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# MCSP Zika Response

## Scoping Visit Assessment Tool



MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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## Abbreviations

ANC	antenatal care
CZS	congenital Zika syndrome
ECD	early childhood development
ENC	essential newborn care
FP	family planning
HMIS	health management information system
IUD	intrauterine device
KMC	kangaroo mother care
MCSP	Maternal and Child Survival Program
MMR	maternal mortality rate
MNCH	maternal, newborn, and child health
MNH	maternal and newborn health
MOH	ministry of health
NMR	newborn mortality rate
PAHO	Pan American Health Organization
PNC	postnatal care
PPFP	postpartum family planning
QI	quality improvement
QoC	quality of care
SBCC	social and behavior change communication
ZIKV	Zika virus

## **Zika Virus and the Recent Outbreak in the Americas**

The Zika virus (ZIKV) is a mosquito-borne flavivirus first identified in Uganda in 1947 in monkeys. It was later identified in humans in 1952 in East Africa. Outbreaks of ZIKV disease have since occurred in Africa, the Americas, Asia, and the Pacific. In October 2015, Brazil reported an association between ZIKV infection and microcephaly. After a comprehensive review of evidence, there is scientific consensus that ZIKV is a cause of a newly identified congenital syndrome that can include a range of abnormalities, including microcephaly, a condition in which the head is much smaller than expected for sex and age.

Over the past 2 years, the ZIKV epidemic has evolved significantly in Latin America and the Caribbean region, highlighting challenges in health system capacity to address prevention, surveillance, and management of infectious diseases, congenital defects, and their consequences. The ongoing ZIKV response must address gaps in health system and provider capacity to care for women, newborns, and families at risk of and affected by ZIKV infection. A comprehensive outbreak response calls for expertise in maternal and newborn health (MNH), family planning (FP), early childhood development (ECD), monitoring and evaluation, and quality improvement (QI).

## **Maternal and Child Survival Program**

The Maternal and Child Survival Program (MCSP) is a global US Agency for International Development cooperative agreement to introduce and support high-impact health interventions in US Agency for International Development priority countries. MCSP engages governments, policymakers, private-sector leaders, health care providers, civil society, faith-based organizations, and communities to adopt and accelerate proven approaches to reduce major preventable causes of maternal, newborn, and child mortality by improving coverage and quality of health services along the household to hospital continuum. Since 2016, through this US Agency for International Development cooperative agreement, MCSP has provided support on a regional level and directly to countries impacted by the ongoing ZIKV epidemic in the Americas.

## **Country Scoping Visits and Scoping Tool**

From November 2017 through January 2018, the MCSP Zika Response Team conducted scoping visits to five countries in the English-speaking Caribbean to better understand country health systems, identify priority cross-cutting and technical areas, and discuss potential MCSP approaches to strengthen the ZIKV response, in consultation with ministries of health (MOHs) and other stakeholders. The adaptable scoping visit tool developed for these visits is included here and may be useful to stakeholders conducting future health system assessments related to outbreaks of ZIKV or other communicable diseases. This tool, designed to facilitate systematic collection of information during rapid assessment visits, should not be used to replace a more in-depth assessment of health system capacity, when such an assessment is warranted. When possible, a summary of results should be shared back to primary sources for verification of information.

## Country Background

**Completed by:** \_\_\_\_\_

**Please footnote sources and use Pan American Health Organization (PAHO) data where available for ZIKV case numbers.**

1. Country name:	
2. Population:	
3. Primary MOH contact(s):	
4. PAHO contact:	
5. Mission contact/location:	

### Epidemiology (ZIKV case number should reflect total since onset of outbreak)

**Completed by:** \_\_\_\_\_

**Data source(s):** \_\_\_\_\_

6. Recognized (by PAHO or US Centers for Disease Control and Prevention) onset of ZIKV outbreak (month/year):	
7. Region(s) with most suspected/confirmed ZIKV cases:	
8. Number of <b>suspected</b> ZIKV infection cases:	
9. Number of <b>confirmed</b> ZIKV infection cases:	
10. Number of <b>suspected</b> ZIKV infection cases in pregnant women	
11. Number of <b>confirmed</b> ZIKV infection cases in pregnant women	
12. Number of <b>suspected</b> congenital Zika syndrome (CZS) cases:	
13. Number of <b>confirmed</b> CZS cases:	
14. Number of <b>confirmed</b> CZS cases in cohorts:	0–6 months: _____ 7–12 months: _____ 13–24 months: _____
15. Newborn mortality rate and three leading causes:	Newborn mortality rate (NMR): _____ 1. _____ 2. _____ 3. _____
16. Maternal mortality ratio and three leading causes:	Maternal mortality rate (MMR): _____ 1. _____ 2. _____ 3. _____

Health System (modify as needed to fit local context)
<b>Completed by:</b> _____ <b>Respondent name:</b> _____
17. Short description of health system structure:
18. Approximate proportion public versus private for service delivery (by caseload):
19. Number and types facility-based providers of maternal, newborn, and child health (MNCH) services:
20. Number of primary-, secondary-, and tertiary-level centers:
21. Name and city of national referral hospital for obstetrics and gynecology: Name: _____ City: _____
22. Name and city of national referral hospital for pediatrics: Name: _____ City: _____
23. Name and city of national reference laboratory: Name: _____ City: _____

Questions for MoH Staff
<b>Completed by:</b> _____ <b>Respondent name:</b> _____ <b>Respondent title:</b> _____
24. Please tell me about your role (include title and department). Title: _____ Dept. _____ Role: _____  Title: _____ Dept. _____ Role: _____  Title: _____ Dept. _____ Role: _____  Title: _____ Dept. _____ Role: _____  Title: _____ Dept. _____ Role: _____

**Questions for MoH Staff**

25. Briefly, please tell me about overall current priorities for your sector of the health system.

26. Briefly, please tell me about recent or current local initiatives focusing on quality of care (QoC).

27. Are there MoH staff or a national committee that focus on QoC?

28. What facility-based structures are in place to support QoC (e.g., QI committees)?

29. Please tell me a little about history of the ZIKV outbreak here.

30. What ZIKV-specific training has been provided to health care providers?

31. What other partners, if any, work on MNH, ECD, surveillance, and/or ZIKV?

32. If there is a national technical working group responsible for technical direction and/or coordination of ZIKV response? If yes, which organization chairs, and how often does the group meet?

Y / N (circle)

If yes, name of chair: \_\_\_\_\_ How often:

33. Which professional associations are active, and what are their roles as technical collaborators?

34. Are eHealth systems being used to communicate with providers? \_\_\_\_\_ Patients? \_\_\_\_\_

**Antenatal and Other Maternal Health Care Questions**

**Completed by:** \_\_\_\_\_

**Respondent name:** \_\_\_\_\_

**Respondent title:** \_\_\_\_\_

35. Average gestational age at first antenatal care (ANC) contact:

36. Uptake of ANC1 \_\_\_\_\_ and ANC4 \_\_\_\_\_

37. Types of ANC providers:

38. Types of intrapartum care providers:

39. How long is a typical ANC visit?

40. Are any contacts with pregnant women done at the community level?

41. What special care or follow-up is available for those diagnosed with ZIKV infection in pregnancy?

42. Proportion of facility-based deliveries:



### Postnatal Care Questions

**Completed by:** \_\_\_\_\_

**Respondent name:** \_\_\_\_\_

**Respondent title:** \_\_\_\_\_

43. What is expected length of stay following normal vaginal birth? \_\_\_\_\_ Cesarean birth? \_\_\_\_\_

What national guidance exists on postnatal care (PNC) contacts for mother and baby?

PNC contact	Timing	Location (home, facility)	Basic content
First			
Second			
Third			

44. What routine counseling is provided to mothers/families prior to discharge?

45. What routine screening/examinations are done for mothers and newborns prior to discharge?

46. What specialized services are available for follow-up of ZIKV-affected children?

47. Do health insurance schemes or other funds cover services for ZIKV-affected children?

48. To what extent is transportation available for families in need?

### Early Childhood Development (ECD) Questions

Completed by: \_\_\_\_\_

Respondent name: \_\_\_\_\_

Respondent title: \_\_\_\_\_

49. How are children with disabilities supported in their development from birth to age 3?

50. What ministry is responsible for early stimulation from birth to age 3?

51. Which sectors have programming for children with disabilities, particularly severe disabilities?

52. What kinds of services/programs exist for children birth to age 3? Give examples of existing programs/services at the national level.

53. What are the interventions for early stimulation (e.g., parenting groups, home visitation, counseling through nutrition facilities, counseling through health facilities)?

54. What are the early interventions for children with disabilities from birth to age 3?

55. What ECD materials/manuals exist at the national level (name and year of most recent publication)?

56. What materials for disabilities/developmental delays exist (name and year of most recent publication)?

57. What is the reach of SMS/mobile platform to communicate with caregivers of children with disabilities?

58. Is there a regional structure that supports early stimulation?

59. Is there a regional structure that supports disability?

60. How are children with disabilities supported in their development from birth to age 3?

## FP Questions

Completed by: \_\_\_\_\_

Respondent name: \_\_\_\_\_

Respondent title: \_\_\_\_\_

61. Do current national guidelines reflect/include 2015 World Health Organization medical eligibility criteria for contraceptive use?

62. What is the current contraceptive prevalence rate?

63. What is the current FP method mix?

Pill:

Injectable:

Implant:

Condom:

Intrauterine device (IUD):

Lactational amenorrhea method:

Sterilization (Male):

Sterilization (Female):

64. What is mix (range and percentage share) of sources of contraception between the public and private sector?

65. What cadres are authorized to provide:

IUDs: \_\_\_\_\_ Implants: \_\_\_\_\_

Injectables: \_\_\_\_\_ Tubal ligation: \_\_\_\_\_ Vasectomy: \_\_\_\_\_

66. Can pharmacies sell injectables? \_\_\_\_\_ Condoms? \_\_\_\_\_

67. Can lay or community health workers give out pills? \_\_\_\_\_ Injectables? \_\_\_\_\_

68. What is the median age at first sex? \_\_\_\_\_ At first birth? \_\_\_\_\_

69. What is adolescent birth rate? \_\_\_\_\_ Teenage pregnancy rate? \_\_\_\_\_

70. If there is a national program for sexuality education in schools, in which grade does the program start?

## Surveillance

**Completed by:** \_\_\_\_\_

**Respondent name:** \_\_\_\_\_

**Respondent title:** \_\_\_\_\_

71. What infections/conditions are reportable by law? (Please collect photo or copy of the list.)

72. Is infection case reporting paper based \_\_\_\_\_ electronic \_\_\_\_\_ or both \_\_\_\_\_?

73. Typical number of dedicated staff for surveillance at facility level:

74. How many staff monitor this system at the national level?

75. How does the national system interface with PAHO?

76. Is there a mechanism to communicate outbreak at the community level?

Facility level?

77. Is there a system for contact tracing? Y / N (circle)

If yes, how does it function?

78. At what levels is the country's health management information system (HMIS) paper versus electronic?

79. Describe monthly HMIS (how data are reported and how aggregated to national level). Draw a diagram with boxes here:

80. Are there monthly data review sessions? Y / N (circle)

If yes, who is involved in these meetings and at what levels of the health system?

81. What key indicators are used for decision-making on and monitoring of ZIKV response?

Are there any challenges you face in accessing and analyzing this information?

**Questions for Facilities (as applicable):**

**Completed by:** \_\_\_\_\_

**Respondent name:** \_\_\_\_\_

**Respondent title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Facility Level:** \_\_\_\_\_

**Date:** \_\_\_\_\_

82. Number of beds total:

83. Number of labor beds:  
Number of PNC beds:

84. Range of services available at facility (check all applicable options)  
FP \_\_\_\_\_ ANC \_\_\_\_\_ IP \_\_\_\_\_ PNC \_\_\_\_\_ Other (specify) \_\_\_\_\_

85. Are ZIKV-related clinical management guidelines for pregnant women available? Y / N (circle)

86. Are ZIKV-related clinical management guidelines for children available? Y / N (circle)

87. Number of suspected/confirmed ZIKV in pregnancy cases:

88. Number of suspected/confirmed CZS cases:

89. Is obstetric ultrasound available? Y / N (circle)

90. What specialty services and diagnostic capacity are available?

91. Is there a special area to treat sick and/or small babies? Y / N (circle)

92. Laboratory capacity for ZIKV testing (circle):

RNA NAT Serologic Test for ZIKV (blood)

RNA NAT for ZIKV (urine)

PRNT

Triplex Real-time RT-PCR Assay

ZIKV MAC-ELISA

93. Is internet connectivity available at health facilities?

94. Is electricity consistently available at health facilities?

## Resource Collection

Collect during visit (paper or electronic):	Collected
1. ZIKV case report forms (all types)	
2. Disease surveillance reports with ZIKV data (sentinel sites or other)	
3. ZIKV clinical practice guidelines and strategies (any)	
4. List of nationally notifiable diseases and conditions	
5. Kangaroo mother care (KMC) guidelines	
6. Guidelines on newborn resuscitation, essential newborn care (ENC) (including at birth), small and sick babies	
7. Referral forms for mothers and infants	
8. FP, ANC, labor and delivery, PNC, transfer log, or child health registers (circle)	
9. Community-level ZIKV social and behavior change materials	
10. Monthly reporting forms	
11. National eHealth strategy	
12. ANC guidelines	
13. PNC guidelines	
14. FP guidelines	
15. Client cards (specify)	
16. Monthly facility reports (with maternal and child health data)	
17. Photo of facility server	

## Prioritization Questions

**MCSP staff member(s):**

**Respondent(s), institution(s), and role(s):**

Please rank the following **general** categories in terms of priority (1–10, 1 being highest).

1. <b>Preventing</b> new cases of ZIKV infection (vector-borne, sexual transmission, or both)	
2. <b>Recognizing</b> suspected cases of ZIKV infection (community level, facility level, or both)	
3. <b>Improving tracking and follow-up</b> for women/families with suspected infections in pregnancy, including ZIKV infection	
4. <b>Recognition of growth/development abnormalities in infants</b> , related or unrelated to ZIKV	
5. <b>Improving services for infants/children with delay or disability</b> , related or unrelated to ZIKV	
6. <b>Creating or revising</b> nursing or medical education curriculum to include ZIKV-related content (prevention, management, in pregnancy and for infants, children)	
7. <b>Improved surveillance system functionality</b> (specify level)	
8. Other (specify):	
9. Other (specify):	
10. Other (specify):	

Please specify which **specific** items are **among your highest priorities for the country's response to the ZIKV outbreak**. Please focus on highest priorities.

Surveillance and Data Collection/Reporting	Check if yes
11. Strengthening reporting of suspected cases of ZIKV infection at ANC level (e.g., improve recognition of cases and use of reporting forms)	
12. Improving mechanism by which suspected cases are reported from facility to national level (content and/or flow for paper or electronic form)	
13. Strengthening capacity to recognize spike in ZIKV infections in the population	
14. Creating a registry to track suspected cases of congenital infection (ZIKV, syphilis) in pregnancy through pregnancy outcome and follow-up of infants	
15. Strengthening collection of routine data in ANC	
16. Strengthening collection of data related to immediate care at birth and PNC	
17. Strengthening existing electronic data collection/reporting systems	
18. Mapping ZIKV cases, service delivery sites, and vector control efforts	
Family Planning	Check if yes
19. Improving access to job aids and capacity-building for FP providers	
20. Improving providers' capacity to provide FP and preconception counseling	
21. Improving provision of postpartum family planning (PPFP) options	
Maternal Newborn Health	Check if yes
22. Improving tracking/follow-up of suspected infections (e.g., ZIKV, STORCH infections) in pregnancy at time of birth and PNC for mothers and newborns	
23. Improving quality of counseling on ZIKV infection within maternal health services	
24. Improving quality of routine PNC for mothers and newborns	
25. Improving quality of essential newborn care	
26. Improving quality of care for small and preterm babies	
27. Improving care and support for families impacted by ZIKV infection	
28. Improving quality of referral of ZIKV-infected mothers to specialty care	
29. Improving quality of referral of ZIKV-exposed infants to specialty care	
30. Improving quality of care for children with disabilities	
Supplies and Minor Structural Enhancements	Check if yes
31. Condoms for distribution at community or health facility level	
32. Posters or other social and behavior change communication (SBCC) materials (specify type): _____	
33. Supplies for ANC services (pregnancy wheels, measuring tapes)	
34. FP training supplies (e.g., MamaU, SisterU)	
35. IUD, implant, mini-laparotomy, or vasectomy kits	
36. Supplies and equipment for training newborn health providers	
37. Supplies for essential and specialty newborn care	
38. Supplies for measuring infant growth (scales, measuring tapes)	
39. Installation of window screens and/or bed nets for health facilities	

<b>Supplies and Minor Structural Enhancements</b>	<b>Check if yes</b>
40. Installation of privacy curtains for counseling areas	
41. Supplies for screening for developmental delay in infants/young children	
42. Standardized forms for screening for developmental delay	
43. Supplies or equipment for infant vision or hearing testing	
<b>Review of and Updates to National Policies and Guidelines</b>	<b>Check if yes</b>
44. Quality of care and/or QI guidelines	
45. ZIKV infection guidelines	
46. FP guidelines	
47. ANC guidelines	
48. IP and ENC at birth, including resuscitation	
49. PNC of mothers and newborns guidelines	
50. Care of sick and/or small newborns, including KMC guidelines	
51. ECD guidelines	