed TB clients | | <input type="checkbox"/> Y <input type="checkbox"/> N |

CLINICAL MANAGEMENT OF CHILDREN WITH TB

- | | | |
|--|--|---|
| <input type="checkbox"/> Are clinic staff doing the following: | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Identifying children with suspect TB | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Actively searching for the child contacts of all TB patients | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Using PPD testing in children under five | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Correctly reading PPD tests | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Initiating the correct treatment for children | | |
| – Contacts | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| – Children with active diseases | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| • Referring suspected children with TB when necessary | | <input type="checkbox"/> Y <input type="checkbox"/> N |

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: TUBERCULOSIS

EQUIPMENT AVAILABILITY

[✓] Tick appropriate box

- Weighing scales

Y	N
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SPUTUM MANAGEMENT

- Are sputum jars/request forms available
- Are stock outs of sputum jars ever experienced
- Is the sputum collection correctly done
- Are laboratory request forms completed correctly
- Does sputum transportation to laboratory occur regularly
- Are the result of all sputum investigations returned to the clinic
- Does this occur within one week of the sputum being sent off

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

DRUGS

- Do TB drug stock outs ever occur

Y	N
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TREATMENT SUPPORT SYSTEMS

- How does the clinic provide treatment to TB patients

- Daily clinic based dots
 - Number of TB patients currently on daily clinic based DOTS
 - How many of these patients have missed more than three consecutive days of treatment during the last month
 - What has been done to improve the compliance of patients who are not regular - explain

Y	N
#	
#	

- Through a network of community based treatment supporters (community based DOTS)
 - Number of patients currently supported by treatment supporters
 - Does the clinic keep a record of the performance of the treatment supporters
 - Do clinic staff meet regularly with treatment supporters
 - Are clinic staff able to visit treatment supporters in the field for supervision and support

#	
Y	N
Y	N
Y	N

- Patients own responsibility to take treatment
 - How regularly does the patient collect treatment
 - Does the clinic monitor the regularity at which the patient should collect treatment

Weekly	2 weekly	Monthly
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Y	N
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- Does the clinic have any form of outreach service for TB patients

- To provide drugs to patients who have a difficulty in reaching the clinic
- To trace patients who have apparently defaulted

Y	N
Y	N
Y	N

TB RECORDING

- Is the TB register correctly completed and up to date
 - Proper recording of sputum request and results
 - Proper recording of patient outcomes
- Are the blue clinic retained patient records fully completed and up to date
- Are the green patient retained cards of TB patients correctly completed and up to date
- Is the PHC monthly report for TB cases filled correctly
- Are results/problems discussed at least monthly
- Do clinic staff experience problems with the preparation of quarterly statistics
- Are stock outs of TB stationery ever experienced

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: TUBERCULOSIS

PATIENT TRANSFERS

[✓] Tick appropriate box

- Does the clinic have a mechanism to ensure that patients who transfer out have reached their intended destination

Y	N
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- Does the clinic report to the referring institution that a patient who has been transferred in has reached her/his destination

Y	N
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- Does the clinic complete the referral documentation (transfer out forms) correctly and completely when referring a TB patient

Y	N
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SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

GENERAL (A clinic needs a few important things in place to facilitate the provision of a good TB service)

	Intent/Purpose	Information source
<input type="checkbox"/> Availability of services	To check on regular TB service availability	<ul style="list-style-type: none"> Clinic staff provide information
<input type="checkbox"/> Fast Line service available for TB patients currently on treatment ²	To ensure that TB patients do not have to spend long periods in queues when fetching drugs/seeking care	<ul style="list-style-type: none"> Clinic staff provide information
<input type="checkbox"/> Protocols and policies available	Check availability of prime TB reference document for clinic staff.	<ul style="list-style-type: none"> Supervisor to observe
<ul style="list-style-type: none"> The SATB Control Practical Guidelines 2000 The latest TB training manual for health workers - 1998 	Check availability of supportive materials for clinic staff	<ul style="list-style-type: none"> Supervisor to observe
<ul style="list-style-type: none"> Provincial Circular 22/1999 on "EDL: Implementation of new Tuberculosis Treatment Regimes" A Training Manual for DOTS supporters Wall flow charts on TB diagnosis The latest EDL manual on TB management TB posters on walls, leaflets and pamphlets in local languages for distribution 	Check availability of Provincial Circular, which provides the latest information on treatment guidelines.	<ul style="list-style-type: none"> Supervisor to observe
	Check availability of supportive materials for clinic staff	<ul style="list-style-type: none"> Supervisor to observe
	Display simplifies management of TB	<ul style="list-style-type: none"> Supervisor to observe
	Availability simplifies/ensures correct TB management	<ul style="list-style-type: none"> Supervisor to observe
	Check availability of appropriate health promotion material	<ul style="list-style-type: none"> Supervisor to observe
<input type="checkbox"/> Does one person take responsibility for day to day TB management in the clinic	Generally, if one person is responsible for day to day management in the clinic then there is less confusion	<ul style="list-style-type: none"> Clinic staff
<input type="checkbox"/> Are notification of TB patients done and submitted to the appropriate office	Check that key activity is carried out.	<ul style="list-style-type: none"> Request to see notification book and observe if adequately completed.

CLINICAL MANAGEMENT OF ADULTS WITH TB (You want to ensure that the clinic is providing the following set of activities)

	Intent/Purpose	Information source
<input type="checkbox"/> Are clinic staff doing the following		
<ul style="list-style-type: none"> Identifying TB suspects 	Verify that case-finding is taking place – a vital component of the TBCP	<ul style="list-style-type: none"> Questioning of staff Check amount of suspects identified on monthly PHC return form.
<ul style="list-style-type: none"> Requesting appropriate sputum investigations for specific categories of patients 	Clinic staff often have difficulties in requesting appropriate investigations for new and retreatment patients. It is necessary to verify the correctness of sputum requests	<ul style="list-style-type: none"> TB register – sputum results See "Sputum Results" - Blue card
<ul style="list-style-type: none"> Requesting sputum investigations at the correct times³ 	Efficient TB programme management requires that sputum investigations are done timeously and for all patients with PTB	<ul style="list-style-type: none"> TB register – sputum results Blue card – Sputum results

² Fast line – a mechanism which ensures that TB patients can rapidly access care without waiting in a queue for extended periods.

³ Duration of treatment calculated from the point in time when patients started treatment.

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

CLINICAL MANAGEMENT OF ADULTS WITH TB - continued

Are clinic staff doing the following

- Initiating the correct treatment protocols for newly diagnosed and retreatment patients
- Providing information to new TB patients
- Offering VCT and HIV testing
- Reviewing the clinical progress of each TB patient at least once during the treatment period
- Managing contacts according to TB Programme guidelines

Intent/Purpose	Information source
Clinic staff often have difficulties in initiating appropriate treatment for new and retreatment patients. It is necessary to verify the correctness of patient treatment.	<ul style="list-style-type: none"> • TB register – see column – regimens • Blue card – Regimen and Dosages
Patients need appropriate information to allow them to complete treatment. The information which is passed on to patients should be assessed.	<ul style="list-style-type: none"> • Observe a patient/ nurse interaction • Question TB patient on information received • Role play and check what information the staff provide
The HIV testing of all TB patients needs to be promoted.	<ul style="list-style-type: none"> • Noted on Blue Card.
Reviewing the patient's clinical progress is useful as it indicates improvement/problems of the patient. It also serves to enhance the relationship between the clinic staff and the patient.	<ul style="list-style-type: none"> • Clinic staff • Notes in patient Blue card
Contact management is not always optimal. It is necessary to ensure that staff know who the contacts are and that they are taking steps to trace contacts.	<ul style="list-style-type: none"> • Clinic staff • Contact list on Blue Card completed

CLINICAL MANAGEMENT OF CHILDREN WITH TB

Are clinic staff doing the following

- Actively searching for the child contacts of all TB patients
- Using PPD testing in children under five

Intent/Purpose	Information source
It is important to ensure that clinic staff are taking steps to trace and initiate contact treatment for children under five.	<ul style="list-style-type: none"> • Clinic staff • Ask to be provided with the Blue card of each contact and check details on card.
It is important to ensure that only children under five years are diagnosed with TB using PPD testing as the only diagnostic method. It is important to ensure that PPD testing is used appropriately in children.	<ul style="list-style-type: none"> • TB register (look at disease coding column and compare with patient age and diagnostic criteria used).

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

CLINICAL MANAGEMENT OF CHILDREN WITH TB – continued

- Are clinic staff doing the following
 - Correctly reading PPD tests
 - Initiating the correct treatment for children

Intent/Purpose	Information source
PPD tests need to be interpreted properly before deciding whether they are positive or not. Staff should record the size of induration (Mantoux) or the grade of the reaction (Tine) and it is necessary to ensure that the diagnosis is based on guidelines (especially patient age) determined by the TB CP.	<ul style="list-style-type: none"> • Knowledge of clinic staff • Blue Cards of patients diagnosed in this manner
Ensure that children receive the appropriate treatment regimes according to contact or disease status	<ul style="list-style-type: none"> • Register • Blue Cards

CHECKLIST: TUBERCULOSIS

SPUTUM MANAGEMENT (The diagnosis of TB based on sputum results is one of the key activities of the TB CP. The correct management of issues related to sputum are therefore critical)

- Are laboratory request forms completed correctly
- Are sputum jars/request forms available
- Are stock outs ever experienced
- Are the results of all sputum specimens sent to the laboratory returned to the clinic
- Does sputum transportation to laboratory occur regularly
- Is the sputum collection correctly done

Intent/Purpose	Information source
Useful TB CP monitoring information can be obtained from the laboratory providing that clinic staff complete request forms properly. The correct completion of these forms need to be verified.	<ul style="list-style-type: none"> • Ask the staff to complete a form for an imaginary patient. • Ask laboratory staff how request forms are being completed
It is important to verify the availability of sputum request forms and jars.	<ul style="list-style-type: none"> • Ask to see jars and forms
This allows the opportunity to explore the reasons for stock outs if they do occur and to make plans to prevent such occurrences.	<ul style="list-style-type: none"> • Clinic staff • Laboratory staff
Late or non-return of sputum results affects the ability of the clinic nurse to manage TB patients optimally.	<ul style="list-style-type: none"> • Clinic staff • Specimen register
The regularity of transport to the clinic should be assessed. Irregular transport affects the confidence of both clinic staff and patients.	<ul style="list-style-type: none"> • Clinic staff
The laboratory requires a good quality sputum specimen. It is important to verify that the laboratory is provided with good specimens.	<ul style="list-style-type: none"> • Observe a patient providing sputum/ check the way that the specimen is labeled and sealed • Ask the clinic staff to role play the process

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

DRUGS

- Do TB drug stock outs ever occur

Intent/Purpose	Information source
This allows the opportunity to explore the reasons for stock outs if they do occur and to make plans to prevent such occurrences	<ul style="list-style-type: none"> • Clinic staff • Drug stock cards

TREATMENT SUPPORT SYSTEMS (A variety of treatment support systems exist at clinic level – these include clinic-based DOTS, community based DOTS and self-supervision by patients. It is important to understand what treatment support system each clinic provides and how the clinic is performing in providing treatment. A clinic may provide one or more forms of treatment support, therefore you need to enquire about the presence or not of each form of support.

- How does the clinic provide treatment to TB patients

- Daily clinic based dots
 - Number of TB patients currently on daily clinic based DOTS
 - How many of these patients have missed more than three consecutive days of treatment during the last month
 - What has been done to improve the compliance of patients who are not regular
- Through a network of community based treatment supporters (community based DOTS)
 - Number of patients currently supported by treatment supporters
 - Does the clinic keep a record of the performance of the treatment supporters
 - Do clinic staff meet regularly with treatment supporters
- Patients own responsibility to take treatment

To determine whether this form of treatment is provided from the clinic	<ul style="list-style-type: none"> • Clinic Staff
To determine how many patients are on clinic based DOTS.	<ul style="list-style-type: none"> • TB register • Blue Cards
One needs to get an idea of how well the clinic is performing in ensuring that these patients take their TB drugs	<ul style="list-style-type: none"> • Blue cards of patients on clinic-based DOTS
If the clinic is experiencing problems with clinic-based DOTS clients it is important to determine what is being done to solve these problems	<ul style="list-style-type: none"> • Clinic staff
To determine whether this form of treatment is provided from the clinic	<ul style="list-style-type: none"> • Clinic Staff
To determine how many patients are on community-based DOTS.	<ul style="list-style-type: none"> • TB register • Blue Cards
Clinic staff should be aware of how treatment supporters are performing. There should be some form of interaction between treatment supporters and clinic staff. It is important to enquire whether interaction does take place.	<ul style="list-style-type: none"> • ? Clinic record to be created
To determine whether this form of treatment is provided from the clinic	<ul style="list-style-type: none"> • Clinic staff • Treatment supporters • ? Clinic record of such meetings
To determine whether this form of treatment is provided from the clinic	<ul style="list-style-type: none"> • Clinic Staff

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

TREATMENT SUPPORT SYSTEMS – continued

- How does the clinic provide treatment to TB patients
 - How regularly does the patient collect treatment

Intent/Purpose	Information source
Knowing the regularity at which a patient collects treatment is important as it does give an indication of the compliance of the patient. A patient who collects treatment weekly and is regular in that is probably taking the drugs whilst this may not necessarily be the case for persons collecting drugs monthly. It is also easier to detect compliance problems in patients who collect their drugs weekly than it is for those who collect drugs monthly.	<ul style="list-style-type: none"> • Blue card
It is important to know whether clinic staff have a system whereby they can detect patients who do not come back for treatment.	<ul style="list-style-type: none"> • Blue Card • ? Other form of attendance register.
It is important to determine what efforts the clinic is making to deal with TB patients who have either problems in obtaining TB drugs or who have compliance problems. Outreach services might be in the form of sending messages to the patient, linkages with community health workers and clinic committees/traditional leaders and sending clinic staff out to support patients.	<ul style="list-style-type: none"> • Clinic staff

- Does the clinic monitor the regularity at which the patient should collect treatment

- Does the clinic have any form of outreach service for TB patients

TB RECORDING (Proper TB recording supports the proper management of the TBCP)

- Is the TB register correctly completed and up to date
- Are the blue clinic retained patient records fully completed and up to date
- Are the green patient retained cards correctly completed and up to date

Intent/Purpose	Information Source
The recording of sputum results and patient outcomes are often inadequately done. It is therefore worthwhile to verify that this is done.	<ul style="list-style-type: none"> • Take the register and look at a couple of pages to assess whether it is fully completed or not
It is necessary to ensure that the Blue Card is adequately completed and kept up to date	<ul style="list-style-type: none"> • Take a few Blue Cards and look through them
It is necessary to ensure that the Green Card is adequately completed and kept up to date	<ul style="list-style-type: none"> • If possible, find a few Green Cards and look through them

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

GUIDELINES FOR USING CLINIC SUPERVISOR'S TB CHECKLIST

TB RECORDING - continued

	Intent/Purpose	Information Source
<input type="checkbox"/> Is the TB section of the monthly PHC monthly report correctly filled correctly	It is important to verify that TB data entered into the PHC monthly returns are correct. Staff often have difficulties in understanding what is meant by certain terms such as a treatment supporter. We should try to ensure that data entered onto the monthly report for mis accurate	<ul style="list-style-type: none"> • See section on the HIS in Supervisors Manual for definition of terms used in the PHC monthly report form • Cross-check that number of patients currently on treatment in register corresponds to figure inserted into monthly PHC monthly report form
<input type="checkbox"/> Do clinic staff experience problems with the preparation of quarterly statistics	Clinic staff do experience problems in completing quarterly statistical reports. It is necessary to ensure that clinic staff feel competent to do this and to the extent that it is possible to verify the correctness of reports	<ul style="list-style-type: none"> • Clinic staff • Verify correctness of statistical returns
<input type="checkbox"/> Are stock outs of TB stationery ever experienced	This allows the opportunity to explore the reasons for stock outs if they do occur and to make plans to prevent such occurrences.	<ul style="list-style-type: none"> • Clinic staff

PATIENT TRANSFERS (Large numbers of patients are lost to follow up during transfer from hospital to clinic, clinic to hospital and clinic to clinic. It is important to ensure that clinics are doing all they can to minimise this loss of patients during transfers).

	Intent/Purpose	Information
<input type="checkbox"/> Does the clinic have a mechanism to ensure that patients who transfer out have reached their intended destination	It is important to ensure that referring institutions are sure that TB patients reach their intended destinations.	<ul style="list-style-type: none"> • ? Referral register
<input type="checkbox"/> Does the clinic report to the referring institution that a referred patient has arrived at her/his supposed destination	It is important that institutions to which patients are referred report the arrival of that patient to the referring institution.	<ul style="list-style-type: none"> • ? Referral register
<input type="checkbox"/> Does the clinic complete the referral documentation (transfer out forms) correctly and completely when referring a TB patient	Poorly completed referral documentation is a great source of frustration to staff who receive a referred patient. Clinic staff should complete the TB referral form (No) properly and this should be verified.	<ul style="list-style-type: none"> • Review of referral forms where possible.

District STD Quality of Care Assessment DISCA

INSTRUCTIONS

Please fill out this evaluation by

1. Interviewing a senior clinician
2. Inspecting the facilities, equipment and supplies
3. Examining the laboratory specimen register and patient medical records

ACCESSIBILITY

[✓] Tick appropriate box

- | | | |
|---|---|---|
| <input type="checkbox"/> Does this facility offer STD treatment at all times between 8 a.m and 4 p.m on all weekdays | Y | N |
| <input type="checkbox"/> Does this facility offer STD treatment as part of after clinic hours services | Y | N |
| <input type="checkbox"/> How many adult consultation rooms are there in this facility | | |
| • Does this facility use all adult consultation rooms to treat patients with STD | Y | N |
| • If no, how many consultation rooms are used for STD care | | |
| <input type="checkbox"/> Please observe whether this facility offers consultation in private for all STD patients ie consultations cannot be observed by other patients and providers | Y | N |
| <input type="checkbox"/> Please request a caseload book or register | | |
| • What is the total number of adult patient attendances last month | # | |
| • What is the total number of STD attendances last month | # | |

SAFE EXAMINATION

- | | | |
|--|-------------------------------|---|
| <input type="checkbox"/> Are the following pieces of equipment available in all adult consultation rooms | | |
| • Examination couch | Y | N |
| • Examination light | Y | N |
| • Sterile speculums | | |
| | Total number in this facility | # |
| | Total number in this facility | # |

PROVISION OF SAFE TREATMENT

- | | | |
|---|------|---|
| <input type="checkbox"/> Are there STD syndromic management guidelines at this facility | Y | N |
| <input type="checkbox"/> Are there STD syndromic management guidelines in all adult consultation rooms | Y | N |
| <input type="checkbox"/> Are there individual patient education materials about: STD/HIV prevention and treatment available in this facility | Y | N |
| <input type="checkbox"/> Are these educational materials written in a local language | Y | N |
| <input type="checkbox"/> Is syphilis RPR testing available in this health facility | Y | N |
| <input type="checkbox"/> What is the turn around time for the RPR test results (*the time elapsed between taking blood (for RPR) from the patient and getting the results back from the laboratory | Days | |
| <input type="checkbox"/> Have there been any occasions over the last month that the male condoms ran out | Y | N |
| <input type="checkbox"/> Are STD patients shown how to use condoms in this facility | Y | N |
| <input type="checkbox"/> Is there a dido available for condom demonstrations in this facility - If no, how do you make sure that the patient knows how to use condoms in this facility | Y | N |

-
- | | | |
|--|---|---|
| <input type="checkbox"/> Does this facility have a referral policy specifically for STDs in case where patients do not respond to treatment or have complications | Y | N |
| <input type="checkbox"/> Partner notification – observe | | |
| • Are partner Notification cards/letters available in all adult examination rooms | Y | N |
| • Are the cards written in a local language | Y | N |
| <input type="checkbox"/> Ask for the Laboratory Specimen Book or Register | | |
| • How many STD clients had blood taken for RPR (syphilis) test last month | # | |

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

District STD Quality of Care Assessment DISCA

ANTENATAL SCREENING AND STD TREATMENT

[✓] Tick appropriate box

- Does this facility provide antenatal care

Y	N
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- If yes, is syphilis screening done on all pregnant clients who attend antenatal care for the first time

Y	N
---	---
- Do you examine and treat pregnant clients for STDs other than syphilis

Y	N
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STAFF TRAINING

- How many clinicians (doctors or nurses who examine and treat patients) are working today

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- How many clinicians who are working have been on a formal training course in STD syndromic management

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- How many clinicians working today have been on a formal HIV/AIDS counselling course

--
- Is there a nurse or doctor with responsibility to supervise STD care in this facility

Y	N
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STD DRUGS AND TREATMENT

Visit the pharmacy or drug store room. Ask the pharmacist or nurse in charge of drugs the following:

Drugs	Is it currently in stock		Over the last month has drug run out		State the reasons for drugs running out
	Y	N	Y	N	
Ciprofloxacin 250mg tabs	Y	N	Y	N	
Flagyl 2g tabs	Y	N	Y	N	
Erythromycin 250mg tabs	Y	N	Y	N	
Doxycycline 100mg tabs	Y	N	Y	N	
Benzathine Penicillin 2.4 mu	Y	N	Y	N	

If patient's folders are kept in this facility, please ask to see these at the pharmacy or treatment room. Take the most recent ten STD client cards, and fill in the information required using the table below.

STD Patient folders	Was the patient diagnosed according to syndromes below		Specify the syndrome See codes below	What type of drugs did the patient receive? State the type, dose and duration	Is the drug prescription correct		Was the RPR or VDRL test requested	
	Y	N			Y	N	Y	N
1	Y	N			Y	N	Y	N
2	Y	N			Y	N	Y	N
3	Y	N			Y	N	Y	N
4	Y	N			Y	N	Y	N
5	Y	N			Y	N	Y	N
6	Y	N			Y	N	Y	N
7	Y	N			Y	N	Y	N
8	Y	N			Y	N	Y	N
9	Y	N			Y	N	Y	N
10	Y	N			Y	N	Y	N

Syndromic Codes (to be used in the 2nd column above)

- 1 – Penile discharge
- 2 – Vaginal discharge
- 3 – Pelvic inflammatory disease (PID)
- 4 – Genital Ulcers
- 5 – Genital warts
- 6 – Other STD (specify)

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: EPI, VITAMIN A, DISEASE SURVEILLANCE

CLINIC DATE

[✓] Tick appropriate box

- Is the immunisation service available daily, 5 days a week

Y	N
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- Is there a record system to ensure continuity of care

Y	N
---	---
- Do staff record and trace children who do not come for their routine immunisations

Y	N
---	---
- Are posters on immunisation and Vitamin A on the walls in appropriate language

Y	N
---	---
- Are pamphlets on immunisation and Vitamin A for patients available in the local language

Y	N
---	---
- Is the AFP toll free telephone number displayed so notification of a suspected case can be made telephonically

Y	N
---	---

- In cases of measles and suspect polio do staff know which laboratory specimens to collect and do they follow referral procedures

Y	N
---	---

- Vaccine stock
 - Are stock cards kept for each vaccine and Vitamin A capsules

Y	N
---	---
 - Do stock levels correlate with stock in refrigerator

Y	N
---	---
 - Are vaccines and Vitamin A received regularly and according to amounts ordered

Y	N
---	---
 - Is the cold chain maintained when vaccines are removed from refrigerator

Y	N
---	---
 - Has the immunisation programme at your clinic been stopped since the last supervisory visit

Y	N
---	---
 - How many days was it stopped

#

 - What was the cause of the stoppage

- How was the problem solved

- Refrigerator
 - Is the refrigerator in working order

Y	N
---	---
 - How many times since the last supervisory visit has it failed

#

 - What did you do to maintain the cold chain

- Is the refrigerator defrosted and cleaned regularly

Y	N
---	---
- Is the cold chain maintained during defrosting

Y	N
---	---
- Are vaccines correctly stored and packed in refrigerator

Y	N
---	---
- Are there any expired vaccines

Y	N
---	---
- Is the thermometer in working order

Y	N
---	---
- Is the thermometer correctly placed

Y	N
---	---
- Are refrigerator temperatures recorded daily

Y	N
---	---
- In the last month, has the temperature dropped below 0°C or above 8°C. If yes, discuss the reason for this break in cold chain and remedial action to be taken with staff

Y	N
---	---

-
- Is there anything else in the refrigerator besides vaccines

Y	N
---	---
 - Is there a standby gas supply if your refrigerator uses gas

Y	N
---	---
 - Has any of the DPT or TT vaccine in the refrigerator been frozen (to check this, use the shake test on randomly selected vials)

Y	N
---	---
 - Has any of the vaccine in stock expired

Y	N
---	---
 - Are there any open vials of vaccine in the refrigerator

Y	N
---	---
 - VVM available

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: EPI, VITAMIN A, DISEASE SURVEILLANCE

[✓] Tick appropriate box

- Is the cold chain maintained in mobiles and consulting rooms**
 - Large cold boxes available, clean and in working order
 - Small cold boxes available, clean and in working order
 - Ice packs available

Y	N
Y	N
Y	N
Y	N

- Is the open vial policy followed**
 - Date of opening recorded
 - Needles not left in vial

Y	N
Y	N
Y	N

- RTH card check**
 - Are vaccinations appropriate for age
 - Are signatures and return dates entered
 - Are Vitamin A doses recorded correctly

Y	N
Y	N
Y	N

- Vaccination technique**
 - Are vaccines withdrawn correctly from vial
 - Are the correct needles and syringes used
 - Is the injection site correct
 - Are Vitamin A capsules opened and administered properly

Y	N
Y	N
Y	N
Y	N

- Information given to caregiver**
 - Is the return date indicated
 - Is the caregiver aware of side effects

Y	N
Y	N

- Emergency tray**
 - Is the emergency tray properly equipped
 - Is the nurse aware of emergency procedure

Y	N
Y	N

- Are EPI and Vitamin A guidelines available in clinic**
 - Are EPI statistics and graphs kept up to date
 - Is the tick register completed properly
 - Is the coverage/graph correct and up to date
 - Are vaccine batch numbers recorded
 - Are Vitamin A coverage levels equal to the vaccine coverage

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

- Since the last supervisory visit have you had any reports of severe adverse reactions (such as injection site abscesses, severe local reaction spreading further than 5 cm from injection site, anaphylaxis, convulsions, high fever) after immunisation – discuss each.**

Y	N
---	---

- Notification**
 - Is the notification book available
 - Is the list of notifiable diseases available
 - Are disease surveillance forms available/are staff aware of protocols to follow in case of an outbreak

Y	N
Y	N
Y	N

- Is there a need for in-service on EPI**

Y	N
---	---

- Is sharps disposal adequate**

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CHILD HEALTH

CLINIC DATE

[✓] Tick appropriate box

	Daily	Special days		
<input type="checkbox"/> Availability of services		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Is there a system to ensure continuity of care		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Is there a system in place to trace children who do not attend regularly		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Do staff assess and promote child development		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Check on milestones		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Instruct mother about the importance of child stimulation		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Utilise the RTH card		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Is the weight plotted correctly		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Does nurse interpret findings to mother		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Are immunisations up to date		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Is the feeding status recorded - exclusive breast feeding, introduction to solids, etc		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Is the nutritional status recorded		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Is there a service response to failure to thrive		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Childhood illnesses		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Are Staff able to correctly examine and assess child for		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Dehydration		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Respiratory rate		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Distress		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Ear infections		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Neck stiffness		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• IMCI		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Are protocols posted and followed		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
– Correct management of important conditions		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
↪ ARI - Is respiratory rate counted and documented		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
↪ ARI - Are antibiotics used when indicated		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
↪ Diarrhoea – use of ORS		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
↪ Fever – rule out meningitis and otitis media		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Equipment available and working		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Weighing scales		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Otoscope		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Availability of protocols/policies/guidelines related to child health		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• When to refer - illnesses, social problems, emergencies - paraffin, burns, foreign bodies, nutritional problems		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Protocols - management of diarrhoea/asthma/ARI		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Management of RPR positive children		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Guidelines for breastfeeding and the HIV positive mother		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Deworming guidelines		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
<input type="checkbox"/> Provision of health education		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Are mothers/care givers aware of use of ORS for GE		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Is nutritional information provided to mother/care givers		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Appropriate care of the baby by mother/care giver		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Are mothers/care-givers aware of where services are available after hours		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			
• Are home visits done		<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N			

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CHILD HEALTH

HIV and children

- Are all infants of HIV+ mothers receiving cotrimoxazole (till age 1)
- Are all HIV positive children receiving cotrimoxazole (lifelong)

[✓] Tick appropriate box

Y	N
Y	N

