



**Sexually Transmitted Infections
Data from the Facility Baseline
Assessment of Regional Hospitals
and Facilities in 28 Target Districts
in Seven Regions of Ghana**

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INTRODUCTION

The Quality Health Partners (QHP) project is one of four bilateral projects contributing to USAID/Ghana's Strategic Objective Seven: Improved Health Status for Ghanaians. QHP focuses on improving the quality of and equitable access to a package of reproductive and child health (RCH) services in 28 of the most deprived Districts of the country's seven southern regions, as well as in other key health facilities in the country, including the 10 Regional hospitals. The RCH service package includes Safe Motherhood (antenatal and postnatal care and safe delivery, including post-abortion care), Family Planning, Child Health/Integrated Management of Childhood Illness (IMCI), malaria prevention and treatment, and STI-HIV/AIDS services, including Voluntary Counseling and Testing (VCT) and treatment of opportunistic infections such as tuberculosis. An additional area of focus for QHP is Integrated Disease Surveillance and Response (IDSR).

This Facility Baseline Assessment (FBA) was conducted in order to establish a starting point for programming of QHP assistance to Regions, Districts and facilities. The FBA provides information about the current operating status of facilities in terms of equipment, personnel, and training. It establishes a baseline for measuring provider compliance with guidelines and client satisfaction with services. In addition, the FBA results, combined with a mid-term and final evaluation, will enable the project to measure progress toward achievement of objectives and indicator targets in the QHP Performance Management and Evaluation Plan (PMP).

METHODOLOGY

All survey teams were trained in the survey methodology during a four-day training held in Kumasi from 24-27 November 2004. Additionally, field supervisors were trained for two days on how to manage the data collection process, field editing techniques and how to fill in all of the instruments appropriately.

Data collection tools included:

- Facility audit (review of infrastructure, supplies, and equipment and questions to determine service availability, staffing, gaps for provision of quality services)
- Provider interview (to determine training needs, routine practice, supervision and job satisfaction)
- Observation of a sick child presenting with diarrhea or fever (to measure adherence to IMCI protocols)
- Client exit interviews for caretakers of sick children (to determine client perspectives of the quality of services)
- Record review of STI patients for adherence to treatment protocols in management of STIs

A census of all hospitals, Health Centres and selected private facilities in the 28 target Districts and all Regional hospitals was conducted (n=171). The census included all facilities in the Districts except for private clinics, maternity homes and facilities below the Health Centre level. Data were collected from 94% of the targeted facilities in November and December 2004.

The data were entered using EpiInfo. Data cleaning and analysis were conducted using SPSS v.13.0¹. Much of the analysis used the 2002 Service Provision Assessment (SPA)² as a guideline, in order to compare the 28 southern Districts with the national data. While these two datasets are not directly comparable, a general idea of the situation in these deprived Districts has emerged. Where possible, SPA definitions were used. For more details on the findings of the report or on the methodology, please see the full report³

KEY FINDINGS

Few facilities had all the necessary medicines to manage common infections and conditions in pregnancy (17.5%). The ANC provider was the person to provide STI services in only 41.9% of cases (resulting in many missed opportunities to treat STIs). Most facilities had the capacity to test for protein in urine (78.9%) and anemia (83.0%).

STI services were widely available at facilities (96.6%), but only 44.6% of facilities offered some type of HIV/AIDS services. Hospitals were the most likely to provide both STI and HIV/AIDS services. Only about one in four (26.1%) Health Centres provided HIV/AIDS services. While availability of essential medicines was good at the hospital level, Health Centres often have a shortage of drugs to treat STIs (34.0%).

Only 27.0% of all facilities assessed had all conditions needed to provide quality STI counseling (visual and auditory privacy, *Guidelines for Using the Syndromic Approach to Treating Sexually Transmitted Infections* and any visual aids). Regional hospitals were the exception, with 66.7% of facilities having all conditions needed.

More than one in four (28.1%) facilities surveyed had all the equipment for a quality physical STI examination (visual privacy, examination bed and functioning examination light). This was lowest in Health Centres (16.0%). Only 6.4% of facilities surveyed had all conditions necessary for a quality physical examination (all items and equipment for quality counseling, infection-prevention, and quality examination).

Regional hospitals surveyed were less likely to provide a physical examination for male STI patients (43.5%) than other hospitals (76.7%) and Health Centres (62.2%). Doctors and medical assistants were more likely to provide a physical exam to men than nurses

¹ SPSS (v. 13.0), 2004 Chicago: IL, USA.

² Ghana Statistical Service, Health Research Unit, Ministry of Health and ORC Macro. 2003. *Ghana Service Provision Assessment Survey 2002*. Calverton, MD: Ghana Statistical Service and ORC Macro.

³ QHP and GHS (2005) Facility Baseline Assessment of Regional Hospitals and Facilities in 28 Target Districts in the Seven Southern Regions of Ghana, (Accra, Ghana: QHP).
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(42.1%) and midwives (44.3%). This is due in large part to the predominance of female nurses rather than training or skill level.

Only 36.9 % of providers interviewed said they perform pelvic examinations with a speculum as part of the physical exam of female STI patients. Overall, 30.8% of providers responded that they perform a bi-manual examination.

The STI record review looked at a random sample of up to five outpatient records from the past six months in each facility. Out of 116 male STI records reviewed, only 27 followed the recommended national guidelines for treatment. Of 252 female records reviewed, only five followed the guidelines. There seemed to be correlation between the number of medications a provider should give and whether a patient received appropriate treatment (the more medications required, the less often the treatment is correct).

STIs are routinely being under-medicated, increasing the risk of developing antibiotic resistance.

1.1 Detailed Findings

Sexually transmitted infections (STIs) continue to be a major public health problem worldwide. STIs are a cause of high morbidity in adults, and may result in complications with sequelae such as infertility, ectopic pregnancy, urethral stricture, congenital syphilis, low birth weight and prematurity.

Since the advent of HIV/AIDS, STI control has increased in importance, as having an STI has been shown to facilitate the acquisition and transmission of HIV/AIDS through discharge and sores in mucus membranes. Sexual contact is not the only means of transmission of HIV/AIDS, but it is the most common. Adequate management of STIs therefore has an important place in the control of the HIV/AIDS epidemic.

HIV/AIDS has become the leading cause of morbidity and mortality in the African sub-region overall. Most people infected with HIV do not know that they are infected and as a result unknowingly infect others, making prevention of STIs very important.

STIs are managed in health facilities as part of an integrated service. There are a few STI stand-alone clinics. Currently a syndromic approach is advocated especially in peripheral facilities where laboratory tests may not be available. The Facility Baseline Assessment provides information on the availability of STI services and the capacity to deliver quality STI services in the 28 target Districts and all ten Regional facilities. Availability of STI services was defined as any type of service provided in the health facility related to STIs, including counseling, any method of diagnosing and any level of treatment.

1.2 Availability of STI services

Most clients seeking health care for symptoms of STIs are seen at the general out-patient department, however a number of clients access the services through antenatal or family planning services.

Table 6.1 shows the availability of STI services by type of facility and region. Respondents often were asked if their facility provides any STI services (not defined, could be counseling only, testing only, or diagnosis and treatment or any combination of these). The majority of facilities (96.6%) assessed said they provide STI services. While 90.0% of Hospitals provide HIV/AIDS services only 44.6% of facilities overall do so. More District Hospitals (including Mission and private Hospitals) provide STI services (95.0%) than provide HIV/AIDS services (87.5%). Likewise, the majority of Health Centres also provide STI services (96.9%) while only 26.1% of them provide HIV/AIDS services. The Regional distribution of districts surveyed shows a high percentage of all facilities providing STI services ranging between 92.9% to 100.0%. Hospitals are generally more likely to provide HIV/AIDS services (ranging between 75.0% - 100.0%) than Health Centres (range between 30.0%-63.6%) in all regions.

Table 1.1 Percentage of Facilities Offering STI and/or HIV/AIDS Services

	Facility offers any STI service	Facility offers any HIV/AIDS service	Hospitals that offer any HIV/AIDS services
Type of Facility			
Regional Hospitals	100.0%	100.0%	100%
District/Mission/Private Hospitals	94.9%	87.2%	89.2%
Health Centres/Other	96.9%	26.1%	N/A
Region			
Ashanti	93.3%	50.0%	100.0%
Brong Ahafo	100.0%	30.0%	75.0%
Central	96.4%	43.5%	80.0%
Eastern	100.0%	63.6%	100.0%
Greater Accra	100.0%	50.0%	100.0%
Volta	92.9%	45.5%	100.0%
Western	100.0%	30.4%	100.0%
Totals			
	96.6% (n=146)	44.6% (n=168)	91.5% (n=47)

Key Findings

- Most facilities assessed (96.6%) provide STI services but only 44.6% offered HIV/AIDS services. Of all facilities assessed, hospitals were most likely to provide both STI and HIV/AIDS services.
- Only about one in four (26.1%) Health Centres provide HIV/AIDS services.

1.3 Equipment and Supplies

Equipment and supplies important in supporting quality STI services were assessed and included the following:

- Infrastructure and resources to support quality STI counseling and physical examinations.
- Essential supplies for basic STI services.

Privacy (both auditory and visual) is a prerequisite for quality counseling as it facilitates open communication between provider and client. Complete privacy is required when discussing client history because of the discomfort clients may feel when talking about issues related to their partner(s) and their sexual practices. *Guidelines for Using the Syndromic Approach to Treating Sexually Transmitted Infections*, and any visual aids or educational material are essential to providing quality counseling.

Less than one third (27.0%) of all facilities had all the conditions needed to provide quality counseling (Table 1.2). More Regional Hospitals tended to meet all the conditions needed to provide quality counseling (66.7%) than other Hospitals (24.3%).

Table 1.2 Resources to Support Quality Counseling and Examinations for STIs

	All conditions to provide quality counseling ¹	All infection-prevention items available in consulting room ²	All equipment to provide a quality physical exam ³	All conditions to provide quality physical exam ⁴	All medicines for STIs ⁵
Type of Facility					
Regional Hospitals	66.7%	62.5%	87.5%	22.2%	100.0%
District/Mission/Private Hospitals	24.3%	33.3%	45.9%	8.1%	70.5%
Health Centres/Other	24.2%	35.6%	16.0%	4.2%	34.7%
Region					
Ashanti	21.4%	23.1%	0.0%	0.0%	71.4%
Brong Ahafo	20.0%	20.0%	30.0%	0.0%	70.0%
Central	30.2%	36.5%	23.1%	5.7%	43.4%
Eastern	55.6%	88.9%	66.7%	33.3%	77.8%
Greater Accra	20.0%	40.0%	60.0%	20.0%	60.0%
Volta	11.5%	57.1%	19.2%	3.8%	34.6%
Western	23.8%	9.5%	33.3%	0.0%	28.6%
Totals	27.0% (n=141)	36.6% (n=134)	28.1% (n=139)	6.4% (n=141)	48.2% (n=141)

¹Visual and auditory privacy, Guidelines for using syndromic approach for diagnosing and treating STIs, any visual aids or educational material.

²All infection-prevention items (soap, water, gloves, disinfecting solution and sharp box).

³Visual privacy, examination bed and examination light.

⁴All of the above present.

⁵At least one medicine to treat Syphilis (benzathine penicillin, procaine penicillin, Doxycycline, tetracycline or erythromycin), Gonorrhoea (Ceftriazone, ciprofloxacin), trichomoniasis (metronidazole) and chlamydia (Doxycycline, tetracycline or erythromycin).

A little over one-third (36.6 %) of all facilities had all infection-prevention items (soap, water, gloves, disinfecting solution and sharps box) available in the STI consulting room. Regional Hospitals tended to have all infection-prevention items available (62.5%). District/Other Hospitals (33.3%) and Health Centres (35.6%) had all these materials available less frequently. All infection-prevention items were available in consulting rooms in 88.9% of facilities in Eastern Region, 57.1% in Volta, and 40% of facilities in Greater Accra.

Equipment for a quality physical examination includes a bed, an examination light for pelvic examination, and visual privacy. Of all the facilities assessed in relation to the above, only about one in four (28.1%) had all the equipment to provide quality physical examinations. The majority (87.5%) of Regional Hospitals had all equipment to provide a quality physical exam compared to 45.9% of other Hospitals. Only 16.0% of Health Centres/other had all the equipment to provide quality physical examinations. As in other service delivery areas, the most commonly missing item was a functioning spotlight. None of the facilities in targeted districts in Ashanti region had all the equipment for quality physical exams.

Facilities were also assessed for conditions necessary to provide quality physical exams (i.e. visual and auditory privacy, *Guidelines for Using the Syndromic Approach to Treating STIs*, any visual aids or educational material, all infection-prevention items, soap, water, gloves, disinfecting solution and sharps box, an examination bed and examination light). Few facilities (6.4%) overall had all the elements needed to provide quality physical exams. More Regional Hospitals (22.2%) than other Hospitals (8.1%) or Health Centres (4.2%) had all conditions necessary to provide quality physical exams. Facilities in Ashanti and Western regions were the least endowed with all the conditions for quality physical exams.

The availability of medicines to treat STIs in each facility was assessed. The availability of at least one medicine to treat syphilis (benzathine penicillin, procaine penicillin, doxycycline, tetracycline or erythromycin), gonorrhea (ceftriazone, ciprofloxacin), trichomoniasis (metronidazole) and chlamydia (doxycycline, tetracycline or erythromycin) was 48.2% overall. Regional Hospitals (100.0%) and District Hospitals (70.3%) tended to have all medicines while only 34.7% of Health Centres had at least one medicine to treat syphilis, gonorrhea, and chlamydia.

Key Findings

- Only 27.0% of all facilities assessed had all the conditions needed to provide quality counseling (visual and auditory privacy, *Guidelines for using the Syndromic Approach to Treating Sexually Transmitted Infections* and any visual aids).
- Slightly more than one in four (28.1%) of all facilities surveyed had all the *equipment* for quality physical examination (visual privacy, examination bed and functioning examination light). This was lowest in health centers (16.0%).
- Only 6.4% of facilities surveyed had all *conditions* necessary for quality physical examinations (all equipment for a quality examinations plus all items for quality counseling, and all infection-prevention items).
- Only 34.7% of Health Centres had at least one medicine to treat syphilis, gonorrhea and chlamydia.

The capacity of facilities to provide an etiological diagnosis for syphilis, gonorrhea, HIV/AIDS and microscopic examination of specimens was assessed. Testing capacity for syphilis was said to be available if a venereal disease research laboratory (VDRL) test and a functioning microscope were available. Also assessed were gonorrhea gram stain reagents and a functioning microscope or culture capacity, wet mount, functioning microscope and slides and HIV/AIDS-Rapid test.

Table 1.3 details facility testing capacity for STIs and HIV. Only 15.6% of facilities overall had the capacity to test for syphilis and only slightly more had the capacity to test for gonorrhea (27.7%). Only 34.0% could conduct microscopic examination of a specimen and only 29.1% could test for HIV/AIDS. Hospitals were more likely to have capacity to test for syphilis and HIV/AIDS than Health Centres, 2.1% of which could test for HIV/AIDS.

Table 1.3 Facility Capacity for STI and HIV Testing

	Testing capacity for			
	Syphilis	Gonorrhoea	Wet Mount	HIV/AIDS
Type of Facility				
Regional Hospitals (n=9)	88.9%	88.9%	100.0%	100.0%
District/Mission/Private Hospitals (n=37)	35.1%	62.2%	73.0%	81.1%
Health Centres/Other (n=95)	1.1%	8.4%	12.6%	2.1%
Region				
Ashanti (n=14)	7.1%	28.6%	42.9%	35.7%
Brong Ahafo (n=10)	20.0%	20.0%	40.0%	40.0%
Central (n=53)	11.3%	18.9%	20.8%	20.8%
Eastern (n=9)	33.3%	66.7%	88.9%	44.4%
Greater Accra (n=5)	0.0%	20.0%	20.0%	0.0%
Volta (n=13)	15.4%	34.6%	30.8%	30.8%
Western (n=7)	19.0%	23.8%	33.3%	28.6%
Totals (n=141)	15.6%	27.7%	34.0%	29.1%

1.4 Pre-Service Training

The pre-service training background of providers caring for STI and HIV/AIDS clients is important in determining the base from which to build the knowledge and skills of providers during in-service training. The FBA assessed the pre-service training background of providers in the target Districts.

Doctors made up 12.8% of respondents who provide STI services, 26.3% were medical assistants, 7.6% Nurses, 34.9% Midwives, and 15.6% were Auxiliary Nurses (Figure 1.1).

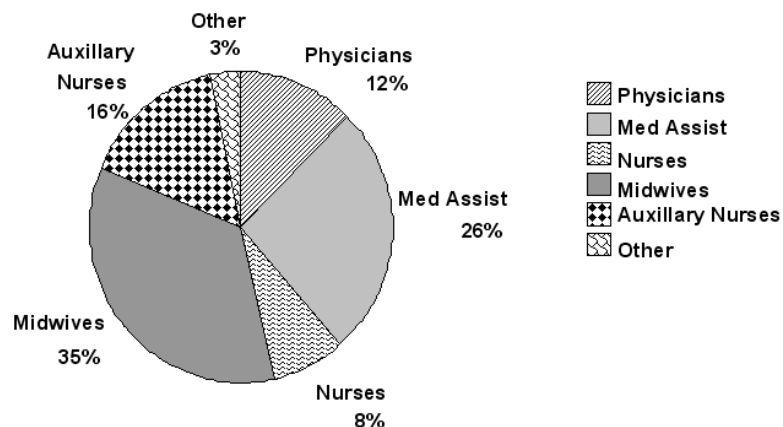


Figure 1.1 Providers of STI Diagnosis and Treatment

Table 1.4 illustrates the pre-service training background of the service providers surveyed. STI services were provided by 55.3% of all respondents. Of these, 70.7% Special Report on Sexually Transmitted Infections

received pre-service training in counseling for prevention of STIs, 78.8% in clinical diagnosis and treatment of STIs and 71.1% in syndromic diagnosis and treatment of STIs. The Western region was the lowest, where only 38.7% provided STI services and of these only 33.3% had pre-service training in counseling for prevention of STIs, and 45.8% had received pre-service training on syndromic diagnosis and treatment.

Table 1.4 Training Background of Providers Caring for STI Clients

	% of providers interviewed who provide STI services	Of those Providing Services, Percentage who Received Pre-Service Training On:		
		How to counsel for prevention of STIs	Clinical diagnosis and treatment of STIs	Syndromic diagnosis and treatment of STIs
Type of Facility				
Regional Hospitals	52.1%	65.2%	68.0%	72.0%
District/Mission/Private Hospitals	58.9%	71.0%	88.2%	77.2%
Health Centres/Other	53.9%	70.9%	75.0%	67.4%
Region				
Ashanti	61.0%	80.6%	88.9%	63.9%
Brong Ahafo	60.0%	66.7%	79.2%	75.0%
Central	56.6%	73.3%	78.4%	75.9%
Eastern	64.0%	68.8%	75.0%	62.5%
Greater Accra	63.6%	71.4%	85.7%	84.6%
Volta	50.5%	83.3%	83.7%	79.6%
Western	38.7%	33.3%	66.7%	45.8%
Type of Provider				
Doctor	84.1%	78.4%	100.0%	89.2%
Medical Assistant	97.4%	68.4%	86.8%	80.0%
Nurse	50.0%	85.7%	86.4%	77.3%
Midwife	51.8%	72.5%	72.5%	65.7%
Auxiliary Nurse	30.8%	57.8%	60.0%	51.1%
Other	50.0%	62.5%	62.5%	62.5%
Provider Gender				
Male	87.4%	66.7%	86.7%	76.7%
Female	47.4%	72.5%	75.0%	68.3%
Totals	55.3% (n=523)	70.5% (n=288)	78.6% (n=290)	70.9% (n=289)

Also assessed was the pre-service training background of providers caring for STI and HIV/AIDS clients on how to counsel for prevention of HIV/AIDS, counseling and support needs for HIV/AIDS-infected clients, management of HIV/AIDS, anti-retroviral therapy for HIV/AIDS and diagnosis of TB.

Of those providing STI Services, only 55.5% report having received pre-service training on counseling for prevention of HIV/AIDS, 37.3% on counseling and social support needs for HIV/AIDS-infected clients, 31.4% on medical management of HIV/AIDS, and 12.2% on anti-retroviral therapy for HIV/AIDS. Conversely, 74.7% had received pre-service training on diagnosis and treatment of TB (Table 1.5).

Providers at Hospitals were more likely to have had pre-service training on medical management and anti-retroviral therapy for HIV/AIDS than providers from Health Centres. Anti-retroviral therapy for HIV/AIDS started recently in Ghana, which may explain the low percentage of service providers who have had pre-service training in anti-retroviral therapy for HIV/AIDS.

Table 1.5 Training Background for Providers Caring for HIV/AIDS Clients

	Of those Providing Services, % who Received Pre-Service Training On:				
	How to counsel for prevention of HIV/AIDS	Counseling and social support needs for HIV/AIDS infected clients	Medical management of HIV/AIDS	Anti-retroviral therapy for HIV/AIDS	Diagnosis and treatment of TB
Type of Facility					
Regional Hospitals	48.0%	45.8%	45.8%	20.8%	92.0%
District/Mission/Private Hospitals	52.7%	34.4%	46.7%	18.5%	82.6%
Health Centres/Other	58.1%	38.6%	21.1%	7.6%	68.0%
Region					
Ashanti	50.0%	19.4%	38.9%	16.7%	80.6%
Brong Ahafo	75.0%	54.2%	54.2%	20.8%	91.7%
Central	55.2%	31.0%	21.6%	7.8%	66.4%
Eastern	43.8%	50.0%	25.0%	6.3%	62.5%
Greater Accra	50.0%	38.5%	25.0%	15.4%	92.3%
Volta	65.3%	65.3%	51.0%	20.4%	81.6%
Western	45.8%	16.7%	8.3%	0.0%	62.5%
Type of Provider					
Doctor	59.5%	45.9%	59.5%	29.7%	97.3%
Medical Assistant	61.8%	30.3%	38.2%	7.9%	92.1%
Nurse	68.2%	45.5%	45.5%	27.3%	81.8%
Midwife	48.0%	36.0%	19.0%	7.9%	55.4%
Auxiliary Nurse	48.9%	40.0%	15.6%	4.3%	64.4%
Other	75.0%	62.5%	42.9%	25.0%	87.5%
Provider Gender					
Male	57.8%	31.1%	37.8%	10.0%	91.1%
Female	55.5%	40.9%	28.4%	13.1%	67.3%
Totals					
	55.5% (n=292)	37.3% (n=290)	31.4% (n=289)	12.2% (n=288)	74.7% (n=289)

1.5 Physical Examination

Physical examination provides objective information on symptoms, which contributes to a proper diagnosis. Gender may sometimes influence whether or not a service provider conducts a physical examination. This study assessed the gender of providers of physical examinations to men and women.

Among STI service providers, the data showed a gender distribution of 68.9% female and 31.1% male, but overall men were more likely to provide STI services ($p < .001$). Table 1.6 shows that 82.6% of all respondents provide STI services to men. Of these

only 65.4% conduct a physical exam on men. Almost all (94.6%) of the respondents provide STI services to women. Of these 82.9% conduct a physical exam. There was a significant statistical difference between categories of service providers (physician versus nurse, etc.) in providing physical exams to men and women and between providers giving an examination.

Table 1.6 Provision of Physical Examination

	% providing STI services to men	% who provide physical exam (men)	% providing STI services to women	% who provide physical exam (women)
Type of Facility				
Regional Hospitals	68.0%	43.5%	88.0%	78.3%
District/Mission/Private Hospitals	90.2%	76.7%	94.3%	85.2%
Health Centres/Other	80.6%	62.2%	95.8%	82.4%
p value	.019	.005	.267	.713
Type of Provider				
Doctor	97.3%	83.8%	97.1%	90.9%
Medical Assistant	100.0%	90.8%	93.1%	79.4%
Nurse	81.8%	42.1%	90.9%	78.9%
Midwife	63.0%	44.3%	97.0%	90.7%
Auxiliary Nurse	84.1%	57.1%	95.6%	65.0%
Other	87.5%	71.4%	71.4%	83.3%
p value	<.001	<.001	.076	.008
Provider Gender				
Male	98.9%	89.9%	88.5%	73.8%
Female	75.1%	53.3%	97.4%	86.9%
p value	<.001	<.001	.002	.009
Totals				
Totals	82.6% (n=287)	65.4% (n=269)	94.6% (n=280)	82.9% (n=263)

1.6 Male STI Exam Procedure Knowledge

The FBA interviewed providers about their knowledge of STI Examination procedures for men. Providers were asked to describe how they do a physical exam for STIs in men. This questioning was initially open-ended, followed by specific probing questions.

Among the elements of a physical exam were:

- Ask patient to undress so that genitals are exposed,
- Examine the patient for urethral/penile discharge,
- Examine the genitals for lesions, and
- Retract the foreskin fully in the uncircumcised.

Table 1.7 illustrates provider knowledge of STI examination procedures in men. Service providers' knowledge of STI examination procedures for men is generally good. Most (78.1%) responded spontaneously that they ask patients to undress so that genitals are exposed and a further 21.4 % responded that they do so when specifically asked. Almost all (93.1%) examine the patient for urethral/penile discharge and 74.5% examine the genitals for lesions. Only 27.6% spontaneously responded that they retract the

foreskin fully in the uncircumcised. On further questioning 56.7% responded that they retract the foreskin fully in the uncircumcised.

Table 1.7 Provider Knowledge of STI Examination Procedures (Men)

		Providers description of how they do a physical exam for STIs (men)			
		Ask patient to undress so that genitals are exposed (n=185)	Examine the patient for urethral/penile discharge (n=177)	Examine the genitals for lesions (n=177)	Retract the foreskin fully (n=126)
Regional Hospitals	% Yes spontaneous	76.9%	90.9%	72.7%	44.4%
	% Yes probed	23.1%	9.1%	27.3%	55.6%
	% No	0.0%	0.0%	0.0%	0.0%
District/Mission/Private Hospitals	% Yes spontaneous	76.8%	98.5%	86.6%	30.2%
	% Yes probed	23.2%	1.5%	13.4%	50.9%
	% No	0.0%	0.0%	0.0%	18.9%
Health Centres/Other	% Yes spontaneous	82.5%	89.9%	67.7%	20.6%
	% Yes probed	23.3%	8.1%	30.3%	63.5%
	% No	1.0%	2.0%	2.0%	15.9%
Totals	% Yes spontaneous	80.0%	93.2%	75.1%	26.4%
	% Yes probed	19.5%	5.6%	23.7%	57.6%
	% No	0.5%	1.1%	1.1%	16.0%

1.7 STI Examination Procedures for Women

The FBA also interviewed providers about their knowledge of STI examination procedures for women. Providers were asked to describe how they do a physical exam for STIs in women.

The elements of a physical exam for women reported and solicited were:

- Ask patient to undress so that genitals are exposed,
- Ask patient to lie down,
- Examine patient for lesions on vulva and labia,
- Examine the patient for vaginal discharge,
- Perform pelvic examination with a speculum, and
- Perform a manual examination.

Table 1.8 shows that STI service providers' knowledge of examination procedures for women was generally good. Overall, 82.8 % of respondents said they ask patients to undress so that genitals are exposed and a further 14.2% acknowledged this procedure when probed. Overall, 83.3% of respondents said they asked patients to lie down, and 74.6% said they examine patients for lesions on vulva and labia. Most providers (90.6%) report examining patients for vaginal discharge. The main deficits were pelvic and manual exams. Only 36.9 % said they perform pelvic examination with a speculum, and even fewer (30.8%) responded that they perform a bi-manual examination.

Regional Hospitals had more service providers than District Hospitals and Health Centres who performed a pelvic and bi-manual examination of women as part of the physical examination. This may be due to the greater presence of physicians at Regional Hospitals, or it may represent a difference in training.

Table 1.8 Provider Knowledge of STI Examination Procedures (Women)

		Providers description of how they do a physical exam for STIs (women)					
		Ask patient to undress so that genitals are exposed (n=233)	Ask patient to lie down (n=234)	Examine patient for lesions on vulva and labia (n=232)	Examine the patient for vaginal discharge (n=234)	Perform pelvic examination with a speculum (n=233)	Perform a bi-manual examination (n=234)
Regional Hospitals	% Yes spontaneous	89.5%	94.7%	63.2%	89.5%	68.4%	36.8%
	% Yes probed	10.5%	5.3%	36.8%	10.5%	15.8%	26.3%
	% No	0.0%	0.0%	0.0%	0.0%	15.8%	36.8%
District/ Mission Private Hospitals	% Yes spontaneous	87.0%	87.0%	82.9%	93.5%	49.4%	41.0%
	% Yes probed	11.7%	11.7%	15.8%	5.2%	18.2%	26.9%
	% No	1.3%	1.3%	1.3%	1.3%	32.5%	32.1%
Health Centres/ Other	% Yes spontaneous	79.6%	79.7%	71.5%	89.1%	25.5%	24.1%
	% Yes probed	16.1%	18.1%	25.5%	8.0%	24.1%	26.3%
	% No	4.4%	2.2%	2.9%	2.9%	50.4%	49.6%
Totals	% Yes spontaneous	82.8%	83.3%	74.6%	90.6%	36.9%	30.8%
	% Yes probed	14.2%	15.0%	23.3%	7.3%	21.5%	26.5%
	% No	3.0%	1.7%	2.2%	2.1%	41.6%	42.7%

Key Findings

- Regional Hospitals surveyed were less likely to provide a physical examination for men (45.8%) than District Hospitals (76.7%) and Health Centres (62.4%). Doctors and medical assistants were more likely than nurses (42.1%) and midwives (44.9%) to provide a physical exam to men. This appears to be due in large part to the female gender of nurses rather than training or skill level.
- Only 36.9% of providers interviewed said they performed pelvic examinations with a speculum as part of the physical exam of women. Overall, 30.8% of providers responded that they performed a bi-manual examination.

1.8 Voluntary Counseling and Testing

Voluntary Counseling and Testing (VCT) provides counseling on prevention, tests to determine HIV status, and if positive, counseling on how to mitigate the impact of HIV.

Table 1.9 indicates that 23.4% of facilities offer VCT services. While 90.0% of Regional Hospitals and 62.5% of District Hospitals provide VCT services, VCT is only provided in 4.9% of all Health Centres, limiting its availability in rural communities.

Table 1.9 Availability of HIV/AIDS Services for Facilities that Offer VCT

	% of facilities that provide VCT (n=171)
Type of Facility	
Regional Hospitals	90.0%
District/Mission/Private Hospitals	64.1%
Health Centres/Other	4.9%
Region	
Ashanti	20.0%
Brong Ahafo	30.0%
Central	21.9%
Eastern	16.7%
Greater Accra	33.3%
Volta	24.2%
Western	21.7%
Totals	23.4%

Availability of follow-on care for positive cases was also assessed and included:

- Medical follow-up
- Testing for TB
- Home-based care services
- Counseling on PMTCT (Prevention of Mother-to-Child Transmission)
- Family Planning Services

As shown in Table 6.10, 62.2% of the facilities provided medical follow-up, 56.4% provided TB diagnosis, 24.3% home-based care, 72.2% counseling on prevention of PMTCT and 80.0% provided family planning services. Home-based care is still not widely available. Only 44.4% of Regional Hospitals provided home-based care, while

less than 10.0% of District Hospitals did so. Health Centres are slightly superior to Regional Hospitals, with 50.0% providing home-based care.

Facilities in the target Districts of Brong Ahafo, Greater Accra and Volta Regions did not report providing home-based care.

Table 1.10 Types of Follow-on Care for Positive Cases

	For positive cases, facility provides:				
	Medical follow-up	Diagnosis for TB	Home-based care services	Counseling on PMTCT	Family planning services
Type of Facility					
Regional Hospitals	77.8%	55.6%	44.4%	77.8%	88.9%
District/Mission/Private Hospitals	54.5%	62.5%	9.1%	76.2%	70.0%
Health Centres/Others	66.7%	33.3%	50.0%	50.0%	100.0%
Region					
Ashanti	75.0%	100.0%	50.0%	100.0%	75.0%
Brong Ahafo	66.7%	33.3%	0.0%	100.0%	100.0%
Central	66.7%	46.2%	33.3%	50.0%	75.0%
Eastern	100.0%	100.0%	50.0%	50.0%	50.0%
Greater Accra	0.0%	50.0%	0.0%	50.0%	50.0%
Volta	42.9%	50.0%	0.0%	100.0%	100.0%
Western	80.0%	80.0%	40.0%	60.0%	75.0%
Totals	62.2% (n=37)	56.4% (n=39)	24.3% (n=37)	72.2% (n=36)	80.0% (n=35)

Key Findings

- VCT is provided in only 5.0% of all Health Centers/Other facilities surveyed, limiting the availability of VCT in rural communities.
- Of all facilities surveyed, only 24.3% of those conducting VCT provided home-based care for positive cases, while only 9.1% of District Hospitals made this available.

1.9 STI Record Review

The main purpose of the STI record review was to understand whether providers were prescribing treatment for vaginal and urethral discharge according to the syndromic management of STI guidelines. Records from a total of 128 facilities (75% of all facilities surveyed) were reviewed. In order to be included in the review, records had to be from the period June through December 2004, and the chief complaint or diagnosis had to be vaginal or urethral discharge. Up to five records (randomly selected from male and female patients) were selected for analysis. In almost half of the facilities, five patient records were selected. In the remaining facilities fewer records were selected due to the unavailability of current STI outpatient cards. Records were reviewed for both diagnostic and treatment information.

A total of 478 records were reviewed. Of these, 31.4% were male, 67.4% were female and in 1.2% the gender was indeterminable. Table 6.11 shows that in 50.3 % of records reviewed, a diagnosis of urethral discharge in males was made. In only 28.4% of records reviewed was a diagnosis of gonorrhoea made. A diagnosis of chlamydia was rare (2.3%) in males. Among women, a diagnosis of vaginal discharge (Table 6.12)

was made in 70.1% of records reviewed. A diagnosis of cervicitis and vaginitis was made in only 2.6% and 8.4 % of cases respectively.

Table 1.11 Breakdown of Diagnoses for Male STI Patients

	Diagnosed	Not Diagnosed	Not Indicated
Urethral Discharge*	50.3%	47.6%	2.1%
Gonorrhoea*	28.4%	68.8%	2.8%
Chlamydia*	2.3%	96.2%	1.5%

*(n=150)

Table 1.12 Breakdown of Diagnoses for Female STI Patients

	Diagnosed	Not Diagnosed	Not Indicated
Vaginitis*	8.4%	90.7%	1.0%
Cervicitis*	2.6%	98.6%	0.6%
Vaginal Discharge*	70.1%	28.3%	1.6%

*(n=322)

Table 1.13 illustrates the rate of correct treatment including all drugs prescribed by the guidelines for syndromic management of STIs in men. While the overall percentages of correct treatment were low, people were treated. Typically they received only some of the required drugs rather than all of the necessary medications. For example, the overall correct treatment rate for urethral discharge in men was 28.8%.

Table 1.13 Treatment of Urethral Discharge in Men According to STI Guidelines

Discharge Confirmed by Examination (n=156)	Correct Treatment for Urethral Discharge Given ¹ (n=73)	Correct Treatment for Gonorrhoea Given (n=40) ²	Correct Treatment for Chlamydia Given (n=3) ³	Total Percentage of Correct STI Treatment by Diagnosis ⁴ (n=116)
26.9%	28.8%	12.5%	33.3%	23.3%

¹Tab Ciprofloxacin 500mg stat or IM Ceftriazone stat and either Doxycycline 100 mg 12 hourly for 7 days or Caps Tetracycline 500 mg 6 hourly for 7 days or Erythromycin 500mg 6 hourly for 7 days.

²Tab Ciprofloxacin 500mg stat or IM Ceftriazone stat.

³The number of cases observed for this diagnosis is too small to be significant. Correct treatment for chlamydia should be the same as for gonorrhoea (see note 1), but for this record review and this definition information on only either Doxycycline 100 mg 12 hourly for 7 days or Caps Tetracycline 500 mg 6 hourly for 7 days or Erythromycin 500mg 6 hourly for 7 days was collected.

⁴This is the total number of cases that were diagnosed and correctly treated for the diagnoses of urethral discharge, gonorrhoea and chlamydia combined, but does not include whether the discharge was confirmed by examination.

Adherence to the guidelines for syndromic management of STIs in women is even less likely, where at least two drugs, and in the case of the most common diagnosis (vaginal discharge) four different types of drugs, are required for proper treatment (Table 6.14). Very few women received all of the drugs recommended. In the case of vaginal discharge, for example only one case was treated correctly (0.5%).

Table 1.14 Treatment of Vaginal Discharge in Women According to STI Guidelines

Discharge Confirmed by Speculum Examination (n=31) ²	Correct Treatment for Vaginitis Given ¹ (n=26)	Correct Treatment for Cervicitis Given (n=8) ²	Correct Treatment for Vaginal Discharge Given ³ (n=218)	Total Percentage of Correct STI Treatment by Diagnosis ⁴ (n=252)
3.8%	15.4%	0.0%	0.5%	2.0%

¹ Tab Metronidazole 2g stat or Tab metronidazole 400mg 12 hourly for 7 days and Miconazole vaginal tablets 200 mg at night for 3 days or Clotrimazole vaginal tablets or cream 200 mg for 3 nights.

² The number of cases observed for this diagnosis is too small to be significant. Tab Ciprofloxacin 500mg stat or IM Ceftriazone stat and Tab Metronidazole 2g stat or Tab metronidazole 400mg 12 hourly for 7 days and Miconazole vaginal tablets 200 mg at night for 3 days or Clotrimazole vaginal tablets or cream 200 mg for 3 nights.

³ Same as for cervicitis with the addition of either Doxycycline 100 mg 12 hourly for 7 days or Caps Tetracycline 500 mg 6 hourly for 7 days or Erythromycin 500mg 6 hourly for 7 days.

⁴ Does not include whether the discharge was confirmed by speculum examination.

Key Findings:

- Service providers generally did not follow the guidelines for syndromic treatment of STIs in either men or women. Only 27 of 116 male STI records, and five of 252 female records reviewed followed the recommended national guidelines. There seems to be correlation between the number of medications a provider should prescribe and whether a patient receives appropriate treatment (the more medications required, the less often the treatment is correct).
- STIs are routinely under-medicated, increasing the risk of antibiotic resistance development.

RECOMMENDATIONS

Management of Medicines/Logistics

1. Health Centres, need to have all available drugs to treat STIs, IMCI, and common infections in pregnancy according to national guidelines.

Sexually Transmitted Infections, HIV and AIDS

2. Equipment and essential supplies should be provided to health facilities to enable service providers provide adequate diagnosis and treatment of STIs.
3. In-service training in syndromic diagnosis and treatment of STIs should be provided to all providers at all levels.
4. Strategies to encourage service providers to adhere to the guidelines for syndromic treatment for STIs should be developed.
5. Supervision of service providers providing STI services should be improved.
6. The capacity of VCT Service providers to provide home based care should be improved.

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APPENDIX I – SELECTED FACILITY BASELINE ASSESSMENT INSTRUMENTS

GHS and Quality Health Partners Facility Baseline Assessment

Provider Interview

FACILITY IDENTIFICATION																					
Name of Region: _____ Name of District: _____ Name of Facility: _____ Type of Health Facility : (1 = Regional hospital; 2 = District Hospital; 3= Other Hospital; 4 = Health Centre 5 =Other _____) Operating Authority: 1= Government; 2 = Quasi-government 3 = Non-governmental organization 4= Mission/Religious 5=Private for profit 6 = Other _____)	REGION CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DISTRICT CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> FACILITY CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> FACILITY TYPE <input style="width: 20px; height: 20px;" type="text"/> OPERATING AUTHORITY <input style="width: 20px; height: 20px;" type="text"/>																				
Provider Information																					
Provider category*: (1=Doctor; 2=Medical Assistant; 3=Nurse; 4= Midwife; 5=Auxiliary nurse; 6=other _____) Sex of Provider: (1=male; 2=female) Provider Code (start numbering the interviews at each facility with one and continue up to 5)	PROVIDER CATEGORY <input style="width: 20px; height: 20px;" type="text"/> SEX OF PROVIDER <input style="width: 20px; height: 20px;" type="text"/> PROVIDER CODE <input style="width: 20px; height: 20px;" type="text"/>																				
INFORMATION ABOUT INTERVIEW																					
Date: _____ <table style="margin-left: auto; margin-right: auto; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 15px; margin: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 15px; margin: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> <td colspan="2"></td> </tr> </table> Name of the interviewer _____			/			/					DAY		MONTH		YEAR						INTERVIEWER CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		/			/																
DAY		MONTH		YEAR																	

Provider Interview

Instructions: Interview 2-5 providers per facility who provided curative care services. At a minimum interview the person in-charge and a nurse. If there are more than one person per designation randomly select the people to be interviewed (see training manual for methodology to be used).

OBSERVER: INTRODUCE YOURSELF TO THE PROVIDER.

I am representing the Ghana Health Service and the Quality Health Partners for this survey. We are collecting information that will help us to understand the health service situation for maternal, child, and reproductive health services. This information will be used to design programs to improve these services. This part of the survey will ask questions about the services offered at this facility, the equipment that is available and staffing levels. It will take about 30 minutes to complete.

All information from this survey is confidential and participation in answering questions for this survey is voluntary. You can refuse to answer any question or all the questions. We are asking for your help to ensure that the information collected is accurate.

Do you have any questions for me?

Can we begin now ?

100	SIGNATURE OF INTERVIEWER INDICATES PARTICIPANT AGREEMENT TO PARTICIPATE AND THAT THE TIME IS CONVENIENT	YES <input type="checkbox"/> → <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">→</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">→</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">TIME</td> <td></td> <td colspan="2" style="text-align: center;">HOUR</td> <td></td> <td colspan="2" style="text-align: center;">MINUTES</td> </tr> </table> NO <input type="checkbox"/> → REASON			→			→			TIME			HOUR			MINUTES	
		→			→													
TIME			HOUR			MINUTES												

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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1. Provider Training and Experience

101	In what year did you start working in this facility?	YEAR <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					
102	What is your current technical qualification?	PHYSICIAN 10 MEDICAL ASST 20 NURSE 30 MIDWIFE 40 AUXILIARY NURSE 50 OTHER _____ 96					
103	What year did you graduate with this qualification?	YEAR <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>					

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE SERVICES YOU PROVIDE

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
201	<p>Do you personally provide any of these services?</p> <p>Child Health Services</p> <p>Family Planning</p> <p>Ante Natal Care</p> <p>Post Natal Care</p> <p>Post Abortion Care</p> <p>VCT</p> <p>STI</p> <p>Disease Surveillance</p> <p>Delivery Care</p>	<p>YES</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>2</p> <p>1</p>	<p>NO</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>If all NO GO TO →203</p>
202	<p>If yes to 201, for how many years in total have you provided these services? (Including those provided in another facility)</p> <p>Child Health Services</p> <p>Family Planning</p> <p>Ante Natal Care</p> <p>Post Natal Care</p> <p>Post Abortion Care</p> <p>VCT</p> <p>STI</p> <p>Disease Surveillance</p> <p>Delivery Care</p>	<p>Indicate number of years IF LESS THAN ONE YEAR, RECORD "00". IF NOT APPLICABLE RECORD "99"</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p> <p>___ ___ Years</p>		

3. STIS/HIV/AIDS

301	Do you personally provide care for clients with sexually transmitted infections? (STIs)?	YES 1 NO 2	→401
302	ASK THE FOLLOWING QUESTION FOR EACH SPECIFIC SUBJECT: Did you receive training in (SUBJECT) as a part of the basic training for your current technical qualification (pre-service training)		YES NO DK
	a) How to counsel for prevention of STIs	STI COUNSELING	1 2 8
	b) Clinical diagnosis and treatment of STIs	STI CLINICAL DX & TX	1 2 8
	c) Syndromic diagnosis and treatment of STIs	STI SYNDROMIC DX & TX	1 2 8
	d) How to counsel for prevention of HIV/AIDS	PREVENTION OF HIV/AIDS	1 2 8
	e) Counseling and social support needs for HIV/AIDS infected clients?	COUNSEL/SUPPORT HIV/AIDS	1 2 8
	f) Medical management of HIV/AIDS	MEDICAL MGMT HIV/AIDS	1 2 8
	g) Anti-retroviral therapy for HIV/AIDS?	ANTI-RETROVIRAL TX	1 2 8
	h) Diagnosis and treatment of TB?	TB DX AND TX	1 2 8
303	When a patient reports to you with a complaint of an STI, do you routinely ask about:?		
	a. Current Symptoms?	Yes.....1 No.....2 Don't Know8	
	b. Onset/duration of symptoms?	Yes.....1 No.....2 Don't Know8	
	c. Recent sexual contacts?	Yes.....1 No.....2 Don't Know8	
304	Do you attend to male STI patients?	Yes.....1 No.....2	
305	Do you routinely perform physical examination of your male STI patients?	Yes.....1 No.....2	→307

306	Please describe each step of how you examine a male STI patient. WAIT FOR RESPONDENT TO NAME ITEMS. IF AN ITEM REMAINS UNMENTIONED THEN PROBE - Do you...		
	a. Ask the patient to undress so that the genitals are fully exposed?	Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3	
	b. Examine the patient for a urethral/penile discharge.	Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3	
	c. Examine the genitals for lesions?	Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3	
	d. Retract the foreskin fully for patients who are not circumcised?	Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3 Not Applicable.....4	

307	Do you attend to female STI patients?	Yes.....1 No.....2 GO TO 310
308	Do you routinely perform physical examination of your female patients?	Yes.....1 No.....2
309	Please describe each step of how examine a female STI patient: WAIT FOR RESPONDENT TO NAME ITEMS. IF AN ITEM REMAINS UNMENTIONED THEN PROBE - Do you... a. ask the patient to undress so that genitals are fully exposed? b. Ask the patient to lie down? c. Examine the patient for lesions on vulva and labia? d. Examine the patient for vaginal discharge? e. Perform a pelvic examination with a speculum? f. Perform a bi-manual examination?	 Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3 Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3 Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3 Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3 Yes(spontaneous).....1 Yes (probed)2 No(spontaneous and probed).....3
310	What type of diagnosis do you base your treatment on? a: An aetiologic diagnosis such as for gonorrhea or syphilis? b. A syndromic diagnosis such as for urethral discharge or genital ulcer disease?	 Yes.....1 No.....2 Yes.....1 No.....2

4. Supervision			
No	QUESTIONS	CODING CLASSIFICATION	GO TO
401	In the last six months have you had a supervisor speak with you about your work or observe your work?	YES 1 NO 2	→404
402	How many times in the last six months has your work been supervised?	NO OF TIMES <input type="text"/> <input type="text"/>	
403	What did your supervisor do the last time he/she supervised you? A) Check your records/reports B) Observe your work C) Provide feedback on your performance? D) Provide updates on administrative or technical issues related to your work? E) Discuss problems you have encountered? F) Anything else _____?	 CHECK RECORD 1 2 8 OBSERVE 1 2 8 FEEDBACK 1 2 8 UPDATES 1 2 8 DISCUSS.....1 2 8 OTHER.....1 2 8	

	(SPECIFY)	
404	Do you have a written Job Description? (ask to see a copy)	Yes, seen.....1 Yes, reported to have.....2 No..... 3 Don't know.....8

5. Provider opinion		
501	What are the three most important issues which you feel need to be addressed for you to improve your work? PROBE: Any other issues you think are more important than these?	MORE STAFF 1 TREAT STAFF BETTER 2 PAY BETTER 3 MORE TRAINING 4 MORE FEEDBACK ON STAFF PERFORMANCE 5 MORE/BETTER EQUIPEMENT OR SUPPLIES 6 EMERGENCY TRANSPORT FOR PATIENTS 7 BETTER PHYSICAL ENVIRONMENT 8 BETTER SECURITY 9 OTHER _____ 10
502	RECORD TIME INTERVIEW ENDED.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
503	INTERVIEWER COMMENTS	

GHS and Quality Health Partners Facility Baseline Assessment

STI Record Review

FACILITY IDENTIFICATION																					
Name of Region: _____	REGION CODE <input type="text"/> <input type="text"/>																				
Name of District: _____	DISTRICT CODE <input type="text"/> <input type="text"/>																				
Name of the facility _____	FACILITY CODE <input type="text"/> <input type="text"/>																				
Type of Health Facility : (1 = Regional hospital; 2 = District Hospital; 3=Other Hospital 4=Health Center. 5= Other _____)	FACILITY TYPE <input type="text"/>																				
Operating Authority: 1= Government; 2 = Quasi-government 3 = Non-governmental organization 4= Mission/Religious 5 = Private for profit 6 = Other _____)	OPERATING AUTHORITY <input type="text"/>																				
Date: _____																					
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 15px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 15px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">DAY</td> <td align="center" colspan="2">/</td> <td align="center" colspan="2">MONTH</td> <td align="center" colspan="2">/</td> <td align="center" colspan="2">YEAR</td> </tr> </table>				/			/					DAY		/		MONTH		/		YEAR	
		/			/																
DAY		/		MONTH		/		YEAR													
Name of the interviewer _____	INTERVIEWER CODE <input type="text"/> <input type="text"/>																				

NO.	INFORMED CONSENT		
	<p>FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR STI SERVICES WHO IS PRESENT AT THE FACILITY. INTRODUCE YOURSELF AND READ THE FOLLOWING:</p> <p>I am representing the Ghana Health Service and the Quality Health Partners for this survey. We are collecting information that will help us to understand the health service situation for maternal, child, and reproductive health services. This information will be used to design programs to improve these services. This part of the survey will review STI records. It will take between 30-45 minutes to complete. All information collected for this survey is confidential and providing access to your STI records is voluntary. You can refuse us access to any record or all the records.</p> <p>We are asking for your help to ensure that the information collected is accurate. If there are sections where someone else is the most appropriate person to provide information, we would appreciate your introducing us to that person.</p> <p>Do you have any questions for me?</p> <p>Can we begin now ?</p>		
1000	SIGNATURE OF INTERVIEWER INDICATES PARTICIPANT AGREEMENT TO PARTICIPATE AND THAT THE TIME IS CONVENIENT	YES <input type="checkbox"/> → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TIME HOUR MINUTES NO <input type="checkbox"/> → REASON	
	INSTRUCTIONS: REVIEW THE MOST RECENT OPD CARDS OF STI CLIENTS SEEN AT FACILITY AND SELECT THE MOST RECENT 5 CARDS WHICH SHOW A COMPLAINT OF URETHRAL DISCHARGE OR VAGINAL DISCHARGE. CIRCLE APPROPRIATELY WHETHER RECORDS SHOW THE FOLLOWING		
1000a	INTERVIEWER: WERE YOU ABLE TO LOCATE ANY OPD CARDS OR INFORMATION ABOUT TREATMENT OF STIS AT THIS FACILITY?	YES1 NO.....2	→END

Record 1					
		Male	Female	Not Indicated	
1001	Was the patient male or female?	1	2	8	1 → 1002 2 → 1009
URETHRAL DISCHARGE					
		Yes	No	Not Indicated	
1002	Was discharge confirmed through examination	1	2	8	
1003	Was a diagnosis of urethral discharge made?	1	2	8	2 → 1005
1004	Were any of the following treatments provided?	Yes	No	Not Indicated	
CIRCLE ALL THAT WERE PRESCRIBED					
	Tab Ciproflaxin 500 mg stat	1	2	8	
	IM Ceftriaxone 250 mg stat	1	2	8	
	Caps Doxycycline 100 mg 12 hourly for 7 days	1	2	8	
	Caps Tetracycline 500 mg 6 hourly for 7 days	1	2	8	
	Tab Erythromycin 500 mg 6 hourly for 7 days	1	2	8	
1005	Was a diagnosis of gonorrhea made?	1	2	8	2 → 1007
1006	If yes, was either of these treatments prescribed?	Yes	No	Not Indicated	
CIRCLE ALL THAT WERE PRESCRIBED					
	Tab Ciprofloxacin 500mg stat OR	1	2	8	
	IM Ceftriaxone 250mg stat	1	2	8	
1007	Was a diagnosis of Chlamydia made?	1	2	8	2 → RECORD 2

1008	If yes, was any of these treatments prescribed? CIRCLE ALL THAT WERE PRESCRIBED	Yes	No	Not Indicated	
a)	Caps Doxycycline 1000mg 12 hourly for 7days OR	1	2	8	
b)	Caps Tetracycline 500mg 6 hourly for 7 days OR	1	2	8	
c)	Tab Erythromycin 500mg 6 hourly for 7days?	1	2	8	
VAGINAL DISCHARGE		Yes	No	Not Indicated	
1009	Was a speculum examination done to confirm abnormal discharge?	1	2	8	
1010	Was a diagnosis of vaginitis made?	1	2	8	2 → 1012
1011	If yes, did the prescribed treatment include any of the following? CIRCLE ALL THAT WERE PRESCRIBED	Yes	No	Not Indicated	
	Tab Metronidazole 2g stat OR	1	2	8	
	Tab Metronidazole 400mg 12 hourly for 7 days	1	2	8	
	Miconazole vaginal tablets 200mg at night for 3 days OR	1	2	8	
	Clotrimazole vaginal tablets or Cream 200mg at night for 3 days	1	2	8	
1012	Was a diagnosis of cervicitis made?	1	2	8	2 → 1014
1013	If yes, did the prescribed treatment include any of the following? CIRCLE ALL THAT WERE PRESCRIBED	Yes	No	Not Indicated	
	Tab Metronidazole 2g stat OR	1	2	8	
	Tab Metronidazole 400mg 12 hourly for 7 days	1	2	8	
	Miconazole vaginal tablets 200mg at night for 3 days OR	1	2	8	

	Clotrimazole vaginal tablets or cream 200mg at night for 3 days	1	2	8	
	Tab Ciprofloxacin 500mg stat	1	2	8	
	IM Ceftriaxone 250mg stat	1	2	8	
1014	Was a diagnosis of vaginal discharge made?	1	2	8	2 → RECORD 2
1015	If yes, did the prescribed treatment include any of the following? CIRCLE ALL THAT WERE PRESCRIBED	1	2	8	
	Tab Ciproflaxin 500 mg stat	1	2	8	
	IM Ceftriaxone 250 mg stat	1	2	8	
	Caps Doxycycline 1000 mg 12 hourly for 7 days	1	2	8	
	Caps Tetracycline 500 mg 6 hourly for 7 days	1	2	8	
	Tab Erythromycin 500 mg 6 hourly for 7 days	1	2	8	
	Tab Metronidazole 2g stat OR	1	2	8	
	Tab Metronidazole 400mg 12 hourly for 7 days	1	2	8	
	Miconazole vaginal tablets 200mg at night for 3 days OR	1	2	8	
	Clotrimazole vaginal tablets or cream 200mg at night for 3days	1	2	8	

Recorder's Comments: