SECTION 4

FACILITY-BASED SURVEYS

INTRODUCTION

In order to make informed decisions, cervical cancer prevention and control programmes require accurate, up-to-date information on the availability of cervical cancer services, the capacity and readiness of facilities to deliver services, and the quality of the services being delivered.

Service availability primarily refers to the physical presence of facilities or mobile units providing services for cervical cancer. Information on the presence and distribution of services is a prerequisite to scaling-up and maintaining a quality national programme; however, service availability does not guarantee that quality services are being provided.

Facility readiness refers to the capacity of facilities or mobile units to provide services for cervical cancer, and is a necessary precondition for quality services. Key inputs (e.g. trained staff, infrastructure, basic equipment, supplies) and processes (e.g. monitoring systems, procurement systems, referral mechanisms) must be in place in order to deliver high quality services; however, as with service availability, a facility's readiness to provide services does not necessarily guarantee the provision of quality services.

To facilitate the collection and analyses of this key information, this section presents tools and methods which can be adapted and implemented based on programme information needs, context, and available resources. Comprehensive, but not exhaustive, this package of tools and methods supports programmes to:

- Strategically plan cervical cancer service introduction and scale-up;
- Establish a baseline of cervical cancer-specific service availability, readiness, and quality;
- Monitor service availability, readiness, and quality during scale-up and introduction, and routine programming; and
- Implement service quality improvement processes.

The tools for the Facility-based Survey enable the direct measurement of specific inputs, processes and outputs against core standards for cervical cancer secondary prevention services. In addition, the guiding information presents considerations relevant to invasive cervical cancer service availability and readiness, and to addressing cervical cancer services in existing nationally representative facility surveys.

ASSESSING SERVICE AVAILABILITY, FACILITY READINESS, AND QUALITY OF SERVICES

A number of methodologies exist for assessing and monitoring service availability, facility readiness, and quality of services. The choice of methodology should be primarily dependent on the motivation for, and purpose behind, gathering the information. Additional factors such as available programme resources and existing planned surveys which may be leveraged to capture cervical cancer service information must also be considered when determining the most feasible and appropriate approach.

This section presents the Supportive Supervision process for documenting service availability and assessing facility readiness and performance and quality; and presents a standalone Facility Readiness Assessment (see Implementation Tools and Materials) for documenting service availability and assessing facility readiness. These approaches are designed to obtain facility-specific information, and are not intended to achieve results which may be generalizable to the broader health system – or to other facilities. The related tools gather the information necessary to answer the set of core questions presented in Table 4.1., thereby informing scale-up or introduction of services, and enabling the routine monitoring of service availability, readiness, and quality.

TABLE 4.1
Questions answered by facility readiness assessment and supportive supervision

QUESTIONS ANSWERED BY FACILITY READINESS ASSESSMENT AND SUPPORTIVE SUPERVISION
What cervical cancer prevention and control services are available? Where are they available? Are facilities providing the services they are designated to provide?
Do the cervical cancer services available address the need?
Are there sufficient trained staff providing cervical cancer services?
Are there additional staff available to be trained to provide cervical cancer services to meet any increase in need?
Do facilities have the basic infrastructure necessary to provide quality cervical cancer services?
Do facilities have procurement and supply chain mechanisms that ensure continuous provision of cervical cancer services and avoid stockouts?
Do facilities have the basic equipment and supplies necessary to provide quality cervical cancer services?
Do facilities have the basic requirements for infection prevention?
Do facilities have the basic medicines and point-of service testing required to provide quality cervical cancer services?
Do facilities have the basic data management materials and processes in place to support routine monitoring and inform improvement of cervical cancer services?
Do facilities have functional and clearly defined referral mechanisms as part of the continuum of cervical cancer care?
Are national cervical cancer policies and guidelines available and understood?
What activities are being conducted to ensure community awareness of cervical cancer services and increase demand for those services?
SUPPORTIVE SUPERVISION ONLY:
Are high-quality cervical cancer services being provided at the facility?
What is the quality of the routine data being collected? Are these data understood and used for decision-making?
What are client and community perceptions of the quality of cervical cancer services being provided by the facility?

The package of Implementation Tools and Materials at the end of this section provides a tool, indicators and guiding information to support the aggregation of information gathered through facility-based surveys, including analyses and mapping of services at a national or subnational level.

These periodic facility assessments expand the understanding gained through monitoring cervical cancer services using routinely collected and reported data, such as those presented in Section 3, Patient and Programme Monitoring. The detailed information

in Section 3, relating to indicator calculation and data quality, can also be used as a reference for assessing data management, quality, and use as part of Supportive Supervision (or Facility Readiness Assessments).

Large-scale national or subnational surveys to assess service-specific availability, readiness, and quality are typically quite resource intensive, and are not often feasible for cervical cancer programmes; however, existing or planned facility surveys may be leveraged to collect information on cervical cancer services in order to maximize resources and minimize duplication of effort. When determining opportunities for leveraging, it is important to consider whether the purpose of the existing survey aligns with programme information needs.

The WHO Service Availability and Readiness Assessment (SARA) is one example of a globally established facility survey focused on monitoring the provision of basic health services. SARA captures a limited amount of cervical cancer service-specific availability and readiness information; however it does not assess the quality of services provided.

Facility surveys such as SARA, the Service Provision Assessment (SPA), and potentially the Health Facility Census, answer basic questions necessary to periodically assess cervical cancer services as part of a general health service availability, readiness and quality monitoring process; and to broadly inform the need for scale-up or introduction of cervical cancer services, while identifying areas for more in-depth assessment. The broader focus of the SARA is clearly illustrated by the core questions it answers, as listed in Table 4.2.

TABLE 4.2

Questions answered by Service Availability and Readiness Assessment (SARA)

QUESTIONS ANSWERED BY SERVICE AVAILABILITY AND READINESS ASSESSMENT (SARA)
What is the availability of basic packages of essential health services offered by public and private health facilities?
Is there an adequate level of qualified staff?
Are resources and support systems available to assure a certain quality of services?
How well prepared are facilities to provide high-priority services such as reproductive health services, maternal and child health services, and infectious disease diagnosis and treatment (e.g. HIV, sexually transmitted infections, tuberculosis and malaria)?
Are facilities ready to respond to the increasing burden of noncommunicable diseases?
What are the strengths and weaknesses in the delivery of key services at health-care facilities?

Source: http://www.who.int/healthinfo/systems/sara_reference_manual/en/

A tool and a set of tracer indicators to support the leveraging of existing facility surveys for gathering cervical cancer-specific service information are provided in the package of Implementation Tools and Materials at the end of this section.

THE SUPPORTIVE SUPERVISION PROCESS

Supportive supervision is the process of assessing, mentoring, and encouraging health personnel to improve their performance, with the ultimate goal of improving the quality of services. The primary objectives are to:

- Identify issues with provider and facility performance;
- Identify internal and external factors that may be impacting quality of services;
- Provide immediate mentoring to address critical issues, and develop a practical action plan to address those that remain; and
- Guide quality improvement measures as part of an ongoing quality assurance and improvement process.

METHODOLOGICAL CONSIDERATIONS

FREQUENCY

The first Supportive Supervision visit should be conducted immediately after clinical training in order to ensure transfer of learning to the work site, and to identify any immediate internal and external factors at the facility which may impact quality of services. If this is not feasible, the visit should be conducted within 2–6 weeks following clinical training. Subsequent visits should be conducted every 3–6 months for the first year, and less frequently for following years for those facilities regularly meeting the standards. The three Performance categories may be used as separate tools for conducting interim peer-to-peer or self-assessments; however, assessment of both the Performance and the Readiness categories is required to achieve the objectives of a true Supportive Supervision visit.

SAMPLING

Given that the primary objectives of Supportive Supervision are to identify and address factors impacting the quality of services, the process is intended to be conducted at all facilities providing cervical cancer services, including mobile units. Data gathered from a purposive sample such as this, has certain limitations and is not intended to be more broadly generalizable or representative. Additional guiding information for aggregating, analysing, and interpreting data gathered across facilities through Supportive Supervision visits can be found in the Implementation Tools and Materials, as well as in "Assessing Service Availability, Facility Readiness and Performance".

PLANNING THE SUPPORTIVE SUPERVISION VISIT

The Supportive Supervision visit should be arranged for a date when the clinical trainer/supervisor and the M&E advisor are able to attend for the entire visit, and should be scheduled when convenient for facility staff. The core of the assessment occurs during the facility visit, which should be completed in one day.

The Pre-Visit Checklist and Worksheet found in the Implementation Tools and Materials package helps in planning the Supportive Supervision visit and in gathering pertinent information that will be verified during the visit.

The supervision team should consist of at least one cervical cancer screening and treatment technical supervisor and one M&E advisor and should be divided into two groups:

- Group 1: led by the technical supervisor, focuses on assessing the Provider Performance, Client and Community Assessments, and Facility Readiness sections (see Supportive Supervision tool);
- Group 2: led by the M&E advisor, focuses on assessing the Data Management and Meeting Key Indicator Benchmarks sections (see Supportive Supervision tool).

The team leaders of each group will manage the overall planning of the visit, organize how data will be collected, and designate who on the team will collect it.

Prior to the visit, team members need to be completely familiar with national guidelines, accepted standards of care, and the categories, standards, and scoring system of the Supportive Supervision tool (see Implementation Tools and Materials). Ideally, a workshop for orientation to the tool and how to conduct the visit would be made available for first-time users.

ETHICAL CONSIDERATIONS

The Supportive Supervision visit includes two activities for which informed consent, above the normal consent for conducting procedures, must be obtained:

1) Observation of client screening and precancerous lesion treatment, necessary to assess the Provider Performance categories; and,

2) Interviews with clients, as part of assessing the Facility Performance: Client and Community Assessments category.

Prior to the visit, the supervision team must have a plan for obtaining informed consent from observed or interviewed clients. While informed consent requirements will vary slightly by country and programme, most informed consent scripts include information on:

- The purpose of the interview or observation;
- The interview or observation process;
- How the information being collected will be used;
- Confidentiality;
- Voluntary participation; and
- Any potential risk and/or benefit to the client.

Clients and other interviewees must be assured that participating, or not participating, in interviews or observations will not affect their access to quality services. Observations of provider performance should be conducted in the private examination room (or large room with privacy screens – as described in the Supportive Supervision tool under the Facility Readiness Category 5: Infrastructure) typically used for screening and treatment services. Interviews with clients should be conducted as privately as possible.

CONDUCTING THE SUPPORTIVE SUPERVISION VISIT

INBRIEF MEETING

The visit should begin with a previously scheduled inbrief meeting with the medical director, administrators, senior matron, doctors, and other health-care workers and support staff, who are providing cervical cancer prevention services.

The objective of this meeting is to communicate:

- The visit objectives, purpose, and assessment and feedback methods; and
- What will be required during the visit (e.g. walk-through of clinic space, inspection of equipment and supplies, review of data forms and logbooks, direct observation of services being provided, etc.).

DATA COLLECTION

The assessment team completes the supportive supervision tool based on direct observation, review of records or logbooks, interviews with health workers, pharmacists, and their supervisors, as well as survey of clients or community members. Information collected before the visit (see the planning materials in the Implementation Tools and Materials package), or based on interviews, questionnaires, or record/register review, should be verified by direct observation as much as possible.

SUPPORTIVE SUPERVISION TEAM DEBRIEF

Immediately after completing the visit, the supervision team should regroup to share key findings and assessment scores, and to agree on the issues to be discussed during the Facility Staff Debrief. The team will discuss and reach consensus on all scores, the facility's strengths and weaknesses, and the priority gaps to be addressed. The team should complete the Performance Summary dashboard and the Facility Readiness Summary dashboard (see Implementation Tools and Materials) based on their discussion, and agree on who will provide feedback on which categories.

Low Performance and/or Facility Readiness Scores (with colour status of Red or Yellow) and other issues should be transferred to the Action Plan table provided at the end of the Supportive Supervision tool, found in the package of Implementation Tools and Materials at the end of this section. The supervision team will then work with the staff during the Facility Staff Debrief to develop a detailed Action Plan based on the issues identified, their impact on service quality, and the feasibility of proposed interventions to address them.

FACILITY STAFF DEBRIEF

The purpose of the staff debrief is to provide immediate feedback, review the supportive supervision visit findings, and start planning corrective action as part of the quality improvement process. If feasible, the same facility staff members who attended the inbrief meeting, should also attend the debrief meeting. (There may be instances in which the medical director and other administrators may require a separate debrief meeting.)

The supervision team will take this opportunity to:

- Review the purpose of the supportive supervision visit and of the debrief meeting;
- Hear from the facility staff on what they perceive to be the strengths and areas that need improvement;
- Discuss where the supervision team and facility staff agree and disagree on the strengths identified;
- Discuss areas that need improvement, especially those that have a significant impact on quality of services and outcomes;
- Provide immediate mentorship and capacitation; and,
- Encourage open communication from the staff and facilitate their active participation in the development of the action plan.

At the close of the Facility Staff Debrief, the supervision team will provide the facility with copies of the Performance and Facility Summary Dashboards, and the completed Action Plan. It is the supervision team's responsibility to ensure a plan for follow-up on corrective action is in place before leaving the facility.

THE SUPPORTIVE SUPERVISION TOOL

The Supportive Supervision tool provides a standardized structure for conducting supportive supervision visits, and allows for the periodic generation of reliable information on cervical cancer service availability, facility readiness to provide services, and the quality of services provided. The tool comprises three Performance Categories and thirteen Facility Readiness Categories, with corresponding core standards and scoring guides for each category embedded in the tool. The full survey tool can be found in the package of Implementation Tools and Materials at the end of this section.

The three Performance Categories facilitate a direct assessment of the quality of service provision and data management against established performance standards – a key part of quality assurance in a national cervical cancer programme. Table 4.3 shows the three Performance Categories and describes the standard for each category, along with considerations for adaptation prior to implementation. Adaptation to the Performance Categories should be undertaken with care, and should be limited to alignment of services, indicators and processes to national policies and guidelines.

TABLE 4.3
Performance categories

PERFORMANCE CATEGORY	DESCRIPTION OF STANDARD	NOTES ON ADAPTATION
Performance Category 1: Provider Skill	The provider complies with standards for service provision: prepares for, counsels, assesses, and performs procedures competently; demonstrates good infection prevention and control practices; and correctly documents findings.	Services may be included or removed to reflect programme context. (See subsection "Extended Note on Adaptation" below)
Performance Category 2.1: Data Collection and Management	Quality data are collected, recorded, and stored properly.	
Performance Category 2.2: Key Indicators and Benchmarks	Key indicators and targets are understood, and benchmarks are met.	Indicators (and local targets) should be adapted to those required by the National programme.
Performance Category 3: Client and Community Assessments	Client and community assessments on their perceptions of quality of care provided are routinely conducted, and these perceptions of quality of care are high.	

Assessment of specific inputs and processes necessary for facility readiness enables the identification of systemic weaknesses which may reduce performance quality. Table 4.4 below shows the thirteen Readiness categories, their associated standards for cervical cancer secondary prevention services, and considerations for adaptation prior to implementation.

TABLE 4.4
Facility Readiness categories

READINESS CATEGORY	STANDARD	NOTES ON ADAPTATION
Readiness Category 1: Services	Facility is providing the services it is designated to provide.	Services may be included or removed as appropriate, for example: · Removing Single Visit Approach · Assessing lab-specific services such as specimen processing and testing (for HPV testing); slide or specimen evaluation (Pap smear or LBC); histological/pathological analysis (biopsy) · Including other screening (e.g. digital cervicography) or treatment (e.g. thermal coagulation) methods Elements to capture frequency of service provision may be added
Readiness Category 2: Service Utilization	In a facility where services are currently being provided, screening and treatment targets are met.	Other essential indicators and targets may be added to the items, for example: · Single Visit Approach Rate · Percentage of screen-positive women who received a triage examination
Readiness Category 3: Staffing	Sufficient numbers of trained providers are currently providing services to meet need.	Other cadres may be added as appropriate, for example: · Laboratory technician · Cytotechnologist · Pathologist Elements to capture more in-depth information on provider availability (e.g. part-time or full-time; rotating or fixed) may be added
Readiness Category 4: Potential Staffing	Sufficient number of providers are available who meet selection criteria to be trained in desired skill and are available to provide services once trained.	Other cadres may be added as appropriate, for example: · Laboratory technician · Cytotechnologist · Pathologist Elements to capture more in-depth information on provider availability (e.g. part-time or full-time; rotating or fixed) may be added
Readiness Category 5: Infrastructure	Basic items are present and functional (over the past 3 months).	Standard items, may be added based on types of services provided and programme context, for example: · Reliable electric power is essential if providing certain services (e.g. HPV testing, LEEP), but not essential if only providing services such as VIA · Transport/storage of samples is essential if providing HPV testing or cytology
Readiness Category 6: Procurement and Supply Chain	A functional procurement and supply chain system is in place (measured by compliance with 4 items).	Standard items can be adapted or further specified based on programme context, for example: The assessment of timely entry of inventory/stock data may be considered essential – particularly If an electronic or centralized procurement system is used.
Readiness Category 7: Equipment and Supplies	Items are of sufficient quantity, continuously available, and functional (over the past 3 months).	Standard items may be added (or deleted) based on programme context and types of services provided.

Table 4,4 continued

READINESS CATEGORY	STANDARD	NOTES ON ADAPTATION
Readiness Category 8: Infection Prevention	Items are continuously available and functional (over the past 3 months).	Standard items may be added (or deleted) based on programme context and types of services provided, for example: · If LEEP is not part of services offered at the facility, high-level disinfection (HLD) is appropriate as a minimum requirement for infection prevention and control. · Specifying the type of sterilization or HLD to be used, based on national guidelines. · **For mobile unit**: For short-term mobile outreach, if sufficient instruments are available so that reuse is not necessary, then HLD is no longer applicable.
Readiness Category 9: Medicines and Testing	Items are continuously available and accessible (over the past 3 months).	Standard items can be adapted or further specified based on programme context, for example: · Specifying and listing the antibiotics for treatment of cervicitis and STIs. · Other analgesic medicines Standard items relevant to expiration/storage of test kits may be added
Readiness Category 10: Data Management	Items (materials and processes) are continuously available and functional (over the past 3 months).	Standard items may be modified based on programme context, for example: · Modifying the items assessed (screening forms, registers, etc.) to reflect national data collection and management processes · Include forms/processes relevant to laboratory specimen processing (laboratory information system, specimen tracking forms, etc.)
Readiness Category 11: Referral Mechanisms	Referral mechanisms are clearly defined and functional.	Standard items may be modified based on programme context, for example: · Modifying items to specifically assess electronic systems for referrals (and referral feedback) · Modifying items assessed to reflect service integration · For HPV testing and cytology – modifying items to assess coordination between the laboratory and screening facilities (e.g. availability of laboratory processing request forms, guidelines for specimen flow, standardized process for information flow and communication of results, etc.)
Readiness Category 12: Policies and Guidelines	Relevant and current national guidelines and policies are displayed or readily available, and well understood.	Standard items may be modified based on programme context, for example: · Modifying items to align with national Standard Operating Procedures for the display of guidelines · Adding guidelines for specimen processing, test kit manufacturers guidelines, etc.
Readiness Category 13: Community Sensitization and Mobilization	Activities have been continuously conducted and material present (over the past 3 months).	Standard items may be modified based on programme context, for example: · Including additional activities or adapting list of materials · Include assessment of databases or information systems used to manage materials or track activities

EXTENDED NOTES ON ADAPTATION

ASSESSING PROVIDER PERFORMANCE FOR HPV TESTING AND CYTOLOGY

While sample collection technique, provider-client interaction, and procedure documentation by the provider can be directly observed at the facility, one of the key measures of provider performance in HPV testing and cytology is sample adequacy. Sample adequacy is determined at the laboratory during processing, and therefore cannot typically be directly observed or assessed during a supportive supervision visit. As a proxy, a review of data – ideally, data specific to each provider – for key performance indicators such as Inadequate Sample and [client] Received Test Results (see Section 3, Patient and Programme Monitoring for indicator details) should supplement the direct observation.

In addition to adapting items in Category 5 (see details in Table 4.4), triangulation with Sample Submission Time indicator data (see Section 3, Patient and Programme Monitoring for indicator details) can help to assess whether providers and facilities are meeting the standard for sample storage/transport.

The items within the Performance categories of the tool can be adapted to assess a provider's performance against the below set of standard procedural steps described in *Integrating HPV testing in cervical cancer screening programs: a manual for program managers* [PAHO 2016], and the *WHO Comprehensive cervical cancer control: a guide to essential practice* [WHO, 2014]. These standard steps should be adapted according to national clinical practice and laboratory guidelines, and manufacturers' instructions where applicable.

STEPS FOR HPV TESTING

GETTING READY

1. Ensure that room, all equipment and supplies are ready for use.

2. Explain what an HPV test is and what a positive or negative test result means, and why it is important to return for the test results and act on them appropriately.

3. Ensure that the woman has understood the explanation and consents to the procedure.

4. Perform a gynecological examination.

TAKING THE SAMPLE (PROVIDER-COLLECTED SAMPLE)

1. Obtain a sample from the cervix with the brush or swab, following the manufacturers' instructions corresponding to the type of collecting device.

2. Place the brush or swab in the collection tube containing preservative solution.

3. Place used instruments in a decontamination solution.

4. Label the tube with the necessary information (e.g. woman's given name and surname, patient identification number, date, etc.)

TAKING THE SAMPLE (CLIENT-COLLECTED SAMPLE)

1. Explain to the client how to collect her own sample, in accordance with the manufacturer's instructions.

2. Provide her with swabs and a labelled vessel with preservative solution.

   a. She can collect the specimen in the clinic, if there is a private area, or at home. If she collects the specimen at home, it should be brought back to the facility within the time frame specified by the manufacturer of the test kit, and the client should be informed when to return for the test results.

AFTER TAKING THE SAMPLE

1. Record the taking of the sample on the screening form/patient chart, along with any observations.

2. *For provider-collected sample* – Tell the client about anything unusual you noted. If you saw something for which you wish to refer the woman to a higher-level facility, explain why, where and when she must go, and whom to see; stress the importance of keeping this appointment.

3. Tell the woman when to return for the test results.

STORING AND TRANSPORTATION OF COLLECTION TUBES (EXAMPLE REQUIREMENTS – ADAPT TO MANUFACTURER'S INSTRUCTIONS)

1. Store collection tubes at room temperature (15–30 °C).

   a. Transport to the laboratory does not require refrigeration.

   b. The tubes can be preserved for 2–3 weeks at room temperature.

   c. In the laboratory, samples can be preserved for up to one additional week at 4 °C and up to 3 months at -20 °C.

2. Do not use the test after the indicated expiration date.

STEPS FOR CYTOLOGY

GETTING READY

1. Ensure that room, all equipment and supplies are ready for use.

2. Explain the procedure, what a positive or negative test result will mean, and why it is important to return for the test results and act on them appropriately.

3. Ensure that the woman has understood the explanation and consents to the procedure.

4. Do a speculum examination.

TAKING THE SAMPLE (PAP SMEAR)

1. Insert the long tip of the spatula or brush into the cervical os, and rotate it through a full circle (360°).

2. Smear both sides of the spatula onto the glass slide with one or two careful swipes (or roll the brush onto the slide).

   a. If you see any abnormalities outside the area sampled, take a separate specimen and smear it onto another slide.

3. Immediately fix each slide, even before removing the speculum from the vagina (fixing only takes a few seconds): either use a spray fixative, at a right angle to, and a distance of 20 cm from, the slide, or immerse the slide in a container of 95% ethanol and leave it for at least five minutes (while you proceed with the next steps).

   a. If the slide is not fixed immediately, the cells will dry and become misshapen; this will make it impossible to read the slide accurately in the laboratory.

4. Gently close and remove the speculum.

TAKING THE SAMPLE (LIQUID-BASED CYTOLOGY (LBC))

1. Insert the brush or spatula into the cervical os, and rotate it through a full circle (360°).

2. Transfer the specimen from the brush or spatula to the special preservative solution in a tube.

3. Gently close and remove the speculum.

AFTER TAKING THE SAMPLE

1. Place all used instruments in decontamination solution.

2. Label the frosted edge of each slide (Pap smear) or container (LBC) with the necessary information (e.g. woman's given name and surname, patient identification number, date, etc.).

3. Record the taking of the sample on the screening form/patient chart, along with any observations

4. Ask the client if she has any questions and provide clear answers.

5. Tell her when and how she will receive the test results and stress the importance of returning for her results.

   a. Ideally, results should be sent back to the clinic from the laboratory within 2–3 weeks. It is not acceptable for the laboratory to take more than a month before reporting back.

6. If you saw something for which you wish to refer the woman to a higher-level facility, explain why, where and when she must go, and whom to see; stress the importance of keeping this appointment.

NEW SCREENING AND TREATMENT TECHNOLOGIES

This tool covers the screening and precancerous lesion technologies currently recommended by WHO. As technologies continue to advance, the tool can be adapted to enable assessment in line with those technologies. The tool may be easily adapted to include screening and triage techniques and adjuvants such as digital cervicography or smart-phone-based mobile colposcopy, by referencing manufacturers' guidelines and technical specifications and expanding the VIA-related elements. The tool may also be adapted to include new precancerous lesion treatment technologies, such as thermal coagulation, by referencing manufacturers' guidelines and technical requirements and adapting the cryotherapy-related elements (e.g. remove gas from required supplies). Where these new technologies are being piloted and tested, it is vital that findings be made available in order to strengthen the global evidence base.

SCORING PROVIDER PERFORMANCE AND FACILITY READINESS

PERFORMANCE CATEGORY SCORING

1. Provider Performance

Provider Performance is assessed using the standardized clinical skills checklists included in the tool. The Performance Standard is to competently perform the clinical skill based on the verification criteria for each skill. The Performance (or Skill) Score given to providers is based on the level of compliance with the performance standard.

2.Facility Performance: Data Quality and Use

The Performance Standard relies on continuously available and functional core data management Items, proper data collection and use, and meeting key indicator benchmarks. The Data Audit Table should be completed before assessing Data Quality and Use, because the audit provides much of the information required. It is preferable to review data from at least 1 month previously; however, review of the previous 3 months is recommended for more accurate representation. The Data Performance Score is based on the level of compliance with the performance standard. Please see the Supportive Supervision tool and Section 3 of this toolkit, Patient and Programme Monitoring, for additional guiding information on assessing and monitoring the quality and management of routine data.

3.Facility Performance: Client and Community Assessments

Client and Community assessments provide information on client and community perceptions of the quality of cervical cancer prevention services provided at the facility. Feedback can be obtained through conducting client interviews, keeping a suggestion box in the clinic, or meeting with community members. The Data Performance Score is based on routine client and community assessments and the perception that services are of high quality.

FACILITY READINESS CATEGORY SCORING

Individual scores are assigned to each item in a Facility Readiness Category based on how it meets the Standard. Scoring guides are provided for each Category to assist in developing scores. The Category Readiness Score is calculated as the average of all the individual scores in that Category.

For further detailed information on scoring for the Facility Readiness categories, refer to the Facility Readiness Categories in the Supportive Supervision tool.

PERFORMANCE AND FACILITY READINESS SUMMARY DASHBOARDS

These tables provide a snapshot view of the overall performance of the providers and the facility. The Performance Category Scores captured in the table include: 1) Average Provider Skill Performance scores, 2) Average Data Performance scores, and 3) Average Client and Community Assessment Performance score. Averaging the scores of each of these performance areas calculates the Summary Performance Score. The Facility Readiness Scores captured in the table include the average Readiness Score for each Facility Readiness Category, as well as the Summary Facility Readiness Score (average of Facility Readiness Category scores).

The dashboard form of presentation helps visualize the facility and provider performance, and is particularly useful for busy managers or ministry officials who are reviewing many reports. It also helps to track facility and provider progress over time and across facilities.

ELECTRONIC DATA CAPTURE AND MANAGEMENT

In order to make information more readily available, and to track capacity and quality across time, the Supportive Supervision and Facility Readiness survey data may be captured and managed electronically. In the interest of maximizing limited resources, a number of open-source customizable platforms are available for consideration. Many such platforms provide programmes and applications at no cost, which can be installed on existing or newly purchased hardware (e.g. smart phones, tablets) that meet technical specifications.

The Supportive Supervision Application described below was built on a no-cost open source platform using the paper-based Supportive Supervision Tool as a guide for the electronic form creation. This application has been used for tablet-based mobile data capture and analysis during the field implementation of the Supportive Supervision and Facility Readiness surveys.

APPLICATION DESCRIPTION

With a data collection application, supervisors, assessors, providers, and other users at the facility level can administer the tool electronically on a tablet. The application automates “skip logic” and colour-coded scoring, and it includes built in data validation and guidance. Built-in prioritization for the

Action Plan prompts the user to transfer the findings from the Supportive Supervision Application to the hard copy Action Plan for the facility.

After data are collected at the facility level, they can be submitted wirelessly whenever the user has a mobile network or Internet connection. The data are sent to a cloud database, where they are stored for future export into CSV format, or viewing in near-real time reports. This type of data aggregation and analyses allows for time series data regarding Supportive Supervision visits to be viewed by supervisors and other stakeholders in ways not previously possible, providing a more complete view of quality and facility readiness over time.

CONSIDERATIONS

While a high level of expertise in information technology or computer programming may not be required to build and customize many currently available no-cost applications, previous experience with other electronic data capture or data management platforms is beneficial.

Hardware (smartphones, tablets, etc.) previously purchased may be re-purposed for data collection; however, it is important to ensure that the hardware meets the required technical specifications for data collection applications.

IMPLEMENTATION TOOLS AND MATERIALS

SUPPORTIVE SUPERVISION TOOL

FACILITY INFORMATION

Facility Name:	
Name/Contact Information of Primary Contact Person at Facility:	Name: _____ Position: _____ Phone: _____ Email: _____
Location (District and City/ Village):	District: _____ City/Village: _____
GPS Coordinates:	GPS Points: _____ Format (e.g. DMS, UTM):_____ Source: _____ Validated/Collected On-site: ☐ Yes ☐ No
Type of Facility: *Choices should be adapted to context*	☐ Public ☐ Private ☐ NGO (Nongovernmental Organization) ☐ FBO (Faith-Based Organization) ☐ Other (explain) _____
Level of Facility: *Choices should be adapted to context*	☐ Mobile Unit ☐ Clinic ☐ Health Centre ☐ Hospital (District) ☐ Hospital (Regional) ☐ Hospital (National) ☐ Other (explain) _____
Number of Women in Target Population (or Catchment Population) for Screening:	

VISIT INFORMATION

Date of Visit: Date of Most Recent Facility Readiness Assessment or Supportive Supervision Visit:	
Assessment Team Members:	Name: _____ Title: _____ Name: _____ Title: _____

FACILITY SERVICES

Instructions: indicate with an **X** which services are currently being provided (on the left) as well as the planned additional services (on the right), if applicable. This information should have been obtained during the completion of the planning worksheet prior to the supportive supervision visit. Transfer the information from the planning worksheet to this area, and utilize the visit as an opportunity to validate information gathered during planning.

Existing designated cervical cancer screening and treatment services being provided ***(if any)***:	**Planned additional** cervical cancer screening and treatment services being assessed for readiness ***(if any)***:
☐ None	☐ None
☐ Cytology (sample collection)	☐ Cytology (sample collection)
☐ Cytology (processing)	☐ Cytology (processing)
☐ HPV Test (sample collection)	☐ HPV Test (sample collection)
☐ HPV Test (processing)	☐ HPV Test (processing)
☐ VIA	☐ VIA
☐ VILI	☐ VILI
☐ Cryotherapy	☐ Cryotherapy
☐ Single Visit Approach	☐ Single Visit Approach
☐ LEEP	☐ LEEP
☐ Colposcopy	☐ Colposcopy
☐ Biopsy	☐ Biopsy
☐ Endocervical Curettage	☐ Endocervical Curettage
☐ Histology/Pathology	☐ Histology/Pathology
☐ Other:	☐ Other:

DASHBOARD: SUMMARY PERFORMANCE AND FACILITY READINESS SCORES AND STATUS COLOUR

Instructions: To calculate the Overall Performance Score, enter the Performance Scores for Provider Skill (average score across providers, for each skill assessed), Data Collection and Management and Indicators and Key Benchmarks, and Client and Community Assessments in the table below. Calculate the average Performance Score for Provider Skill and Data Quality and Use categories. Add the Provider Skill Performance Score, Data Quality and Use Performance Score and the Client and Community Assessments Performance Score and divide by 3.

To calculate the Overall Facility Readiness Score, enter the Readiness Score for each category assessed in the table below. Add them and divide by the number of categories assessed. *Example*: *if all 13 Readiness Categories are assessed, and the sum of the 13 Readiness Scores is 20, the Overall Facility Readiness Score is 20/13 = 1.5, and has a status colour of Yellow.*

Note: Leave a copy of this table with facility staff upon completion of the Supportive Supervision Visit.

PERFORMANCE CATEGORY	**STATUS COLOUR** *(Place an "X" in the appropriate box)*		
	1.8 to 2.0 (Green)	**1.0 to 1.7 (Yellow)**	**0.0 to 0.9 (Red)**
1. Provider Skill			
1.1 Provider Skill: VIA			
1.2 Provider Skill: Cryotherapy			
1.3 Provider Skill: LEEP			
Provider Skill Performance Score *(calculated average of the scores for each skill)*			
2. Data Quality and Use			
2.1 Data Collection and Management			
2.2 Key Indicators and Benchmarks			
Data Quality and Use Performance Score *(calculated average of the scores for each data subcategory)*			
3. Client and Community Assessments			
Client and Community Assessments Performance Score			
OVERALL PERFORMANCE SCORE *(CALCULATED AVERAGE OF THE 3 CATEGORY PERFORMANCE SCORES)*			
COMMENTS:			

FACILITY READINESS CATEGORY	SCORE	STATUS COLOUR *(Place an "X" in the appropriate box)*		
		1.8 to 2.0 (Green)	1.0 to 1.7 (Yellow)	0.0 to 0.9 (Red)
1. Services				
2. Service Utilization				
3. Staffing				
4. Potential Staffing (if applicable)				
5. Infrastructure				
6. Procurement and Supply Chain				
7. Equipment and Supplies				
8. Infection Prevention				
9. Medicines and Testing				
10. Data Management				
11. Referral Mechanisms				
12. Policies and Guidelines				
13. Community Sensitization/Mobilization				
OVERALL FACILITY READINESS SCORE *(CALCULATED AVERAGE OF THE CATEGORY READINESS SCORES)*				
COMMENTS:				

PROVIDER AND FACILITY PERFORMANCE CATEGORIES

PERFORMANCE CATEGORY 1: PROVIDER PERFORMANCE

PERFORMANCE CATEGORY 1.1: PROVIDER SKILL – VIA

Scoring Guide: For each Step, use the Verification Criteria to assign a score for that Step: 2 = meets criteria; 0 = does not meet criteria.

Note: There is no score of 1 in the Provider Skill Performance Category.

Some Steps in the Provider Performance Category are so essential to the performance quality that they are considered "Score Limiting" Step(s). Given the importance of these particular Score Limiting Steps, if one of these Steps receives a score of 0, then the entire provider performance score must remain a 0.

The Score Limiting Steps for VIA are:

- Step 5: Provider correctly performs VIA, and
- Step 6: Provider correctly interprets VIA findings

The score obtained on the Score Limiting Step is the highest score that can be received for that Performance Standard. The scores on the other Steps cannot elevate the score above 0 if a score of 0 was obtained on the Score Limiting Step.

- Example 1 for VIA: If a provider scores a 0 on Step 6: Provider correctly interprets VIA findings, the provider's performance score cannot exceed 0 for this VIA skill, even if the provider scores 2 on other Steps, such as counselling and infection prevention.
- Example 2 for VIA: If a provider scores a 2 on both Step 5 and Step 6, the provider's performance score is simply the calculated average of all Steps observed.

PROVIDER SKILL PERFORMANCE STANDARD – VIA *Provider prepares for VIA, counsels, assesses, performs VIA competently, demonstrates good IPC practices, and documents findings.*					
VIA VERIFICATION CRITERIA: 10 STEPS	**VIA PERFORMANCE SCORE** *(P1 = Provider 1, P2 = Provider 2, etc.)*				**COMMENTS**
	P1 Score 2 or 0	P2 Score 2 or 0	P3 Score 2 or 0	P4 Score 2 or 0	
1. **Getting Ready**: Provider ensures that the room, all equipment, light source, and supplies are ready for use.					
2. **Pre-VIA Counselling and Assessment**: Provider greets the woman respectfully and: • Educates regarding cervical cancer and its prevention. • Takes targeted reproductive and medical history; assesses for risk factors. • Counsels her regarding how VIA and cryotherapy can prevent cervical cancer and obtains consent (verbal or written according to guidelines). • Evaluates her for any other services (e.g. family planning, HIV testing).					
3. **Infection Prevention and Control**: Performs hand hygiene, puts on new, clean examination gloves, and arranges instruments and supplies on a clean tray or container, if not already done.					
4. **Initial Examination**: Provider inspects external genitalia (for vulvar lesions, lichen sclerosis, and infectious disorders), gently performs pelvic examination, changes contaminated glove(s), performs speculum examination, visualizes the cervix well, accurately identifies the squamocolumnar junctions, and notes normal and abnormal findings prior to applying acetic acid.					
5. **SCORE LIMITING STEP – *Provider Correctly Performs VIA**: • Soaks a large clean cotton swab in 3–5% acetic acid, thoroughly washes the cervix, and disposes of the swab appropriately. • Waits at least 1 full minute (up to 2 minutes), by the clock, and observes the cervix the entire time for acetowhite changes.					
6. **SCORE LIMITING STEP – *Provider Correctly Interprets VIA Findings**: • VIA-negative, VIA-positive (and eligibility for cryotherapy), Suspicious for Cancer. See **Step 8** for discussing results. • If the VIA test was **Positive**, determines eligibility for cryotherapy. • A minimum of 20 images should be reviewed (actual clients, standardized stored photos, flashcards). Agreement should be at least 85%.					
7. **During VIA Infection Prevention and Control**: Throughout the procedure, provider places contaminated instruments in appropriate containers, disposes of contaminated materials properly, prevents cross-contamination of instrument tray, equipment, and supplies. If it does occur, it is recognized and proper disinfection/decontamination/disposal occurs.					
8. **Counselling**: During and after VIA, provider properly discusses results in easy to understand language, ensures client understanding, encourages questions, and answers them respectfully: • If VIA-negative, tells her when to return for repeat screening. • If VIA-positive or suspect cancer, discusses what the result means, and recommended next steps. • After counselling, provides necessary treatment or refers as needed.					
9. **Post-VIA Infection Prevention and Control**: • Following VIA, the provider changes gloves and disposes of contaminated ones properly, wipes the examination table, other equipment/instruments if used (e.g. camera), and the light source (if contaminated) with 0.5% chlorine solution or alcohol. • Disposes of contaminated gloves properly. • Performs hand hygiene. • Process instruments properly. • Stores processed equipment and supplies properly.					
10.**Documentation**: Provider correctly documents findings on the appropriate data management forms.					
VIA: Individual Provider Skill Performance Score					
VIA: Average Provider Skill Performance Score *(P1+P2+P3+P4…PN)/N = Average Score*					

PERFORMANCE CATEGORY 1.2: PROVIDER SKILL – CRYOTHERAPY

Scoring Guide: For each Step, use the Verification Criteria to assign a score for that Step: 2 = meets criteria; 0 = does not meet criteria.

Note: There is no score of 1 in the Provider Skill Performance Category.

Some Steps in the Provider Performance are so essential to the performance quality that they are considered "Score Limiting" Step(s). Given the importance of these particular Score Limiting Steps, if one of these Steps receives a score of 0, then the entire provider performance score must remain a 0.

The Score Limiting Step for Cryotherapy is:

- Step 4: Provider correctly performs cryotherapy

The score obtained on the Score Limiting Step is the highest score that can be received for that Performance Standard. The scores on the other Steps cannot elevate the score above 0 if a score of 0 was obtained on the Score Limiting Step.

- Example 1 for Cryotherapy: If a provider scores a 0 on Step 4: Provider correctly performs Cryotherapy, the provider's performance score cannot exceed 0 for this skill, even if the provider scores 2 on other Steps, such as counselling and infection prevention.

- Example 2 for Cryotherapy: If a provider scores a 2 on Step 4, the provider's performance score is simply the calculated average of all Steps observed.

PROVIDER SKILL PERFORMANCE STANDARD – CRYOTHERAPY
Provider prepares for cryotherapy, counsels, assesses, performs cryotherapy competently, demonstrates good IPC practices, and documents findings and treatment.

CRYOTHERAPY VERIFICATION CRITERIA: 8 STEPS	CRYOTHERAPY PERFORMANCE SCORE *(P1 = Provider 1, P2 = Provider 2, etc.)*				COMMENTS
	P1 Score 2 or 0	P2 Score 2 or 0	P3 Score 2 or 0	P4 Score 2 or 0	
1. **Getting Ready**: Provider ensures that in addition to VIA equipment and supplies, cryotherapy equipment, gas, and other supplies are functioning properly and ready for use, including sterilized or high-level disinfected cryotherapy tips.					
2. Pre-Cryotherapy Counselling and Assessment: Provider explains to the woman (and companion if present) why the treatment is recommended and describes the procedure: • Reviews previous counselling of cryotherapy, if done earlier, including: safety, effectiveness, risks of the procedure; what to expect during the procedure, what to expect following the procedure, self-care following the procedure, warning signs, and when she should return. • If not already done, ensures that the woman is not pregnant. • Answers all questions she has, and obtains consent (verbal or written according to guidelines). • Ensures the woman has recently (30 minutes) emptied her bladder.					
3. **Pre-Cryotherapy Infection Prevention and Control**: If not already done, performs hand hygiene, puts on new, clean examination gloves, and arranges instruments and supplies on a clean tray or container, if not already done.					
4. **SCORE LIMITING STEP – *Provider Correctly Performs Cryotherapy**: • Applies the cryotip to the cervix ensuring the entire acetowhite lesion is covered by the cryotip. • Performs the double-freeze technique. Freezes the cervix for 3 minutes and ensure a 4–5 mm ice ball forms, defrosts/thaws for 5 minutes, and refreezes for 3 minutes. • After the second freeze and the cryotip is detached, inspects the cervix to ensure that a hard, white frozen ice ball is present.					
5. **During Cryotherapy Infection Prevention and Control**: Throughout the procedure, provider places contaminated instruments in appropriate containers, disposes of contaminated materials properly, prevents cross-contamination of instrument tray, equipment, and supplies. If it does occur, it is recognized and proper disinfection/ decontamination/disposal occurs.					

Table continued

CRYOTHERAPY VERIFICATION CRITERIA: 8 STEPS	CRYOTHERAPY PERFORMANCE SCORE *(P1 = Provider 1, P2 = Provider 2, etc.)*				COMMENTS
	P1 Score 2 or 0	P2 Score 2 or 0	P3 Score 2 or 0	P4 Score 2 or 0	
6. **Counselling**: During and after cryotherapy: • Provider properly discusses what is happening and ensures that client is tolerating the procedure well. • Following the procedure, ensures the woman is not having excessive cramping before helping her sit up, get down from table, and get dressed. • Reviews post-cryotherapy and follow-up instructions (including written instructions if applicable). Asks her how she feels before allowing her to leave.					
7. **Post-Cryotherapy Infection Prevention and Control**: • Following cryotherapy, the provider changes gloves and disposes of contaminated ones properly, and closes the master valve on the gas cylinder. • Cleans and disinfects the cryotherapy unit by wiping it down with 70–90% ethyl or isopropyl alcohol, removes the cryotip, and empties the gas from the line. • Processes (sterilization or HLD) the cryotip according to manufacturer's instructions and stores in a sterile or HLD container. • Wipes the examination table, other equipment/instruments if used (e.g. camera), and the light source (if contaminated) with 0.5% chlorine solution or alcohol. • Disposes of contaminated gloves properly. • Performs hand hygiene. • Process remaining instruments properly. • Stores processed equipment and supplies properly.					
8. **Documentation**: Provider correctly documents findings on the appropriate data management forms.					
Cryotherapy: Individual Provider Skill Performance Score					
Cryotherapy: Average Provider Skill Performance Score *(P1+P2+P3+P4…PN)/N = Average Score*					

PERFORMANCE CATEGORY 1.3: PROVIDER SKILL – LEEP

Scoring Guide: For each Step, use the Verification Criteria to assign a score for that Step: 2 = meets criteria; 0 = does not meet criteria.

Note: There is no score of 1 in the Provider Skill Performance Category.

Some Steps in the Provider Performance are so essential to the performance quality that they are considered "Score Limiting" Step(s). Given the importance of these particular Score Limiting Steps, if one of these Steps receives a score of 0, then the entire provider performance score must remain a 0.

The Score Limiting Steps for LEEP are:

- Step 5: Provider correctly excises the lesion(s), and
- Step 6: Provider correctly achieves hemostasis

The score obtained on the Score Limiting Step is the highest score that can be received for that Performance Standard. The scores on the other Steps cannot elevate the score above 0 if a score of 0 was obtained on the Score Limiting Step.

- Example 1 for LEEP: If a provider scores a 0 on Step 5: Provider correctly excises the lesion(s), the provider's performance score cannot exceed 0 for this skill, even if the provider scores 2 on other Steps, such as counselling and infection prevention.
- Example 2 for LEEP: If a provider scores a 2 on both Step 5 and Step 6, the provider's performance score is simply the calculated average of all Steps observed.

PROVIDER SKILL PERFORMANCE STANDARD – LEEP *Provider prepares for LEEP, counsels, assesses, performs LEEP competently, demonstrates good IPC practices, and documents findings and treatment.*					
LEEP VERIFICATION CRITERIA: 10 STEPS	**LEEP PERFORMANCE SCORE** *(P1 = Provider 1, P2 = Provider 2, etc.)*				**COMMENTS**
	P1 Score 2 or 0	P2 Score 2 or 0	P3 Score 2 or 0	P4 Score 2 or 0	
1. **Getting Ready**: Provider ensures that LEEP equipment, instruments, supplies, light source, and electrical power are functional, available, and ready for use, including sterilized loop and ball electrodes.					
2. Pre-LEEP Counselling and Assessment: Provider greets the woman respectfully and: • Takes a targeted reproductive and medical history. Assesses for risk factors to treatment, and ensures no contraindications exist for treatment. • Takes and records blood pressure and pulse. • Based on the above steps, decides if it is safe to proceed with LEEP and if any change in type of local anaesthetic is needed. • Explains why the treatment is recommended and describes LEEP, including what to expect following treatment. • Answers all questions she has, and obtains consent (verbal or written according to guidelines). • Ensures the woman has recently (30 minutes) emptied her bladder.					
3. **Pre-LEEP Infection Prevention and Control**: If not already done, performs hand hygiene, puts on sterile surgical gloves, and arranges instruments and supplies on a sterile field.					
4. **Preparing to Perform LEEP**: • Attaches dispersive (grounding) pad to the woman's thigh. • Puts on a new pair of sterile surgical gloves on hands and arrange instruments and supplies on sterile tray, kidney dish, or towel on the trolley, if not already done. • Connects suction tubing to LEEP speculum. • Gently inserts LEEP speculum and fixes blades in the open position, as wide as possible without creating discomfort. Ensures adequate exposure protection of vaginal walls. • Repeats VIA, VILI, or colposcopy. Determines size loop(s) needed, anticipated number of passes, and ensures that loops and ball electrodes are ready on the table.					

Table continued

LEEP VERIFICATION CRITERIA: 10 STEPS	LEEP PERFORMANCE SCORE *(P1 = Provider 1, P2 = Provider 2, etc.)*				COMMENTS
	P1 Score 2 or 0	P2 Score 2 or 0	P3 Score 2 or 0	P4 Score 2 or 0	
5. **SCORE LIMITING STEP – *Provider Correctly Excises the Lesion(s)**: • Establishes local anaesthesia (total 3–4 mL) with appropriate local anaesthetic. • Inserts appropriate-sized loop in electrosurgery pen and sets on blended cutting at appropriate power. • Orients loop correctly, activates the electrode and introduces the loop into the tissue providing directional guidance. Excises 5 mm outside outer boundary of lesion and to a depth of at least 5 mm, ensuring entire excision of the precancerous lesion(s) and the transformation zone. Maintains activation of loop until loop exits the cervix tissue. • Removes specimen(s) with long tissue forceps and place in appropriately marked specimen containers with formalin.					
6. **SCORE LIMITING STEP – *Provider Correctly Achieves Hemostasis and Completes the Procedure**: • Changes LEEP unit setting to coagulation and insert 5 mm ball electrode into electrosurgery pen and coagulates the excisional crater until adequate hemostasis is achieved. • Coats the base of the excisional crater with Monsel's solution or paste					
7. **Infection Prevention and Control**: Throughout the procedure and after, provider places contaminated instruments in appropriate containers, disposes of sharps properly, disposes of contaminated materials properly, and prevents cross-contamination of instrument tray, equipment, and supplies. If it does occur, it is recognized and proper disinfection/decontamination/disposal occurs.					
8. **Counselling**: During and after LEEP: • Provider properly discusses what is happening and ensures that client is tolerating the procedure well. • Following the procedure, ensures the woman is not having excessive bleeding or cramping before helping her sit up, get down from table, and get dressed, and before she leaves the clinic. • Reviews post-LEEP and follow-up instructions (including written instructions if applicable), and next appointment.					
9. **Post-LEEP Infection Prevention and Control**: • Following LEEP, the provider changes gloves and disposes of them properly, and puts on new clean examination gloves. • Wipes suction tubing, electrosurgery pen, and light source with alcohol or 0.5% chlorine solution. Wipes the examination table or Macintosh cloth, and other contaminated surfaces, with alcohol or 0.5% chlorine solution. • Removes gloves, disposes of them properly, and performs hand hygiene. • Gently cleans and sterilizes loop and ball electrodes; stores in sterile containers. Cleans and either HLD or sterilize LEEP speculum and other instruments; stores in HLD or sterile containers.					
10.**Documentation**: Provider correctly documents findings in the appropriate data management forms.					
LEEP: Individual Provider Skill Performance Score					
Cryotherapy: Average Provider Skill Performance Score *(P1+P2+P3+P4...PN)/N = Average Score*					

SUMMARY OF PERFORMANCE CATEGORIES 1.1-1.3:
INDIVIDUAL PROVIDER SKILL PERFORMANCE SCORES FOR EACH SKILL

Use this table to summarize the individual provider scores from 1.1 – 1.3 and calculate the Average Performance Score by Skill.

PROVIDER NAME	SKILL(S) ASSESSED AND PERFORMANCE SCORE			Average Performance Score by Individual Provider *(Calculated average for all skills assessed for each Provider)*	COMMENTS
	VIA Score	Cryotherapy Score	LEEP Score		
P1.					
P2.					
P3.					
P4.					
Average Performance Score by Skill *(P1+P2+P3+P4... PN)/N = Average Score*				*Transfer the **Average Performance Score by Skill** to the next table*	

SUMMARY OF PERFORMANCE CATEGORIES 1.1–1.3:
AVERAGE PROVIDER SKILL PERFORMANCE SCORE FOR EACH SKILL

Note: The numbers in this table will be entered into the dashboard.

SKILL	PERFORMANCE SCORE *Transfer the Average Performance Score by Skill from the previous table*	PERFORMANCE COLOUR STATUS *(PLACE AN "X" IN THE APPROPRIATE BOX)*			COMMENTS *Briefly summarize the reason for any Yellow or Red results*
		1.8–2.0 (Green)	1.0-1.7 (Yellow)	0.0-0.9 (Red).	
VIA					
Cryotherapy					
LEEP					

PERFORMANCE CATEGORY 2: DATA QUALITY AND USE

DATA AUDIT TABLE

Use this table to document the conduct of a data audit as part of assessing the Data Quality and Use performance category.

Data reported to the national or subnational level can be transferred to this table (enter in Value Reported column) from a completed Pre-visit Worksheet.

Review of facility records (client forms, registers/ logbooks, monthly summary forms, and/or electronic systems) will allow for abstraction of key indicator data (enter in Value Observed column).

It is preferable to review data from at least 1 month; however, review of the previous 3 months is recommended for more accurate representation. Indicate the time period reviewed and note any issues with data access, availability or quality (*Completeness, Validity, Consistency, Accuracy, Uniqueness, Timeliness*).

Observation, and discussion with facility data management staff and providers, will further inform assessment of Performance Category 2.1 and 2.2.

INDICATOR DATA REVIEW QUESTIONS *Questions should be adapted to match core indicators being monitored*	**VALUE OBSERVED/ CALCULATED AT FACILITY**	**VALUE REPORTED**	**TIME PERIOD REVIEWED** *List Dates*	**COMMENTS**
What is the monthly screening target at this facility?				
Over the past 3 months, how many clients have been screened?				
For countries with high HIV-prevalence: Over the past 3 months, how many clients screened have been HIV-positive?				
In the past 3 months, what is the proportion of women screened for the first time *within* the target age range?				
Over the past 3 months, what is the screening test positivity rate for women screened for the first time?				

PERFORMANCE CATEGORY 2.1:
DATA QUALITY AND USE – DATA COLLECTION AND MANAGEMENT

Scoring Guide: 2 = confidentiality is consistently maintained, data collection materials are consistently available, almost no issues with data quality; 1 = some improvement is needed in maintaining confidentiality, data collection materials are not consistently available, some improvement is needed in data quality; 0 = large improvement is needed in maintaining confidentiality, large improvement is needed in availability of data collection materials, large improvement is needed in data quality

NOTE: The information in the Data Audit Table above, along with observation and discussion with facility staff, should be used to assess the standard items for this category.

DATA QUALITY AND USE PERFORMANCE STANDARD – DATA COLLECTION AND MANAGEMENT *Data are collected, recorded, and stored properly.*		
5 Items	**Score 0–2**	**Comments**
1. Confidentiality of client information is protected. Forms with client information are not left in the open. Forms are neatly in files. Along with the logbook, forms are stored in a secure area, with limited access to only authorized personnel.		
2. There are adequate supplies of the forms and the latest versions are in use.		
3. Client level forms are complete, with key information entered correctly in a consistent format, and match the register/logbook entries for all clients for the selected time period. (*Completeness, Validity, Consistency, Accuracy, Uniqueness, Timeliness*)		
4. Register/logbooks are complete, with key information entered correctly in a consistent format, and without unintended duplication (*Completeness, Validity, Consistency, Uniqueness*); and are up to date, with totals that match monthly summary form (*Timeliness, Accuracy*)		
5. Monthly summary form at facility is correctly completed (*Completeness, Validity, Consistency*), and matches data reported to, and available at, national/subnational level. (*Timeliness, Accuracy*)		
DATA COLLECTION AND MANAGEMENT Performance Score *(Calculated average of the scores)*		

PERFORMANCE CATEGORY 2.2:
DATA QUALITY AND USE – KEY INDICATORS AND BENCHMARKS

Scoring Guide: located within each individual item.

Note: The information in the Data Audit Table, along with observation and discussion with facility staff, should be used to assess the standard items for this category.

The Key Indicators and Benchmarks standard items below overlap with criteria scored in Readiness Category 2: Service Utilization. The assessment team should cross reference items 2 and 5 with the criteria scores from assessment of Readiness Category 2.

DATA QUALITY AND USE PERFORMANCE STANDARD – KEY INDICATORS AND BENCHMARKS *Key indicators and targets are understood and benchmarks are met.*		
6 Items *Should be adapted to key nationally standardized indicators in use*	**Score 0–2**	**Comments**
1. Providers can describe what the key indicators and targets and benchmarks are for the facility. **Scoring Guide**: 2 = most or all providers can describe key indicators and targets; 1 = some providers can describe indicators, but lack knowledge on targets and benchmarks; 0 = general lack of capacity to describe indicators, targets and benchmarks.		
2. On average, the facility reached its monthly screening target over the past 3 months. **Scoring Guide**: 2 = ≥85% of target reached; 1 = 75–84%; 0 = ≤75% or >115%		
3. At least 70% of the women screened for the first time are within the target age range. **Scoring Guide**: 2 = ≥70%; 1 = 51–69%; 0 = ≤ 50%		
4. VIA-positivity rate is between 5–10% for new screening (if outside the range, there is a reasonable explanation). **Scoring Guide**: 2 = 5–10%; 1 = 3–4% or 10–19%; 0 = <3% or ≥20%		
5. At least 90% of screen-positive women receive treatment. **Scoring Guide:** 2 = ≥90%; 1 = 71–89%; 0 = ≤70%		
6. Data are being analysed, visualized, and used at the facility level (e.g. using Data Use Poster or facility has posted graphs or tables with current results). **Scoring Guide: 2** = consistently being done; 1 = being done but not consistently being done; 0 = never or almost never being done.		
KEY INDICATORS AND BENCHMARKS Performance Score *(Calculated average of the scores)*		

PERFORMANCE CATEGORY 3: CLIENT AND COMMUNITY ASSESSMENTS

Scoring Guide: 2 = perceptions of quality of care are routinely assessed, and perceptions of quality of care are high; 1 = perceptions of quality of care are assessed only occasionally, and/or perceptions of quality of care indicate a need for improvement; 0 = perceptions of quality of care are not assessed, and/or the perceptions indicate a lack of quality of care.

Sources of Information: Interview/s and direct observation

CLIENT AND COMMUNITY ASSESSMENTS PERFORMANCE STANDARD *Client and community assessments on their perceptions of quality of care provided are routinely conducted, and these perceptions of quality of care are high.*		
2 Items	**Score 0–2**	**Comments**
Client and community perceptions on quality of care are routinely assessed by (mark all that apply): ☐ Client interviews ☐ Suggestion box ☐ Meetings with community members or leaders ☐ Other (indicate) **Note**: The facility does not need to conduct all these assessment methods.		
If the facility assesses client and community perceptions of quality, what level of care do clients feel they receive?		
CLIENT AND COMMUNITY ASSESSMENTS Performance Score *(Calculated average of the scores)*		

READINESS CATEGORIES

Instructions: Assess each Category in this section by assigning a score (0, 1, or 2) to each item/criterion based on how well the facility meets the standard. A detailed scoring guide is included for each category to help determine the degree to which the facility meets the standard. The Readiness Score for each category is calculated by taking an average of the scores for all items/criterion within the category.

CATEGORY 1: SERVICES

Scoring Guide: 2 = providing the designated services on a regular and continuous basis; 1 = designated services are being provided, but some interruptions in services occur; 0 = designated services are not being provided. Do not score services that the facility is not designated to provide. Sources of Information: Pre-visit worksheet and interview(s).

Sources of Information: Pre-visit worksheet and interview(s)

STANDARD *Facility is providing the services it is designated to provide.*				
Service	**Designated to Provide Services** *(Place an "X" in the appropriate box.)*		**Score** *(0, 1, 2) Only provide a score if "YES" is marked in previous column.*	**Comments**
	No	**Yes**		
Cytology (sample collection)				
HPV Test (sample collection)				
HPV Test (processing)				
VIA				
VILI				
Cryotherapy				
Single Visit Approach				
LEEP				
Colposcopy				
Biopsy				
Endocervical Curettage				
Histology/Pathology				
SERVICES Readiness Score *(Calculated average of the scores)*				

CATEGORY 2: SERVICE UTILIZATION

Scoring Guide: Provided under each individual item

Sources of Information: Pre-visit worksheet and interview(s); Review facility data ahead of visit if possible.

STANDARD *In a facility where services are currently being provided, screening and treatment targets are met.*		
2 Items	**Score** *(0, 1, 2)*	**Comments**
Met monthly screening target over the past 3 months. Scoring Guide: 2 = ≥85% of target reached; 1 = 75–84% of target reached; 0 = ≤75% or >115% of target reached		
Over the past 3 months, of those patients with precancerous lesions screened at the facility, 90% or more received treatment (combination of same day and at a later visit). Scoring Guide: 2 = 90–100%; 1 = 71–89%; 0 = <70% or >100%		
SERVICE UTILIZATION Readiness Score *(Calculated average of the scores)*		

CATEGORY 3: STAFFING

Scoring Guide: 2 = sufficient number of trained providers are available and currently providing services to meet the need on a regular and continuous basis; 1 = insufficient number of trained providers are available and currently providing services to meet the need; 0 = no trained providers are available to provide the service.

Sources of Information: pre-visit worksheet (see staffing table in pre-visit worksheet) and interview(s)

STANDARD *Sufficient numbers of trained providers are currently providing services to meet need.*		
Service	**Score** *(0, 1, 2) Only provide a score for services the facility is designated to provide.*	**Comments**
Cytology (sample collection)		
HPV Test (sample collection)		
HPV Test (processing)		
VIA		
VILI		
Cryotherapy		
Single Visit Approach		
LEEP		
Colposcopy		
Biopsy		
Endocervical Curettage		
Histology/Pathology		
STAFFING Readiness Score *(Calculated average of the scores)*		

CATEGORY 4: POTENTIAL STAFFING

Scoring Guide: 2 = sufficient number of providers are available who meet the selection criteria to be trained and are available to provide services once trained; 1 = insufficient number of providers are available who meet the selection criteria to be trained; 0 = no providers are available who meet the selection criteria to be trained.

Sources of Information: pre-visit worksheet (see staffing table in pre-visit worksheet) and interview(s)

STANDARD *Sufficient number of providers are available who meet selection criteria to be trained in desired skill and are available to provide services once trained.*		
Service	**Score** *(0, 1, 2) Only provide a score for services the facility is designated to provide.*	**Comments**
Cytology (sample collection)		
HPV Test (sample collection)		
HPV Test (processing)		
VIA		
VILI		
Cryotherapy		
Single Visit Approach		
LEEP		
Colposcopy		
Biopsy		
Endocervical Curettage		
Histology/Pathology		
POTENTIAL STAFFING Readiness Score *(Calculated average of the scores)*		

CATEGORY 5: INFRASTRUCTURE

Scoring Guide: 2 = item is present and functional on a regular and continuous basis; 1 = some interruptions in the presence and functioning of the item that affect quality of services; 0 = item is not present or is not functional.

Sources of Information: direct observation and interviews with appropriate staff.

STANDARD *Items are present and functional (include over the past 3 months).*		
7 Items	**Score** *(0, 1, 2)*	**Comments**
Physical layout and space: Functional, clean, and uncluttered private examination room (or large room with privacy screens)		
Handwashing area (sink with running water/bucket with spigot; soap)		
Washroom/bathroom for client use		
Reliable electrical power (Note: may be considered not essential for some services)		
Space for confidential counselling		
Communication equipment (e.g. phone)		
Storage space for instruments		
INFRASTRUCTURE Readiness Score *(Calculated average of the scores)*		

CATEGORY 6: PROCUREMENT AND SUPPLY CHAIN

Scoring Guide: 2 = over the past 3 months, the processes or activities occurred without interruption; 1 = over the past 3 months, the processes or activities occurred but with some interruptions; 0 = over the past 3 months, the processes or activities did not occur.

Sources of Information: interview(s) with facility manager or relevant staff member.

STANDARD *A functional procurement and supply chain system is in place, as defined by the 4 items below.*		
4 Items	**Score** *(0, 1, 2)*	**Comments**
Regular assessment of equipment and supply levels		
Prevention and management of stock out		
Supplies (including cryotherapy gas) arrive in a predictable amount of time when ordered		
Reordering of supplies is routine (e.g. incorporated in regular workflow with designated roles and ordering schedules)		
PROCUREMENT AND SUPPLY CHAIN Readiness Score *(Calculated average of the scores)*		

CATEGORY 7: EQUIPMENT AND SUPPLIES

Scoring Guide: 2 = item is present and functional on a regular and continuous basis; 1 = some interruptions in the presence and functioning of the item that affect quality of services; 0 = item is not present or is not functional.

Note: If the facility provides services not listed below (e.g. HPV testing, cytology, LEEP), adapt the tool by adding or deleting service-specific equipment and supplies. (See Minimum Requirement Lists for Equipment, Supplies, and Commodities).

Sources of Information: direct observation and interviews with appropriate staff.

STANDARD *Items are of sufficient quantity, continuously available, and functional (include over the past 3 months).*		
Items	**Score** *(0, 1, 2)*	**Comments**
VIA EQUIPMENT AND SUPPLIES (10 Items) *See **Minimum Requirement Lists for Equipment, Supplies, and Commodities** for details of suggested minimum quantities for VIA.*		
Examination tables		
Instrument trays/trolleys or similar surfaces		
Metal specula (in the screening clinic)		
Sponge/ring forceps or wooden orange or kebab sticks		
Gallipots/other small dishes		
Clean examination gloves		
Bright white light source		
Clock/watch/timer		
Clean cotton balls/cotton swabs – large		
3–5% acetic acid		
VIA EQUIPMENT AND SUPPLIES Readiness Score (calculated average of the scores)		
CRYOTHERAPY EQUIPMENT AND SUPPLIES (4 Items) *See **Minimum Requirement Lists for Equipment, Supplies, and Commodities**, for details of suggested minimum quantities for Cryotherapy.*		
Cryotherapy unit		
Cryotherapy tips		
Carbon dioxide or nitrous oxide gas tanks with appropriate fittings		
Carbon dioxide or nitrous oxide gas		
CRYOTHERAPY EQUIPMENT AND SUPPLIES Readiness Score *(Calculated average of the Cryotherapy scores)*		
EQUIPMENT AND SUPPLIES Readiness Score *(Calculated average of the VIA and Cryotherapy Equipment and Supplies Readiness Scores)*		

CATEGORY 8: INFECTION PREVENTION

Scoring Guide: 2 = item is present in sufficient quantity and functional on a regular and continuous basis; 1 = sometimes, item is missing, not in sufficient quantity, or not functional to the point that it affects quality of services; 0 = item is not present or is not functional.

Sources of Information: direct observation.

STANDARD *Items are continuously available and functional (include over the past 3 months).*		
7 Items	**Score** *(0, 1, 2)*	**Comments**
Liquid soap for hands or alcohol-based hand sanitizer		
Buckets for collection of contaminated instruments and for instrument processing		
0.5% chlorine solution		
Ability to sterilize and store properly (check the method(s) that apply): ☐ Functional autoclave, or ☐ 2–4% glutaraldehyde (including sterile water to rinse) *Note: Need only one of the above methods to meet the standard **AND** ☐ Containers to store sterilized instruments		
Ability to high-level disinfect (HLD) and store properly (check all that apply): ☐ Pressure cooker for steam-based high-level disinfection ☐ Sufficient gas to run pressure cooker burner ☐ 2–4% glutaraldehyde (including sterile or boiled water to rinse) ☐ 70–90% ethyl or isopropyl alcohol (for cryotherapy tips only) *Note: Need only one of the above methods to meet the standard **AND** ☐ Containers to store HLD instruments		
Normal and hazardous waste bags and baskets		
Ability to properly dispose of hazardous wastes (e.g. incinerator or burial pit)		
INFECTION PREVENTION Readiness Score *(Calculated average of the scores)*		

CATEGORY 9: MEDICINES AND TESTING

Scoring Guide: 2 = medicines or test kits are continuously available, are stored properly and are not past expiration date; 1 = some medicines and test kits are not always available, stored properly and/or are past expiration date; 0 = medicines and test kits are not available, are stored improperly, and/or are past expiration date.

Sources of Information: interviews (including pharmacist), direct observation.

STANDARD *Items are continuously available and accessible.*		
4 Items	**Score** *(0, 1, 2)*	**Comments**
Pain relief medicines (e.g. Panadol, Ibuprofen, other)		
Antibiotics for treatment of cervicitis and sexually transmitted infections (STIs) per national guidelines		
HPV specimen collection tubes and/or test kits and cartridges (e.g. GeneXpert)		
HIV test kits		
Pregnancy testing		
MEDICINES AND TESTING Readiness Score *(Calculated average of the scores)*		

CATEGORY 10: DATA MANAGEMENT

Scoring Guide: 2 = data management materials and processes are continuously available and functional; 1 = some gaps exist in data management materials and processes; 0 = large gaps exist in data management materials and processes.

Sources of Information: direct observation and interviews with appropriate staff.

STANDARD *Items (materials and processes) are continuously available and functional (include over the past 3 months).*		
5 Items	**Score** *(0, 1, 2)*	**Comments**
Latest version of blank client screening/treatment forms (if used) and monthly summary forms available		
Latest version of the register or logbooks available		
Data management/storage ensures privacy of client information		
Health management information system (HMIS) for reporting cervical cancer screening and treatment data accessible to providers for data entry and/or reviewing results		
Designated staff and schedule to ensure reporting data		
DATA MANAGEMENT Readiness Score *(Calculated average of the scores)*		

CATEGORY 11: REFERRAL MECHANISMS

Scoring Guide: 2 = referral materials and processes are clearly defined and functional; 1 = some gaps exist in referral materials and processes; 0 = large gaps exist in referral materials and processes.

Sources of Information: direct observation and interviews with appropriate staff.

STANDARD *Referral mechanisms are clearly defined and functional.*		
6 Items	**Score** *(0, 1, 2)*	**Comments**
Referral sites for the facility are identified.		
Referral guidelines are available.		
Referral forms are readily available.		
Referral mechanisms are described (flow of information and how results are obtained by client and referring provider/facility).		
Results of the referrals are documented.		
Facility staff assess and attempt to address barriers to referral.		
REFERRAL MECHANISMS Readiness Score *(Calculated average of the scores)*		

CATEGORY 12: POLICIES AND GUIDELINES

Scoring Guide: 2 = current national guidelines are displayed and/or understood; 1 = some gaps exist in displaying and/or understanding current national guidelines; 0 = current national guidelines are not displayed nor understood.

Sources of Information: direct observation and interviews with appropriate staff

STANDARD *Relevant and current national guidelines and policies are displayed or readily available, and well understood.*		
2 Items	**Score** *(0, 1, 2)*	**Comments**
Relevant and current national guidelines and policies are displayed or readily available in a proper binder or folder (e.g. national cervical cancer prevention and control programme guidelines; other policies and guidelines related to screening and treatment offered at the facility; infection prevention and control (IPC) guidelines).		
Providers can describe key points of national guidelines and policies (e.g. ask probing questions regarding target age group for screening, frequency of screening).		
POLICIES AND GUIDELINES Readiness Score *(Calculated average of the scores)*		

CATEGORY 13: COMMUNITY SENSITIZATION AND MOBILIZATION

Scoring Guide: 2 = a number of different activities and materials are used regularly and are of high quality (e.g. current up-to-date information that is clearly presented); 1 = few activities and materials are used only occasionally and/or are of moderate quality;
0 = activities and materials are rarely used, if ever, and/or are of poor quality.

Sources of Information: direct observation and interviews with appropriate staff

STANDARD *In the past 3 months, the following activities have been continuously conducted and material present.*		
2 Items	**Score** *(0, 1, 2)*	**Comments**
Activities: The facility uses various approaches to raise awareness in women and the community about cervical cancer and its prevention. Examples include the following (check all that apply): ☐ TV (e.g. videos displayed in facility waiting areas); ☐ Radio (e.g. messages advertising services or upcoming campaigns); ☐ Public address systems (e.g. at markets, in the community); ☐ mHealth/text messages; ☐ Group education on-site; ☐ Other – describe **Note**: Not all of these activities need to be present.		
Information, Education and Communication (IEC) Materials: examples include messages about cervical cancer and its prevention using the following (check all that apply): ☐ Posters in the facility; ☐ Pamphlets/brochures; ☐ Posters in the community; ☐ Other – describe **Note**: Not all of these materials need to be present.		
COMMUNITY SENSITIZATION AND MOBILIZATION Readiness Score *(Calculated average of the scores)*		

ACTION PLAN

Instructions: Document any gaps identified during the scoring of categories above, and transfer relevant notes from the comments section to the Action Plan below. Leave a copy of the table below with facility staff upon completion of the Supportive Supervision or Facility Readiness Assessment Visit. It is important to differentiate between gaps and issues that could potentially be addressed by actions at the facility level (e.g. display/ understanding of national policies and guidelines; problems with supply delivery due to inconsistent ordering, etc.) from gaps and issues that may require actions initiated above the facility level (e.g. insufficient staff numbers; problems with supply delivery due to issues with procurement at national/central level, etc.).

Gaps (red or yellow status)	Proposed Intervention (step-by-step)	Resources Needed	Person Responsible	Due Date

STANDALONE FACILITY READINESS ASSESSMENT

This information is intended to guide the use of Readiness Categories in the Supportive Supervision tool to assess cervical cancer service availability at a facility, and the readiness of that facility to provide quality cervical cancer services. This standalone assessment may be implemented across all facilities at the national level, or all facilities in a subnational area, in order to inform a baseline during planning for scale-up or introduction of services; it is intended to be a practical, purpose-driven descriptive needs assessment, and is not intended to be conducted on a representative sample of facilities. The standalone assessment may also be implemented after planning stages at facilities designated to introduce services in order to ensure facility readiness at the outset of service scale-up/introduction, in addition to documenting baseline for future evaluation and monitoring of scale-up/introduction. Using the standalone assessment to inform planning and establish baseline allows monitoring of scale-up/ introduction through periodic routine Supportive Supervision visits using the Supportive Supervision tool – which gathers the information necessary to track service availability, facility readiness, and service quality.

PLANNING THE FACILITY READINESS ASSESSMENT VISIT

The Pre-Visit Checklist and Worksheet tools (in "Planning Materials") help to plan the visit and ensure pertinent information is gathered prior to verification during the visit. The assessment visit should be arranged without adding a burden to the staff. The core of the assessment occurs during the facility visit, which should be completed in one day. An assessment team leader (or survey coordinator, depending on methodology) should be designated to manage the overall planning of the visit, organize how data will be collected, and designate who on the team will collect it. Prior to the visit, all assessment team members need to be familiar with national guidelines, accepted standards of care, and the assessment categories, standards, and scoring system.

CONDUCTING THE FACILITY READINESS ASSESSMENT VISIT

INBRIEF MEETING

The assessment visit should begin with a previously scheduled inbrief meeting with the medical director, administrators, senior matron, doctors, other health-care workers and support staff who are providing cervical cancer prevention services.

The objective of this meeting is to communicate the visit purpose, assessment methods and what will be required (e.g. walk-through of clinic space, inspection of equipment and supplies, interviews with clinic staff, review of data forms and logbooks, etc.), and the process for providing results and feedback (e.g. Action Plan development and discussion).

DATA COLLECTION AND ANALYSIS

Sources of Information: Categories are assessed based on data gathered through direct observation, review of records or logbooks, and interviews with relevant staff (e.g. health workers, pharmacists, laboratory technicians, and their supervisors/ managers). Information collected using the Pre-Visit Worksheet should be verified by direct observation during the visit.

Scoring of Individual Readiness Categories: Scoring of each of the Readiness Categories is based on the degree to which the standards for that Category are met. The scoring system is based on a 0–2 scale: 2 = meets the standard; 1 = moderate improvement is needed to meet the standard; 0 = major improvement is needed to meet the standard. The standards for each Category are composed of a set of items (or criteria) that are scored individually; a Scoring Guide (0–2 scale) accompanies each category. The Readiness Score for each Category is calculated by taking the mean of the individual item (or criteria) scores in that Category.

Summary of Facility Readiness: The Facility Readiness Summary dashboard provides a snapshot view of the facility's overall readiness to provide cervical cancer prevention services. This table collates the Readiness Scores for each category and translates them to a status colour using a green-yellow-red (or "traffic-light") coding system which highlights the level of readiness, and allows simple tracking of changes over time.

The Facility Readiness Summary Score is calculated by taking the mean of all Category Readiness Scores. The colour-coded dashboard presentation helps to visualize facility readiness, and is particularly useful for busy managers or ministry officials who are reviewing many reports. Standardized coding allows for quick comparison across facilities. Table 4.5 provides a step-by-step cross-walk of the scoring process.

Calculating Service Availability and Readiness Indicators: Data from individual facilities from the Pre-visit Worksheet (verified during the visit), and the Services and Staffing Categories may be aggregated after all facilities have been assessed in order to calculate service availability indicators (see Data Analysis and Aggregation Tools). The denominators for the service availability categories MUST represent the population in the catchment area being served by the facilities assessed. If this information is not available, the majority of indicators cannot be calculated – only basic service availability can be calculated (e.g. % of facilities in a defined area – such as district, province, and country – offering services) – see "Tool for Data Aggregation and Analysis: Service Availability, Facility Readiness and Performance". As noted in the guiding information for this section calculating valid nationally (or subnationally) representative statistics on Service Availability requires information from all facilities in the country (or subnational area).

CONCLUDING THE VISIT – RESULTS COMMUNICATION AND ACTION PLAN

Assessment Team Debrief: Immediately after completing the assessment, the assessment team should regroup to agree on the issues to be discussed during the debriefing of facility staff. The team should reach consensus on all scores and discuss the facility's strengths and weaknesses, and priority issues which need to be addressed. The team should complete the Facility Readiness Summary dashboard based on their discussion, and agree on how feedback will be provided on each category – as well as identify any gaps in the collected information which may influence final scoring and action plan development.

Low Readiness Scores (Red or Yellow) and other major issues should be transferred to the Action Plan table (see subsection Supportive Supervision). During the Facility Staff Debrief, the assessment team should work with the staff to develop a detailed action plan based on the issues identified, their impact on service quality, and the feasibility of proposed interventions to address them.

Facility Staff Debrief: The purpose of the Facility Staff Debrief is to review the findings, provide immediate feedback, and start planning corrective action as part of the quality improvement process. The same facility staff members who attended the inbrief meeting, should also attend the debrief meeting, if feasible.

During debrief, the assessment team should:

- Review the purpose of the visit and outline the agenda for the debrief.
- Ask the facility staff to provide a self-assessment—including the strengths and weaknesses they identified during the visit.
- Discuss the facility's strengths, pointing out where they agree with the facility self-assessment, and highlighting strengths the facility staff may not have mentioned.
- Discuss identified weaknesses and areas that need improvement, especially those that may compromise quality of services and health outcomes.
- Differentiate between problems that need to be addressed within the facility, and problems that have to be addressed outside the facility.
- Encourage feedback from the staff.

Following the debrief, a copy of the finalized Action Plan and Facility Readiness Summary dashboard should be provided to the medical director of the facility, national Ministry (or local) authorities, and other relevant partners.

TABLE 4.5
Scoring facility readiness

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Score items within a **Category** based on how well they meet the standard *Scoring Scale:* *0, 1, 2*	Determine the **Category Readiness Score** by calculating the average of all items/criteria in a **Category** *Scoring Scale:* *0.0–2.0*	Input all the **Category Readiness Scores** into the **Facility Readiness Summary** and designate a status colour for each **Category**	Determine the **Facility Readiness Summary Score** by calculating the mean of all **Category Readiness Scores** *Scoring Scale: 0.0–2.0*	Designate a status colour for the **Facility Readiness Summary Score**
2 = Meets the Standard	1.8 to 2.0 = Meets the Standard	**Green**: 1.8 to 2.0 = Meets the Standard	1.8 to 2.0 = Meets the Standard	**Green**: 1.8 to 2.0 = Meets the Standard
1 = Some improvement is needed to meet the Standard	1.0 to 1.7 = Some improvement is needed to meet the Standard	**Yellow**: 1.0 to 1.7 = Some improvement is needed to meet the Standard	1.0 to 1.7 = Some improvement is needed to meet the Standard	**Yellow**: 1.0 to 1.7 = Some improvement is needed to meet the Standard
0 = Large improvement is needed to meet the Standard	0.0 to 0.9 = Large improvement is needed to meet the Standard	**Red**: 0.0 to 0.9 = Large improvement is needed to meet the Standard	0.0 to 0.9 = Large improvement is needed to meet the Standard	**Red**: 0.0 to 0.9 = Large improvement is needed to meet the Standard
Example: Scoring items in the Infrastructure category - *Physical Layout: **2*** *Handwashing area: **2*** *Washroom for client use: **1*** *...etc. for all items*	*Example: The Infrastructure category assesses 7 items; if the sum total of item scores is 12, the **Category Readiness Score is 12/7 = 1.7***	*Example: If the Category Readiness Score is 12/7 = 1.7, the **readiness status colour for the Category is Yellow***	*Example: If 13 Categories are assessed, and the sum of the Category Readiness Scores is 20, the **Facility Readiness Summary Score is 20/13 = 1.5***	*Example: If the Facility Readiness Summary Score is 20/13 = 1.5, the **readiness status colour for the facility is Yellow.***

FACILITY READINESS SUMMARY DASHBOARD

Instructions: Enter the Readiness Score for each Category below, and use an X to mark the corresponding readiness status colour. Calculate the Facility Readiness Summary Score, by adding all the Category Readiness Scores in the table below and dividing the sum by the total number of categories assessed. Use an X to mark the corresponding facility readiness status colour.

READINESS CATEGORY	SCORE	READINESS STATUS COLOUR *(Place an "X" in the appropriate box)*			COMMENTS
		1.8 to 2.0 (Green)	1.0 to 1.7 (Yellow)	0.0 to 0.9 (Red)	
1. Services					
2. Service Utilization					
3. Staffing					
4. Potential Staffing (if applicable)					
5. Infrastructure					
6. Procurement and Supply Chain					
7. Equipment and Supplies					
8. Infection Prevention					
9. Medicines and Testing					
10. Data Management					
11. Referral Mechanisms					
12. Policies and Guidelines					
13. Community Sensitization/Mobilization					
Facility Readiness Summary Score *(calculated average of the category Readiness Scores)*					

FACILITY READINESS ASSESSMENT AND SUPPORTIVE SUPERVISION PLANNING MATERIALS

PRE-VISIT CHECKLIST

☐ Supportive Supervision Visit
☐ Facility Readiness Assessment
Date of planned visit: _____

Activity	Checklist
Secure necessary approvals and permissions to conduct the visit.	☐ Provide the appropriate officials with details of and justification for the proposed visit. ☐ Secure written approval to conduct the visit.
Schedule visit and prepare visit team.	☐ Determine the amount of time the visit will take *(anticipate needing 1 day at the facility – may need longer depending on size/volume).* ☐ Consult with the staff of the facility to inform them of activities comprising the visit, and to establish an agreeable date for the visit. *Note: If conducting **Supportive Supervision, the visit must occur on a day when services are provided** in order to assess provider performance.* ☐ Ensure the **Facility Readiness** Assessment team consists of at least 2 people. **Names:** 1. _____ 2. _____ **OR** ☐ Ensure the **Supportive Supervision** team consists of a clinical trainer/supervisor and a monitoring and evaluation advisor. **Names:** 1. _____ 2. _____ ☐ Ensure that the schedule of the Assessment team is cleared for the visit. ☐ Ensure that all Assessment or Supportive Supervision team members have been trained on the tool and process
Review key reports and data.	☐ Review previous assessment and supportive supervision visit results. ☐ Review previous Action Plans: Priority Gaps and Proposed Interventions from the previous visit. ☐ Review data on key performance indicators from the **past 3 months** – including progress towards targets and benchmarks.
Ensure availability of all materials required.	☐ Print paper copies of *(or ensure readiness of electronic)* data collection tools: • Facility Readiness tool or Supportive Supervision tool and relevant summary score table (and equipment lists, if needed) • Completed pre-visit worksheets ☐ Print extra **PAPER copy** of relevant summary score table and Action Plan to leave with facility staff following visit debrief ☐ Print blank paper copies of current programme data collection and aggregation forms (e.g. client forms, registers, summary forms, etc.) and data management and benchmark tools *(or ensure electronic versions will be accessible during visit)* ☐ Print *(or ensure electronic accessibility to)* results and targets for key performance indicators from the past 3 months. ☐ Print paper copies of previous Facility Readiness Assessment or Supportive Supervision visit results - including summary scores and action plans *(or ensure electronic versions will be accessible during visit)*.

PRE-VISIT WORKSHEET

☐ Supportive Supervision Visit
☐ Facility Readiness Assessment

FACILITY INFORMATION	
Facility Name	
Facility Location	District: _____ City/Village: _____ GPS Waypoint: _____
Facility Catchment Population	
Number of women in target population for cervical cancer screening services	

What cervical cancer prevention services is this facility designated to provide? *(Mark all that apply)*

☐ **No services currently designated**
☐ HPV Test Sample Collection
☐ Biopsy
☐ Cytology Sample Collection
☐ LEEP
☐ VIA
☐ Endocervical Curettage
☐ VILI
☐ Cytology
☐ Cryotherapy
☐ HPV Test Processing
☐ Single Visit Approach
☐ Histology/Pathology
☐ Colposcopy
☐ Other:

Is there a plan to add cervical cancer prevention services to the facility (or campus)? *(Mark all that apply)*

☐ **No plan to add services**
☐ HPV Test Sample Collection
☐ Biopsy
☐ Cytology Sample Collection
☐ LEEP
☐ VIA
☐ Endocervical Curettage
☐ VILI
☐ Cytology
☐ Cryotherapy
☐ HPV Test Processing
☐ Single Visit Approach
☐ Histology/Pathology
☐ Colposcopy
☐ Other:

CURRENT FACILITY STAFFING LEVELS FOR CERVICAL CANCER PREVENTION SERVICES						
Skill	**Number of trained providers currently providing services**					**Comments**
	Nurses	**Midwives**	**Clinical Officers and Physicians**	**Other Cadre** *(note in comments)*	**Total Staff**	
HPV Test (Collection)						
Cytology (Collection)						
VIA						
VILI						
Cryotherapy						
Colposcopy						
Biopsy						
LEEP						
Endocervical Curettage						
Cytology (Processing)						
HPV Test (Processing)						
Histology/Pathology						
Other:						
TOTAL						

Complete the next table if the facility plans to expand services.

POTENTIAL STAFFING LEVELS FOR CERVICAL CANCER PREVENTION SERVICES						
Skill	**Number of providers who meet the selection criteria for training**					**Comments**
	Nurses	**Midwives**	**Clinical Officers and Physicians**	**Other Cadre** *(note in comments)*	**Total Staff**	
HPV Test (Collection)						
Cytology (Collection)						
VIA						
VILI						
Cryotherapy						
Colposcopy						
Biopsy						
LEEP						
Endocervical Curettage						
Cytology (Processing)						
HPV Test (Processing)						
Histology/Pathology						
Other:						
TOTAL						

PRE-VISIT REVIEW OF REPORTED FACILITY DATA

Time period covered by data review: _____
NOTE: It is recommended that the data review cover facility-specific data for key indicators over the previous 3 months.

Indicator *(should be adapted to key nationally standardized indicators in use)*	**Value**	**Target or Benchmark**	**Met Target or Benchmark**
Number of women screened for the first time within the target age range *over the past 3 months*			
Proportion of women screened for the first time *over the past 3 months* who were within the target age range			
Proportion of all women enrolled in HIV care and treatment who were reached with at least one screening *over the past 3 months*			
Screening test positivity rate *over the past 3 months*			
Single visit approach rate *over the past 3 months*			
Treatment rate *over past 3 months*			

SERVICE AVAILABILITY, FACILITY READINESS AND PERFORMANCE DATA AGGREGATION AND ANALYSIS TOOL

The purpose of this tool is to facilitate the systematic aggregation of cervical cancer service availability and facility readiness and performance data gathered through one of the following methods:

- Standalone, cervical cancer-specific Facility Readiness Assessment conducted in *all* public and private health-care facilities in the country, or a defined subnational area (i.e. facility census methodology).
- Standalone, cervical cancer-specific Facility Readiness Assessment conducted in a strategic (i.e. purposive), but *not nationally representative*, sample of facilities (public or private) in order to establish facility baselines or ensure operational facility readiness as a prerequisite to launching new services
- Assessment of cervical cancer-specific service availability, readiness, and quality in a strategic (i.e. purposive), but *not nationally representative*, sample of facilities as part of the Supportive Supervision process
- Assessment of cervical cancer-specific service availability, readiness, and quality as part of general health system and services surveillance through a *nationally representative* survey of facilities or *health facility census*

The tool guides the calculation of the indicators in Table 4.6 for the analyses of service availability, facility readiness and performance at the national or other aggregate level. These indicators are intended to assist national decision-makers, programme managers, and health administrators to plan, monitor, and improve cervical cancer prevention services. A geographic analysis of this information can inform service and equipment deployment planning, and help ensure equitable access and distribution of services and resource maximization. Depending on sampling methodology, the information gathered here may be used as inputs into the programme costing analysis and planning tool in Section 5 of this toolkit.

INDICATOR DATA SOURCES

The indicator data are intended to be primarily collected through assessment of the thirteen Readiness Categories (via standalone Facility Readiness Assessment, or as part of a Supportive Supervision visit) and three Performance Categories (as part of Supportive Supervision); however, additional data are required to calculate the Service Availability indicators. The additional sources of data for the Service Availability indicator denominators should be comprehensive and current, and may include: health facility census, master facility list, household surveys, community health information systems, population census, etc. This tool and indicators may also be used to support the review and analysis of cervical cancer-specific service availability, readiness and performance information collected from multiple surveys and other data sources – provided that potentially confounding variables, such as time period in which data were collected or sampling frame, are considered and controlled for as much as possible in order to maintain validity in this secondary analysis. If recently conducted, data on service availability may be abstracted from the findings of the data systems assessment (see Section 1 of the toolkit).

INDICATOR CALCULATION

Methods for indicator calculation, analysis and interpretation at the subnational and national level should be tied to sampling methods and how the information will be used – for example, if data were collected as part of the routine supportive supervision process, or a purposive sample, calculating the Service Availability indicator (Indicator SA1) using the total number of facilities in the country as the denominator does not produce a valid, meaningful measurement unless all facilities providing cervical cancer services are included in the numerator. Alternatively, when indicator data are gathered through a through a census of all health facilities in the country (or subnational unit), using the total number of facilities in the country (or subnational unit) as the denominator for SA1 produces a valid and meaningful measurement – because all facilities were assessed, all facilities providing cervical cancer services are presumed to be included in the numerator. Table 4.7 provides practical examples of how different denominators and sampling methods impact what indicators from each category are measuring.

Note on data quality: In countries where service providers are rotated between facilities, care must be taken to ensure de-duplication when staffing data are aggregated. This can be addressed by incorporating additional data elements to identify those rotating providers, and the names of facilities through which they rotate.

CONSIDERATIONS FOR INCORPORATING CERVICAL CANCER INTO EXISTING SURVEYS

Globally established non-disease specific facility surveys, such as SARA or SPA, are conducted by many countries on a routine basis; however, it may not be feasible or appropriate to collect the information necessary to calculate the full set of indicators through these large-

scale surveys. Table 4.6 therefore presents a smaller set of tracer indicators that can be considered in order to leverage these broader surveys for cervical cancer. To support monitoring of trends, Table 4.6 maps the *tracer indicators* to the availability, readiness and quality indicators and the relevant supportive supervision tool category. Because assessing the presence of *all* equipment, supplies, and medicines necessary to provide services (see Minimum Requirement Lists for Equipment, Supplies, and Commodities) may not be feasible in broader facility surveys, a set of *tracer items* has been suggested for incorporation. These *tracer items* reflect those most commonly affecting the capacity of a facility to provide services through stockouts or lack of functionality and should be adapted to context. It is important to note that when assessing a facility through the supportive supervision or standalone readiness assessment process, all items within a category should be assessed against the standard; only the full set of items represents the minimum necessary to provide quality services.

ADAPTATION OF THE TOOL AND INDICATORS

Additional data elements may be included in collection to enable further disaggregation (breakdown) of the information for analysis by: screening and treatment service types; health facility level or type (e.g. primary care, tertiary care or health post, referral hospital); facility management or ownership (e.g. public, private, NGO, etc.); frequency of service provision (e.g. full-time, 1–2 days per week, etc.); or other categories relevant to national or programme priorities.

This tool currently captures information regarding cervical cancer screening, precancerous lesion treatment, and precancer/cancer diagnostics. When planning service scale-up or introduction of screening services, it is vital to understand the availability and geographic distribution of services for the treatment of invasive cancer and for palliative care. In many countries these advanced care services are only provided at very limited number of tertiary care facilities. Where advanced care services are provided at numerous facilities, or where documenting the limited availability of invasive cancer services is valuable for advocacy or planning, the tool should be adapted to include relevant data elements. Depending on programme context, items such as radiotherapy and surgery equipment, medications for chemotherapy and palliative care, and trained staff available to provide these services, should be added to the basic lists of items and standards within relevant categories.

TABLE 4.6
Indicators for service availability, facility readiness, and service quality

Supportive Supervision or Facility Readiness Assessment Category	**Indicator** SA = Service Availability FR = Facility Readiness SQ = Service Quality	**Tracer Indicator** TSA = Service Availability* TFR = Facility Readiness* TSQ = Service Quality
Readiness Category 1: Services	SA1. Service Availability: % of facilities providing cervical cancer services SA2. Facility Density: Number of facilities providing cervical cancer services per 5 000 female population, if number in target population is unknown SA2.1. Mobile Unit Density: Number of facilities providing cervical cancer services per 5 000 female population, if number in target population is unknown FR1. % of facilities providing the services they are designated to provide**	TSA1. Service Availability: % of facilities providing cervical cancer services TSA2. Facility Density: Number of facilities providing cervical cancer services per 5 000 female population, if number in target population is unknown
Readiness Category 2: Service Utilization	FR2. % of facilities meeting screening and treatment service targets***	TSA3. Service Utilization: Number of outpatient visits (e.g. screening, cryotherapy, etc.) per capita per year
Readiness Category 3: Staffing	FR3. % of facilities with sufficient number of trained staff providing services SA3. Health-care Worker Density: Number of trained health workers providing cervical cancer screening services per 5 000 female target population, compared to a benchmark.	TFR1. % of facilities with at least 1 trained staff member providing cervical cancer services TSA4. Health-care Worker Density: Number of trained health workers providing cervical cancer screening services per 5 000 female target population, compared to a benchmark.
Readiness Category 4: Potential Staffing	FR4. % of facilities with sufficient number of staff who meet selection criteria to be trained in desired skill and are available to provide services once trained	
Readiness Category 5: Infrastructure	FR5. % of facilities with the basic infrastructure to provide services	TFR2. % of facilities with the infrastructure to provide basic general health services
Readiness Category 6: Procurement and Supply Chain	FR6. % of facilities with a functional procurement and supply chain system	
Readiness Category 7: Equipment and Supplies	FR7. % of facilities where the minimum equipment and supplies necessary to provide services are continuously available and functional	TFR3. % of facilities with all minimum items (or tracer items) present on the day of the assessment
Readiness Category 8: Infection Prevention	FR8. % of facilities where the minimum equipment and supplies required for infection prevention are continuously available and functional	TFR4. % of facilities (providing cervical cancer services) with infection prevention and control mechanisms to provide basic general health services
Readiness Category 9: Medicines and Testing	FR9. % of facilities where basic medicines and test kits are continuously available	TFR5. % of facilities (providing cervical cancer services) with all minimum items (or tracer items) present on the day of the assessment
Readiness Category 10: Data Management	FR10. % of facilities with basic data management materials and processes in place	
Readiness Category 11: Referral Mechanisms	FR11. % of facilities with clearly defined, functional referral mechanisms	
Readiness Category 12: Policies and Guidelines	FR12. % of facilities where relevant, current national policies and guidelines are readily available and widely understood	TFR6. % of facilities with relevant national guidelines readily available
Readiness Category 13: Community Sensitization and Mobilization	FR13. % of facilities conducting awareness generation and education activities in the past 3 months, using a variety of up-to-date materials	
Categories assessed only by Supportive Supervision		
Performance Category 1: Provider Skill	SQ1. % of facilities with provider compliance to clinical skill performance standards	TSQ1. % of facilities with provider compliance to clinical skill performance standards
Performance Category 2.1: Data Collection and Management	SQ2.1. % of facilities complying with standards for the collection and management of quality data	TSQ2. % of facilities complying with standards for the collection and management of quality data

Table 4.6 continued

Performance Category 2.2: Key Indicators and Benchmarks	SQ2.2. % of facilities where key indicators and targets are understood, and benchmarks are met	
Performance Category 3: Client and Community Assessments	SQ3. % of facilities complying with the performance standard for client and community assessment of the quality of cervical cancer prevention services	

* Indicators modelled after SARA indicators.[1]
** Also see, Section 3, Patient and Programme Monitoring optional programme indicators.
*** Supports assessment of access to, and utilization of, services through review and analysis of key indicator data.

TABLE 4.7
Example indicator denominator calculations and validity under different conditions

INDICATOR	EXAMPLE		PURPOSIVE SAMPLE OR ROUTINE DATA (e.g. Supportive Supervision)	CENSUS
SA1. % of facilities providing cervical cancer services	NUM	# of facilities providing cervical cancer services		
	DEN A	Total # of facilities in the country*	CONDITIONAL: Valid if all facilities designated to provide cervical cancer services are assessed	YES
	DEN B	Total # of facilities designated to provide cervical cancer services	NO	NO
	DEN C	Total # of facilities assessed**	NO	YES
FR1. % of facilities providing the cervical cancer services they are designated to provide	NUM	# of facilities providing the cervical cancer services they are designated to provide		
	DEN A	Total # of facilities in the country*	NO	NO
	DEN B	Total # of facilities designated to provide cervical cancer services	CONDITIONAL: Valid if all facilities designated to provide cervical cancer services are assessed	YES
	DEN C	Total # of facilities assessed**	YES	NO
SQ1. % of facilities with provider compliance to clinical skill performance standards	NUM	# of facilities with provider compliance to clinical skill performance standards		
	DEN A	Total # of facilities in the country*	NO	NO
	DEN B	Total # of facilities designated to provide cervical cancer services	CONDITIONAL: Valid if all facilities designated to provide cervical cancer services are assessed	YES
	DEN C	Total # of facilities assessed**	YES	NO
TFR2. % of facilities with the infrastructure to provide basic health services	NUM	# of facilities with the infrastructure to provide basic health services		
	DEN A	Total # of facilities in the country*	NO	CONDITIONAL: Numerator and Denominator should be disaggregated by facilities providing cervical cancer services in order to measure service-specific readiness
	DEN B	Total # of facilities designated to provide cervical cancer services	CONDITIONAL: Valid if all facilities designated to provide cervical cancer services are assessed.	NO
	DEN C	Total # of facilities assessed**	YES	CONDITIONAL: Numerator and Denominator should be disaggregated by facilities providing cervical cancer services in order to measure service-specific readiness
NUM = Numerator; DEN = Denominator.				
**Country or defined subnational unit; Denominator is from the MFL, or other current comprehensive registry of public and private facilities*				
***DEN C is the same as DEN A in a census*				

[1] For SARA indicators, refer to: http://www.who.int/healthinfo/systems/sara_reference_manual/en/.

TOOL FOR DATA AGGREGATION AND ANALYSIS: SERVICE AVAILABILITY, FACILITY READINESS AND PERFORMANCE

This tool facilitates the calculation of service availability, facility readiness, and service quality indicators at the national or subnational level (e.g. province, district, county, etc.) through systematic aggregation of data. If information is being collected and analysed at the subnational level, indicate this in the table below and in subsequent tables as needed. Information from all subnational units in the country can be further aggregated in order to calculate indicators at the national level. Ensure that Data Review Questions and tools have been adapted to include all desired variables for indicator disaggregation (e.g. service type, full-time or part-time staff or services, facility level, public or private facility, etc.) prior to conducting data aggregation and review.

DATA REVIEW INFORMATION

Country Name: _____

Subnational Unit *(if applicable)*: _____ **Subnational Unit Name** *(if applicable)*: _____

Date of Data Review (DD/MM/YYYY): _____ **Date of Previous Data Review** (DD/MM/YYYY): _____

Data Reviewers (list names and roles): _____

DATA REVIEW QUESTIONS

1. How many health facilities are in the country (or subnational unit)?

   _____
   Data Source/s: _____

2. How many health facilities in the country (or subnational unit) are providing cervical cancer services?

   _____
   Data Source/s:_____

2.1. How many facilities in the country (or subnational unit) are providing each type of service?

Pap	_____
VIA	_____
VILI	_____
HPV Test (sample collection)	_____
HPV Test (processing)	_____
Cryotherapy	_____
Single Visit Approach	_____
LEEP	_____
Colposcopy	_____
Biopsy	_____
Endocervical Curettage	_____
Histology/pathology	_____
Other	_____

Data Source/s: _____

3. How many trained health-care providers in the country (or subnational unit) are providing cervical cancer services? _____
   Data Source/s: _____

3.1. How many trained health-care providers in the country (or subnational unit) are performing each type of service?

Pap	_____
VIA	_____
VILI	_____
HPV Test (sample collection)	_____
HPV Test (processing)	_____
Cryotherapy	_____
Single Visit Approach	_____
LEEP	_____
Colposcopy	_____
Biopsy	_____
Endocervical Curettage	_____
Histology/pathology	_____
Other	_____

Data Source/s: _____

4. What is the target population for cervical cancer screening services?

Target age range:
☐ 30–49 years
☐ Other (Specify)

Number of women in the target age range in the population (specify national or subnational area):
_____

Data Source/s: _____

5. What is the estimated number of women requiring treatment services for precancerous cervical lesions (i.e. target)?

   _____
   Data Source/s: _____

6. What is the estimated number of women requiring diagnostic services for invasive cervical cancer (i.e. target)?

   _____
   Data Source/s: _____

7. What is the estimated number of women requiring management and treatment services for invasive cervical cancer (i.e. target)?

   _____
   Data Source/s: _____

SERVICE AVAILABILITY AND FACILITY READINESS INDICATOR TABLES

CERVICAL CANCER SERVICE AVAILABILITY: BASIC INDICATOR

Service	Total Number of Public and Private Facilities Offering Each Service (A)	Total Number of Public and Private Facilities (B)	Service Availability (A/B x 100)
Screening			
Treatment of precancerous lesions			
Cervical precancer and invasive cancer diagnosis			
Single visit approach (screening and treatment offered during the same visit)			

CERVICAL CANCER SERVICE AVAILABILITY: BASIC INDICATOR DISAGGREGATED BY SERVICE TYPE

Service	Number of Public and Private Facilities Offering Each Service (A2)	Total Number of Public and Private Facilities (B)	Service Availability (A/B x 100)
SCREENING			
☐ Pap Smear ☐ VIA *(screening or triage)* ☐ VILI ☐ HPV Test *(sample collection)* ☐ HPV Test *(processing)* ☐ Colposcopy *(triage)* ☐ Other: _____	Pap Smear_____ VIA *(screening or triage)*__ VILI_____ HPV Test *(sample coll.)*___ HPV Test *(processing)*____ Colposcopy *(triage)*_____ Other:_____ TOTAL providing **ANY** screening service*_____		Pap Smear_____ VIA *(screening or triage)*__ VILI_____ HPV Test *(sample coll.)*___ HPV Test *(processing)*____ Colposcopy *(triage)*_____ Other:_____ % of facilities providing **ANY** screening service*____
PRECANCEROUS LESION TREATMENT			
☐ Cryotherapy ☐ LEEP ☐ Other: _____	Cryotherapy_____ LEEP_____ Other:_____ TOTAL providing **ANY** precancerous lesion treatment service*_____		Cryotherapy_____ LEEP_____ Other:_____ % of facilities providing **ANY** precancerous lesion treatment service**_____
CERVICAL PRECANCER AND INVASIVE CANCER DIAGNOSTICS			
☐ Colposcopy (diagnostics) ☐ Endocervical curettage ☐ Biopsy ☐ Histology/Pathology	Colposcopy *(diagnostics)*__ Endocervical curettage____ Biopsy_____ Histology/Pathology TOTAL providing **ANY** diagnostic service*_____		Colposcopy *(diagnostics)*__ Endocervical curettage____ Biopsy_____ Histology/Pathology % of facilities providing **ANY** diagnostic service**___

**Total may not be the straight sum of facilities counted for each service, as some facilities may provide more than one service*
***Numerator is the TOTAL number of facilities providing ANY precancerous lesion treatment service.*

CERVICAL CANCER SERVICE AVAILABILITY: OPTIONAL INDICATORS (FACILITY DENSITY, MOBILE UNIT DENSITY, HEALTH-CARE WORKER DENSITY)

Indicators may be adapted to include disaggregation by key elements (e.g. type of service, full-time or part-time staff or services, facility level, etc.)

Indicator	Numerator (A)	Denominator *(B)	Percentage (A/B X 100)
SA2. Facility Density: Number of facilities providing cervical cancer services or per 5,000 female population, if number in target population is unknown	*Number of facilities providing cervical cancer services:* _____	*Number in target population:* _____	
SA2.1. Mobile Unit Density: Number of facilities providing cervical cancer services per 5,000 female population, if number in target population is unknown	*Number of mobile units providing cervical cancer services (subset of SA2 Numerator):* _____	*Number in target population:* _____	
SA3. Health-care Worker Density: Number of trained health workers providing cervical cancer screening services per 5,000 female population/target population, and compared to a benchmark.	*Number of trained health workers providing cervical cancer services:* _____	*Number in target population:* _____	

CERVICAL CANCER FACILITY READINESS: BASIC INDICATORS

Indicators may be adapted to include disaggregation by key elements (e.g. type of service, full-time or part-time staff or services, facility level, etc.)

Indicator	Numerator (A)	Denominator *(B)	Percentage (A/B X 100)
FR1. % of facilities providing the services they are designated to provide	*Number of facilities providing the services they are designated to provide:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR2. % of facilities meeting screening and treatment service targets	*Number of facilities meeting screening and treatment service targets:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR3. % of facilities with sufficient number of trained staff providing services	*Number of facilities with sufficient number of trained staff providing services:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR4. % of facilities with sufficient number of staff who meet selection criteria to be trained in desired skill and are available to provide services once trained	*Number of facilities with sufficient number of staff who meet selection criteria to be trained in desired skill and are available to provide services once trained:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR5. % of facilities with the basic infrastructure to provide services	*Number of facilities with the basic infrastructure to provide services:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR6. % of facilities with a functional procurement and supply chain system	*Number of facilities with a functional procurement and supply chain system:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR7. % of facilities where the minimum equipment and supplies necessary to provide services are continuously available and functional	*Number of facilities where the minimum equipment and supplies necessary to provide services are continuously available and functional:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR8. % of facilities where the minimum equipment and supplies required for infection prevention are continuously available and functional	*Number of facilities where the minimum equipment and supplies required for infection prevention are continuously available and functional:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	

Table continued

FR9. % of facilities where basic medicines and test kits are continuously available	*Number of facilities where basic medicines and test kits are continuously available:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR10. % of facilities with basic data management materials and processes in place	*Number of facilities with basic data management materials and processes in place:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR11. % of facilities with clearly defined, functional referral mechanisms	*Number of facilities with clearly defined, functional referral mechanisms:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR12. % of facilities where relevant, current national policies and guidelines are readily available and widely understood	*Number of facilities where relevant, current national policies and guidelines are readily available and widely understood:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
FR13. % of facilities conducting awareness generation and education activities in the past 3 months, using a variety of up-to-date materials	*Number of facilities conducting awareness generation and education activities in the past 3 months, using a variety of up-to-date materials:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	

* *See Table 4.6 for additional detail*

SERVICE AVAILABILITY AND FACILITY READINESS: TRACER INDICATORS (STAFF AND TRAINING, EQUIPMENT, DIAGNOSTICS, AND MEDICINES)

Tracer Indicator TSA = Service Availability TFR = Facility Readiness	**Numerator (A)**	**Denominator *(B)**	**Percentage (A/B X 100)**
TSA1. % of facilities providing cervical cancer services	*See* **Cervical cancer service availability: basic indicator** *or* **basic indicator disaggregated by service type**		
TSA2. Health Infrastructure: Facility Density	*See* **Cervical cancer service availability: optional indicators**		
TSA3. Service Utilization: Number of outpatient visits (e.g. screening, cryotherapy, etc.) per capita per year	*Number of outpatient visits (e.g. screening, cryotherapy, LEEP) in a 12-month period:* _____	*Number of unique patients (in a 12-month period):* _____	
TSA4. Health Workforce: Health-care Worker Density	*See* **Cervical cancer service availability: optional indicators**		
TFR1. % of facilities with at least 1 trained staff member providing cervical cancer services	*Number of facilities with at least 1 trained staff member providing cervical cancer services:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
TFR2. % of facilities with the infrastructure to provide basic general health services	*Number of facilities with the infrastructure to provide basic general health services:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
TFR3. % of facilities with all minimum items (or tracer items) present on the day of the assessment	*Number of facilities with all minimum items (or tracer items) present on the day of the assessment:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
TFR4. % of facilities (providing cervical cancer services) with infection prevention and control mechanisms to provide basic general health services	*Number of facilities (providing cervical cancer services) with infection prevention and control mechanisms to provide basic general health services:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
TFR5. % of facilities (providing cervical cancer services) with all minimum items (or tracer items) present on the day of the assessment	*Number of facilities (providing cervical cancer services) with all minimum items (or tracer items) present on the day of the assessment:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
TFR6. % of facilities with relevant national guidelines readily available	*Number of facilities with relevant national guidelines readily available:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	

* *See Table 4.6 for additional detail*

PROVIDER AND FACILITY PERFORMANCE INDICATORS

SERVICE AND DATA QUALITY: PERFORMANCE INDICATORS

NOTE: SQ1 and SQ2.1 are tracer indicators for Service and Data Quality (see Table 4.6)

Indicator	Numerator (A)	Denominator (B)	Percentage (A/B X 100)
SQ1. % of facilities with provider compliance to clinical skill performance standards	*Number of facilities with provider compliance to clinical skill performance standards:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
SQ2.1. % of facilities complying with standards for the collection and management of quality data	*Number of facilities complying with standards for the collection and management of quality data:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
SQ2.2. % of facilities where key indicators and targets are understood, and benchmarks are met	*Number of facilities where key indicators and targets are understood, and benchmarks are met:* _____	*Number of facilities assessed or designated to provide cervical cancer services:* _____	
SQ3. % of facilities complying with the performance standard for client and community assessment of the quality of cervical cancer prevention services	*Number of facilities complying with the performance standard for client and community assessment of the quality of cervical cancer prevention services:* _____	*Number of facilities assessed or number of facilities designated to provide cervical cancer services:* _____	

** See Table 4.6 for additional detail*

MINIMUM REQUIREMENT LISTS FOR EQUIPMENT, SUPPLIES, AND COMMODITIES

The lists of basic items for each service provided below are in addition to the minimum requirements included in Readiness Category 5: Infrastructure, and Readiness Category 8: Infection Prevention (see Supportive Supervision tool). While availability and functionality of *all* basic items should be assessed in order to determine readiness of a specific facility to provide services, resources and capacity may limit the incorporation of all items into existing national or subnational surveys which aim to monitor general health service provision (such as SARA or SPA). In support of these instances, a limited set of *tracer items* may be considered for inclusion.

Considerations for Countries with High HIV Prevalence: Screening test positivity rate is typically higher among HIV-positive women than among HIV-negative women (often two times higher). Cryotherapy-eligible rate for HIV-positive women who are screen-positive may also be lower than for HIV-negative women. The estimated minimum quantities in the lists below may therefore require adaptation in areas of high-HIV prevalence, based on analysis of trends in service delivery and disease epidemiology.

Note on equipment wastage: The minimum quantities in the lists below do not account for wastage; therefore, final estimations should be adjusted based on context.

VIA AND CRYOTHERAPY EQUIPMENT AND SUPPLIES: NOTES ON ESTIMATION OF MINIMUM QUANTITY (LISTS 1–4)

Estimates of quantity are based on the following assumptions:

- VIA-positive rate of 5–10%, with estimate based on VIA-positive rate of 10%
- Eligible for cryotherapy rate of 85% and that all women eligible for cryotherapy receive the treatment

Based on these assumptions, estimate that 10 out of every 100 women will be VIA-positive, and approximately 9 of these women will receive cryotherapy. For ease of calculation, estimate 10 cryotherapy procedures per 100 women screened.

HPV TESTING AND CYTOLOGY: NOTE ON ASSESSING EQUIPMENT AND SUPPLIES (LISTS 5-6)

In the majority of situations, collection of specimens for HPV testing and cytology occurs at a health facility, while specimen processing occurs at a laboratory – both locations will need to be assessed for service availability and readiness. Some health facilities (such as regional hospitals) may have on-site laboratories; however, specimen processing likely still occurs in a physical space separate from the point of specimen collection. Availability of equipment and supplies and provider performance for HPV testing and cytology should be assessed at both the screening facility and the laboratory. Laboratory performance should be assessed through existing quality assurance measures. Further information regarding HPV testing laboratory processes can be found in *Integrating HPV testing in cervical cancer screening programs: a manual for program managers* [PAHO, 2016] and relevant test manufacturer's recommendations; further information on cytology can be found in *Comprehensive cervical cancer control: a guide to essential practice* [WHO, 2014].

Estimated minimum quantities in Lists 5 and 6 are based on the needs for HPV DNA testing, using the CareHPV test platform as an example, and are in addition to those required for general laboratory operation. Note that HPV test-specific manufacturer's manuals must be referenced and used when adapting these lists.

LIST 1: VIA NON-CONSUMABLE EQUIPMENT AND SUPPLIES

In addition to those listed for Infection Prevention, and Infrastructure.

In the list below, the quantity of supplies needed is based on seeing 10 clients per day or shift in one examination room. Amounts will need to be adjusted if a higher number of clients is seen per day, unless instruments can be properly processed during office hours without interrupting the client flow. Considerations for estimating the number of clients screened are based on expected client load, and are driven by a number of factors, including if the services are: 1) integrated with other reproductive health services, 2) provided on dedicated days, 3) provided via outreach or mobile services, or 4) part of a mass campaign.

VIA Equipment and Non-Consumables	Minimum Quantity	Comments
Specula – Graves, metal bivalve specula (medium and large)*	10 (8 medium, 2 large)	
Ring/sponge-holding forceps	10	If using wood kebab sticks (see consumable supplies below), the ring/sponge-holding forceps would not be necessary.
Kidney dishes	2	
Gynaecological examination table	1	
Macintosh or rubber sheet	2	Wipe down with 0.5% chlorine solution between clients.
Goose-neck lamp (or other good light source such as torchlight)	1	
Instrument trays or trolleys	1	
Specimen cups (vinegar)	1	
Movable and adjustable stool	1	
Timer, clock, or watch	1	
Privacy screens	1	Assessed under Category 5: Infrastructure.
Sheets and gowns	10	Alternatively, can inform the community that women coming in for screening should bring their sarong or similar dress to provide cover.

**Tracer item*

LIST 2: VIA CONSUMABLE SUPPLIES

In addition to those listed for Infection Prevention, and Infrastructure.

VIA Consumables	Quantity Per 100 Women Screened	Comments
Clean, non-sterile examination gloves – box of 100	4 boxes	Assume 4 gloves per client; glove size depends on providers
3–5% acetic acid (white vinegar) – 1 L bottle*	1.5 L	Assume 15 cc/client.
Roll of cotton wool to make cotton balls	< 1	Assume 3 cotton balls/client
Wooden kebab sticks	300	If using ring/sponge-holding forceps (see nonconsumables), kabob sticks would not be necessary
Small cotton swabs	100	
Non-sterile gauze roll	< 1	
Batteries (size AA)	2	Assumes using torchlights and certain size torchlight
Chlorine to make 0.5% solution	2 L	Quantity required is variable. *This item is assessed under Category 8: Infection Prevention*
Condoms to retract vaginal walls that are lax	10	
Tongue depressors to retract vaginal walls that are lax	10	

**Tracer item*

LIST 3: CRYOTHERAPY NON-CONSUMABLE EQUIPMENT AND SUPPLIES

In addition to those listed for VIA, Infection Prevention and Infrastructure

Cryotherapy Equipment and Non-Consumables	Minimum Quantity	Comments
Cryotherapy unit with three cryotips with non-extended nipples (19-mm X 2 and 25-mm X 1)*	2	
Gas cylinders (for nitrous oxide or carbon dioxide gas)	2	While 1 cylinder is the bare minimum, having 2 cylinders helps prevent interruptions in service delivery.
Additional specimen cup for alcohol with cotton balls (to wipe down/disinfect cryotherapy unit following use)	1	
High-level disinfected specimen cups (to store cryotips and for HLD of cryotips, if not autoclaving)	2	

**Tracer item*

LIST 4: CRYOTHERAPY CONSUMABLE SUPPLIES

In addition to those listed for Infection Prevention, and Infrastructure.

Estimates are based upon 10 out of the 100 women screened requiring cryotherapy treatment.

Cryotherapy Consumables	Quantity Per 100 Women Screened	Comments
Carbon dioxide or nitrous oxide gas*	20 lb cylinder per 8–12 treatments	One 20 lb cylinder will typically average 8–12 treatments; however, this is highly variable and influenced by local conditions; monitoring trends in service delivery will support estimation of women requiring cryotherapy and forecasting of supplies.
Small cotton swabs	100	
Wooden spatulas (tongue depressors): • For cryotherapy to retract lax vaginal walls, as needed	10	
Condoms: • For cryotherapy to retract lax vaginal walls, as needed • Lubricated for post-cryotherapy self-care, if women not abstaining from sexual intercourse for 6 weeks	 5 50	
Sanitary pads	10	
Batteries (size AA)	2	Assumes using torchlights and certain size torchlight
70–90% ethyl or isopropyl alcohol: • For disinfection of cryotherapy unit following use, and HLD of cryotips if not autoclaving • For HLD of cryotips, need to change solution weekly • Assume approximately 100 cc weekly	Variable	Estimated volume is dependent on if the alcohol is used for HLD and the volume of cryotherapy cases per week. *This item is assessed under Category 8: Infection Prevention.*

**Tracer item*

LIST 5: HPV TESTING NON-CONSUMABLE EQUIPMENT AND SUPPLIES

This list is an example based on needs for HPV DNA testing using the CareHPV testing platform (and general laboratory procedures) – test-specific manufacturer's manuals should be used to adapt this list. List below is in addition to requirements for VIA (except Acetic Acid), Infection Prevention, and Infrastructure.

SCREENING FACILITY EQUIPMENT AND NON-CONSUMABLES FOR HPV TESTING		
Item	**Minimum Quantity**	**Comment**
Tube rack or other mechanism for storing and transporting specimens in a vertical position	At least 1	Depends on number of samples generated at facility. *1 careHPV test kit runs with 90 test samples (+ 6 controls); therefore, a screening facility would require a tube rack or other mechanism for transporting 90 tubes per test batch.*
LABORATORY EQUIPMENT AND NON-CONSUMABLES FOR HPV TESTING		
Item	**Minimum Quantity**	**Comment**
Machinery for processing samples and power cables*	1	*For HPV testing on the careHPV platform: one machine encompassing a heater, shaker, and luminometer is required.*
Fixed volume pipette	1	The careHPV testing platform requires 50 QL fixed volume pipette
Variable volume repeater pipette	1	
4o C Refrigerator	1	*A refrigerator of the size: H 64" W 28" D 30" will store approximately 20 careHPV test kits*
Surge protector (Minimum 1500 VA)	1	
Temperature and humidity sensor	1	

**Tracer item*

LIST 6: HPV TESTING CONSUMABLE SUPPLIES

This list is an example based on needs for HPV DNA testing using the CareHPV test platform (and general laboratory procedures); test-specific manufacturer's manuals should be used to adapt it. List below is in addition to requirements for VIA (except acetic acid), Infection Prevention, and Infrastructure.

SCREENING FACILITY CONSUMABLES FOR HPV TESTING		
Item	**Quantity Per 100 Women Screened**	**Comment**
Sample collection brush or swab*	110	Includes additional 10% to cover potential need to re-take samples. *1 careHPV test kit runs with 90 test samples (+ 6 controls), therefore to complete 1 batch for careHPV testing, a screening facility would require 90 brushes and 90 sample tubes.*
Sample transport medium*	110	Includes additional 10% to cover potential need to retake samples. *1 careHPV test kit runs with 90 test samples (+ 6 controls), therefore to complete 1 batch for careHPV testing, a screening facility would require 90 brushes and 90 sample tubes.*

LABORATORY CONSUMABLES FOR HPV TESTING		
Item	**Quantity Per 100 Women Screened**	**Comment**
Assay microplate and reagents (HPV test kit)*	1 +	*1 careHPV microplate runs 90 samples + 6 controls*
Safety glasses	1	Per laboratory, or laboratory technician
Laboratory coat	1	Per laboratory, or laboratory technician
Non-powder gloves	4–6 per test batch	Assumes 1 laboratory technician, with glove changes between steps
Micropipette tips	Variable	Depends on test kit in use. *Running 1 careHPV test kit requires 96 x 200QL sterile tips with filter, 1 x 1.25QL tip and 4 x 1.0QL tips*
Tube racks	Variable	2–3 racks (holding 50 tubes) is typically sufficient at lower volume laboratories; Foam racks for 50–100 specimen can be reused
Paper towels	10–20	

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LIST 7: NON-CONSUMABLE EQUIPMENT AND SUPPLIES – OTHER SERVICES

In addition to those for VIA, Infection Prevention, and Infrastructure.

CYTOLOGY	
Item	**Comment**
Light microscope*	For conventional Pap smear
COLPOSCOPY, BIOPSY, ENDOCERVICAL CURETTAGE	
Item	**Comment**
Colposcope*	Includes mobile colposcope, where applicable
Biopsy forceps	Only for colposcopy with biopsy
Ring forceps	Only for colposcopy with biopsy
Endocervical curette	
LEEP	
Item	**Comment**
LEEP electrosurgical generator (with smoke evacuator) and electrode handle*	
Return electrode	
Loop and ball electrodes*	
Dispersive plate/pad	
Electrosurgery pen	
Coated, non-conducting speculum, speculum tubing	
Ring/sponge-holding forceps	
Long tissue forceps	
Blood pressure machine/cuff	
Long needle holder	

**Tracer item*

LIST 8: CONSUMABLE SUPPLIES – OTHER SERVICES

In addition to those for VIA, Infection Prevention, and Infrastructure

CYTOLOGY	
Item	**Comment**
Glass slides and cover slips*	For conventional Pap smear
Spatula or brush	Wood or plastic; for sampling
Cytology fixative*	For conventional Pap smear
Liquid transport medium in individual specimen containers	For liquid based cytology
Specimen labels (and marker/pencil for labelling)	
VILI	
Item	**Comment**
Lugol's iodine*	
COLPOSCOPY, BIOPSY, ENDOCERVICAL CURETTAGE	
Item	**Comment**
Monsel's paste	For colposcopy with biopsy
Specimen bottles with 10% formalin*	For colposcopy with biopsy
LEEP	
Item	**Comment**
22-, 25-, or 27-gauge spinal needle, 3.5 inches long	
1–2% lignocaine with 1:200,000 epinephrine	Or ability to make, if not available
1–2% lignocaine plain*	
Monsel's paste	
Specimen bottles with 10% formalin	For LEEP with specimen collection (for histopathology)

**Tracer item*