PATHFINDER INTERNATIONAL

Cervical Cancer Prevention

The Single-Visit Approach Quality Management Toolkit

The Federal Democratic Republic of Ethiopia
Ministry of Health

ETHIOPIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

Pathfinder INTERNATIONAL
A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

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Contents

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Acronyms and Abbreviations

ART	Antiretroviral therapy
CCP	Cervical cancer prevention
FIGO	International Federation of Gynecology and Obstetrics
HMIS	Health management information system
HPV	Human Papilloma Virus
IEC	Information, education, and communication
IP	Infection prevention
LEEP	Loop Electrosurgical Excision Procedure
M&E	Monitoring and evaluation
OB/GYN	Obstetrician/gynecologist
OPD	Outpatient department
STI	Sexually transmitted infection
SVA	Single-visit approach
UNFPA	United Nations Populations Fund
VCT	Voluntary counseling and testing
VIA	Visual Inspection with Acetic Acid
WHO	World Health Organization

Introduction

Introduction

Background

In developing countries, multiple health crises must compete for attention and limited funding. The most acute and visible among these crises tend to get priority. Despite high mortality rates, cervical cancer is not widely recognized as a health priority, due to its long and slow progression. In reality, as a leading cancer among women in developing countries, cervical cancer represents a significant burden to already overburdened health systems. The single-visit approach (SVA) is a simple and affordable screening procedure. Competency-based training is required to detect precancerous lesions, as well as cervical cancer in early stages, through visual inspection of the cervix with acetic acid (VIA) and then treatment of precancerous lesions with cryotherapy or Loop Electrosurgical Excision Procedure (LEEP).

Given its proven ease and affordability, the SVA has been introduced through demonstration projects in several countries, but few have been scaled up successfully. Reasons for this include inadequate financial and human resources and competing health care needs. However, most importantly, weaknesses in the health care system are compounded by the absence of ready-to-use tools required for successful SVA scale-up.

Pathfinder International's *Cervical Cancer Prevention: The Single-Visit Approach Quality Management Toolkit* fills a crucial treatment gap in developing countries seeking to increase access to secondary prevention of cervical cancer. The toolkit was originally developed for the Addis Tesfa ("new hope") project, Prevention of Cervical Cancer in HIV-positive Women in the Federal Democratic Republic of Ethiopia, but has now been adapted for use with all women in different regions of the world. The toolkit is in alignment with international standards of the SVA model.

Toolkit Audience

This toolkit is designed to support a broad range of professionals working to develop and deliver effective SVA programs, from ministry of health program planners and financial specialists, to health care providers at all facility levels, as well as reproductive health counselors and medical educators.

Overview of Toolkit

This toolkit has three sections, each providing the necessary tools and information for developing and launching an SVA program. Section 1 provides the necessary tools and information for advocating for an SVA program and conducting a needs assessment. Section 2 provides the necessary tools to ensure quality in SVA service provision. Section 3 provides the tools to monitor and evaluate program performance.

Each tool is preceded by a short explanatory text with instructions on how the tool can be used.

Section 1: Preparing to Introduce SVA Services

Efforts must be initiated to inform national ministry of health officials, obstetricians/gynecologists (OB/GYNs), oncologists, and other concerned health care providers, program planners, and financial decision makers about the benefits of cervical cancer prevention (CCP) services. Effective advocacy draws on evidence-based information that shows the cost-benefit advantages of use the SVA to prevent cervical cancer.

A baseline health facility assessment should be conducted to determine the availability, adequacy, and functioning of the inputs required for SVA services. This will determine a facility's readiness for introducing the SVA. Facility assessment findings are critical for both program planning and ongoing advocacy efforts.

Section 2: Training and Ensuring Quality

Quality assurance is an essential and continuous process in all aspects of health care. Quality assurance systems must be designed and in place prior to launching any service.

Section 3: Monitoring Program Performance

Monitoring and evaluation (M&E) are essential to ensure that all aspects of care function effectively and efficiently. A health information system that is based on essential valid and measurable indicators is crucial for monitoring and evaluating program performance.[1] To generate these indicators, good quality tools for collecting data must be developed. Countries should use uniform M&E tools to generate reliable evidence and standardize performance across different regions and practitioners.

[1] WHO, *Comprehensive Cervical Cancer Control: A Guide to Essential Practice* (Geneva: 2006). Retrieved July 1, 2013 from: http://whqlibdoc.who.int/publications/2006/9241547006_eng.pdf.

Section 1:

Preparing to Introduce SVA Services

Section 1: Preparing to Introduce SVA Services

Advocacy

Efforts must be initiated to inform national ministry of health officials, obstetricians/gynecologists (OB/GYNs), oncologists, and other concerned health care providers, program planners, and financial decision makers about the benefits of CCP services. Effective advocacy draws on evidence-based information that shows the cost-benefit advantages of use the SVA to prevent cervical cancer.

In communities where SVA is a new intervention, health care providers and managers may not have adequate knowledge about what the service looks like and what inputs are required. An informed program/facility management team is invaluable to the initiation of an SVA program, because these managers are the primary stakeholders responsible for allocating resources, assigning space, recruiting health care providers, and monitoring and evaluating program performance. Thus, developing informed program/facility management is the first priority when starting an organized SVA service for a CCP program. This can be achieved through a series of formal and informal meetings where the benefits of the SVA and lessons learned from scale-up are presented to key stakeholders. Pathfinder's experience has shown that holding individual discussions with program/facility managers builds mutual trust and fosters a dialogue that supports decision making on introducing the SVA.

Ideally, national SVA guidelines and policies should be developed or adapted before the services are introduced. However, it is also possible to draw on international SVA guidelines as an interim measure until the country has developed the capacity to embark on a participatory policy development process.

Practical Advocacy Resources

Pathfinder's *Straight to the Point: Advocacy Package* (2011)[2] consists of three short, simple tools that lead you through the process of designing an advocacy initiative.

- Setting Advocacy Priorities
- Assessing the Political Environment for Advocacy
- Mapping an Advocacy Strategy

Additional Informational Resources

The following are good sources of evidence-based information about cervical cancer and its prevention that you can draw on to inform and influence policymakers and decision makers:

- WHO, *Comprehensive Cervical Cancer Control: A Guide to Essential Practice* (Geneva: 2006)[3]
- FIGO, *Global Guidance for Cervical Cancer Prevention and Control* (2009)[4]

[2] Accessed Dec. 6, 2013 at: http://www.pathfinder.org/publications-tools/Straight-to-the-Point-Setting-Advocacy-Priorities.html

[3] Accessed July 1, 2013 at: http://whqlibdoc.who.int/publications/2006/9241547006_eng.pdf.

[4] Accessed July 1, 2013 at: http://screening.iarc.fr/doc/FIGO-Global-Guidance-for-Cervical-Cancer-Prevention-and-Control_1.pdf

Health Facility Assessment

A baseline health facility assessment should be conducted to determine the availability, adequacy, and functioning of the inputs required for SVA services. This will determine a facility's readiness for introducing the SVA. Observations of current facility services using an easy-to-use tool or checklist, along with interviews with health care providers and facility managers, can form the basis of such an assessment. Facility assessment findings are critical for both program planning and ongoing advocacy efforts.

Key findings from conducting a health facility assessment inform the following:

- The costs associated with individual provider caseloads
- Staffing needs
- The allocation of space to meet quality of care and privacy standards
- Facility needs for capacity building
- A baseline for future assessments

Tool 1: The Single-Visit Approach to Cervical Cancer Prevention Factsheet

You can use the information on the following page in your advocacy efforts with policymakers, facility management, and community leaders.

The Single-Visit Approach to Cervical Cancer Prevention Factsheet

Cervical cancer is the second major cause of cancer-related deaths among women in developing countries, and approximately 275,000 women die annually globally, of which 88% occur in low-income countries.[5]

Women in more developed nations have had the advantage of cervical cytology screening (Pap smear) as a routine screening tool since the 1920s, and its effectiveness has reduced the incidence of cervical cancer by as much as 80% in Canada and the US, and up to 99% in some Nordic countries,[6] where women are screened routinely. Cervical cancer is a prominent marker of the widening gap between health care outcomes in the developed and less developed countries of the world.

The single-visit approach to cervical cancer prevention (also referred to as the "see-and-treat" approach) involves visual inspection of the cervix with acetic acid wash (VIA) and treatment of precancerous lesions with cryotherapy.

This service has been implemented successfully and found to be safe, acceptable, and efficacious in many low-resource settings.[7,8] This approach is recommended by the Alliance for Cervical Cancer Prevention as the most effective and efficient strategy for secondary prevention of cervical cancer in low-resource settings. The International Federation of Gynecology and Obstetrics (FIGO), in their 2009 Cervical Cancer Prevention and Control Recommendations state: "At present, the most accessible modality for the VIA followed by cryotherapy of positive cases at the same sitting."[9] SVA is also endorsed by the United Nations Populations Fund (UNFPA) and the World Health Organization, and is included in WHO's 2013 *Comprehensive Cervical Cancer Prevention and Control Guidelines*.[10]

Why an SVA Program is Needed:

Cervical Cancer

Most of the women who die from cervical cancer are in their late 30s and 40s—at the prime of their lives in terms of health, education, and economic contributions to their own household and to their communities. It is essential to provide women with cost-effective and accessible forms of screening, treatment, and care for this treatable disease.

HPV Vaccine Delivery

- Start-up costs for HPV vaccine introduction are ~US$3/girl.
- Operational costs for delivering 3 doses are ~US$4.20/girl.
- During the first year, total start-up and operational costs for delivering 3 doses of HPV vaccine is ~US$7.20/girl (not including the cost of the vaccine).

VIA

- VIA is effective and affordable and requires minimum technology.
- VIA combined with cryotherapy is more cost-effective than traditional cytology-based screening strategies

[5] Wigle J, Coast E, Watson-Jones D, "Human papillomavirus (HPV) vaccine implementation in low and middle-income countries (LMICs): Health system experiences and prospects" in *Vaccine* 31 (2013).

[6] World Health Organization (WHO), *Comprehensive cervical cancer control: A guide to essential practice* (Geneva: WHO, 2006). Accessed July 1, 2013 at: http://whqlibdoc.who.int/publications/2006/9241547006_eng.pdf.

[7] Blumenthal, Paul D., Lynne Gaffkin, Sylvia Deganus, Robbyn Lewis, Mark Emerson and Sydney Adadevoh. "Cervical cancer prevention: safety, acceptability, and feasibility of a single-visit approach in Accra, Ghana." *American Journal of Obstetrics & Gynecology*, (2007): 196 (4).

[8] Goldie SJ, L Gaffikin, JD Goldhaber-Fiebert, A Gordillo-Tobar, C Levin, C Mahe. "Cost effectiveness of cervical-cancer screening in five developing countries." *New England Journal of Medicine,* 2005: 353(20) 2158-2168.

[9] FIGO, *Global Guidance for Cervical Cancer Prevention and Control*, October 2009, accessed July 1, 2013 at: http://screening.iarc.fr/doc/FIGO-Global-Guidance-for-Cervical-Cancer-Prevention-and-Control_1.pdf

[10] WHO, *Comprehensive Cervical cancer prevention and control: A healthier future for girls and women* (Geneva: WHO, 2013). Accessed July 5, 2013 at: http://apps.who.int/iris/bitstream/10665/78128/3/9789241505147_eng.pdf.

Tool 2: Health Facility Assessment Tool

The tool provided here is for use in facilities that provide gynecological and HIV and AIDS care and treatment services for women. It can be adapted for use in any type of facility. Health facility assessment is done at the initial start-up of a project to help identify existing system capacities and resource needs to set up SVA services. It can be done jointly by a team of people that could include: someone from a higher health administrative unit (district/provincial health officer) who is in charge of coordinating the program; a representative from another implementing agency; and an individual from the health facility. Conducting the assessment jointly will create a sense of shared responsibility among the different actors for preparing the site for implementation and for continuous M&E of the program throughout the implementation period. Above all, it will strengthen ownership of the program by the ministry of health and facility, ensuring sustainability.

Before conducting the assessment, the team needs to inform the facility of the plans, obtain permission to collect data, identify facility staff to join the assessment team, and direct the team to the right source of data in the facility. At the end of the assessment, the team will analyze the data, prepare action plans, and present action plans to the relevant parties involved in preparing service start-up.

Health Facility Assessment Tool

	BACKGROUND INFORMATION ***Data Source(s):*** *Hospital Administrator, Health Department*		
No.	**Question**	**Coding categories**	**Code**
1.1	Interviewer name		……
1.2	Date of visit	D D / M M / Y Y	____ ____/ ____ ____/ ____ ____
1.3	Name of facility		……
1.4	Region		……
1.5	Catchments' population		Male …… Female …… Total …… Female age 15-49…….. Female age 30 - 45…….
1.6	Level of hospital	Tertiary/referral hospital…… 1 Secondary hospital……. 2 Primary hospital……. 3	☐

2	**PERSONNEL & TRAINING:** *This section is to gather information on the facility's staff profile & their level of training.* ***Data Source(s):*** *Hospital Administrator (for Q 2.1) and Medical Director (for Q 2.2)*		
2.1	**Staff Position**	**How many of the following health care providers are present:**	**Comment *(enter text)***
a.	Gynecologist/ Obstetrician	☐ ☐ ☐	……
b.	General practitioner	☐ ☐ ☐	……
c.	Health officer	☐ ☐ ☐	……
d.	Certified/registered midwife	☐ ☐ ☐	……
e.	Certified/registered nurse	☐ ☐ ☐	……
f.	Oncologist	☐ ☐ ☐	……
g.	Pathologist	☐ ☐ ☐	……
h.	Laboratory technician/ Technologist	☐ ☐ ☐	……
i.	HMIS personnel/ records assistant/ registrar/data clerk	☐ ☐ ☐	……
j.	Health service manager	☐ ☐ ☐	……
k.	Facility-based peer educator/ Case manager/ Adherence supporter	☐ ☐ ☐	……
l.	Certified lay counselor/ community counselor	☐ ☐ ☐	……

2.2	Training: In the last 24 months (from date of interview) how many staff have received training in the following:					
		Doctors	**Nurses**	**Midwives**	**Health Officers**	**Total trained staff**
		(Enter total number)				
a.	Comprehensive / basic emergency OB/GYN care	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
b.	Intrauterine device (IUD) insertion	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
c.	Contraceptive methods use (all methods)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
d.	Cervical cancer screening using Cytology	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
e.	Cervical cancer prevention using VIA & Cryotherapy	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
f.	VCT *(counseling skills; interpersonal communication)*	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
g.	Antiretroviral therapy (ART) & management of opportunistic infection	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
h.	Infection prevention & control	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
i.	Palliative care (HIV or cancer)	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
j.	HMIS	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
k.	Oncology care & treatment	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
l.	Other / Specify	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐

3	**SERVICE PROVISION:** *This section is to gather information on the services the facility provides and the staff that provides the services.* ***Data Source(s):*** *Provider of HIV and AIDS Care and Treatment Services (for Qs 3.1-3.2) and Head of OB/GYN Department (for Qs 3.3-3.5)*	
3.1	**Does the facility provide VCT (voluntary counseling and testing) services?**	Yes……1 ☐ No……..2 **IF NO, SKIP TO 3.2**
a.	If Yes, how many professionals provide VCT services?	☐ , ☐ ☐ ☐
b.	If yes, please enter when VCT services are available: *(example: 'Monday 8am to 1pm'. If services not provided on a day, leave blank):*	
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday **….** to **……** **……** to **…….** **……** to **…….** **……** to **……** **…….** to **……..** **……** to **…….** **……..** to **……..**	
3.2	**Does the facility provide HIV and AIDS care & treatment services?**	Yes……. 1 ☐ No……. 2 **IF NO, SKIP TO 3.2**
a.	If ***Yes,*** how many professionals provide HIV/AIDS care & treatment services?	☐ , ☐ ☐ ☐
b.	If ***Yes,*** please enter when HIV/AIDS care & treatment services are available: *(example: 'Monday 8am to 1pm'. If services not provided on a day, leave blank):*	
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday ……to ……. ……. to …… …… to ……. ……. to ……. …… to ……. …… to ……. ……. to …….	
3.3	**Does the facility conduct HIV prevention, care, and support outreach services?**	Yes……. 1 ☐ No……. 2 **IF NO, SKIP TO 3.3**
a.	If ***Yes,*** how many professionals provide HIV prevention outreach services?	☐ , ☐ ☐ ☐
b.	If yes, please enter when HIV prevention outreach services are conducted: *(example: 'Monday 8am to 1pm'. If services not provided on a day, leave blank):*	
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday …… to …… …… to …… …… to ……. ……. to …… …….to ……. …… to …… ……. to …….	

3.4	**Does the facility provide cytology-based (Pap smear) tests?**	Yes……. 1 ☐ No……. 2 **IF NO, SKIP TO 3.4**
a.	If ***Yes,*** how many professionals provide Pap smear tests?	☐☐☐☐
b.	If yes, please enter when cytology-based (Pap smear) tests are available: *(example: 'Monday 8am to 1pm'. If services not provided on a day, leave blank):*	

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
……. to …….	……. to …….	……. to ……	……. to …….	……. to …….	……. to …….	……. to …….

3.5	**Does the facility provide oncology care & treatment services?**	Yes……. 1 ☐ No……. 2 **IF NO, SKIP TO 3.5**
a.	If ***Yes,*** how many professionals provide oncology care & treatment services?	☐☐☐☐
b.	If yes, please enter when oncology care & treatment services are available: *(example: 'Monday 8am to 1pm'. If services not provided on a day, leave blank):*	

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
……. to ……	……. to …….	…… to ……	…… to ……	…… to……	…… to ……	…… to ……

3.6	**Does the facility provide emergency gynecological services?**	Yes……. 1 ☐ No……. 2 **IF NO, SKIP TO 4.0**
a.	If ***Yes,*** how many professionals provide emergency gynecological services?	☐☐☐☐
b.	If *yes,* does the facility have a protocol for having a gynecologist on call for emergency gynecological services?	Yes……. 1 ☐ No……. 2
c.	If the emergency Gynecologic service is not provided 24hrs/7dys, please enter when emergency gynecological services are available: *(example: 'Monday 8am to 1pm'. If services not provided on day, leave blank):*	

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
…… to ……	…… to ……	…… to ……	…….. to ……..	…… to ……..	…… to ……	…….to …….

3.7	**Does the facility provide contraceptive services?**	Yes……. 1 No……. 2	☐
a.	If ***Yes,*** how many professionals provide contraceptive services? ……		
b.	Please enter when contraceptive services are available: *(example: 'Monday 8am to 1pm'. If services not provided on day, leave blank):* Monday Tuesday Wednesday Thursday Friday Saturday Sunday …. to …… …… to ……. …… to …….. …… to …… ……. to …… …… to ……. …….. to …….		

4	**CLIENT VOLUME & REGISTERS:** This section is to gather information on the facility's registers and client volume. Using the facility record books and/or registers, please enter the total number of client visits that were provided for the following types of services over the past 1 year. ***Data Source(s):*** *Service Statistics Department/HMIS department*

4.1	**Does the facility maintain a register on the number of out-patient visits served?**		Yes……. 1 No……. 2	☐
a.	If ***No,*** please specify reason(s) why	……		
b.	If ***Yes,*** enter total number of **new out-patient visits**	No. of female clients ☐☐☐,☐☐☐	No. of male clients ☐☐☐,☐☐☐	
		No. of female clients age 30 - 49 ☐☐☐☐☐		
	Total of the **new out-patient visits**	☐,☐☐☐,☐☐☐		
c.	If ***Yes,*** enter total number of **repeat out-patient visits**	No. of female clients ☐☐☐,☐☐☐	No. of male clients ☐☐☐,☐☐☐	
		No. of female clients age 30 - 49 ☐☐☐☐☐		
	Total of the **repeat out-patient visits**	☐,☐☐☐,☐☐☐		
d	Source of data			

4.2	**Does the facility maintain a register on the number of in-patient visits served?**	Yes……. 1 No……. 2	
a.	If ***No,*** please specify reason(s) why	……	

b.	If ***Yes,*** enter total number of **in-patient visits**	No. of female clients ☐☐☐,☐☐☐	No. of male clients ☐☐☐,☐☐☐
		No. of female clients age 30 - 49 ☐☐☐☐☐	
	Total of the **in-patient visits**	☐,☐☐☐,☐☐☐	
c	Source of data		

4.3	**Does the facility maintain a register on HIV/AIDS care & treatment services provided?**	Yes……. 1 No……. 2	☐
a.	If ***No,*** please specify reason(s) why	……	

b.	If ***Yes,*** please enter number of **new enrollments in Pre-ART visits:**	No. of female clients ☐☐☐,☐☐☐	No. of male clients ☐☐☐,☐☐☐
		No. of female clients age 30 - 49 ☐☐☐☐☐	
	Total of new enrollments in Pre-ART visits	☐,☐☐☐,☐☐☐	
c.	If ***Yes,*** please enter number of **new enrollment in ART visits**	No. of female clients ☐☐☐,☐☐☐	No. of male clients ☐☐☐,☐☐☐
		No. of female clients age 30 - 49 ☐☐☐☐☐	
	Total new enrollment in ART visits	☐,☐☐☐,☐☐☐	
d.	Number of **women age 30–49 ever enrolled** in the facility	☐,☐☐☐,☐☐☐	
e.	Number of **women age 15–49 ever enrolled** in the facility	☐,☐☐☐,☐☐☐	
f.	Number of **women age 30–49 who are currently on care (Currently on ART + Currently on pre-ART care)** in the facility	☐,☐☐☐,☐☐☐	
g.	Number of **women age 15–49 who are currently on care (Currently on ART + Currently on pre-ART care)** in the facility	☐,☐☐☐,☐☐☐	
4.4	**Any obvious comment on Pre-ART & ART registers**:	…… ……	

4.5	**Does the facility maintain a register on the number of cytology-based (Pap smear tests) provided?**	Yes……. 1 No……. 2 N/A……. 3	☐
a.	If ***No,*** please specify reason(s) why	……	
b.	If ***Yes,*** enter total number of **clients that received a Pap smear test in last year**	No. of female clients ☐☐☐,☐☐☐	
4.6	**Does the facility maintain a register on oncology care & treatment services provided?**	Yes……. 1 No……. 2 N/A……. 3	☐
a.	If ***No,*** please specify reason(s) why	……	
b.	If **yes**, enter the total number of **female clients** that received **oncology care & treatment services in** last **year**	No. of female clients : ☐☐☐,☐☐☐	
4.7	**Does the facility maintain a register on contraceptive services provided?**	Yes……1 No……2 N/A……3	☐
a.	If ***No,*** please specify reason(s) why	……	
b.	If **yes**, enter the total number of **female clients** that received **oncology care & treatment services in** last **year**	No. of female clients: ☐☐☐,☐☐☐	
5	**REFERRALS:** This section is to gather information on the referrals the facility receives. ***Data Sources:*** *HIV/AIDS care & treatment services Data Clerk; Service Statistics Department*		
5.1	**Does this facility receive referrals for oncology care and treatment?**	Yes……. 1 No……. 2 N/A……. 3	☐
a.	If **Yes**, does the facility record referrals for oncology care and treatment services?	Yes……. 1 No……. 2	☐
b.	How many referrals have been received for oncology care and treatment in your facility within the last year *(inter calendar years)*? *(Enter number)*	☐☐,☐☐☐	

c.	From which facilities are women that are diagnosed with or suspected of cancer referred to this health facility? *(Check all that apply)*
	Tertiary/ referral hospital ☐ **Secondary hospital** ☐ **Primary hospital** ☐ **Health Center** ☐ **Health Post** ☐ **Private Hospital or Clinic** ☐ **Other** ☐ **N/A** ☐
d.	If checked 'Other' or 'N/A' on 7.2c, please specify (enter text): ……

5.2	**Do you provide referrals to *suspected* cervical cancer patients for further diagnostic workup and management?**	Yes……. 1 No……. 2 ☐ **IF NO, SKIP TO 5.3**
a.	If ***Yes***, what are the major reasons for referral of these patients? ***(Specify – enter text)(e.g. because diagnostic test can't be done here, no one to take punch biopsy, radical hysterectomy can't be performed, no radiotherapy or chemotherapy service, no oncologist or gynecologic oncologist, no palliative care service or medications etc…)*** ……	
b.	**To which facilities are women with ***suspected*** cervical cancer referred to? *(Check all that apply)*** **Tertiary/Referral Hospital** ☐ **Referral Hospital** ☐ **Primary Hospital** ☐ **Health Center** ☐ **Health Post** ☐ **Private Hospital/Clinic** ☐ **Other** ☐ **N/A** ☐	
c.	If checked 'Other' or 'N/A' on 6.3d, please specify (enter text): (Eg. Managed within the facility…) ……	
5.3	**Do you provide referrals to *confirmed* cervical cancer patients for further therapy?**	Yes……. 1 No……. 2 ☐ **IF NO, SKIP TO 5.4**

a.	If ***Yes***, what are the major reasons for referral of the patient? *(Specify – enter text) (eg. For palliative care, for further treatment…)* ……

b.	**To which facilities are women with *confirmed* cervical cancer referred to? *(Check all that apply)***								
	Tertiary/ referral hospital ☐	**Secondary Hospital** ☐	**Primary Hospital** ☐	**Health Center** ☐	**Health Post** ☐	**Private Hospital or Clinic** ☐	**Other** ☐	**N/A** ☐	
c.	If checked 'Other' or 'N/A' on 6.4b, please specify (enter text): (e.g. Managed within the facility…) ……								

5.4	**Does this facility receive referrals for HIV/AIDS care and treatment services?**	Yes……. 1	☐
	IF NO, SKIP TO 7	No……. 2	
a.	If ***Yes***, does the facility record referrals for HIV/AIDS care and treatment services?	Yes ……. 1 No……. 2	☐

b.	How many referrals have been received for HIV/AIDS care and treatment in your facility within the last year *(enter calendar years)*? *(Enter number):*	**Referral cases from outside the facility**	
		Male ☐☐,☐☐☐	Female ☐☐,☐☐☐
		Total ☐☐,☐☐☐	

c.	**From which facilities are women that are HIV positive referred to this health facility?** *(Check all that apply)*				
	Mobile VCT Center ☐	**Private facility (Hospital or Clinic)** ☐	**Other Public Health Facilities (Hospital or Health Center)** ☐	**Standalone VCT Center** ☐	**Other** ☐
d.	If checked **'Other'** on 5.1c, please specify (enter text): ……				

6	**LABORATORY:** This section is to gather information on the facility's laboratory/laboratories. ***Data Source(s):*** *Head of Laboratory*		
6.1	**Does the facility have a laboratory?**	Yes……. 1 No……. 2 **IF NO, SKIP TO 7**	☐
6.2	**Does the lab conduct the following tests (adjust list below, as appropriate):**		

	Lab Test	**Coding Category**	**Cost of test in USD/local currency**
a.	Cytology (Pap smear test)	Yes……. 1 No……. 2 ☐	☐☐☐☐
b.	CD4 cell counts	Yes……. 1 No……. 2 ☐	☐☐☐☐
c.	HIV antibody testing	Yes……. 1 No……. 2 ☐	☐☐☐☐
d.	VRDL/RPR test	Yes……. 1 No…….. 2 ☐	☐☐☐☐
e.	Vaginal smear (Gram stain and KOH)	Yes……. 1 No……. 2 ☐	☐☐☐☐
f.	Culture	Yes……. 1 No……. 2 ☐	☐☐☐☐
g.	Any other lab test	Yes……. 1 No……. 2 ☐	☐☐☐☐

6.3	If ***Yes,*** Please enter what are the lab hours: *(example: 'Monday 8am to 1pm'. If services not provided on day, leave blank):*

Shift	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning	…… to……	…… to……	…… to……	…… to……	…… to……	…… to……	…… to……
Afternoon	…… to ……	…… to……	…… to……	…… to……	…… to……	…… to……	…… to……
Evening	…… to ……	…… to……	…… to……	…… to……	…… to……	…… to……	…… to……
Weekend	…… to ……	…… to……	…… to……	…… to……	…… to……	…… to……	…… to……

Describe here working hours for specific tests, if exceptional:

7	**INFRASTRUCTURE & UTILITIES:** This section is to gather information on the facility's infrastructure and utilities. ***Data Source(s):*** *Matron; Medical Director*

7.1	**Beds and Rooms:**		
a.	Number of in-patient beds		☐☐☐☐
b.	Number of consultation rooms exclusively used for HIV/AIDS care and treatment services		☐☐☐☐
c.	Number of consultation rooms for outpatient department (OPD) gynecological care		☐☐☐☐
d.	Number of consultation rooms for contraceptive services		☐☐☐☐

7.2	**Electricity:**			
a.	Is the electricity (not including any backup generator) *always available* during the times when the facility is providing services, or is it *sometimes* interrupted?	Always available……	1	☐
		Sometimes interrupted…	2	
b.	If sometimes interrupted, enter the number of days during the past week electricity was not available for at least 2 hours during a time the facility was open for services? *(This includes emergency services).*			☐

c.	Is electricity currently functioning *(at time of assessment)*?	Yes, functioning 1 No…… 2	☐
d.	Does the facility have a power back-up (generator) for the whole facility?	Yes……. 1 No……. 2	☐
7.3	**Water Source:**		
a.	Does the facility have water supply source with the outlet within 500m of the facility?	Yes……. 1 No……. 2	☐
b.	Is there a routine time of year when the facility has a severe shortage or lack of water?	Yes…… 1 No…… 2	☐
c.	If there is a routine time of year when the facility has a severe shortage or lack of water, please enter when this occurs:	If yes, details and time of year: ……	
d.	Does the facility have a water back-up system for the whole facility (Tanker)?	Yes……..1 No……2	☐
8	**EQUIPMENT & SUPPLIES:** This section is to gather information on the facility's equipment and supplies. ***Data Source(s):*** *Medical Director and Hospital Administrator*		
8.1	**Will the facility provide the following equipment and supplies to conduct a gynecological examination:**		
a.	Private room with hand washing system /functional sink	Yes……. 1 Yes, but no water system 2 No……. 3	☐
b.	Examination lamp/light source with flexible neck (functional) or hand torch	Yes……. 1 No……. 2	☐
c.	Examination table for patient to lie on with stirrups	Yes……. 1 No……. 2	☐
d.	Chair/stool for examination	Yes……. 1 No……. 2	☐
e.	Writing table and chair	Yes……. 1 No……. 2	☐
f.	Bivalve Vaginal speculae of multiple sizes (medium and large) preferably Graves	Yes……. 1 No……. 2	☐
g.	Clean gloves that have been high level disinfected (not necessarily sterilized) or sterile gloves	Yes……. 1 No……. 2	☐

h.	Sponge forceps	Yes……. 1 No……. 2	☐
i.	Kidney dish	Yes……. 1 No……. 2	☐
j.	Instrument tray	Yes……. 1 No……. 2	☐
k.	Drum for gauze/ cotton	Yes……. 1 No……. 2	☐
l.	Cover screen	Yes……. 1 No……. 2	☐
m.	Visible watch/clock with second hand	Yes……. 1 No……. 2	☐
n.	Dustbins	Yes……. 1 No……. 2	☐
o	Plastic buckets with cover for decontamination	Yes……. 1 No……. 2	☐
p.	Cloth drape or patient's clothing for female exam	Yes……. 1 No……. 2	☐
q.	Autoclave and autoclave drums (functional)	Yes……. 1 No……. 2	☐
r.	Trolley	Yes……. 1 No……. 2	☐
s.	Utility gloves	Yes……. 1 No……. 2	☐
t.	Chlorine bleach solution	Yes……. 1 No……. 2	☐
u.	3-5% Acetic acid solution	Yes…… 1 No…… 2	☐
v.	Cotton swab	Yes……..1 No……..2	☐
w.	Alcohol	Yes……..1 No……..2	☐

9	**IEC MATERIALS:** This section is to gather information on the facility's IEC materials. ***Data Source(s):*** *HIV/AIDS care & treatment provider and OB/GYN department*

9.1	**Which of the following IEC materials does the facility have on-site?**				
	Topic	Type of material ***(write all that apply)*** *(Leaflets, Brochure, Billboard, Other, None)*	Service unit ***(write all that apply)*** *(Oby/Gyn, ART, Corridor, Other)*	Specific place within the service unit ***(write all that apply)*** *(Displayed on wall, Under glass of table, Kept in drawer, Kept on the shelf, Other)*	Comments *(If checked 'Other', please specify type of material and where it was located)*
a.	**Cervical cancer prevention, care, and treatment IEC materials seen**				
b.	**HIV/AIDS prevention, care and treatment IEC materials seen**				
c.	**STI Diagnosis & Treatment IEC materials seen**				
d.	**Infection Prevention & Control IEC materials seen**				
e.	**Other IEC materials (Specify topics)**				

10	**JOB AIDS:** This section serves to gather information on the facility's job aids. ***Data Source(s):*** *OB/GYN and HIV/AIDS care and treatment providers*			
10.1	**Does your facility have job aids for any of the following service areas:** Specify the type of the job aid I each area (e.g., In form of disk reference, flipchart, algorithm, Guidelines)			
	Topic	Type of job aid ***(write all that apply)*** *(National guidelines, algorithm, flipchart, cue card, wall chart, desk reference, pocket guide, Others [specify])*	Service unit ***(write all that apply)*** *(OB/GYN, ART, Corridor, others)*	Specific place within the service unit *(Displayed on wall, Under glass of table, Kept in drawer, Kept on the shelf, Others)*
a.	Cervical cancer prevention using VIA and Cryotherapy			Yes…. 1 ☐ No…. 2
b.	OB/GYN - Cytology test etc.			Yes…. 1 ☐ No…. 2
c.	Palliative care (HIV/AIDS or cancer)			Yes…. 1 ☐ No…. 2
d.	ART and HIV/AIDS opportunistic infection treatment			Yes…. 1 ☐ No…. 2
e.	HIV antibody testing & counseling			Yes…. 1 ☐ No…. 2
f.	STI diagnosis & treatment			Yes…. 1 ☐ No…. 2
g.	Infection prevention			Yes…. 1 ☐ No…. 2
h.	Others (Specify the focus area)			Yes…. 1 ☐ No…. 2

	INFECTION PREVENTION & CONTROL: This section is to gather information on the facility's infection prevention and control protocols. ***Data Source(s):*** *Provider of HIV/AIDS care and treatment services (for Qs 12.1and 12.3a.), Provider of the Gynecology department(for (Qs 12.2 & 12.3b)* **>>>>> *Interviewer:*** *This section is observational; request authorization to visit premises.*		
11.1	**Within OPD OB/GYN premises, are the national protocols for infection prevention & control available?**	Yes…. 1 No…. 2	☐
a.	**If *Yes*, where are the national protocols for infection prevention & control kept? *(Check all that apply)***		
	Displayed on wall ☐ **Under glass of table** ☐ **Kept in drawer** ☐ **Other** ☐		
b.	If checked 'Other' on 12.1a, please specify (enter text): ……		
11.2	**Within HIV/AIDS care & treatment premises, are the national protocols for infection prevention & control available?**	Yes…. 1 No…. 2	☐
a.	**If *Yes*, where are the national protocols for infection prevention & control kept? *(Check all that apply)***		
	Displayed on wall ☐ **Under glass of table** ☐ **Kept in drawer** ☐ **Other** ☐		
b.	If checked 'Other' on 12.2a, please specify (enter text): ……		

11.3	**Infection Prevention and Control Supplies:**					
	A. Within OPD OB/GYN premises, are the following infection prevention & control supplies available?			**B. Within HIV/AIDS care & treatment premises, are the following infection prevention & control supplies available?**		
a1.	Sodium hypochlorite (JIK)	Yes…… 1 No…… 2	☐	b1.	Sodium hypochlorite (JIK)	Yes…… 1 No…… 2 ☐
a2.	Soap /detergent	Yes…… 1 No…… 2	☐	b2.	Soap /detergent	Yes…… 1 No…… 2 ☐
a3.	Clean personal/ individual towel	Yes…… 1 No…… 2	☐	b3.	Clean personal/ individual towel	Yes…… 1 No…… 2 ☐
a4.	Utility gloves	Yes…… 1 No…… 2	☐	b4.	Utility gloves	Yes…… 1 No…… 2 ☐

a5.	Cleaning detergent	Yes..... 1 No..... 2	☐	b5.	Cleaning detergent	Yes..... 1 No..... 2	☐
a6.	Apron	Yes..... 1 No..... 2	☐	b7.	Apron	Yes..... 1 No..... 2	☐
a7.	Sink for water (functional)	Yes..... 1 No..... 2	☐	b9.	Sink for water (functional)	Yes..... 1 No..... 2	☐
a8.	Decontamination solution bucket	Yes..... 1 No..... 2	☐	b11.	Decontamination solution bucket	Yes..... 1 No..... 2	☐
a9.	Container for decontaminated wastes	Yes..... 1 No..... 2	☐	b12.	Container for decontaminated wastes	Yes..... 1 No..... 2	☐
a10.	Sharp containers (safety box)	Yes..... 1 No..... 2	☐	b13.	Sharp containers (safety box)	Yes..... 1 No..... 2	☐
a11.	Is protocol for bleach solution available?	Yes..... 1 No..... 2	☐	b14.	Is protocol for bleach solution available?	Yes..... 1 No..... 2	☐

11.4	**With what <u>frequency</u> is a consultation room cleaned?**	
	Immediately after use..... 1 Once during each shift.... 2 Daily..... 3 Weekly..... 4 Monthly..... 5 ☐	Immediately after use..... 1 Once during each shift.... 2 Daily..... 3 Weekly..... 4 Monthly..... 5 ☐

12 CLEANLINESS OF THE PREMISES

>>>>> Interviewer: *Cleanliness of the OPD OB/GYN and HIV/AIDS Care and Treatment premises are based on <u>observations.</u>*

	A. Cleanliness of the OPD OB/GYN Premises			B. Cleanliness of HIV/AIDS Care & Treatment Premises		
a1.	**Floor:** swept, no obvious dirt or waste	Yes..... 1 No..... 2	☐	b1.	**Floor:** swept, no obvious dirt or waste	Yes... 1 No... 2 ☐
a2.	**Counters/Tables/Chairs:** wiped, no obvious dust or waste	Yes..... 1 No..... 2	☐	b2.	**Counters/Tables/ Chairs:** wiped, no obvious dust or waste	Yes... 1 No... 2 ☐
a3.	Broken equipment, papers, boxes around making area cluttered & dirty	Yes..... 1 No..... 2	☐	b3.	Broken equipment, papers, boxes around making area cluttered & dirty	Yes... 1 No... 2 ☐

a4.	**Walls:** reasonably clean	Yes..... 1 No..... 2	☐	b4.	**Walls:** reasonably clean	Yes... 1 No... 2	☐
a5.	**Doors:** has no damage or minor damage	Yes..... 1 No..... 2	☐	b5.	**Doors:** has no damage or minor damage	Yes... 1 No... 2	☐
a6.	**Walls:** has no damage or minor damage	Yes..... 1 No..... 2	☐	b6.	**Walls:** has no damage or minor damage	Yes... 1 No... 2	☐
a7.	**Roof:** has no damage or minor damage	Yes..... 1 No..... 2	☐	b7.	**Roof:** has no damage or minor damage	Yes... 1 No... 2	☐
a8.	Were any used needles or other sharps observed outside of a container?	Yes..... 1 No..... 2 No container 3	☐	b8.	Were any used needles or other sharps observed outside of a container?	Yes... 1 No... 2 No container 3	☐
a9.	Was the sharps container overflowing or was the container pierced/broken?	Yes..... 1 No..... 2 No container 3	☐	b9.	Was the sharps container overflowing or was the container pierced/broken?	Yes... 1 No... 2 No container 3	☐
a10.	Were any bandages or other non-sharp infectious waste of a covered trash container?	Yes, on floor surfaces 1 Yes, in un-covered container 2 No..... 3	☐	b10.	Were any bandages or other non-sharp infectious waste of a covered trash container?	Yes, on floor surfaces 1 Yes, in un-covered container 2 No..... 3	☐

Section 2:

Training and Ensuring Quality of Single-Visit Approach Services

Section 2: Training and Ensuring Quality of SVA Services

Training

A key element of facility readiness is the availability of health care providers trained in the SVA. The SVA can be successfully implemented by mid-level providers (e.g., nurses and registered midwives). By training these mid-level providers in greater numbers, we avoid increasing the workload of senior clinicians and keep routine health care services unaffected by the addition of VIA services. The number and composition of trained providers depends on the level of the facility and scope of services to be delivered. A primary health care facility requires a trained nurse or midwife and, if possible, an additional health officer or senior-level clinical nurse for service start-up. In a hospital setting, it is advisable to have trained nurse-midwives and at least one trained doctor, who can manage cases that require a doctor's skill level. High staff turnover is a serious problem affecting service continuity in most resource-poor settings, and assigning service providers to one program for a long time takes them away from other vital services, narrows their scope, and sets them up for burnout. As a program matures and uptake increases, additional personnel should be trained to meet need.

Pathfinder has developed resources that may be helpful for training and guiding health care providers:

- Pathfinder International, *Single-Visit Approach to Cervical Cancer Prevention: Clinical Standards of Practice and Counseling Guide* (2012)[11]
- Pathfinder International, *Loop Electrosurgical Excision Procedure (LEEP): Clinical Standards of Practice* (2013)[12]

Ensuring Quality of Services

Policies and Guidelines

When they are available, national policies and guidelines on cervical cancer prevention can be used to enhance the health care provider's understanding of professional responsibilities and help to achieve a minimum standard of care regardless of where and by whom the service is provided. National guidelines and policies also provide guidance on planning and resource allocation. They establish recommended screening and treatment methods for the country, the target age, and frequency for screening, the desired population coverage, provider's competency issues and other technical and counseling requirements for service delivery. Ideally, all of these materials would be ready before initiating a program. However, in practice, national programs need to get experience implementing before these documents can be developed, so their development begins during the start-up phase of the program and they are completed during preparation for nationwide scale-up.

If available, the following should be used to support providers being trained in the SVA:

- National reproductive health strategy or policy
- National cervical cancer prevention guidelines

[11] This resource can be downloaded free of cost from Pathfinder's website: http://www.pathfinder.org/publications-tools/single-visit-approach-to-cervical-cancer-prevention-clinical-standards-of-practice-and-counseling-guide.html.
[12] This tool can be downloaded free of cost from Pathfinder's website: http://www.pathfinder.org/publications-tools/leep-clinical-standards-of-practice.html.

Client Education Materials

Providing clients with clear and comprehensive informational materials is an important part of quality service provision. Materials that effectively inform and educate women on the benefits and availability of cervical cancer prevention services are important to ensure that women take up services and return for follow-up care. These educational materials need to be designed to address local needs and existing beliefs and misconceptions, and provide correct information to the community. Most importantly, the materials need to be culturally acceptable and easy to understand.

Informational materials need to explain: what the cervix is and where it is located; what cervical cancer is and how it is acquired; methods of prevention; importance of screening; how the procedure (e.g., VIA, cryotherapy, LEEP) is done and what to expect during the procedure; home care instructions for those who received treatment; and the importance of follow-up rescreening. These materials should be distributed in health facilities and at social, religious, and business gatherings. Essential materials include:

- Brochures/leaflets
- Posters
- Post-cryotherapy information sheet (see Tool 4)

Health care providers can use cue cards to guide them as they counsel clients on cervical cancer prevention. The cards can be translated and adapted to suit local circumstance.

- Pathfinder International, *Single-Visit Approach to Cervical Cancer Prevention: Counseling Cue Cards* (2013)[13]

Pathfinder has developed a simple tool for assessing the quality and appropriateness of information, education, and communication (IEC) materials, which may be helpful as you develop and evaluate materials for SVA services.[14]

- Pathfinder International, *Straight to the Point: Evaluation of IEC Materials* (2010).

Assessing Provider Competence and Facility Adherence to Quality Standards

The aims of continuous quality improvement for SVA services are consistent with those laid out by the American Institute of Health,[15] including providers' competence, safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

Pathfinder has assembled a series of quality assurance tools that support continuous monitoring and supportive supervision of a facility providing SVA services. Several of these tools are in the form of checklists to be used by two-person quality assurance teams in their biannual review of a facility. The assessment findings will be summarized, which helps to guide the individual provider, facility management, and the supervisory team to identify areas of strength and weakness for future improvement.

[13] This tool can be downloaded free of cost from Pathfinder's website: http://www.pathfinder.org/publications-tools/single-visit-approach-to-cervical-cancer-prevention.html

[14] This tool can be downloaded free of cost from Pathfinder's website: http://www.pathfinder.org/publications-tools/Straight-to-the-Point-Evaluation-of-IEC-Materials.html.

[15] Joseph S. Ross and Albert L. Siu, "The importance of Population-Based Performance," *Health Services Res.* February 2007; 42.

The assessment process is effectively a teaching process—it gives providers a chance to review the material they need to know in order to provide quality SVA care (including VIA screening protocols and procedures and all levels of pre- and post-procedural counseling). Areas of weakness are identified and can be addressed with mentoring and refresher training.

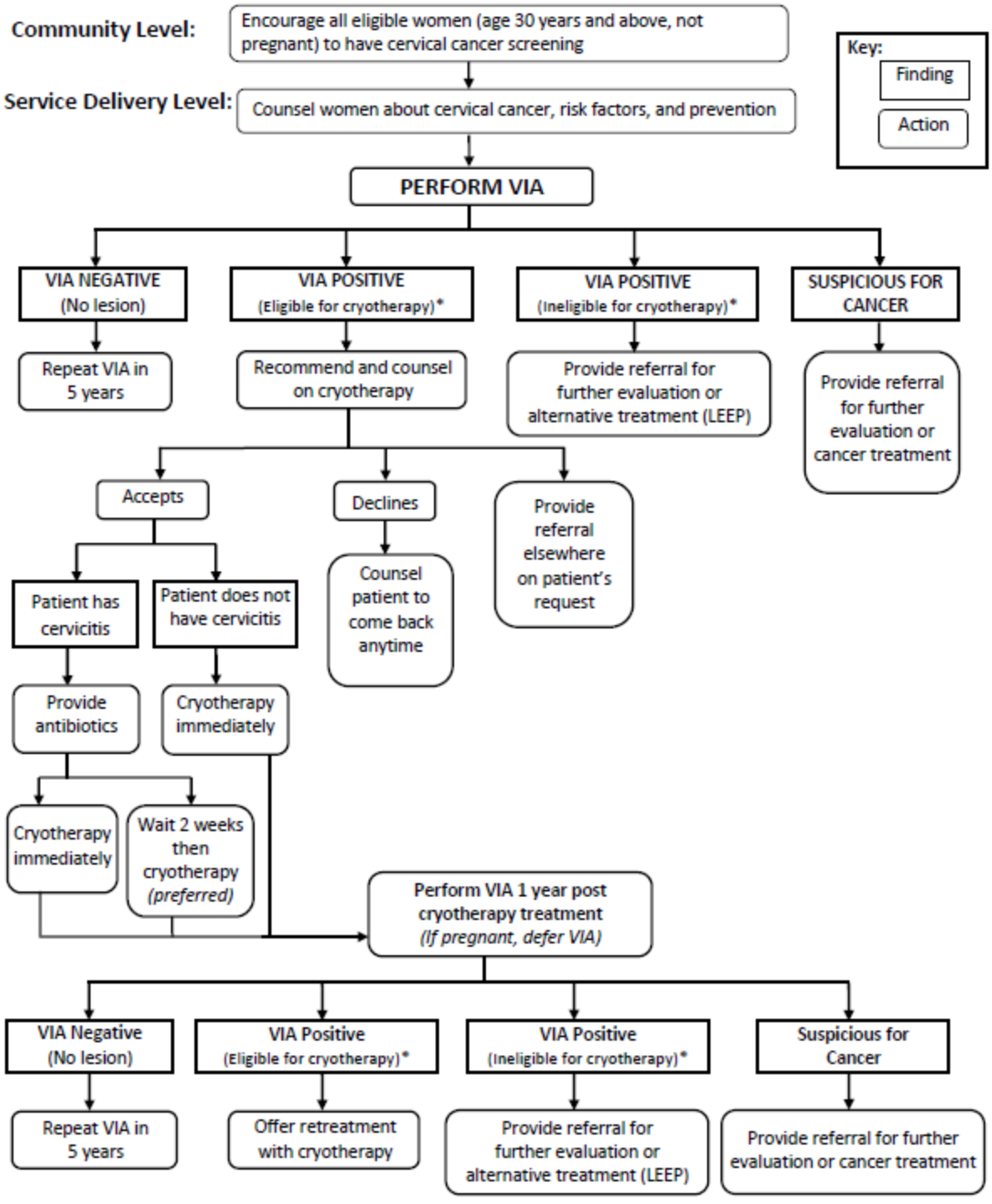
Benefits of Assessment

- Provider training needs are identified.
- The frequency and intensity of coaching and mentoring required by each provider is determined, as established by their performance in each review.
- The overall quality of service across various providers and in different places can be improved and standardized, regardless of provider or facility.
- The quality of SVA service provided to clients is assessed and the path for improvement laid out, which can lead to increased service uptake.
- The effective use of resources makes providers more proficient at service delivery, using less time and fewer resources.
- Efficiency helps justify and attract government and donor resource contributions.

Tool 3: SVA Decision-making Flowchart for Service Providers

This tool serves as a reference for health care workers offering cervical cancer prevention services. It guides the providers through the potential findings and associated courses of action. The flow chart can be used when training providers in the SVA and used as a job aid to remind providers of the potential courses of action.

SVA Decision-making Flowchart for Service Providers



*** Eligibility criteria for VIA+ includes:** acetowhite lesion <75% of cervix, lesion does not extend onto the vaginal wall beyond the reach of the cryoprobe and if lesion extends <2mm beyond the diameter of the cryoprobe (including the tip of the probe).

This tool was adapted from Jhpiego's *Cervical Cancer Prevention: Guidelines for Low-Resource Settings* (Baltimore, MD: Jphiego, 2005).

Tool 4: Post-cryotherapy Information Sheet

This information sheet should be given to every woman after she undergoes cryotherapy. The provider should talk through each point with her, ensuring that she understands what to expect in the weeks after the procedure and when she should return to the facility. Take extra care to explain the information verbally to women with limited reading abilities.

Be sure to translate the sheet into the local languages(s).

Post-Cryotherapy Information Sheet

After receiving cryotherapy for treatment of cervical lesions, you need to know the following:

1. You may have short-lasting, mild, lower-level abdominal cramping. If you have mild pain, you can take any anti-pain medicine.
2. You will have watery vaginal discharge that lasts 4–6 weeks. The color of the discharge will change from pale red to white over time. If the discharge has an unpleasant small and the color changes to yellow, you need to visit the health facility and get treatment.
3. You may have spotting (light bleeding) that lasts 1–2 weeks. If the bleeding is heavier than on your heaviest days of menstrual bleeding, you need to visit the health facility and get treatment.
4. You are strongly advised to avoid sexual intercourse for about 1 month until the wound heals. If this is not possible, please use a condom regularly to prevent infection.
5. Please remember your follow-up appointment date carefully.

If you have any of the following warning signs, you should return to the health facility immediately. Do <u>not</u> wait for your appointment date.

Return to the facility immediately if you have:

1. Fever for 2 days or more.
2. Severe lower abdominal pain, especially if accompanied by fever.
3. Bleeding for more than 2 days that is heavier than your heaviest days of menstrual bleeding.
4. Bleeding with clots.
5. Vaginal discharge with a foul or unpleasant smell.

Tool 5: Provider Competency Assessment Checklist

This checklist is used to assess the activities a provider trained in SVA is expected to perform to provide quality service to women. The elements of assessment include:

- Client-provider interaction
- Pre-VIA counseling
- VIA procedure
- Post-VIA counseling
- Cryotherapy procedure
- Post-cryotherapy counseling
- Infection prevention
- Documentation practice
- Provider knowledge.

Each of the sections includes activities from the *Single-Visit Approach to Cervical Cancer Prevention: Clinical Standards of Practice and Counseling Guide*, thus providing objective evidence of the provider's competence level across different professionals and various settings.

It is recommended to conduct this assessment on the last client a provider sees. The assessment should be conducted by a two-person team. One team member with clinical SVA expertise (and, ideally, a clinical trainer for the program) should assess the competencies of each trained provider in the facility. (All levels of providers are evaluated with the same form.) The other member should be from the district or other health administration office and should assess facility adherence to quality.

All providers should be assessed immediately after SVA training and twice annually after that. To be rated as "proficient," the individual must earn a minimum score of 85% for two consecutive biannual assessments. Those who score between 70% and 84% should receive further on-the-job training, coaching, and mentoring. Those who score below 70% must take a refresher training in addition to coaching and mentoring. Individual assessments should be documented in summary form (see Tool 6) and given to the facility manager and to the provider, along with a proposed action plan (see Tool 17).

The team should complete the following assessment for each provider they observe.

Provider Competency Assessment Checklist

Note: This checklist was developed and widely field tested by Jhpiego,[16] and was minimally revised by Pathfinder International.

Instructions:

- Complete this form for each provider, while observing that provider serving one client. You must ask for the client's permission to observe the care she receives.
- Mark each item that you observe the provider doing correctly. Mark "not applicable" (NA) in the comment box if any item on the list is not applicable during supervision. These items will be excluded from the analysis for ranking individual performance.
- The supervisor is expected to fill the number of items checked and to calculate the percentage for each section of the checklist.
- Ask the service provider each question under the *Provider's knowledge assessment* section at the end of the client visit.

Date of visit: _____

Name and location of health facility: Name: _____ Location: _____

Type of health facility: ☐ Health Center ☐ Clinic ☐ Other, specify: _____

Type of provider observed: ☐ Midwife ☐ Nurse ☐ Doctor ☐ Other, specify: _____

Name and title of provider observed Name: _____ Title: _____

Name and title of person completing checklist: Name:_____ Title: _____

SECTION A: CLIENT-PROVIDER INTERACTION – PRE-VIA COUNSELING

STANDARD	**ASSESSMENT CRITERIA** ****If the answer is "yes," write a √ mark in the space*** **[ ]**
Service provider provided accurate information about cervical cancer prevention to woman.	The service provider informed the woman about the following: 1. [ ] What and where the cervix is 2. [ ] What cervical cancer is 3. [ ] What causes cervical cancer/the role of HPV and other risk factors 4. [ ] The importance of testing and preventing cervical cancer, with emphasis on early detection of precancerous disease 5. [ ] Tests used to examine the cervix and treatment options

[16] Jhpiego, *Cervical Cancer Prevention: Guidelines for Low-Resource Settings* (Baltimore, MA: Jphiego, 2005).

Service provider used effective counseling skills.	The service provider: 6. [ ] Explained in detail, in a non-threatening manner, and in language the woman understands 7. [ ] Kept the message simple by using short sentences 8. [ ] Listened actively to what the woman had to say 9. [ ] Encouraged the woman to express her concerns, without interrupting 10. [ ] Used supportive nonverbal communication, such as nodding & smiling 11. [ ] Answered questions directly in a calm and reassuring manner 12. [ ] Supported the woman to make her own decision, without suggesting what she should do
Service provider respected the woman's rights at all times.	The service provider: 13. [ ] Provided all need-to-know information. The service provider assured the woman of confidentiality by: 14. [ ] Telling her that the information she provides will not be shared with anyone not directly involved in her treatment without her permission. 15. [ ] Respected the woman's wishes if she wanted to involve anyone in decision making. The service provider ensured privacy at all times by: 16. [ ] Using a separate area such as an office, closed examination room, or ward screen. 17. [ ] Drawing curtains around the treatment area whenever the woman was undressed, or turning the treatment table so that the woman's feet were not facing the doorway or public space. 18. [ ] Promoting appropriate decorum, including using a drape or plain cloth sheet to cover the woman's legs and body during the examination.
Service provider provided appropriate information to woman prior to VIA test.	The service provider: 19. [ ] Explained the importance of early detection of cervical cancer. 20. [ ] Explained how the pelvic examination is done. 21. [ ] Provided information about the VIA procedure and described the steps involved. 22. [ ] Explained what to expect during procedure. 23. [ ] Explained possible test results, what they mean, and treatment options. 24. [ ] Discussed the woman's needs, concerns, and fears in a thorough and sympathetic manner. 25. [ ] Supported the woman in the decision to have a VIA test. 26. [ ] If the woman chose to have a VIA test, asked if she had any other questions about the test. 27. [ ] If the woman chose to have a VIA test, asked if she was pregnant.
Total for Pre-VIA counseling	***Total number of items = 27*** ***Total number of items checked = _____***

SECTION B: VIA TESTING	
Service provider performed VIA testing according to protocol.	The service provider: 1. [ ] Conducted client assessment to according to standards and recorded findings on the client intake/history form completely. 2. [ ] Prepared all instruments and supplies appropriately prior to performing VIA. 3. [ ] Positioned the client correctly for examination. 4. [ ] Performed the pelvic examination according to standards. 5. [ ] Performed VIA procedure according to protocol. 6. [ ] Continually reassured the woman while performing the VIA test, informing her about each of the steps he/she will perform. 7. [ ] The provider correctly identified the test result.
Total for VIA testing	***Total number of items = 7*** **Total number of items checked = _____**
SECTION C: CLIENT-PROVIDER INTERACTION – POST-VIA COUNSELING	
Service provider counseled woman correctly after a negative VIA test.	The service provider: 1. [ ] Discussed with the woman the results of the VIA test and what it means for her reproductive health. 2. [ ] Advised the woman to return for a repeat test as per program policy. 3. [ ] Assured the woman that she can return to the same clinic at any time to receive advice or medical attention. 4. [ ] Provided additional information about sexually transmitted infections (STIs) and how to prevent them. 5. [ ] Provide contraception information and/or service, or provided referral.
Total for Post-VIA counseling for test negatives	***Total number of items = 4*** **Total number of items checked = _____**
Service provider counseled woman on cryotherapy after positive VIA test.	The service provider: 1. [ ] Informed the woman about the VIA test finding.* 2. [ ] Explained why treatment is recommended.* 3. [ ] Described the cryotherapy procedure. 4. [ ] Described the benefits and effectiveness of cryotherapy. 5. [ ] Explained what to expect during cryotherapy. 6. [ ] Explained what to expect after being treated with cryotherapy (the potential effect) and ensured that the woman understood by asking her to repeat them. If the woman was not eligible for cryotherapy (for extra-large lesion or suspect cancer), the service provider: 7. [ ] Counseled the woman about management options or referred her, as appropriate.*

	8. [ ] Encouraged the woman to ask questions and discuss her condition (and gave her enough time to do so)* 9. [ ] Gave the woman some time to decide on her course of treatment (If, the woman was eligible for LEEP, the provider followed the same steps as for Cryotherapy, but with respect to LEEP).* 10. [ ] Asked the woman if she would give her consent for treatment. *
Total for Pre-cryotherapy counseling	***Total number of items = 10*** **Total number of items checked = _____** ***Note:*** *The score will depend on the client's eligibility for cryotherapy.*
SECTION D: CRYOTHERAPY PROCEDURE	
Service provider performed cryotherapy according to protocol.	The service provider made sure the cryotherapy instrument/unit and CO_2 gas cylinder were ready to use by doing the following: 1. [ ] Checked for gas leak (at cylinder level, at tubing or handle). 2. [ ] Checked pressure (normal [green zone], too high [red zone], too low [yellow zone]). 3. [ ] Pulled the freeze trigger for 1 second to check functioning of cryotherapy machine. The service provider: 4. [ ] Used the cryotherapy unit and gas cylinder according to standards. 5. [ ] Prepared instruments for cryotherapy as per standards. The service provider performed cryotherapy procedure to standards: 6. [ ] Centered cryotherapy tip on cervix. 7. [ ] Applied adequate pressure to cervix to ensure adequate "ice ball." 8. [ ] Avoided contact between cryotherapy probe and vaginal walls. 9. [ ] Performed "double freeze/'3-5-3' minute" technique according to standards using CO_2. 10. [ ] Performed clinical assessment for cryotherapy according to standards (before and after the procedure). 11. [ ] Checked if the woman was having excessive cramping before helping her sit up. 12. [ ] Observed the woman for at least 15 minutes.
Total for Cryotherapy procedure	***Total number of items = 12*** **Total number of items checked = _____**
SECTION E: CLIENT-PROVIDER INTERACTION – POST-CRYOTHERAPY COUNSELING	
Service provider counseled woman following cryotherapy.	The service provider: 1. [ ] Repeated information about what to expect after being treated with cryotherapy. 2. [ ] Provided the woman instructions for self-care at home regarding: [ ] Personal hygiene [ ] Recommendation for abstinence for 1 month and condom use.

	3. [ ] Told the woman about warning signs that require coming to clinic immediately: [ ] Fever for more than 2 days [ ] Severe lower abdominal pain associated with fever [ ] Bleeding for more than 2 days [ ] Bleeding with clots [ ] Foul-smelling vaginal discharge associated with fever. 4. [ ] Discussed what to do if the woman experiences any problems. 5. [ ] Provided instructions for using condoms and pads. 6. [ ] Asked the woman to repeat the instructions. 7. [ ] Provided supply of condoms for 2 months, sanitary pads, and written instructions on self-care at home, expected side effects, and danger signs. 8. [ ] Provided additional information about STIs and how to prevent them. 9. [ ] Provide contraception information and/or services, or provided a referral. 10. [ ] Asked for and answered any questions the woman had. 11. [ ] Scheduled a follow-up visit.
Total for Post-cryotherapy counseling	***Total number of items = 18*** **Total number of items checked = _____**
SECTION F: INFECTION PREVENTION (IP)	
Provider's infection prevention practice is adequate.	The service provider: 1. [ ] Used sterile/highly disinfected gloves for vaginal examination and VIA/cryotherapy procedures. 2. [ ] Washed and dried hands properly before putting on gloves. 3. [ ] Washed hands after removing gloves. 4. [ ] Washed hands after handling objects that might be contaminated and/or after contact with blood or mucous membranes. 5. [ ] Handled sterile equipment according to the standard for preventing cross-contamination during procedure. 6. [ ] Decontaminated instruments in a 0.5% chlorine solution immediately after use. 7. [ ] Soaked instruments in 0.5% chlorine solution for no longer than 10 minutes. 8. [ ] Cleaned cryotherapy machine with alcohol. 9. [ ] Cleaned cryotherapy tips with soapy water, then dried and wrapped them with gauze for sterilization. 10. [ ] Disposed of waste items in leak-proof container as per guidelines. 11. [ ] Cleaned up blood spills, then wiped up with disinfectant.
Total for Infection prevention practice	***Total number of items = 11*** **Total Number of items checked = _____** ***Note:*** *The score will depend on the observation made on the day.*

SECTION G: DOCUMENTATION	
Service provider adequately documented findings in record	*When the provider has completed filling out the client's intake/history form and the client register entry for the client observed, check the record for each of the following items:* The service provider: 1. [ ] Completed each required element in the intake/history form, including pre-procedure history and socio-demographic data. 2. [ ] Documented the screening findings on the cervical map. 3. [ ] Adequately documented physical findings, management given, referral and reason for referral, reasons for treatment, and refusals on the intake/history form. 4. [ ] Documented recommended follow-up/appointment. 5. [ ] Checked the entry in the client register for the specific client. 6. [ ] Recorded complete client information in the client register. 7. [ ] Checked to ensure that the client register was consistent with client record, including comparing client intake/history for information with client register entry.
Total for Documentation	***Total number of items = 6*** ***Total number of items checked = _____***
SECTION H: PROVIDER'S KNOWLEDGE ASSESSMENT	
Service provider is able to correctly answer questions frequently asked by women.	***Ask the service provider each of the following questions and check the box if she/he answers correctly:*** 1. [ ] Why should I have this test? 2. [ ] What is cervical cancer, and how would I get it? 3. [ ] How does visual inspection with acetic acid work? 4. [ ] If I have a positive test, does that mean that I have cancer? 5. [ ] What is the treatment if there are abnormal cells? 6. [ ] How effective is cryotherapy in curing abnormal cells? 7. [ ] Will the cryotherapy hurt me? 8. [ ] What could happen if I don't use a condom following cryotherapy? 9. [ ] What is the advantage of the treatment if I might not actually have the disease?
Total for Provider's knowledge assessment	***Total number of items = 9*** ***Total number of items checked = _____***
Any comments or observations:	
Any problems with implementation:	

Tool 6: Summary of Individual Provider Competency Assessment

The summary competency assessment form on the next page contains a set of indicators that outline the summary of an individual provider's performance level. The information is important to identify the individual provider's specific areas of good performance to maintain and to locate weaker areas where the provider needs additional technical support. The technical support could be on-the-job coaching and mentoring or refresher training.

Take the average score for each section from the competency assessment checklist and write it in the summary checklist. At the end of supervision, each individual service provider is informed about his/her performance level using this tool.

To be rated as "proficient," the individual must earn a minimum score of 85% for two consecutive biannual assessments. Those who score between 70% and 84% should receive further on-the-job training, coaching, and mentoring. Those who score below 70% must take a refresher training in addition to coaching and mentoring.

Summary of Individual Provider Competency Assessment

Date of visit: _____

Name and location of health facility: Name: _____ Location: _____

Type of health facility: ☐ Health Center ☐ Clinic ☐ Hospital ☐ Other, specify: _____

Type of provider observed: ☐ Midwife ☐ Nurse ☐ Doctor ☐ Other, specify: _____

Name and title of provider assessed Name: _____ Title: _____

Name and title of person completing the checklist: Name: _____ Title: _____

Instructions: Enter the values for each section from the Provider Competency Assessment Checklist on the summary form. For each section, enter the score (in percentage) in the second column. To calculate the percentage: divide the number of items checked by the total number of items for the section (e.g., if you checked 5 out of a total 10 items, the summary score would be 50%). To find the overall summary score, add up all the percentages and divide them by the total number of areas assessed.

Measurement:

- **Meets criteria:** Met ≥85% of the standard (needs to sustain performance)
- **Need some improvement:** Met 70–84% of the standard (work with provider onsite to improve performance)
- **Needs improvement:** Met <70% of the standard (needs refresher training)

	Area to be Assessed	Summary Score in %	NA*	Comments (recommended action)
1	**Client-provider interaction – Pre-VIA counseling** (*out of 27)*			
2	**VIA testing** (*out of 7)*			
3	**Client-provider interaction – Post-VIA counseling for VIA negatives** *(out of 4)*			
4	**Client-provider interaction – Pre-cryotherapy counseling** *(out of 10)*			
5	**Cryotherapy procedure** *(out of 12)*			
6	**Client-provider interaction – Post-cryotherapy counseling** *(out of 18)*			
7	**Infection prevention** *(out of 11)*			
8	**Documentation** *(out of 6)*			
9	**Provider's knowledge assessment** *(out of 9)*			
	Provider's overall score - Meets the standard: ≥ 85% - Needs some improvement: 70% - 84% - Below the standard: < 70%			

*Mark NA when the area to be assessed was not observed during visit.

Tool 7: Overall Summary of Provider Assessment Visit

After the supportive supervision visit has been completed, the team will summarize the findings of the entire visit. The team will gather all of the Summary of Individual Provider Competency Assessment forms (Tool 6) and add up the number of providers whose scores fell into each range. This tool is used to summarize the overall competency performance results of providers assessed from health facilities in a specific administrative region. It should be filled out by the supervisory team from the specific administrative region at the end of periodic supervisory visit.

The information is important to identify and organize technical support at a higher level (at the district or provincial health management level) to providers who achieved below the expected level of competence. The technical support could be on-the-job coaching and mentoring or refresher training. It also helps in calculating one of the key indicators of the program found in Section 3.

Overall Summary of Provider Competency Assessment Visit

Instructions:

Fill out this form at the end of the supervision visit. All providers who received were assessed using the Provider Competency Assessment Checklist in the specific period should be included.

	Provider Competency Level	**Number**	**Comments** (recommended action)
1	Number of providers assessed using the Provider Competency Assessment Checklist in the reporting period		
2	Number of providers who meet the standard (≥ 85%)		
3	Number of providers who need some improvement (70% - 84%)		
4	Number of providers who scored below the standard (< 70%)		

Tool 8: Checklist to Assess Facility Adherence to Quality Standards

In any setting, the ability to deliver quality health care depends on the capacity and commitment of facility staff to adhere to quality standards. These standards include the continuous availability and quality of the medical supplies and equipment essential to providing SVA services. They also cover the performance of all providers in basic procedures, including infection prevention and the care of equipment. Finally, quality care cannot be consistently provided without diligent attention to documentation and recordkeeping, which allow providers and supervisors to continuously monitor clients' needs in detail, as well as their success in addressing them.

A critical challenge to quality adherence is developing and maintaining an institutional culture that respects and recognizes the importance of quality standards. Research has found that providers in developing countries are often overconfident in their own skills and judgment because they have generally worked in private practice and learned to depend on their own experience. It can be difficult to develop a work culture where providers are not threatened by supervision, no matter how supportive it is designed to be. These challenges must be addressed openly and positively with the goal of making each provider the proud owner of his/her own successful progress. (See Tool 16, the Provider Satisfaction Self-assessment Form, which encourages every provider who has been assessed to give feedback on the process.)

The checklist below monitors infection prevention practices and the care and cleaning of equipment. It also monitors supply inventories and the specific equipment required for SVA procedures, and finally offers the requisite forms for reviewing the current quality of records and how they are maintained.

CHECKLIST TO ASSESS FACILITY ADHERENCE TO QUALITY STANDARDS

Date of visit: _____

Name and location of health facility: Name: _____ Location: _____

Type of health facility: ☐ Hospital ☐ Health Center ☐ Clinic ☐ Other, specify: _____

Name and title of person completing checklist: Name: _____ Title: _____

Section I: Facility Infection Prevention Practice – Adherence to Infection Prevention, Cryotherapy, and CO_2 Gas Cylinder Care

This section assesses the facility's adherence to infection prevention guidelines. Observe the SVA service delivery room and document the observations for each item.

Instructions: Please circle 'yes' or 'no' based on the observation of infection prevention practice or N/A, for areas or activities that do not take place during this visit.

No	**ASSESSMENT CRITERIA**	Observation			Remark
1.	Instruments were thoroughly cleaned and rinsed before sterilization	YES	NO	N/A	
2.	Instruments were packed according to the standard before sending to the sterilization room	YES	NO	N/A	
3.	Sterile equipment was kept in an appropriate place (dry and clean) as packed (no risk of contamination)	YES	NO	N/A	
4.	Pick up/transfer forceps were sterilized every 24 hours and kept sterile in the day	YES	NO	N/A	
5.	Equipment was kept in order	YES	NO	N/A	
6.	Cryotherapy machine was handled according to standard before and after the procedure	YES	NO	N/A	
7	CO_2 gas cylinder was properly stored, transported, and handled according to standard	YES	NO	N/A	
8.	VIA room was clean enough	YES	NO	N/A	

Section II: Supply Audit Checklist

The service provider who is responsible for the SVA service should do a monthly assessment of the supplies the facility requires. He/she can also use this section to report results to facility or program managers for ordering supplies or other action that may be required.

Instructions:

- This supply audit checklist has two sub-sections: (A) Consumable Supplies for VIA and Cryotherapy and (B) Supplies for M&E and Job Aids/IEC Materials
- Check 'yes' or 'no' based on the availability of equipment and supplies and determine the amount remaining in the facility and required amount for the continuity of service.

Section II-A: Consumable Supplies for VIA and Cryotherapy

No.	Consumable	Response	Amount remaining (available)	Remarks
1.	Acetic acid	___Yes ___No		
2.	High-level disinfected surgical gloves	___Yes ___No		
3.	Examination/clean glove	___Yes ___No		
4.	0.5% chlorine solution	___Yes ___No		
5.	Soap for instrument cleaning (powder)	___Yes ___No		
6.	Soap for hand washing	___Yes ___No		
7.	Individual hand towel	___Yes ___No		
8.	Cotton	___Yes ___No		
9.	CO_2 gas	___Yes ___No		
10.	Alcohol	___Yes ___No		
11.	Glycerin	___Yes ___No		
12	Sanitary pad	___Yes ___No		
13	Condom	___Yes ___No		
14	Water	___Yes ___No		

Section II-B. Supplies for M&E and Job Aids/IEC Materials				
No.	**Supplies for M&E**	**Responses**	**Amount remaining (available)**	**Remarks**
	Documentation and Reporting Forms			
1.	Client intake/history form	___Yes ___No		
2.	Referral form/slip	___Yes ___No		
3.	Client identification/appointment card	___Yes ___No		
4.	Client register	___Yes ___No		
5.	Report form (to be used by providers)	___Yes ___No		
6.	Supply audit form	___Yes ___No		
7.	Other registration books (specify)	___Yes ___No		
	Job Aids			
8.	Standards of practice (SOPs) on VIA and Cryotherapy	___Yes ___No		
9.	SVA to CCP counseling cue cards	___Yes ___No		
10.	Clinical protocols on VIA and Cryotherapy (flow diagram for CCP – Tool 3)	___Yes ___No		
11.	National cervical cancer control guidelines	___Yes ___No		
12.	National Infection prevention and control guidelines	___Yes ___No		
13.	Flashcards	___Yes ___No		
14.	DVD	___Yes ___No		
15.	Reference guide	___Yes ___No		
	IEC Materials			
16.	Poster on CCP	___Yes ___No		
17.	Brochure on CCP	___Yes ___No		
18.	Other IEC materials on CCP (specify)	___Yes ___No		

Section III: Documentation and Recordkeeping

This section is used to assess the facility's documentation system. After assessing the data and the report completeness and accuracy, the assessment team (which should include a member of the facility staff) is expected to calculate and monitor over time the programmatic indicators and assess performance progress. After the assessment, the team should provide immediate feedback to service providers and facility managers, as well as develop an action plan with the providers to address the identified gaps (see Tool 17).

Instructions:

- This checklist should be completed periodically depending on the need and whenever the program managers desire a data quality check.
- Select at least 5 client records completed the day before the assessment visit. Locate the entry for each record in the facility (or SVA unit) register book. Compare the entry in the register with the client intake/history form, checking for completeness of the record and accuracy of the information entered in the register book.
- Take the last period report with you and cross-check the accuracy of the report with the client register.
- Enter 'Y' for yes; 'N' for no; and 'N/A' if you did not make an observation for the question.

No	ASSESSMENT CRITERIA	RESPONSE					COMMENTS
		Client 1	Client 2	Client 3	Client 4	Client 5	
1	Completeness of records of required elements in client assessment form for each sample case: - Pre-procedure history - Post-procedure findings - Management given						
2	Completeness of each required element/ variable of client information in the client register for each sample case						
3	The report in the last reporting period is similar to the record in logbook.						
4	Any comments or observations on facility adherence to quality standards assessment?						
5	Any problems with implementation of facility adherence to quality standards assessment?						

Section 3:

Monitoring Program Performance

Section 3: Monitoring Program Performance

This section of the toolkit contains the key components of a performance monitoring system: the client medical record, client register, summary reporting form, and referral form. Finally, it describes how to calculate and use five key indicators of program performance, including the three key indicators approved by the WHO for monitoring national cervical cancer prevention program.[17] The results obtained from the program monitoring system can be used to generate evidence to guide management decisions and policy.

A system to collect and analyze data on key outcome indicators will provide managers with the information they need to assess progress, resolve bottlenecks affecting service delivery, and make decisions to improve or expand services appropriate to client volume. Tracking a set of key indicators involves developing a set of tools for use in facilities providing services. These tools are used to record and summarize numbers of clients counseled, VIA tests and test outcomes, treatment acceptors, and referrals. First, we describe the tools that are needed to provide data on key indicators, starting with the form used to record an individual client's reproductive and treatment history. A client register book is used at each service delivery point to record clients attending the clinic each day, and a summary form is used to compile these data and construct key indicators on a quarterly basis for review by facility managers. These quarterly data can then be sent to the regional and national program directors, to be compiled to assess regional progress and examine regional differences, and assess overall program performance against national targets, if targets have been set.

[17] WHO, *Comprehensive Cervical Cancer Control: A guide to essential practice*, (Geneva: 2006). Accessed 1 July 2013, http://whqlibdoc.who.int/publications/2006/9241547006_eng.pdf.

Tool 9: Cervical Cancer Prevention Service Client Intake Form

A client intake form is intended to be used to gather information on the client's socio-demographic profile and reproductive health history, as well as to record services received by the woman at the VIA site. It is also used to link a woman with other services (e.g., contraception, other STI screening and counseling) or referrals that she may need. The reproductive health history obtained is used to identify the presence of risk factors predisposing the woman to cervical cancer, early signs and symptoms of cervical cancer, and her pregnancy status, which is used to determine her eligibility for testing and treatment. The result of pelvic examination and VIA test will guide the decision on appropriate management. The form includes a space to draw the observed position, extent, and size of any lesion found. This "cervical map" is used to monitor the outcome of cryotherapy treatment at a follow-up visit. The screening result and management section is used to document the VIA test result, treatment provided, and date of service and appointment date. The referral section used to document the place of referral and reason for referral. This client intake form is adapted from Jhpiego.[18]

At the end of the client visit this intake form is attached to the woman's medical record, and some information is transferred to the client register.

[18] Jhpiego, *Cervical Cancer Prevention: Guidelines for Low-Resource Settings* (Baltimore, MA: Jphiego, 2005). Accessed 1 Dec. 2013 at: http://www.jhpiego.org/files/CECAP_Manual.pdf.

Cervical Cancer Prevention Service Client Intake Form

CLIENT IDENTIFICATION: Medical record number (MRN): _____ VIA Serial No.: _____

Name of client: _____ Age: _____

Address: _____ Tele: _____

Date of visit_____ Time of examination: □ First examination □ Follow-up

Educational Status (enter last grade completed): _____ □ Check box if illiterate

REPRODUCTIVE HISTORY:

Marital status_____ Parity:____ Current contraceptive(s):_____ Age at first intercourse:_____

Pregnant: □ Yes ***(If pregnant, do not screen)*** □ No

Menstrual Bleeding Pattern: □ Regular (23-35 intervals) □ Irregular □ Menopause
□ Postcoital spotting or bleeding

STI History: Number of sexual partner(s) of Client: _____ Of spouse: _____
History of STI Client: □ Yes □ No Partner: □ Yes □ No

Risk Factors (check box with [Y] if yes and [N] if no):

□ History of smoking □ Previous abnormal Pap smear □ Chronic corticosteroid use

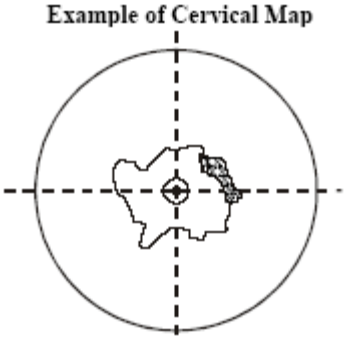
HIV/AIDS testing: □ Unknown. □Yes. If tested, enter chart status: □ Reactive □ Non-reactive
If reactive, is the patient currently on HAART: □ Yes □ No

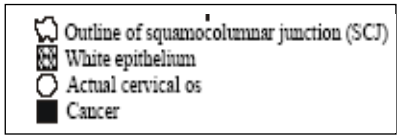
EXAMINATION:

Result of pelvic examination □ Normal □ Abnormal (please describe details below)
Suspicious for cancer □ No □ Yes (please describe details below)
SCJ was completely seen □ Yes □ No (please describe details below)

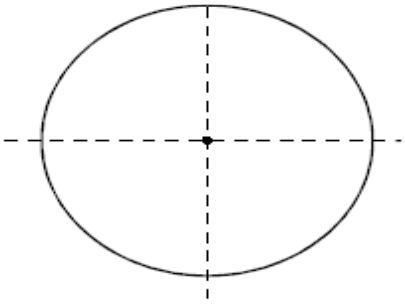
Cervical map: Draw the cervical findings on right circle using the instructions from the left circle

Example of Cervical Map





Enter findings here:



VIA Result: □Suspicious for Cancer □ VIA Negative □ VIA Positive

Management with VIA Result: If **negative**, counseled to return in _____ years for re screening

If **positive**, Cryotherapy details: □ Done immediately (same day) □ Done other day □Refused Cryo
□ Ineligible for Cryotherapy (Describe reason in Referral part)

Date Cryotherapy done: _____ **Return visit date:** _____

LEEP treatment □ Treated onsite (if treated fill out the LEEP client intake form) □ Referred

□ **STI suspected**: □ Treatment provided: _____ □ Referred

Referral Details: Place where client referred to: _____

Reasons of referral: □ Suspicious for cancer □ Lesion larger than cryoprobe >2 mm
□ Client denied cryotherapy □ Lesion >75% □ Lesion extended inside os
□ Pregnancy □ PID □ Other non-gynecologic or gynecologic problem (please describe)…..

Providers Name Signature

Tool 10: LEEP Management Form

Similar to Tool 9, the form on the following page is intended to be used to gather information on the client's socio-demographic profile and reproductive health history, as well as to record services received by the woman at the VIA site and to document the LEEP procedure. It is also used to link a woman with other services (e.g., contraception, other STI screening and counseling) or referrals that she may need. The reproductive health history obtained is used to identify the presence of risk factors predisposing the woman to cervical cancer, early signs and symptoms of cervical cancer, and her pregnancy status, which is used to determine her eligibility for testing and treatment. The result of pelvic examination and VIA test will guide the decision on appropriate management. The form includes a space to draw the observed position, extent, and size of any lesion found. It also used to document the LEEP treatment provided.

At the end of the client visit this form is attached to the woman's medical record, and some information is transferred to the client register.

LEEP Management Form

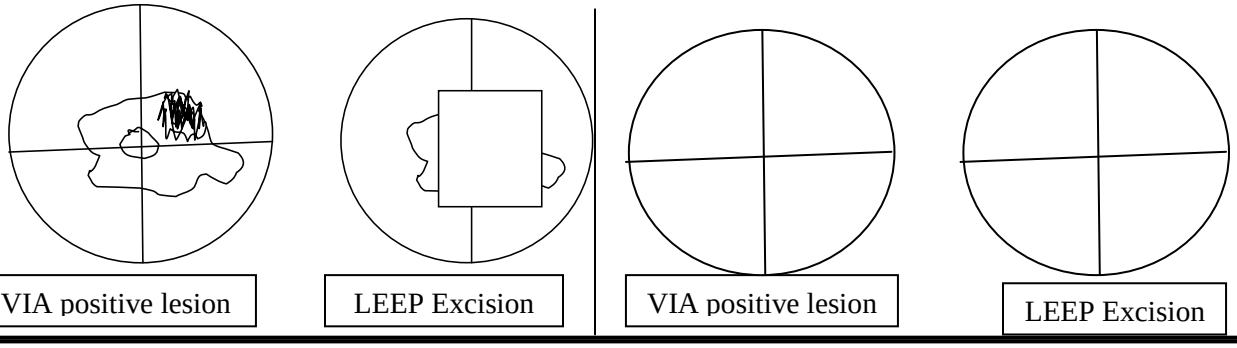
CLIENT IDENTIFICATION: Medical record number (MRN): _____ VIA Serial No.: _____
Name of client: _____ Age: _____
Address: _____ Phone: _____
Date of visit_____ Time of examination: □ First examination □ Follow-up
Educational Status (enter last grade completed): _____ □ Check box if illiterate

REPRODUCTIVE HISTORY:
Marital status_____ Parity: ____ Current contraceptive(s):_____ Age at first intercourse:_____
Pregnant: □ Yes ***(If pregnant, do not screen)*** □ No
Menstrual Bleeding Pattern: □ Regular (23-35 intervals) □ Irregular □ Menopause
□ Postcoital spotting or bleeding
STI History: Number of sexual partner(s) of Client: _____ Of spouse: _____
History of STI Client: □ Yes □ No Partner: □ Yes □ No
Risk Factors (check box with [Y] if yes and [N] if no):
□ History of smoking □ Previous abnormal Pap smear □ Chronic corticosteroid use
HIV/AIDS testing: □ Unknown. □Yes. If tested, enter chart status: □ Reactive □ Non-reactive
If reactive, is the patient currently on HAART: □ Yes □ No

FINDINGS FROM PREVIOUS VIA:
□VIA positive
□ Suspicious for cervical cancer
□ Uncertain diagnosis
DECISION:□ Treated with LEEP onsite
□ Referred for LEEP excision

Reason for LEEP
□Lesion larger than cryoprobe
□Lesion extending to vagina
□Suspected early cancer
□Uncertain about diagnosis
□Other non-gynecologic or gynecologic problem (state it):

Cervical map: Draw the lesion and excision on right circles using the example in the left circles



B: Description of LEEP procedures: ……
…… Date of LEEP excision _____

C: Post-Procedure note: Counseling given: □ Yes □ No

Appointment given: □ Yes □ No Date of appointment: _____

Providers Name_____ Signature_____

Tool 11: Client Register

The client register summarizes services provided to each individual woman receiving services on a given date. This register includes all clients attending the service, including new clients, and, of those, clients who received treatment, as well as clients coming for a follow-up visit (one year post-cryotherapy follow-up). The register provides space for inserting the results of up to three follow-up visits. Information is transferred from the Client Intake Form (Tool 9) to this register when the visit is completed.

Client Register

Region_____ Health Facility_____ Year_____

VIA Serial Number	Medical Record Number [MRN]	Date of visit (DD/MM/YYYY)	Sociodemographic Characteristics					Risk Factors		VIA Testing – Test Outcome, Treatment, and Referral						Follow-up Re-testing – Test Outcome, Treatment, and Referral						Remarks
			Name in full / Address	Age (Yr)	Marital status	Educational status	Number of births	History of STI by woman or her partner (Yes/No)	**HIV status** - Reactive **(1)** - Non-Reactive **(2)** - Unknown **(3)**	Counseled on cervical cancer prevention (Yes/No)	Tested with VIA (Yes/No)	**Test result** -No acetowhite lesion **(1)** - Acetowhite lesion – eligible for cryo **(2)** - Acetowhite lesion – non eligible for cryo **(3)** -Suspicious for cervical cancer **(4)**	**Treatment** -Cryotherapy **(1)** -LEEP **(2)** -Other (Specify) **(3)**	Date set for follow-up visit (DD/MM/YYYY)	**Referral reason** - Suspicious for cervical cancer **(1)** - Not eligible for cryo **(2)** Other (specify) **(3)**	Date Re-tested on the follow up visit (enter date) (DD/MM/YYYY)		**Test result** -No acetowhite lesion **(1)** - Acetowhite lesion; eligible for crayo **(2)** - Acetowhite lesion; non eligible for crayo **(3)** -Suspicious for cervical cancer **(4)**	**Treatment** -Cryotherapy **(1)** -LEEP **(2)** -Other (Specify) **(3)**	Date set for next follow-up (DD/MM/YYYY)	**Referral reason** - Suspicious for cervical cancer **(1)** - Not eligible for cryo **(2)** Other (specify) **(3)**	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)		(18)	(19	(20)	(21)	(22)
																1						
																2						
																3						

Tool 12: Quarterly Summary Report of Service Provision

This form is used to summarize information in the client register. It is filled in each month and totals tallied each quarter. The form has two sections to be filled in: one for new clients and one for summarizing clients' post-treatment follow-up. The data from this summary form are used to calculate five key program performance indicators each quarter.

Quarterly Summary Report of Service Provision

Region name	
Facility name	

Reporting month/ Quarter/: From _____to _____Year_____

❑ New client

VIA testing, treatment, and referral for women in care

Months	Number counseled on CCP	Number tested with VIA	Number with no cervical lesion on VIA	Number with identified cervical abnormalities on VIA testing			Number of women who received treatment			Number referred for other treatment	
				Acetowhite lesion; eligible for cryo	Acetowhite lesion; not eligible for cryo	Suspicious for cervical cancer	Treated with cryo	Treated with LEEP	Received other treatment	Acetowhite lesion; not eligible for cryo	Suspicious for cervical cancer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total of the quarter											

❑ Clients for one year post-treatment follow-up

Months	Number counseled on CCP	Number re-tested with VIA	Number with no cervical lesion on VIA	Number with identified cervical abnormalities on VIA testing			Number of women received treatment			Number referred for other treatment	
				Acetowhite lesion; eligible for cryo	Acetowhite lesion; not eligible for cryo	Suspicious for cervical cancer	Treated with cryo	Treated with LEEP	Received other treatment	Acetowhite lesion; not eligible for cryo	Suspicious for cervical cancer
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total of the quarter											

Tool 13: Appointment Card

An appointment card is used to remind the client who has been VIA tested, or tested and treated, of the appointment date for a follow-up visit. It is also used by the provider to locate the woman's record when she returns for follow-up. The provider fills in the information on the card and gives it to the woman when her test (and treatment, if appropriate) is completed. She is instructed to bring this card to her follow-up appointment. The provider should also discuss with the woman why the appointment is needed, and review the information on the card with her.

[This appointment card should be translated into the local language before use.]

Cervical Cancer Prevention Services Appointment Card

FRONT OF THE CARD:

Medical Record Number: _____

VIA Serial Number: _____

Name: _____ Age: _____

Address: _____

Hospital Name: _____ Region: _____ City/Town: _____

Date of first visit: _____

Date of Appointment	**Signature of provider (if seen on the appointed date)**

Note:

- Don't forget to bring the appointment card with you when you visit the facility for your follow up visit.
- It is important for your health that you keep your appointment.

BACK OF THE CARD:

HOW A WOMAN CAN DECREASE HER RISK OF GETTING CERVICAL CANCER

- Get screened for cervical cancer regularly.
- Delay your first sexual intercourse.
- Limit your number of sexual partners.
- Use a condom every time you have intercourse.
- Avoid smoking.
- Get an HPV vaccination, if available and applicable.

Tool 14: Monitoring Program Performance Using Key Indicators

The data from these service forms, as well as data from the provider competency assessments, are used to calculate and monitor a set of key performance indicators (listed below). The first three indicators are recommended by the WHO as key indicators of performance for a cervical cancer prevention program.

1. **VIA testing rate,** as measured by the number tested of the estimated population eligible for testing. This is used to monitor the demand and need for the services.
2. **VIA test positivity rate:** the percent of women tested with VIA who were found positive and in need of cryotherapy (or other treatment). This information, besides indicating the level of the burden of disease among the client population, can be used to estimate future resource needs, including supplies for cryotherapy.
3. **Cryotherapy treatment rate:** the percent of women testing positive who were treated with cryotherapy. This information reflects the effectiveness of provider counseling of women deemed eligible for treatment.
4. **The acceptance rate of VIA testing among women who came to the service and were counseled about testing.** This is used to assess the willingness of women to accept the test, and reflects the effectiveness of the counseling procedure.
5. **The follow-up visit rate at one-year:** This information is used to assess the rate at which women return for follow-up, and should indicate where improvements in counseling and outreach may be needed.
6. **The percent of providers assessed as competent to provide services.** This indicator will help to identify providers who need further coaching and mentoring on the job or who need refresher training.

A program manager who receives service reports from various facilities or geographic areas across specific period can calculate the performance indicators and summarize them by type of facility, geographic location, and specific time periods to see trends. This helps to identify specific facilities' or regions' performance, as well as possible reasons for under- or over-performances to design corrective actions in those performing below expectation. The summary of these indicators can also be displayed across various time periods to help identify trends in performance indicators over time. Both will help in planning corrective actions by clearly locating the site, region, and time of specific performance level and suggesting possible reasons for it.

These six key indicators are calculated from the Quarterly Summary Report of Service Provision form (Tool 12) and the Overall Summary of Provider Competency Assessment Visit form (Tool 7), which are used to periodically report on performance. Service providers, facility managers, and program coordinators are all required to calculate these indicators to monitor their program performance to ensure quality and results. In addition, depending on the hierarchy of administrative level, these indicators can be compiled and reported to program managers at various levels to estimate specific regional or national estimates.

Monitoring Program Performance Using Key Indicators

Area	Indicator	Indicator description	How to Calculate	Source of Data
Service Performance	**VIA testing rate**	To monitor access to and demand for services	**Numerator:** Number of women who had a VIA test in the last reporting period (col. 3)	Quarterly summary report of services form – new clients (Tool 12)
			Denominator: Eligible women (women aged 30-45) in the catchment population	District health office data
	Test acceptance rate	To assess how willing are women to accept the VIA test or to be tested	**Numerator:** Number of women who had a VIA test in the last reporting period (col. 3)	Quarterly summary report of services form (Tool 12)
			Denominator: Number of women who have counseled for VIA and available treatment in the last reporting period (col. 2)	
	Test positivity rate	To estimate resource allocation needed for treatment and to determine disease burden (proxy indicator)	**Numerator:** Number of women testing positive VIA in the last reporting period (col.5+col.6)	Quarterly summary report of services form – new clients (Tool 12)
			Denominator: Number of women who had a VIA test in the last reporting period (col. 3)	
	Cryotherapy rate (treatment acceptance rate)	To assess willingness of clients to accept treatment	**Numerator:** Number of women who received cryotherapy in the last reporting period (col. 8)	Quarterly summary report of services form – new clients (Tool 12)
			Denominator: Number of women tested VIA positive and eligible for cryotherapy in the last reporting period (col. 5)	
	Follow-up visit rate	To assess adherence to standard of care for periodic testing	***For VIA positives & treated with cryotherapy*** **Numerator:** Number of women coming for one year follow up after cryotherapy of expected (col.3, follow-up visit)	Quarterly summary report of services form – follow-up clients (Tool 12)
			Denominator: Number of women who have received cryotherapy during the quarter (col. 8, for the quarter, 1 year previous)	Quarterly summary report of services form – new clients before 1 year (Tool 12)
Provider competence	**Proportion of providers scoring 85% or above at competency assessment**	To identify providers who need further coaching, mentoring, on-the-job or refresher training	**Numerator:** Number of SVA service providers who scored 85% and above on the competency assessment during the reporting period (Tool 6, row 2)	Quality Assurance Checklist, Section II (Tool 8), Summary score per facility for providers' competency assessment (Tool 7)
			Denominator: Number of SVA service providers who received supportive supervision visit (including competency assessment) during the reporting period (Tool 6, row 1)	

Tool 15: Data Use Examples from the Addis Tesfa CCP Project in Ethiopia

The following are examples of how you can analyze and use the data you collect on an SVA program. These are examples of how consistent data collection and analysis can help you identify problems and achievements, and take action to address the challenges.

Data Use Example 1: Test Acceptance Rate by Quarter and Region

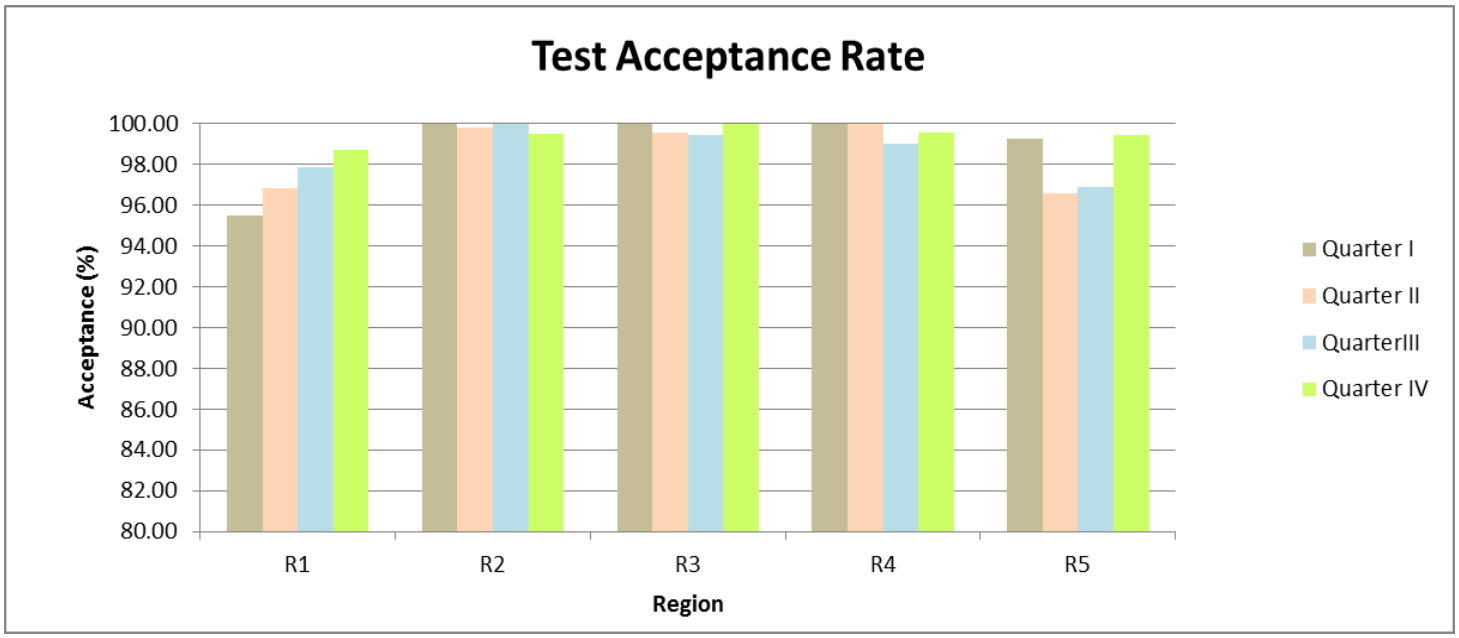


Figure 1: Test acceptance rate by quarter and region

As is evident in the above bar graph, test acceptance in every region is above 95%, which is quite encouraging and may be a reflection of the quality of counseling by providers, as well as the convenience of the services for clients (services are provided during the same visit and in the same place as their HIV care visit). In Region 1, the acceptance rate has increased over the quarters, whereas in Region 5 the rate has not shown a continuous pattern. The continuous increase in test acceptance in Region 1 could be explained by improvement in providers' counseling competency there. In the same vein, in Region 5 the decrease in acceptance rate in Quarters 2 and 3, compared to Quarter 1, could be the result of a new service provider with relatively low counseling competency, compared to other providers who were serving in the specified quarters. The increase in Region 5 in Quarter 4 could be due to a refresher training for the provider (which took place 6 months after training) which led to improvements in the provider's counseling performance. However, overall there is no significant challenge to be identified from the observed analysis.

Data Use Example 2: Test Positivity Rate by Quarter and Region

Figure 2: Test positivity rate by quarter and region

The test positivity rate shows variation across different regions as well as quarters. The regional variations could be explained by various factors (e.g., differences in the populations' characteristics in terms of STI prevalence, age of first sexual initiation, culture of sexual relationships, health-seeking behaviors).

In Region 1, the increase in test positivity goes with a similar increase in test acceptance, which could be explained by the progressive improvement in providers' competency in identifying positive lesions. In Region 2, the decreasing test positivity (which is far below the expected positivity rate, despite good test acceptance) could be explained by provider problems identifying positive lesions. This could be the result of a lack of ongoing support to the nurse provider after the training. This is because the doctor who was trained with the nurse, and who was supposed to provide immediate post-training coaching, left the facility. When the gap was identified in a field supervisory visit, an additional provider was trained for the hospital, and continuous outside technical support was given to the team. In Region 3, the positivity rate is higher in Quarter 1 than other quarters. This is possibly because of the training event that took place in the hospital in that quarter. For the purpose of the training, women who had previous abnormal Pap smear findings were scheduled to receive VIA testing. In addition, in order to increase client load for the training, women were invited through a mass media campaign, which could also result in selection bias as those who have previous gynecologic complaints seek service more than other women. Both factors may increase the positivity rate. In Region 5, the positivity rate in Quarter 1 is far below the expected rate and, unfortunately, it was not possible to identify possible explanations for it; however, the data revealed to the facility team the performance gap and the team gave recommendations to closely follow up on performance in order to identify problems as they occur. From that quarter onwards, the performance was within the expected ranges. The other quarterly variations in different regions are within the expected ranges and do not require further action.

Understanding the positivity across different regions helped the regional health team and facility management to identify possible performance gaps that could be corrected and plan resource allocation as per the expected number of women who would require treatment.

Example 3: Cryotherapy Treatment Rate

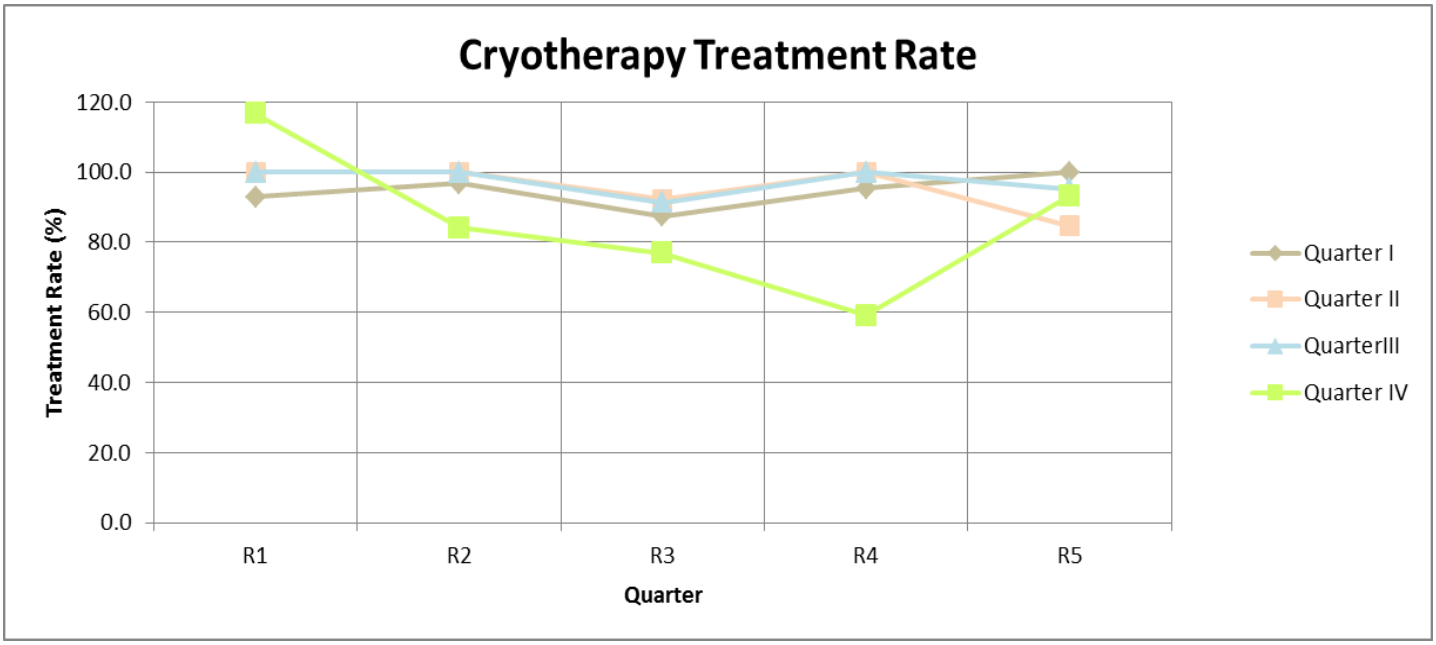


Figure 3: Cryotherapy treatment rate

The cryotherapy treatment rate in the first three quarters is within the range of 90–100%, which is acceptable because there will always be some women who want to talk to their family members before receiving treatment, some women who have active infections that require treatment before cryotherapy, and some women who refuse immediate treatment. Most of these receive treatment at a later date (as seen in Quarter 4 in Region 1, resulting in a treatment rate above 100%) and this cannot be captured by the reporting system in the same quarter. Compared to other quarters, Quarter 4 has a lower cryotherapy treatment rate (except in Region 1). This is because new facilities started screening services in each of the regions in that quarter and, unfortunately, they did not have cryotherapy to treat VIA positive lesions at the moment. Therefore, women who were identified as positive were scheduled to receive treatment in the coming quarter after the facilities received cryotherapy machines. This made the treatment rate below the range shown in the first three quarters.

Tool 16: Provider Satisfaction Self-assessment Form

The supervision team is expected to assess other areas that might influence the provision of the SVA service, such as providers' satisfaction, teamwork, level of support obtained, and system-related issues that may hamper the service and need to be strengthened. Please ask the provider to fill in the following checklist.

Providers' Satisfaction Self-assessment Form

Instructions:

This is a self-administered checklist. Please rate each item on a scale from 1 (very dissatisfied/poor) to 5 (very satisfied/very good) by marking the appropriate box. Check the box under NA if the item does not apply to you and your work.

No	Elements of Satisfaction	Score					NA	Comments
		1	2	3	4	5		
1	Level of provider's satisfaction while providing SVA service, 5 days a week and 8 hours a day							
2	Provider's satisfaction with the level of support received from the external supervisor							
3	Level of teamwork among the SVA service providers (among physicians and nurses, or among nurses)							
4	Level of support from the doctors/gynecologists to the nurse/health officer currently assigned to provide SVA service full time							
5	Level of cooperation between other department staff and the SVA service provider							
6	Support from the facility management to the SVA service							
7	Any additional comments							

Note: 1- very much dissatisfied/bad, 2- dissatisfied/below fair, 3- uncertain/fair, 4- Satisfied/good, 5- Very satisfied/ very good

Tool 17: Action Plan

The group should develop a joint action plan based on assessment of the providers' competency and the facility's adherence to quality standards, using the form below. When the assessments are complete, the supervision team reviews the summary findings for each provider and for the facility as a whole with the facility director and other staff. The areas of service provision that need improvement should be evident. This group should also review any action plan developed in the previous assessment visit. To support the facility in improving its service performance, the team should work with the facility staff to jointly develop an action plan for them to follow. The action plan should be developed in collaboration with staff at the facility, and should be as sensitive as possible to the conditions of the site.

There is a narrative action plan template that can be used for this purpose. The template should include action plan goal and observation of the visit for both provider and facility assessments. The plan should include: areas that need improvement, actions to be taken, responsible person(s) (for the action and for monitoring the completion of the actions), resources needed and a timeline.

Action Plan

To be filled out by supervisors and facility staff together.

Name of health facility: _____

Date of action plan: _____

Action plan completed by: _____ and _____

Next follow-up date: _____

Action plan goals

_____
_____
_____
_____

Provider-level Observation

1. Provider A (write the name of provider_____)

Areas need improvement

_____
_____

Action to be taken

_____
_____

Responsible person(s) (for the action and for monitoring)
_____and _____

Resources needed_____

Timeline_____

2. Provider B (write the name of provider_____)

Areas need improvement

_____
_____

Action to be taken

_____

_____

Responsible person(s) (for the action and for monitoring)

_____and _____

Resources needed_____

Timeline_____

Facility-level observation

Areas need improvement

_____

_____

Action to be taken

_____

_____

Responsible person(s) (for the action and for monitoring)

_____and _____

Resources needed_____

Timeline_____

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