

Assessment of Youth-Friendly Postabortion Care Services:

A Global Tool for Assessing and Improving
Postabortion Care for Youth

PATHFINDER INTERNATIONAL 2008



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YOUTH-FRIENDLY POSTABORTION CARE (PAC) ASSESSMENT TOOL

Introduction

This tool is designed to help assessment teams, project managers, supervisors, and providers collect detailed information on the quality of Postabortion Care (PAC) services provided to adolescents at a given facility in order to make services more youth-friendly. It can also be used before PAC services have been established to see how best to design PAC services to meet youth's needs. The assessment process facilitates the development of action plans for quality improvement that can help facilities address policy, operations, training, and other program areas needing adjustments and change. The tool also provides essential baseline information, allowing for repeated applications to measure changes and the impact of program interventions. Although the tool is primarily for use by a team, it may also be used by an individual.

How to use the assessment tool

ASSEMBLING THE ASSESSMENT TEAM:

The assessment team should consist of about four people, ideally a public health administrator working in reproductive health (i.e., MOH staff or NGO staff), a PAC service provider, a staff member of an organization implementing youth-friendly services/youth programs, and a youth with some experience in reproductive health (e.g., a trained peer educator). Ideally facility staff should be involved as much as possible in the assessment process to encourage ownership. For example, facility staff can join the team when they examine the facility in terms of privacy, youth-friendly environment, or availability of IEC materials. They can also be instrumental in helping the team analyze service statistics and review facility policies. The team leader should make sure that the tasks are clearly defined and that the team members have sufficient time to carry out their responsibilities.

ORGANIZATION OF THE ASSESSMENT GUIDE:

This guide is organized according to the sections listed below:

- I. General Background Information
- II. Client Volume and Range of Services Provided
- III. Personnel
- IV. Elements of Youth-Friendly PAC
- Annex A Observation of Equipment and Commodity Storage
- Annex B Observation of Infection Prevention Practices
- Annex C Observation of Provider's Clinical Skills

Section IV, Elements of Youth-Friendly PAC, is divided into several sections (see example below). There is a standard (e.g., respect for youth client) followed by suggested data collection method(s) to be used (FA = interview facility administrator/manager, Y = interview youth client, SP= interview service provider, O = observe facility environment or observe client-provider interaction, and R = review policies, statistics, or procedures), followed by potential questions to ask or suggestions on what to observe. To the right of this is a space to write the responses to the questions followed by definitions of each score (0-2). To the right of this, is a place to note any additional comments or recommendations. It is



important that assessors note any data that they collect in the response section. Only later will a specific score be assigned depending on the degree to which the standard has been met (see bullet f below).

4. Respect for youth client SP, O, Y: Do providers show respect for the adolescent PAC client during treatment, counseling, and consultations? Do providers inform clients that they don't have to provide information if it feels too sensitive? Do providers allow clients to ask questions?	<i>Example: Providers said they treat youth with respect and allow them to ask questions.</i>		<i>No youth clients were present so no interviews or observations conducted.</i>
	Youth clients/observation confirm that all clinic staff (receptionist, counselor, provider) treat the adolescent PAC client with respect and courtesy and allow clients time to ask questions.	2	
	Youth clients/observation reveal that <i>sometimes</i> clinic staff do not treat youth with respect and courtesy and allow clients time to ask questions OR staff report they treat adolescents with respect, but this <i>cannot be confirmed by client interviews or through observation.</i>	1	
	Clinic staff <i>do not</i> treat the adolescent PAC client with respect and courtesy and allow clients time to ask questions most of the time.	0	

CARRYING OUT THE ASSESSMENT:

The team should understand the nature of and time required for the assessment, which includes the following tasks:

- a. Arrangements must be made for the assessment visit. The assessment can take up to a full day, but a minimum of four hours. Besides agreeing upon the date and time for the assessment, arrangements need to be made for all the interviews and observations.
- b. In advance, the team should familiarize itself with the elements to be assessed and discuss the definitions to make sure that all team members understand them. The team should also divide up the work. For example, two team members might be assigned to interview the facility administrator, while other team members interview youth clients. Take into account the routine of the service providers and try to make data collection as unobtrusive as possible. Consider timing; which sections require clients, which sections can be completed when there are no clients? Be flexible; it may be impossible to complete the whole guide at one time. You may have to wait to observe some procedures.
- c. Before collecting the data, it is very important that the assessment team discuss the assessment objectives with facility staff and supervisors. If possible, discuss this before the assessment, so all opportunities to observe PAC services can be utilized. The assessment team leader should explain clearly how and why the assessment will be done, emphasizing that the assessment guide is designed not to find fault, but to identify areas where improvements can be made.
- d. For each section, fill in the information requested. Use your judgment and ask other pertinent questions that may not be included in the assessment tool. Use the comments/recommendations column—these observations often provide very useful information.
- e. When the team has collected as much information as possible, the team should meet and make sure all information is recorded accurately and completely.



- f. The group should reassemble, at a place on-site if possible, to compare notes and carry out the scoring process. If this task is done on-site, the team can go back for further questioning and observation to clarify issues or resolve conflicts if necessary. Each element has a possible score of 0-2 with 2 being the highest. Definitions of each score are provided under each element to help ensure consistency and reduce bias in scoring.

Client Rights During Facility Assessment

To ensure that the client's rights are respected at all times during the assessment process, team members should review the rights of the client to privacy and confidentiality. When a client is undergoing a physical examination, it should be carried out in an environment in which her right to privacy is respected. When receiving counseling, undergoing a physical examination, or receiving contraceptive services, the client should be informed about the role of each individual inside the room (e.g., service provider, assessment team members).

The client's permission must be obtained before having a member of the assessment team observe any services. The client should understand that she has the right to refuse being observed or interviewed. She also has the right to refuse to answer specific questions during the interview. A client's care should not be rescheduled or denied if she does not permit a member of the assessment team to be present.

Discussions among team members about specific client interviews or observations should always take place in a private area, out of listening range of other staff and clients, and should be conducted without reference to the client's name.

Adapted from: Sullivan, R., R. Magarick, G. Bergthold, A. Blouse, and N. McIntosh. 1995. *Clinical training skills for reproductive health professionals*. Baltimore: JHPIEGO Corporation.

SCORING:

Each element in the tool should be scored according to the definitions provided. The individual element scores (i.e., 0-2) should be added together to determine a total score. The highest possible score (i.e., where all elements received a 2) would be 50. For other scores please see the categories below:

42-50 PAC services are deemed to be youth-friendly and the overall quality is very high.

34-41 PAC services are acceptable for young people but there is a need for improvement

27-33 PAC services need significant improvement to meet the needs of adolescent clients

<27 PAC services need immediate attention to address quality issues or the facility may not yet have initiated PAC services

While the above benchmarks provide some overall guidance, there are some elements that are critical to youth-friendly PAC services: PAC services available 24 hours, 7 days a week; privacy ensured; confidentiality ensured; respect for youth client; postabortion contraception provided; and proper infection prevention practiced at all times. Facilities should strive to ensure that these elements meet the criteria for a "2" score.



USING THE INFORMATION:

After the assessment, lead facility staff in a discussion of the areas that show the greatest strengths and weaknesses. It is often a good idea to start with what the facility staff think are the strengths and weaknesses before sharing the assessment results.

Prioritizing the Issues:

After reviewing the assessment results with the facility staff, begin prioritizing issues. In most cases many issues will be identified. Address the most critical (e.g., infection prevention, privacy, postabortion contraception) first—the rest can be handled later. Using the action plan template on the inside back cover, note the issues that are most important.

Selecting Solutions or Actions:

For each issue, discuss the root cause and a solution or action that is feasible in terms of time, money, and authority. Solutions or actions may include conducting refresher training or in-service updates, acquiring needed equipment or supplies, making small changes in infrastructure to increase privacy, creation of posters and brochures, providing job aids, or getting the community/youth involved.

In selecting the appropriate solution or action consider the following questions:

- Will it be effective in improving the quality of services?
- Is it feasible, affordable, and sustainable?
- Are the systems in place to support it?
- Will the facility manager or supervisor support it?

For the action plan to be effective, staff must determine the root causes of each issue so that the solution can be valid. A solution based on symptoms will be a short-term solution at best and will not solve the issue. In identifying responsible persons, encourage all staff to volunteer or assign tasks based on the staff person's capability to accomplish them. Avoid assigning all issues to high-ranking staff. In assigning due dates, be sure to agree on a due date that is realistic.



I. General Background Information

This section is designed to provide general information about the facility, its size and location, as well as details of the certification process.

Date of Visit: _____

Name of Facility: _____

Location: _____ Rural _____ Urban _____ Peri-urban _____

Type of Facility: MOH/Gov't _____ NGO _____ Other _____

Level of Facility: _____ (e.g., Comprehensive Health Center, Primary Health Center)

Number of Rooms: Total _____ Waiting Room _____ Examination Room _____ Separate PAC procedure room _____
Separate counseling space _____ Laboratory _____ Other _____

Staff Interviewed (Names and Position):

Person(s) Conducting Assessment (Name and Affiliation):



II. Client Volume and Range of Services Provided

Using facility records, collect 3 months of data related to PAC. Record the total number of female clients (adults and youth) served in the first column. Divide the total by 3 and enter the monthly average in the second column. Record the total number of youth served, broken down by age. After each age group, enter the monthly average. If monthly statistics vary greatly, note this and any additional comments in the "Comments" box.

Service Provided	No. of All Clients Served (youth and adult)		No. of Young Female Clients Served						Comments
			(20-24)		(15-19)		(10-14)		
	Total	Monthly Avg.	Total	Monthly Avg.	Total	Monthly Avg.	Total	Monthly Avg.	
Uterine Evacuation for PAC									
Manual Vacuum Aspiration (MVA)									
Dilation and Curettage (D&C)									
Electrical Vacuum Aspiration (EVA)									
Misoprostol for PAC									
Postabortion Counseling									
General counseling									
Postabortion contraceptive counseling									
Postabortion Contraception									
Oral Contraceptive Pills									
Condoms									
IUD									
Injectable									
Implants									
Emergency Contraceptive Pills (ECP)									
Other Services (for PAC clients only)									
Treatment/counseling on gender-based violence									
Sexually Transmitted Infections (STI) and risk assessment counseling									
STI testing and treatment									
Voluntary Counseling and Testing/HIV test only									
Antiretroviral therapy (ART)									
Referral for other services									



Write in the hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients (observe the previous week). In some instances, a particular service (e.g., postabortion contraception) may be offered at different times than emergency treatment, which is offered at all hours, so make sure to ask about each service individually.

Schedule of Available Services							
Services Offered	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Uterine evacuation: MVA							
Uterine evacuation: D&C							
Uterine evacuation: other (specify)							
Postabortion counseling							
Postabortion contraceptive counseling							
Postabortion contraception							
Treatment and counseling on sexual abuse or violence							
STI testing							
VCT/HIV test only							
STI treatment							
ART							
Other Reproductive Health (RH) services							



III. Personnel

This section is for gathering information about the staff providing services at the facility and their level of training. In order to provide services of good quality, facilities must have staff who can cover all aspects of adolescent PAC.

List all personnel involved in the provision of PAC services (including counseling and postabortion contraception) for adolescents and the training they have received, using the codes beneath the table. Common staff titles include manager, midwives, doctors, nurses, counselors, receptionist, and peer counselors; however some facilities or health systems may use different terms. Give whatever titles are used by the facility staff themselves.

Name	Sex	Title	Type of Training	Training Agency and Date



Name	Sex	Title	Type of Training	Training Agency and Date

- 1 = PAC (MVA/EVA)
- 2 = PAC (D&C)
- 3 = PAC (misoprostol)
- 4 = Contraception/Family Planning
- 5 = Counseling
- 6 = Management of STIs

- 7 = Adolescent Reproductive Health/Youth-Friendly Services
- 8 = Life Skills and Livelihood Training
- 9 = General Reproductive Health
- 10 = Safe abortion
- 11 = Counseling/treatment for gender-based violence
- 12 = Other (please note the type of training)



IV. Elements of Youth-Friendly PAC

Legend: FA = Interview facility administrator/manager SP = Interview service provider

Y= Interview youth client O = Observation R = Review policies, procedures, and statistics

Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations	
Overall				
<p>1. PAC services available 24 hours, 7 days a week</p> <p>FA, Y, SP (Complete “Schedule of Available Services” page 7): <i>Is treatment for complications of abortion available 24 hours a day, 7 days a week? If so, what methods of treatment are available (MVA, EVA, D&C, misoprostol)? Are any of these methods only available at certain times? If so, which ones? Is postabortion counseling offered 24/7? Is postabortion contraception offered 24/7?</i></p>	<p><i>Write answers here</i></p>			
		<p>Comprehensive PAC services (treatment, counseling, contraception, and referral for other services) are available 24 hours a day, 7 days a week.</p>	2	
		<p>Treatment of complications of abortion is available 24/7, but counseling and contraception are not available 24/7.</p>	1	
		<p>None of the services are offered 24/7.</p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>2. Privacy is ensured</p> <p>SP, O, Y: Does the PAC procedure room offer visual and auditory privacy? And the PAC counseling room? Are there doors and are they shut during consultation? Are there curtains in the window? If windows are left open, can anyone easily hear what is being said? Are screens used? Does personal history taking, screening, or asking why the client has come for services occur in public? Are there any nonessential interruptions during counseling, exams, or lab procedures?</p>			
	Youth clients/observation confirm that visual and auditory privacy is ensured in consultation (procedure, FP, and counseling) rooms with adequate enclosures. There are <i>no</i> nonessential interruptions or intrusions.	2	
	Visual and auditory privacy is ensured <i>most of the time</i> in consultation rooms with adequate enclosures or there are <i>limited</i> nonessential interruptions or intrusions.	1	
	Visual and auditory privacy are <i>not</i> ensured or there are many nonessential interruptions or intrusions.	0	
<p>3. Confidentiality is ensured</p> <p>FA, SP, Y, O, R: Does the facility assure confidentiality throughout the PAC process? Is there a written policy on client confidentiality? Is registration and record storage done in a manner that ensures confidentiality? Do youth feel their personal information is kept confidential?</p>			
	Youth clients confirm that the facility assures client confidentiality regarding both the consultation(s) and medical records (storage and registration). A written policy exists outlining client confidentiality.	2	
	The facility assures client confidentiality <i>most of the time</i> regarding either the consultations or medical records (storage and registration). A written policy may or may not exist.	1	
The facility <i>fails</i> to assure client confidentially at least most of the time. No written policy exists.	0		



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>4. Competent staff</p> <p>SP, O, Y (Complete Section III: Personnel, p. 8 and use Annex C, p. 28 during observation): <i>Did all staff members receive training on how to serve adolescent PAC clients? What type and for how long? How well do staff communicate with youth? How well do they serve youth?</i></p>			
	<p><i>Youth clients/observation confirm that staff are able to communicate well with adolescents, explain their physical condition in clear terms, competently deliver PAC services, discuss contraceptive options (including dual protection), and answer client questions.</i></p>	2	
	<p><i>Staff are able to communicate well with adolescents, competently deliver PAC services, discuss contraceptive options (including dual protection), and answer client questions some of the time.</i></p>	1	
	<p><i>Staff are not able to communicate well with adolescents, competently deliver PAC services, discuss contraceptive options (including dual protection), or answer client questions.</i></p>	0	
<p>5. Non-medical staff oriented</p> <p>FA, O: <i>Did all staff members receive an orientation about adolescent PAC clients? What type and for how long?</i></p>			
	<p><i>All staff who provide supportive or auxiliary roles (such as receptionist, security guard, cleaner, etc.) were oriented to communicating with young PAC clients in a friendly and respectful manner.</i></p>	2	
	<p><i>Some staff who provide supportive or auxiliary roles were oriented to communicating with young PAC clients in a friendly and respectful manner.</i></p>	1	
	<p><i>No staff who provide supportive or auxiliary roles were oriented to communicating with young PAC clients in a friendly and respectful manner.</i></p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>6. Respect for youth client</p> <p>SP, O, Y: <i>Do providers show respect for the adolescent PAC client during treatment, counseling, and consultations? Do providers inform clients that they don't have to provide information if it feels too sensitive? Do providers allow clients to ask questions?</i></p>			
	<p>Youth clients/observation confirm that <i>all</i> clinic staff (receptionist, counselor, provider) treat the adolescent PAC client with respect and courtesy and allow clients time to ask questions.</p>	2	
	<p>Youth clients/observation reveal that <i>sometimes</i> clinic staff do not treat youth with respect and courtesy and allow clients time to ask questions OR staff report they treat adolescents with respect, but this <i>cannot be confirmed by client interviews or through observation</i>.</p>	1	
	<p>Clinic staff <i>do not</i> treat the adolescent PAC client with respect and courtesy and allow clients time to ask questions most of the time.</p>	0	
<p>7. Sufficient supply of appropriate equipment and supplies</p> <p>FA, SP, O, Y (Complete Annex A, p. 23): <i>Is there sufficient equipment for the provision of PAC services to adolescent clients? Are there PAC or youth job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients' rights, etc.)?</i></p>			
	<p>Clinic examination confirms that <i>all</i> appropriate equipment and supplies are available and working for youth-friendly PAC services.</p>	2	
	<p>Most equipment and supplies are available and working.</p>	1	
	<p>Many of the equipment and supplies necessary for youth-friendly PAC services <i>are not</i> available.</p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>8. Sufficient supply of commodities and drugs</p> <p>FA, SP, Y (Complete Annex A, p. 23): <i>Are commodities (condoms and other contraceptives) and PAC-related drugs sufficient to meet needs? Have condoms or drugs expired? Are commodities/ drugs stored well to avoid damage?</i></p> <p>O: <i>Amounts, expiration dates, any visible damage.</i></p>			
	<p>Youth clients/observation confirm that 90% of commodities and drugs are available and they have not expired.</p>	2	
	<p>Most commodities and drugs are available and most commodities and drugs have not expired.</p>	1	
	<p>Many of the commodities, drugs, equipment, and supplies for youth-friendly PAC services are not available or are expired.</p>	0	
<p>9. Waiting time not excessive</p> <p>FA, O, Y: <i>How long would a youth wait before being treated? Do youth clients have to wait long periods of time between treatment, counseling, and receiving contraceptive services? Are clients treated on an outpatient basis with either MVA or misoprostol? Are emergency cases treated immediately?</i></p>			
	<p>Youth clients/observation confirm that youth clients can be seen within 1 hour of arrival, emergency cases are seen immediately, and internal referrals are done in an expedited manner.</p>	2	
	<p>Emergency cases are seen immediately and young people are seen within 1 hour of arrival and internal referrals are done in an expedited manner <i>some of the time</i> OR staff report clients are seen in an expedited manner but this <i>cannot be confirmed by client interviews or through observation.</i></p>	1	
	<p>Young people are <i>not seen</i> within 1 hour of arrival, or emergency cases are not seen immediately and internal referrals are <i>not done</i> in an expedited manner.</p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
10. Affordable Fees FA, Y, R: <i>How much are youth charged for PAC services and specific contraceptive methods? Are these fees affordable for area youth?</i>			
	Youth clients confirm that the cost of all services is free to adolescents, or affordable to most youth living in the nearby area.	2	
	The cost of most services seems affordable to most youth but this <i>cannot be confirmed through youth interviews.</i>	1	
	The cost of most services <i>comprises a barrier</i> to access for most youth.	0	
11. Adequate rooms/areas exist to carry out PAC services FA, SP, O: <i>Does the facility have the following rooms/areas:</i> <ul style="list-style-type: none"> • <i>Separate room for the processing of equipment</i> • <i>Place for hand washing for staff</i> • <i>Place for medical waste disposal</i> • <i>Private procedure room for treatment</i> • <i>Recovery area</i> • <i>Laboratory</i> <i>Are these in good working order?</i>			
	Observation confirms that all rooms/areas exist and are in good working order.	2	
	All rooms/areas exist, but they may need slight improvements.	1	
	Essential rooms/areas <i>do not exist and/or need major improvements</i> to get them in good working order.	0	
12. Comfortable setting O, Y: <i>Does the facility provide a comfortable setting for adolescent PAC clients? Is there a separate waiting area for youth? Observe:</i> <ul style="list-style-type: none"> • <i>Cleanliness</i> • <i>Crowding/space</i> 			
	Youth clients confirm that the facility environment includes items to make youth PAC clients feel at ease and comfortable (such as youth-oriented posters) and an environment that is clean and not overly crowded.	2	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<ul style="list-style-type: none"> • Youth posters on walls • Toilets 	The facility environment either includes <i>some</i> items to make youth PAC clients feel at ease and comfortable (such as youth-oriented posters) or has an environment that is clean or not overly crowded.	1	
	The facility environment <i>does not</i> include items to make youth feel at ease and comfortable, is not clean, and is overly crowded.	0	
<p>13. Routine monitoring is used to improve PAC services</p> <p>FA, SP, R: <i>Are the following records accurate and complete:</i></p> <ul style="list-style-type: none"> • Informed consent • Medical history • Physical exam and treatment • Contraceptive method chosen and how many given • Notes on return visit • Referral • Maternal deaths <p><i>Are service statistics collected and recorded correctly (are stats disaggregated by age)? Is there a system for filing and retrieval of clients' records? Is the collected data reviewed and analyzed? Are service trends reported back to key hospital staff? Are there mechanisms to review maternal deaths and complicated cases?</i></p>			
	Observation confirms that records are accurately maintained and filed, and interviews reveal that data is analyzed and used by key hospital staff.	2	
	Records are accurately maintained and filed, but data may or may not be analyzed and used by key hospital staff.	1	
	Records are not accurately maintained or filed, and data are not analyzed nor used by key hospital staff.	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
Community and Provider Partnerships			
<p>14. Outreach services available</p> <p>FA, Y: <i>Are there staff or volunteers (e.g., peer educators) who do outreach activities? If so, what type? Describe their duties (e.g., provide non-clinical methods, refer clients who need PAC to the facility). Are there ways clients can access information or counseling off site (hotline, website, mail)? Please describe.</i></p>			
	<p><i>At least one youth-focused service is available by means outside of the facility itself, such as through peer educators or community-based health workers, community-based sites, such as recreational and social venues that are linked and able to refer to the clinic, or through hotlines, a website, or mail.</i></p>	2	
	<p><i>At least one service is available by means outside of the facility itself, such as through peer educators and community-based health workers, or through community-based sites, such as recreational and social venues that are linked and able to refer to the clinic. However, this service is not specifically for youth (e.g., a facility nurse does general outreach to the community, but the effort is not focused on youth), but for the larger community.</i></p>	1	
	<p><i>No services are available outside of the facility.</i></p>	0	
<p>15. Community and youth are aware of PAC services and where youth can access contraceptive services</p> <p>FA, O, Y: <i>Is the community and youth aware of the existence of PAC services? Are youth aware of available contraceptive services? Is there a sign at the front of the facility listing services and clinic working hours? Does publicity about the clinic identify services offered and stress confidentiality? What other ways are services publicized?</i></p>			
	<p><i>The facility effectively makes its services and times of operation known to the youth population in the community through outreach, media, signboard, and other channels.</i></p>	2	
	<p><i>The facility makes its services known to the youth population in the community through at least one of the above channels.</i></p>	1	
	<p><i>The facility does not publicize its services to the youth population in the community.</i></p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
Counseling			
<p>16. Counseling includes comprehensive information</p> <p>SP, O, Y: <i>Does the provider give clear and simple information on what to expect during physical exam, treatment, and any other procedures? Does the provider explain the patient's condition so she can understand? Does the provider use visual aids during counseling? Does the provider encourage the youth client to talk about her feelings regarding the abortion? Does the provider explain the immediate return of fertility (and if the client wishes, how long to wait before becoming pregnant again)? Does the provider screen for STIs/HIV and help the client assess her risk of STIs/HIV? Does the provider give clear instructions on any follow-up care, including any needed medications, and discuss post-treatment danger signs and symptoms that would require the client to immediately return to the facility?</i></p>			
	<p>Youth clients/observation confirm that providers include clear comprehensive information (e.g., what to expect during procedures, how to avoid another unintended pregnancy or how long to wait before trying to become pregnant again, risk assessment for STI/HIV, and any needed follow-up care) during counseling sessions.</p>	2	
	<p>Providers give clear comprehensive information (see above for topics) to the client <i>most of the time</i> during counseling sessions OR providers report they provide full information but this <i>cannot be confirmed through client interviews or observation</i>.</p>	1	
	<p>Providers <i>rarely</i> give clear comprehensive information to the client during counseling sessions.</p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>17. Emphasis on dual protection/ condoms</p> <p>SP, O, Y: <i>Are youth clients counseled on self-risk assessment and prevention of STIs/HIV and unwanted pregnancy and where condoms can be obtained? Can a young person obtain a condom without seeing a provider? Where are condoms available within the facility? How many condoms are given to each client? Does the provider demonstrate how to use condoms? Does the provider teach clients how to negotiate condom use if needed?</i></p>			
	<p><i>Youth clients/observation confirm that protection against pregnancy and STI/HIV is mentioned regardless of presenting conditions, clients are shown how to use condoms, and condoms are easy to obtain.</i></p>	2	
	<p><i>Protection against pregnancy and STIs/HIV is mentioned with some clients and/or condoms are easily obtained OR protection is mentioned and sometimes clients are shown how to use them but <i>condoms are not easy to obtain.</i></i></p>	1	
	<p><i>Protection against pregnancy and STI/HIV is not mentioned with most clients and condoms are not easily obtained.</i></p>	0	
<p>18. Clients are screened for gender-based violence</p> <p>SP, O, Y: <i>Do providers screen every client for sexual abuse and gender-based violence (GBV)? Do providers offer treatment/support or refer in cases of GBV? If providers are required to report cases of sexual abuse or GBV to law enforcement authorities, do they tell the adolescent how this will be addressed?</i></p>			
	<p><i>Observation confirms that providers routinely screen for sexual abuse and GBV, refer/offer support, and tell the client how this will be addressed with law enforcement authorities.</i></p>	2	
	<p><i>Providers screen for sexual abuse and GBV, refer/offer support, and tell clients how this will be addressed some of the time OR staff report they routinely screen for these but this cannot be confirmed through observation.</i></p>	1	
<p><i>Providers rarely screen for sexual abuse and GBV.</i></p>	0		



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
19. Partners welcomed and served FA, O, Y, R: <i>Are young men welcomed and served either as partners or on their own for counseling and contraception? According to service statistics, what services are young men provided? Do any policies exist that encourage partners to accompany clients?</i>			
	<i>Youth/observation/statistics confirm</i> that clinics welcome partners of the primary clients both for their own needs and those of their partner.	2	
	Clinics <i>welcome</i> partners of the primary clients <i>for their own needs</i> but do not encourage partners to accompany clients OR partners are welcomed for their own needs and those of their partner <i>some of the time</i> .	1	
	Clinics <i>do not</i> welcome partners of the primary clients.	0	
Treatment			
20. PAC treatment procedures and protocols exist and are followed FA, SP, R: <i>Are there service delivery guidelines for comprehensive PAC services (including treatment, postabortion FP, counseling, and referrals)? Are there service delivery guidelines for serving adolescent clients? Are the protocols routinely followed?</i>			
	<i>Observation confirms</i> the existence of PAC service delivery guidelines for adolescent clients and protocols are <i>routinely</i> followed.	2	
	PAC service delivery guidelines <i>exist</i> (though they may not be specific to adolescent clients). Protocols are followed <i>most of the time</i> .	1	
	Service delivery guidelines <i>do not</i> exist and protocols are <i>rarely</i> followed.	0	
21. Proper infection prevention is followed at all times FA, SP, O (Use Annex B, p.25): <i>Is proper infection prevention for PAC routinely followed?</i>			
	<i>Observation confirms</i> that proper infection prevention is followed <i>routinely</i> during treatment.	2	
	Proper infection prevention is followed <i>most of the time</i> during treatment.	1	
	Proper infection prevention is <i>rarely</i> followed during treatment.	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
<p>22. Extra consideration is made to pain management</p> <p>FA, SP, O (See Annex C, p.28): Do providers recognize that young clients are often less informed and more anxious, which can lead to more pain? Do they describe the pain and/or discomfort that the adolescent might feel during treatment and offer pain management options, including paracervical block and supportive accompaniment by a friend or partner if the client desires?</p>			
	<p>Clients/observation confirm that providers recognize and acknowledge adolescent discomfort, offer paracervical block, and help clients manage pain in the best ways they can.</p>	2	
	<p>Providers recognize and acknowledge adolescent discomfort and help clients manage it (including offering paracervical block) <i>some of the time</i> OR providers report they acknowledge and help clients manage pain all of the time but this cannot be confirmed through client interviews or observation.</p>	1	
	<p>Providers rarely recognize and acknowledge discomfort and rarely help clients manage their discomfort.</p>	0	
Contraception			
<p>23. Range of postabortion contraceptive methods offered</p> <p>FA, SP, O: What contraceptive methods are offered to youth PAC clients? Are there any contraceptive methods that youth clients cannot receive? If so, in what instances? Is there a minimum age requirement to receive certain methods? Is spousal or parental consent required? Are all methods provided to unmarried youth?</p>			
	<p>At least 4 of the following contraceptive methods are offered: condoms, pills, injectibles, implants, and IUD without restrictions for age or parental/spousal consent.</p>	2	
	<p>3 contraceptive methods are offered without restrictions for age or parental/spousal consent.</p>	1	
	<p>Only 1 or 2 contraceptive methods are offered OR all methods are offered, but there are restrictions for age or parental/spousal consent.</p>	0	



Standards Methods/ Questions	Indicators	Score 2, 1, 0	Comments/ Recommendations
Referrals for Other Services			
<p>24. Referrals made for other services</p> <p>FA, SP, Y, O: <i>Does the provider ensure that clients receive care, treatment or referral for other SRH problems (e.g., STIs) that are detected during treatment? If a client has an STI, is she given appropriate information and referred for VCT? Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Is there a formal referral system, including tracking and follow-up, in place?</i></p>			
	<p>A system for referring clients <i>is in place</i>, including referrals for STI treatment, VCT, sexual abuse/violence treatment, and other social services. The facility <i>has established</i> referral mechanisms, referral forms, records referrals and attempts to follow-up as best they can.</p>	2	
	<p>Referrals are made for STI treatment, VCT, sexual abuse/violence treatment, or other services, but the facility <i>does not have a full referral system</i> in place.</p>	1	
	<p>A referral system <i>is not</i> in place and referrals are either not made or made in an informal manner (e.g., referrals are made by word of mouth).</p>	0	
<p>25. Educational materials available (A/V, computers, printed material)</p> <p>FA, O, Y: <i>Are educational materials available on site? Which ones? Are there print materials available for clients to take? Describe which ones, including in what language(s). Are group/rap sessions held? Are health talks given? Please describe.</i></p>			
	<p>Youth clients/observation confirm that brochures and pamphlets on key topics (post-procedure care, contraceptive methods, HIV prevention, signs of STIs, condom negotiation) are available both to use on-site and to take away. Other educational opportunities might be provided at the clinic, such as through A/V equipment or health talks.</p>	2	
	<p>Brochures and pamphlets on some key topics (protection methods, signs of STIs, condom negotiation) are <i>available most of the time</i> both to use on-site and to take away. Other educational opportunities might be provided at the clinic, such as through A/V equipment or health talks.</p>	1	
	<p>Brochures and pamphlets on key topics are <i>not available</i>, and the clinic does not provide other educational opportunities.</p>	0	



Annex A: Observation of Rooms, Equipment, and Commodities

This section is designed to gather information on the utilities, equipment, supplies, and commodities available at the facility. Facilities should have electricity, running water, adequate lighting, and functioning sinks. Sufficient supplies and equipment for the provision of PAC are also very important to the availability and quality of services.

Recognizing that wide variations in context and resources available lead not only to significant differences in physical structures, utilities, and equipment, but also to unique solutions to the challenges posed by insufficient resources, it is particularly important to include comments and observations in this section. For example, if a facility has no running water, make a note of how instrument cleaning and hand washing is carried out; if there is no electricity, list alternative light sources used.

The following ratings should be used when observing items available in the PAC procedure area:

1 = inadequate, not present, poor quality, or insufficient supply 2 = adequate quality or supply

3 = good quality or supply

The Procedure Area Has:	Yes/No	Rating	Comments	The Procedure Area Has:	Yes/No	Rating	Comments
Functioning sink				Instrument table			
Adequate lighting				Revolving stool			
Adequate water supply				Basins			
Equipment/Supplies				OR light			
Stethoscope				Reusable masks			
Sphygmomanometer				Container with lid (for storing sterilized/ disinfected instruments)			
Thermometer				Oxygen tank, tubing, mask, flowmeter (full tank)			
Gynecology exam instruments (specula including small size, sponge or ovum forceps, tenaculum, etc.)				Decontamination bucket			
				Safe needles and syringes			
				Sharp disposal box			
Gooseneck lamp				Screens (for privacy)			
Postabortion IUD insertion/removal kits				Drapes			
Operating table				Sanitary pads			
MVA/EVA equipment				Gloves			
D&C equipment				Linens			
Instrument trays							



Assess whether the facility has the following essential drugs/solutions. Some facilities may not have the exact drug listed but will have suitable substitutes. If so, please note the substitute in the comment section.

The Site Has:	Available Yes/No	Not expired	Comments	The Site Has:	Available Yes/No	Not expired	Comments
Essential Drugs/Solutions for Postabortion Care				Misoprostol			
<i>Anesthetics, Local</i>				<i>Analgesics</i>			
Atropine				Acetylsalicylic acid			
Diazepam/Valium				Ibuprofen			
Lidocaine 1%, without epinephrine				Pethidine (or suitable substitute)			
<i>Antibiotics</i>				<i>Antiseptics</i>			
Ampicillin				Chlorhexidine 4% (Hibitane, Hibiscrub)			
Benzylpenicillin				Iodine preparations, 1-3%			
Crystalline Penicillin				Iodophors			
Chloramphenicol				<i>Disinfectants</i>			
Metronidazole				Sodium hypochlorite (liquid bleach)			
Sulfamethoxazole				Glutaraldehyde 2% (Cidex)			
Sulfamethoxazole-trimethoprim				<i>Intravenous solutions</i>			
Tetracycline				Water for injections			
<i>Blood products</i>				Glucose 5% and 50%			
Dried human plasma				Glucose with isotonic saline			
<i>Vaccines</i>				Sodium lactate (Ringer's)			
Tetanus Toxoid				Potassium chloride			
<i>Oxytocics</i>				Sodium chloride			
Ergometrine injection							
Ergometrine tablets							
Oxytocin injections							



Annex B: Observation of Infection Prevention Practices

This section provides information on a variety of infection prevention practices and procedures. The facility should work toward the highest possible standards of infection prevention. The best possible guidelines for infection prevention procedures should be in place and all contaminated instruments should be processed according to the established protocol.

Enter the appropriate rating from the list below into the "Rating" column of the monitoring chart. Please note any further remarks in the "Comments/Recommendations" column.

1 = Poor or Rarely/Never

3 = Good or Routine/Always

N/A = Does not apply

2 = Average/Sometimes

N/O = Not observed

Task	Rating	Comments/Recommendations
I. Decontamination		
0.5% chlorine solution available (powder or liquid bleach)		
Instructions for mixing chlorine are present & posted on wall		
Chlorine solution is mixed correctly		
Plastic buckets are available and solutions are labeled		
Wears rubber gloves		
Draws chlorine solution through cannula and syringe		
Places <u>all</u> instruments in chlorine solution for 10 minutes immediately following procedure		
Removes items from chlorine after 10 minutes and rinses or cleans immediately to prevent rust or breakdown of plastic or rubber		
Wipes down exam table with 0.5% chlorine solution between patients		
Cleans all surfaces with 0.5% chlorine solution at the end of the session & the day		
II. Cleaning of Instruments		
Wears rubber gloves		
Cleaning equipment, detergent, & brushes available		
Completely disassembles instruments and/or opens jaws of jointed items		
Washes <u>all</u> surfaces with soap, water, and a brush		
Thoroughly cleans serrated edges		
Rinses all surfaces with clean water		
Reassembles syringe		



Task	Rating	Comments/Recommendations
III. High Level Disinfection (HLD) or Sterilization		
A. HLD		
<i>Boiling (cannula and metal equipment only)</i>		
Completely submerges items in water		
Starts timing when boiling begins		
Keeps at rolling boil for 20 minutes		
Boiled items removed using HLD forceps (HLD'd daily)		
Forceps kept in dry HLD container		
Air dries equipment		
<i>Chemical (for cannulae, metal equipment & syringes)</i>		
Immerses clean, dry items completely		
Instruments submerged for 20 minutes		
Rinses items with boiled water using gloves & forceps		
Air dries items		
Stores items in HLD container for up to 1 week		
B. Sterilization		
<i>Autoclaving (for metal instruments, IPAS PLUS MVA, syringes & gloves only)</i>		
Wraps instruments		
Arranges packs loosely in autoclave		
Puts holes in drums in open position		
Sterilizes for 30 minutes for wrapped items at 121°C (250° F) and 106 kPa (15 lbs/in ²)		
Stores items in a sterile container with tight fitting lid		
<i>Dry heat (for metal instruments only)</i>		
Puts loose instruments on trays		
Begins timing after set temperature has been reached		
Uses standard time/temperature		
170° C (340° F) - 60 minutes		
160° C (320° F) - 120 minutes		
150° C (300° F) - 150 minutes		
140° C (285° F) - 180 minutes		
121° C (250° F) - overnight		
Stores items in a sterile container		



Task	Rating	Comments/Recommendations
Chemical sterilization (for cannulae, syringes & metal instruments)		
2% glutaraldehyde freshly made		
Soaks clean and dry cannula syringes and instruments in covered container 8-10 hours		
Rinses items with sterile water		
Stores dry items in a sterile container with tight fitting lid		
IV. Hand Washing		
Soap available		
Clean towel available, or air dry		
Staff wash hands correctly for 15 seconds with running water		
Staff wash hands between clients		
V. Barriers		
Linen is clean		
Paper or linen is changed between clients		
Sterile gloves are changed between procedures		
Gloves are put on properly		
Gloves are disposed of properly		
VI. Storage and Disposal		
Antiseptic solutions are labeled		
Pickup forceps are HLD or sterilized daily and stored in a dry HLD or sterile container		
Used needles and syringes are immediately disposed of in an appropriate container with no recapping		
VII. Handling Specimens		
Clean gloves worn when obtaining or handling specimens		
Spills of blood or other bodily products are cleaned up immediately with 0.5% chlorine solution		



Annex C: Observation of Provider's Clinical Skills/Performance (Consent of Provider Required)

This section is for collecting information on provider clinical skills. Whenever possible providers are observed conducting a physical assessment, taking a patient history, providing contraception, and performing an MVA or D&C. Key indicators of technical competence may be used to determine whether clinic staff need further training.

Enter the appropriate rating and note any further remarks in the "Recommendations" column.

1 = Poor or rarely/never 3 = Good or routinely/always N/A = Does not apply
2 = Average/sometimes N/O = Not observed

Task	Rating	Comments / Recommendations
Physical Assessment		
Provider makes client comfortable and gives feedback during and after the examination		
Privacy is ensured during examination		
Provider follows correct steps in conducting the physical examination		
Abnormal and normal findings are documented in client record		
Clinical History-includes the following:		
Relationship status		
Date of last period		
Presenting problem		
Previous births/abortions		
Previous and correct use of contraceptives		
Existing medical problems		
Previous surgery		
Previous anesthesia		
Blood type and Rh		
MVA/EVA Procedure		
Explains the procedure to the client		
Makes sure the client has emptied her bladder before the procedure		
Has the client or staff wash the perineal area with soap and water		
Treats the client with respect		
Reviews clinical history and revises if necessary		
Determines whether, and what type of, analgesia or anesthesia is to be given		
Washes hands before the procedure		



Task	Rating	Comments / Recommendations
Puts on sterile gloves without contaminating them		
Prepares the instrument table correctly		
Prepares all of the equipment necessary for the procedure: <ul style="list-style-type: none"> - (For MVA) Checks that the MVA syringe holds a vacuum - (For MVA) Charges the syringe by locking the valve in the closed position and pulling back on the plunger until the arms lock 		
Performs a bimanual pelvic exam correctly		
Gently inserts the speculum obliquely		
Takes specimens for any tests to be done		
Cleans the cervix and vagina with antiseptic		
Examines the cervix and vaginal wall for tears		
Applies the tenaculum on the cervix at 12 o'clock or 10 and 12 o'clock positions		
Performs a paracervical block if necessary		
Allows 3 - 5 minutes for the anesthesia to take effect		
Dilates the cervix if necessary		
Applies gentle traction to cervix to align the uterus		
Gently inserts the correct cannula until it reaches the fundus and withdraws it slightly		
(For MVA) Carefully attaches the prepared syringe to the cannula		
(For MVA) Releases the pinch valve		
(For EVA) Sets vacuum to correct pressure		
Moves the cannula gently in and out while rotating the syringe (detaches and empties syringe and applies again if needed)		
Checks the patient for complications during the procedure		
Checks for signs of completion: <ul style="list-style-type: none"> - Red or pink foam visible in the syringe - No more tissue through the cannula - Gritty sensation felt as uterus contracts around the cannula 		
Withdraws the cannula, detaches the syringe (MVA), and empties contents into a glass container		
Puts all instruments in decontamination solution and draws solution in and out of syringe and cannula twice		
Performs bimanual exam to check firmness of the uterus		
Washes hands after the procedure		
Monitors recovery by checking vital signs and checking for bleeding		



Task	Rating	Comments / Recommendations
D&C Procedure		
Treats patient in a respectful, friendly manner		
Reviews clinical history and revises if necessary		
Gives emotional support and counseling		
Reviews the procedure with the patient		
Gives sedatives, analgesic or anesthetic		
Washes hands before the procedure		
Puts on sterile gloves correctly		
Makes sure the perineal area is clean and the patient has urinated		
Inserts the speculum correctly		
Disinfects the vagina and cervix		
If using local anesthetic, waits 3 - 5 minutes before beginning procedure		
Carefully applies the tenaculum		
Measures the uterine cavity with a sound		
Scrapes carefully, not in excess		
Inspects material obtained for completeness		
Decontaminates equipment		
Washes hands after the procedure		



Action Plan

Issue	Action Required	Resources Needed	Person Responsible	Date Planned/Completed	Potential Obstacles

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