

HEALTH FACILITY ASSESSMENT REPORT

**Cacuaco and Viana Municipalities
Luanda, Angola**

2013

Bixby Center

for Population, Health & Sustainability

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Angola health facility assessment report

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1. Introduction

This health facility assessment was conducted in conjunction with a community level survey as part of the baseline data of a project that will be implemented in the Cacuaco and Viana municipalities of Luanda, Angola. This project aims to evaluate the impact of an intensive family planning and post-abortion care (PAC) intervention that will be administered at both the community and facility level in these municipalities. Our specific aims are: (1) to increase awareness and use of modern contraceptive methods; (2) to reduce the number of unwanted pregnancies and abortion-related morbidity and mortality; and (3) to assess the cost effectiveness of the intervention. Our intervention will accomplish these aims through three main components: improving distribution of contraceptives in private pharmacies, strengthening facility-based family planning and PAC resources, and extending key facility-based services and education into the least accessible communities using a network of health outreach workers.

Health facility-based data, in combination with population-based data, can provide a full assessment of the functioning of a health system and its impact on population health. In the case of the Health Facility Assessment Report, the facility-based data provides information on the current status of reproductive health service delivery in public health facilities in two municipalities of the Luanda Province. These data can be used for identifying gaps and program planning, as well as monitoring facility-level performance and services delivered by type of provider. The findings of the Health Facility Assessment Report, in conjunction with a population-based survey, provide a clearer understanding of the current scope of reproductive health service delivery and the capacity of the health workforce, the impact on the target population, and deficits in the health system for two municipalities in Luanda, Angola.

The two municipalities that participated in the survey, Cacuaco and Viana, were selected because they had demonstrated a strong need for reproductive health services, including family planning and post-abortion care. Both of these peri-urban municipalities, located outside the capital city of Luanda, host a large number of formerly displaced populations that did not return to their rural areas of origin. Service provision to these vulnerable populations has been extremely difficult, due in large part to the significant lack of health care infrastructure and workforce. Viana and Cacuaco's health infrastructures have formally served between 1 and 2% of their total populations.

1.1 Data collection instrument

The survey instrument used a combination of standard facility survey questions and questions developed by the research team designed for the collection of additional data or interest. The Bixby Center team modified the Service Provision Assessment (SPA) model instruments from the MEASURE *DHS+* program and the Health Facility Assessment survey instrument from the Measurement, Learning, and Evaluation Project of the Urban Reproductive Health Initiative to fit the Angolan context. To these tools, the Bixby team added additional questions relevant to the study.

The survey instrument collected general facility information, including the staffing and operational characteristics. Services covered include maternal and child health, family planning, post abortion care, and other reproductive health services of interest, with questions on number of providers trained in each area, number of days that specific services are available, and number of clients receiving services. The survey instrument collected data on availability of contraceptive methods, stock-outs, as well as number of new and returning users of each method. The survey instrument also documented outreach services, and collected data on information, education, and communication (IEC) materials.

The questionnaire was translated into Portuguese, with modifications made as necessary. The questionnaire was then pilot tested in an iterative manner over three days before establishing a final version of the survey instrument, which was later back-translated into English. A copy of the final version of the questionnaire is included in the Appendix .

1.2 Implementation

Consaude, LDA implemented the survey, including recruitment and training of field team, data collection, database creation, and data entry. The assessment team consisted of two field supervisors and 10 interviewers, all of whom were nurses, with two additional staff members from Consaude, LDA providing general coordination, supervision, and technical support. Field supervisors and interviewers participated in a four-day training before data collection, which included theoretical and practical training.

1.3 Data collection protocol

Within the two municipalities, health facilities at all levels (hospitals, referral health centers, health centers, and other public health facilities) were included in this assessment. The health facility assessment was conducted over four days at the end of September 2012. A total of 18 health facilities in Cacucaco and 19 health facilities in Viana were assessed. One health facility in Viana was closed for rehabilitation work at the time of the assessment. All data were collected via interview, referring to facility records when possible. During the data collection each interviewer assessed one health facility per day, except in the case of larger facilities where two interviewers conducted the assessment. The key personnel interviewed were health facility administrators, human resources senior staff, and people who worked in delivery, family planning, immunization, pharmaceuticals, antenatal care (ANC), and pediatrics. After data was collected, one database manager and two data entry personnel entered data using Epi Info 7.

1.4 Data quality issues

As is often the case with data collection in low resource settings, the quality of the data was not ideal. In response to some questions, the respondent could estimate the value if he/she did not have available data, which introduces the possibility of recall bias. With regard to many questions surrounding infrastructure functionality, services hours, and service availability, the interviewer was unable to verify by way of observation and was thus solely reliant on the respondent to provide

accurate information. In addition, questions regarding IEC materials and current availability of family planning methods were not verified at the time of the survey. There were also several instances of data discrepancies or inconsistencies. For instance, some facilities' data reflect that they had more new family planning clients than total family planning clients, or that a pharmacist was providing long-term contraceptive methods or delivery care. The majority of these instances were corrected after the fact under the assumption that the data was incorrect; e.g. number of new family planning clients and total family planning clients were switched, and the data was re-entered correctly to reflect that pharmacists cannot provide delivery services and long acting contraceptive methods.

2. Facility Characteristics

There are currently a total of 37 operational government health facilities in the Cacucaco and Viana municipalities of Angola's Luanda province, all of which were surveyed (Table 1). In Cacucaco, there is one hospital, three referral health centers, three health centers, and 11 other public facilities. These "other public" facilities include health posts, type 1 and type 2. In Viana there are two hospitals, three referral health centers, five health centers, and 9 other public facilities. This pyramid structure to the health care system is typical, with primary facilities (i.e. health centers and other public facilities) being the most numerous, then secondary facilities (referral health centers), and tertiary facilities (referral hospitals) at the top, which are larger facilities with more staff and capacity but are the least numerous.

Table 1: Type and number of facilities by municipality

Type of facilities	Municipality				Total	
	Cacuaco		Viana		N	%
	N	%	N	%		
Referral Hospital	1	5.6	2	10.5	3	8.1
Referral Health Center	3	16.7	3	15.8	6	16.2
Health Center	3	16.7	5	26.3	8	21.6
Other Public*	11	61.1	9	47.4	20	54.1
Total	18	100.0	19	100.0	37	100.0

*Other public includes Health Posts, Type 1 and Type 2.

2.1 Times open

Table 2: Number of days open per week and hours open per day, by municipality

Municipality	% of facilities open the following # of days per week		Hours open to outpatients on day of survey		Total # of facilities N
	≤5 days per week	6-7 days per week	Days per week open Mean (min-max)	Hours open to outpatients on day of survey Mean (min-max)	
	Cacuaco				
Referral Hospital	0.0	100.0	7 (7-7)	24 (24-24)	1
Referral Health Center	33.3	66.7	6.3 (5-7)	18.5 (7.5-24)	3
Health Center	33.3	66.7	6.3 (5-7)	12.8 (7-24)	3
Other Public	100.0	0.0	5 (5-5)	6.8 (4-8)	11
Subtotal	72.2	27.8	5.6 (5-7)	10.7 (4-24)	18
Viana					
Referral Hospital	0.0	100.0	7 (7-7)	24 (24-24)	2
Referral Health Center	0.0	100.0	7 (7-7)	19.3 (10-24)	3
Health Center	0.0	100.0	7 (7-7)	20.8 (8-24)	5
Other Public	66.7	33.0	5.7 (5-7)	11.6 (6.5-24)	9
Subtotal	31.6	68.4	6.4 (5-7)	16.8 (6.5-24)	19
Total					
Referral Hospital	0.0	100.0	7 (7-7)	24 (24-24)	3
Referral Health Center	16.7	83.3	6.7 (5-7)	18.9 (7.5-24)	6
Health Center	12.5	87.5	6.8 (5-7)	17.8 (7-24)	8
Other Public	85.0	15.0	5.3 (5-7)	8.8 (4-24)	20
Total	51.4	48.6	6.0 (5-7)	13.8 (4-24)	37

The public sector seems to be the main source of services in Angola, especially in rural areas (USAID, Angola Health Systems Assessment, 2010), thus availability of care and commodities is largely dependent on the days and hours that the local public facility is open. Most facilities surveyed were open five or fewer days per week (51%) (Table 2). In both Cacucaco and Viana, hospitals were open seven days per week. Referral health centers and health center were open on average 6.3

days per week in Cacucaco and seven days per week in Viana. Other public facilities were more likely to be open five days per week.

Regarding average hours open per day, high and mid-level facilities were open between 19 and 24 hours. Hospitals were all open 24 hours, and the referral health centers in Cacucaco and Viana were open 19 hours per day. The health centers were open 13 and 21 hours per day in Cacucaco and Viana, respectively, and other public facilities were open 7 and 12 hours, respectively.

2.2. Infrastructure functionality

A main component of the ability of facilities to provide quality care is the infrastructure functionality. Access to reliable sources of electricity, water, and communication are vital and particularly critical in medical emergencies. The level of infrastructure functionality in both municipalities was highest in hospitals, all of which had electricity on the day of the survey and 24 hours per day, running water every day, and onsite access to a phone (Table 3). In referral health centers, only a third (33%) in Cacucaco and Viana had electricity on the day of the survey and 24 hours per day. Two-thirds of referral health centers in Cacucaco had running water every day whereas 100% had water every day in Viana. And 33% and 67% of referral health centers had on site access to a phone in Cacucaco and Viana, respectively.

Table 3: Infrastructure functionality by facility type and municipality*

	%				Total # of facilities N
	Facilities with electricity on day of survey	Facilities with electricity 24 hours per day**	Facilities with water available every day	Facilities with onsite access to a phone or short wave radio	
Municipality					
Cacucaco					
Referral Hospital	100.0	100.0	100.0	100.0	1
Referral Health Center	33.3	33.3	66.7	33.3	3
Health Center	100.0	33.3	66.7	33.3	3
Other Public	18.2	9.1	36.4	0.0	11
Subtotal	38.9	22.2	50.0	16.7	18
Viana					
Referral Hospital	100.0	100.0	100.0	100.0	2
Referral Health Center	33.3	33.3	100.0	66.7	3
Health Center	80.0	40.0	40.0	40.0	5
Other Public	44.4	22.2	44.4	0.0	9
Subtotal	57.9	36.8	57.9	31.6	19
Total					
Referral Hospital	100.0	100.0	100.0	100.0	3
Referral Health Center	33.3	33.3	83.3	50.0	6
Health Center	87.5	37.5	50.0	37.5	8
Other Public	30.0	15.0	40.0	0.0	20
Total	48.6	29.7	54.1	24.3	37

*Percents include missing

**Note: only asked of those with power on day of survey

Among health centers in Cacucaco and Viana, 100% and 80% had electricity on the day of the survey, 67% percent and 40% had running water every day, and 33% and 40% had access to a phone, respectively. Other public facilities had the lowest level of infrastructure functionality among the types of facilities.

2.3 Capacity

The capacity of facilities to provide services like emergency transportation and in-patient/overnight observation is essential for any healthcare system striving to meet the needs of patients with more complicated conditions. In addition, having up-to-date and accurate clinical and reproductive guidelines that reflect the evidence base is essential if a facility hopes to implement best-practices.

Table 4: Capacity for emergency transportation, in-patient services, and guidelines by facility type and municipality

Municipality	% of facilities			Total # of in-patient beds	Total # of facilities N
	Offers patients free emergency transportation	Offers in-patient/overnight observation	Has recent* clinical and reproductive health standards and guidelines		
Cacuaco					
Referral Hospital	100.0	100.0	100.0	11	1
Referral Health Center	66.7	66.7	66.7	29	3
Health Center	33.3	66.7	66.7	15	3
Other Public	0.0	18.2	27.3	6	11
Subtotal	22.2	38.9	44.4	61	18
Viana					
Referral Hospital	100.0	100.0	50.0	82	2
Referral Health Center	100.0	66.7	66.7	35	3
Health Center	80.0	80.0	40.0	42	5
Other Public	11.1	11.1	37.5	4	9
Subtotal	52.6	47.4	44.4	163	19
Total					
Referral Hospital	100.0	100.0	66.7	93	3
Referral Health Center	83.3	66.7	66.7	64	6
Health Center	62.5	75.0	50.0	57	8
Other Public	5.0	15.0	35.0	10	20
Total	37.8	43.2	46.0	224	37

* Recent: issued in last 5 years

The level of capacity of surveyed health facilities varies widely by type of facility, with hospitals having the highest level and other public facilities having the lowest (Table 4). All of the hospitals in Cacucaco and Viana offered in-patient/overnight services and free emergency transportation. The hospital in Cacucaco also had clinical and reproductive health guidelines that had been issued within the last five years, but only one of Viana's two hospitals met this standard. Among referral health

centers in Cacucaco, 67% offered free emergency transport and in-patient services. In Viana, 100% and 67% of referral health centers offered these services, respectively. Thirty-three percent of health centers in Cacucaco offered emergency transport and 67% offered in-patient services. In Viana, 80% offered these services. Other public facilities in Cacucaco offered no emergency transfer and only 18% provided in patient observation. In Viana, these figures were both 11%.

2.4 Staffing

Even with high quality infrastructure and capacity, a facility cannot provide services without sufficient staff. Highly trained providers, especially at referral facilities, are essential in order to meet the needs of the most complicated cases, but mid- and lower-level providers and staff are also critical to keep the burden of work adequately distributed among the appropriate cadre of workers. High-level providers include OB/GYNs, general physicians, and the like; mid-level providers include nurses, nurse/midwives, lab technicians, VCT counselors, etc.; and low-level providers include nurse assistants and community health workers (CHWs). Appropriately distributing the workload between these cadres of providers is the only way to maximize the human capacity in low-resource settings with limited health care personnel.

Tables 5a and 5b provide information on the number of each type of provider and the percent of facilities with at least one of each type of provider by municipality and type of facility. As could be expected, the higher level facilities were more likely to have more skilled providers (e.g. OB/GYN, surgeons, physicians, etc.) and greater numbers of nurses, nurse midwives, and nurse assistants. All hospitals had several specialized providers like voluntary counseling and testing providers, laboratory technicians, and x-ray technicians. Mid- and low-level facilities were more likely to have community health workers (CHWs), of which hospitals had none. With regard to the municipalities, Viana has more health providers overall in comparison to Cacucaco, from physicians to CHWs.

Table 5a: Total number of permanent regular staff by facility type and municipality

	Provider type															Total # of facilities N
	OB/GYN	General				Nurses	Nurse/ midwive s	Nurse assistant s	CHWs*	Lab techs	Health Informat ion Officers	Nutritio nists	VCT provider s	X-ray technici ans	Others	
		Surgeon s	Pediatric ians	physicia ns	Pharmac ists											
Municipality																
Cacuaco																
Referral Hospital	1	1	1	15	3	1	15	65	0	7	1	0	2	4	5	1
Referral Health Center	0	0	0	3	3	4	41	64	1	17	1	2	6	5	0	3
Health Center	0	0	0	1	0	1	27	1	72	4	0	17	0	0	3	
Other Public	0	0	0	0	0	0	15	28	22	1	0	1	6	0	0	11
Subtotal	1	1	1	19	6	6	98	158	95	29	2	3	31	9	5	18
Viana																
Referral Hospital	5	2	2	13	2	2	67	51	0	22	0	1	4	6	0	2
Referral Health Center	1	0	3	3	5	0	73	71	3	31	0	0	13	3	5	3
Health Center	1	0	0	6	5	0	46	76	180	20	2	7	7	0	0	5
Other Public	0	0	0	1	2	0	26	44	152	10	2	2	3	0	0	9
Subtotal	7	2	5	23	14	2	212	242	335	83	4	10	27	9	5	19
Total																
Referral Hospital	6	3	3	28	5	3	82	116	0	29	1	1	6	10	5	3
Referral Health Center	1	0	3	6	8	4	114	135	4	48	1	2	19	8	5	6
Health Center	1	0	0	7	5	1	73	77	252	24	2	7	24	0	0	8
Other Public	0	0	0	1	2	0	41	72	174	11	2	3	9	0	0	20
Total	8	3	6	42	20	8	310	400	430	112	6	13	58	18	10	37

*Community Health Workers (CHWs)

Table 5b: Types of providers available by facility type and municipality

		% of facilities with at least 1 of the specified type of provider														Total # of facilities	
		Provider type															
Municipality		OB/GYN	Surgeons	Pediatricians	General physicians	Pharmacists	Nurses	Nurse/midwives	Nurse assistants	CHWs*	Lab techs	Health Information Officers	Nutritionists	VCT providers	X-ray technicians	Others	N
		Cacuaco															
	Referral Hospital	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	0.0	100.0	100.0	100.0	1	
	Referral Health Center	0.0	0.0	0.0	66.7	33.3	33.3	66.7	100.0	33.3	100.0	33.3	33.3	66.7	33.3	0.0	3
	Health Center	0.0	0.0	0.0	33.3	0.0	33.3	100.0	33.3	33.3	100.0	0.0	0.0	66.7	0.0	0.0	3
	Other Public	0.0	0.0	0.0	0.0	0.0	0.0	63.6	90.9	36.4	9.1	0.0	9.1	18.2	0.0	0.0	11
	Subtotal	5.6	5.6	5.6	22.2	11.1	16.7	72.2	83.3	33.3	44.4	11.1	11.1	38.9	16.7	5.6	18
Viana																	
	Referral Hospital	100.0	50.0	100.0	50.0	100.0	100.0	100.0	0.0	100.0	0.0	50.0	100.0	100.0	0.0	2	
	Referral Health Center	33.3	0.0	66.7	100.0	100.0	0.0	100.0	100.0	33.3	100.0	0.0	0.0	66.7	33.3	66.7	3
	Health Center	20.0	0.0	0.0	80.0	60.0	0.0	100.0	100.0	40.0	100.0	40.0	20.0	100.0	0.0	0.0	5
	Other Public	0.0	0.0	0.0	11.1	22.2	0.0	88.9	88.9	22.2	44.4	22.2	22.2	11.1	0.0	0.0	9
	Subtotal	21.1	5.3	21.1	47.4	52.6	10.5	94.7	94.7	26.3	73.7	21.1	21.1	52.6	15.8	10.5	19
Total																	
	Referral Hospital	100.0	66.7	100.0	66.7	100.0	100.0	100.0	0.0	100.0	33.3	33.3	100.0	100.0	33.3	3	
	Referral Health Center	16.7	0.0	33.3	83.3	66.7	16.7	83.3	100.0	33.3	100.0	16.7	16.7	66.7	33.3	6	
	Health Center	12.5	0.0	0.0	62.5	37.5	12.5	100.0	75.0	37.5	100.0	25.0	12.5	87.5	0.0	8	
	Other Public	0.0	0.0	0.0	5.0	10.0	0.0	75.0	94.7	30.0	25.0	10.0	15.0	15.0	0.0	20	
	Total	13.5	5.4	13.5	35.1	32.4	13.9	83.8	91.7	29.7	59.5	16.2	16.2	46.0	13.5	8.1	37

*Community Health Workers (CHWs)

3. Service Provision

3.1 Type of service

Assessing the number of providers engaged in specific reproductive and maternal health services helps illustrate the capacity of that municipality to meet the needs of the catchment population. Facilities surveyed were asked about the services offered by four groups of providers, including MCH specialists. Table 6a lists the number of providers administering a range of family planning services. There were only a few MCH doctors and pharmacists involved in family planning services in Cacucaco and Viana. In Cacucaco, MCH and maternity nurses/midwives were the largest family planning provider group, providing mostly family planning counseling, condoms, and pills and in some cases injectable contraceptives and IUD insertion. In addition, 15 community health workers (CHWs) were engaged in family planning counseling and condom distribution but CHWs did not offer any other family planning methods. Similarly, in Viana, 317 CHWs provided family planning counseling while MCH and maternity nurses/midwives provided the most methods.

Table 6a: Number of clinical providers engaged in specified family planning service by provider type and municipality

Municipality	Total # of providers offering specified service						Total # of providers N*
	Family planning counseling	Distribute condoms	Distribute OC pills	IUD insertion	Norplant insertion	Injectables	
Cacuaco							
MCH Dr including OB/GYN	1	2	1	1	0	1	2
MCH & maternity nurses/midwives	42	36	32	10	3	17	42
Community Health Workers	15	15	0	0	0	0	92
Pharmacists	5	4	4	0	0	0	5
Subtotal	63	57	37	11	3	18	141
Viana							
MCH Dr including OB/GYN	5	4	4	2	5	4	5
MCH & maternity nurses/midwives	84	60	42	21	5	49	84
Community Health Workers	317	2	0	0	0	0	330
Pharmacists	2	9	2	0	0	0	9
Subtotal	408	75	48	23	10	53	428
Total							
MCH Dr including OB/GYN	6	6	5	3	5	5	7
MCH & maternity nurses/midwives	126	96	74	31	8	66	126
Community Health Workers	332	17	0	0	0	0	422
Pharmacists	7	13	6	0	0	0	13
Total	471	132	85	34	13	71	567

*Total number of each type of provider providing reproductive health services

Table 6b reflects the numbers of providers engaged in delivery and uterine evacuation services. In Cacucaco, two doctors performed surgical uterine evacuation using dilation and curettage (D&C) and one doctor engaged in each of the other delivery and uterine evacuation services. Three-quarters of MCH and maternity nurses/midwives provided vaginal delivery care (30). Nearly a dozen nurses/midwives provided uterine evacuation using manual vacuum aspiration (MVA) (11), less than half as many were using D&C (5), and none were using medication uterine evacuation. In Viana, MCH and maternity nurses/midwives were the largest delivery and uterine evacuation

services provider group. Nurses/midwives also engaged in post-abortion family planning counseling (40) and provided a range of uterine evacuation related services, particularly MVA (37) and medical uterine evacuation (30).

Table 6b: Number of clinical providers engaged in specified delivery or uterine evacuation service by provider type and municipality

Municipality	Total # of providers offering specified service						Total # of providers N*
	Vaginal delivery w/ or w/out instruments	Caesarean section	Manual vacuum extraction	Dilation & curettage	Medication uterine evacuation	PAC family planning counseling	
Cacuaco							
MCH Dr including OB/GYN	1	1	1	2	1	1	2
MCH & maternity nurses/midwives	30	0	11	5	0	29	42
Subtotal	31	1	12	7	1	30	44
Viana							
MCH Dr including OB/GYN	5	2	3	4	5	4	5
MCH & maternity nurses/midwives	54	7	37	14	30	40	84
Subtotal	59	9	40	18	35	44	89
Total							
MCH Dr including OB/GYN	6	3	4	6	6	5	7
MCH & maternity nurses/midwives	84	7	48	19	30	69	126
Total	90	10	52	25	36	74	133

*Total number of each type of provider providing reproductive health services

Tables 6c presents percentage of facilities with at least one of each type of provider engaged in family planning services. Overall, it is noteworthy that most facilities do not have even one provider from each provider group engaged in family planning services in Cacuaco or Viana, particularly with regard to provision of long-acting methods. Table 6d details the percentage of facilities with at least one of each type of provider engaged in delivery and uterine evacuation services. Again, most facilities in Cacuaco and Viana have none of the specified providers engaged in these types of services. The capacity of these facilities to meet the family planning and delivery needs of the large populations in these municipalities is low.

Table 6c: Clinician provision of family planning services in facilities by provider type and municipality

	% of facilities with at least 1 of the specified provider offering services indicated						Total # of facilities N
	Family planning counseling	Distribute condoms	Distribute OC pills	IUD insertion	Norplant insertion	Injectables	
Municipality							
Cacuaco							
MCH Dr including OB/GYN	5.6	11.1	5.6	5.6	0.0	5.6	18
MCH & maternity nurses/midwives	50.0	55.6	44.4	22.2	5.6	38.9	18
Community Health Workers	5.6	5.6	0.0	0.0	0.0	0.0	18
Pharmacists	16.7	11.1	11.1	0.0	0.0	0.0	18
Subtotal	50.0	55.6	44.4	22.2	5.6	38.9	18
Viana							
MCH Dr including OB/GYN	15.8	10.5	10.5	5.3	15.7	10.5	19
MCH & maternity nurses/midwives	79.0	73.7	68.4	21.1	5.3	68.4	19
Community Health Workers	15.8	5.6	0.0	0.0	0.0	0.0	19
Pharmacists	10.5	36.8	10.5	0.0	0.0	0.0	19
Subtotal	79.0	84.2	73.7	26.3	15.8	68.4	19
Total							
MCH Dr including OB/GYN	10.8	10.8	8.1	5.4	8.1	8.1	37
MCH & maternity nurses/midwives	64.9	64.9	56.8	21.6	5.4	54.1	37
Community Health Workers	10.8	5.4	0.0	0.0	0.0	0.0	37
Pharmacists	13.5	24.3	10.8	0.0	0.0	0.0	37
Total	64.9	70.3	59.5	24.3	10.8	54.1	37

Table 6d: Clinician provision of delivery and uterine evacuation services in facilities by provider type and municipality

	% of facilities with at least 1 of the specified provider offering services indicated						Total # of facilities N
	Vaginal delivery w/ or w/out instruments	Caesarean section	Manual vacuum extraction	Dilation & curettage	Medication uterine evacuation	PAC family planning counseling	
Municipality							
Cacuaco							
MCH Dr including OB/GYN	5.6	5.6	5.6	11.1	5.6	5.6	18
MCH & maternity nurses/midwives	22.2	0.0	16.7	5.6	0.0	33.3	18
Subtotal	27.8	5.6	16.7	16.7	11.1	33.3	18
Viana							
MCH Dr including OB/GYN	15.8	5.3	10.5	10.5	15.8	10.5	19
MCH & maternity nurses/midwives	31.6	5.3	26.3	15.8	21.1	52.6	19
Subtotal	31.6	10.5	26.3	21.1	15.8	57.9	19
Total							
MCH Dr including OB/GYN	10.8	5.4	8.1	10.8	10.8	8.1	37
MCH & maternity nurses/midwives	27.0	2.7	21.6	10.8	10.8	43.2	37
Total	29.7	8.1	21.6	18.9	13.5	46.0	37

3.2 Availability of services

Table 7a provides a summary of services provided among facilities by municipality. In Viana, more than half of facilities provide HIV testing and counseling, antenatal care, family planning, treatment of sexually transmitted diseases, immunizations, and treatment of infectious diseases. In addition, just under half (47%) provide basic labor and delivery services. In Cacuaco, more than half of facilities provide antenatal care, immunizations, and treatment of infectious diseases. Only 50% of facilities provide family planning and treatment of sexually transmitted diseases. Very few facilities in either of the municipalities provided tuberculosis screening, cancer screening, or youth friendly services. Uterine evacuation services were also limited.

Regarding the additional components of basic emergency obstetric care (EmOC), 28% and 32% of facilities in Cacuaco and Viana, respectively, provide manual removal of the placenta, and 33% and 47%, respectively, provide vaginal delivery with or without instruments. In terms of comprehensive EmOC, very few facilities meet the criteria because only 11% and 5% of facilities in Viana provide blood transfusion and cesarean, respectively, and no facilities in Cacuaco do. Given the recommendation that for every 500,000 people there should be at least four facilities offering basic EmOC and one facility offering comprehensive EmOC, it is clear this goal is not currently being achieved.

Tables 7b-7i present a more detailed description of the types of services provided. Information includes the number of days per week the service is available and the mean number of clients in the past three months that have utilized each service, separated by facility type and municipality.

Table 7a: Percentage of facilities with specified service available by facility type and municipality

	% of facilities with service available													Total # of facilities N
	HIV testing and counseling	TB screening	Antenatal care	Family planning	Treatment of STDs	PMTCT	Immunizations	Treatment of infectious diseases	Labor and delivery services	Cancer screening	Youth friendly services	Uterine evacuation	PAC family planning counseling	
Municipality														
Cacuaco														
Referral Hospital	100.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	100.0	100.0	1
Referral Health	66.7	33.3	100.0	100.0	66.7	66.7	100.0	100.0	66.7	0.0	0.0	66.7	66.7	3
Health Center	66.7	0.0	100.0	66.7	33.3	66.7	100.0	100.0	66.7	33.3	33.3	33.3	66.7	3
Other Public	18.2	0.0	100.0	27.3	45.5	9.1	100.0	100.0	0.0	0.0	0.0	0.0	0.0	11
Subtotal	38.9	5.6	100.0	50.0	50.0	33.3	100.0	100.0	27.8	5.6	11.1	22.2	27.8	18
Viana														
Referral Hospital	100.0	0.0	100.0	100.0	50.0	100.0	100.0	100.0	100.0	0.0	0.0	50.0	100.0	2
Referral Health	66.7	66.7	100.0	66.7	66.7	33.3	100.0	66.7	100.0	33.3	0.0	66.6	66.7	3
Health Center	100.0	20.0	100.0	100.0	80.0	60.0	100.0	100.0	80.0	0.0	40.0	40.0	60.0	5
Other Public	22.2	11.1	77.8	66.7	66.7	0.0	88.9	100.0	0.0	0.0	0.0	0.0	12.5	9
Subtotal	57.9	21.1	89.5	78.9	68.4	31.6	94.7	94.7	47.4	5.3	10.5	21.2	42.1	19
Total														
Referral Hospital	100.0	0.0	100.0	100.0	66.7	100.0	100.0	100.0	100.0	0.0	33.3	66.7	100.0	3
Referral Health	66.7	50.0	100.0	83.3	66.7	50.0	100.0	83.3	83.3	16.7	0.0	66.7	66.7	6
Health Center	87.5	12.5	100.0	87.5	62.5	62.5	100.0	100.0	75.0	12.5	37.5	37.5	62.5	8
Other Public	20.0	5.0	90.0	45.0	55.0	5.0	95.0	100.0	0.0	0.0	0.0	0.0	5.3	20
Total	48.6	13.5	94.6	64.9	59.5	32.4	97.3	97.3	37.8	5.4	10.8	24.3	35.1	37

Table 7b: Availability of HIV, TB, and ANC services and client volume in past 3 months for given service by facility type and municipality

Municipality	HIV testing and counseling (incl. ANC, MCH, PNC)		TB Screening		Antenatal care		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean (Min-Max)	Mean (Min-Max)	Mean (Min-Max)	Mean (Min-Max)	Mean (Min-Max)	Mean (Min-Max)	
Cacuaco							
Referral Hospital	5 (5-5)	51 (51-51)	n/a	n/a	5 (5-5)	no data	1
Referral Health Center	6 (5-7)	39 (0-78)	no data	no data	5 (5-5)	2263 (366-4899)	3
Health Center	6 (5-7)	568.5 (445-692)	n/a	n/a	5 (5-5)	867 (25-1369)	3
Other Public	5 (5-5)	205.5 (10-401)	n/a	n/a	5 (5-5)	1008 (24-2908)	11
Subtotal	5.6 (5-7)	239.6 (0-692)	n/a	n/a	5 (5-5)	1204.6 (24-4899)	18
Viana							
Referral Hospital	6 (5-7)	418.5 (266-571)	n/a	n/a	6 (5-7)	991 (991-991)	2
Referral Health Center	6 (5-7)	590 (64-1116)	5 (5-5)	49 (49-49)	5 (5-5)	1283 (307-2999)	3
Health Center	5 (5-5)	607.6 (252-1227)	5 (5-5)	53 (53-53)	5 (5-5)	1150.2 (172-2437)	5
Other Public	5 (5-5)	935 (255-1615)	5 (5-5)	25 (25-25)	5.3 (5-7)	1693.9 (15-5334)	9
Subtotal	5.4 (5-7)	629.5 (64-1615)	5 (5-5)	42.3 (25-53)	5.2 (5-7)	1403 (15-5334)	19
Total							
Referral Hospital	5.7 (5-7)	296 (51-571)	n/a	n/a	5.7 (5-7)	991 (991-991)	3
Referral Health Center	6 (5-7)	314.5 (0-1116)	5 (5-5)	49 (49-49)	5 (5-5)	1773 (307-4899)	6
Health Center	5.3 (5-7)	596.4 (252-1227)	5 (5-5)	53 (53-53)	5 (5-5)	1044 (25-2437)	8
Other Public	5 (5-5)	570.3 (10-1615)	5 (5-5)	25 (25-25)	5.1 (5-7)	1274.7 (15-5334)	20
Total	5.4 (5-7)	477.9 (0-1615)	5 (5-5)	42.3 (25-53)	5.1 (5-7)	1300.8 (15-5334)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7c: Availability of reproductive health services and client volume in past 3 months for given service by facility type and municipality

Municipality	Family planning		Treatment of sexually transmitted diseases		PMTCT		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean	Mean	Mean	Mean	Mean	Mean	
	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	
Cacuaco							
Referral Hospital	5 (5-5)	820 (820-820)	5 (5-5)	78 (78-78)	7 (7-7)	5 (5-5)	1
Referral Health Center	5 (5-5)	1406.3 (2-2485)	5 (5-5)	108 (94-122)	5 (5-5)	3 (0-6)	3
Health Center	5 (5-5)	326 (326-326)	5 (5-5)	7 (7-7)	6 (5-7)	9 (8-10)	3
Other Public	5 (5-5)	115 (0-342)	5 (5-5)	58.8 (9-94)	5 (5-5)	401 (401-401)	11
Subtotal	5 (5-5)	713.8 (0-2485)	5 (5-5)	67 (7-122)	5.7 (5-7)	71.7 (0-401)	18
Viana							
Referral Hospital	6 (5-7)	3655 (570-6740)	1 (1-1)	3218 (3218-3218)	6 (5-7)	3376 (12-6740)	2
Referral Health Center	5 (5-5)	1132.5 (461-1804)	5 (5-5)	107 (36-178)	7 (7-7)	14 (14-14)	3
Health Center	5 (5-5)	621.6 (72-1536)	5 (5-5)	116.8 (6-377)	5 (5-5)	186 (1-545)	5
Other Public	5 (5-5)	22 (8-41)	5.3 (5-7)	64.3 (0-297)	n/a	n/a	9
Subtotal	5.1 (5-7)	854.3 (8-6740)	4.8 (1-7)	325 (0-3218)	5.7 (5-7)	1220.7 (1-6740)	19
Total							
Referral Hospital	5.7 (5-7)	2710 (570-6740)	3 (1-5)	1648 (78-3218)	6.3 (5-7)	2252.3 (5-6740)	3
Referral Health Center	5 (5-5)	1296.8 (2-2485)	5 (5-5)	107.5 (36-178)	5.7 (5-7)	6.7 (0-14)	6
Health Center	5 (5-5)	572.3 (72-1536)	5 (5-5)	94.8 (6-377)	5.4 (5-7)	115.2 (1-545)	8
Other Public	5 (5-5)	53 (0-342)	5.2 (5-7)	56.1 (0-297)	5 (5-5)	401 (401-401)	20
Total	5.1 (5-7)	805.4 (0-6740)	4.9 (1-7)	226.7 (0-3218)	5.7 (5-7)	646.2 (0-6740)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable.

Table 7d: Availability of child health services and client volume in past 3 months for given service by facility type and municipality

	Immunization		Treatment of infectious diseases		Total # of facilities N
	# of days available per week Mean (Min-Max)	# of clients in past 3 months for given service Mean (Min-Max)	# of days available per week Mean (Min-Max)	# of clients in past 3 months for given service Mean (Min-Max)	
Municipality					
Cacuaco					
Referral Hospital	5(5-5)	4037 (4037-4037)	5 (5-5)	13700 (13700-13700)	1
Referral Health Center	5(5-5)	2384.3 (896-4633)	5 (5-5)	4772.7 (1950-6730)	3
Health Center	5(5-5)	1450.7 (13-3890)	5 (5-5)	920.3 (195-1859)	3
Other Public	5(5-5)	1277.2 (66-5402)	5 (5-5)	921.5 (143-1906)	11
Subtotal	5(5-5)	1643.9 (13-5402)	5 (5-5)	2273.1 (143-13700)	18
Viana					
Referral Hospital	5.5 (5-6)	508 (355-661)	6 (5-7)	25248.5 (21678-28819)	2
Referral Health Center	5 (5-5)	460.3 (263-665)	6 (5-7)	6027 (6027-6027)	3
Health Center	5 (5-5)	2951.6 (343-7013)	5.8 (5-7)	2747.6 (432-7906)	5
Other Public	5.3 (5-7)	711.6 (7-1940)	5.4 (5-7)	2289.6 (244-7755)	9
Subtotal	5.2 (5-7)	1269.3 (7-7013)	5.7 (5-7)	5345.2 (244-28819)	19
Total					
Referral Hospital	5.3 (5-6)	1684.3 (355-4037)	5.7 (5-7)	21399 (13700-28819)	3
Referral Health Center	5 (5-5)	1422.3 (264-4633)	5.4 (5-7)	5086.3 (1950-6730)	6
Health Center	5 (5-5)	2388.8 (13-7013)	5.5 (5-7)	2062.4 (195-7906)	8
Other Public	5.1 (5-7)	1039.1 (7-5402)	5.2 (5-7)	1537.2 (143-7755)	20
Total	5.1 (5-7)	1456.6 (7-7013)	5.3 (5-7)	3765.3 (143-28819)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7e: Availability of labor and delivery services and client volume in past 3 months for given service by facility type and municipality

	Labor and delivery services		Blood transfusion during labor/delivery		C-section		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean	Mean	Mean	Mean	Mean	Mean	
	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	
Municipality							
Cacuaco							
Referral Hospital	7 (7-7)	1513 (1513-1513)	n/a	n/a	n/a	n/a	1
Referral Health Center	7 (7-7)	333.5 (30-637)	n/a	n/a	n/a	n/a	3
Health Center	7 (7-7)	254.5 (139-370)	n/a	n/a	n/a	n/a	3
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	11
Subtotal	7 (7-7)	537.8 (30-1513)	n/a	n/a	n/a	n/a	18
Viana							
Referral Hospital	6 (5-7)	983 (829-1137)	5 (5-5)	19 (19-19)	5 (5-5)	96 (96-96)	2
Referral Health Center	7 (7-7)	586.7 (61-1105)	7 (7-7)	no data	n/a	n/a	3
Health Center	7 (7-7)	463 (9-742)	n/a	n/a	n/a	n/a	5
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	9
Subtotal	6.8 (5-7)	619.8 (9-1137)	6 (5-7)	19 (19-19)	5 (5-5)	96 (96-96)	19
Total							
Referral Hospital	6.3 (5-7)	1159.7 (829-1513)	5 (5-5)	19 (19-19)	5 (5-5)	96 (96-96)	3
Referral Health Center	7 (7-7)	485.4 (30-1105)	7 (7-7)	no data	n/a	n/a	6
Health Center	7 (7-7)	393.5 (9-742)	n/a	n/a	n/a	n/a	8
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	20
Total	6.9 (5-7)	590.5 (9-1513)	6 (5-7)	19 (19-19)	5 (5-5)	96 (96-96)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7f: Availability of labor and delivery services and client volume in past 3 months for given service by facility type and municipality

Municipality	Treatment of postpartum hemorrhage/excessive bleeding		Treatment of preeclampsia/eclampsia		Manual removal of placenta		Vaginal delivery with or without instruments		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	
	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	
Cacuaco									
Referral Hospital	7 (7-7)	51 (51-51)	n/a	n/a	7 (7-7)	35 (35-35)	7 (7-7)	1513 (1513-1513)	1
Referral Health Center	6 (5-7)	0	5 (5-5)	0	6 (5-7)	0.5 (0-1)	6 (5-7)	400 (163-637)	3
Health Center	6 (5-7)	3.5 (0-7)	7 (7-7)	14 (14-14)	7 (7-7)	0.5 (0-1)	7 (7-7)	210 (50-370)	3
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	5 (5-5)	1 (1-1)	11
Subtotal	6.2 (5-7)	11.6 (0-51)	6 (5-7)	7 (0-14)	6.6 (5-7)	7.4 (0-35)	6.3 (5-7)	455.7 (1-1513)	18
Viana									
Referral Hospital	6 (5-7)	7 (7-7)	7 (7-7)	no data	6 (5-7)	53 (10-96)	6 (5-7)	1137 (1137-1137)	2
Referral Health Center	7 (7-7)	no data	n/a	n/a	7 (7-7)	no data	7 (7-7)	586.7 (61-1105)	3
Health Center	n/a	n/a	n/a	n/a	6.3 (5-7)	199 (9-578)	6.5 (5-7)	464.8 (9-742)	5
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9
Subtotal	6.3 (5-7)	7 (7-7)	7 (7-7)	no data	6.3 (5-7)	140.6 (9-578)	6.6 (5-7)	594.5 (9-1137)	19
Total									
Referral Hospital	6.3 (5-7)	29 (7-31)	7 (7-7)	no data	6.3 (5-7)	47 (10-96)	6.3 (5-7)	1325 (1137-1513)	3
Referral Health Center	6.3 (5-7)	0	5 (5-5)	0	6.3 (5-7)	0.5 (0-1)	6.6 (5-7)	512 (61-1105)	6
Health Center	6 (5-7)	3.5 (0-7)	7 (7-7)	14 (14-14)	6.6 (5-7)	119.6 (0-578)	6.7 (5-7)	379.8 (9-742)	8
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	5 (5-5)	1 (1-1)	20
Total	6.3 (5-7)	10.8 (0-51)	6.3 (5-7)	7 (0-14)	6.5 (5-7)	74 (0-578)	6.5 (5-7)	535 (1-1513)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7g: Availability of postpartum services and client volume in past 3 months for given service by facility type and municipality

Municipality	Care of the newborn		Post-Partum Care		Counseling on initiating breast-feeding		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean	Mean	Mean	Mean	Mean	Mean	
	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	
Cacuaco							
Referral Hospital	n/a	n/a	7 (7-7)	305 (305-305)	7 (7-7)	1350 (1350-1350)	1
Referral Health Center	n/a	n/a	5 (5-5)	56.6 (0-113)	5 (5-5)	1731.5 (163-3300)	3
Health Center	n/a	n/a	6 (5-7)	17 (10-24)	7 (7-7)	no data	3
Other Public	n/a	n/a	5 (5-5)	1 (1-1)	5 (5-5)	543 (543-543)	11
Subtotal	n/a	n/a	5.7 (5-7)	75.5 (0-305)	6 (5-7)	1339 (163-3300)	18
Viana							
Referral Hospital	n/a	n/a	6 (5-7)	387 (387-387)	6 (5-7)	2985 (2985-2985)	2
Referral Health Center	n/a	n/a	5.7 (5-7)	263.7 (28-455)	7 (7-7)	594 (594-594)	3
Health Center	n/a	n/a	5.5 (5-7)	103.3 (10-161)	6 (5-7)	521 (243-742)	5
Other Public	n/a	n/a	5 (5-5)	no data	5 (5-5)	no data	9
Subtotal	n/a	n/a	5.6 (5-7)	198.9 (10-455)	6.1 (5-7)	1028.4 (243-2985)	19
Total							
Referral Hospital	n/a	n/a	6.3 (5-7)	346 (305-387)	6.3 (5-7)	2167.5 (1350-2985)	3
Referral Health Center	n/a	n/a	5.4 (5-7)	180.8 (0-455)	6 (5-7)	1352.3 (163-3300)	6
Health Center	n/a	n/a	5.7 (5-7)	74.5 (10-161)	6.3 (5-7)	521 (243-742)	8
Other Public	n/a	n/a	5 (5-5)	1 (1-1)	5 (5-5)	543 (543-543)	20
Total	n/a	n/a	5.6 (5-7)	146 (0-455)	6.1 (5-7)	1166.4 (163-3300)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7h: Availability of other reproductive health services and client volume in past 3 months for given service by facility type and municipality

	Cancer screening		Youth friendly services		Total # of facilities N
	# of days available per week Mean (Min-Max)	# of clients in past 3 months for given service Mean (Min-Max)	# of days available per week Mean (Min-Max)	# of clients in past 3 months for given service Mean (Min-Max)	
Municipality					
Cacuaco					
Referral Hospital	n/a	n/a	5 (5-5)	58 (58-58)	1
Referral Health Center	n/a	n/a	n/a	n/a	3
Health Center	5 (5-5)	no data	no data	no data	3
Other Public	n/a	n/a	n/a	n/a	11
Subtotal	5 (5-5)	no data	5 (5-5)	58 (58-58)	18
Viana					
Referral Hospital	n/a	n/a	n/a	n/a	2
Referral Health Center	3 (3-3)	717 (717-717)	n/a	n/a	3
Health Center	n/a	n/a	4 (3-5)	495.5 (7-984)	5
Other Public	n/a	n/a	n/a	n/a	9
Subtotal	3 (3-3)	717 (717-717)	4 (3-5)	495.5 (7-984)	19
Total					
Referral Hospital	n/a	n/a	5 (5-5)	58 (58-58)	3
Referral Health Center	3 (3-3)	717 (717-717)	n/a	n/a	6
Health Center	5 (5-5)	no data	4 (3-5)	495.5 (7-984)	8
Other Public	n/a	n/a	n/a	n/a	20
Total	4 (3-5)	717 (717-717)	4.3 (3-5)	349.7 (7-984)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

Table 7i: Availability of uterine evacuation services and client volume in past 3 months for given service by facility type and municipality

Municipality	MVA		D&C		Medication uterine evacuation		PAC family planning counseling and services		Total # of facilities N
	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	# of days available per week	# of clients in past 3 months for given service	
	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean	
	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	(Min-Max)	
Cacuaco									
Referral Hospital	7 (7-7)	24 (24-24)	5 (5-5)	4 (4-4)	n/a	n/a	7 (7-7)	28 (28-28)	1
Referral Health Center	6 (5-7)	34.5 (26-43)	6 (5-7)	0	n/a	n/a	6 (5-7)	34.5 (26-43)	3
Health Center	no data	12 (12-12)	no data	no data	n/a	n/a	5.5 (4-7)	17.5 (12-23)	3
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	11
Subtotal	6.3 (5-7)	26.3 (12-43)	5.7 (5-7)	2 (0-4)	n/a	n/a	6 (4-7)	26.4 (12-43)	18
Viana									
Referral Hospital	5 (5-5)	no data	6 (5-7)	26 (26-26)	5 (5-5)	no data	6 (5-7)	26 (26-26)	2
Referral Health Center	7 (7-7)	no data	7 (7-7)	no data	7 (7-7)	26.5 (20-33)	6 (5-7)	15 (15-15)	3
Health Center	7 (7-7)	28.5 (16-41)	7 (7-7)	11 (6-16)	n/a	n/a	6.3 (5-7)	20 (7-37)	5
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	5 (5-5)	no data	9
Subtotal	6.5 (5-7)	28.5 (16-41)	6.6 (5-7)	16 (6-26)	6.3 (5-7)	26.5 (20-33)	6 (5-7)	20.2 (7-37)	19
Total									
Referral Hospital	6 (5-7)	24 (24-24)	5.7 (5-7)	15 (4-26)	5 (5-5)	no data	6.3 (5-7)	27 (26-28)	3
Referral Health Center	6 (5-7)	34.5 (26-43)	6.3 (5-7)	0	7 (7-7)	26.5 (20-33)	6 (5-7)	28 (15-43)	6
Health Center	7 (7-7)	23 (12-41)	7 (7-7)	11 (6-16)	n/a	n/a	6 (4-7)	19 (7-37)	8
Other Public	n/a	n/a	n/a	n/a	n/a	n/a	5 (5-5)	no data	20
Total	6.4 (5-7)	27 (12-43)	6.3 (5-7)	10.4 (0-26)	6.3 (5-7)	26.5 (20-33)	6 (4-7)	23.3 (7-43)	37

Note: "n/a" means this service is not provided by any of the facilities in the applicable category and thus the question is not applicable. "No data" means the interviewer was unable to get information related to this question.

3.3 Referral for services

Functioning referral systems are critical to improving reproductive health service delivery and reducing maternal morbidity and mortality. Referral is an important mechanism for ensuring access to care not available at lower level facilities, and counter-referral ensures continued care at such facilities and even at the community level.

Table 8 provides a summary of facilities referring clients, by referred services, facility type, and municipality. With 87% of total facilities referring clients for specified services, it appears that there is a referral system in place in both municipalities. However, the data is not detailed enough to indicate the functionality or strength of these systems. In addition, it is unclear whether we can assume a facility provides the service if they do not refer for that service. As expected, delivery care (general and emergency) and uterine evacuation related services were the most often referred services. Overall, referrals were most common for emergency delivery care (c-section) (78%) and least common for antenatal services (14%).

Table 8: Facilities referring clients to other facilities, by service, facility type, and municipality								
	% of facilities referring clients	% of facilities referring for specified service					Post uterine evacuation care	Total # of facilities N
		Family planning	Antenatal care	Delivery care	Emergency delivery care (C-section)	Uterine evacuation		
Municipality								
Cacuaco								
Referral Hospital	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Referral Health Center	100.0	0.0	0.0	66.7	100.0	66.7	66.7	3
Health Center	66.7	0.0	66.7	33.3	66.7	33.3	0.0	3
Other Public	90.9	54.5	18.2	100.0	90.9	81.8	90.9	11
Subtotal	83.3	33.3	22.2	77.8	83.3	66.7	66.7	18
Viana								
Referral Hospital	50.0	0.0	0.0	0.0	50.0	0.0	50.0	2
Referral Health Center	100.0	0.0	33.3	33.3	66.7	33.3	0.0	3
Health Center	100.0	20.0	0.0	20.0	100.0	80.0	60.0	5
Other Public	88.9	0.0	0.0	77.8	66.7	77.8	66.7	9
Subtotal	89.5	5.3	5.3	47.4	73.7	63.2	52.6	19
Total								
Referral Hospital	33.3	0.0	0.0	0.0	33.3	0.0	33.3	3
Referral Health Center	100.0	0.0	16.7	50.0	83.3	50.0	33.3	6
Health Center	87.5	12.5	25.0	25.0	87.5	62.5	37.5	8
Other Public	90.0	30.0	10.5	90.0	80.0	80.0	80.0	20
Total	86.5	18.9	13.5	62.2	78.4	64.9	59.5	37

Referrals were more frequent in Cacuaco than in Viana for all specified services. In Cacuaco, all referral health centers referred women for emergency delivery services and 67% referred women for delivery care and uterine evacuation/post uterine evacuation care. No health centers referred women for post uterine evacuation care and only 33% referred women for uterine evacuation. Also notable, is that 55% of other public facilities referred women for family planning services and 67% of health centers referred women for antenatal care. Additional information is needed to determine whether referrals for things like ANC and family planning are for complicated pregnancies and specific contraceptive methods unavailable at lower levels.

In the case of Viana, all health centers and referral health centers made referrals for at least one service. Thirty-three percent of referral health centers made referrals for antenatal care, which may highlight referrals for high risk pregnancies. No referral health centers in Viana referred women for post uterine evacuation care, but 33% referred women for uterine evacuation services. Eighty percent and 60% of health centers referred for uterine evacuation and post uterine evacuation care services, respectively. The data from Viana also indicate that one hospital referred clients, most likely to the other hospital, for both emergency delivery care and post uterine evacuation care.

3.4 Family planning service statistics

Table 9 provides an overview of the number of clients receiving family planning services in the 12 months preceding data collection by municipality and facility type. Overall, 40,454 women received family planning in the last 12 months, with approximately half of those women being new to family planning. Referral health centers were the most common providers of family planning in both municipalities, but the number of clients served by referral health centers in Cacucaco (18,263) far exceeded any other type of facility in both Cacucaco and Viana. In fact, more clients received family planning services in referral centers of Cacucaco than in all facilities in Viana (13,497). In Cacucaco, other public health facilities served a greater role in providing family planning services than Viana, with a total of 5,464 compared to 159 family planning clients. Also notable is that new clients largely contributed to the total number of clients in referral hospitals and health centers in Cacucaco.

Table 9: Family planning service statistics *in the last 12 months* by municipality and facility type

	Total # of clients receiving family planning*	Total # of new family planning clients	Total # of facilities N
Municipality			
Cacuaco			
Referral Hospital	1,553	1,195	1
Referral Health Center	18,263	8,450	3
Health Center	1,677	1,583	3
Other Public	5,464	3,383	11
Subtotal	26,957	14,611	18
Viana			
Referral Hospital	1,780	905	2
Referral Health Center	6,130	1,144	3
Health Center	5,428	2,254	5
Other Public	159	159	9
Subtotal	13,497	4,462	19
Total			
Referral Hospital	3,333	2,100	3
Referral Health Center	24,393	9,594	6
Health Center	7,105	3,837	8
Other Public	5,623	3,542	20
Total	40,454	19,073	37

3.5 Availability of methods

The availability of a range of methods is essential to providing clients with family planning options most suited to their needs. Methods that are not offered or are out of stock limit these options, preventing method adoption and/or disrupting continuation. Table 10a details the current availability and stock out status in the last year for short-term reversible methods. At hospitals in Cacucaco, almost all short-term reversible methods (except female condoms) were available at the

time of the survey and had never been out of stock in the past year. In Viana, hospitals had similarly high method availability, but one hospital did not currently have EC and one had had a stock out of male condoms. In general, mid- and lower-level facilities were less likely than hospitals to currently offer any given method and were more likely to have experienced a stock out. Overall, pills were the most frequently available method and female condoms and emergency contraception (EC) were the least available. In addition, Viana had greater availability of methods than Cacucaco. Table 10b summarizes the availability of long term and permanent family planning methods. No facilities offered female or male sterilization at the time of the survey, and most facilities did not offer other long-term and permanent methods in either municipality. In general, higher level facilities had a greater method mix and fewer methods that had experienced stock outs in the last year or were not offered altogether.

The number of clients who receive each contraceptive method is a function of the range of methods available, provider and client preferences, and other potential barriers to use. The total number of family planning clients provides some indication of uptake and method continuation. Table 10c presents the volume of new family planning and resupply clients in the last month. Overall, Viana had significantly more family planning clients across all methods in comparison to Cacucaco. Male condoms, injectable contraceptives, and the pill were the most common methods in both municipalities. There were no sterilization clients (male or female) and almost no female condom users in the last month. In both municipalities, it appears that most people got their contraception from the referral health centers.

Table 10a: Availability of short-term modern methods currently and in the past 12 months by municipality and facility type

	% of facilities															Total # of facilities N
	Pill			EC			Male condom			Female condom			Injectables			
	Avail- able now	stock in last 12 mos	Not offered	Avail- able now	stock in last 12 mos	Not offered	Avail- able now	stock in last 12 mos	Not offered	Avail- able now	stock in last 12 mos	Not offered	Avail- able now	stock in last 12 mos	Not offered	
Municipality																
Cacuaco																
Referral Hospital	100.0	100.0	0.0	100.0	100.0	0.0	100.0	100.0	0.0	0.0	0.0	100.0	100.0	100.0	0.0	1
Referral Health Center	100.0	100.0	0.0	33.3	33.3	66.7	66.7	33.3	33.3	0.0	0.0	100.0	66.7	33.3	0.0	3
Health Center	66.7	66.7	33.3	66.7	66.7	33.3	66.7	0.0	0.0	0.0	0.0	100.0	66.7	66.7	33.3	3
Other Public	27.3	27.3	72.7	9.1	0.0	90.9	18.2	18.2	72.7	9.1	9.1	90.9	9.1	0.0	90.9	11
Subtotal	50.0	50.0	50.0	27.8	22.2	72.2	38.9	22.2	50.0	5.6	5.6	94.4	33.3	22.2	61.1	18
Viana																
Referral Hospital	100.0	100.0	0.0	50.0	50.0	50.0	100.0	50.0	0.0	0.0	0.0	100.0	100.0	100.0	0.0	2
Referral Health Center	66.7	66.7	33.3	0.0	0.0	100.0	66.7	66.7	33.3	0.0	0.0	66.7	66.7	33.3	33.3	3
Health Center	100.0	80.0	0.0	60.0	40.0	40.0	100.0	40.0	0.0	0.0	0.0	100.0	80.0	40.0	20.0	5
Other Public	66.7	66.7	33.3	11.1	0.0	88.9	77.8	55.6	22.2	11.1	11.1	88.9	66.7	66.7	33.3	9
Subtotal	78.9	73.7	21.1	26.3	15.8	73.7	84.2	52.6	15.8	5.3	5.3	89.5	73.7	57.9	26.3	19
Total																
Referral Hospital	100.0	100.0	0.0	66.7	66.7	33.3	100.0	66.7	0.0	0.0	0.0	100.0	100.0	100.0	0.0	3
Referral Health Center	83.3	83.3	16.7	16.7	16.7	83.3	66.7	50.0	33.3	0.0	0.0	83.3	66.7	33.3	16.7	6
Health Center	87.5	75.0	12.5	62.5	50.0	37.5	87.5	25.0	0.0	0.0	0.0	100.0	75.0	50.0	25.0	8
Other Public	45.0	45.0	55.0	10.0	0.0	90.0	45.0	35.0	50.0	10.0	10.0	90.0	35.0	30.0	65.0	20
Total	64.9	62.2	35.1	27.0	18.9	73.0	62.2	37.8	32.4	5.4	5.4	91.9	54.1	40.5	43.2	37

Table 10b: Availability of long-term modern methods currently and in the past 12 months by municipality and facility type

	% of facilities										Total # of facilities N	
	Implants			IUD			Female sterilization		Male sterilization			
	Avail- able now	Never out of stock in last 12 mos	Not offered	Avail- able now	Never out of stock in last 12 mos	Not offered	Avail- able now	Not offered	Avail- able now	Not offered		
Municipality												
Cacuaco												
Referral Hospital	0.0	0.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	100.0	100.0	1
Referral Health Center	33.3	33.3	66.7	66.7	33.3	33.3	0.0	33.3	0.0	100.0	100.0	3
Health Center	0.0	0.0	100.0	0.0	0.0	100.0	0.0	33.3	0.0	100.0	100.0	3
Other Public	0.0	0.0	100.0	0.0	0.0	100.0	0.0	81.8	0.0	100.0	100.0	11
Subtotal	5.6	5.6	94.4	16.7	11.1	83.3	0.0	61.1	0.0	100.0	100.0	18
Viana												
Referral Hospital	50.0	50.0	50.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0	100.0	2
Referral Health Center	0.0	0.0	100.0	33.3	33.3	66.7	0.0	33.3	0.0	100.0	100.0	3
Health Center	0.0	0.0	100.0	40.0	20.0	60.0	0.0	0.0	0.0	100.0	100.0	5
Other Public	0.0	0.0	100.0	0.0	0.0	100.0	0.0	22.2	0.0	100.0	100.0	9
Subtotal	5.3	5.3	94.7	15.8	10.5	84.2	0.0	15.8	0.0	100.0	100.0	19
Total												
Referral Hospital	33.3	33.3	66.7	33.3	33.3	66.7	0.0	0.0	0.0	100.0	100.0	3
Referral Health Center	16.7	16.7	83.3	50.0	33.3	50.0	0.0	33.3	0.0	100.0	100.0	6
Health Center	0.0	0.0	100.0	25.0	12.5	75.0	0.0	12.5	0.0	100.0	100.0	8
Other Public	0.0	0.0	100.0	0.0	0.0	100.0	0.0	55.0	0.0	100.0	100.0	20
Total	5.4	5.4	94.6	16.2	10.8	83.8	0.0	37.8	0.0	100.0	100.0	37

Table 10c: New and resupply family planning users *in last month* by method, municipality, and facility type

	Totals number of users of each method <i>in last month</i>															Total # of facilities N
	Pill		EC	Male condom		Female condom		Injectables		Implants		IUD	Female sterilization	Male sterilization		
	New users	Re-supply clients	New users	New users	Re-supply clients	New users	Re-supply clients	New users	Re-supply clients	New users	Re-supply clients	New users	New users	New users		
Municipality																
Cacuaco																
Referral Hospital	31	51	0	3	2	0	0	82	85	0	0	3	0	0	1	
Referral Health Center	29	107	4	452	3179	0	0	207	631	21	0	8	0	0	3	
Health Center	11	16	1	89	0	0	0	72	198	0	0	0	0	0	3	
Other Public	25	5	0	500	100	0	0	169	126	0	0	0	0	0	11	
Subtotal	96	179	5	1044	3281	0	0	530	1040	21	0	11	0	0	18	
Viana																
Referral Hospital	174	164	10	99	48	0	0	109	41	57	53	0	0	0	2	
Referral Health Center	589	589	0	69	60	0	0	565	422	0	0	2	0	0	3	
Health Center	441	626	43	2648	102	0	0	429	583	0	0	192	0	0	5	
Other Public	49	22	0	63	28	3	0	80	40	0	0	0	0	0	9	
Subtotal	1253	1401	53	2879	238	3	0	1183	1086	57	53	194	0	0	19	
Total																
Referral Hospital	205	215	10	102	50	0	0	191	126	57	53	3	0	0	3	
Referral Health Center	618	696	4	521	3239	0	0	772	1053	21	0	10	0	0	6	
Health Center	452	642	44	2737	102	0	0	501	781	0	0	192	0	0	8	
Other Public	74	27	0	563	128	3	0	249	166	0	0	0	0	0	20	
Total	1349	1580	58	3923	3519	3	0	1713	2126	78	53	205	0	0	37	

3.6 IEC materials

Information, education, and communication (IEC) materials are essential in improving family planning knowledge, attitudes, and practices. Table 11 summarizes the availability of key IEC materials. In Cacuaco, the referral hospital had IEC posters and brochures/pamphlets available but not counseling cards or samples of various methods. Most referral health centers had IEC materials (67%), and similar percentages of health centers had posters and brochures/pamphlets (67%), but less had samples of family planning methods (33%) and none had counseling cards. Most other public facilities had posters (73%) but less than half had other materials. In Viana, two thirds of referral health centers and all of the other types of facilities had IEC posters. Both referral hospitals had samples of various methods but only one had brochures/pamphlets and counseling cards (50%). Although most referral health centers had other IEC materials (67%), only one had counseling cards (33%). In general, other public facilities were least likely to have the specified IEC materials.

Table 11. Percentage of facilities where key family planning information, education, and communications (IEC) materials were available by materials, facility type, and municipality					
Background characteristics	% of facilities with specified IEC materials available				Total # of facilities N
	Posters	Brochures/p amphlets	Counseling cards	Samples of various FP methods	
	Observed	Observed	Observed	Observed	
Municipality					
Cacuaco					
Referral Hospital	100.0	100.0	0.0	0.0	1
Referral Health Center	66.7	66.7	66.7	66.7	3
Health Center	66.7	66.7	0.0	33.3	3
Other Public	72.7	45.5	18.2	18.2	11
Subtotal	72.2	55.6	22.2	27.8	18
Viana					
Referral Hospital	100.0	50.0	50.0	100.0	2
Referral Health Center	66.7	66.7	33.3	66.7	3
Health Center	100.0	80.0	80.0	80.0	5
Other Public	100.0	44.4	33.3	55.6	9
Subtotal	94.7	57.9	47.4	68.4	19
Total					
Referral Hospital	100.0	66.7	33.3	66.7	3
Referral Health Center	66.7	66.7	50.0	66.7	6
Health Center	87.5	75.0	50.0	62.5	8
Other Public	85.0	45.0	25.0	35.0	20
Total	83.8	56.8	35.1	48.7	37

3.7 Family planning outreach

Health outreach programs are crucial for raising awareness of services and extending access into the community. Table 12 summarizes information on the facilities' outreach activities. In Cacucaco, the referral hospital and health centers did not conduct health outreach programs. The only referral health center with an outreach program facilitated discussions of family planning/birth spacing (33%) but did not offer family planning methods. Only one of the three other public facilities conducting outreach programs offered family planning methods (9%). In Viana, the referral health centers

Table 12: Facilities conducting outreach and the family planning components of outreach programs by facility type and municipality

	%			Total # of facilities N
	Facilities conducting health outreach programs	Outreach discusses family planning/birth spacing	Outreach offers family planning methods	
Municipality				
Cacuaco				
Referral Hospital	0.0	0.0	0.0	1
Referral Health Center	33.3	33.3	0.0	3
Health Center	0.0	0.0	0.0	3
Other Public	27.3	9.1	9.1	11
Subtotal	22.2	11.1	5.6	18
Viana				
Referral Hospital	50.0	50.0	50.0	2
Referral Health Center	0.0	0.0	0.0	3
Health Center	40.0	40.0	40.0	5
Other Public	22.2	22.2	0.0	9
Subtotal	26.3	26.3	16.7	19
Total				
Referral Hospital	33.3	33.3	33.3	3
Referral Health Center	16.7	16.7	0.0	6
Health Center	25.0	25.0	25.0	8
Other Public	25.0	15.0	5.3	20
Total	24.3	18.9	11.1	37

did not conduct outreach programs. Although outreach programs are conducted at only one of the two referral hospitals (50%) and two of the five health centers (40%), all three programs discussed family planning/birth spacing and offered methods. The one other public facility that conducted outreach also included discussions of family planning/birth spacing but did not offer contraceptive methods.

3.8 Community health workers (CHWs)

Properly trained community health workers (CHWs) can play an important role in expanding access to family planning. Table 13 summarizes the assignment of CHWs to facilities and their family planning training and services. Most facilities in Cacucaco and Viana did not have CHWs. In Cacucaco, the 72 CHWs assigned to one of the three health centers did not have training in family planning and did not distribute contraceptive methods. Only twenty CHWs were assigned to three other public health facilities in Cacucaco but CHWs were only trained in family planning and distributed methods at one facility (9%). In Viana, there were 180 CHWs assigned to two health centers (40%), 150 assigned to one of the 9 other public facilities (11%) and no CHWs assigned to the referral hospitals and referral health centers. CHWs were trained in family planning in all the

facilities where they were assigned in Viana but they only the CHWs associated with the two health centers distributed contraceptive methods.

Table 13: Community health workers (CHWs) and their family planning services by facility type and municipality

Background characteristic:	% of facilities w/attached CHWs*	% of facilities with any CHWs distributing FP	Total # of facilities N	% of CHWs trained in family planning	Total # of CHWs
Municipality					
Cacuaco					
Referral Hospital	0.0	0.0	1	0.0	0
Referral Health	0.0	0.0	3	0.0	0
Health Center	33.3	0.0	3	0.0	72
Other Public	27.3	9.1	11	9.1	20
Subtotal	27.8	5.6	18	11.1	92
Viana					
Referral Hospital	0.0	0.0	2	0.0	0
Referral Health	0.0	0.0	3	0.0	0
Health Center	40.0	40.0	5	40.0	180
Other Public	22.2	11.1	9	22.2	150
Subtotal	21.1	15.8	19	21.1	330
Total					
Referral Hospital	0.0	0.0	3	0.0	0
Referral Health	0.0	0.0	6	0.0	0
Health Center	37.5	25.0	8	25.0	252
Other Public	25.0	10.0	20	15.0	170
Total	24.3	10.8	37	16.2	422

*vs. None or Don't know

4. Key Findings and Recommendations

- Only 39% and 58% of facilities in Cacucaco and Viana, respectively, had electricity on the day of the survey, and only 50% and 58% had water every day. These utilities are necessary to the proper functioning of any health facility.
 - Infrastructure functionality is an area that needs improvement, particularly in Cacucaco.
- Around 44% of facilities in Cacucaco and Viana had recent clinical and reproductive health guidelines.
 - These guidelines should be provided to all facilities at future trainings in order to ensure they can reference this material for implementation of best practices.
- Cacucaco has very few specialized providers - 1 OB/GYN, 1 surgeon, 1 pediatrician, and only 19 general physicians. Viana has double the population of Cacucaco but still has insufficient numbers of high level providers - 7 OB/GYNs, 2 surgeons, 6 pediatricians, and 23 general physicians.
 - More high-level providers should be deployed to provide specialized care in these municipalities.
- The majority of facilities in both municipalities don't have most provider types. Hospitals typically have at least one of each type of provider (with the exception of CHWs), but mid- and low-level facilities are staffed primarily by nurse/midwives and nurse assistants. Where possible, there is a need to increase the types of staff at these facilities based on the facilities' needs.
 - These municipalities need to train additional high- and mid-level providers to achieve the minimum threshold of 23 doctors, nurses, and midwives per 10,000 population. This ratio of providers to population was established by the WHO as necessary in order to deliver essential maternal and child health services.
- Only 37 and 30 of the 84 MCH and maternity nurses/midwives in Viana are providing MVA and medication uterine evacuation, respectively. In Cacucaco, it is 11 and 0, respectively, out of 42. In addition, there are only 10 MCH and maternity nurses/midwives in Cacucaco providing IUD insertion, 3 providing implants, and 17 providing injectable contraception out of 42. In Viana there are 21, 5, and 49, respectively, out of 84. These providers should also be trained in intrapartum and postpartum family planning counseling and provision. Regarding delivery care, only 1 of the 2 MCH doctors (including OB/GYNs) in Cacucaco provides caesarean section; only 2 of 5 provide it in Viana. In addition, only 30 of the 42 MCH and maternity nurses/midwives in Cacucaco and 54 of the 84 in Viana are providing vaginal delivery (with or without instruments).
 - There is a need to increase access to and service utilization of the public sector health care system by maximizing the existing human resource capacity. All high and mid-level MCH providers should be able to provide all methods of contraception, as well as all means of delivery and post uterine evacuation care.
- Both municipalities could benefit from increased capacity of outreach programs that utilize CHWs. In Cacucaco, 28% of facilities have CHWs attached; in Viana, it is only 21%. Specifically with regard to family planning, 11% and 21% of facilities in Cacucaco and Viana, respectively, have CHWs that are trained in family planning, but only 6% and 16%, respectively, are distributing family planning methods. Cacucaco has 92 CHWs, only 15 of which are providing

family planning counseling and distributing condoms, but none are distributing pills or providing injectable contraceptives. In Viana, there are 330 CHWs, 317 of which are providing family planning counseling, but only 2 of which are distributing condoms; none are providing pills or injectable contraceptives.

- Training all existing CHWs and additional CHWs, as needed, to provide family planning counseling and methods according to the WHO recommendations would increase awareness of and access to contraceptives for women in these communities.
- There are ample opportunities to introduce task-shifting. In Viana, there are 9 pharmacists but only 2 are providing pills and family planning counseling.
 - Pharmacists, CHWs, and other clinical staff (like nurse assistants) should be trained to provide family planning counseling and some methods (e.g. condoms, pills, injectable contraceptives).
- Referral health centers often have the same capacity as non-referral health centers – some of them do not have doctors and/or pharmacists. There is a need to improve the capacity of these facilities so that they are truly referral health centers that are able to meet the needs of patients referred from lower level facilities.
 - All referral centers should follow the WHO recommendations for their specified capacity (i.e. comprehensive emergency obstetric care) and be able to provide the package of interventions required.
- Most facilities have an insufficient contraceptive method mix and there have been stocks outs of several methods of contraception at many of the facilities in the last 12 months. Currently no facilities in Cacucaco or Viana provide female or male sterilization, which can easily be addressed through training.
 - All facilities should be able to provide all methods of contraception, with the exception of sterilization in lower-level facilities with no surgical capacity.
 - Improved forecasting and greater method availability will help meet the communities' contraceptive needs.
 - Postpartum and post-abortion clients should have all contraceptive methods available on site, especially long acting methods, to ensure that women's needs are met.

5. Next Steps

Findings from the Health Facility Assessment in Cacucaco and Viana represent comprehensive data on the public sector reproductive health service availability in these municipalities. With this evidence, we can strategize on how best to maximize existing human capacity and health infrastructure to improve access, utilization, and quality of care.

To begin, we need to ensure that existing high- and mid-level providers are trained on the full array of services and that they are able to provide these services. This means a re-training of many doctors, nurses, and midwives to ensure they are competent in all evidence-based methodologies for the various maternal and child health and reproductive health services and procedures. This will ensure that any high- or mid-level provider that is in the facility or on-call will be able to handle any patient case, in particular delivery complications or post uterine evacuation care.

Next, we need to maximize the impact of the limited number of the more skilled providers by utilizing task-shifting to the extent that the evidence base allows. The data reveals many instances where mid- or low-level providers could be providing a service in accordance with the recommendations of the World Health Organization but they are not, likely because of a lack of training. Future trainings will focus on more efficiently and effectively leveraging the existing human resource in these municipalities by implementing more task-shifting and sharing strategies. Specifically, we should train nurses, nurse-midwives, and nurse assistants to provide all forms of contraception, with the exception of sterilization.

In addition, the role of existing CHWs in Cacucaco and Viana should be reviewed and their responsibilities expanded. This cadre of community health care workers creates a critical linkage between the community and the health care system. Focusing on improving the capacity of these workers and mobilizing them in their communities to counsel on key reproductive health concerns can help to increase awareness and draw patients into facilities for preventative health care and other services. With increased skills, the CHWs will be able to provide some of these services themselves, thereby reducing the workload of more highly trained providers in facilities. In many settings throughout the world, CHWs provide condoms and OC pills (which some CHWs are already providing) as well as injectable contraceptives. Training would focus on family planning counseling and provision of these methods.

Lastly, we will use the aforementioned trainings to improve the current monitoring system and data collection forms. All providers will be trained on the importance of accurate and timely data entry and how to properly complete the applicable forms. This will improve the monitoring data being collected and will allow public health officials to better address the health needs of the population. In addition, the statistician in each municipality should be trained to conduct basic forecasting of commodities to prevent stocks outs from occurring.

Achieving these steps has the potential to greatly increase not only the quality of services provided, but the availability of services. It will also increase access points by bringing much needed care out into the communities via CHWs and lower level facilities. Taking these measures can ultimately improve the health of the population, which can be captured through the monitoring system.

6. Appendix

HEALTH FACILITY ASSESSMENT CACUACO AND VIANA LUANDA, 2012

MUNICIPALITY NAME _____ FACILITY NAME _____ FACILITY PHYSICAL ADDRESS _____	[] [] (CODE)
TYPE OF HEALTH FACILITY	PUBLIC SECTOR REFERRAL HOSPITAL11 REFERRAL HEALTH CENTER.....12 HEALTH CENTER.....13 OTHER PUBLIC _____ 18 _____ (SPECIFY)

IDENTIFICATION AND INTRODUCTION OF INVESTIGATOR

LIST NAMES OF ALL PEOPLE INTERVIEWED IN THIS SURVEY: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	JOB TITLE OF ALL PEOPLE INTERVIEWED IN THIS SURVEY: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
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SUPERVISOR		CODED BY
NAME.....		NAME.....
CODE:		CODE:
DATE [___/___/12] DD MM YY		DATE [___/___/12] 12] DD MM YY

GENERAL FACILITY INFORMATION

Number	Questions	Coding	Skip/Notes
201	On average, how many days per week is the facility open?	Days per week. <input type="text"/>	
202	What time did this facility open to see outpatients today? (Outpatients are people seen for preventive care and sick people who go home the same day.)	Hour..... <input type="text"/> <input type="text"/> Minutes..... <input type="text"/> <input type="text"/> Open 24 hours per day.....25	204 →
203	What time will this facility stop seeing outpatients today?	Hour..... <input type="text"/> <input type="text"/> Minutes... <input type="text"/> <input type="text"/> Open 24 hours per day.....25	
204	Does this facility have power today?	YES.....1 NO.....2	→ 206
205	How many hours per day is power available?	Hours per day..... <input type="text"/> <input type="text"/> All hours.....24	
206	Does this facility have running water today?	YES.....1 NO.....2	→ 208
207	How far away is the source of running water used by this facility?	IN FACILITY1 WITHIN 500 METERS.....2 BETWEEN 500 AND 1000 METERS...3 MORE THAN 1 KM AWAY.....4	
208	Is water available every day?	YES1 NO.....2	
209	Does this facility have a phone or short-wave radio?	YES.....1 NO.....2	→ 211

210	Does this facility have access to a phone or short-wave radio if necessary for an emergency?	YES.....1 NO.....2	
211	Does this facility offer inpatient care or are patients ever observed overnight?	YES.....1 NO.....2	→ 213
212	How many beds are available for in-patient care in this facility?	NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
213	Does this facility have guidelines and standards for clinical and reproductive health care issued in the last 5 years?	YES.....1 NO.....2	
214	Does this facility offer free emergency transport to patients?	YES.....1 NO.....2	
215.	<p>How many permanent regular staff offer DIRECT clinical services in this facility? List the staff by category.</p> <ol style="list-style-type: none"> 1. Obstetrician/Gynecologists (OB/GYN) 2. Surgeons 3. Pediatricians 4. General physicians 5. Pharmacists 6. Nurses 7. Nurse/midwives 8. Nurse assistants 9. Community health extension workers (CHEWs) 10. Lab technologists/technicians 11. Health Information Officers 12. Nutritionists 13. VCT providers/counselors 14. X-ray technicians 15. Others_____ <p>FOR LARGE MEDICAL HOSPITALS AND COLLEGES, PLEASE PROBE TO ESTIMATE TO YOUR BEST ABILITY.</p> <p>*NOTE: PLEASE EXCLUDE STUDENTS, REGARDLESS OF LEVEL</p> <p>You can read out the options:</p>	<p>OB/GYNS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>SURGEONS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PEDIATRICIANS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>GENERAL PHYSICIANS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PHARMACISTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NURSES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NURSE/MIDWIVES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NURSE ASSISTANTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>CHEW <input type="text"/> <input type="text"/> <input type="text"/> LAB</p> <p>TECHS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HEALTH INFO OFFICER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NUTRITIONISTS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>VCT PROVIDERS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>X-RAY TECHNICIANS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER SPECIFY_____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	

3. SERVICE PROVISION BY TYPES OF PROVIDERS IN THE FACILITY

Please list the number of each type of health provider who is trained to provide the following services.

	301. MCH doctor including OB/GYN	302. MCH & maternity nurses/midwives	303. Community Health Outreach Worker	304. Pharmacists	305. Other clinical staff (specify _____)
a. Family Planning Counseling					
b. Distribute condoms					
c. Distribute oral contraceptives					
b. IUD Insertion					
d. Norplant Insertion					
f. Depoprovera injections/ injectable contraceptives					
g. Vaginal delivery with our without instruments					
h. Caesarean section					
i. Manual Vacuum Extraction					
j. Dilation & Cutterage					
k. Medication abortion					
l. PAC family planning counseling					

4. AVAILABILITY OF SERVICES

Now I would like you to describe some of the services that this facility provides.				
SERVICE	Does this facility provide the following Maternal and Child Health SERVICES?	How many days per week is SERVICE available?	How many clients received this service here in the past 3 months ? ASK TO SEE MEDICAL RECORD SYSTEM, IF POSSIBLE. OTHERWISE, ASK RESPONDENT TO RECALL.	WHAT WAS THE SOURCE OF THIS INFORMATION?
GENERAL Maternal and Child Health Services				
401. HIV testing and counseling (INCLUDE ANC, MCH, PNC)	401a. Yes 1 No 2 →(402)	401b. <input type="text"/> Days	401c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
402. TB Screening	402a. Yes 1 No 2→(403)	402b. <input type="text"/> Days	402c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
403. Antenatal care	403a. Yes 1 No 2→(404)	403b. <input type="text"/> Days	403c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
404. Family Planning	404a. Yes 1 No 2→(405)	404b. <input type="text"/> Days	404c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
405. Treatment of sexually transmitted diseases	405a. Yes 1 No 2→(406)	405b. <input type="text"/> Days	405c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
406. PMTCT	406a. Yes 1 No 2→(407)	406b. <input type="text"/> Days	406c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
Child Health Services				
407. Immunization	407a. Yes 1 No 2→(408)	407b. <input type="text"/> Days	407c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

408. Treatment of infectious diseases	408a. Yes 1 No 2 →(409)	408b. <input type="text"/> Days	408c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
Delivery and Post-Partum Services				
409. Labor and delivery services	409a. Yes 1 No 2 →(410)	409b. <input type="text"/> Days	409c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
410. Blood transfusion during labor/delivery	410a. Yes 1 No 2 →(411)	410b. <input type="text"/> Days	410c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
411. C-section	411a. Yes 1 No 2 →(412)	411b. <input type="text"/> Days	411c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
412. Care of the new born	412a. Yes 1 No 2 →(413)	412b. <input type="text"/> Days	412c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
413. Post-Partum Care	413a. Yes 1 No 2 →(414)	413c. <input type="text"/> Days	321c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
414. Counseling on initiating breast-feeding	414a. Yes 1 No 2 →(415)	414b. <input type="text"/> Days	414c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
415. Treatment of postpartum hemorrhage/excessive bleeding	415a. Yes 1 No 2 →(416)	415b. <input type="text"/> Days	415c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
416. Treatment of preeclampsia/eclampsia	416a. Yes 1 No 2 →(417)	416b. <input type="text"/> Days	416c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2

417. Manual removal of placenta	417a. Yes 1 No 2 →(418)	417b. <input type="text"/> Days	417c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
418. Vaginal delivery with or without instruments	418a. Yes 1 No 2 →(419)	418b. <input type="text"/> Days	418c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
Other RH Services				
419. Cancer screening, eg Breast, Cervix	419a. Yes 1 No 2 →(420)	419b. <input type="text"/> Days	419c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
420. Youth friendly services	420a. Yes 1 No →(421)	420b. <input type="text"/> Days	420c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
421. Abortion/PAC: MVA	421a. Yes 1 No →(422)	421b. <input type="text"/> Days	421c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
422. Abortion/PAC: D&C	422a. Yes 1 No →(423)	422b. <input type="text"/> Days	422c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
423. Abortion/PAC: Medication abortion	423a. Yes 1 No →(424)	423b. <input type="text"/> Days	423c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
424. Abortion/PAC: family planning counseling and services	424a. Yes 1 No 2 →(425)	424b. <input type="text"/> Days	424c. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE.....9993	OBSERVED RECORD.....1 PROVIDER ESTIMATE.....2
425. Does this facility refer clients to other health care facilities for any of MNCH, FP,, HIV, or other services?	YES 1 NO 2 _____ →			301

426. For which services are these referrals?	FAMILY PLANNING.....1
	IMMUNIZATION.....2
[MULTIPLE RESPONSE POSSIBLE]	ANTENATAL CARE.....3
	DELIVERY CARE.....4
	EMERGENCY DELIVERY CARE (C-SECTION).....5
	POSTNATAL CARE.....6
	ABORTION.....7
	POST ABORTION CARE'.....8
	DISEASE PREVENTION.....9
	TREATMENT OF ADULT.....10
	TREATMENT FOR CHILD.....11
	GROWTH MONITORING OF CHILD.....12
	HEALTH CHECK-UP13
	VCT.....14
	HIV/AIDS MANAGEMENT.....15
	PMTCT.....16
	OTHER _____ 17
	(SPECIFY)

(b) Emergency contraceptive			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(c) Male condom			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(d) Female condom			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(e) Injectable contraceptive - Depoprovera			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(f) Implants			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(g) IUD			[] NOT OFFERED9993	[] NOT OFFERED9993	[] NOT OFFERED99993	[] NOT OFFERED99993	OBSERVED1 ESTIMATED.....2
(h) Female sterilization			[] NOT OFFERED9993		[] NOT OFFERED9993		

(i) Male sterilization

[| | | |]

NOT OFFERED
.....9993

[| | | |]

NOT OFFERED
.....9993

METHODS THAT REQUIRE MULTIPLE VISITS

METHOD	514. How many [NAMED METHOD] do you usually provide to a new acceptor on her first visit?	515. How many [NAMED METHOD] do you usually provide to a woman coming for resupply/continuing to use the same method?
(a) Oral contraceptives (number of packs)		
(b) Male condoms (number of pieces)		
(c) Female condoms (number of pieces)		

6. IEC MATERIALS AND OUTREACH ACTIVITIES					
601.	Are the following family planning Information, Education, Communication materials available in this facility? THE ENUMERATOR SHOULD ASK THE QUESTION AND SHOULD ALSO VERIFY THE EXISTENCE OF THESE MATERIALS IN THE HEALTH FACILITY	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
	a) Posters	1	2	3	8
	b) Informational flip chart	1	2	3	8
	c) Brochures/pamphlets	1	2	3	8
	d) Information sheets	1	2	3	8
	e) Job aids	1	2	3	8
	f) Demonstration models	1	2	3	8
	g) Counseling cards	1	2	3	8
	h) Samples of various FP methods	1	2	3	8
602.	Does this facility conduct health outreach programs?	YES 1 NO 2 DON'T KNOW 8			→608 →608
603.	Does the outreach program discuss family planning/birth spacing?	YES 1 NO 2 DON'T KNOW 8			
604.	Does this outreach program offer methods of family planning?	YES 1 NO 2 DON'T KNOW 8			
605.	What services (other services) does this program offer? CHOOSE ALL THAT ARE OFFERED.	ANTENATAL CARE 1 IMMUNIZATION 2 GROWTH MONITORING 3 CERVICAL CANCER SCREENING 4 BREAST CANCER SCREENING 5 POSTNATAL CARE 6 HIV TESTING AND COUSSELLING 7 GENDER BASED VIOLENCE 8 OTHER (SPECIFY) 9			
606.	How many communities benefit from this outreach program?	NUMBER []			
607.	About how often are the communities VISITED?	BI-WEEKLY 1 MONTHLY 2 SEMI-ANNUALLY 3 ANNUALLY 4 OTHER 6 (Specify)			

608.	Does this facility have Community Health Workers?	YES1 NO 2 DON'T KNOW8	→END →END
609.	How many CHWs are attached to this facility?	[] DON'T KNOW9998	
610.	Are the CHW's trained on family planning?	YES1 NO 2 DON'T KNOW8	
611.	Do any of the CHW's distribute FP commodities?	YES1 NO 2 DON'T KNOW8	