
GUINEA HEALTH FACILITY SURVEY 2001

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MEASURE Evaluation Technical Report Series, No. 11

MEASURE *Evaluation* Project
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The technical report series is made possible by support from USAID under the terms of Cooperative Agreement HRN-A-00-97-00018-00. The opinions expressed are those of the authors, and do not necessarily reflect the views of USAID.

April 2002



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Recommended Citation:

Eckert, Erin, N. Gupta, M. Edwards, R. Kolstad, A. Barry. Guinea Health Facility Survey 2001. **MEASURE Evaluation Technical Report Series, No. 11.** Carolina Population Center, University of North Carolina at Chapel Hill. April 2002.

Table of Contents

Acknowledgements	iii
Executive Summary	v
Summary of Key Indicators	ix
Chapter 1: Introduction	1
1.1 Demographic and Health Profile of Guinea	1
1.2 USAID Assistance in Public Health	1
1.3 Background to the Facility Survey	2
1.4 Survey Report	2
Chapter 2: Characteristics of Health Facilities	5
2.1 Summary.....	5
2.2 Facility Characteristics	6
2.3 Service Provision.....	6
2.4 Provider Training and Supervision.....	7
Chapter 3: Availability of Equipment and Supplies	9
3.1 Summary.....	9
3.2 Materials and Equipment for Reproductive, Maternal and Child Care Services.....	11
3.3 Family Planning Commodities	11
3.4 Vaccines.....	14
3.5 Drugs and Medical Supplies	14
3.6 IEC Materials.....	15
Chapter 4: Family Planning Services	19
4.1 Summary.....	19
4.2 Family Planning Counseling.....	19
4.3 Physical Exam	22
4.4 Method Choice and Adoption.....	22
4.5 Follow-up.....	24
Chapter 5: Sexually Transmitted Infections and HIV/AIDS	27
5.1 Summary.....	27
5.2 General Consultation and Exam for STI/HIV/AIDS	28
5.3 Diagnosis and Treatment	29
5.4 Preventive Counseling and Follow-up.....	29
Chapter 6: Prenatal Care	31
6.1 Summary.....	31
6.2 General Consultation for Prenatal Care	32
6.3 Physical and Obstetrical Exams.....	33
6.4 Preventive Treatment, Counseling and Follow-up	34
Chapter 7: Child Health Care	37
7.1 Summary.....	37

7.2	General Consultation for Child Health Care.....	38
7.3	Preventive Child Care Services	40
7.4	Integrated Management of Childhood Illness.....	40
7.5	Follow-up.....	42
Chapter 8: Discussion		45
8.1	Summary of Key Findings.....	45
8.2	Implications for Improvement of Services	45
Appendix A: Survey Methodology		47
A.1	Survey Design.....	47
A.2	Training of Personnel and Pre-testing the Survey Process	48
A.3	Fieldwork.....	48
A.4	Data Entry and Management	48
A.5	Data Analysis and Report Writing.....	48
Appendix B: Survey Questionnaires		49
	Inventory Questionnaire for Health Facilities	
	Questionnaire for Observation of Family Planning Consultations	
	Questionnaire for Observation of STI/HIV/AIDS Consultations	
	Questionnaire for Observation of Prenatal Care Services	
	Questionnaire for Observation of Child Health Services	

Acknowledgements

The authors would like to acknowledge the contribution and support of a number of individuals and organizations to the successful undertaking of the 2001 Guinea Health Facility Survey. We wish to thank the health facility personnel who patiently allowed the survey teams to observe their consultations and facilitated the completion of the survey questionnaires. In addition, we appreciate the cooperation of the Ministry of Public Health and the Prefecture health offices during the fieldwork. Special thanks go to Stat-View Association, which fielded the research teams and guided the fieldwork and data input and processing. The commitment and hard work of Aliou Barry, Stat-View Coordinator, were instrumental to the successful completion of this survey. A special thanks goes to the field teams who put in long hours under difficult conditions to get the job done.

The USAID mission in Guinea has provided support for the Health Facility Survey since its inception. Cathy Bowes, Miriama Bah and Kethline Garoute provided technical assistance and guidance throughout the design of the survey and the field work stages. USAID/Guinea provided the financial support to the MEASURE Evaluation Project to undertake this survey effort.

At the PRISM office, Alain Joyal, Michael Ray Derosena and Tanou Diallo gave support during the survey design and training components. Soukeynatou Traoré of the BASICS Project office in Conakry provided useful comments on the child health module of the questionnaire. At the MEASURE Evaluation Project, Anne LaFond was instrumental in laying the groundwork for the survey and contributed information on the background to the survey. Ruth Bessinger provided useful comments on the questionnaire design. Brandon Howard, of MEASURE Evaluation/University of North Carolina, undertook the difficult process of editing and compiling the document for publication. Finally, we would further like thank all our colleagues who contributed useful comments on the final report.

Executive Summary

This report presents findings from the 2001 Guinea Health Facility Survey. The survey was designed to collect information on the availability and quality of services in reproductive, maternal, and child health. The fieldwork was limited to the two regions of the country where USAID provides support to public sector health services: Haute Guinée and Guinée Forestière.

The 2001 Guinea Health Facility Survey gathered information from 158 public health clinics and maternity centers served by the USAID-funded project, *Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA* (PRISM). The survey collected information to assess the availability and quality of health services in areas corresponding to PRISM's interventions.

The objective of this report is to present the indicators that are used by USAID/Guinea to monitor and evaluate the programs in Haute Guinée and Guinée Forestière. This report does not provide in-depth analyses to assess the impact of PRISM program inputs on facility outcomes.

Following an introduction and description of USAID and PRISM activities in Guinea (Chapter 1), the report covers the main characteristics of the health centers sampled in the survey (Chapter 2) and the availability of equipment and supplies (Chapter 3). Next an assessment of the quality of care in each of the four observed service areas is presented: family planning (Chapter 4), sexually transmitted infections including HIV/AIDS (Chapter 5), prenatal care (Chapter 6), and child health care (Chapter 7). A discussion of findings concludes this report in Chapter 8.

The key findings of this report include:

Characteristics of Health Facilities

- Most facilities were equipped with a waiting room, water source and means of transportation in 2001. The proportion with running water was found to have increased from

1998. However other elements of basic infrastructure were largely lacking, notably electricity, which decreased over the same period. Telephones and short wave radios for emergencies were also lacking.

- Almost all facilities reported offering services for family planning, antenatal care, child care and immunizations, and sexually transmitted infections. While only one in eight offered services for HIV/AIDS, this was higher than had been found three years earlier.
- Only 3% of facilities had a tenured doctor on staff in 2001, the same as in 1998. Half of facilities had nurses, and just over half further relied on trainees and volunteers for maintaining services.
- In 2001, over three-quarters of facilities had at least one service provider who had been recently trained in integrated reproductive health care under the PRISM project. Twelve percent had three or more PRISM-trained providers.

Availability of Services and Equipment

- None of the facilities were properly furnished with the range of essential equipment for provision of reproductive, maternal and child care services. Some equipment was more widely available in 2001 compared to three years earlier, including gynecological tables and instrument boxes, but many materials were less available. Less than half of facilities had a pelvimeter, examination couch, gloves and tongue depressors. Few had a mucus extractor, reflex hammer or facial mask for ensuring quality newborn care. Equipment for the provision of immunizations tended to be much more widely available.
- Family planning commodities were largely available at the time of the survey. Over 90% of facilities carried the four main sup-

ply methods: condoms, progesterone-only oral contraceptives, combination oral contraceptives, and injectables. Stock-outs continued to occur, though generally less often than had been observed in 1998. By far, IUD remained the least widely available.

- While most facilities had the four vaccines for child immunization currently available, stock-outs were more problematic. A large proportion of facilities experienced stock-outs in the six-month period preceding the survey, especially of the BCG vaccine.
- The availability of essential drugs and medical supplies varied. While most facilities carried at least some anti-infective drugs, certain types (notably amoxicillin and benzylpenicillin) were poorly available. Stock-outs of treatments for malaria, diarrhea and anemia continued to be problematic.
- All of the facilities had at least some IEC materials for reproductive, maternal and child health. Materials on family planning were almost universally available, whereas other areas of health care were less widely addressed (including safe motherhood, maternal nutrition, and malaria). In general IEC materials tended to be more available in 2001 compared to 1998.

Family Planning Consultations

- In the counseling with family planning clients, providers did not always discuss details of the client's reproductive history, medical problems or method side effects, or possible symptoms of sexually transmitted infections. However providers were more likely to ask new family planning clients a broad range of questions about reproductive history and intentions, as well as signs and symptoms of STIs.
- The client's blood pressure and weight were regularly taken during the physical exam. Other procedures, including pelvic and breast exams, were conducted less frequently. Laboratory tests for pregnancy,

anemia or cervical cancer were rarely performed or referred.

- Injectables and pills were the contraceptive methods most frequently discussed by providers and requested by clients. Other modern methods such as the IUD, condoms and spermicide were less often discussed. Lactational amenorrhea for family planning and other traditional methods were neither discussed nor requested during the observed consultations.
- Providers were consistent in explaining to the client how to use the chosen method, but less consistent in discussing details such as what to do in case of side effects or the method's effectiveness in protecting against STI/HIV/AIDS.
- Almost all the clients received their preferred method. In the few opposite cases, the reason for not receiving the preferred method was usually attributed to biomedical reasons rather than stock-outs at the facility.

Consultations for Sexually Transmitted Infections and HIV/AIDS

- The most common reasons for clients to come to health facilities for STI/HIV/AIDS service were symptoms of genital discharge, lower abdominal pain, and pain during urination.
- The clients observed in this survey were overwhelmingly female (93%), suggesting that STI services being offered at public health facilities may not be meeting the needs of the male population.
- During the consultations, providers generally demonstrated strong interpersonal skills, such as greeting the client. However, only about half the consultations followed the norms for quality of care in terms of probing the client about the nature of symptoms and conducting an examination of the genitalia.

- Medications were prescribed in almost all STI consultations, usually more than one and sometimes as many as six different products. At the same time, in only half of the consultations did the provider inform the client of the diagnosis. Most providers further advised their client to encourage treatment-seeking for all sexual partners.
- Discussion of condoms was not a routine part of the STI consultations. Only about one in ten providers encouraged condom use or explained that condoms could prevent HIV/STI. Rarely were clients shown how to correctly use condoms or given supplies.
- WHO Prevention Indicator 7, percentage of clients counseled on condom use and partner notification, is a key indicator of the quality of STI services. In the facilities surveyed in this study, only 9.5% of those observed were counseled on both elements.

Consultations for Prenatal Care

- During general counseling with prenatal care clients, providers were much more likely to discuss details of the client's background and reproductive history if it was her first visit for prenatal services with the current pregnancy. In over 80% of consultations with first-time clients, the provider asked about the woman's parity and number of living children, as well as stage and progression of the current pregnancy. Returning clients were also usually asked about the pregnancy stage and progression.
- All prenatal care clients underwent a general physical examination, however the elements conducted during the exam varied considerably. While almost all had their abdomen examined, blood pressure taken and weight measured, few underwent a breast exam or had their heartbeat assessed.
- Nearly all clients underwent an obstetrical examination, which were almost always conducted in private. However, only 14% of providers assessed the consistency of cervicovaginal mucus. Elements for ensuring

good sanitary conditions were especially lacking, as just 13% of providers washed their hands or used sterile gloves, and less than 1% used an antiseptic pad to wash the vaginal area.

- Preventive treatments were largely prescribed to prenatal clients. At least two-thirds of pregnant women received or were prescribed chloroquine, iron tablets and a tetanus vaccination.
- Other areas of preventive counseling were less widely raised during the consultations. For example, HIV/AIDS prevention and treatment was discussed in 21% of encounters, while family planning was mentioned in 10% of encounters.
- Counseling in the areas of delivery location and trained assistance was raised in about 1 in 5 prenatal consultations. Advice on the four pregnancy danger signs (bleeding, fever, fatigue, and swelling of the hands or face) was also included in at most 20% of encounters.

Child Health Care Consultations

- Child health care services offered at health facilities consist of two types of care: preventive and curative. Children's vaccination status was checked nearly universally during preventive care consultations. Vaccination status was checked less frequently in consultations for curative child care; for example, BCG vaccine status was assessed in only 60% of curative encounters.
- Two-thirds of children had their weight taken during preventive case visits, but the trajectory of the growth monitoring curve was rarely discussed with the caregiver (8% of encounters). Few children had their Vitamin A status ascertained, or received or were prescribed Vitamin A supplements.
- History taking questions during curative visits for management of childhood illness were asked with varying frequency. In about 60% of cases, children presenting for ARI or

fever, the caregiver was asked about the duration of symptoms, but for children with diarrhea the duration of symptoms was asked about only half as frequently.

- The extent to which providers performed specific components of the physical examinations varied across curative encounters. In at least three-quarters of ARI cases the child's heart was listened to with a stethoscope and the respiratory rate counted; and in over half of diarrhea cases the exam included a skin pinch and mouth touch for dryness. On the other hand, in less than 20% of cases of children with a fever were the neck stiffness or ear tenderness assessed.
- Counseling messages on danger signs and preventive practices including proper nutrition for sick children were included in well under half of curative consultations for diarrhea, ARI or fever.
- Treatment was generally provided in accordance with IMCI guidelines, at least for children with diarrhea (ORS prescribed in 77% of cases) or with fever (94% prescribed an antimalarial). Overall, an average of three different products were prescribed for sick children. Counseling to caregivers for proper administration of medications occurred less frequently: less than two-thirds of caregivers were offered an explanation of how to give the medications and only 9% were asked open questions verifying their understanding. In the case of ORS as treatment for diarrhea, the preparation was explained to 43% of caregivers.

Discussion

One area that clearly needs improvement is the availability of information and counseling on HIV/AIDS. Providers were unlikely to discuss HIV/AIDS with clients regardless of the type of consultation. Condoms were rarely recommended in any of the consultations. Although Guinea does not currently suffer from the crippling infection rates observed in many other sub-Saharan African countries, efforts should be

made now to improve services, especially counseling, before the epidemic worsens.

In every type of service observed, clients were almost exclusively women. Men are apparently reluctant to seek services for themselves or their children, but services would do well to make an effort to reach out to men.

In all of the services, the observations indicated a lack of thorough, complete counseling for the client. Although this may partially be a function of patient load, lack of counseling can have serious effects on the effectiveness of services. Program efforts should focus on improving counseling skills for providers, as well as creating a climate where counseling is seen as an integral component of patient care.

In the area of family planning, client-provider discussions tended to focus on one or two types of contraception, rather than methods appropriate to the woman's health and reproductive needs. Providers need to learn to break the cycle of presenting only the methods that women know and ask about, and instead work with clients to meet their specific needs.

Long-term inputs by the PRISM Project in family planning services have resulted in some clear differences between the quality of that service and others offered at the clinic. In general, clinics were better supplied in family planning commodities and had fewer stock-outs than other services. In addition, IEC materials for family planning were much more readily available than for other areas.

Finally, hand washing and the use of latex gloves were not common occurrences in any of the services observed. Attention should be focused on improving sanitary practices in order to protect both staff and clients.

Summary of Key Indicators

Indicator	Percent
Characteristics of Health Facilities	(n=158)
Percent of facilities:	
equipped with water source	87
equipped with electricity	20
equipped with telephone/short wave radio	17
offers family planning services	96
offers antenatal care services	100
offers immunization	96
offers STI services	95
tenured doctor on staff	3
at least one provider trained by PRISM Project	78
Availability of Services and Equipment	(n=158)
Percent of facilities:	
equipped with steam sterilizer	80
equipped with speculum	74
equipped with mucus extractor	25
family planning methods available on day of survey	
pills	95
injectables	91
condoms	94
continuous availability of essential drugs for 6 months	
measles vaccine	68
polio vaccine	73
cotrimoxazole	81
peniprocaine	58
metronidazole	78
chloroquine	70
oral rehydration salts	54
IEC materials for family planning available	99
IEC materials for HIV available	77
Family Planning Consultations (Percent of consultations)	n=83
provider asked family size preference (new clients, n = 38)	57
provider asked number of current children (new clients, n = 38)	96
provider took blood pressure	81
provider conducted pelvic exam	43
injectables discussed	82
pills discussed	54
provider did not appear to encourage one method	59
client received her preferred method	87
provider discussed method protection against HIV	8
STI/HIV/AIDS Consultations (Percent of consultations)	n=274
percentage female (among all clients)	93
provider asked about onset/duration of symptoms	54
provider examined external genitalia	51
provider washed hands/used gloves	35
medication prescribed	98
provider explained that condoms could prevent HIV	11

Indicator	Percent
client counseled on condom use and partner notification (PI 7)	10
Prenatal Care Consultations (Percent of consultations)	n=869
provider asked about problems with previous pregnancy (first visit, n = 382)	22
provider asked about number of pregnancies (first visit, n= 382)	95
blood pressure taken	91
breast exam conducted	5
obstetrical exam conducted	94
provider washed hands/used gloves	13
iron tablets prescribed	76
chloroquine prescribed	91
tetanus vaccination done	67
HIV prevention counseling given	21
client counseled to deliver with trained provider	16
client counseled to return if there is bleeding	8
Child Care Consultations (Percent of consultations)	n=837
child's vitamin A status assessed	6
child's measles vaccination status assessed	68
child's weight taken (preventive care, n= 399)	67
child's growth curve discussed with caregiver (preventive, n = 399)	8
among diarrhea cases (n=142):	
provider performed skin pinch	59
provider gave or prescribed ORS	77
among ARI cases (n=241):	
provider counted respiratory rate	74
provider prescribed antibiotics	89
among fever cases (n=359)	
provider examined ears for infection	18
provider prescribed antimalarials	94

Chapter 1: Introduction

1.1 Demographic and Health Profile of Guinea

Guinea is a coastal country in West Africa, situated between Sierra Leone and Guinea-Bissau on the Atlantic side, and sharing borders with Ivory Coast, Liberia, Mali, and Senegal in the interior. The terrain is primarily a flat plain along the coast, with mountains and jungle forest inland.

The most recent census in Guinea (1996) estimated the population at 7,156,406, with 46% of those being under 15 years of age.¹ The population is divided among several ethnic groups: Peuhl (40%), Malinke (30%), Soussou (20%), and smaller ethnic groups (10%). Islam is the primary religion, accounting for 85% of the population, followed by Christianity (8%) and indigenous religions (7%). Seventy percent of Guineans live in rural areas. In recent years, Guinea has been inundated with refugees from Liberia and Sierra Leone who number in the hundreds of thousands. This influx has sorely taxed the region's economy and contributed to political instability in the Forest region and border prefectures.

Guinea ranks as one of the world's poorest countries and that status is reflected in its health indicators. Life expectancy at birth is 54 years (53 for males, 55 for females) and the infant mortality rate is 98 deaths per 1000 births. Child mortality (0-5 years) is 177. The total fertility rate is also high at 5.5 children per woman. According to the 1999 Demographic and Health Survey, less than 5% of married women were using a modern method of contraception.

1.2 USAID Assistance in Public Health

The five-year Strategic Objective Agreement (SOAG) between the Government of Guinea and the United States Agency for International De-

velopment (USAID) covers the years from 1997-2002. The agreement focuses on four areas of national development: democracy and governance, education, national resource preservation, and health. In the health sector, USAID program funds are focused on improving practices and increasing use of essential services in family planning, child health, maternal health, and sexually transmitted infections (STIs), including HIV/AIDS. This strategic objective is national in scale, but program interventions focus specifically on regional and local outcomes. The current strategic objective expands upon the previous USAID health program that aimed primarily to lower fertility.

USAID assistance in the health sector focuses on five intermediate results (IR) for family planning, maternal and child health and STI/HIV services. These include increased access; improved quality; increased behavior change and demand for services and products; and increased effective response by government, donors, community organizations, non governmental organizations (NGOs) and the private sector in addressing critical health constraints.

USAID's program in the health sector includes a broad range of activities that seek to improve the quality and availability of services offered in both the public and private sectors. Public sector activities cover two administrative regions: Haute Guinée and Guinée Forestière, an area that accounts for roughly 50 percent of the country's population. The largest project is called *Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA* (PRISM), whose major thrust is in expanding access to reproductive health services in existing facilities through training, provision of equipment, and improvement of management systems. PRISM also seeks to influence health behavior and health service demand through information, education and communication (IEC) campaigns and capacity building at the community level. Emphasis is placed on the role of community-based health committees, and improved integration of community actors into health activities.

¹ Direction Nationale de la Statistique. 1999. Rapport de l'Enquête Démographique et de Santé de la Guinée de 1999. DNS.

In the private sector, the USAID health program works with Population Services International (PSI) and its local NGO partners to improve the quality and availability of family planning and health commodities nationwide. Finally, the entire program seeks to increase the level of coordination and collaboration in the health sector among donors, communities, and private sector actors.

1.3 Background to the Facility Survey

The USAID health program has relied on a series of surveys designed to measure changes in reproductive, maternal and child health knowledge and behavior, and health service performance over the last decade. The 1992 and 1999 Demographic and Health Surveys (DHS) provided a number of critical demographic and health indicators at the population level. A Situation Analysis conducted in 1998 sought to assess performance related to family planning and reproductive health in the health services. The scope of the Situation Analysis was national, covering all facilities offering family planning services with additional sampling of facilities offering only MCH services (with no family planning).

The survey presented in this document was commissioned to provide further information on services and performance in the health sector in order to monitor the progress against certain indicators of the USAID health program in these two regions over the period of 1998–2000. However, this survey is not a repeat Situation Analysis but instead, an independently designed study. The sampling and survey instruments were designed to reflect specific areas of interest to USAID. Due to these design modifications, this report does not attempt to make comparisons for all indicators; only those for the characteristics of health facilities and the availability of equipment and supplies. A secondary objective is to provide baseline data for the program, particularly for use by the PRISM Project, in maternal and child health as well as STI/HIV program performance.

Fieldwork for the Guinea Health Facility Survey was conducted in January and February of 2001. A total of 158 public health facilities were visited. The survey used five questionnaires: a main inventory questionnaire and four observation guides. Details on the survey methodology and fieldwork implementation can be found in Appendix A. Examples of the survey instruments used are in Appendix B. The survey was not intended to function as an evaluation of PRISM, as no attempt is made to attribute changes in indicators to PRISM interventions. Rather, it was intended as a monitoring tool for the overall USAID effort in the health sector in Guinea.

1.4 Survey Report

The 2001 Guinea Health Facility Survey gathered information from 158 public sector health clinics and maternity centers in Haute Guinée and Guinée Forestière. The survey collected information to assess the availability and quality of health services in the areas corresponding to PRISM's interventions.

The objective of this report is to present the indicators that are used by USAID/Guinea to monitor the progress of its public sector health program. The indicators have been developed in terms of assessing the compliance of service availability and provider performance with respect to the established norms and procedures of the Guinean Ministry of Public Health for the provision of essential reproductive health care. This report does not provide in-depth analyses to assess the impact of PRISM program inputs on facility outcomes.

Following an introduction and description of PRISM/USAID activities in Guinea (Chapter 1), the report covers the main characteristics of health centers sampled in the survey (Chapter 2) and the availability of equipment and supplies (Chapter 3). Next an assessment of the quality of care in each of the four observed service areas is presented: family planning (Chapter 4), sexually transmitted infections including HIV/AIDS (Chapter 5), prenatal care (Chapter 6), and child health care (Chapter 7). A discussion of findings concludes this report in Chapter 8.

Map of Guinea



Chapter 2: Characteristics of Health Facilities

The Guinea Health Facility Survey (GHFS) was conducted in January and February of 2001 in two of the country's regions where USAID provides support to public sector health services: Haute Guinée and Guinée Forestière. The objective of the survey was to collect information on the extent to which the conditions and services delivered at the public health centers adhere to the norms and procedures of the Guinean Ministry of Health, established in 1997. All facilities sampled were health centers, the basic type of primary care facility in Guinea. There was a total of 158 health centers (132 rural and 26 urban) sampled in the study. This section presents a brief overview of the characteristics of the facilities, including infrastructure, services offered, and provider training.

2.1 Summary

The 2001 GHFS gathered information on the basic characteristics of public health facilities located in the regions serviced by the USAID-funded project, *Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA* (PRISM). Selected findings can also be compared with the 1998 Situation Analysis. Among the results of the present analysis are

- Most facilities were equipped with a waiting room, water source and means of transportation in 2001. The proportion with running

water was found to have increased from 1998. However other elements of basic infrastructure were largely lacking, notably electricity decreased over the same period. Telephones and short wave radios for emergencies were also lacking.

- Almost all facilities reported offering services for family planning, antenatal care, child care and immunizations, and sexually transmitted infections. While only one in eight offered services for HIV/AIDS, this was higher than had been found three years earlier.
- Only 3% of facilities had a tenured doctor on staff in 2001, the same as in 1998. Half of facilities had nurses, down from 64 in 1998 and the facilities with midwives also decreased to 13 from 25 in 1998. Just over half further relied on *stagiaires* and volunteers for maintaining services.
- In 2001, over three-quarters of facilities had at least one service provider who had been recently trained in integrated reproductive health care under the PRISM project. Twelve percent had three or more PRISM-trained providers.

Figure 2.1: Percent of facilities with basic infrastructure

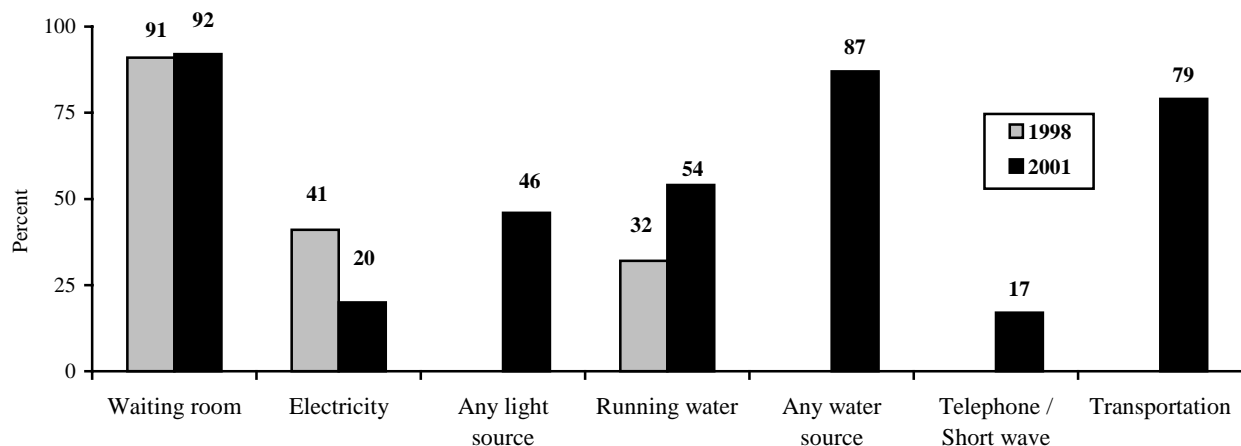
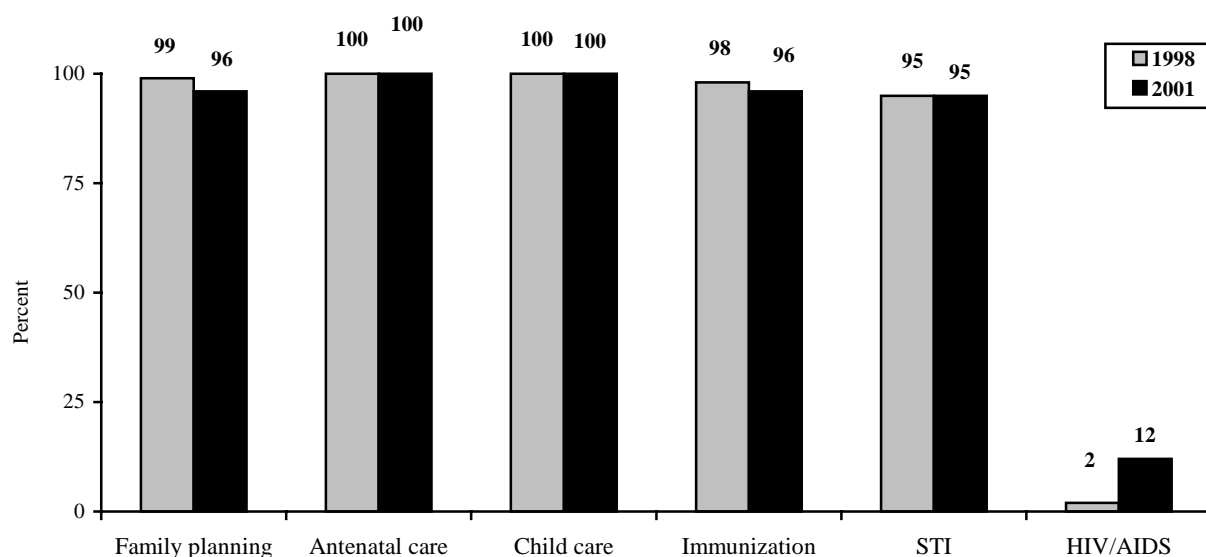


Figure 2.2: Percent of facilities offering reproductive, maternal and child care services



2.2 Facility Characteristics

Eighty-four percent of the health facilities sampled in the GHFS were located in rural areas, and 16% were urban facilities. This closely reflects the distribution of households in the regions of Haute Guinée and Guinée Forestière, 81% rural and 19% urban, as recorded in the 1999 Guinea Demographic and Health Survey.²

Almost all (92%) of the facilities sampled in 2001 had a waiting room for clients. Most had water available on the premises on the day of the survey (87%) as well as continuous access to a means of transportation (79%). About half (46%) had a steady light source. On the other hand, few had a telephone or short wave radio in operation for emergencies (17%).

Certain aspects of the infrastructure of facilities can be monitored over time drawing on comparative information from the 1998 Guinea Situation Analysis.³ This sample included 118

² *Enquête Démographique et de Santé, Guinée 1999*. Direction Nationale de la Statistique [Guinée] and Macro International [USA], May 2000.

³ *Analyse Situationnelle des Programmes de Santé de la Reproduction, Guinée 1998*. Ministère de la Santé Publique [Guinée] and Population Council [USA], December 1998.

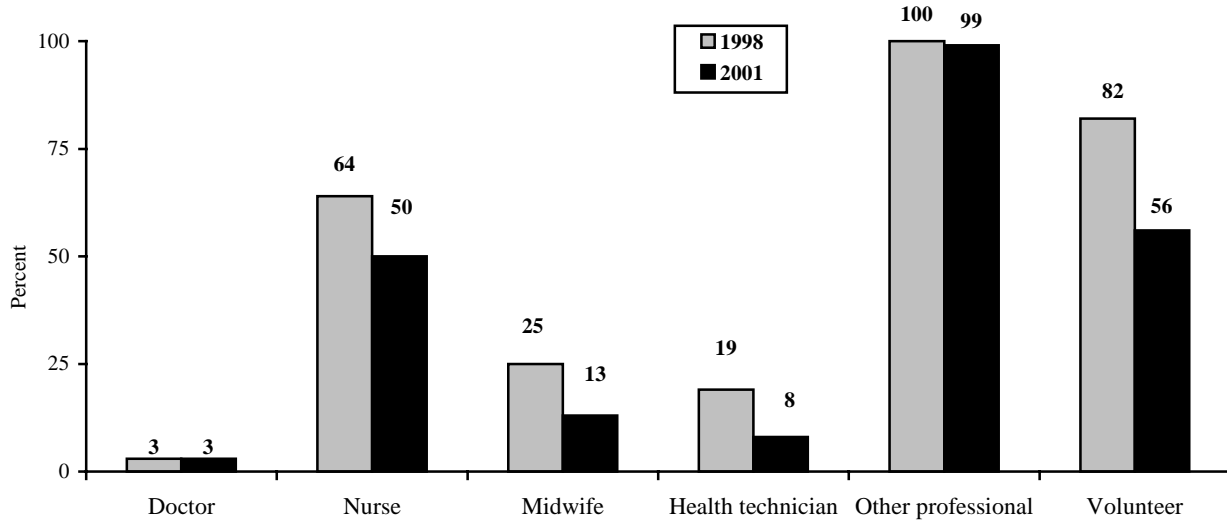
public health centers in the same two regions. As seen in Figure 2.1, there was a sharp increase in the proportion of health centers with running water, from 32% in 1998 to 54% in 2001. Meanwhile the proportion of centers with electricity declined from 41% to about 20% over the three-year period.

2.3 Service Provision

Over a third (38%) of facilities were open 7 days per week for service delivery in 2001, up from the 25% that were offering services every day in 1998. About half (53%) were open 6 days per week in 2001. Only 9% were open five or less days, down slightly from 11% three years earlier.

Services for family planning, antenatal care, child care and immunizations were almost universally available through the health centers surveyed. As seen in Figure 2.2, consultations for sexually transmitted infections were offered at 95% of facilities in 2001. While services for HIV/AIDS were found at only 12% of facilities, this was a strong increase from 1998, when HIV/AIDS services had been rarely offered (2% of facilities).

Figure 2.3: Percent of facilities with health professionals on staff



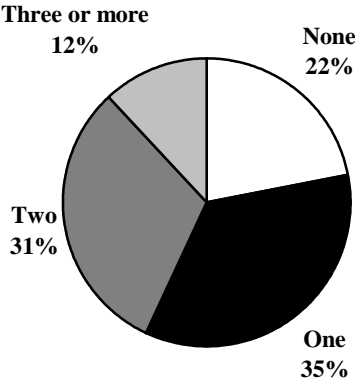
2.4 Provider Training and Supervision

According to findings from the 2001 GHFS, only 3% of facilities had a tenured doctor among their personnel (Figure 2.3). This was the same as had been observed in 1998. Half of facilities were staffed with at least one nurse in 2001, 13% with trained midwives, and 8% with health technicians. These proportions were each somewhat lower from three years earlier. Almost all facilities relied on other health professionals to maintain services, including technical agents, community-based agents, and village birth attendants. In 2001 over half (56%) further relied on *stagiaires* and volunteers, but this was less than the 82% noted in 1998.

Training of health personnel in integrated reproductive health services has been supported by USAID since 1998 under the initiative, *Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA* (PRISM). In 2001, over three-quarters (78%) of health facilities surveyed had at least one service provider offering reproductive, maternal or child care services who had been trained under the PRISM project. About a third had two PRISM-trained providers, and 12% had three or more (Figure 2.4).

Regular supervisory visits from representatives of the Ministry of Health can be useful in order to observe the conditions at local health facilities and help staff improve their services. Findings from the 2001 GHFS reveal that most (90%) of the public health centers received a supervisory visit within the six-month period preceding the survey. Just under a third (30%) were visited within the last month. The most commonly cited activities that occurred during supervisory visits were examination of files and records (61%), observation of consultations (49%), discussion of problems (49%), inspection or delivery of equipment (39%), and discussion of personnel issues (35%).

Figure 2.4: Percentage distribution of facilities by number of PRISM-trained service providers, 2001



Chapter 3: Availability of Equipment and Supplies

In 1997, the Guinean Ministry of Health adopted a set of standards for the provision of reproductive, maternal and child health care services at health facilities (*Normes et procédures de services en santé de la reproduction*). One of the objectives of the PRISM project is to promote awareness of and adherence to these standards. At the time of the 2001 Guinea Health Facility Survey (GHFS), 82% of the 158 facilities inventoried reported having a copy of the guidelines available on the premises. However, availability of the supplies and equipment listed inside the document as essential for service provision was varied.

3.1 Summary

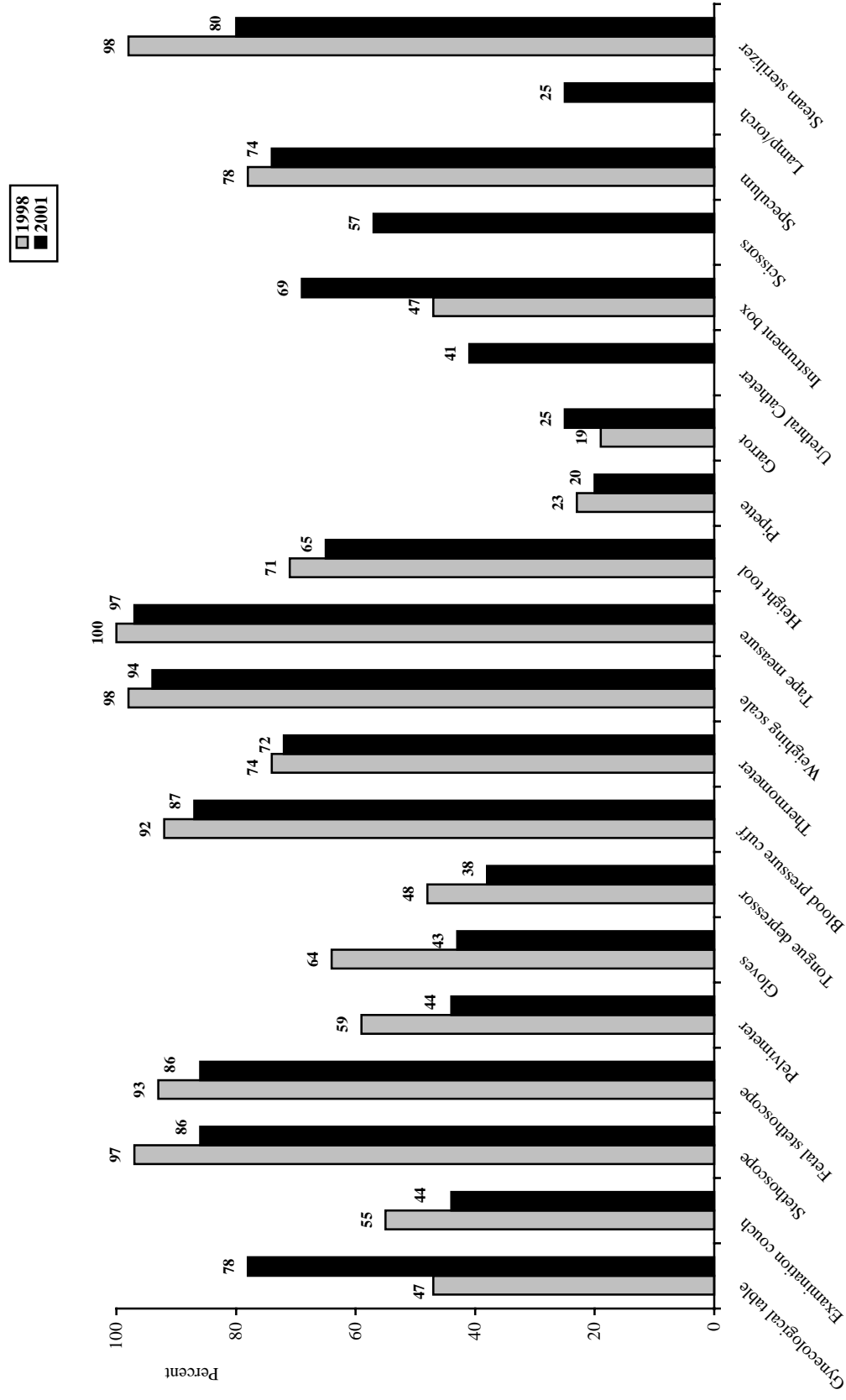
The GHFS included a questionnaire for assessing the availability of essential equipment and supplies for reproductive health care. The items evaluated included maternal and child health care supplies and equipment, family planning commodities, vaccines, drugs and other medical supplies, and informational materials. Where possible, comparisons are made against results from the 1998 Situation Analysis. Among the main findings:

- None of the facilities was properly furnished with the range of essential equipment for provision of reproductive, maternal and child care services. Some equipment was more widely available in 2001 compared to three years earlier, including gynecological tables and instrument boxes, but many materials were less available. Less than half of facilities had a pelvimeter, examination couch, gloves and tongue depressors. Few had a mucus extractor, reflex hammer or facial mask for ensuring quality newborn care. Equipment for the provision of immunizations tended to be much more widely available.
- Family planning commodities were largely available at the time of the survey. Over 90% of facilities carried the four main supply methods: condoms, progesterone-only

oral contraceptives, combination oral contraceptives, and injectables. Stock-outs continued to occur, though generally less often than had been observed in 1998. By far, IUD remained the least widely available.

- While most facilities had the four vaccines for child immunization currently available, stock-outs were more problematic. A large proportion of facilities experienced stock-outs in the six-month period preceding the survey, especially of the BCG vaccine.
- The availability of essential drugs and medical supplies varied. While most facilities carried at least some anti-infective drugs, certain types (notably amoxicillin and benzylpenicilin) were poorly available. Stock-outs of treatments for malaria, diarrhea and anemia continued to be problematic.
- All of the facilities had at least some IEC materials for reproductive, maternal and child health. Materials on family planning were almost universally available, whereas other areas of health care were less widely addressed (including safe motherhood, maternal nutrition, and malaria). In general IEC materials tended to be more available in 2001 compared to 1998.

Figure 3.1: Percent of facilities with equipment and supplies for reproductive, maternal and child care services



3.2 Materials and Equipment for Reproductive, Maternal and Child Care Services

The GHFS collected logistical information for a series of equipment and materials considered essential for reproductive, maternal and child health care provision. The availability of these items in good working order on the day of the survey varied from nearly universal (97% having a tape measure) to less common (only 20% having a pipette).

As seen in Figure 3.1, twelve of the twenty listed items for general service provision were each available in at least half of the facilities: tape measure, weighing scale, blood pressure cuff, stethoscope, fetal stethoscope, steam sterilizer, gynecological table, speculum, thermometer, instrument box, height gauge, and scissors. Gynecological tables and instrument boxes in particular were much more widely available in 2001 compared to findings from the 1998 Situation Analysis.

Forty-four percent of facilities each had a pelvimeter and an examination couch in 2001. Slightly less had gloves (43%) and disposable tongue depressors (38%). All four of these items were less widely available compared to three years earlier.

None of the facilities had all twenty items functioning on the day of the survey, and only 18% had at least fifteen items. The majority, 76%, of the facilities had no more than ten of the items deemed essential for ensuring quality general reproductive, maternal and child health care.

The availability of specialized equipment and materials to handle deliveries and infant care was also evaluated in the survey. Most facilities had umbilical cord ligature (94%) and a weighing scale for babies (84%). Many fewer had a mucus extractor (25%), reflex hammer (23%), and infant mask (3%). While the availability of umbilical cord ligature and mucus extractors was more widespread in 2001 compared to 1998, the reflex hammer was less so (Figure 3.2).

None of the facilities had all five of these items deemed essential for deliveries and infant care services in 2001, and only 9% had four of the items. About two-thirds of facilities had two items or fewer.

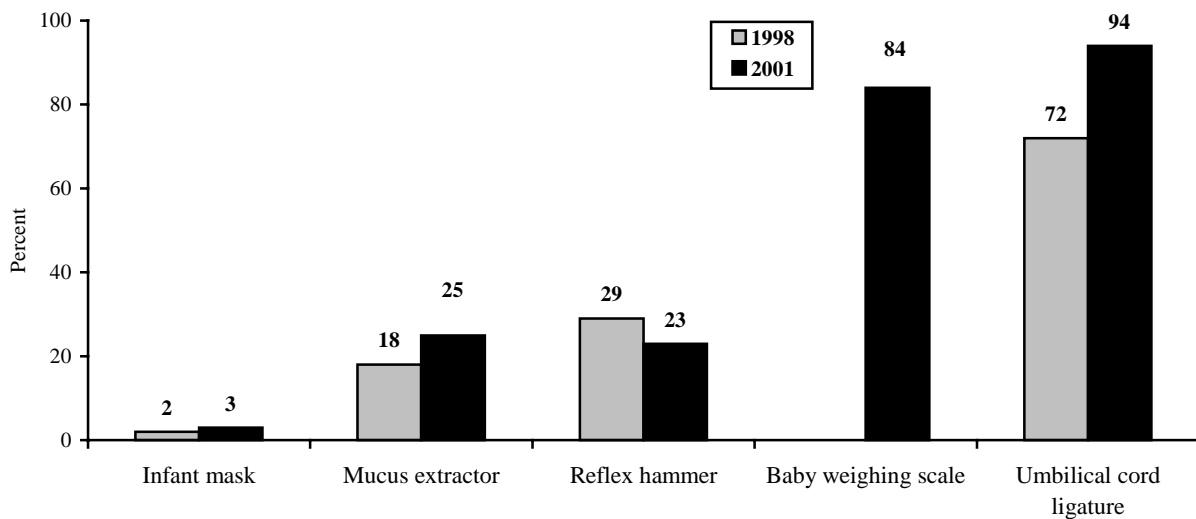
Equipment for child immunization services tended to be much more widely available. Nearly one-quarter (23%) of facilities had all of the six items listed as essential for quality service provision, and another 59% had five of the items (Figure 3.3). A tray with cover was the only item not available in a large proportion of facilities; other items such as vaccine carriers, cold storage units and syringes were each available in over 90% of the locations visited.

The survey further gathered information on the availability of surveillance support materials at health facilities. Ideally records should be kept for reporting to the central level, the *Service National d'Information Sanitaire* (SNIS), and also for organizing useful data at the facility level for program planning. Most facilities (94%) maintained a consultation register in 2001, about the same as in 1998 (Figure 3.4). However, only half had a register for immunizations. Some materials for monitoring maternal and child health activities were more widespread in 2001 compared to three years earlier (notably child growth charts), but others were less so (child health cards, pregnancy monitoring charts, and evacuation registers). These findings suggest that statistical tracking is not being carried out systematically and continuously for each area of health care intervention.

3.3 Family Planning Commodities

According to findings from the GHFS, virtually all of the facilities reported offering family planning services, and commodities were largely available on the day of the survey. Over 90% of facilities were carrying at least one of the four main supply methods: condoms (94%), progesterone-only oral contraceptives (94%), combination oral contraceptives (93%), and injectables (91%). However most were unable to provide a full range of contraceptive supplies. The two other methods inventoried were less widely

Figure 3.2: Percent of facilities with equipment and supplies for deliveries and infant care



available, spermicides and especially intra-uterine devices (IUD).

Only 8% of facilities carried all six methods, largely due to low availability of IUD. Excluding consideration of spermicide and IUD, 86% of facilities carried the four main supply methods. Another 9% carried three of these methods.

Between 1998 and 2001, the proportion of facilities having injectables available increased, while those having spermicide or IUD decreased somewhat (Figure 3.5). Availability of condoms and orals (either type) remained about the same.

The inventory also contained questions for determining whether any of the commodities were out of stock during the last six months. Sixteen percent of facilities offering family planning at the time of the survey were found to have recently experienced a stock-out of at least one method. The stock-outs were most common for injectables and condoms (at 8% and 6% of facilities respectively). The supply of condoms has significance for both family planning and prevention of sexually transmitted infections including HIV/AIDS. While stock-outs are generally undesirable as they undermine access to quality health services, it should be noted that

they might sometimes indicate a high client volume.

Overall, 7% of facilities provided all six family planning commodities continuously during the six-month period prior to the 2001 survey. Again this was largely due to low availability of IUD. Condoms, progesterone-only orals and combination orals were each continuously available at some 90% of facilities.

Continuous availability of the pill (either type) increased between 1998 and 2001 (Figure 3.6), mostly thanks to less frequent stock-outs. Stock-outs also occurred less often for injectables, contributing to greater continuous availability of this method across survey periods.

At the same time, most of the facilities stored their contraceptive supplies properly. Eighty-nine percent of facilities maintained a written product inventory, and 83% organized their supplies according to the expiration date. A similar proportion (84%) stored the commodities in a location adequately sheltered from rain, sunlight, extreme temperatures, and rats or other pests. This is about the same level as had been observed in 1998 (87%).

Figure 3.3: Percent of facilities with equipment for immunization services

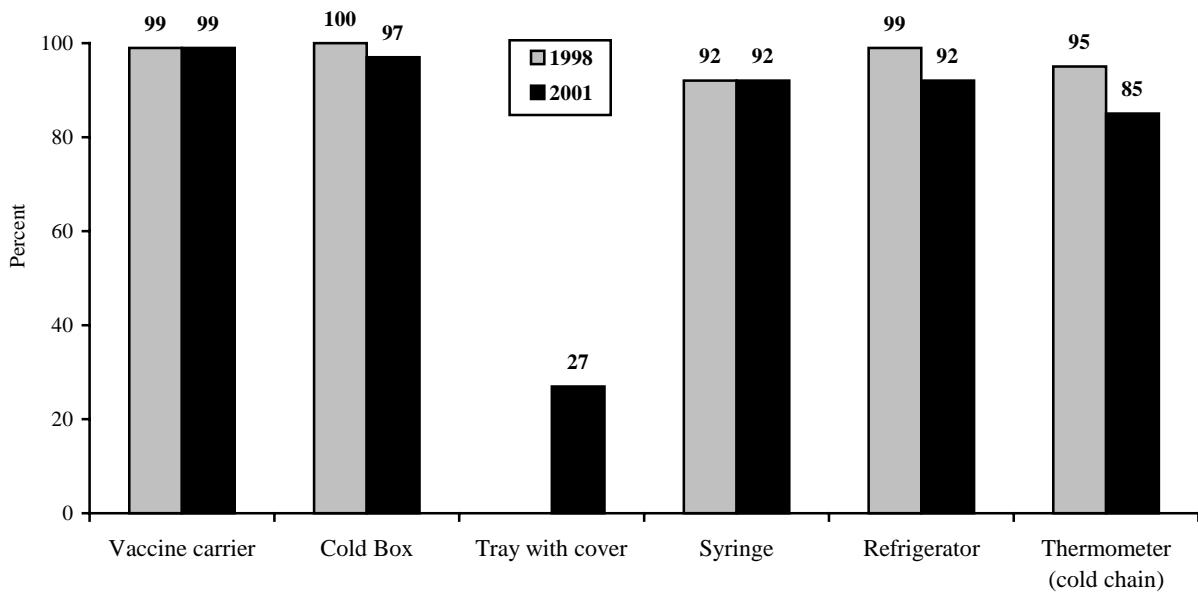


Figure 3.4: Percent of facilities with surveillance support materials

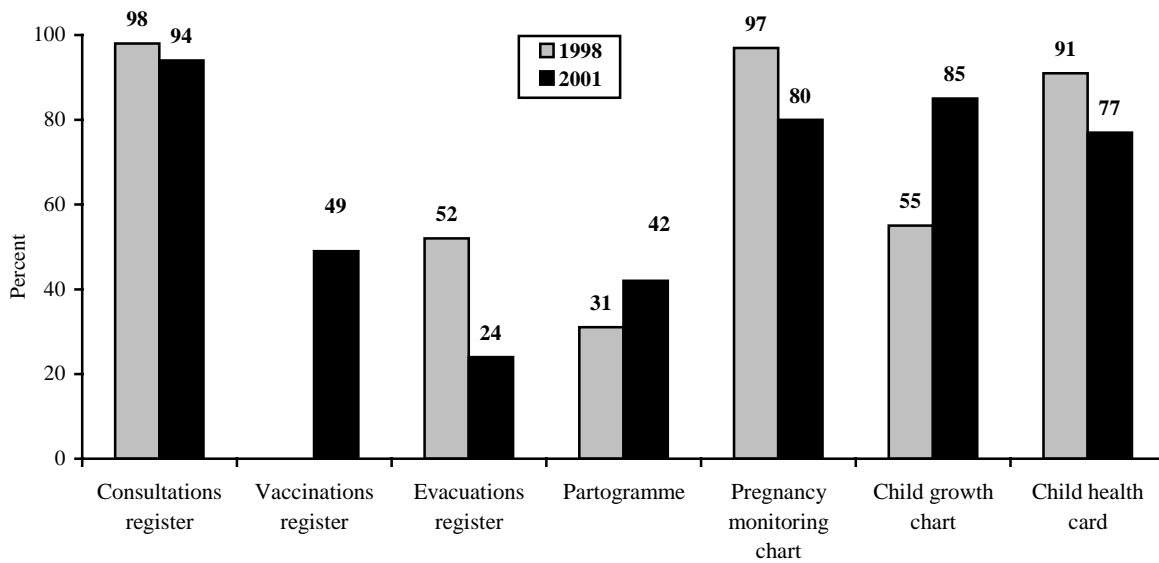
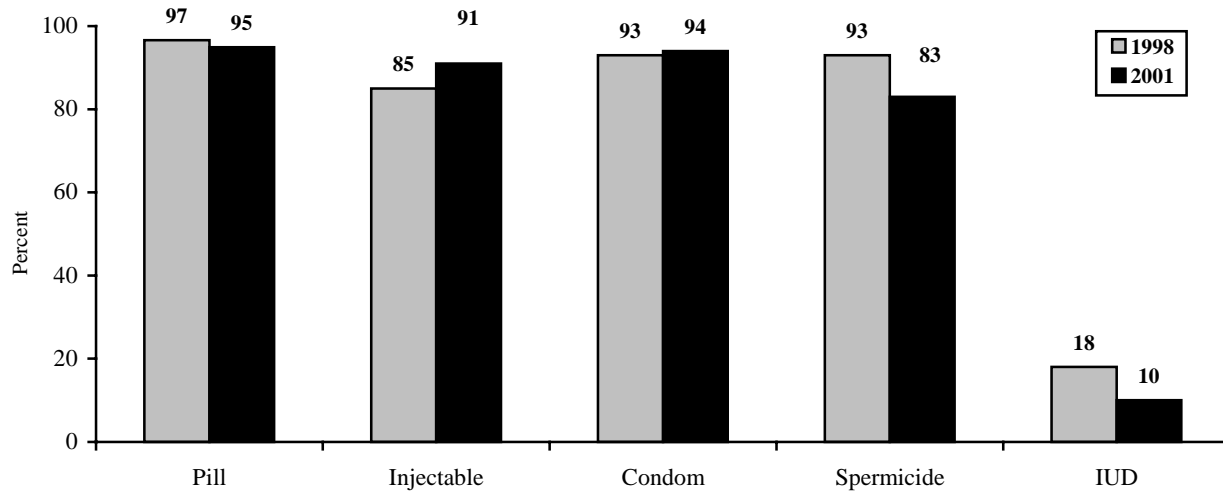


Figure 3.5: Percent of facilities with current availability of family planning commodities



3.4 Vaccines

Most facilities had the four vaccines required for a child to be considered fully immunized currently available: BCG (91%), DPT (91%), polio (90%), and measles (90%). Eighty-one percent had all four of the vaccines on the day of the survey. Just 9% had two or fewer available.

However, a large proportion of facilities offering immunization services (43%) was found to have experienced stock-outs of at least one of the vaccines in the last six months. After considering stock-outs, only 45% had all four vaccines continuously available for the six-month period leading up to the survey. Over a third (36%) of facilities had no more than two vaccines continuously available. The BCG vaccine was most susceptible to stock-outs of supplies.

Continuous availability of three vaccines was lower in 2001 compared to 1998; only the polio vaccine was more likely to be continuously available (Figure 3.7).

Despite certain logistical problems in maintaining supplies, most facilities were found to organize a proper inventory system for their vaccines. Eighty-six percent kept a written stock report, and 82% organized their inventory by expiration date.

3.5 Drugs and Medical Supplies

The established guidelines for reproductive health services include a list of drugs and medical supplies that should be available for responding to basic health needs. The list includes treatments for both curative and preventive health care.

According to the GHFS, the availability of anti-infective drugs for treatment of a host of reproductive, maternal and child illnesses varied across the area of intervention. While all health facilities carried at least one anti-infective drug on the day of the survey, none had a whole set of seven essential antibiotics and antibacterials. Particularly lacking were amoxicillin (tablet or powder) and benzylpenicillin, both drugs for the treatment of childhood illness (respiratory tract infections). Availability of amoxicillin was also found to be rare in the 1998 survey (Figure 3.8).

On the other hand, over 90% of facilities carried the antibiotics cotrimoxazole/ ampicillin, gentian violet, and metronidazole. Three-quarters (75%) had procaine penicillin, and 21% had erythromycin, essential for the syndromic management of STIs. In particular, cotrimoxazole was more widely available compared to three years earlier.

Seventy-seven percent of facilities had at least four different anti-infective drugs currently available in 2001. However each of the seven

drugs listed had been subject to some degree of stock-outs in the last six months. Most affected were procaine penicillin and metronidazole. After consideration of stock-outs, just 54% of facilities were found to have four or more anti-infective drugs continuously available during the six months before the survey.

Almost all facilities (95%) had at least one anti-malarial drug available on the day of the survey. Eighty-seven percent of facilities had chloroquine and 72% had quinine (Figure 3.9). Nearly two-thirds (64%) had both. However stock-outs continued to be a problem, and only half (49%) of facilities were able to offer both antimalarials continuously over the six-month period leading up to the survey. Continuous availability of quinine was about the same as had been observed in 1998, but chloroquine was somewhat less continuously available.

Oral rehydration salt (ORS) packages, a treatment for diarrhea to combat dehydration, were considerably less available in 2001 compared to 1998 (Figure 3.10). Only some two-thirds of facilities (69%) had the treatment currently in stock in 2001, as opposed to widespread availability three years earlier. It should be mentioned, however, that ORS packets are also available in the private sector for purchase and some providers may be prescribing them rather than distributing. Stock-outs were also more frequent in 2001. Just half of facilities (54%) carried ORS for a continuous six-month period according to 2001 survey results. Even fewer, 44%, reported continuous availability of sodium lactate for intravenous treatment of severe diarrhea. Two-thirds (66%) had at least one of the gastrointestinal treatments continuously available leading to the 2001 survey, but only about one-third (32%) had both.

Most facilities (83%) carried iron supplements (either ferrous sulfate or ferrous folic acid) to treat anemia. Stock-outs remained a problem, with only two-thirds (64%) reporting continuous availability during the prior six-month period. This was slightly less than the 70% of facilities which reported continuous availability of iron in 1998.

Other drugs and medical supplies ranged in their availability. Lidocaine, a local anesthetic, was found at 82% of facilities the day of the survey. Seventy-two percent had the anticonvulsant Diazepam. At the same time, just 58% of facilities carried distilled water for preparation of solutions and injections.

3.6 IEC Materials

The survey assessed whether the facilities had signposts and information, education and communication (IEC) materials appropriately displayed. The extent to which facilities have such materials is one measure of institutional commitment to the promotion of family planning and other reproductive health services.

Ninety-two percent of the facilities had signs visibly posted (either inside or outside) indicating the availability of family planning services. This represented a sharp increase from 1998, when 71% had such signs.

Most facilities (92%) displayed more than one type of sign indicating service availability in 2001. Signs for child health services were commonly visible (87%), followed by signs for consultations for prenatal care (73%) and for sexually transmitted infections (48%). A much lower proportion of facilities (39%) had signs listing the prices for any of these services.

All of the facilities had at least some IEC materials for reproductive, maternal and child health. Ninety-nine percent had materials for family planning (either poster, brochure or *boîte à images*). At least half of the facilities had informational materials on diarrhea, breastfeeding, HIV/AIDS, immunizations, STIs, Vitamin A, adolescent reproductive health, acute respiratory infections, and child nutrition (Figure 3.11). Least likely to be available were materials on maternal nutrition, malaria, and safe motherhood (delivery).

Most of the IEC materials were much more widely available in 2001 compared to 1998. Only materials on immunization and malaria were less widely available at the time of the latest survey.

Figure 3.6: Percent of Facilities with Continuous Availability of Family Planning Commodities in the Last 6 Months

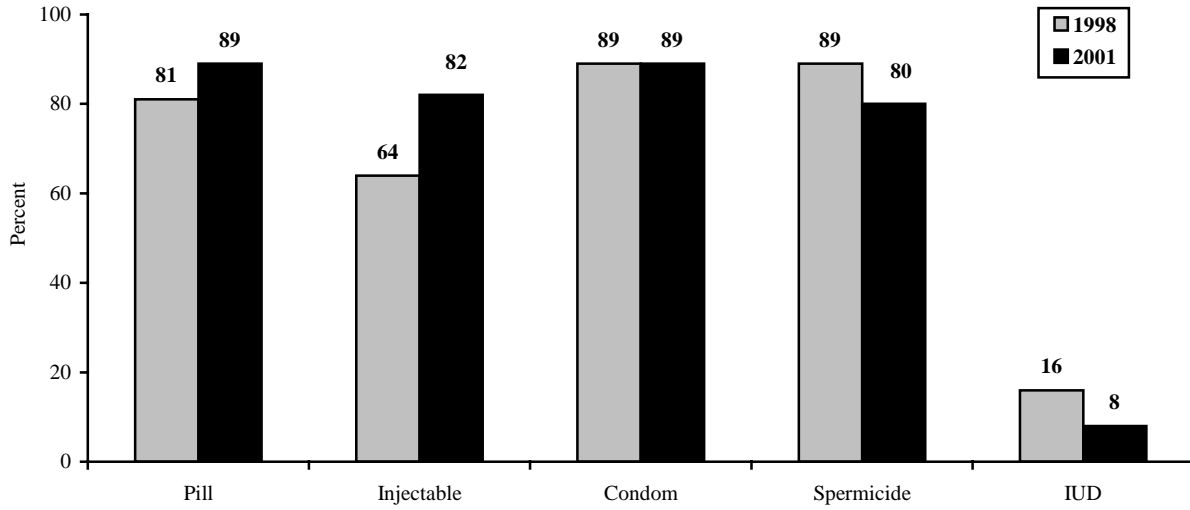


Figure 3.7: Percent of Facilities with Continuous Availability of Vaccines in the Last 6 Months

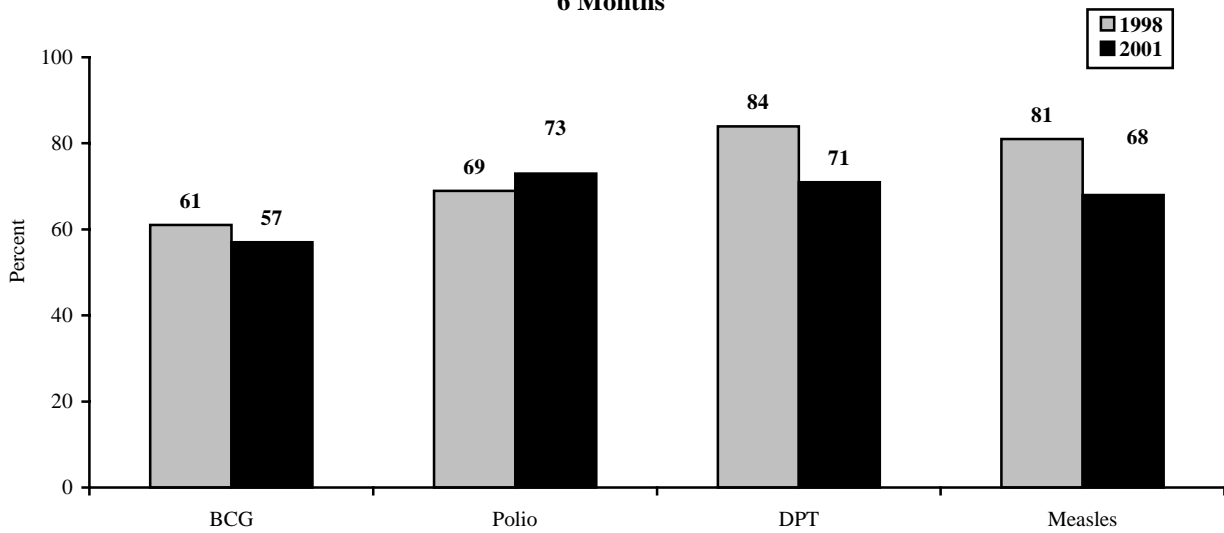


Figure 3.8: Percent of Facilities with Anti-infective Drugs Currently Available and Continuously Available in the Last 6 Months

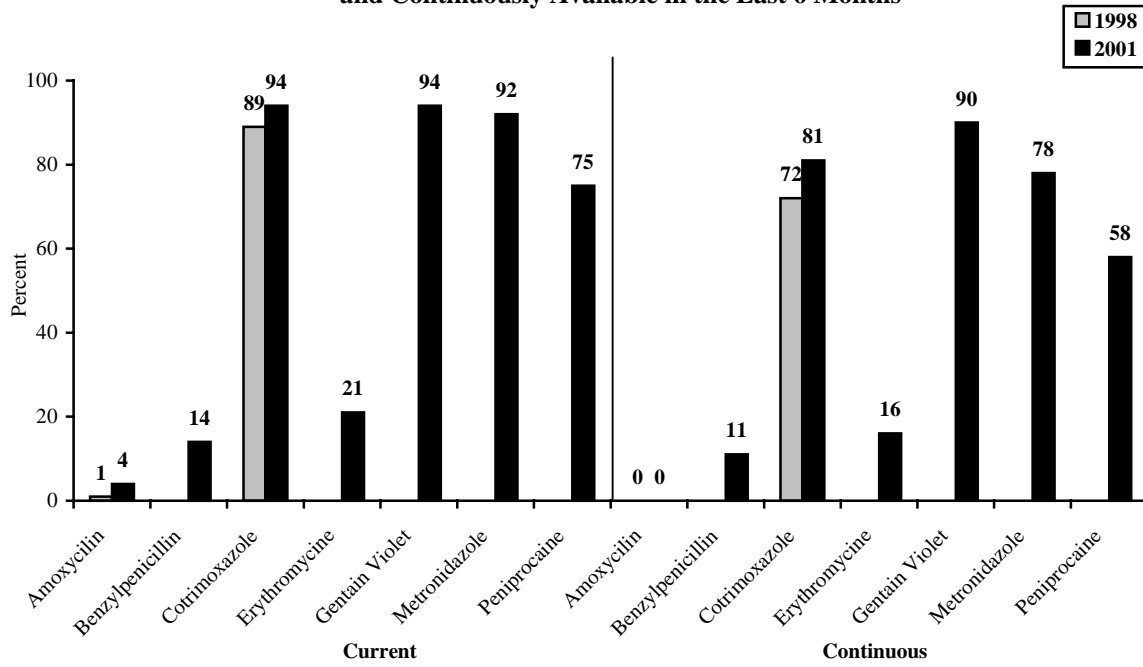


Figure 3.9: Percent of Facilities with Antimalarials Currently Available and Continuously Available in the Last 6 Months

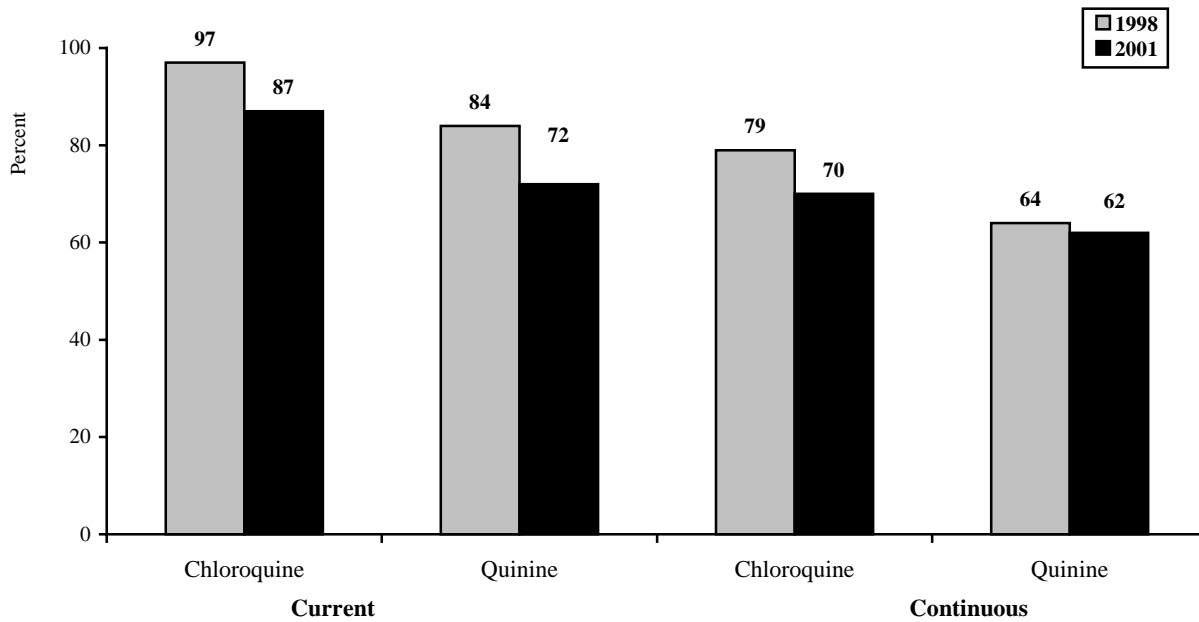


Figure 3.10: Percent of facilities with diarrhea treatments currently available and continuously available in the last 6 months

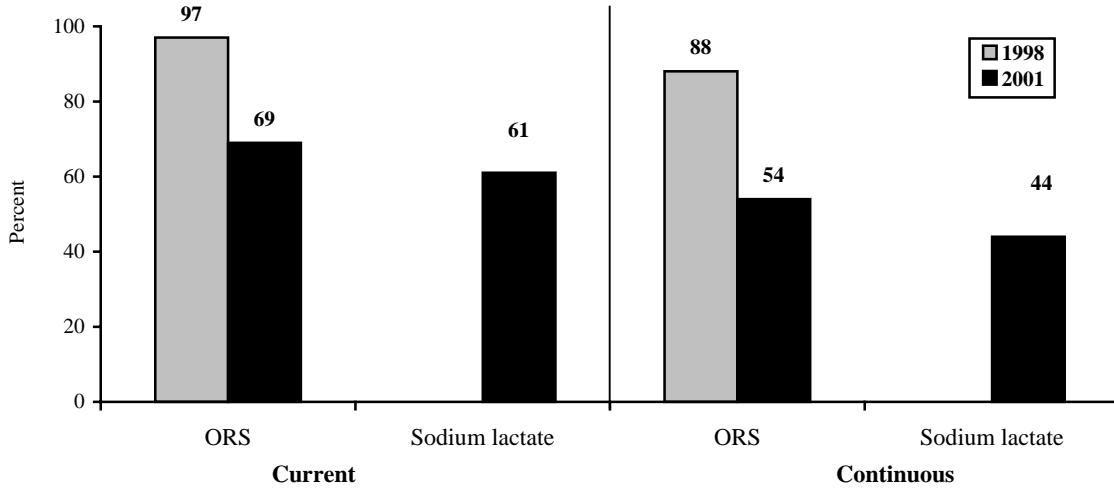
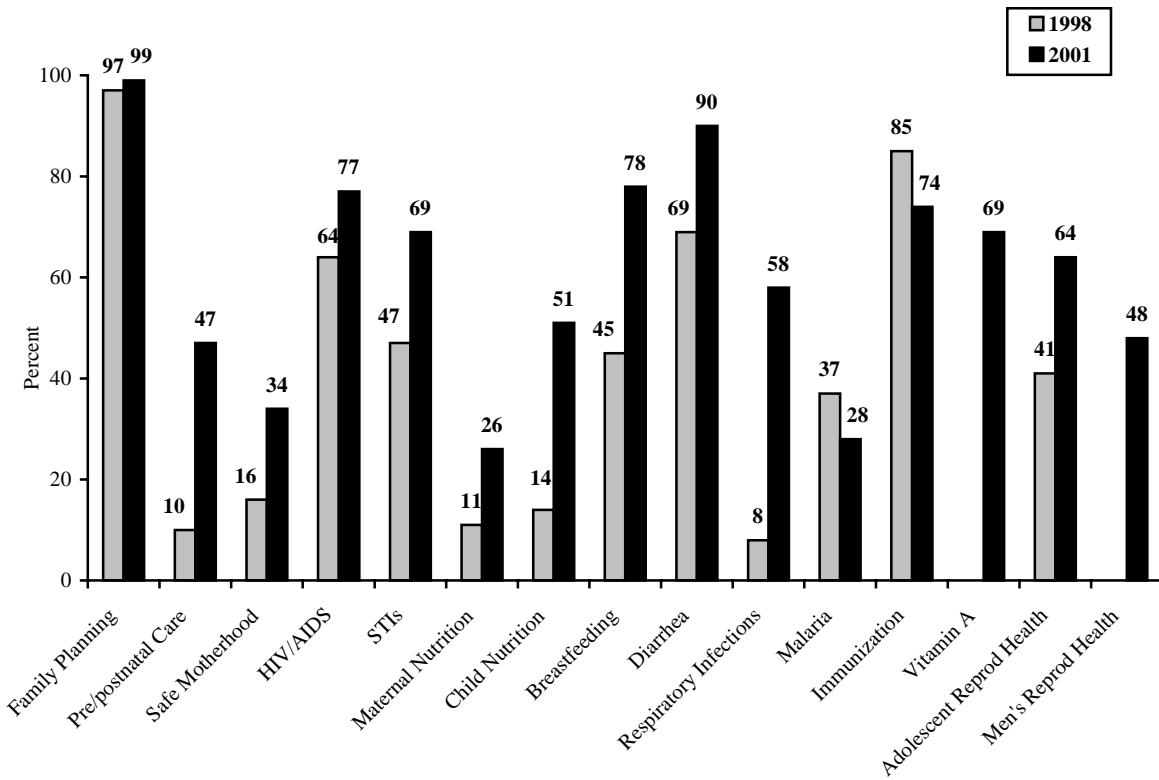


Figure 3.11: Percent of Facilities with IEC Materials



Chapter 4: Family Planning Services

The Guinea Health Facility Survey contained an observation module for family planning consultations. The instrument was designed to allow for the independent gathering of information on the compliance of service provision with established norms for quality of care. The module covered family planning counseling, the physical exam, selection and adoption of a family planning method, and consultation follow-up.

4.1 Summary

A total of 83 family planning consultations were observed during the course of the Guinea Health Facility Survey. Almost all of the clients followed were women (94%); one man and four couples were also observed during a consultation. The service provider was designated as a health agent in more than half of the observations (59%), but midwives (21%) and nurses (18%) also conducted an important number of family planning consultations.

Some of the key findings are the following:

- In the counseling with family planning clients, providers did not always discuss details of the client's reproductive history, medical problems or method side effects, or possible symptoms of sexually transmitted infections. However providers were more likely to ask new family planning clients a broad range of questions about reproductive history and intentions, as well as signs and symptoms of STIs.
- The client's blood pressure and weight were regularly taken during the physical exam. Other procedures, including pelvic and breast exams, were conducted less frequently. Laboratory tests for pregnancy, anemia or cervical cancer were rarely performed or referred.
- Injectables and pills were the contraceptive methods most frequently discussed by providers and requested by clients. Other modern methods such as the IUD, condoms and

spermicide were less often discussed. Lactational amenorrhea for family planning and other traditional methods were neither discussed nor requested during the observed consultations.

- Providers were consistent in explaining to the client how to use the chosen method, but less consistent in discussing details such as what to do in case of side effects or the method's effectiveness in protecting against STI/HIV/AIDS.
- Almost all the clients received their preferred method. In the few opposite cases, the reason for not receiving the preferred method was usually attributed to biomedical reasons rather than stock-outs at the facility.

4.2 Family Planning Counseling

Health service providers varied considerably in the extent to which they followed the established norms and procedures for family planning consultations. Interpersonal skills were largely good, as almost all the providers greeted the client at the start of the consultation (96%). Most examined the client's health card (66%); however, few explained the process of the consultation (29%).

During the course of the consultation, the topics covered varied depending on whether the woman had previous experience with family planning. Ideally, providers should be discussing a client's full reproductive history, client and partner's family planning intentions, as well as medical history and method side effects. However in many cases with current or past family planning users, it is likely that some of the background information is already included in the client health card. Thus it is reasonable that during consultations with current or past users, providers may have tended to dispense with many of these background questions.

Figure 4.1: Counseling topics discussed between provider and client during family planning consultations

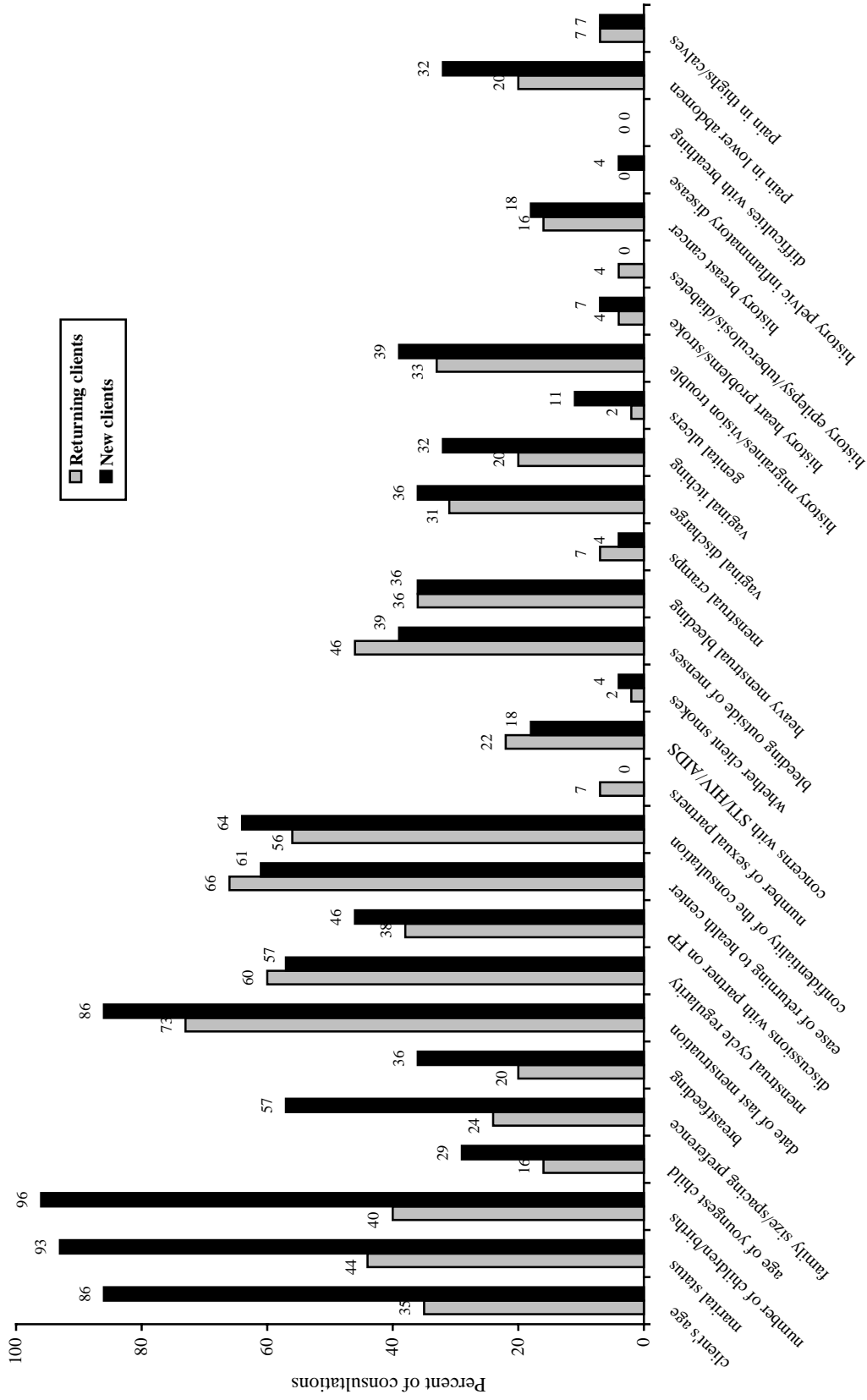
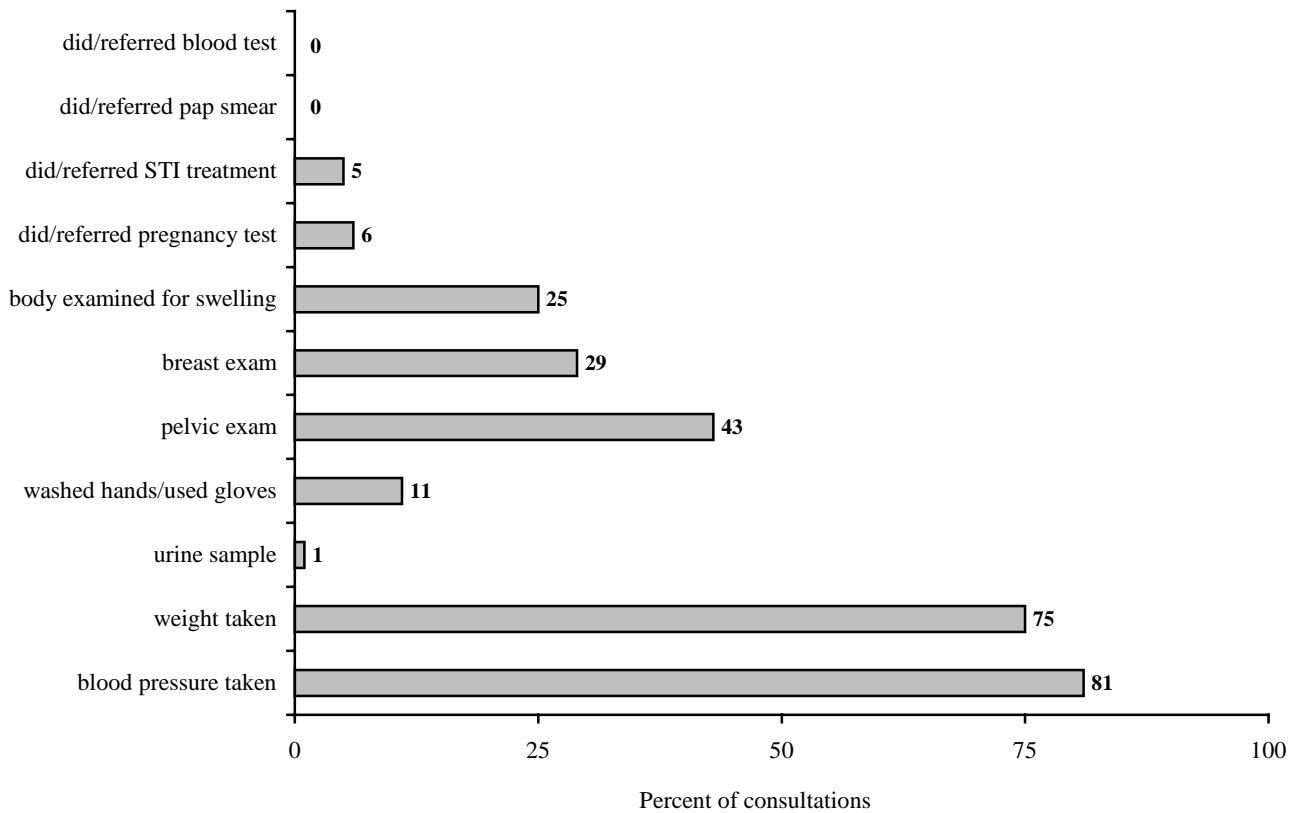


Figure 4.2: Provider actions taken during the physical exam for family planning consultations



Providers more often than not reassured the client of the confidentiality of the visit, and asked about any difficulties in getting to the facility. This was true for both new and returning clients.

As seen in Figure 4.1, providers more frequently asked for information about the woman's background and reproductive history in consultations with new family planning clients. In over 85% of consultations with new clients, the provider asked about the woman's parity, marital status, and age: essential elements for selecting an appropriate method for birth spacing or limitation. About half of the sessions further touched on the spouse's family planning preferences.

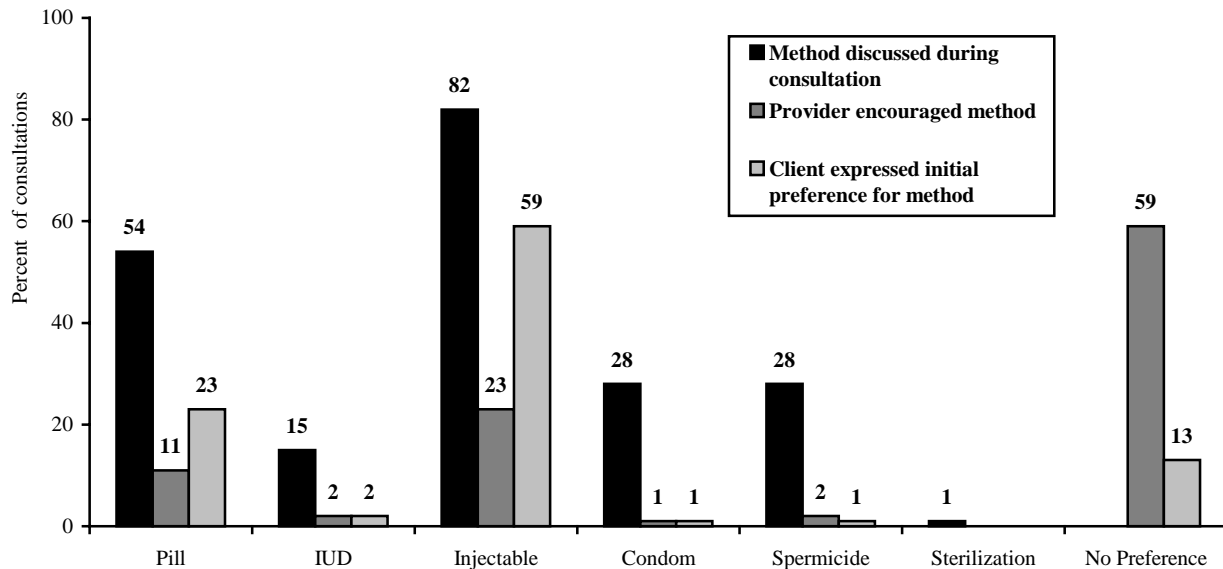
Most of the discussions with both new and returning clients covered the date of the woman's last menstrual cycle (86% and 73% respectively), a necessary piece of information for determining her potential pregnancy status. The

occurrence of bleeding outside of the woman's period or excessively heavy menstrual bleeding were less often discussed.

More of the consultations with new clients covered a range of reproductive health and medical topics than with returning clients. Providers were more likely to ask new clients questions about vaginal itching, discharge or ulcers, that is, the possible signs and symptoms of sexually transmitted infections. They were also somewhat more likely to probe into the client's medical history, asking questions about previous troubles with migraines or blurred vision, lower abdominal pain, pelvic inflammatory diseases or ectopic pregnancies, heart troubles, or breast cancer. For neither group of client, however, were these issues addressed in more than 40% of the consultations observed.

Certain other health and behavioral topics that should be addressed for determining an appro-

Figure 4.3: Contraceptive methods discussed during family planning consultations



appropriate contraceptive method – notably whether the client smokes cigarettes, has multiple sexual partners, has had pain in her thighs or calves, has experienced painful menstrual cramps, or has had breathing difficulties – were rarely discussed.

4.3 Physical Exam

For the physical exam of family planning clients, most providers only performed a minimal number of elements. As seen in Figure 4.2, the majority took the client’s blood pressure (81%) and weight (75%). On the other hand, in less than half of cases did the provider conduct a pelvic exam (43%) or breast exam (29%).

Other procedures were performed even less frequently. Clients were rarely given or referred for pregnancy tests, urine tests or treatment of sexually transmitted infections. (However, as was previously mentioned, most clients were asked questions to help ascertain their pregnancy status and about a third were asked questions about the presence of STI symptoms.) No client received or was referred for a blood test for anemia or a pap smear for cervical cancer during the observed consultations.

Additional elements essential for providing a quality physical exam are proper hygienic and sanitary conditions. In only 11% of the consultations were the providers observed to have washed their hands before the exam or used sterile gloves. Providers used gloves in 14% of pelvic examinations.

4.4 Method Choice and Adoption

4.4.1 Methods Discussed

The family planning consultations generally covered a limited number of contraceptive methods, most often injectables and pills. In about half (52%) of the consultations, more than one method was discussed. Injectables were discussed in 82% and pills in 54% of the consultations, while other modern methods were discussed much less often (Figure 4.3). Only during the course of one consultation was voluntary surgical sterilization mentioned (though this method is generally not offered at the health facilities covered in the survey). No providers discussed traditional methods or the lactational amenorrhea method (LAM) for family planning purposes. Discussion of a wide range of options is an element of quality family planning services that can help clients make a better informed choice.

There did not appear to be any apparent trend of provider bias towards a specific method. In most consultations (59%), the observers did not detect a particular provider encouragement for a given method. When a recommendation was given, it was usually favoring either injectables (23%) or the pill (11%). Likewise, clients were observed to have most often expressed an initial preference for either injectables (59%) or the pill (23%).

4.4.2 Problems with Method among Returning Clients

Two-thirds of the consultations observed (55 out of 83) were with clients who were currently practicing family planning or who had used contraception in the past. Of these returning clients, 69% used the injectable and 27% used the pill. Only one client used each the IUD and condoms respectively.

Fifty-three percent of the returning clients indicated they had come to the health facility to discuss problems with their method. About a third (31%) received some form of medical treatment by the provider and another 11% were referred to another facility for treatment. The provider recommended a change of method in 14% of the cases.

4.4.3 Selection of a Method

The vast majority (87%) of the observed consultations concluded with the client selecting a contraceptive method. In the remaining 13% of cases, the client decided not to start using a method at that time. Most of these consultations were indicated as having been intended for informational purposes only.

The majority of clients who decided to use family planning selected the injectable (64%). Another 29% chose the pill, 6% opted for spermicides, and 1% for condoms (Figure 4.4). In none of the observations was a long-term method (including sterilization or IUD, which are generally less available at the health facilities surveyed) or traditional method selected for family planning purposes.

Of the clients who selected a contraceptive method, 7% did not receive their method during the consultation. Mostly these were cases of women for whom the provider ascertained there was a possibility of pregnancy. Only one woman did not receive her method of choice because it was not available at the facility.

Among the clients who had initially expressed a preference for a given contraceptive method, 87% received their preferred method during the visit. Most of the rest either changed their minds following the counseling with the provider, or were advised to wait for the return of menses before using a modern method.

Once a method was chosen, providers were fairly consistent in discussing with the client how to use the given method (82% of consultations). On over half of the consultations leading to method adoption, providers discussed potential side effects (60%) and advantages such as contraceptive effectiveness (52%). However, as seen in Figure 4.5, other elements essential for making a properly informed decision, notably advice for the client in terms of what to do or how to change methods in case of problems, were raised less often. The ability of the method to protect against STI/HIV was only covered in 8% of the discussions.

As previously mentioned, the injectable was the most common method selected at health facilities. The survey collected information on the quality of care in the provision of this method. Most providers were observed to have assured an aseptic procedure by disinfecting the point of injection (95%) and using a sterile needle (98%). However, only 23% washed their hands or used sterile gloves. About a third (35%) explained the procedure to the client.

Among the other contraceptive methods selected, the quantities of supplies distributed to clients varied considerably. Most of the clients who selected the pill received anywhere from 1 to 6 cycles; however 15% received none. The few spermicide users who obtained the method received between 4 and 30 units of the product, but most did not receive any. Only one client selected condoms and this person received 16

condoms at the facility. It is unclear if the pill and spermicide users did not receive their methods due to stock-outs at the facility or whether they were referred elsewhere (for example, a pharmacy) to obtain the product since both pills and condoms are available in the private sector in Guinea.

4.5 Follow-up

At the end of the family planning consultations, providers were consistent with recording the results in the clients' health cards. In every case where the client actually selected and received a method, the transaction was recorded in the health card.

Other elements marking interpersonal skills in quality of care were generally lacking. Few of the providers asked the clients if they had any questions (11%) or thanked them for coming to the facility (34%).

In 95% of the consultations, the client was also given a date for the next consultation. Among clients who received a method during the present visit, 72% received a referral for follow-up or re-supply at the same clinic; only 4% were referred elsewhere for follow-up.

Figure 4.4: Percentage distribution of methods selected among family planning users (n=72)

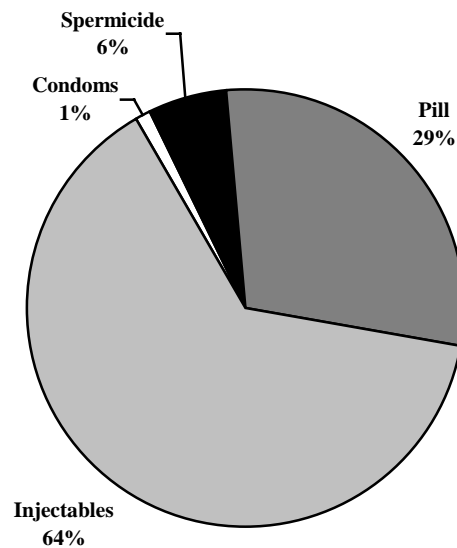
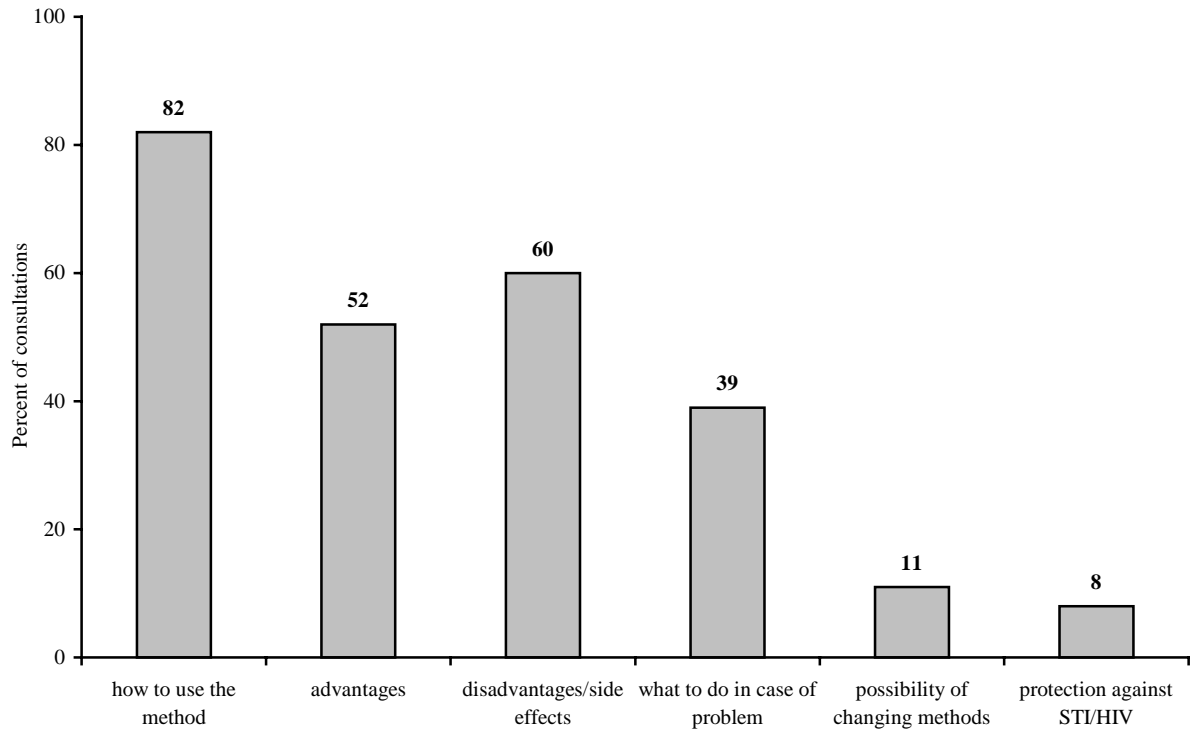


Figure 4.5: Method characteristics discussed following selection of family planning method



Chapter 5: Sexually Transmitted Infections and HIV/AIDS

Sexually transmitted infections including HIV/AIDS are commonly treated at the public health centers in Guinea. Providers are trained to follow the syndromic management approach, in which the provider makes a case diagnosis and prescribes treatment based on a cluster of symptoms rather than laboratory diagnosis. This approach permits case management of STIs in areas where laboratory facilities are poor or non-existent.

Client-provider consultations for STI/HIV/AIDS were observed during the course of the 2001 GHFS to assess provider skills in history taking, discussion of signs and symptoms, diagnosis and treatment, and preventative counseling. This chapter summarizes the results of these observations.

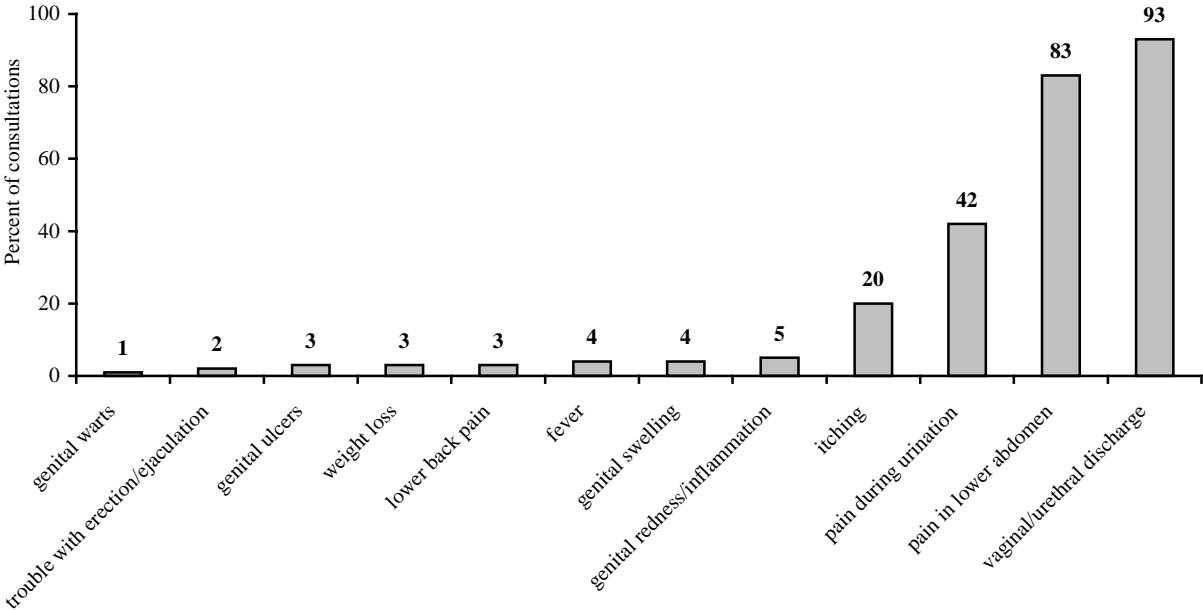
5.1 Summary

During the survey, a total of 274 consultations for STI/HIV/AIDS treatment and counseling were observed. The consultations were most frequently conducted by a health agent (62%), and the median length was 12 minutes.

Key findings from the observations include

- The most common reasons for clients to come to health facilities for STI/HIV/AIDS service were symptoms of genital discharge, lower abdominal pain, and pain during urination. The clients observed in this survey were overwhelmingly female (93%), suggesting that STI services being offered at public health facilities may not be meeting the needs of the male population.
- During the consultations, providers generally demonstrated strong interpersonal skills, such as greeting the client. However, only about half the consultations followed the norms for quality of care in terms of probing the client about the nature of symptoms and conducting an examination of the genitalia.
- Medications were prescribed in almost all STI consultations, usually more than one and sometimes as many as six different products. At the same time, in only half of the consultations did the provider inform the client of the diagnosis. Most providers fur-

FIGURE 5.1: Reasons cited by clients for seeking STI/HIV/AIDS services at health facility



ther advised their client to encourage treatment-seeking for all sexual partners.

- Discussion of condoms was not a routine part of the STI consultations. Only about one in ten providers explained that condoms could prevent HIV/STI or encouraged condom use. Rarely were clients shown how to correctly use condoms or given supplies.

5.2 General Consultation and Exam for STI/HIV/AIDS

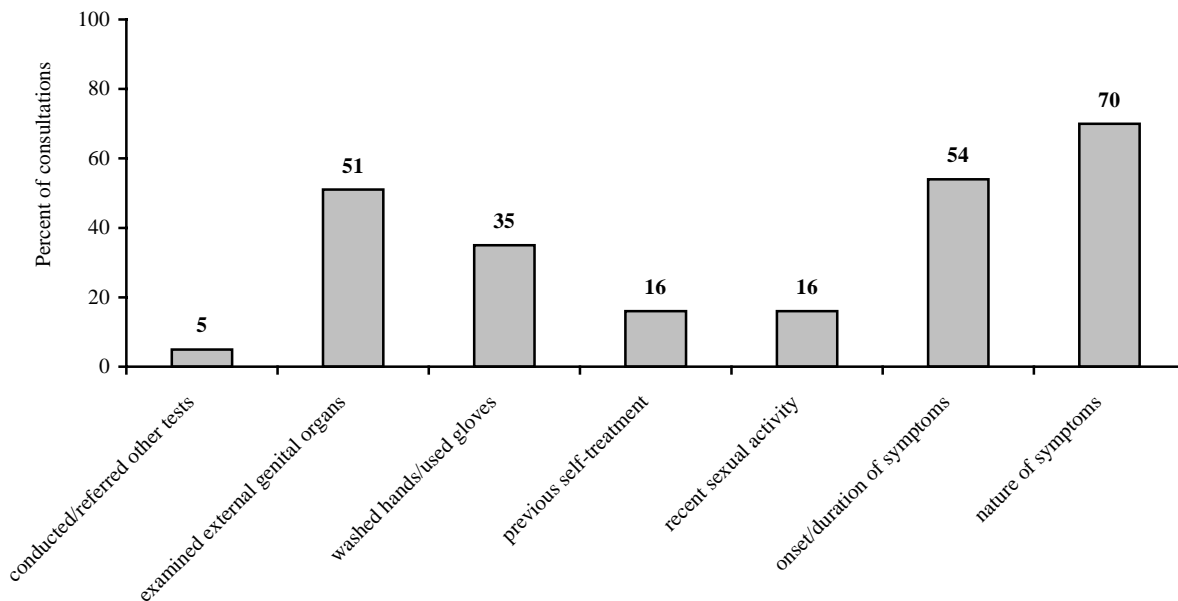
The degree to which providers followed the norms and procedures for quality services in treatment and counseling of sexually transmitted infections including HIV/AIDS tended to vary considerably across consultations. Interpersonal skills were generally strong, as most providers (80%) greeted the client at the beginning of the consultation and two-thirds (67%) reassured the client about the visit. On the other hand, significantly less (32%) explained to the client the process of the consultation. The majority of providers (83%) also examined the client's health card at the beginning of the consultation. The clients were overwhelmingly women (93%), and for most it was their first consultation for

STI services at the facility (77%). The most common reasons cited by clients for seeking STI/HIV/AIDS services at a health facility were expressed in terms of general symptoms such as genital discharge or pain (Figure 5.1). Pain in the lower abdomen or during urination were also common symptoms. Specific medical terms such as genital ulcerations or lesions were less often used.

A large percentage of providers (70%) probed the client regarding the nature of the symptoms (Figure 5.2). Slightly over half of the providers (54%) further inquired about the onset and duration of symptoms. About the same proportion conducted an examination of the external genitals (51%). However not all were properly equipped to ensure sanitary conditions, as only a third were observed to wash their hands and/or use sterile gloves during the exam.

Few of the providers explored the client's sexual history (16%) and previous self-treatment for STI signs and symptoms (16%). Conducting or referring for additional laboratory tests (blood, urine, etc.) was rare.

FIGURE 5.2: Counseling topics discussed and provider actions taken during STI/HIV/AIDS consultations



5.3 Diagnosis and Treatment

The public health centers in Guinea follow the syndromic management approach to STI diagnosis and treatment, an approach that enables the provider to diagnose and treat STIs in the absence of laboratory testing facilities. However, the syndromic approach does not allow diagnosis of specific pathogens so very few providers are able to tell their clients the nature of their illness. Indeed, in only 53% of consultations did the provider inform the client of the diagnosis, and this mostly without specifying an actual disease.

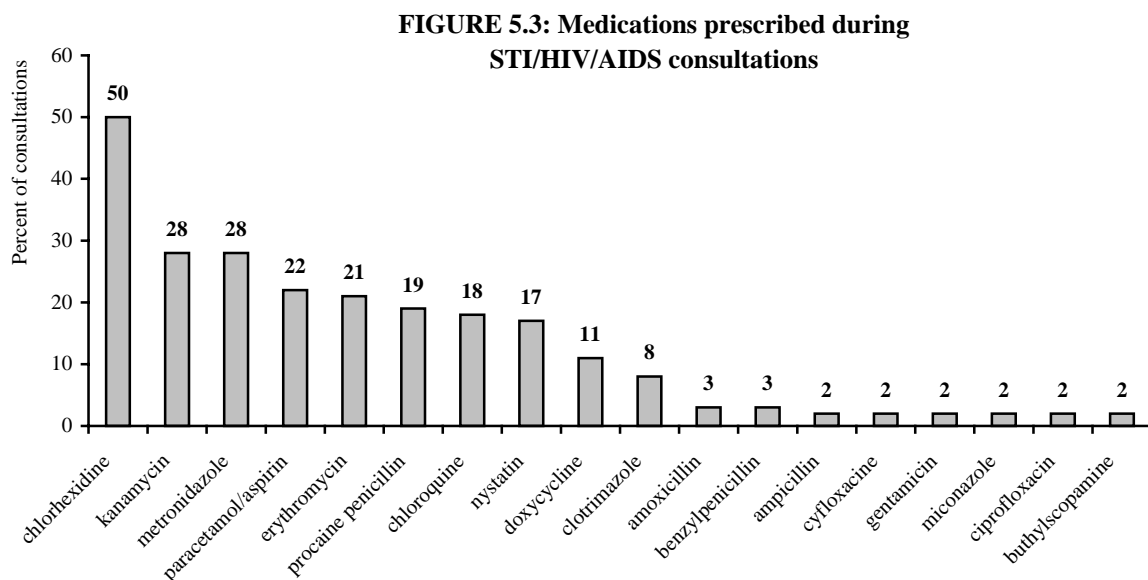
Medications were prescribed in virtually every consultation (98%), even if the specific pathogen was unknown. The most commonly prescribed medication was chlorhexidine, an antiseptic washing product, which was prescribed in 50% of the consultations (Figure 5.3). The most popularly prescribed anti-infectives included kanamycin (28%), metronidazole (28%), erythromycin (21%), procaine penicillin (19%), nystatin (17%) and doxycycline (11%). Paracetamol or aspirin was also prescribed in 22% of the consultations, presumably for those clients presenting with severe pain. Interestingly, an anti-malarial, chloroquine, was prescribed in 18% of consultations. Providers frequently prescribed more than one drug. The median number of

drugs prescribed during the consultations was three, with some patients receiving as many as five or six different medications.

Over half of providers (59%) explained to the client how to take each of the medications prescribed. However few (11%) posed an open question in order to ascertain whether the client correctly understood how to take them. Forty-two percent properly explained to the client the importance of completing the entire treatment for the STI infection, regardless of the duration of the symptoms. Just one-quarter (27%) further advised the client about the need to refrain from sexual activity or to use condoms until the completion of treatment.

5.4 Preventive Counseling and Follow-up

Following the exam and diagnosis, the provider should ideally provide some basic counseling on the prevention of STI/HIV/AIDS. About half the providers (50%) specified to their client that the infection they contracted was sexually transmitted and more than half (61%) encouraged the client to seek treatment for all sexual partners (Figure 5.4).

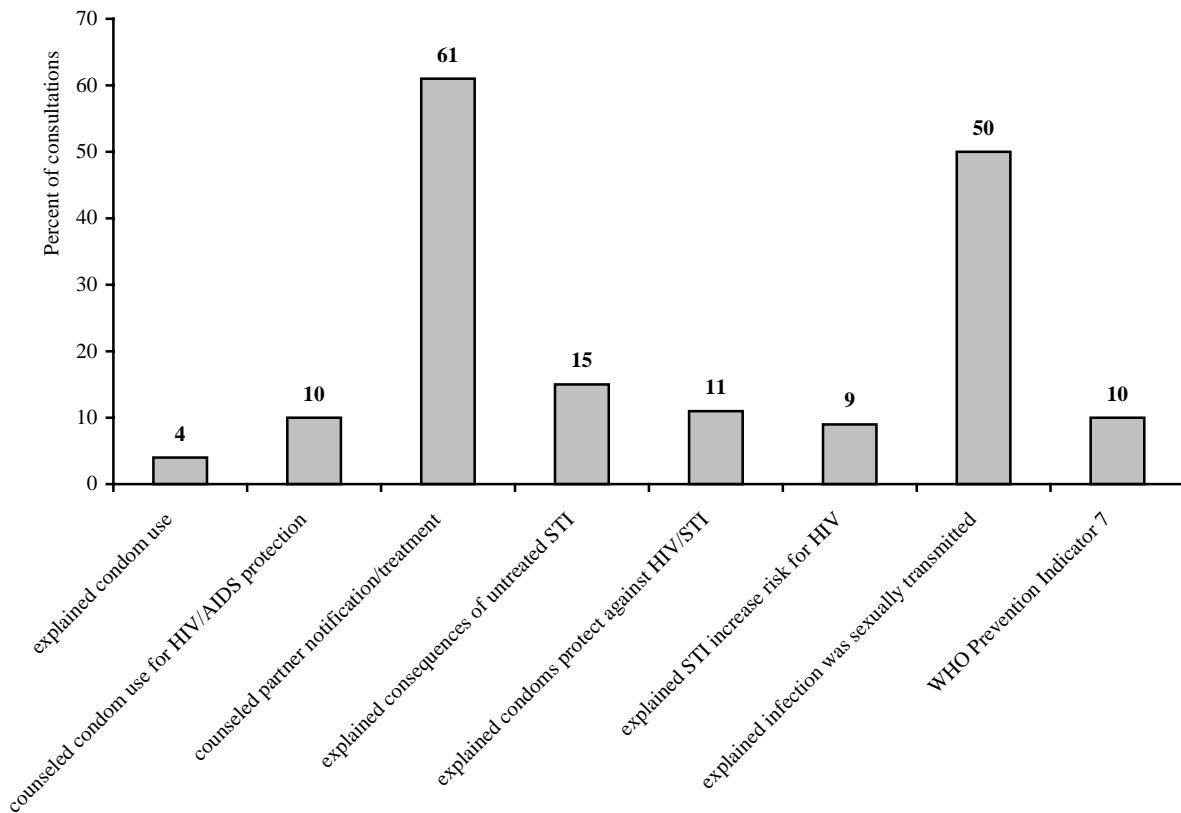


However, discussion of condoms as a barrier method was not a routine part of the STI consultations. Only 11% of providers explained that condoms could prevent HIV/STI, and fewer still encouraged condom use (10%) or demonstrated their use (4%). Condoms were given to clients in only 2% of the consultations. WHO Prevention Indicator 7, percentage of clients counseled on condom use and partner notification, is a key indicator of the quality of STI services. In the facilities surveyed in this study, only 9.5% of those observed were counseled on both elements.

Providers were not likely to discuss specific details regarding the nature of STIs and HIV/AIDS. Only about 15% of providers explained the health consequences of untreated STIs, and less than 10% explained that having an STI increases the risk for HIV/AIDS.

Providers were consistent in recording the results of the STI/HIV/AIDS consultations in the clients' health cards. All providers were observed to have recorded the examination results in the clients' health cards (99%), and most set an appointment for a follow-up visit (68%).

FIGURE 5.4: Preventative counseling topics discussed by provider during STI/HIV/AIDS consultations



Chapter 6: Prenatal Care

Prenatal care services are designed to provide preventive care, prophylactic treatment and counseling, and identify risk factors for pregnancy complications. Ideally, visits are encouraged during the first trimester of pregnancy and regularly during each trimester thereafter. Client-provider encounters for prenatal consultations were observed during the 2001 GHFS to monitor provider skills in history taking, general physical and obstetrical examinations, preventive counseling, preventive care, and interpersonal relations.

6.1 Summary

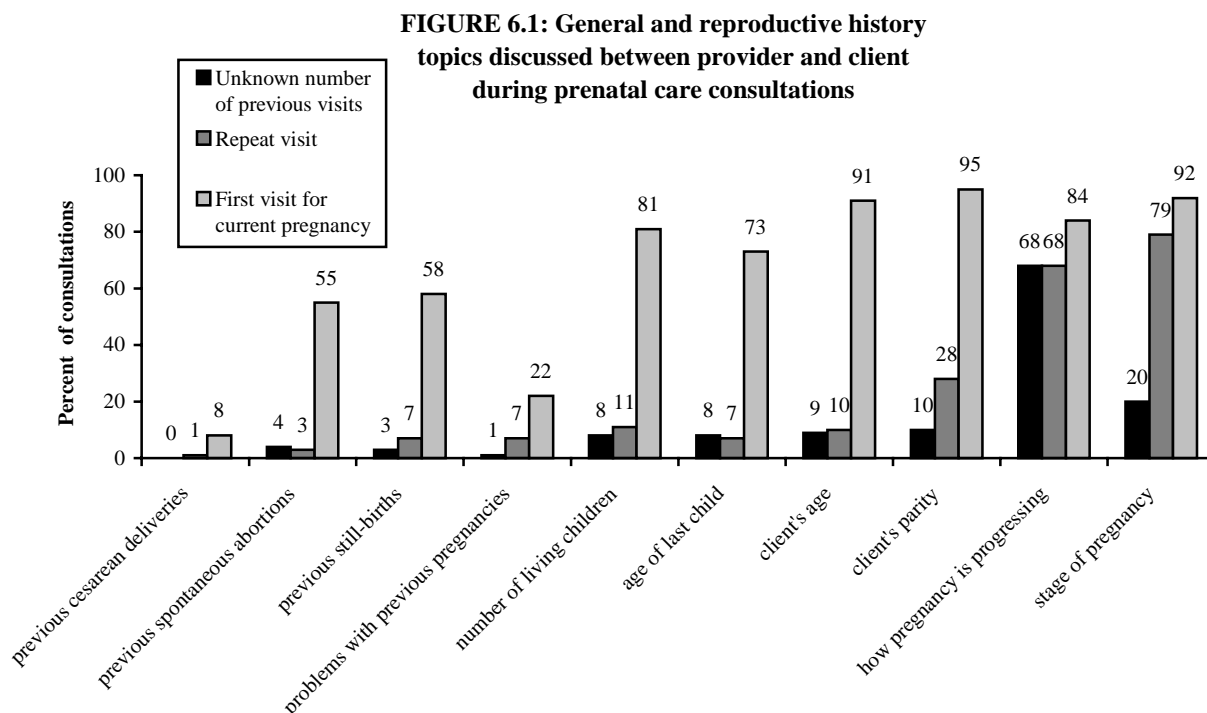
A total of 869 client-provider encounters for prenatal consultations were observed at 110 public health facilities in Haute Guinée and Guinée Forestière. Two-thirds of clients (67%) were seen by a health agent, while 12% were seen by a nurse, 8% by a midwife, and 11% by other types of trainees or volunteer health workers. Another 2% were seen by a doctor.

On average, the consultations lasted 11 minutes. As could be expected, encounters with clients

presenting for a first prenatal consultation for the current pregnancy were longer than those for clients who had already had previous prenatal consultation visits (13 versus 9 minutes, respectively).

Among the key findings from the observations included

- During general counseling with prenatal care clients, providers were much more likely to discuss details of the client's background and reproductive history if it was her first visit for prenatal services with the current pregnancy. In over 80% of consultations with first-time clients, the provider asked about the woman's parity and number of living children, as well as stage and progression of the current pregnancy. Returning clients were also usually asked about the pregnancy stage and progression.
- All prenatal care clients underwent a general physical examination, however the elements conducted during the exam varied consid-



erably. While almost all had their abdomen examined, blood pressure taken and weight measured, few underwent a breast exam or had their heartbeat assessed.

- Nearly all clients underwent an obstetrical examination, which were almost always conducted in private. However, only 14% of providers assessed the consistency of cervicovaginal mucus. Elements for ensuring good sanitary conditions were especially lacking, as just 13% of providers washed their hands or used sterile gloves, and less than 1% used an antiseptic pad to wash the vaginal area.
- Preventive treatments were largely prescribed to prenatal clients. At least two-thirds of pregnant women received or were prescribed chloroquine, iron tablets and tetanus vaccination.
- Other areas of preventive counseling were less widely raised during the consultations. For example, HIV/AIDS prevention and treatment was discussed in 21% of encounters while family planning was mentioned in 10% of encounters.

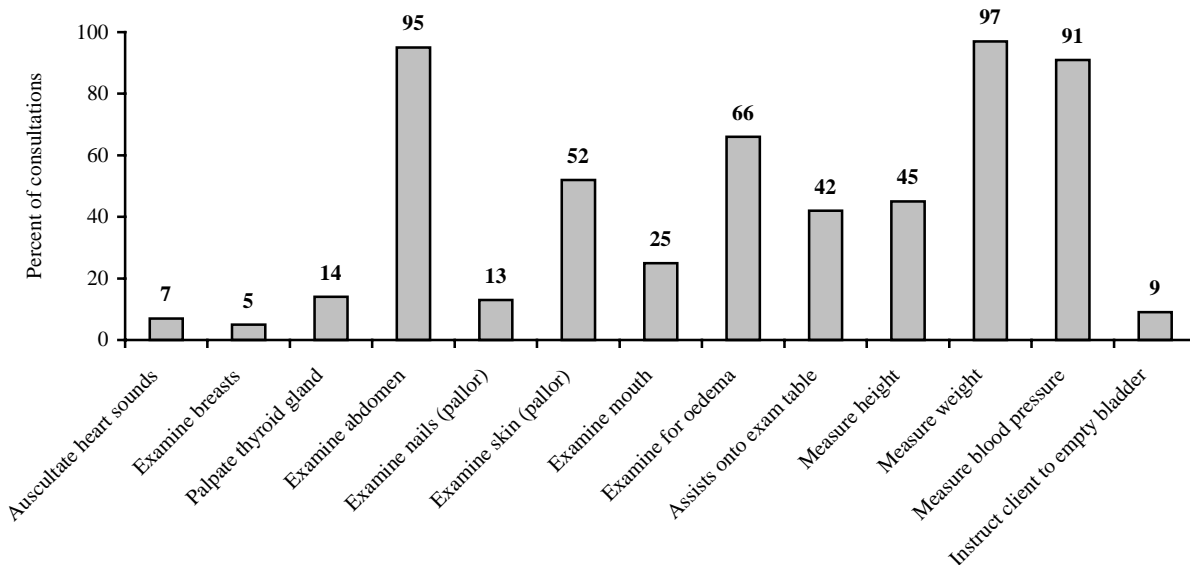
- Counseling in the areas of delivery location and trained assistance was raised in about 1 in 5 prenatal consultations. Advice on the four pregnancy danger signs (bleeding, fever, fatigue, and swelling of the hands or face) was also included in at most 20% of encounters.

6.2 General Consultation for Prenatal Care

The survey contained a module designed to assess the extent to which providers followed the norms and procedures for ensuring quality prenatal care services. Among the observed client-provider encounters, most providers demonstrated good interpersonal skills, at least in terms of having greeted the client at the beginning of the consultation (84%). Most also examined the client's maternal health card (80%). However much fewer (27%) explained the process of the consultation to the client.

There were essentially two different types of clients presenting for prenatal care services at the health facilities: clients for whom this was their first visit for prenatal care for the current pregnancy, and repeat clients who had already had at least one prenatal care visit for the current

FIGURE 6.2: Provider actions taken during the general physical examination for prenatal care consultations



pregnancy. Of the 869 consultations observed, 44% were with first-time clients and 45% with repeat clients. There was also an appreciable proportion of clients (11%) for whom the number of previous prenatal care visits was unrecorded in the survey. Almost all of these clients with an unknown number of prior prenatal visits had their maternal health card examined by the provider (98%). It is likely that the information on previous care was contained in the health card, and thus the provider dispensed with questioning the client on this issue during the consultation itself.

As seen in Figure 6.1, providers more frequently asked for information about the woman's background and reproductive history in consultations with clients for whom this was the first prenatal care visit. In over 80% of consultations with new clients, the provider asked about the woman's parity and number of living children, as well as stage and progression of the current pregnancy: essential elements for determining potential risk of pregnancy complications. While providers also usually asked returning clients about the pregnancy stage and progression, background

characteristics such as age and parity were broached much less often. In many cases with returning clients, it is likely that such background information is already included in the client's health card.

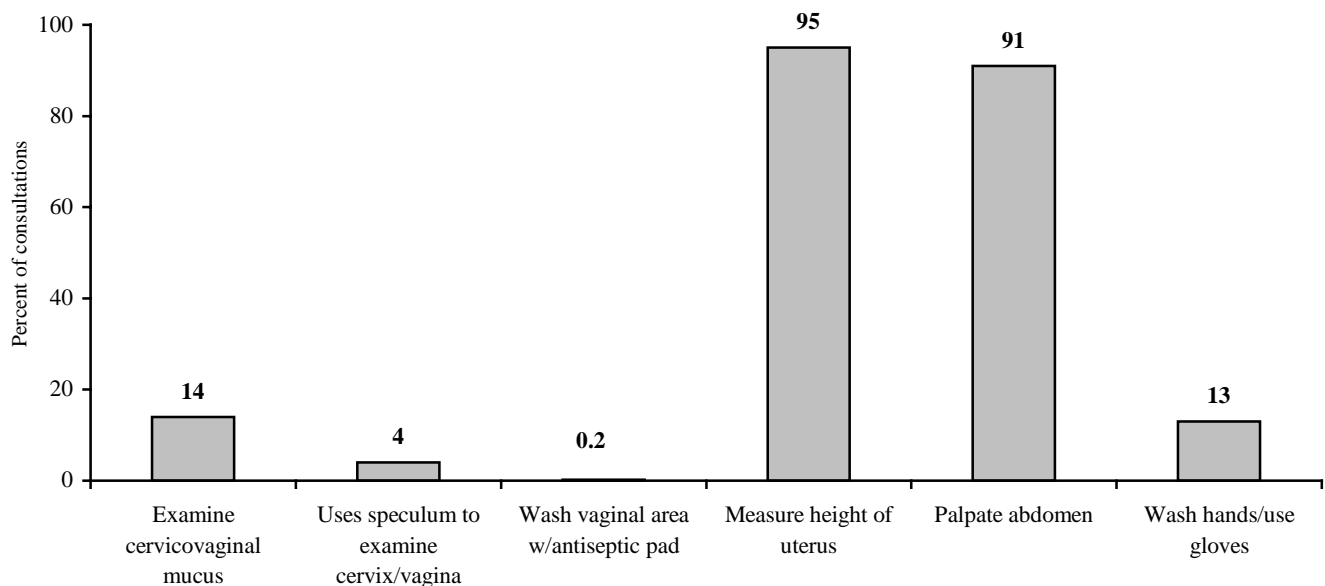
Likewise, other topics related to the woman's reproductive history were much more frequently discussed among providers and clients presenting for their first prenatal care visit. Over half of clients on their first visit were asked about the age of their youngest child, the number of previous still-births and the number of spontaneous abortions.

6.3 Physical and Obstetrical Exams

All prenatal care clients underwent a general physical examination during the course of their visit to the health facility. As seen in Figure 6.2, nearly all clients had their weight measured (97%), abdomen examined (95%), and blood pressure taken (91%).

Other components of a complete physical examination were performed with varying fre-

FIGURE 6.3: Provider actions taken during the obstetrical examination for prenatal care consultations



quency. Less than half of clients (45%) had their height measured. In fewer than one in ten consultations did the provider auscultate the heart sounds, conduct a breast exam or instruct the client to empty her bladder prior to the examination. Overall, the frequency by which the different elements of the physical exam were performed varied little by whether the client was attending her first prenatal care visit or not.

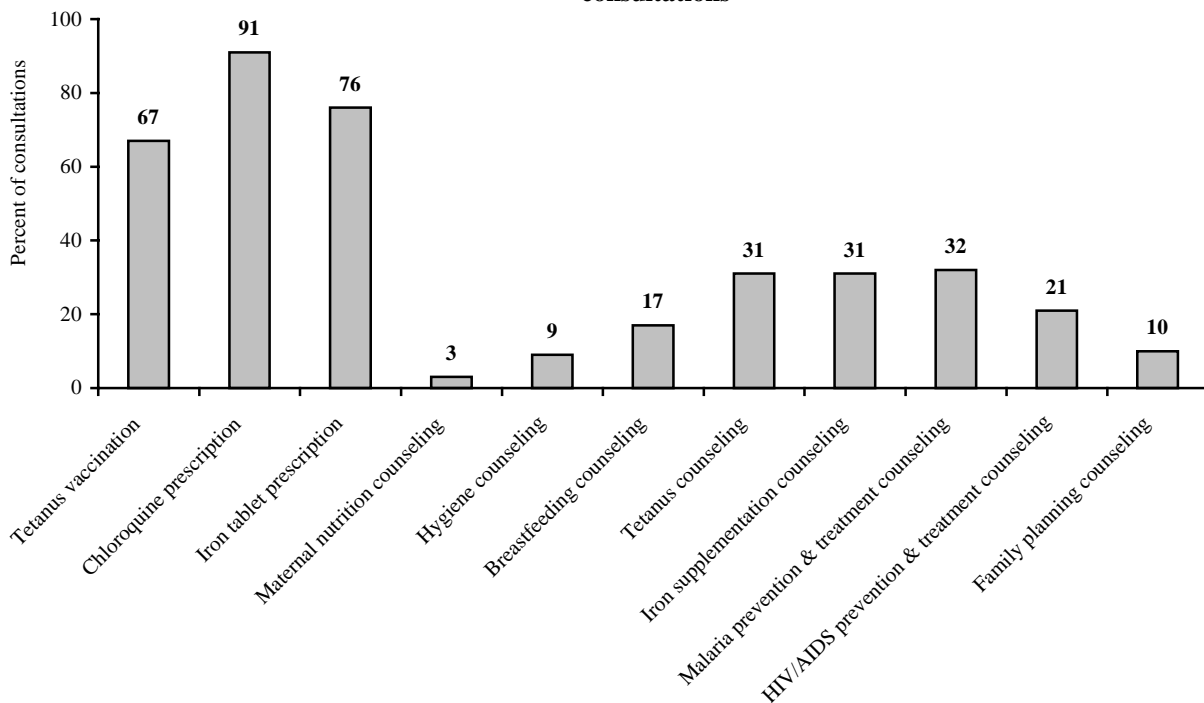
Almost all clients (94%) also had an obstetrical examination during the course of the visit. Of these examinations, nearly all were conducted in private (95%). During the obstetrical examination, however, some tasks were performed with very low frequency (Figure 6.3). In only 14% of encounters did providers assess the consistency of cervicovaginal mucus, and in 4% was a speculum used to observe the cervix/vagina. Elements for ensuring good sanitary conditions for the exam were also lacking: just 13% of providers washed their hands or used sterile gloves, and less than 1% used an antiseptic pad to wash the vaginal area.

6.4 Preventive Treatment, Counseling and Follow-up

The protocols for ensuring quality prenatal care services include reference to a series of preventive treatments and counseling areas that should ideally be covered with clients during the course of a prenatal consultation. Three areas of preventive treatment were considered in the survey: tetanus vaccination, iron tablet prescription, and chloroquine prescription. Each of these preventive treatments were observed to have been prescribed in the majority of consultations (Figure 6.4). Chloroquine, an anti-malarial, was given or prescribed to 91% of clients receiving prenatal care. Three-quarters of clients were prescribed iron tablets for anemia. In the case of tetanus vaccination, 67% of all clients received the vaccine: 93% of first-time clients and 46% of repeat clients.

On the other hand, counseling for a wide range of reproductive, maternal and child health issues was less commonly observed. In no more than a third of consultations were all of the eight areas assessed in the survey covered during the en-

FIGURE 6.4: Preventative treatments prescribed and counseling topics discussed during prenatal care consultations



counter: family planning, HIV/AIDS prevention and treatment, malaria prevention and treatment, iron supplementation, tetanus, breastfeeding, hygiene and maternal nutrition.

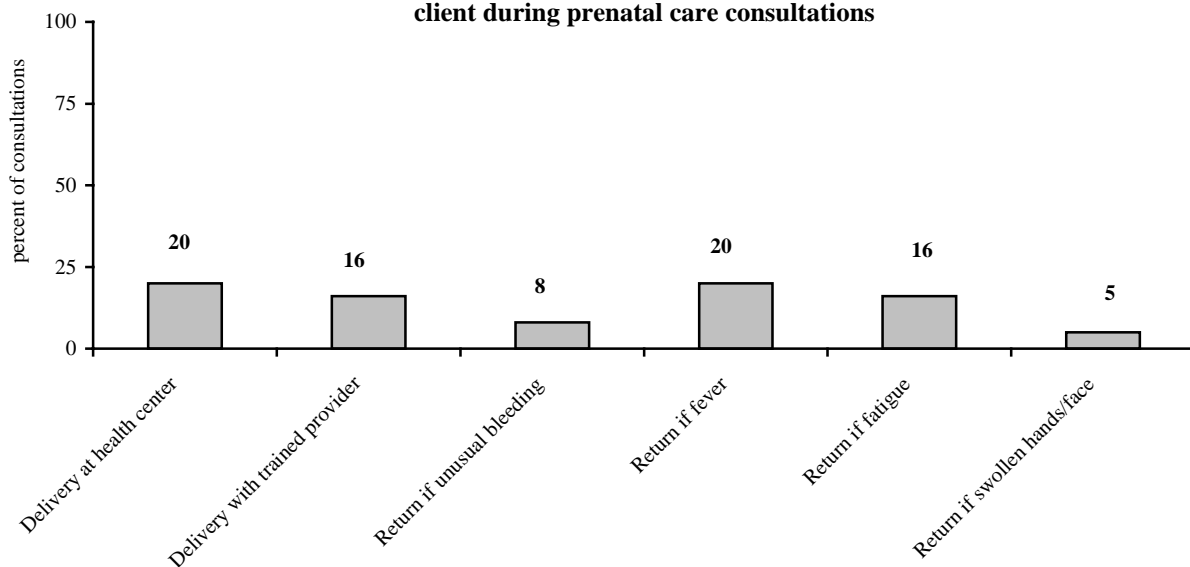
Since pregnant women are expected to return for at least three or four prenatal care visits during the course of a pregnancy, providers are not expected to cover all topics in every consultation. However certain counseling messages were covered in very few of the observed encounters. For example, HIV prevention and treatment was discussed in 21% of encounters. Other topics were covered even less frequently: family planning (10%), hygiene (9%), and maternal nutrition (3%).

In addition to preventive treatment and counseling, prenatal consultation protocols call for the provider to offer advice to expectant mothers on delivery with the assistance of a trained provider and/or at a health facility. Moreover, providers are trained to advise clients of the four danger signs that would signal the need for immediate medical attention: unusual bleeding, fever, fatigue, or swelling of the hands or face.

As seen in Figure 6.5, neither the place of delivery or type of delivery assistance were discussed in more than 20% of consultations. Recommendations that the client should return to the health facility for immediate care if any of the four symptoms of pregnancy complications should occur were likewise each covered in fewer than one in five consultations. The frequency with which these topics were raised was essentially the same according to the client's number of previous prenatal visits.

Lastly, providers are encouraged to conclude the consultations with an explanation to the client of the results, referral for a next appointment, and by asking whether the client has any questions. Almost all clients for prenatal care had the results recorded in their health card and were given a follow-up appointment (96% and 94% respectively). Half of the clients had the results of the examination explained to them (49%), but only 5% were asked whether they had any questions.

Figure 6.5: Counseling topics for pregnancy warning signs and delivery discussed between provider and client during prenatal care consultations



Chapter 7: Child Health Care

Child health care services offered at health facilities consist of two types of care: preventive and curative. Preventive services essentially consist of growth monitoring and vaccination, while the curative services further provide care for sick children. Client-provider encounters with children up to five years of age were observed in the survey to assess provider actions in history taking, physical examination, counseling and treatment. Certain parts of the observation module were designed to be relevant to both preventive and curative encounters, including interpersonal skills, vaccination status assessment and counseling. The instrument was also designed to collect detailed information on management of the common childhood illnesses of diarrhea, acute respiratory infections (ARI), and fever.

7.1 Summary

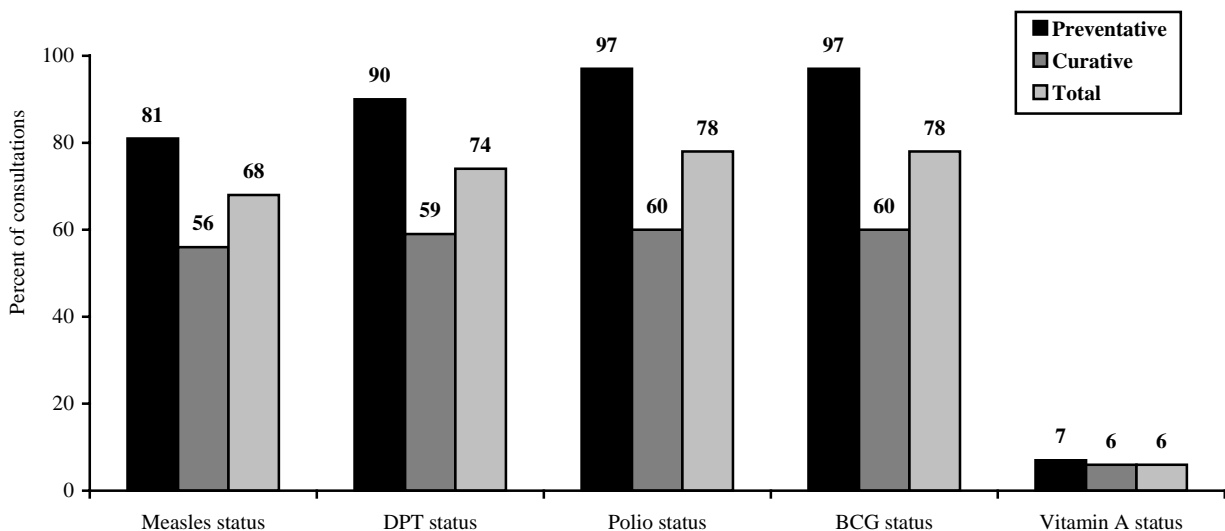
The total number of observations of client-provider consultations in child health care was 837, which were fairly evenly split between the two visit types (48% preventive and 52% curative). Most children presenting for either cura-

tive or preventive services were examined by a health agent (63%), though nurses more commonly examined curative cases. The child's age was mentioned in two-thirds of all encounters. On average, children being presented for preventive care were younger than those presented for curative care (3.5 months versus 17.2 months, respectively). The average consultation lasted 10 minutes, with preventive examinations averaging 8 minutes and curative examinations 12 minutes.

Selected findings from the preventive child care consultations include:

- Children's vaccination status was checked nearly universally during preventive care consultations.
- Few children had their Vitamin A supplementation status ascertained (7%), or received or were prescribed supplements (12%).
- Two-thirds of children had their weight taken, but the trajectory of the growth

FIGURE 7.1: Child's vaccination and Vitamin A supplementation status ascertained during child health care consultations



monitoring curve was rarely discussed with the caregiver (8% of encounters).

Findings from the curative consultations:

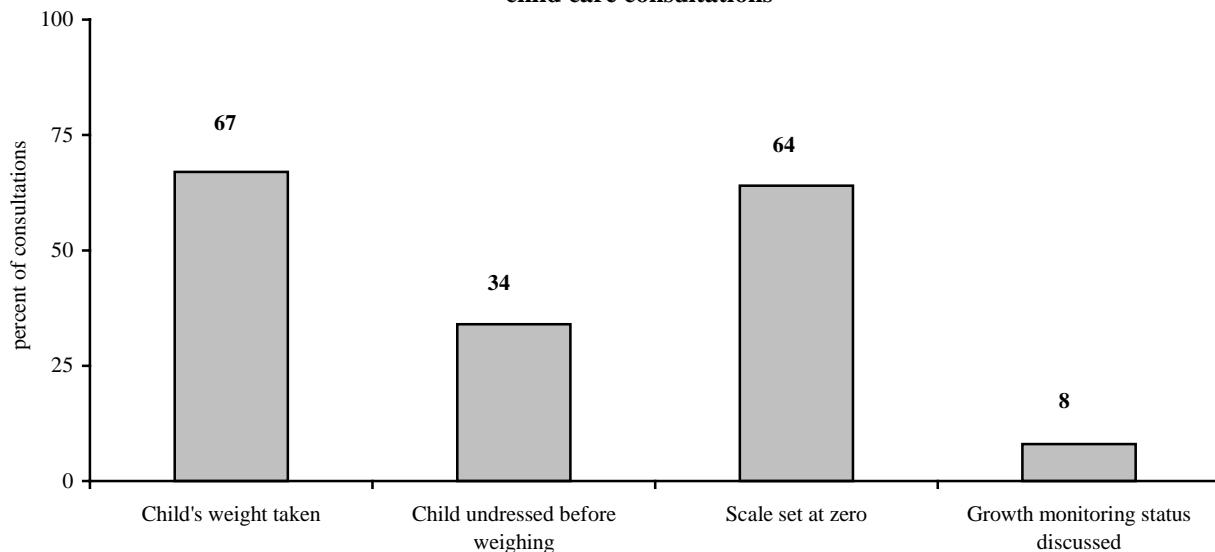
- Vaccination status was checked less frequently in consultations for curative child care; for example, BCG vaccine status was assessed in only 60% of curative encounters.
- History taking questions for management of childhood illness were asked with varying frequency. In cases of children presented with ARI or fever, the duration of symptoms was asked to the caregiver in about 60% of consultations, but for children with diarrhea the symptom duration was asked only half as frequently.
- The extent to which providers performed specific components of the physical examinations varied across curative encounters. In at least three-quarters of ARI cases the child's heart was listened to with a stethoscope and respiratory rate counted, and in over half of diarrhea cases the exam included a skin pinch and mouth touch for dryness. On the other hand, in less than 20% of cases of children with a fever were the neck stiffness or ear tenderness assessed.

- Counseling messages on danger signs and preventive practices including proper nutrition for sick children were included in well under half of curative consultations for diarrhea, ARI or fever.
- Treatment was generally provided in accordance with IMCI guidelines, at least for children with diarrhea (ORS prescribed in 77% of cases) or with fever (94% prescribed an antimalarial). Overall, some three different products were prescribed for sick children. Counseling to caregivers for proper administration of medications occurred less frequently: less than two-thirds of caregivers were offered an explanation of how to give the medications and only 9% were asked open questions verifying their understanding. In the case of ORS as treatment for diarrhea, the preparation was explained to 43% of caregivers.

7.2 General Consultation for Child Health Care

In the 2001 GHFS sample, a total of 837 children under age 5 were presented to the facilities for health care services: 399 for preventive services and a further 438 for curative services. Overall provider skills in child health care serv-

Figure 7.2: Provider actions taken for growth monitoring during preventative child care consultations



ices were assessed in terms of the norms and procedures established by the Ministry of Health for ensuring quality of care. At the beginning of consultations, 77% of the providers appropriately greeted the client (the child and/or the accompanying adult), and 84% examined the child's health card. There were few differences by type of visit (preventive or curative). Fewer of the encounters (12%) included an explanation of the process of the consultation, but this element did tend to occur more frequently for preventive visits than for curative visits (17% versus 8%). The child's age was discussed in 66% of client-provider encounters; it is also possible that this information was already on the child's health card.

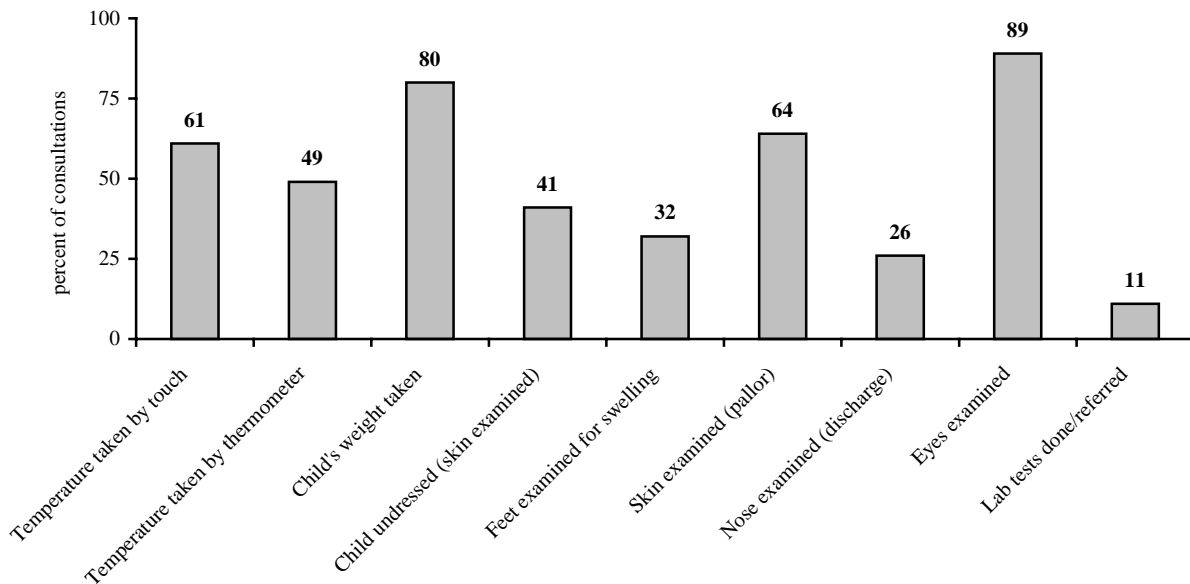
The child's vaccination status was more often assessed during preventive child care consultations than curative consultations (Figure 7.1). Status for the BCG and polio vaccines was checked nearly universally during preventive visits (97% of encounters each), with measles vaccines status checked somewhat less often (81%). However, given that the average age of children presented for preventive services was less than four months, it is likely that many were

below the recommended age for receiving the latter vaccine. Less than two-thirds of children presented for curative services had their status assessed for each of the four vaccines required for a child to be considered completely immunized.

The child's Vitamin A supplementation status was assessed much less frequently, in only about 6% of consultations, regardless of the nature of the visit for health care services. At the same time, 7% of children received or were prescribed Vitamin A supplementation during the course of the visit, including some 12% of children presented for preventive services.

Moreover, in about one-third of all child care consultations (32%), the provider offered counseling in other preventive care topics, such as hygiene or nutrition. Counseling was offered more often to clients who came to the clinic specifically for preventive care services than to those who came for treatment of child sickness (41% versus 23%).

Figure 7.3: Provider actions taken during physical examination for curative child care consultations



7.3 Preventive Child Care Services

In addition to vaccination and Vitamin A supplementation services, preventive child health care should include growth monitoring. The proportion of consultations for which the established procedures for growth monitoring were followed was mixed: while in two-thirds (67%) of encounters the child's weight was taken, only in 8% of encounters was the trajectory of the child's growth monitoring curve discussed with the mother (Figure 7.2). Moreover the proper techniques for weighing of children were not universally respected, as in only 34% of encounters was the child completely undressed prior to being weighed.

7.4 Integrated Management of Childhood Illness

Curative child health care services offered at public health facilities follow the process of integrated management of childhood illnesses (IMCI). In addition to the general history taking, providers are trained to follow a series of protocols in terms of asking a number of symptom-specific questions and conducting a thorough physical examination.

The proportion of curative encounters where the provider undertook selected actions as part of the child's physical examination was varied. Most of the children had their eyes examined (89%) and weight taken (80%), but only 32% were checked for swelling of the feet and 26% for nasal discharge (Figure 7.3). About one sick child in ten had or was referred for additional laboratory investigations.

Almost all curative consultations (99%) ended with at least one medication being prescribed. In the majority of cases several prescriptions were given, with an overall average of 3 products prescribed for sick children. In two-thirds of encounters (64%), the provider explained to the caregiver how the prescribed medications should be administered. However providers rarely used open questions to verify the caregiver's proper understanding of the treatment (9% of encounters).

7.4.1 *Diarrhea case management*

Diarrhea was assessed in 33% of the children presented for curative care. Among these encounters, provider actions in terms of history taking for symptoms was variable: while 85% of caregivers were asked by the provider whether the child had loose or liquid stools, only 40% were asked whether there was blood in the stool and 30% were asked the duration of symptoms.

The physical examination was slightly more consistent, with over half of encounters including a skin pinch (59%) and a touch for dry mouth (54%), to assess for potential dehydration (Figure 7.4). Only 18% of children with diarrhea were checked for a sunken fontanelle. In about one-quarter (23%) of encounters did the provider announce the results of the physical examination to the caregiver.

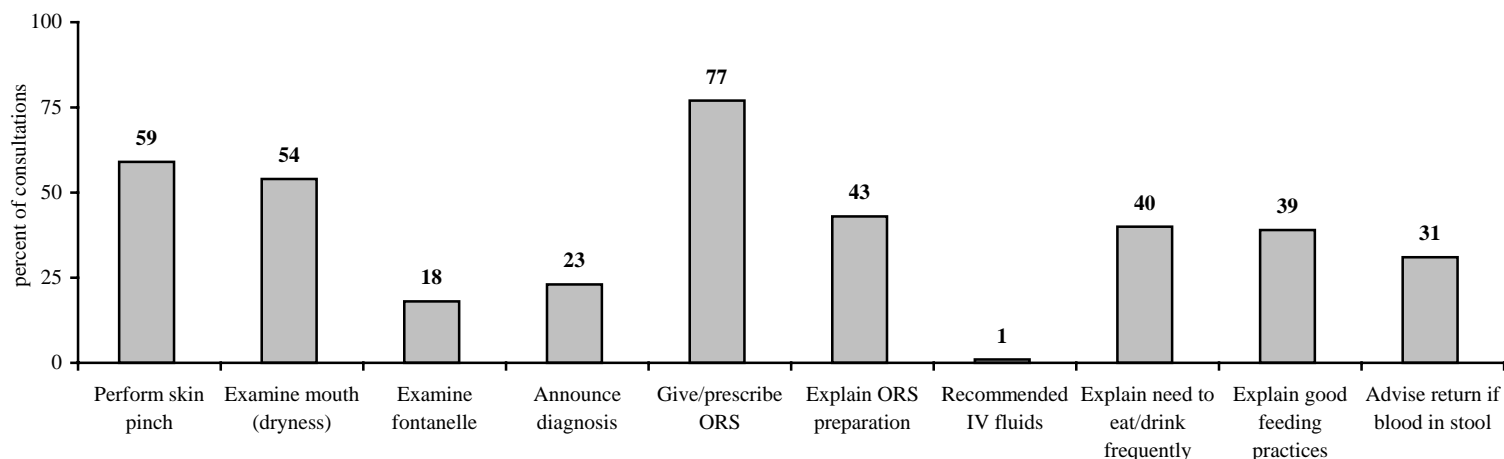
Treatment practices were generally in accordance with recommendations, as 77% of children with diarrhea received oral rehydration solution (ORS). Only 1% of cases were given or referred for intravenous fluids, a treatment required only in instances of severe dehydration.

Counseling for caregivers of children with diarrhea was not performed frequently. Caregivers were given an explanation of ORS preparation or proper feeding and nutritional counseling in only about 40% of the consultations. Less than one-third (31%) of caregivers were advised of the danger sign indicating the need to return to the health facility for immediate medical attention, that is, if blood developed in the stool of the sick child.

7.4.2 *ARI case management*

Acute respiratory infections (ARI) were assessed in 57% of children observed during curative child care consultations. In the majority of these encounters, the provider undertook appropriate actions for ARI case management: 91% listened to the sick child's heartbeat with a stethoscope, 74% undressed the child and counted the respiratory rate, and 73% listened to the respiration sounds (Figure 7.5). However in only 58% of encounters did the provider discuss with the caregiver the duration of the child's symptoms,

Figure 7.4: Provider actions taken for management of diarrhea cases during curative child care consultations



and rarely were the results of the respiratory rate count shared (6% of counts announced).

Antibiotics were prescribed frequently, with 89% of children presented for ARI receiving such a prescription. Since so few respiratory rates were announced during encounters, data are not available to determine what proportion of these prescriptions were in accordance with case management guidelines.

Counseling on danger signs and proper feeding practices for children sick with respiratory infections were discussed with caregivers in only about one-third or less of consultations. Thirty-four percent of client-provider encounters included counseling messages on the need to return to the facility for immediate medical attention if the child's condition worsened, 26% included advice on the need to ensure that the sick child eat and/or drink frequently, and 13% covered the recommendation that the caregiver return to the facility if the child's breathing became difficult.

7.4.3 Fever case management

Fever was assessed in 83% of curative child care cases. When managing cases of children with a

fever, the prescription of an antimalarial medication was the only provider action undertaken in almost all encounters (94%). As seen in Figure 7.6, other essential components of a physical examination were performed in less than 20% of cases: examination of the neck (for stiffness) and of the ears (for swelling or other signs of infection). The duration of the child's symptoms was asked in 60% of encounters.

Three important counseling messages on danger signs and proper feeding practices were observed protocols for case management of children with a fever. In about a third (31%) of the consultations observed, the provider adequately counseled the sick child's accompanying adult on the need to return to the health facility for immediate care if the fever persisted or worsened. In a similar proportion of cases (29%) the provider explained good feeding practices, and in somewhat fewer cases (24%), the need for the child to eat and/or drink frequently was explicitly discussed. The option of wrapping the feverish child in a humid blanket was mentioned in 6% of encounters.

7.5 Follow-up

According to the norms and standards, providers are supposed to conclude a consultation by thanking the client, setting an appointment for the next check up, and asking whether the client had any questions. As seen in the other observations, providers were consistent about recording the consultation in the child's health card (97%) and making an appointment for a follow-up (76%) (Figure 7.7). They were less consistent, however, about thanking the client (21%) and very few providers asked if the child's caregiver had any questions regarding the exam (3%).

Figure 7.5: Provider actions taken for management of ARI cases during curative child care consultations

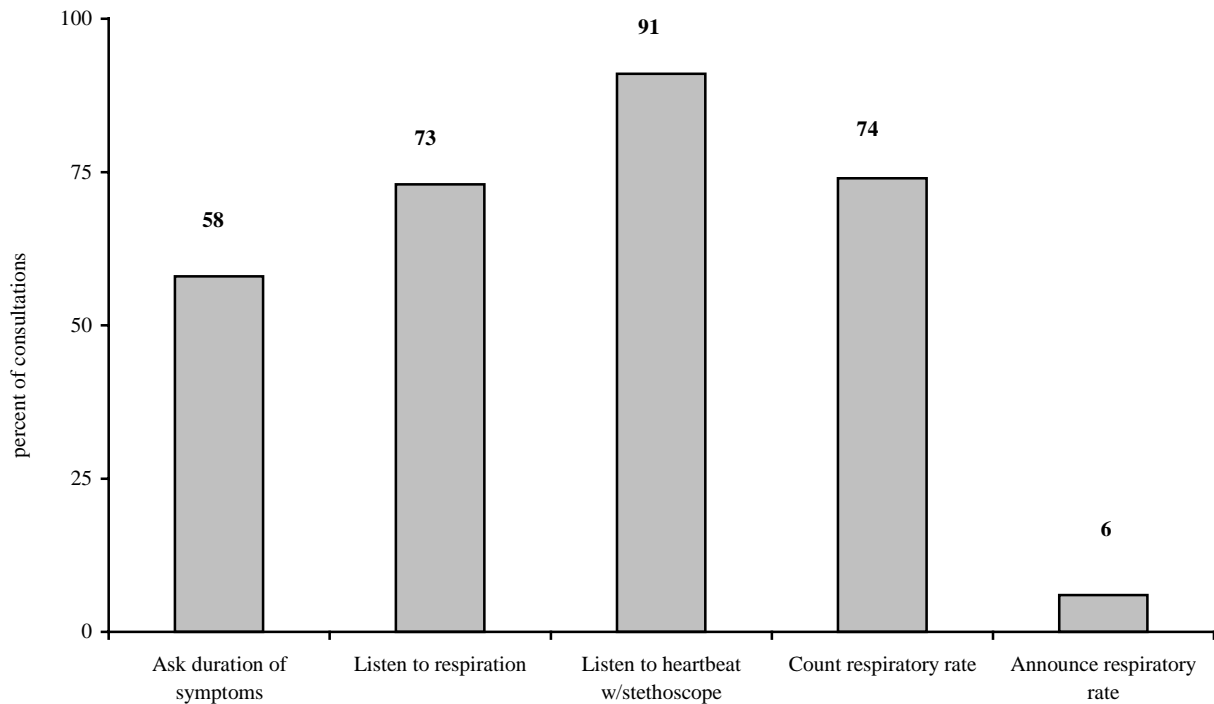


Figure 7.6: Provider actions taken for management of fever cases during curative child care consultations

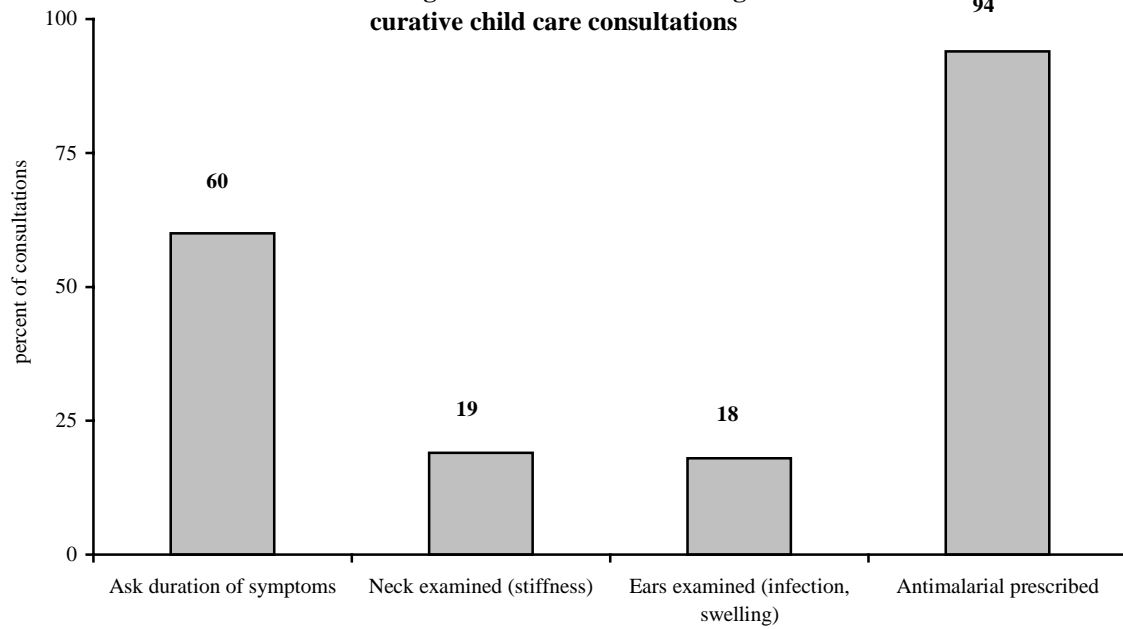
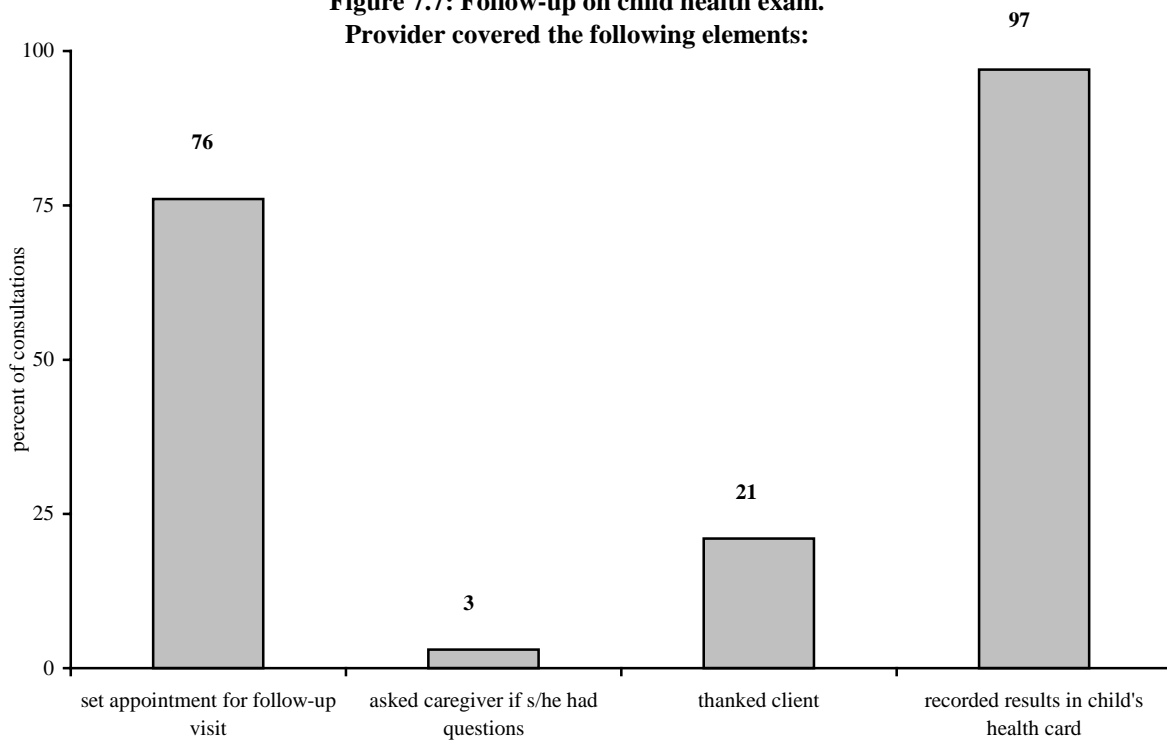


Figure 7.7: Follow-up on child health exam. Provider covered the following elements:



Chapter 8: Discussion

8.1 Summary of Key Findings

The 2001 Guinea Health Facility Survey revealed several areas of both strength and weakness in public sector reproductive and child health services.

In general, there were moderate improvements in terms of basic services and infrastructure. For this element, comparisons were made against the 1998 Situation Analysis. Almost all the facilities offered the three of the four services discussed in this report (family planning, antenatal care, and child health) and also offered them in 1998. The one difference was the increase in facilities offering HIV services, which increased from 2% in 1998 to 12% in 2001. Conversely, the percentage of facilities with various types of health professionals decreased in most cases from 1998. The percentage of facilities with running water and a waiting room improved slightly since 1998. However, the percentage of facilities with electricity declined in the same period.

In terms of equipment and supplies essential for the provision of reproductive, maternal and child care services, most facilities had the basic materials for common services such as family planning and immunization. However, the equipment for newborn care was notably lacking in most areas. Availability of commodities and supplies presented similarly divided results. Family planning supplies, as well as IEC materials, were generally available in the facilities and stockouts were less common than in 1998. However, many facilities still experienced stock-outs in vaccines and various essential drugs.

For both family planning and STI/HIV/AIDS services, the nature of the provider-client interactions was mostly geared towards providing a medical service (i.e. provision of medications or contraceptives), rather than providing information or counseling. Among the observations for STI consultations, the providers almost always prescribed medications, and usually many of them, but rarely discussed condom use or other preventative measures with their clients. Simi-

larly, in family planning consultations, little emphasis was given on the discussion of the woman's reproductive history and intentions, especially with returning clients. Two methods, the pill and the injectable, were promoted almost to the exclusion of all others. While it is true that the survey indicates most women received their preferred method of contraception, it is also clear that women came in asking about little else, and the providers made little attempt to explore alternative family planning options to better match clients' reproductive needs.

A similar lack of attention to counseling is evident in the maternal and child health sections. When examining children, providers were fairly consistent at checking vaccine status and prescribing treatments for illnesses, but very little time was spent on obtaining histories or explaining basic well-child care to the caregiver. For prenatal care services, providers universally conducted a physical examination of pregnant women. However, providers rarely counseled expectant mothers on delivery options such as location and trained assistance. Adequate information on these two factors alone could go a long way in promoting maternal health.

8.2 Implications for Improvement of Services

In examining the results of this survey, several areas for improvement of services stand out.

One area that clearly needs improvement is the availability of information and counseling on HIV/AIDS. Providers were unlikely to discuss HIV/AIDS with clients regardless of the type of consultation. In discussions with family planning clients, providers rarely brought up the issue of HIV, despite the fact that their clients – sexually active women in their prime reproductive years – are one of the groups at highest risk. Providers usually did not inform their clients that family planning methods like the injectable or pill do not protect against HIV and they rarely recommended concurrent use of a condom. The same reluctance to discuss HIV/AIDS was found

among STI consultations, where only about 10% of providers encouraged condom use or explained that STIs increase the risk for HIV. Although Guinea does not currently suffer from the crippling infection rates observed in many other sub-Saharan African countries, efforts should be made now to increase knowledge and encourage preventative behaviours before the epidemic worsens.

In every type of service observed, the clients were almost exclusively women. This includes the overwhelming majority of STI consultations despite the fact that men tend to present easily identifiable symptoms of sexually transmitted infections, whereas in women STIs often go undetected. For a number of cultural and sociological reasons, men might be reluctant to come for family planning services, or to accompany their child for care, but all these services would do well to make an effort to reach out to men.

Hand washing and using latex gloves were not common occurrences in any of the services observed. Indeed gloves were only available at 43% of the facilities and 54% had running water, making it very difficult for providers to observe universal precautions. Attention should be focused on efforts to improve sanitary practices in order to protect both the trained staff and the clients.

In all of the services, the observations indicated a lack of thorough, complete counseling for the client. In many cases this may be a function of patient load, as the average time spent during provider-client encounters ranged from 10 to 15 minutes. However, there are many areas of counseling which are critical to patient care, such as partner notification and condom use for STI management as well as delivery care options for pregnant women. To neglect these important discussions is to neglect a vital component of overall patient care. Program efforts should focus on improving counseling skills for providers according to the types of services they conduct, as well as creating a climate where counseling is seen as an important part of the health care package. Operations research on different options of providing counseling (i.e. through group talks, community sessions, etc.) would help to

identify the best approach to improving these services.

Although ideally, public health facilities in Guinea are expected to provide a full range of contraceptive options, including long-term methods and lactational amenorrhea for post-partum women, the family planning services examined in this study were not seen to promote many of these options. Research in many countries has clearly shown that increased choice leads to increased acceptance of family planning. In a country with a high fertility rate and low level of contraceptive use, this is a critical element the program must address. Providers must learn to break out of the vicious circle of discussing the only one or two methods that women know and ask about, to instead work with clients – of both sexes – to identify methods that best fit the individual's health profile and reproductive needs.

Longer-term inputs by the PRISM Project in the family planning services (such as training, distribution of IEC materials, and commodity logistics) have resulted in some clear differences between the quality of that service and some of the other areas. Family planning IEC materials were readily available in the sampled facilities, but materials for other types of services and reproductive health topics were less widely available. Likewise, family planning commodities, at least the four major supply methods, were largely available and suffered from fewer stockouts than vaccines or drugs and other medical supplies. Intensified efforts to support other types of services, while not decreasing the efforts in family planning, would improve the overall availability and quality of reproductive and child health care in the two regions of Guinea.

Appendix A: Survey Methodology

A.1 Survey Design

At the request of USAID/Guinea, MEASURE Evaluation, in collaboration with Stat-View Association, conducted a facility survey in Haute Guinée and Guinée Forestière regions of the Republic of Guinea. This study was designed to provide indicators for monitoring the quality of reproductive, maternal and child care services in public sector facilities. The two regions covered represent the geographic area served by the USAID-funded Family Planning and Health Activity Project (known in Guinea under its French name, *Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA*, or PRISM).

The survey used five questionnaires: a main inventory questionnaire and four observation guides. The inventory questionnaire was used to compile a census of the availability of services and equipment necessary for ensuring reproduc-

tive health care. The observation guides were designed to obtain detailed information on quality of care in each of the service areas: family planning, antenatal care, child care, and sexually transmitted infections. The survey instruments can be found in Appendix B.

The original scope of the survey intended to cover all of the 180 health centers located in the two target regions. However, due to insecurity in the areas where Guinea borders Sierra Leone and Liberia, 22 facilities were eventually excluded from fieldwork. The final sample for the inventory module was 158 facilities. Of these, a random sub-sample of 110 facilities was covered by the observation modules. The total number of observations varied from 83 for family planning to 896 for prenatal care. The distribution of observations by facility and the sampling distribution of facilities by prefecture are shown in Tables A.1 and A.2.

Table A.1. Sampling Distribution of Health Facilities by Prefecture, 2001 Guinea Health Facility Survey

	Inventory alone	Inventory + Observations	Total Sampled	Excluded	All Facilities
Haute Guinée					
Dabola	3	6	9	0	9
Dinguiraye	2	6	8	0	8
Faranah	2	7	9	3	12
Kankan	4	12	16	1	17
Kérouané	2	6	8	0	8
Kouroussa	5	7	12	0	12
Mandiana	4	6	10	0	10
Siguiri	4	10	14	0	14
Guinée Forestière					
Beyla	4	10	14	0	14
Guéckédou	0	0	0	13	13
Kissidougou	4	10	14	1	15
Lola	4	5	9	0	9
Macenta	4	9	13	4	17
N'Zérékoré	4	11	15	0	15
Yomou	2	5	7	0	7
TOTAL	48	110	158	22	180

Table A.2. Total Number of Observations and distribution of observations per facility

	Family Planning	STI/HIV	Child Health	Prenatal Care
Total Observations	83	274	841	869
Observations/facility				
1	32	28	11	4
2-5	18	49	38	33
6-10	--	12	34	47
>10	--	1	29	29

A.2 Training of Personnel and Pre-testing the Survey Process

The training of survey personnel (observers, supervisors and interviewers) was held in Conakry, January 2-9, 2001. Aspects covered included an overview of the context and objectives of the survey; general training in observation, interview and supervision techniques; training on completing the main inventory questionnaire and observations in each of the four service areas; and an overview of data entry procedures. The personnel also visited two local health centers to become familiarized with the essential equipment for reproductive health care to be inspected for the inventory questionnaire.

A pre-test of the survey instruments was conducted in six rural and urban health centers in the Coyah and Dubréka prefectures. The questionnaires were finalized based on the training and pretest results.

A.3 Fieldwork

The survey fieldwork was conducted from January 12 to February 12, 2001. Six research teams were organized, each consisting of two observers (trained health professionals), a supervisor (a medical doctor, who would also be responsible for administering the inventory questionnaire), and a driver. These teams were assigned to cover the 110 facilities where observations took place. Two additional teams, each consisting of one interviewer only, administered the inventory questionnaire in the remaining 48 facilities.

The supervisors were charged with editing and submitting questionnaires to the Stat-View research coordinator. In order to expedite data entry and monitor data quality, during the second and third weeks of fieldwork a Stat-View staff person traveled to the regions to collect the questionnaires completed to date from each of the teams.

A.4 Data Entry and Management

Data entry began on January 26, 2001. The data entry programs included range checks and controls for skip patterns to minimize data entry errors. Data consistency programs were executed and inconsistent data were cleaned.

All data entry and initial cleaning was performed by Stat View Association in Conakry under contract to the MEASURE Evaluation Project. Final data files were sent to MEASURE staff in Washington, DC, for analysis.

A.5 Data Analysis and Report Writing

Once the data arrived from Conakry, a team of analysts from the MEASURE Evaluation Project undertook the analysis and report-writing tasks.

A preliminary analysis was initially conducted in late February/early March 2001 to respond to USAID's immediate needs for their R4 reporting process. The MEASURE Evaluation team continued with the in-depth analysis with input from USAID and this final report was produced in September 2001.

Appendix B: Survey Questionnaires

2001 Guinea Facility Survey Inventory Questionnaire for Health Facilities

2001 Guinea Facility Survey Questionnaire for Observation of Family Planning Consultations

2001 Guinea Facility Survey Questionnaire for Observation of STI/HIV/AIDS Consultations

2001 Guinea Facility Survey Questionnaire for Observation of Prenatal Care Services

2001 Guinea Facility Survey Questionnaire for Observation of Child Health Services

Section 1. Observations de l'enquêteur à l'arrivée																					
N°	Question	Code	Passer à																		
101	Voyez-vous une pancarte ou une affiche indiquant la disponibilité des services suivants (encercler toutes les réponses appropriées) : A) Services de planification familiale ? B) Services de santé infantile ? C) Consultations prénatales ? D) Consultations pour les IST/SIDA ? E) Les tarifs pour les services ?	<table border="0"> <tr> <td>Oui, A</td> <td>Oui, A</td> <td>Non</td> </tr> <tr> <td>L'EXTERIEUR</td> <td>L'INTERIEUR</td> <td></td> </tr> <tr> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>4</td> </tr> </table>	Oui, A	Oui, A	Non	L'EXTERIEUR	L'INTERIEUR		1	2	4	1	2	4	1	2	4	1	2	4	
Oui, A	Oui, A	Non																			
L'EXTERIEUR	L'INTERIEUR																				
1	2	4																			
1	2	4																			
1	2	4																			
1	2	4																			
102	Y a-t-il une salle d'attente pour les clients ?	Oui 1 Non 2																			
103	Avez-vous reçu la permission de continuer ?	Oui 1 Non 2	→ARRET																		
104	Heure du début de l'entretien :	Heure..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>																			

Section 2. Informations générales			
<i>J'aimerais vous poser quelques questions sur les infrastructures et disponibilité des services dans cet établissement.</i>			
N°	Question	Code	Passer à
201	Combien de jours par semaine cet établissement est-il ouvert aux patients externes ? (Les patients externes sont ceux reçus pour des soins préventifs ou curatifs qui rentrent chez eux le même jour.)	JOURS. <input type="text"/> Ne sait pas.....8	
202	Avez-vous de l'électricité aujourd'hui ?	Oui 1 Non 2	
203	Avez-vous une autre source d'éclairage aujourd'hui ?	Oui 1 Non 2	
204	Avez-vous de l'eau courante aujourd'hui ?	Oui 1 Non 2	
205	Avez-vous de l'eau, aujourd'hui, dans l'enceinte de l'établissement ?	Oui 1 Non 2	
206	L'établissement a-t-il accès à un téléphone ou à une radio à ondes courtes, en cas d'urgence ?	Oui 1 Non 2	
207	L'établissement a-t-il accès à un moyen de transport en tout temps ?	Oui 1 Non 2	
210	Combien de patients externes (au total) ont été reçus dans cet établissement les 12 derniers mois ? (Le nombre pour les 12 derniers mois pour lesquels les données sont disponibles.)	Nombre. <input type="text"/> Ne sait pas.....9998	
211	Cet établissement offre-t-il des consultations prénatales (CPN) ?	Oui 1 Non 2	→214
212	Combien de jours par semaine les clientes CPN sont-elles reçues ?	JOURS. <input type="text"/> Ne sait pas.....8	
213	Combien de consultations prénatales y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. <input type="text"/> Ne sait pas.....9998	
214	Combien d'accouchements ont été assistés par le personnel de cet établissement dans les 12 derniers mois ?	Nombre. <input type="text"/> Ne sait pas.....9998	

N°	Question	Code	Passera
220	Cet établissement offre-t-il des services de santé de l'enfant ? (Les soins infantiles préventifs et curatifs, y compris.)	Oui1 Non2	→225
221	Combien de jours par semaine les enfants malades sont-ils reçus ?	JOURS. <input type="text"/> Ne sait pas.....8	
222	Combien de consultations pour les enfants malades y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
223	Combien de jours par semaine offrez-vous les soins infantiles préventifs ?	JOURS. <input type="text"/> Ne sait pas.....8	
224	Combien de consultations infantiles préventives y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
225	Cet établissement offre-t-il des services de vaccination ?	Oui1 Non2	→230
226	Combien de jours par semaine les services de vaccination sont-ils disponibles ?	JOURS. <input type="text"/> Ne sait pas.....8	
227	Combien d'enfants ont reçu une première vaccination contre la diphtérie / tétanos / coqueluche (DTCoq 1) dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
230	Cet établissement offre-t-il des services de planification familiale ? (La planification familiale inclut les méthodes et conseils d'espacement ou de limitation des naissances.)	Oui1 Non2	→240
231	Combien de jours par semaine les services de planification familiale sont-ils disponibles ?	JOURS. <input type="text"/> Ne sait pas.....8	
232	Combien de consultations de planification familiale y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
240	Cet établissement offre-t-il des services de consultation sur les infections sexuellement transmissibles (IST) ?	Oui1 Non2	→243
241	Combien de jours par semaine les services de consultation sur les IST sont-ils disponibles ?	JOURS. <input type="text"/> Ne sait pas.....8	
242	Combien de consultations sur les IST y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
243	Cet établissement offre-t-il des services de consultation sur le VIH/SIDA ?	Oui1 Non2	→250
244	Combien de jours par semaine les services de consultation sur le VIH/SIDA sont-ils disponibles ?	JOURS. <input type="text"/> Ne sait pas.....8	
245	Combien de consultations sur le VIH/SIDA y'avait-il dans ce centre de santé durant les 12 derniers mois ?	Nombre. ... <input type="text"/> Ne sait pas.....9998	
250	Le centre dispose-t-il du document énonçant les <i>Normes et procédures de services en santé de la reproduction</i> , adopté en 1997 ?	Oui1 Non2	→301
251	Puis-je voir un exemplaire de ce document ?	VU1 PAS VU.....2	

Section 3. Personnel		
J'aimerais maintenant vous poser quelques questions sur les postes et le personnel employé dans cet établissement.		
CATÉGORIE PROFESSIONNELLE	301. Quel est le nombre alloué de postes pour les (CATÉGORIE PROFESSIONNELLE) dans cet établissement ?	302. Combien y a-t-il de postes remplis pour les (CATÉGORIE PROFESSIONNELLE) ?
	Aucun = 00 ; Ne sait pas = 98 ; Non établi = 99	
a) Médecins		
b) Infirmiers d'état		
c) Sages-femmes d'état		
d) Techniciens de santé		
e) Agents techniques de santé		
f) Matrones / accoucheuses villageoises		
g) Agents communautaires (SBC)		
h) Autre personnel technique		
i) Stagiaires et bénévoles		

Personnel en santé reproductive										
Veuillez énumérer les noms des prestataires assurant les services de planification familiale, de soins prénatals, de soins infantiles, et pour les IST/SIDA.										
NOM	303. Code*	304. Sexe	Quels services sont assurés par (NOM) ?				309. Est-ce que (NOM) a été formé par PRISM** durant les 3 dernières années ?	310. Quand a eu lieu la dernière formation de (NOM) par PRISM ?		
			305. Planning familial	306. Soins prénatals/postnatals	307. Santé de l'enfant	308. IST/SIDA		Mois	Année	
a)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →b		
b)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →c		
c)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →d		
d)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →e		
e)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →f		
f)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →g		
g)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →h		
h)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →i		
i)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →j		
j)		M...1 F...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2	Oui...1 Non...2 →40 1		
* CODE :			Médecin titulaire = 1	Technicien de santé = 4	Autre stagiaire/bénévole = 7					
			Infirmier d'état = 2	Agent technique de santé = 5	Matrone/accoucheuse villageoise = 8					
			Sage-femme d'état = 3	Médecin stagiaire/bénévole = 6	Agent communautaire = 9					
			Autre = 10							
** PRISM : Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA (PRISM) est une activité du Gouvernement guinéen, financée par l'USAID et exécutée par l'organisation <i>Management Sciences For Health</i> en collaboration avec l'université Johns Hopkins.										

Section 4. Supervision			
N°	Question	Code	Passer à
401	Une visite de supervision est une visite d'un représentant du ministère de la Santé venant observer ce qui se passe dans l'établissement afin d'aider son personnel à améliorer ses services. Quand a eu lieu la dernière visite de supervision de votre établissement ?	Le mois passé1 Durant les 3 derniers mois2 Durant les 6 derniers mois3 Il y a plus de 6 mois.....4 Aucune visite de contrôle8 Ne sait pas9	→501 →501
402	Que s'est-il passé durant cette visite de supervision ? (ENTOURER TOUTES LES REPONSES MENTIONNEES) SONDER : D'autres choses ?	Examen des dossiers/rapports..... A Réunions B Contrôle/apport d'équipement C Observation de consultations D Discussion de problèmes E Discussion sur le personnel F Autre G Autre H Rien Y Ne sait pas Z	

Section 5. Équipement et matériel			
<i>J'aimerais vous poser quelques questions sur les équipements et matériels dans cet établissement.</i>			
N°	Question	Code	Passer à
501	Quelle est la méthode <i>le plus</i> souvent employée pour la désinfection de haut niveau ou la stérilisation de l'équipement et du matériel médical ?	Plaque chauffante seule 1 Cidex seul 2 Plaque chauffante et cidex/stérane/tétracide .3 Stérilisateur à vapeur (cocote à vapeur) 4 Chlorexidine 5 Eau de javel 6 Autre 7 Aucune..... 8 Ne sait pas..... 9	
502	Comment vous débarrassez-vous de vos seringues et objets tranchants contaminés ? (ENTOURER TOUTES LES REPONSES MENTIONNEES)	Incinération A Ensevelissement B Poubelle C Réutilisation D Fosse septique E Fosse spéciale..... F Autre G Autre H Ne sait pas Z	
503	Quand avez-vous procédé à votre dernier inventaire de médicaments, d'équipement ou de matériels ?	Mois. <input type="text"/> Année <input type="text"/> Ne sait pas9998	
520	Où votre établissement se procure-t-il généralement ses médicaments et matériels ?	Fournisseur d'état 1 Fournisseur privé2 Fournisseur international/ONG3 Autre 4 Ne sait pas 9	
521	Souffrez-vous parfois de retards de collecte ou réception des médicaments et matériels ?	Oui1 Non2	→523
522	Quelle est la cause la plus courante des retards de livraison ou collecte des médicaments et matériels ?	Transports inadéquats 1 Insuffisance de carburant 2 Difficultés administratives 3 Insuffisance de personnel 4 Problèmes financiers 5 Stocks centraux épuisés 6 Autre 8 Ne sait pas 9	
523	Où votre établissement se procure-t-il généralement les contraceptifs ou comment sont-ils généralement reçus ?	Fournisseur d'état 1 Fournisseur privé2 Fournisseur international/ONG3 Autre 4 Ne sait pas 9	

N°	Question	Code	Passer à
524	Souffrez-vous parfois de retards de collecte ou livraison des contraceptifs ?	Oui1 Non2	→526
525	Quelle est la cause la plus courante des retards de collecte ou livraison des contraceptifs ?	Transports inadéquats 1 Insuffisance de carburant 2 Difficultés administratives 3 Insuffisance de personnel 4 Problèmes financiers 5 Stocks centraux épuisés 6 Autre 8 Ne sait pas 9	

Disponibilité des équipements et matériels en santé reproductive

J'aimerais maintenant vous poser quelques questions sur la disponibilité des équipements et matériels pour les services en santé de la reproduction. Après ces questions, il me faudra voir ces équipements.

N°	Question	Code	
526.	Est-ce que cet établissement a un (EQUIPEMENT) disponible et en état de marche ?	VERIFIER PAR INSPECTION VISUELLE	
Matériel pour la prise en charge de la mère		VU	PAS VU
1	Table gynécologique	1	2
2	Table-banc matelassée	1	2
3	Stéthoscope biauriculaire	1	2
4	Stéthoscope obstétrical	1	2
5	Pelvimètre	1	2
6	Gants	1	2
7	Abaisse-langue en bois	1	2
8	Tensiomètre (brassard)	1	2
9	Thermomètre (médical)	1	2
10	Pèse-personne	1	2
11	Mètre ruban	1	2
12	Toise	1	2
13	Pipette compte-gouttes	1	2
14	Garrot	1	2
15	Sonde urétrale	1	2
16	Bassin de lit (bol émaillé)	1	2
17	Bock à lavement	1	2
18	Haricot inox	1	2
19	Boîte à instruments	1	2
20	Boîte à coton	1	2
21	Pince porte-coton	1	2
22	Pince à griffe courbe	1	2
23	Pince brucelles à pansement	1	2
24	Pince hémostatique	1	2
25	Pince à disséquer	1	2
26	Ciseaux droits point mousse	1	2
27	Taille couteau	1	2
28	Brosse à ongle	1	2
29	Eau distillée	1	2

N°	Question	Code	
		VU	PAS VU
30	Porte-aiguille	1	2
31	Aiguille courbe	1	2
32	Fil pour ligature ombilicale / pour suture	1	2
33	Spéculum	1	2
34	Entonnoir en verre	1	2
35	Lampe baladeuse ou torche	1	2
36	Tige de bistouri	1	2
37	Lame de bistouri	1	2
38	Rasoir	1	2
39	Alèse	1	2
40	Timbale	1	2
41	Cruchon	1	2
42	Plaque chauffante	1	2
43	Stérilisateur à vapeur / poissonnière à eau	1	2
Matériel pour la prise en charge de l'enfant et la vaccination		VU	PAS VU
44	Porte vaccin	1	2
45	Accumulateur de froid	1	2
46	Plateau avec couvercle	1	2
47	Seringue 0,1 ml	1	2
48	Seringue 0,05 ml	1	2
49	Seringue 0,5 ml	1	2
50	Réfrigérateur à pétrole/électrique	1	2
51	Thermomètre (pour chaîne de froid)	1	2
52	Otoscope	1	2
53	Lampe de poche à coude réglable	1	2
54	Pèse-bébé	1	2
55	Caisse RCW 25	1	2
56	Réchaud	1	2
57	Masque facial pour nourrissons	1	2
58	Extracteur de mucosités (poire bébé)	1	2
59	Marteau à réflexes	1	2
Supports de surveillance		VU	PAS VU
60	Registre de consultations	1	2
61	Registre de vaccination	1	2
62	Registre d'évacuation de la mère et de l'enfant	1	2
63	Fiche de partogramme	1	2
64	Fiche de suivi de grossesse	1	2
65	Fiche de croissance infantile	1	2
66	Carnet de suivi de grossesse	1	2
67	Carnet de santé infantile	1	2
68	Carnet de vaccination	1	2

Inventaire des matériels et médicaments pour la santé reproductive			
POSER LA QUESTION N° 530 POUR CHAQUE PRODUIT. S'IL N'EST PAS DISPONIBLE, PASSER AU PRODUIT SUIVANT.			
PRODUIT	530. Avez-vous une fiche d'inventaire de (PRODUIT) ?	531. Les (PRODUIT) sont-ils stockés en fonction de leur date limite d'utilisation ?	532. Les (PRODUIT) sont-ils stockés à l'abri de la pluie, du soleil, des températures néfastes, des rats et autres animaux et insectes nuisibles ?
a) Contraceptifs	Oui1 Non....2 →b	Oui1 Non....2	Oui1 Non....2
b) Médicaments pour le traitement des IST	Oui1 Non....2 →c	Oui1 Non....2	
c) Vaccins	Oui1 Non....2 →d	Oui1 Non....2	
d) Autres médicaments	Oui1 Non....2 →533	Oui1 Non....2	

Disponibilité des méthodes de PF et des vaccins			
<i>J'aimerais maintenant vous poser quelques questions sur les méthodes de planification familiale et les vaccins disponibles dans cet établissement. Après ces questions, il me faudra voir vos stocks des contraceptifs et vaccins.</i>			
POSER LA QUESTION N° 533 POUR CHAQUE METHODE DE PF OU VACCIN. S'IL N'EST PAS DISPONIBLE, PASSER A LA METHODE OU AU VACCIN SUIVANT.			
METHODE/VACCIN	533. Est-ce que le (METHODE/VACCIN) est actuellement disponible dans l'établissement ?	534. Avez-vous souffert d'une rupture de stock de (METHODE/VACCIN) ou étiez-vous incapable de l'offrir durant les 6 derniers mois ?	535. VERIFIER PAR INSPECTION VISUELLE : DEUX UNITÉS DE (METHODE/VACCIN) NON PÉRIMÉES OBSERVÉES ?
a) Pilule combinée (Lo-femenal)	Oui1 Non....2 →b	Oui1 Non....2	Vu1 Pas vu....2
b) Pilule à la progestérone seulement (Ovrette)	Oui1 Non....2 →c	Oui1 Non....2	Vu1 Pas vu....2
c) Injection (Depo-provera)	Oui1 Non....2 →d	Oui1 Non....2	Vu1 Pas vu....2
d) Kit DIU	Oui1 Non....2 →e	Oui1 Non....2	Vu1 Pas vu....2
e) Spermicide	Oui1 Non....2 →f	Oui1 Non....2	Vu1 Pas vu....2
f) Préservatif	Oui1 Non....2 →g	Oui1 Non....2	Vu1 Pas vu....2
g) Vaccination BCG	Oui1 Non....2 →h	Oui1 Non....2	Vu1 Pas vu....2
h) Vaccination antipoliomyélique (OPV)	Oui1 Non....2 →i	Oui1 Non....2	Vu1 Pas vu....2
i) Vaccination DTCoq	Oui1 Non....2 →j	Oui1 Non....2	Vu1 Pas vu....2
j) Vaccination contre la rougeole	Oui1 Non....2 →540	Oui1 Non....2	Vu1 Pas vu....2

Disponibilité des médicaments

J'aimerais vous poser quelques questions sur les médicaments disponibles dans cet établissement. Après ces questions, il me faudra voir vos stocks de quelques-uns des médicaments dont nous aurons parlé.

POSER LA QUESTION N° 540 POUR CHAQUE MEDICAMENT. S'IL N'EST PAS DISPONIBLE, PASSER AU SUIVANT. INSPECTER LES MEDICAMENTS DONT LA CASE N'EST PAS GRISEE POUR LA QUESTION N° 542.

MEDICAMENT	540. Disposez-vous actuellement de (MEDICAMENT) ?	541. Durant les 6 derniers mois, avez-vous connu un épuisement de stock de (MEDICAMENT) ?	542. VERIFIER PAR INSPECTION VISUELLE : DEUX MEDICAMENTS NON PERIMES OBSERVES ?
1) Acide acétylsalicylique BP 300 mg (Aspirine)	Oui 1 Non 2 →2	Oui..... 1 Non..... 2	
2) Acide benzoïque + Acide salicylique 6%+ 3%	Oui 1 Non 2 →3	Oui..... 1 Non..... 2	
3) Aminophylline BP 200 mg/250 mg	Oui 1 Non 2 →4	Oui..... 1 Non..... 2	
4) Amoxicilline BP 500 mg	Oui 1 Non 2 →5	Oui..... 1 Non..... 2	Vu 1 Pas vu..... 2
5) Amoxicilline en poudre pour suspension 125 mg	Oui 1 Non 2 →6	Oui..... 1 Non..... 2	
6) Ampicilline BP 500 mg	Oui 1 Non 2 →7	Oui..... 1 Non..... 2	
7) Benzoate de benzyle 25%	Oui 1 Non 2 →8	Oui..... 1 Non..... 2	
8) Benzathine (pénicilline-G) 2,4 méga (injection Panadur)	Oui 1 Non 2 →9	Oui..... 1 Non..... 2	
9) Onguent acide benzoïque + acide salicylique BP 500 g (Whitfield)	Oui 1 Non 2 →10	Oui..... 1 Non..... 2	
10) Benzylpénicilline BP 1 méga	Oui 1 Non 2 →11	Oui..... 1 Non..... 2	
11) Scopolamine butyle 10 mg	Oui 1 Non 2 →12	Oui..... 1 Non..... 2	
12) Chlorohexédine 5%	Oui 1 Non 2 →13	Oui..... 1 Non..... 2	
13) Chloroquine 100 mg Base	Oui 1 Non 2 →14	Oui..... 1 Non..... 2	Vu 1 Pas vu..... 2
14) Cotrimoxazole 480 mg	Oui 1 Non 2 →15	Oui 1 Non 2	Vu 1 Pas vu..... 2
15) Diazépam 10 mg (Valium)	Oui 1 Non 2 →16	Oui 1 Non 2	
16) Ergométrine	Oui 1 Non 2 →17	Oui 1 Non 2	
17) Erythromycine 500 mg	Oui 1 Non 2 →18	Oui 1 Non 2	Vu 1 Pas vu..... 2
18) Sulfate de fer	Oui 1 Non 2 →19	Oui 1 Non 2	

MEDICAMENT	540. Disposez-vous actuellement de (MEDICAMENT) ?	541. Durant les 6 derniers mois, avez-vous connu un épuisement de stock de (MEDICAMENT) ?	542. VERIFIER PAR INSPECTION VISUELLE : DEUX MEDICAMENTS NON PERIMES OBSERVES ?
19) Fer acide folique BP 5 mg	Oui..... 1 Non..... 2 →20	Oui1 Non2	
20) Hydroxyde d'aluminium 500 mg	Oui..... 1 Non..... 2 →21	Oui1 Non2	
21) Violet de gentiane 25 g	Oui..... 1 Non..... 2 →22	Oui1 Non2	
22) Lactate de sodium (solution de Ringer)	Oui..... 1 Non..... 2 →23	Oui1 Non2	
23) Lidocaïne	Oui..... 1 Non..... 2 →24	Oui1 Non2	
24) Mébendazole BP 100 mg	Oui..... 1 Non..... 2 →25	Oui1 Non2	Vu 1 Pas vu..... 2
25) Métronidazole 250 mg (Flagyl)	Oui..... 1 Non..... 2 →26	Oui1 Non2	Vu 1 Pas vu..... 2
26) Niclosamide 500 mg	Oui..... 1 Non..... 2 →27	Oui1 Non2	
27) Paracétamol 500 mg	Oui..... 1 Non..... 2 →28	Oui1 Non2	
28) Paracétamol pédiatrique 120 mg/5 ml Suspension 1.000 ml	Oui..... 1 Non..... 2 →29	Oui1 Non2	
29) Péni-procaïne 3 g	Oui..... 1 Non..... 2 →30	Oui1 Non2	
30) Praziquantel 600 mg	Oui..... 1 Non..... 2 →31	Oui1 Non2	
31) Sel de réhydratation oral (SRO) sachet	Oui..... 1 Non..... 2 →32	Oui1 Non2	Vu 1 Pas vu..... 2
32) Chlorhydrate de prométhazine BP 25 mg	Oui..... 1 Non..... 2 →33	Oui1 Non2	
33) Sulfate de quinine 600 mg	Oui..... 1 Non..... 2 →34	Oui1 Non2	
34) Tétracycline ophtalmique 1% 5g	Oui..... 1 Non..... 2 →35	Oui1 Non2	
35) Thiamine 50mg/complexe vitamine B	Oui..... 1 Non..... 2 →Q601	Oui1 Non2	

Section 6. Disponibilité des matériels IEC			
<i>Disposez-vous actuellement des matériels éducatifs sur la planification familiale, la santé maternelle et infantile, et les IST/SIDA ?</i>			
SERVICE	601. Boite à images	602. Dépliants	603. Affiches murales
a) Planification familiale	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
b) Soins prénatals/postnatals	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
c) Maternité sans risque (accouchement)	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
d) Prévention/traitement du VIH/SIDA	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
e) Prévention/traitement des autres IST	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
f) Nutrition de la mère	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
g) Surveillance nutritionnelle et pondérale de l'enfant	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
h) Allaitement maternel	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
i) Lutte contre les maladies diarrhéiques	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
j) Infections respiratoires aiguës	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
k) Paludisme	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
l) Vaccination	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
m) Vitamine A	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
n) Santé reproductive des adolescents	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2
o) Santé reproductive des hommes	Oui.....1 Non.....2	Oui.....1 Non.....2	Oui.....1 Non.....2

No.	Question	Codes
700	L'heure à laquelle l'entretien s'est terminé :	<div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 10px;">Heure.....</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-start;"> <div style="margin-right: 10px;">Minutes.....</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div>
Commentaires :		

Saisie par :	Date :

Consultation pour les services de planification familiale

ACCUEIL		
No.	Question	Codes
110	Au début de la consultation, est-ce que le prestataire a :	Oui Non
	A) Salué la cliente ?	1 2
	B) Expliqué le déroulement de la consultation ?	1 2
	C) Examiné le carnet de santé de la cliente ?	1 2

INTERROGATOIRE		
No.	Question	Codes
120	Au cours de la consultation, est-ce que le prestataire a discuté avec la cliente les éléments suivants ?	Oui Non
	A) L'âge de la cliente	1 2
	B) Le statut matrimonial	1 2
	C) Le nombre d'enfants / d'accouchements	1 2
	D) L'âge du dernier enfant	1 2
	E) Le désir pour d'autres enfants / l'espacement des naissances	1 2
	F) L'allaitement	1 2
	G) La date de la dernière menstruation	1 2
	H) La régularité du cycle menstruel	1 2
	I) Le discours sur la PF avec l'époux/partenaire	1 2
	J) La facilité pour la cliente de revenir à ce centre	1 2
	K) La confidentialité de la consultation	1 2
	L) Le nombre de partenaires sexuels	1 2
	M) Les infections sexuellement transmissibles (IST) / SIDA	1 2
	N) Si la cliente fume	1 2
	O) Problèmes de saignements en dehors des règles	1 2
	P) Problèmes de saignement menstruel important / prolongé	1 2
	Q) Problèmes de crampes menstruelles prononcées	1 2
	R) Problèmes de leucorrhées inhabituelles / pertes vaginales	1 2
	Q) Problèmes de démangeaisons vaginales	1 2
	R) Problèmes d'ulcérations génitales	1 2
	S) Problèmes de migraines / troubles de vision	1 2
	T) Problèmes du coeur / crise cardiaque / attaque cérébrale	1 2
	U) Problèmes d'épilepsie / tuberculose / diabète	1 2
	V) Problèmes de cancer du sein / grosseur suspecte au sein	1 2
	W) Problèmes d'inflammation pelvienne / grossesse extra-utérine	1 2
	X) Problèmes d'essoufflement / difficultés de respiration	1 2
Y) Problèmes de douleurs dans le bas ventre	1 2	
Z) Problèmes de douleurs prononcées dans les mollets, cuisses	1 2	
121	Quelles méthodes de planification familiale ont été discutées entre le prestataire et la cliente (encercler toutes les réponses applicables) ?	
	Pilule	A
	DIU	B
	Injection	C
	Préservatif	D
	Spermicide	E
	Contraception chirurgicale volontaire	F
	Méthode naturelle	G
	Méthode de l'allaitement maternel et de l'aménorrhée (MAMA)	H
Autre (préciser) : _____	I	
122	Le prestataire a-t-il explicitement mentionné que le préservatif protégeait contre les IST/VIH/SIDA ?	Oui 1 Non 2

INTERROGATOIRE			
No.	Question	Codes	Passer à
123	Est-ce que le prestataire a particulièrement encouragé une méthode de PF ? Si oui, laquelle ?		
	Pilule	1	
	DIU	2	
	Injection	3	
	Préservatif	4	
	Spermicide	5	
	Contraception chirurgicale volontaire	6	
	Méthode naturelle	7	
	MAMA	8	
	Préservatif combiné avec une autre méthode	9	
	Autre (préciser) : _____	10	
	Pas de méthode particulièrement encouragée	99	
124	Est-ce que la cliente a mentionné une préférence initiale pour une méthode particulière ? Si oui, laquelle ?		
	Pilule	1	
	DIU	2	
	Injection	3	
	Préservatif	4	
	Spermicide	5	
	Contraception chirurgicale volontaire	6	
	Méthode naturelle	7	
	MAMA	8	
	Préservatif combiné avec une autre méthode	9	
	Autre (préciser) : _____	10	
	Pas de préférence mentionnée	99	
125	Est-ce que le prestataire a utilisé des matériels IEC pendant la consultation ? Si oui, lesquels (encercler toutes les réponses applicables) ?		
	Dépliant	A	
	Affiche sur le mur	B	
	Échantillon de contraceptifs	C	
	Modèle anatomique	D	
	Boîte à images	E	
	Autre (préciser) : _____	F	
	Aucun matériel IEC utilisé	X	

INTERROGATOIRE SPÉCIFIQUE SELON LE TYPE DE CONTACT			
No.	Question	Codes	Passer à
130	Est-ce que la cliente avait déjà utilisé une méthode de PF avant de venir pour la consultation aujourd'hui ? Oui = 1 <input type="checkbox"/> Non ou Inconnu = 2 <input type="checkbox"/> →		201
131	Quelle a été la dernière ▼ méthode de PF utilisée avant aujourd'hui ?		
	Pilule	1	
	DIU	2	
	Injection	3	
	Préservatif	4	
	Spermicide	5	
	Contraception chirurgicale volontaire	6	
	Méthode naturelle	7	
	MAMA	8	
	Autre (préciser) : _____	9	
	Inconnu	99	
132	Est-ce que le prestataire et la cliente ont parlé des problèmes que la cliente pouvait avoir avec sa dernière méthode ?	Oui 1 Non 2 →	201
133	Est-ce que le prestataire a entrepris les actions suivantes ?	Oui Non	
	A) Discuter la nature du problème avec la cliente	1 2	
	B) Faire un traitement médical	1 2	
	C) Référer pour un traitement médical	1 2	
	D) Suggérer à la cliente de changer de méthode	1 2	

EXAMEN GÉNÉRAL				
No.	Question	Codes		
201	Est-ce que les actions suivantes ont été entreprises au cours de l'examen général ?	Oui, à l'accueil	Oui, par le prestataire	Non/NSP
	A) Faire uriner la cliente	1	2	4
	B) Prendre la tension artérielle	1	2	4
	C) Peser la cliente	1	2	4
202	Est-ce que le prestataire a fait les gestes suivants durant l'examen ?	Oui	Non	
	A) Se laver les mains ou mettre des gants stériles	1	2	
	B) Recherche d'oedèmes : visage, membres inférieurs	1	2	
	C) Examen mammaire	1	2	
	D) Examen pelvien	1	2	
	E) Faire ou référer pour un test de grossesse	1	2	
	F) Faire ou demander un frottis cervico vaginal	1	2	
	G) Faire ou référer pour une prise de sang / test d'anémie	1	2	
	H) Faire ou référer pour un traitement médical pour les IST/SIDA	1	2	

SÉLECTION DE LA MÉTHODE			
No.	Question	Codes	Passer à
220	Est-ce que la cliente a décidé d'accepter/utiliser une méthode aujourd'hui ?	Oui 1 Non/NA .. 2	→ 224
221	Quelle méthode a été choisie ?		
	Pilule	1	
	DIU	2	
	Injection	3	
	Préservatif	4	
	Spermicide	5	
	Contraception chirurgicale volontaire	6	
	Méthode naturelle	7	
	MAMA	8	
	Préservatif combiné avec : _____	9	
Autre (préciser) : _____	10		
222	Est-ce que le prestataire a parlé des éléments suivants ?	Oui	Non
	A) Mode d'utilisation de la méthode	1	2
	B) Avantages	1	2
	C) Inconvénients / effets secondaires	1	2
	D) Que faire si problème avec la méthode	1	2
	E) Possibilité de changement de méthode	1	2
	F) Capacité de la méthode à prévenir les IST/SIDA	1	2
223	Est-ce que la cliente a pu obtenir la méthode qu'elle a décidé d'utiliser aujourd'hui ?	Oui 1 Non 2	→ 230
224	Si la cliente n'a pas obtenu une méthode aujourd'hui , quelle en est la raison principale ?		
	Motif de la visite pour des informations seulement	1	
	Motif de la visite pour effets secondaires avec la dernière méthode	2	
	Changement d'avis de la part de la cliente	3	
	Allaitement	4	
	Nécessité d'attendre les règles	5	
	La cliente pourrait être enceinte	6	
	Craint des contre-indications médicales	7	
	Autre raison de santé	8	
	Méthode pas disponible aujourd'hui	9	
	Méthode/service pas offert à cette structure	10	
Autre (préciser) : _____	11		
			Passer à 301 →

QUESTIONS SPÉCIFIQUES SELON LA MÉTHODE OBTENUE																									
No.	Question	Codes	Passer à																						
Vérifier la méthode obtenue (Q221) : _____																									
230	<p>Vérifier la méthode de préférence initiale de la cliente (Q124) : _____</p> <p style="text-align: center;"> <i>Si préférence mentionnée</i> <input type="checkbox"/> <i>Pas de préférence</i> <input type="checkbox"/> → 231 </p> <p>Est-ce que la méthode que la cliente a adoptée aujourd'hui est la même que celle qu'elle avait initialement préférée ? Sinon, quelle en est la raison principale ?</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Changement d'avis de la part de la cliente</td><td style="text-align: right;">1</td></tr> <tr><td>Allaitement</td><td style="text-align: right;">2</td></tr> <tr><td>Nécessité attendre les règles</td><td style="text-align: right;">3</td></tr> <tr><td>La cliente pourrait être enceinte</td><td style="text-align: right;">4</td></tr> <tr><td>Craint des contre-indications médicales</td><td style="text-align: right;">5</td></tr> <tr><td>Autre raison de santé</td><td style="text-align: right;">6</td></tr> <tr><td>Autre raison non médicale (âge, statut matrimonial, etc.)</td><td style="text-align: right;">7</td></tr> <tr><td>Méthode pas disponible aujourd'hui</td><td style="text-align: right;">8</td></tr> <tr><td>Méthode/service pas offert à cette structure</td><td style="text-align: right;">9</td></tr> <tr><td>Autre (préciser) : _____</td><td style="text-align: right;">10</td></tr> <tr><td>Méthode adoptée est la même que celle initialement préférée</td><td style="text-align: right;">99</td></tr> </table>	Changement d'avis de la part de la cliente	1	Allaitement	2	Nécessité attendre les règles	3	La cliente pourrait être enceinte	4	Craint des contre-indications médicales	5	Autre raison de santé	6	Autre raison non médicale (âge, statut matrimonial, etc.)	7	Méthode pas disponible aujourd'hui	8	Méthode/service pas offert à cette structure	9	Autre (préciser) : _____	10	Méthode adoptée est la même que celle initialement préférée	99		
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231	<p>Vérifier si la méthode obtenue est la pilule, le préservatif ou le spermicide :</p> <p style="text-align: center;"> <i>Oui</i> <input type="checkbox"/> <i>Non</i> <input type="checkbox"/> → 232 </p> <p>Combien d'unités ont été remises à la cliente ?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Cycles de pilule</td> <td style="text-align: center;">Préservatifs</td> <td style="text-align: center;">Unités de spermicide</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: center;"><input type="text"/> <input type="text"/></td> <td style="text-align: right;">00 = Zéro 98 = Inconnu</td> </tr> </table>	Cycles de pilule	Préservatifs	Unités de spermicide		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	00 = Zéro 98 = Inconnu																
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232	<p>Vérifier si la méthode obtenue est l'injection :</p> <p style="text-align: center;"> <i>Oui</i> <input type="checkbox"/> <i>Non</i> <input type="checkbox"/> → 233 </p> <p>Lors de l'injection, est-ce que le prestataire :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Oui</th> <th style="text-align: center;">Non</th> </tr> </thead> <tbody> <tr> <td>A) A expliqué à la cliente le déroulement de la procédure ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B) S'est lavé les mains / mis des gants stériles ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C) A désinfecté le point de l'injection ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D) A utilisé une seringue stérile ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Oui	Non	A) A expliqué à la cliente le déroulement de la procédure ?	1	2	B) S'est lavé les mains / mis des gants stériles ?	1	2	C) A désinfecté le point de l'injection ?	1	2	D) A utilisé une seringue stérile ?	1	2		Passer à 301 →							
	Oui	Non																							
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C) A désinfecté le point de l'injection ?	1	2																							
D) A utilisé une seringue stérile ?	1	2																							
233	<p>Vérifier si la méthode choisie est DIU :</p> <p style="text-align: center;"> <i>Oui</i> <input type="checkbox"/> <i>Non</i> <input type="checkbox"/> → 234 </p> <p>Lors de l'insertion, est-ce que le prestataire :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Oui</th> <th style="text-align: center;">Non</th> </tr> </thead> <tbody> <tr> <td>A) A expliqué à la cliente le déroulement de la procédure ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B) S'est lavé les mains / mis des gants stériles ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C) A mesuré l'utérus ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D) A chargé le DIU dans son emballage original ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E) A manipulé le DIU avec des instruments stériles ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Oui	Non	A) A expliqué à la cliente le déroulement de la procédure ?	1	2	B) S'est lavé les mains / mis des gants stériles ?	1	2	C) A mesuré l'utérus ?	1	2	D) A chargé le DIU dans son emballage original ?	1	2	E) A manipulé le DIU avec des instruments stériles ?	1	2		Passer à 301 →				
	Oui	Non																							
A) A expliqué à la cliente le déroulement de la procédure ?	1	2																							
B) S'est lavé les mains / mis des gants stériles ?	1	2																							
C) A mesuré l'utérus ?	1	2																							
D) A chargé le DIU dans son emballage original ?	1	2																							
E) A manipulé le DIU avec des instruments stériles ?	1	2																							
234	<p>Vérifier si la méthode choisie est MAMA :</p> <p style="text-align: center;"> <i>Oui</i> <input type="checkbox"/> <i>Non</i> <input type="checkbox"/> → 301 </p> <p>Est-ce que le prestataire a demandé si :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Oui</th> <th style="text-align: center;">Non</th> </tr> </thead> <tbody> <tr> <td>A) La cliente n'a pas encore eu le retour des règles ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B) La cliente allaite exclusivement ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C) Le bébé a moins de 6 mois ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Oui	Non	A) La cliente n'a pas encore eu le retour des règles ?	1	2	B) La cliente allaite exclusivement ?	1	2	C) Le bébé a moins de 6 mois ?	1	2												
	Oui	Non																							
A) La cliente n'a pas encore eu le retour des règles ?	1	2																							
B) La cliente allaite exclusivement ?	1	2																							
C) Le bébé a moins de 6 mois ?	1	2																							

SUIVI		
No.	Question	Codes
301	Est-ce que le prestataire a :	Oui Non
	A) Reporté les résultats de l'examen dans le carnet de santé ?	1 2
	B) Remercié la cliente d'être venue ?	1 2
	C) Demandé si elle avait des questions ?	1 2
	D) Donné le prochain rendez-vous ?	1 2
302	Est-ce que le prestataire a référé la cliente pour un suivi /approvisionnement ? Si oui, où (encercler toutes les réponses applicables) ?	
	Dans cette même structure sanitaire	A
	Dans un hôpital/autre structure sanitaire	B
	Pharmacie/boutique/médecin privé	C
	Service à base communautaire	D
	Autre (préciser) : _____	E
Pas de référence donnée	X	

No.	Question	
310	Est-ce que la consultation a eu lieu en privé?	Oui 1 Non 2
311	L'heure à laquelle l'observation s'est terminée :	Heure <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>
Commentaires de l'observateur :		
Commentaires du superviseur :		

Saisie par : <input type="text"/>	Date : <input type="text"/>
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Enquête sur les structures de santé (ESS)
Guinée 2001

QUESTIONNAIRE CONSULTATION POUR LES
INFECTIONS SEXUELLEMENT TRANSMISSIBLES (IST)/SIDA

IDENTIFICATION	
Nom de la structure sanitaire : _____	Numéro de la structure : <input type="text"/> <input type="text"/> <input type="text"/>
Type de structure : Centre de santé 1 Maternité 2 Autre (préciser) _____ 3	Région naturelle : Région administrative : Haute Guinée 3 Faranah 2 Guinée Forestière 4 Kankan 3 N'zérékoré 7
Préfecture : _____	Numéro de la préfecture : <input type="text"/> <input type="text"/>
Sous préfecture : _____	Numéro de la sous préfecture : <input type="text"/> <input type="text"/>
Nom et code du superviseur : _____ <input type="text"/>	Numéro du questionnaire Consultation IST/SIDA : <input type="text" value="3"/> <input type="text"/> <input type="text"/>
Nom et code de l'observateur : _____ <input type="text"/>	Date de l'observation : Jour Mois Année <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="2001"/>

Catégorie professionnelle du prestataire : Médecin 1 Infirmier d'état 2 Sage-femme d'état 3 Technicien de santé 4 Agent technique de santé 5 Médecin stagiaire/bénévole 6 Autre stagiaire/bénévole 7 Autre (préciser) _____ 8	Nom et code d'identification du prestataire : _____ A B C D E F G H I J X Autorisation reçue du prestataire : Oui 1 Non 2 —▶ ARRET
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Instructions à l'intention de l'observateur : Avant de commencer à observer l'interaction entre le client et le prestataire, il faut obtenir l'autorisation préalable de ces derniers. Au cours de l'observation, soyez aussi effacé que possible et n'intervenez en aucun cas dans l'interaction. Assurez-vous que le prestataire ne vous prend ni pour un évaluateur ni pour un «expert» à qui il peut recourir pendant l'interaction. Essayez de vous asseoir derrière le client en évitant de vous placer directement dans le champ visuel du prestataire. Prenez vos notes aussi rapidement que possible. Utilisez la partie conçue à cet effet en vous fondant sur le motif de la consultation. Pour chacune des questions énumérées ci-après, encerclez le code qui représente votre observation de ce qui s'est passé pendant l'interaction.

IDENTIFICATION		
No.	Question	Codes
101	Heure du début de l'observation :	Heure..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>
102	Genre du client :	Femme 1 Homme 2 Couple 3
103	Numéro de la visite de la consultation IST/SIDA (incluant la visite d'aujourd'hui) :	1ère visite 1 2e visite ou plus 2 Inconnu 9

Consultation pour les IST/SIDA

ACCUEIL			
No.	Question	Codes	
110	Au début de la consultation, est-ce que le prestataire a :	Oui	Non
	A) Salué le client ?	1	2
	B) Expliqué le déroulement de la consultation ?	1	2
	C) Examiné le carnet de santé du client ?	1	2

INTERROGATOIRE			
No.	Question	Codes	Passer à
120	Quel est le motif de la visite aujourd'hui comme annoncé par le client (encercler toutes les réponses applicables) ? Douleur dans le bas ventre A Douleur pendant la miction B Écoulement vaginal C Inflammation / rougeur de la région génitale D Oedèmes des organes génitaux externes E Ulcération génitale F Verru génital G Sang dans les selles H Perte de poids I Troubles de l'érection / éjaculation J Référé par un autre prestataire K Autre (préciser) : _____ L Autre (préciser) : _____ M Autre (préciser) : _____ N Non déclaré X		
121	Est-ce que le prestataire et le client ont discuté les éléments suivants : A) La nature des symptômes ? B) La date du début ou la durée des symptômes ? C) L'histoire récente des rapports sexuels ? D) Les antécédents d'auto-traitement ?	Oui 1 1 1 1	Non 2 2 2 2

EXAMEN GÉNÉRAL			
No.	Question	Codes	Passer à
130	Est-ce que le prestataire a fait les gestes suivants durant l'examen général : A) Rassurer le client ? B) Se laver les mains ou mettre des gants stériles ? C) Examiner les organes génitaux externes ? D) Faire ou référer pour des examens complémentaires (urine, sang, etc.) ?	Oui 1 1 1 1	Non 2 2 2 2

DIAGNOSTIC ET TRAITEMENT			
No.	Question	Codes	Passer à
150	Est-ce que le prestataire a annoncé le diagnostic médical ? Si oui, quel est le diagnostic (encercler toutes les réponses applicables) ? Candidose Chancre mou Chlamydia Condylome Gonorrhée Granulome inguinale Hépatite B Herpes Lymphogranulome vénérien Syphilis Trichomonase Vaginose bactérienne VIH/SIDA Autre (préciser) : _____ Autre (préciser) : _____ Diagnostic non déclaré	A B C D E F G H I J K L M N O X	
151	Est-ce que le prestataire a prescrit ou donné de médicament ?	Oui 1 Non..... 2	→ 200
152	Noter tous les médicaments prescrits ou donnés par le prestataire (encercler toutes les réponses applicables) : Amoxicilline Ampicilline Benzylopénicilline Benzylopénicilline procaine Céftriaxone Chloramphénicol Cotrimoxazole Cyfloxacin Doxycycline Gentamicine Kanamicine Métronidazole Miconazole Pénicilline benzathine Sulfaméthoxazole Tétracycline Autre : _____ Autre : _____	A B C D E F G H I J K L M N O P Q R	
153	Est-ce que le prestataire a : A) Expliqué au client comment prendre le(s) médicament(s) ? B) Posé une question ouverte pour vérifier que le client a bien compris comment prendre le traitement ? C) Insisté sur l'importance de compléter tout le cours du traitement ? D) Insisté sur la nécessité de s'abstenir de rapport sexuel/utiliser le préservatif jusqu'à la fin du traitement ?	Oui Non 1 2 1 2 1 2 1 2	

CONSEILS			
No.	Question	Codes	
200	Est-ce que le prestataire et le client ont discuté des éléments suivants :	Oui	Non
	A) Que le client s'est contaminé lors des rapports sexuels ?	1	2
	B) Que les IST augmentent le risque du SIDA ?	1	2
	C) Que le préservatif protège contre les IST/SIDA ?	1	2
	D) Les conséquences des IST non traitées ?	1	2
201	Est-ce que le prestataire a fait les gestes suivants :	Oui	Non
	A) Conseiller le traitement médical de tous les partenaires sexuels ?	1	2
	B) Conseiller l'utilisation du préservatif pour se protéger contre les IST/SIDA ?	1	2
202	C) Expliquer / démontrer comment utiliser le préservatif ?	1	2
	Est-ce que le prestataire a remis des préservatifs au client ? Si oui, combien de préservatifs ont été remis ?		
	<input type="text"/> <input type="text"/>	Aucun ... 00	

SUIVI			
No.	Question	Codes	
210	Est-ce que le prestataire a :	Oui	Non
	A) Reporté les résultats de l'examen dans le carnet de santé du client ?	1	2
	B) Remercié le client d'être venu ?	1	2
	C) Demandé si le client avait des questions ?	1	2
	D) Donné le prochain rendez-vous ?	1	2
	E) Insisté sur la nécessité de revenir pour un suivi ?	1	2
	F) Référé le client pour un traitement dans une autre structure / avec un autre prestataire ?	1	2

No.	Question	Codes	
211	Est-ce que la consultation a eu lieu en privé ?	Oui 1	Non..... 2
212	L'heure à laquelle l'observation s'est terminée :	Heure.....	<input type="text"/> <input type="text"/>
		Minutes.....	<input type="text"/> <input type="text"/>

Commentaires de l'observateur :

Commentaires du superviseur :

Saisie par : Date :

Enquête sur les structures de santé (ESS)
Guinée 2001

QUESTIONNAIRE CONSULTATION PRÉNATALE

IDENTIFICATION	
Nom de la structure sanitaire : _____	Numéro de la structure : <input type="text"/> <input type="text"/> <input type="text"/>
Type de structure : Centre de santé 1 Maternité 2 Autre (préciser) _____ 3	Région naturelle : Région administrative : Haute Guinée 3 Faranah 2 Guinée Forestière 4 Kankan 3 N'zérékoré 7
Préfecture : _____	Numéro de la préfecture : <input type="text"/> <input type="text"/>
Sous préfecture : _____	Numéro de la sous préfecture : <input type="text"/> <input type="text"/>
Nom et code du superviseur : _____ <input type="text"/>	Numéro du questionnaire Consultation prénatale : <input type="text" value="1"/> <input type="text"/> <input type="text"/>
Nom et code de l'observateur : _____ <input type="text"/>	Date de l'observation : Jour Mois Année <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2001

Catégorie professionnelle du prestataire : Médecin 1 Infirmier d'état 2 Sage-femme d'état 3 Technicien de santé 4 Agent technique de santé 5 Médecin stagiaire/bénévole 6 Autre stagiaire/bénévole 7 Autre (préciser) _____ 8	Nom et code d'identification du prestataire : _____ A B C D E F G H I J X Autorisation reçue du prestataire : Oui 1 Non 2 → ARRET
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Instructions à l'intention de l'observateur : Avant de commencer à observer l'interaction entre la cliente et le prestataire, il faut obtenir l'autorisation préalable de ces derniers. Au cours de l'observation, soyez aussi effacé que possible et n'intervenez en aucun cas dans l'interaction. Assurez-vous que le prestataire ne vous prend ni pour un évaluateur ni pour un « expert » à qui il peut recourir pendant l'interaction. Essayez de vous asseoir derrière la cliente en évitant de vous placer directement dans le champ visuel du prestataire. Prenez vos notes aussi rapidement que possible. Utilisez la partie conçue à cet effet en vous fondant sur le motif de la consultation. Pour chacune des questions énumérées ci-après, encerclez le code qui représente votre observation de ce qui s'est passé pendant l'interaction.

Identification		
No.	Question	Codes
101	Heure du début de l'observation :	Heure..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>
102	Numéro de la visite de consultation prénatale pour la grossesse en cours (incluant la visite d'aujourd'hui) :	1ère visite 1 2e visite ou plus 2 Inconnu 9

Observation de la consultation prénatale

Accueil		
No.	Question	Codes
110	Au début de la consultation, est-ce que le prestataire a :	Oui Non
	A) Salué la cliente ?	1 2
	B) Expliqué le déroulement de la consultation ?	1 2
	C) Examiné le carnet de maternité de la cliente ?	1 2

Interrogatoire général		
No.	Question	Codes
120	Est-ce que le prestataire a discuté avec la cliente l'âge de la grossesse en cours ? Si oui, quel est l'âge annoncé ?	
	Semaines Mois <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Non déclaré ... 99	
121	Est-ce que le prestataire a discuté avec la cliente le rang de la grossesse ? Si oui, quel est le rang annoncé ?	
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Non déclaré ... 99	
122	Au cours de la consultation, est-ce que les éléments suivants ont été discutés entre la cliente et le prestataire ?	Oui Non
	A) L'âge de la cliente	1 2
	B) L'évolution de la grossesse en cours	1 2
	C) L'âge du dernier enfant	1 2
	D) Le nombre d'enfants vivants	1 2
	E) Le nombre de mort-nés	1 2
	F) Le nombre d'avortements spontanés	1 2
	G) Les problèmes liés aux accouchements précédents	1 2
	H) Les césariennes antérieures	1 2

Examen général				
No.	Question	Codes		
130	Est-ce que les actions suivantes ont été entreprises au cours de l'examen général ?	Oui, à l'accueil	Oui, par le prestataire	Non/NSP
	A) Faire uriner la femme	1	2	4
	B) Prendre la tension artérielle	1	2	4
	C) Peser la femme	1	2	4
	D) Mesurer la taille	1	2	4
131	Est-ce que le prestataire a fait les gestes suivants durant l'examen ?		Oui	Non
	A) Aider la femme à s'installer sur la table d'examen		1	2
	B) Recherche d'oedèmes : visage, membres inférieurs		1	2
	C) Examiner la peau (pâleur, cicatrices, etc.)		1	2
	D) Examiner la bouche (carie dentaire, langue blanchâtre)		1	2
	E) Examiner les ongles (signes d'anémie)		1	2
	F) Examiner l'abdomen		1	2
	G) Palper la glande thyroïde		1	2
	H) Examiner les seins		1	2
	I) Ausculter le coeur		1	2

Examen obstétrical			
No.	Question	Codes	Passer à
135	Est-ce que le prestataire a fait un examen obstétrical ?	Oui 1 Non..... 2	→ 140
136	Le prestataire a-t-il fait les gestes suivants pendant l'examen obstétrical ?	Oui Non	
	A) Se laver les mains ou mettre des gants stériles	1 2	
	B) Palper l'abdomen / rechercher les pôles foetaux	1 2	
	C) Mesurer la hauteur utérine à l'aide du ruban métrique	1 2	
Vérifier l'âge de la grossesse en cours (Q120) : _____			
<i>Si gestation inférieure à 20 semaines/5 mois :</i>		<input type="checkbox"/> ↓	<i>Si gestation au-dessus de 20 semaines/5 mois :</i>
D) Estimer l'âge par le toucher vaginale combiné au palper	Oui1 Non.... 2	E) Ausculter les bruits du coeur foetal	Oui1 Non.... 2
F) Nettoyer vulve/vagin avec un tampon imbibé d'antiseptique	Oui Non 1 2		
G) Placer le spéculum et observer le col/vagin	1 2		
H) Faire un toucher vaginal portant des gants stériles et examiner / sentir les pertes sur les gants	1 2		
137	Est-ce que l'examen obstétrical a eu lieu en privé ?	Oui 1 Non..... 2	

Soins préventifs			
No.	Question	Codes	Passer à
140	Le prestataire a-t-il donné des conseils sur :	Oui Non	
	A) La planification familiale ?	1 2	
	B) Prévention / traitement des IST/SIDA ?	1 2	
	C) Prévention / traitement du paludisme ?	1 2	
	D) Suppléments de fer ?	1 2	
	E) Vaccination contre le tétanos ?	1 2	
	F) La nutrition / alimentation ?	1 2	
	G) L'hygiène	1 2	
	H) L'allaitement maternel	1 2	
141	Le prestataire a-t-il donné ou prescrit :	Oui Non	
	A) Les comprimés de fer ?	1 2	
	B) La chloroquine ?	1 2	
	C) La vaccination contre le tétanos ?	1 2	
142	Le prestataire a-t-il conseillé l'accouchement :	Oui Non	
	A) Dans un centre de santé ?	1 2	
	B) Avec l'assistance d'un personnel formé ?	1 2	
143	Le prestataire a-t-il soulevé avec la cliente les signes avertisseurs suivants indiquant la nécessité de revenir :	Oui Non	
	A) Les saignements ?	1 2	
	B) La fièvre ?	1 2	
	C) La fatigue / l'essoufflement ?	1 2	
	D) Le gonflement des mains et du visage ?	1 2	

Suivi		
No.	Question	Codes
150	Est-ce que le prestataire a :	Oui Non
	A) Expliquer à la femme les résultats de l'examen ?	1 2
	B) Reporté les résultats de l'examen dans le carnet de maternité ?	1 2
	C) Remercié la cliente d'être venue ?	1 2
	D) Demandé si elle avait des questions ?	1 2
	E) Donné le prochain rendez-vous ?	1 2

No.	Question	Codes
160	L'heure à laquelle l'observation s'est terminée :	Heure..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>
Commentaires de l'observateur :		
Commentaires du superviseur :		

Saisie par : <input style="width: 200px; height: 20px;" type="text"/>	Date : <input style="width: 100px; height: 20px;" type="text"/>
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Enquête sur les structures de santé (ESS)
Guinée 2001

QUESTIONNAIRE SERVICES DE SANTE INFANTILE

PRISE EN CHARGE INTÉGRÉE DE L'ENFANT MALADE (PCIME)/VISITE INFANTILE PREVENTIVE (VIP)

IDENTIFICATION	
Nom de la structure sanitaire : _____	Numéro de la structure : <input type="text"/> <input type="text"/> <input type="text"/>
Type de structure : Centre de santé 1 Maternité 2 Autre (préciser) _____ 3	Région naturelle : Haute Guinée 3 Guinée Forestière 4 Région administrative : Faranah 2 Kankan 3 N'zérékoré 7
Préfecture : _____	Numéro de la préfecture : <input type="text"/> <input type="text"/>
Sous préfecture : _____	Numéro de la sous préfecture : <input type="text"/> <input type="text"/>
Nom et code du superviseur : _____ <input type="text"/>	Numéro du questionnaire Consultation PCIME/VIP : <input type="text" value="2"/> <input type="text"/> <input type="text"/>
Nom et code de l'observateur : _____ <input type="text"/>	Date de l'observation : Jour Mois Année <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2001

Catégorie professionnelle du prestataire : Médecin 1 Infirmier d'état 2 Sage-femme d'état 3 Technicien de santé 4 Agent technique de santé 5 Médecin stagiaire/bénévole 6 Autre stagiaire/bénévole 7 Autre (préciser) _____ 8	Nom et code d'identification du prestataire : _____ A B C D E F G H I J X Autorisation reçue du prestataire : Oui 1 Non 2 → ARRET
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Observer uniquement les enfants de moins de 5 ans.

Identification		
No.	Question	Codes
101	Heure du début de l'observation	Heure..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/>
102	Numéro de la visite pour les services de santé infantile PCIME/VIP (incluant la visite d'aujourd'hui) :	1ère visite 1 2e visite ou plus 2 Inconnu 9

EXAMEN DE L'ENFANT MALADE (PCIME)					
No.	Question	Codes			Passer à
110	Est-ce que les actions suivantes ont été entreprises au cours de l'examen général (encercler toutes les réponses appropriées) :	Oui, à l'accueil	Oui, par le prestataire	Non/NSP	
	A) Prise de température par le toucher ?	1	2	4	
	B) Prise de température avec un thermomètre ?	1	2	4	
	C) Prise de poids ?	1	2	4	
111	Au cours de l'examen, est-ce que le prestataire a fait les gestes suivants :	Oui	Non		
	A) Déshabiller l'enfant (signes de maigreur, éruption généralisée) ?	1	2		
	B) Examiner les pieds (recherche d'oedèmes) ?	1	2		
	C) Examiner les paumes / le visage (pâleur) ?	1	2		
	D) Examiner le nez (écoulement) ?	1	2		
	E) Examiner les yeux (larmes, enfoncement, rougeur) ?	1	2		
	F) Faire/référent pour examens complémentaires (urine, selles, etc.) ?	1	2		
112	Est-ce que le prestataire et la mère ont discuté des symptômes suivants chez l'enfant :	Oui	Non		
	A) Toux ou rhume ?	1	2		
	B) Diarrhée ?	1	2		
	C) Fièvre ?	1	2		
	D) Signes de faiblesse ?	1	2		
	E) Difficultés de boire / manger / téter ?	1	2		
	F) Vomissement ?	1	2		
	G) Vomissements persistants ?	1	2		
	H) Convulsions ?	1	2		
	I) Perte de conscience, léthargie ou apathie ?	1	2		

Interrogatoire spécifique à la diarrhée					
No.	Question	Codes			Passer à
120	Selon les résultats de l'examen, est-ce que l'enfant a la diarrhée ?	<p style="text-align: center;"> Oui = 1 <input type="checkbox"/> Non ou Inconnu = 2 <input type="checkbox"/> → 130 </p>			
121	Est-ce que le prestataire a demandé (ou la mère a indiqué spontanément) depuis quand l'enfant a la diarrhée ? Si oui, depuis combien de jours ?	<p style="text-align: center;"> Jours <input type="text"/> <input type="text"/> Non déclaré...99 </p>			
122	Est-ce que le prestataire et la mère ont discuté des symptômes suivants chez l'enfant :	Oui	Non		
	A) Selles molles ou liquides ?	1	2		
	B) Sang dans les selles ?	1	2		
123	Est-ce que le prestataire a fait les gestes suivants :	Oui	Non		
	A) Pincer la peau : recherche des plis cutanés ?	1	2		
	B) Examiner la bouche : sécheresse de la langue ?	1	2		
	C) Examiner la fontanelle ?	1	2		
124	Est-ce que le prestataire a annoncé ses conclusions sur le niveau de déshydratation de l'enfant ? Si oui, quel est le niveau ?				
	Pas de déshydratation	1			
	Déshydratation légère / modérée	2			
	Déshydratation sévère	3			
	Non déclaré	8			
125	Est-ce que le prestataire a fait les gestes suivants :	Oui	Non		
	A) Expliquer à la mère comment préparer la SRO ?	1	2		
	B) Faire boire à l'enfant de la SRO ?	1	2		
	C) Faire ou référer pour une perfusion ?	1	2		
126	Est-ce que le prestataire a donné des conseils concernant :	Oui	Non		
	A) La nécessité d'allaiter / faire boire l'enfant fréquemment ?	1	2		
	B) La nécessité de bien alimenter l'enfant ?	1	2		
	C) La nécessité de revenir si selles molles / liquides / avec sang ?	1	2		

Interrogatoire spécifique à la toux / respiration rapide											
No.	Question	Codes	Passer à								
130	<p>Selon les résultats de l'examen, est-ce que l'enfant a la toux / respiration rapide ?</p> <p style="text-align: center;"> <i>Oui = 1</i> <input type="checkbox"/> <i>Non ou Inconnu = 2</i> <input type="checkbox"/> → 150 </p>										
131	<p>Est-ce que le prestataire a demandé (ou la mère a indiqué spontanément) depuis quand l'enfant a la toux / respiration rapide ?</p> <p>Si oui, depuis combien de jours ? <input type="text"/> <input type="text"/> Non déclaré...99</p>										
132	<p>Est-ce que le prestataire a fait les gestes suivants :</p> <p>A) Écouter la respiration (sifflante) ?</p> <p>B) Écouter les battements cardiaques à l'aide du stéthoscope ?</p> <p>C) Soulever les vêtements et compter les fréquences respiratoires ?</p>	<table border="1"> <thead> <tr> <th>Oui</th> <th>Non</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Oui	Non	1	2	1	2	1	2	
Oui	Non										
1	2										
1	2										
1	2										
133	<p>Est-ce que le prestataire a annoncé ses conclusions sur la fréquence de respiration de l'enfant ? Si oui, quelle est la fréquence ?</p> <p>Rapide (60 par minute ou plus) 1</p> <p>Normale (moins de 60 par minute) 2</p> <p>Non déclaré 8</p>										
134	<p>Est-ce que le prestataire a donné des conseils à la mère concernant :</p> <p>A) La nécessité d'allaiter / faire boire l'enfant fréquemment ?</p> <p>B) La nécessité de revenir si respiration difficile / rapide ?</p> <p>C) La nécessité de revenir si l'état de l'enfant s'aggrave ?</p>	<table border="1"> <thead> <tr> <th>Oui</th> <th>Non</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Oui	Non	1	2	1	2	1	2	
Oui	Non										
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Interrogatoire spécifique à la fièvre													
No.	Question	Codes	Passer à										
150	<p>Est-ce que l'examen physique a révélé une fièvre chez l'enfant ?</p> <p style="text-align: center;"> <i>Oui = 1</i> <input type="checkbox"/> <i>Non ou Inconnu = 2</i> <input type="checkbox"/> → 160 </p>												
151	<p>Est-ce que le prestataire a demandé (ou la mère a indiqué spontanément) depuis quand l'enfant a la fièvre ? Si oui, depuis combien de jours ?</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> Non déclaré...99 </p>												
152	<p>Est-ce que le prestataire a fait les gestes suivants :</p> <p>A) Vérifier : raideur de la nuque ?</p> <p>B) Examiner les oreilles : infection, gonflement ?</p>	<table border="1"> <thead> <tr> <th>Oui</th> <th>Non</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Oui	Non	1	2	1	2					
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1	2												
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153	<p>Est-ce que le prestataire a donné des conseils à la mère concernant :</p> <p>A) La nécessité d'allaiter / faire boire l'enfant fréquemment ?</p> <p>B) La nécessité de bien alimenter l'enfant ?</p> <p>C) L'enveloppement humide de l'enfant ?</p> <p>D) La nécessité de revenir si la fièvre persiste / l'état s'aggrave ?</p>	<table border="1"> <thead> <tr> <th>Oui</th> <th>Non</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Oui	Non	1	2	1	2	1	2	1	2	
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Traitement de l'enfant malade																																															
No.	Question	Codes	Passer à																																												
160	<p>Noter tous les médicaments prescrits ou donnés (encercler toutes les réponses appropriées) :</p> <table border="0"> <tr> <td>Amoxicilline</td> <td>A</td> <td>Mébéndazole / Pyrantel</td> <td>H</td> </tr> <tr> <td>Ampicilline</td> <td>B</td> <td>Métronidazole</td> <td>I</td> </tr> <tr> <td>Benzylpenicilline</td> <td>C</td> <td>Paracétamol / Aspirine</td> <td>J</td> </tr> <tr> <td>Chloramphénicol</td> <td>D</td> <td>Péni-procaïne</td> <td>K</td> </tr> <tr> <td>Chloroquine / Quinine</td> <td>E</td> <td>Salbutamol</td> <td>L</td> </tr> <tr> <td>Cotrimoxazole</td> <td>F</td> <td>Comprimé/sirop de fer</td> <td>M</td> </tr> <tr> <td>Diazépam</td> <td>G</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Autre (préciser) : _____</td> <td></td> <td>Q</td> </tr> <tr> <td colspan="2">Autre (préciser) : _____</td> <td></td> <td>R</td> </tr> <tr> <td colspan="2">Autre (préciser) : _____</td> <td></td> <td>S</td> </tr> <tr> <td colspan="2">Aucun médicament prescrit ou donné</td> <td></td> <td>X</td> </tr> </table>	Amoxicilline	A	Mébéndazole / Pyrantel	H	Ampicilline	B	Métronidazole	I	Benzylpenicilline	C	Paracétamol / Aspirine	J	Chloramphénicol	D	Péni-procaïne	K	Chloroquine / Quinine	E	Salbutamol	L	Cotrimoxazole	F	Comprimé/sirop de fer	M	Diazépam	G			Autre (préciser) : _____			Q	Autre (préciser) : _____			R	Autre (préciser) : _____			S	Aucun médicament prescrit ou donné			X		→ 201
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161	<p>Est-ce que le prestataire a fait les gestes suivants :</p> <p>A) Expliquer à la mère comment donner le traitement ?</p> <p>B) Poser une question ouverte pour vérifier que la mère a bien compris comment donner le traitement ?</p>	<table border="1"> <thead> <tr> <th>Oui</th> <th>Non</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Oui	Non	1	2	1	2																																							
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SOINS PRÉVENTIFS			
No.	Question	Codes	Passer à
201	Est-ce que le prestataire a fait les gestes suivants : A) Demander si l'enfant a déjà eu une capsule de vitamine A ? B) Donner ou prescrire une capsule de vitamine A ? B) Donner des conseils préventifs (hygiène, alimentation, etc.) ?	Oui Non 1 2 1 2 1 2	
202	Est-ce que le prestataire a vérifié auprès de la mère ou dans le carnet de vaccination si l'enfant a eu les vaccinations suivantes : A) Tuberculose (BCG) ? B) Polio ? C) Diphtérie/tétanos/coqueluche (DTCoq) ? D) Rougeole ?	Oui Non 1 2 1 2 1 2 1 2	
203	Est-ce que le prestataire a donné ou référé l'enfant pour les vaccinations suivantes : A) Tuberculose (BCG) ? B) Polio ? C) Diphtérie/tétanos/coqueluche (DTCoq) ? D) Rougeole ?	Oui Non 1 2 1 2 1 2 1 2	

SUIVI			
No.	Question	Codes	
210	Est-ce que le prestataire a : A) Reporté les résultats de l'examen dans le carnet de l'enfant ? B) Remercié la cliente d'être venue ? C) Demandé si elle avait des questions ? D) Donné le prochain rendez-vous ?	Oui Non 1 2 1 2 1 2 1 2	
211	L'heure à laquelle l'observation s'est terminée :	Heure..... Minutes.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Commentaires de l'observateur :			
Commentaires du superviseur :			

Saisie par : <input type="text"/>	Date : <input type="text"/>
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