

## PAC SERVICE DELIVERY GUIDELINES ASSESSMENT TOOL

### Instructions:

- Persons working to develop or update service delivery guidelines should include representatives from central-level ministry of health administrators (particularly with medical, midwifery, and nursing backgrounds); regional, district, and local health administrators; senior-level health providers; clinical providers (physician, clinical officer, midwife, nurse); and service supervisors. Representatives from housekeeping, pharmacy, central supplies, and departments to which clients may be referred should also be involved.
  
- Review current guidelines for reproductive health and/or emergency obstetrical care service delivery and answer the questions below. For each “no” answer, the members of the working group will need to discuss, adapt their own guidelines based on the recommended samples, or draft guidelines based on evidence and country setting.

<i>Do the PAC Service Delivery Guidelines:</i>	YES	NO
<p><b>1.</b> Identify the cadre of health personnel and their specific tasks for the provision of PAC service within the 3 components?</p> <ul style="list-style-type: none"> <li><b>a.</b> Emergency Treatment</li> <li><b>b.</b> Family Planning Counseling and Service Delivery (if countries plan to provide STI evaluation and HIV counseling and/or referral for testing, this also needs to be included)</li> <li><b>c.</b> Community empowerment through community awareness and mobilization</li> </ul>		
<p><b>2.</b> Articulate the standard for services?</p> <ul style="list-style-type: none"> <li>● Provide steps for the performance of PAC related procedures to the approved standard?</li> <li>● Initial assessment</li> <li>● Client-Provider Interaction and counseling</li> <li>● Stabilization, management, or transfer of the client</li> <li>● Preparation of the client for management of presenting signs and symptoms, including administration of analgesia and/or anxiolytics and emotional support</li> <li>● Performance of uterine evacuation</li> <li>● Post-procedure monitoring</li> <li>● Postabortion contraceptive counseling and method provision</li> <li>● Postabortion referral, when indicated</li> <li>● Infection prevention practices</li> <li>● Documentation of service provided</li> </ul> <p><i>(continued)</i></p>		

<i>Do the PAC Service Delivery Guidelines:</i>	YES	NO
<p>3. Provide steps for the management of complications related to incomplete abortion?</p> <ul style="list-style-type: none"> <li>● Severe bleeding</li> <li>● Sepsis</li> <li>● Shock</li> <li>● Uterine perforation</li> <li>● Air embolism</li> <li>● Postabortion syndrome</li> <li>● Fainting</li> <li>● Ectopic pregnancy</li> <li>● MVA technical difficulties</li> </ul>		
<p>4. Provide standards for management and supervision of PAC services?</p> <ul style="list-style-type: none"> <li>● Staff performance standards</li> <li>● Equipment and supplies standards</li> <li>● Essential drug standards</li> <li>● PAC procedural standards, including client transfer to higher level facility</li> <li>● Infection prevention standards</li> <li>● Standards for referral mechanism to RH and/or other health services</li> <li>● Standards for client flow and space layout</li> </ul>		