

EngenderHealth's Quality Improvement Series



**COPE[®] for
Cervical Cancer
Prevention
Services:**
*A Toolbook
to Accompany
the COPE[®]
Handbook*



ENGENDERHEALTH

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**for Cervical Cancer
Prevention Services:**
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to Accompany
the COPE®
Handbook*

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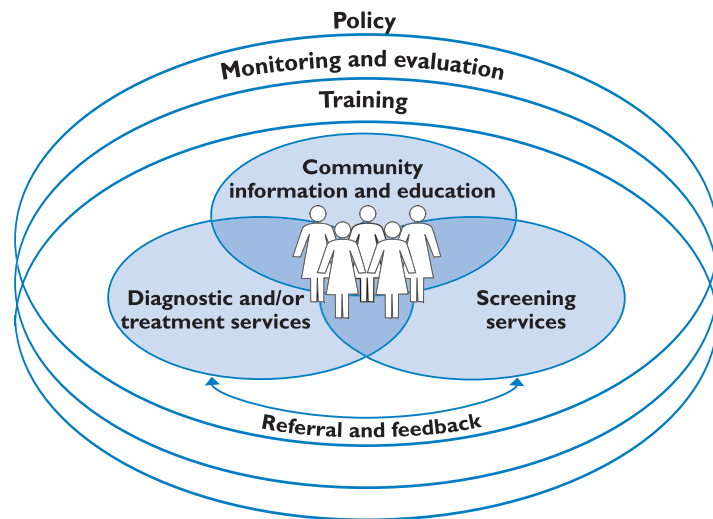
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Preface

One of the first and most critical questions that facilitators ask participants during the first COPE[®] exercise is: “What is quality? If your sister, mother, brother, or uncle came into this facility for services, how would you like them to be treated?” The answers to this question create a definition of quality that incorporates clients’ rights and staff needs, one ensuring that a high level of care is always offered and received. Additionally, the answers to this question produce a collective vision of quality developed from the perceptions of individual staff members at different levels. The spirit of COPE is based on the notion that changes in quality will be most successful and lasting when they are initiated by staff working together at the facility, using their expertise to identify problems and to develop recommendations for solving them.

It has been documented that effective cervical cancer prevention programs—primarily in developed countries—can reduce cervical cancer incidence by as much as 90% (Eddy, 1986). In *developing* countries, however, cervical cancer prevention efforts have met with limited success, due primarily to poor-quality services, but also because of low screening coverage of the women most at risk (Lazcano-Ponce et al., 1999). In regions where financial resources are often highly restricted and needs are seemingly endless, providing quality services can be very challenging indeed. Many elements must be managed as part of a whole service, elements that range from client mobilization to treatment and palliative care for those women identified as having the disease (see Figure 1).

Figure 1. Components of Cervical Cancer Prevention Services



Source: Alliance for Cervical Cancer Prevention. 2004. *Planning and implementing cervical cancer prevention and control programs: A manual for managers*. Seattle.

Cervical cancer prevention services face many challenges that inhibit their ability to reduce cervical cancer morbidity and mortality. Typically, these include:

- Ensuring that all providers (not only doctors) are well trained and experienced in performing pelvic exams and cervical screening tests
- Guaranteeing that staff are respectful of and responsive to clients
- Ensuring continuous access to supplies and equipment
- Establishing linkages to a reliable laboratory and ensuring that the means of transporting specimens and results to and from screening facilities exist (in the case of cytology-based screening)
- Developing systems for communicating test results to women in a timely manner (in the case of a multivisit-based approach)
- Setting up effective referral systems for management and treatment

COPE Cervical Cancer Prevention Services Toolkit

When these elements are not in place, the quality of services is reduced and cervical cancer prevention is less likely to be successful.

Some impediments to the provision of quality prevention services may be beyond the control of site staff, but others may be remedied via simple and creative measures that greatly enhance the services provided, encourage women to participate in screening activities, and improve screening coverage. COPE is both a process and a set of tools that together assist staff in addressing the issues that are within their reach. Since 1988, in collaboration with partners in developing countries, EngenderHealth has been developing and refining COPE, a staff-driven process to improve access to and quality of services. COPE, which stands for “client-oriented, provider-efficient” services, was originally developed for family planning services. It has been adopted in an ever-increasing number of countries, organizations, and health care facilities and has, over time, been adapted for use with other health care services. This COPE toolkit is designed to assist providers and site staff in identifying and in solving on-site problems that compromise the quality of cervical cancer prevention services.

Acknowledgments

COPE, which originated as a quality improvement process for family planning services, was developed by EngenderHealth¹ with the aid of a grant from Mrs. Jefferson Patterson and with support from the U.S. Agency for International Development (USAID). As noted in the acknowledgments to the original COPE handbook, *COPE: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services* (1995), “AVSC International has been developing and refining the COPE technique since 1988.... This evolution continues as we and our colleagues find better ways to work in our joint efforts to improve the quality of services for clients.” The COPE tools for cervical cancer prevention services included in this book are part of that evolutionary process and have been made possible by support from the Bill & Melinda Gates Foundation, through the Alliance for Cervical Cancer Prevention.

Many individuals in facilities where COPE is now used contributed to EngenderHealth’s development of this new toolbox. Special mention is due to the management, staff, and clients of the following institutions in Bolivia for their collaboration in pilot-testing this toolbox and for their insight and feedback, which contributed to its improvement:

Clínica PROSALUD Santa Cruz
Centro PROSALUD La Cuchilla
Instituto Oncológico del Oriente Boliviano
Microhospital “Rómulo Gomez” La Guardia-Santa Cruz

Dr. Marjorie Viscarra and Dr. María Lorencikova from EngenderHealth’s office in Bolivia provided invaluable assistance in coordinating and conducting the pilot tests and in providing thoughtful feedback on the tools.

Iana Dzuba and Jan Bradley were responsible for writing this toolbox, with assistance from Dr. Martha Jacob and Erin Mielke. Jenny Winkler of PATH also provided useful comments on previous drafts. Michael Klitsch, Karen Landovitz, Anna Kurica, and Virginia Taddoni (consultant) were responsible for the editing, design, and production of this toolbox.

¹ Before 2001, EngenderHealth was known as AVSC International.

About COPE

COPE is an ongoing quality improvement (QI) process used by health care staff to assess and improve the quality of care that they provide. Two assumptions inform the COPE process:

- Recipients of health care services are not passive patients waiting to be seen by experts, but rather are autonomous health care consumers, or clients, who are responsible for making decisions about their own health care and who deserve—indeed, have a right to—high-quality health care.
- Health care staff desire to perform their duties well, but without administrative support and critical resources, they cannot deliver the high-quality services to which clients are entitled.

COPE was developed around a framework of seven clients' rights and three staff needs that are implicit in these two assumptions (see Figure 2, page 2). The rationale is that the more these rights are honored and these needs are met, the higher the quality of care will be.

COPE empowers staff to proactively and continuously assess and improve the quality of their services. COPE's emphasis on the role of staff in continuous QI makes this possible. Staff are the resident experts on quality, and COPE encourages all levels of staff to collaborate on identifying obstacles to high-quality care and efficiently using existing resources to overcome them. At the same time, rather than finding fault with individual staff members, COPE focuses on identifying problems in service-delivery systems and processes. When staff work on COPE, they develop a sense of ownership of the assessment findings, become invested in implementing the recommendations they derive from the process, and feel good about the quality of services they deliver and about their contributions to the facility and to the health of their community.

About This Toolkit

The COPE process has four tools that are included in this toolkit—Self-Assessment Guides, a Client Interview Guide, Client-Flow Analysis, and the Action Plan. These tools enable supervisors and their staff to discuss the quality of their services, identify problems that interfere with the delivery of quality services, identify the root causes of those problems, recommend ways to solve the problems, implement the recommendations, and follow up to ensure resolution of problems.

Figure 2. The Rights of Clients and the Needs of Staff

The Rights of Clients

Information: Clients have a right to accurate, appropriate, understandable, and unambiguous information related to reproductive health and sexuality, and to health overall. Information and materials for clients need to be available in all parts of the health care facility.

Access to services: Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on sex, age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

Informed choice: Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before they come to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice or to help the client reach an informed choice.

Safe services: Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Privacy and confidentiality: Clients have a right to privacy and confidentiality during the delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in the staff's handling of clients' medical records and other personal information.

Dignity, comfort, and expression of opinion: All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

Continuity of care: All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintaining their health.

The Needs of Health Care Staff

Facilitative supervision and management: Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

Information, training, and development: Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

Supplies, equipment, and infrastructure: Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

Adapted from: Huevo & Diaz, 1993; IPPF, 1993.

Figure 3. COPE Toolbooks: Addressing a Range of Health Services

The following COPE toolbooks are currently available:

- *COPE® for Cervical Cancer Prevention Services: A Toolkit to Accompany the COPE® Handbook* (2004)
- *COPE® for Reproductive Health Services: A Toolkit to Accompany the COPE® Handbook* (2003)
- *COPE®: Client-Oriented, Provider-Efficient Services: A Process and Tools for Quality Improvement in Family Planning and Other Reproductive Health Services (1995)* (This is for continued use in family planning services.)
- *COPE® for Maternal Health Services: A Process and Tools for Improving the Quality of Maternal Health Services* (2001)
- *COPE for Child Health: A Process and Tools for Improving the Quality of Child Health Services* (draft, 1999)
- *Community COPE®: Building Partnerships with the Community to Improve Health Services* (2002) (This is a variation on the COPE process.)

Many of the above toolbooks are currently being revised for use in conjunction with the new edition of the *COPE Handbook*. In addition, new toolbooks on other topics, such as adolescent reproductive health care and services related to HIV and sexually transmitted infections, are being developed.

COPE is a staff-driven process that combines both an approach and a set of tools. EngenderHealth's first COPE handbook, published in 1995 (*COPE: Client-Oriented, Provider-Efficient Services*), was focused on family planning. But clients around the world expect quality in all health services, and family planning services are not isolated from other types of health care. Since EngenderHealth's first COPE handbook was published, health care staff and managers have repeatedly asked for the tools to be expanded to include other aspects of reproductive health services besides family planning. In response, in 2003, EngenderHealth revised the original COPE handbook for quality improvement to include additional information about how to conduct COPE and began to produce a series of accompanying toolbooks to address a full range of topics reflecting a reproductive health approach to services (see Figure 3).

To further enhance the COPE series, EngenderHealth has produced this text and set of tools for managers of cervical cancer prevention services, supervisors, and COPE facilitators who wish to involve in the QI process service providers and other staff who provide cervical cancer prevention services. Among the cervical cancer-specific issues addressed in the tools are:

- Screening tests and examinations
- Laboratory services
- Treatment of precancerous lesions
- Appropriate follow-up and management of clients
- Referral and feedback between different service components
- Equipment and supplies

These content areas are addressed through each of the COPE tools. The COPE tools are practical and easy-to-use data collection and analysis forms that are designed to be flexible,

so that each facility can adapt them to meet its particular needs. There are 10 self-assessment guides for cervical cancer prevention services, based around the 10 clients' rights and staff needs (see Figure 2). This volume also contains a Client Interview Guide, a Client Record-Review Checklist, and the forms needed to conduct a Client-Flow Analysis.

A brief overview of the COPE process, including a description of each of these tools, is presented below. For a detailed explanation of the COPE process and of the use of each tool, please refer to the *COPE Handbook*, the reference and “how-to” manual that accompanies this toolkit.²

Principles Underlying COPE

Quality Improvement Principles

Quality in health care is often defined as providing client-centered services and meeting clients' needs. The QI process is an effort to continuously do things better until they are done right the first time, every time. There are several reasons to improve the quality of the health care services provided at a facility. Improving quality safeguards the health of both clients and staff, adds features to attract clients, maintains the organization's strengths, and fosters efficiency and cost savings.

The COPE process and tools draw on management theories and principles widely used in a range of fields, including health care. The most important QI principles on which COPE is based are:

- Taking on the mindset of the customer (client)—meeting the needs and expectations of clients
- Having staff become involved in and feel ownership of quality and of the process for improving quality
- Focusing on processes and systems, and recognizing that poor quality is often a function of weak systems, weak processes, or implementation problems, rather than the fault of individuals
- Promoting efficiency and cost-consciousness by eliminating the costs of poor quality (e.g., repeat work and waste)
- Encouraging continuous staff learning, development, and capacity-building, since staff need skills to carry out the QI process and provide quality services, and supervisors and team leaders need to be able to facilitate the work of staff and the development of those skills
- Implementing continuous QI work, as there will always be opportunities to improve what staff do and to have a sustained positive impact on services

COPE enables staff to apply these principles at service facilities.

Why Use COPE to Improve Quality?

- **Self-assessment promotes a sense of ownership among staff.** When staff assess their own services, rather than having the services assessed by outsiders, they feel that the problems they identify are theirs and they feel responsible for addressing the problems. This creates a sense of *ownership* and *commitment* to the solutions developed.

² To request one or more copies of the *COPE Handbook* or any other QI materials, contact EngenderHealth Material Resources, 440 Ninth Avenue, New York, NY 10001, U.S.A., or e-mail to materialresources@engenderhealth.org.

- **COPE relies on the wisdom of the experts.** The experts on the services at a facility are the *staff* who provide them and the *clients* who use them. COPE gives both staff and clients a chance to apply their expertise and insights toward improving services.
- **The tools are practical and relatively simple to understand and use.** An important reason why COPE works well is that the tools are practical and easy to use. The process is not full of theories or complicated diagrams that staff must learn. Rather, the tools are directly related to what staff do in their daily work.
- **COPE promotes teamwork and cooperation among all levels of staff.** By using the tools together, supervisors and staff become accustomed to working as a team.
- **COPE boosts morale and provides a forum for staff and supervisors to exchange ideas.** Staff members who have used COPE have said, “I knew that we could improve services by doing that, but I never had the opportunity to talk to [the doctor-in-charge] before.” By providing an opportunity to become involved in problem solving and decision making, COPE leads to increased staff morale.
- **COPE helps communicate service standards to staff and thereby improves performance.** The COPE Self-Assessment Guides are based on international service standards. Using the guides raises awareness of the importance of quality, what quality services are, and what is important to clients.
- **COPE is cost-effective.** COPE is inexpensive to do. All that is needed are a few hours of a facilitator’s time, a small amount of time for staff to participate during regular work hours, flipchart paper, and photocopies of the forms needed for the exercises.
- **COPE is transferable and adaptable from one setting to another.** COPE has been used in a range of health care facilities, from national referral hospitals to small clinics, in both private- and public-sector institutions, and in both very-low-resource and very-high-resource settings. COPE has also been applied to many different health services, from family planning to maternal and child health services to infection prevention practices and to cervical cancer prevention services for all staff at a health care facility.
- **COPE helps facility managers work more effectively.** Although facility managers may initially find introducing COPE and QI to be time-consuming, once staff become involved in solving day-to-day problems on their own, managers generally find that they have more time to focus on major problems.
- **Poor quality is costly.** If something is not done correctly the first time, it must be fixed, often repeatedly. Moreover, the consequences may be serious, in terms of both cost and the health of individuals and the community. COPE helps reduce the cost of poor quality by helping staff identify and solve problems, as well as by allowing them to focus on processes and systems to prevent problems from occurring in the future.

Implementing COPE

Getting Started

Before conducting COPE, facilitators should read through the *COPE Handbook* in its entirety and become familiar with the details of the process and the tools. The initial COPE exercise takes place over a period of two to three days. The final schedule can be adapted to accommodate workload, client load, and staffing shifts; however, it is crucial that staff’s participation in the exercise result in as little service-delivery disruption as possible. Follow-up exercises should be conducted every three to six months after COPE’s introduction and take one or two days to complete. These subsequent exercises may not require implementing all of the tools;

rather, the staff might decide to review progress on the existing Action Plan, or may decide to use only some of the tools. COPE is flexible and should be used to address the specific needs of the facility. However, we recommend that the Self-Assessment Guides, Client Record Review, and Client Interview Guide be used at least twice a year. (For an overview of the COPE process, see Figure 4.)

The Facilitator

When the decision is made to implement COPE at a facility for the first time, the facility administrator should obtain the services of an experienced COPE facilitator. This is usually an external facilitator (from the Ministry of Health, a nongovernmental organization, or a technical assistance agency) who has been trained in COPE and has experience with implementing it. During the initial exercise and the first follow-up exercise, a staff member from the facility receives training to become a site facilitator. With the assistance of the external facilitator (if needed), the site facilitator will be responsible for all subsequent COPE exercises at the facility.

The Participants

Improving quality is the responsibility of all staff who provide services; therefore, it is important that a broad range of staff involved in the delivery of cervical cancer prevention services participate in the COPE exercise. This includes the facility manager(s) and administrator(s), supervisor(s), service providers, nurses, medical assistants, counselors, health educators, laboratory staff, administration staff, receptionists, guards, cleaning staff, supplies staff, and other support staff, as well as staff from wards or departments that typically refer women for cervical cancer screening. When a staff member is the sole representative from his or her department, it should be clear that he or she is responsible for sharing information about quality with colleagues and for taking the lead in implementing quality changes together with them.

Preparing for a COPE Exercise

Through site visits or correspondence, the external facilitator should use the time leading up to the initial COPE exercise to:

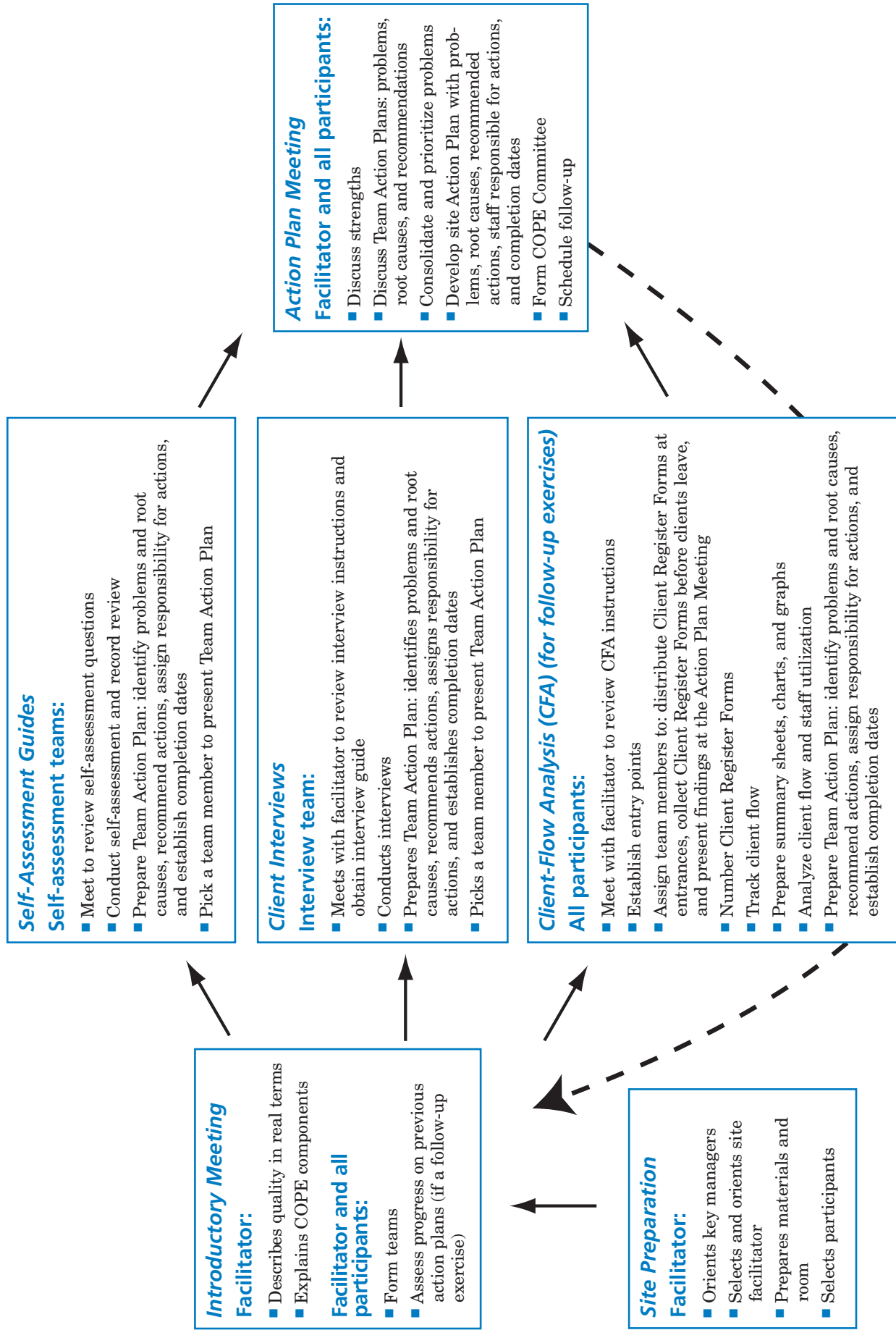
- Build consensus with key managers about the importance of QI
- Orient site managers to COPE
- Gather information about the facility
- Instruct management on selecting staff participants and a site facilitator for follow-up COPE exercises
- Schedule the COPE exercise
- Prepare materials for the exercise

For follow-up COPE exercises, the external or site facilitator should schedule the exercise, prepare the materials, and help the administration select staff participants.

The Introductory Meeting

Each COPE exercise begins at an Introductory Meeting. During this meeting, the COPE facilitator orients participants to the idea of continuous QI and to the concepts of clients' rights and staff needs, and explains how to use each of the COPE tools. The participants form teams to implement each of the tools (detailed on page 8).

Figure 4. COPE at a Glance



The Four COPE Tools

COPE uses four tools—the Self-Assessment Guides, the Client Interview Guide, the Client-Flow Analysis, and the Action Plan. These tools are as follows:

- *Self-Assessment Guides.* These are questions that help staff think about the way services are provided and whether adequate supervision, training, and equipment are available at their facility. There are 10 guides, organized around the framework of clients' rights and staff needs. After COPE participants form teams, each team is responsible for reviewing one or more of the guides. During their normal workday, the team members (individually or as a group) review the questions and decide which ones reveal a problem that they have observed or experienced at their facility. One component of the Self-Assessment Guides concerns the client's right to continuity. Part of continuity is ensuring that client health records are up-to-date and accurate, to allow for follow-up and appropriate client management. The Client Record-Review Checklist can be used to determine whether essential information is being recorded accurately and completely in client records and whether clients are receiving care according to standards. One or two team members review client records at random to identify record keeping strengths and weaknesses. Afterward, the team members convene to discuss the problems they identified, determine their root causes, and recommend solutions, including who will implement the recommendations and when. They record their findings in a Team Action Plan, for presentation and discussion at the Action Plan Meeting. A more detailed description of how to conduct self-assessments and record reviews can be found in the *COPE Handbook* (page 38).
- *Client Interview Guide.* Using the Client Interview Guide, staff interview clients to learn their views and opinions of the services provided at the facility. Individual staff members conduct these informal interviews with clients who have completed their clinic visit. Generally, a total of 15 interviews is sufficient, although this may vary, depending on the size of the facility and the volume of clients. Using open-ended questions, the interviewers encourage each client to discuss her opinions about services, what was good and bad about her visit, and how the quality of services could be improved. The interviewers record the clients' responses and then meet to discuss their findings. One interviewer prepares the findings—as a Team Action Plan—for presentation and discussion at the Action Plan Meeting. A more detailed description of how to conduct the client interview can be found in the *COPE Handbook* (page 39).
- *Client-Flow Analysis (CFA).* The purpose of the CFA is to identify the amount of time that clients spend waiting and the ways in which staff are utilized, so as to remove bottlenecks and improve the use of staff time. CFA team members track the flow of each client who enters the facility during a specified time period—for example, from 8 a.m. to noon or from 8 a.m. to 4 p.m. The Client Register Form is used to track clients from the time they enter the facility until the time they leave, by recording each contact they have with a provider and its duration. One or two team members then complete the Client-Flow Chart and the Client-Flow Chart Summary. They then chart, graph, and analyze the data, discuss the findings, and record them as a Team Action Plan for presentation and discussion at the Action Plan Meeting. EngenderHealth recommends that facilities not perform CFA at the first COPE exercise. A more detailed description of how to conduct the CFA can be found in the *COPE Handbook* (page 74).
- *Action Plan.* When COPE participants have completed the self-assessment, the client interviews, the record-review checklist, and the CFA (if performed), they convene at the Action Plan Meeting to present, discuss, consolidate, and prioritize the problems and recommendations in the Team Action Plans. Through this process, the group develops a site Action Plan that lists:

- ▲ Each problem identified
- ▲ The root causes of the problem
- ▲ The actions recommended to solve the problem
- ▲ The staff members responsible for implementing the recommended actions
- ▲ The completion date for each action

A more detailed description of how to develop an Action Plan can be found in the *COPE Handbook* (page 40).

COPE Committee

If no QI committee exists at the facility, the facility manager may wish to establish a COPE Committee. This committee—composed of staff members, supervisors, and facility managers—receives routine reports on progress in implementing the COPE Action Plan, provides support to the COPE facilitator and staff (as needed or requested), and reports to management about COPE activities (as needed or requested). The committee members may be selected before the conclusion of the Action Plan Meeting. If a QI committee already functions, the facilitators must ensure that monitoring progress of the Action Plan is incorporated into its routine agenda. A more detailed description of establishing the COPE Committee can be found in the *COPE Handbook* (page 52).

COPE Follow-Up

Quality improvement must be an ongoing process, and a single COPE exercise without adequate follow-up will have few lasting effects. COPE, and attention to quality in general, needs to become a part of routine service delivery that is carried out every few months and managed on a daily basis.

Once the first COPE exercise is completed, the facilitator and the staff agree on a date for a follow-up exercise. At the follow-up exercise, the participants meet again and use the Action Plan Follow-Up Form to assess their progress in solving the problems in the Action Plan from the previous exercise. CFA may be conducted at the first follow-up exercise, particularly if client waiting time or staff utilization were identified as a problem at the initial exercise. In addition, staff may wish to repeat one or more of the other tools during the follow-up exercise. COPE exercises should be conducted every three to six months to follow up on the previous site Action Plan and to identify new issues that need to be addressed. A more detailed description of COPE follow-up can be found in the *COPE Handbook* (page 55).

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**Self-Assessment
Guides for
Cervical Cancer
Prevention Services**

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COPE Self-Assessment Exercise for Cervical Cancer Prevention— Guidance for Providers

Each of the following Self-Assessment Guides has questions to help staff think about the services they offer and how these can be improved. There are 10 guides, organized around the framework of clients' rights and staff needs. Participants form teams, each of which is responsible for reviewing one or more of the guides. Team members review the questions on their guide(s) and decide which ones represent a problem that they have observed or experienced at the facility. Afterwards, team members discuss the problems they identified, determine the root causes of those problems, and recommend solutions, identifying who will be responsible for the solutions and creating a deadline for action. All teams reconvene to discuss their findings and develop an Action Plan.

The questions are meant to serve as guides, not checklists. Instead of going through each question in order, staff working on a guide should first read all of the questions and identify the issues that are most relevant to their circumstances and concern them the most. COPE is a continuous process, and over time all of the important issues will be addressed.

Some of the questions on the guides may describe services that are not offered at a facility (for example, treatment for precancerous lesions). When staff encounter such questions, instead of skipping them outright, they should ask themselves, "Do we refer clients who need these services so they can receive them?"

Staff working on a guide may also find that some of the guides have similar questions. This shows how important certain elements are in ensuring that clients' rights and staff needs are met. If the answer to a repeated question indicates a problem, then that element likely has multiple effects on the quality of the service provided.

Clients' Right to Information

Clients have a right to accurate, appropriate, understandable, and unambiguous information related to cervical cancer and its prevention. Information and materials for clients need to be available in all parts of the health care facility.

The group working on this guide should include staff who usually provide client education, as well as staff who give clients information on the services available at the facility. At least one member of the clinical staff should participate in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Does the facility have posters and pamphlets (informational materials) for clients on cervical cancer prevention services?
2. Does the facility have signs on the walls promoting the screening services?
3. If the facility has a list of women in the community who are in the target age-group, do staff make efforts to contact them individually to invite them for screening?
4. Do staff at the facility inform the community about cervical cancer prevention and treatment and the screening services available (for example, through talks to women's groups and other community groups)?
5. Are steps taken to inform women in the community older than 35 (who may not frequent the health facility) about cervical cancer prevention and treatment and about the screening services available?
6. Do staff routinely provide information on cervical cancer prevention and treatment and on available screening services to the men and women who come to the facility for other services?
7. Are all clinical staff able to explain to clients the following information?
 - Function and position of the cervix
 - Screening procedure
 - Difference between precancerous lesions and cancer
 - Significance of positive screening results
 - Possible treatments for any detected precancerous lesions

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8. Before they are screened, do clients receive counseling or an orientation that includes the following?
 - Explanation of the screening procedure
 - Difference between precancerous lesions and cancer
 - Significance of positive screening results
 - Information about available treatment for any detected precancerous lesions
9. Do staff at the facility always give clear instructions to clients about when to return for *screening results* and why?
10. Do staff at the facility always give clear instructions to clients about when to return for *future screenings* and why?
11. If Pap smear testing is used in the facility, are clinical staff and counselors always able to give accurate information to clients about the meaning of a positive result?
12. If human papillomavirus (HPV) testing is used in the facility, are clinical staff and counselors always able to give accurate information to clients about the meaning of a positive result?
13. If visual inspection of the cervix with acetic acid (known as VIA) or visual inspection with Lugol's iodine (VILI) are used in the facility, are clinical staff and counselors always able to give accurate information to clients about the meaning of a positive result?
14. Prior to performing treatment for precancerous lesions, do staff discuss with clients the importance of four to six weeks of sexual abstinence posttreatment and provide condoms if sexual abstinence is not possible?
15. Do staff make efforts to discuss abstinence and condom use with sexual partners if clients require this?

Other Issues That You Think Are Important:

16. _____

17. _____

18. _____

Clients' Right to Access to Services

Clients have a right to services that are affordable, are available at convenient times and places, are fully accessible with no physical barriers, and have no inappropriate eligibility requirements or social barriers, including discrimination based on age, marital status, fertility, nationality or ethnicity, social class, religion, or sexual orientation.

The group working on this guide should include at least one person who provides health information, counseling, or services. It may also be useful to include a member of management in this group.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Are cervical cancer screening services available at least once a week?
2. Are women able to be screened if they come outside of designated screening days/hours?
3. Is the schedule of when cervical screening services are offered posted for clients to see?
4. Are cervical cancer screening services available at a time that is convenient for clients?
5. Are screening services offered when women visit the facility for other reproductive health services?
6. Is information about cervical cancer screening services offered to women older than 35 years who may attend the facility for reasons other than maternal health or family planning services (such as high blood pressure or diabetes)?
7. If outreach or mobile screening services (camps) are provided, do women receive screening results and treatment if needed?
8. Are all clinical maternal and child health staff and clinical family planning staff able to perform screening?
9. Do all site staff, including receptionists, know where to direct clients for screening and treatment? (If services are not offered at the facility, do they know where to refer clients?)
10. Are screening services affordable for all clients or free for those who cannot pay?

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11. Are cervical cancer screening services linked with other health services, such as sexually transmitted infection and HIV services, family planning services, and general curative services?
12. Do staff assist clients to access cervical cancer prevention services not offered at the facility (e.g., screening, diagnosis, or treatment) by providing a referral letter?

Other Issues That You Think Are Important:

13. _____

14. _____

15. _____

Clients' Right to Informed Choice

Clients have a right to make a voluntary, well-considered decision that is based on options, information, and understanding. The informed choice process is a continuum that begins in the community, where people get information even before coming to a facility for services. It is the service provider's responsibility either to confirm that a client has made an informed choice/decision or to help a client reach an informed choice/decision.

Examples of decisions that women make concerning their cervical health include:

- Whether to undergo screening
- Whether to pick up screening results
- Whether to seek follow-up tests or treatment if screening results are positive
- Whether to inform their partner of screening or the need for treatment
- Whether to delay sexual intercourse for four to six weeks following treatment with cryotherapy

The group working on this guide should include medical personnel and other staff who provide cervical cancer prevention information, counseling, or services.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Are cervical screening clients fully informed of what cervical screening involves and what will take place during the process?
2. Are cervical screening clients fully informed of the importance of returning for and receiving screening results?
3. Are cervical screening clients fully informed of the possible need for treatment if screening results are positive?
4. Do clients who require treatment receive complete and accurate information about all available treatment options, including the advantages and disadvantages of each alternative, and are they given the choice of whether to accept treatment?
5. Do staff ensure that they always do the following?
 - Actively encourage clients to talk and ask questions
 - Listen attentively and respectfully to clients and respond to their questions
 - Discuss clients' needs and service options

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- Assist clients to make an informed decision
 - Ask clients whether the information was explained clearly and what further questions they might have
6. Do providers discuss the possibility of involving partners and family members in clients' decision making, if appropriate?
7. Are mechanisms in place to ensure that clients give oral informed consent for all cervical cancer treatment procedures?

Other Issues That You Think Are Important:

8. _____
9. _____
10. _____

Clients' Right to Safe Services

Clients have a right to safe services, which require skilled providers, attention to infection prevention, and appropriate and effective medical practices. Safe services also mean proper use of service-delivery guidelines, quality assurance mechanisms within the facility, counseling of and instructions for clients, and recognition and management of complications related to medical and surgical procedures.

Note: This guide emphasizes the behavior of staff in ensuring clients' safety.

The group working on this guide should include clinical staff, cleaning staff, and the administrator or manager.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Do clinical staff follow current written guidelines for cervical cancer screening?
2. Are clinical staff fully prepared to perform screening procedures?
3. Do all clinical staff understand how to interpret screening results and know the treatment or management that is required?
4. Are clinical staff able to appropriately manage or refer clients who have abnormal screening results?
5. Are clinical staff able to identify potential cases of cancer and provide appropriate referral?
6. If the facility provides treatment for precancerous lesions, do clinical staff who perform treatment follow protocols?
7. Are clinical staff who perform screening and treatment prepared to manage potential complications (including referring clients for treatment of complications)?
8. Does a member of the staff always explain to clients the need for sexual abstinence after treatment for precancerous lesions?
9. Does a member of the staff always explain to clients how to use a condom in case sexual abstinence cannot be observed?

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10. Does the facility have a register for documenting treatment successes, failures, and complications to improve treatment outcomes?
11. Do staff have access to current, written guidelines on infection prevention?
12. Do staff follow infection prevention guidelines to protect themselves and clients from infection?
13. During a pelvic examination:
 - Does the service provider wear gloves?
 - Does the service provider use a clean speculum that has been high-level disinfected or sterilized?

Other Issues That You Think Are Important:

14. _____
15. _____
16. _____

Clients' Right to Privacy and Confidentiality

Clients have a right to privacy and confidentiality during delivery of services. This includes privacy and confidentiality during counseling, physical examinations, and clinical procedures, as well as in staff's handling of clients' medical records and other personal information.

The group working on this guide should include staff who provide information, deliver services, or are responsible for record keeping (including receptionists, gatekeepers, and guards).

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Does the facility have a space where counseling sessions, physical examinations, and procedures cannot be observed or overheard by others?
2. Do staff take measures to ensure that counseling sessions and screening or treatment procedures are not interrupted?
3. When a third party is present during a counseling session or during a screening or treatment procedure, do staff explain the person's presence and ask the client's permission?
4. Are all screening results kept confidential (including from family, partner, and friends) unless the client agrees that this information may be shared?
5. Are client records secured, with access strictly limited to authorized staff?
6. Are all services offered in a manner that is respectful, confidential, and private?

Other Issues That You Think Are Important:

7. _____
8. _____
9. _____

Clients' Right to Dignity, Comfort, and Expression of Opinion

All clients have the right to be treated with respect and consideration. Service providers need to ensure that clients are as comfortable as possible during procedures. Clients should be encouraged to express their views freely, even when their views differ from those of service providers.

The group working on this guide should include a range of site staff, such as service providers, counselors, receptionists, gatekeepers, and guards. If the answers to the questions in this guide about waiting times indicate that this is a problem, staff can implement the client-flow analysis during a subsequent exercise to collect data on this issue.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Are all clients and all who accompany them to the facility welcomed and addressed with respect?
2. Do staff perform screening and treatment procedures with the client's dignity, modesty, and comfort in mind (including providing clients with adequate drapes or covering, as appropriate, ensuring no interruptions, etc.)?
3. Do staff always explain to clients the examination or procedure that will be performed, what to expect, and why it is needed?
4. Do staff always treat clients with respect by referring to them by name, by answering questions, and by asking how they are feeling?
5. Do staff always explain things clearly, using appropriate language?
6. Do staff ensure the comfort of clients by maintaining clean rooms and toilet facilities?
7. Does the facility have a place where clients can rest, if necessary, after screening or treatment?
8. Do staff encourage clients to ask questions?
9. Do staff routinely ask clients for feedback on the services they received?

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- 10. Do staff think that client waiting times for services are reasonable?
- 11. Do staff work to reduce unnecessary waiting times for clients (e.g., by having a nurse or other health professional provide services to the client when it is not necessary to wait for a doctor)?
- 12. Are records organized so that retrieval is quick and easy?
- 13. Do staff ensure that the client is comfortable and experiences the least possible amount of pain during screening or treatment procedures?
- 14. When the client is awake during a screening or treatment procedure, do staff engage the client as appropriate to facilitate comfort (e.g., conversing with the client to distract her from discomfort or offering comfort to a client in distress)?

Other Issues That You Think Are Important:

- 15. _____
- 16. _____
- 17. _____

Clients' Right to Continuity of Care

All clients have a right to continuity of services, supplies, referrals, and follow-up necessary to maintain their health.

The group working on this guide should include service providers, administrators, staff who are responsible for supplies, and field and community outreach workers. The group working on this guide will also use the Record-Review Checklist to determine whether key information is being recorded accurately and completely in client records and whether clients are receiving follow-up care according to standards.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Do site staff work in the community to encourage women to come for screening (for example, by training community health workers, holding meetings, or visiting work-places)?
2. Does the facility maintain an attendance register of all screening procedures?
3. Following screening, do staff ensure that all clients are told when to return for future screenings, in accordance with local guidelines?
4. For clients who undergo laboratory-based screening or diagnostic tests (Pap test, biopsy, etc.):
 - Is a system in place for them to receive their results?
 - Is it clear who is responsible for informing clients about test results?
 - Are mechanisms in place to alert staff to clients who have not received their screening results?
 - Based on test results, are counseling and treatment provided, or do staff refer clients to an appropriate service for counseling and treatment?
5. Are clients' medical and health records completed properly, with information essential for continuity of care (see the Record-Review Checklist)?
6. Does the facility have a system for tracing clients (by letter, phone, or home visit) who need to return to the facility or require a referral for repeat screening or treatment?
7. If clients do not come to the facility for repeat screening, treatment, or follow-up care, do staff try to find out why?

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8. Does the facility have a good relationship with referral hospitals that offer treatment for precancerous lesions and for cancer, to ensure effective referral, feedback, and counter-referral?

9. Are staff able to manage clients' other reproductive health problems (such as sexually transmitted infections and HIV) and refer them appropriately?

10. For treatment services provided, are all clients told what to do if they experience problems or complications?

Other Issues That You Think Are Important:

11. _____
12. _____
13. _____

Staff Need for Facilitative Supervision and Management

Health care staff function best in a supportive work environment in which supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and thus better meet the needs of their clients.

The group working on this guide should include representatives of management, as well as service providers and support staff.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Does the facility's management support the cervical cancer screening program?
2. Is a quality assurance system in place and is there regular supervision to confirm the clinical staff's ability to perform screening effectively?
3. If the facility provides colposcopy and treatment for precancerous lesions, do supervisors perform routine audits of results and provide regular oversight?
4. Does the facility's management discuss cervical cancer screening issues in staff meetings?
5. Do all district or regional supervisors support the cervical cancer screening program?
6. Do facility managers and district or regional supervisors work with staff to ensure that there are sufficient supplies and functioning equipment?
7. Do facility managers and district or regional supervisors assist staff with record keeping?
8. Do facility managers and district or regional supervisors facilitate client tracking?
9. Do facility managers and district or regional supervisors facilitate community outreach activities?
10. Do facility managers and district or regional supervisors facilitate communication between the facility and services for treatment or palliative care?
11. Do facility managers and district or regional supervisors ensure that a good monitoring and evaluation system is in place and discuss the results with staff?

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12. Do staff routinely review data on the following?
 - Number of women screened
 - Coverage of target age-group
 - Rate of detected abnormalities
 - Referral or treatment rates
13. Do staff discuss these data and take corrective action if there appears to be a problem?
14. Do facility managers and district or regional supervisors help to ensure that screening and treatment results are returned to clinics as quickly as possible?
15. Do supervisors provide oversight for screening and treatment, conduct audits, and support trainings and refresher courses, when needed?
16. Do supervisors ensure that staff have, know, and follow current, written service-delivery guidelines for performing cervical cancer screening procedures, for determining what constitutes a positive result (especially in the case of visual screening techniques), and for referring and managing clients with positive screening results?
17. Do supervisors ensure that staff from different departments or wards share information, make referrals within the facility, and visit other parts of the facility to give health talks among others?
18. Do supervisors ensure that all aspects of service delivery (including counseling, clinical procedures, and infection prevention practices) are observed, and that constructive feedback is provided to maintain high quality of care?
19. Do staff show respect for and pay attention to the following colleagues?
 - Support staff
 - Staff from other departments
 - Community workers who refer clients
20. Are support staff included in discussions pertinent to their work?
21. Do supervisors work with staff to ensure that the facility has the following?
 - Reliable supplies
 - Functioning equipment
 - Adequate infrastructure
22. Do supervisors ensure that there is a system in place for assessing client satisfaction?

Other Issues That You Think Are Important:

23. _____
24. _____
25. _____

Staff Need for Information, Training, and Development

Health care staff need knowledge, skills, and ongoing training and professional development opportunities to remain up-to-date in their field and to continuously improve the quality of services they deliver.

The group working on this guide should include a cross-section of staff who work at the facility.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Do all staff understand what cervical cancer is, how it develops, and how it can be prevented?
2. Do all staff have the following information about human papillomavirus (HPV)?
 - It is a sexually transmitted virus that causes precancerous lesions on the cervix.
 - It is the most common sexually transmitted infection.
 - Currently, there is no way to prevent HPV transmission or to treat the virus.
 - Most women with HPV do not develop cancer.
3. Do all cervical screening staff know and understand the national or institutional norms for cervical cancer prevention (e.g., screening intervals, target age-groups, and treatment protocols)?
4. Are staff trained in taking biographical information and medical histories?
5. Are all clinical staff trained in client communication techniques?
6. Have all staff who counsel clients about cervical screening and precancer treatment observed these procedures being performed?
7. Do all clinical staff who perform cervical cancer screening demonstrate adequate skills to do it properly?
8. Are all clinical staff who perform cervical cancer screening able to understand and interpret the screening results?

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9. Are the technical skills of clinical staff who perform cervical cancer screening assessed and updated on a regular basis?
10. Do all clinical staff who perform cervical cancer screening know how to appropriately manage and refer clients according to their screening results?
11. If the facility is equipped to provide treatment for precancerous lesions, do all clinical staff who perform treatment have the necessary technical skills?
12. Do all clinical staff who perform cervical cancer screening understand the facility's record keeping system for cervical cancer screening?
13. Are all clinical staff who work in family planning, maternal and child health, and cervical screening able to identify sexually transmitted infections and treat infected clients (or refer them for treatment) appropriately?
14. Do staff have access to current reference books, guidelines, charts, posters, and other materials on cervical cancer prevention and treatment?
15. Do all staff know how to demonstrate use of a condom?
16. Are all staff (clinical and support staff) trained in infection prevention standards and procedures, and do they practice them?

Other Issues That You Think Are Important:

17. _____
18. _____
19. _____

Staff Need for Supplies, Equipment, and Infrastructure

Health care staff need reliable, sufficient inventories of supplies, instruments, and working equipment, as well as the infrastructure necessary to ensure the uninterrupted delivery of high-quality services.

The group working on this guide should include a clinical service provider, staff members who work in supplies and purchasing, and a staff member who has budgeting authority to change the items and quantities ordered.

If any of the following questions reveal a problem at your facility, or if you think any of the questions need to be discussed further, write your comments on a flipchart in the following format:

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

If you are aware of a problem at your facility that is not addressed in this guide, please make a note of it and include it in your Action Plan.

1. Does the facility have a reliable supply of clean water?
2. Does the facility have a reliable source of electricity?
3. Does the facility have adequate temperature control (heating or cooling, as needed)?
4. Does the facility have adequate lighting in examination rooms, procedure rooms, and operating theaters?
5. Does the facility have all of the following required equipment for performing vaginal examinations?
 - Bivalve speculums (Cusco's or Graves)
 - Gloves
 - An exam table
6. If the facility performs Pap smears, does it have all of the following required equipment?
 - Spatulas or brushes
 - Glass slides
 - Fixatives
 - Labels
 - Appropriate pencils for writing client identification on a glass slide³
 - Pap smear request forms
 - Containers suitable for transporting slides to the lab

³ Ordinary pencils can be used on glass slides that have a ground glass section for writing identification information, or special pencils that write on glass need to be used. Paper labels are best not used with the glass slides because during the staining process they are immersed in chemicals.

7. If the facility uses visual inspection of the cervix with acetic acid (known as VIA) for screening, does it have all of the following required equipment?
- 3% to 5% acetic acid
 - Swabs and swab holders
8. If the facility provides colposcopy and/or biopsy, does it have all of the following required equipment?
- Functioning colposcope
 - Lugol's iodine
 - 3% to 5% acetic acid
 - Normal saline
 - Sponge or cotton balls
 - Sponge forceps
 - Cotton-tipped sticks
 - Endocervical speculum
 - Endocervical curette or endocervical brushes
 - Cervical biopsy forceps

For local anesthesia

- Local anesthetic (2% xylocaine with 1 in 100,000 adrenaline/epinephrine), usually combined with a vasoconstrictor agent (vasopressin or dilute adrenaline)
- Syringes and needles

Hemostatic agent for local application

- Monsel solution (ferric subsulphate)
- +/- silver nitrate sticks

Histology

- Formalin
- Containers for transporting biopsy specimens in formalin
- Histology request forms

9. If the facility provides cryotherapy treatment for precancerous lesions, does it have all of the following required equipment?
- Cryoprobe tips
 - Good supply of refrigerant (nitrous oxide or carbon dioxide gas)
 - Timer
 - Functioning cryotherapy equipment
10. If the facility provides loop electrosurgical excision procedure (LEEP) for precancerous lesions, does it have all of the following required equipment?
- Electricity
 - Functioning LEEP equipment (electrosurgical generator, electrosurgery pen holder)
 - Smoke extractor
 - Wire loops (various sizes)

- Ball electrode
- Insulating diathermy pad for the client
- Insulated speculum, with a port to connect to the smoke extractor
- Insulated vaginal sidewall retractor

For local anesthesia

- Local anesthetic (2% xylocaine with 1 in 100,000 adrenaline/epinephrine), usually combined with a vasoconstrictor agent (vasopressin or dilute adrenaline)
- Syringes and needles

For identifying the lesion and its extent

- 3% to 5% acetic acid
- Swabs or cotton balls and swab or sponge holders

Hemostatic agent for local application

- Monsel solution (ferric subsulphate)
- +/- silver nitrate sticks

Histology

- Formalin
- Containers for transporting biopsy specimens in formalin
- Histology request forms

11. Does the facility have all of the following cleaning and sterilization (or high-level disinfection) equipment?
 - Soap
 - Brushes
 - Heavy-duty gloves
 - Buckets with lids
 - Chlorine
 - Chemical high-level disinfection agents (e.g., glutaraldehyde), boilers, or sterilizers (autoclaves). Note that ultraviolet boxes are not recommended.
12. Does the facility keep an inventory to help staff know when to reorder supplies?
13. Does the facility have a system for obtaining new supplies quickly?
14. Does the facility have a system for procuring, maintaining, and repairing equipment?
15. Are handwashing facilities available in examination and procedure rooms?
16. Does the facility have separate areas for handwashing and for cleaning instruments (e.g., sinks, buckets, soap, etc.)?
17. Do staff have enough buckets, containers, bleach, and water to ensure that a 0.5% chlorine solution is always available in each examination room, procedure room, and operating theater?

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- 18. Do staff have the supplies and facilities needed to properly dispose of sharps and other medical waste (e.g., containers for sharps, as well as a functioning incinerator, a covered pit, and/or municipal or commercial means of waste disposal)?

- 19. Does the facility have equipment and supplies for sterilization or high-level disinfection available and working properly?

- 20. Does the facility have all of the necessary recording and reporting forms, logbooks, client cards, etc.?

- 21. Does the facility have a sufficient supply of informational materials and job aids for staff (e.g., reference books, posters, brochures, flipcharts, models)?

- 22. Does the facility have a clean working environment?

Other Issues That You Think Are Important:

- 23. _____
- 24. _____
- 25. _____

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**Client Record-Review
Checklist for
Cervical Cancer
Prevention Services**

.....

CLIENT RECORD-REVIEW CHECKLIST

Site: _____ Reviewer: _____ Date: _____

This checklist is for staff to determine whether key information is being documented accurately and completely in client records and whether clients are receiving appropriate care. Select 10 clients at random from the client register who had *normal* screening results. If the following information is documented in the records, mark the appropriate box. Comments and clarifying remarks should be made in the space provided.

| Checklist Item | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total | Remarks |
|---|---|---|---|---|---|---|---|---|---|----|-------|---------|
| 1. Client name, identification number, address, or other contact information is recorded. | | | | | | | | | | | / 10 | |
| 2. Client's age is recorded. | | | | | | | | | | | / 10 | |
| 3. Date of screening test is recorded. | | | | | | | | | | | / 10 | |
| 4. Screening result is recorded. | | | | | | | | | | | / 10 | |
| 5. Recommendations for further screening or referral are recorded. | | | | | | | | | | | / 10 | |
| 6. Screener's name is recorded. | | | | | | | | | | | / 10 | |

Select 10 clients at random from the client register who had *positive* screening results. If the following information is documented in the records, mark the appropriate box. Comments and clarifying remarks should be made in the space provided.

| Checklist Item | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Total | Remarks |
|--|---|---|---|---|---|---|---|---|---|----|-------|---------|
| 1. Client name, identification number, address, or other contact information is recorded. | | | | | | | | | | | / 10 | |
| 2. Screening result is recorded. | | | | | | | | | | | / 10 | |
| 3. Recommended management/referral is recorded. | | | | | | | | | | | / 10 | |
| 4. Date and details of treatment provided are recorded, or, if referred, reason for referral is recorded. | | | | | | | | | | | / 10 | |
| 5. Any complications during or following treatment are recorded. | | | | | | | | | | | / 10 | |
| 6. Recommendations for follow-up after treatment are recorded, or, if referred, reason for referral is recorded. | | | | | | | | | | | / 10 | |

Review the data collected above and consider the answers to the following questions when reporting back to the group and making recommendations for the Action Plan:

- Was any key information consistently missing from the client records?
- What could be the root causes?
- What are some possible solutions?

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**Client Interview
Guide for
Cervical Cancer
Prevention Services**

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Client Interview Guide for Cervical Cancer Prevention Services

Talking directly with clients is an easy way to learn their opinions about services. Beginning a dialogue allows clients to join site staff in improving the quality of services, by identifying gaps in their knowledge and information and by helping staff learn clients' perspectives on cervical cancer prevention services, as well as on general health care services at the facility.

This interview guide is to be used with **female** clients only who appear to be **30 years of age and older**. It is **not** necessary that the women interviewed be attending the facility for services related to cervical cancer. This guide, which is meant to help you initiate a conversation with the clients, recommends questions to encourage them to express their opinions and express their experiences in their own words. However, you are not restricted to the questions in this guide. Feel free either to ask follow-up questions so you can get more information on a given topic or to phrase a question differently so it is more easily understood. The conversation should be limited to approximately 10 minutes, unless a woman has the time to continue. Since gynecological health can be a particularly sensitive topic for many women, it is important to help them feel as comfortable as possible during the conversation, both verbally and through body language.

Greet the client and introduce yourself:

My name is ____ [name] ____, and I work here. We are trying to improve services for clients, and we would like your honest opinion of how well we are doing and what we need to improve—both the good things and the bad things. This interview is private and confidential. You are free not to answer any questions you do not want to, and if you do not want to take part in the interview at all, you do not have to. Your name will not be used. This will take about 10 minutes. Your ideas are important to us—may I ask you a few questions?

(continued)

Client Interview Guide for Cervical Cancer Prevention Services

Site: _____ Date: _____

Name of interviewer: _____

Knowledge of cervical cancer, prevention, and screening

1. Have you ever heard of cervical cancer or of a test for early signs of cervical cancer? *(The interviewer may use the name of the test used at the facility throughout this interview, if that is easier for the client to relate to.)* Tell me what you have heard.

2. How did you find out about it (cervical cancer or the test)?

3. What information about cervical cancer have you received here?

4. What information about cervical cancer would you like to have?

5. What do you think are the best ways to tell women that they should get a test for cervical cancer (where, when, and who)?

(continued)

Client Interview Guide for Cervical Cancer Prevention Services (continued)

Personal experience with cervical cancer prevention services

6. Have you ever had a test for cervical cancer? If not, have you ever had an exam in which the doctor looked inside your vagina (for example, during pregnancy or to have an IUD inserted)? Tell me about your experience.

7. *[If the client has **ever** been screened]* Tell me about the process of getting your test results back the last time you had a test:

- Did you get your results?
- How long did it take?
- Were the results explained to you?
- Were you told what to do next?

8. *[If the client has **never** been screened]* Do you know anyone who has had a test for cervical cancer at this facility? What did they tell you about it?

9. *[If the client has **never** been screened]* Some people choose not to be screened, for a variety of reasons. Can you tell me the reasons why you have not had a test for cervical cancer?

(continued)

Client Interview Guide for Cervical Cancer Prevention Services (continued)

Treatment for cervical abnormalities

10. *[If the client has ever been screened]* Have you ever had to get treated for a problem with your cervix? Tell me about your experience.

General aspects of services

11. What was the best part of your visit to the facility today?

12. What was the worst part of your visit to the facility today?

13. Is there anything you think could be done to improve services at this facility?

I would like to answer any questions that you have before you leave.
Is there anything that concerns you, or anything that I can help you with?

Thank you for your help and ideas!

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**Client-Flow
Analysis Forms
for Cervical Cancer
Prevention Services**

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CLIENT REGISTER FORM

Client number: _____ Date: _____ Time client arrived at facility: _____

Reason for visit (see codes): _____

| | Staff member's initials | Time service started | Time service completed | Contact time (in minutes) |
|----------------|----------------------------|-------------------------|---------------------------|------------------------------|
| First contact | _____ | _____ | _____ | _____ |
| Second contact | _____ | _____ | _____ | _____ |
| Third contact | _____ | _____ | _____ | _____ |
| Fourth contact | _____ | _____ | _____ | _____ |
| Fifth contact | _____ | _____ | _____ | _____ |
| Sixth contact | _____ | _____ | _____ | _____ |

Comments: _____

Codes

- A—Routine screening
- B—Repeat/follow-up screening
- C—Retrieval of screening results
- D—Treatment for precancerous lesions
- E—Treatment for cancer
- F—Treatment follow-up

CLIENT-FLOW CHART SUMMARY

Site: _____ Date: _____ Session: _____

| Page | Total number of clients | Total time (in minutes) | Total contact time (in minutes) | Percentage of client time spent in contact with staff |
|---------------|-------------------------|-------------------------|---------------------------------|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| Totals | | | | |

Average number of minutes per client (rounded to a whole number): _____
 (divide "Total time" by "Total number of clients")

Average contact minutes (rounded to a whole number): _____
 (divide "Total contact time" by "Total number of clients")

.....

**Action Plan and
Follow-Up Forms
for Cervical Cancer
Prevention Services**

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Action Plan

| Problem | Cause(s) | Recommendation | By Whom | By When |
|---------|----------|----------------|---------|---------|
| | | | | |

Action Plan Follow-Up

| Problem | Cause(s) | Recommendation | Status | Comments |
|---------|----------|----------------|--------|----------|
| | | | | |

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