

“THINKING BEYOND THE NUMBERS”



STANDARDS BASED MANAGEMENT & RECOGNITION



*IMPROVING QUALITY OF CARE FOR
MATERNAL & NEONATAL HEALTH
IN MUTARE & CHIMANIMANI
DISTRICTS, MANICALAND,
ZIMBABWE*

2010-2013



Contents

Background.....	4
CHAPTER 1: SETTING PERFORMANCE STANDARDS.....	5
CHAPTER 2: IMPLEMENTING STANDARDS.....	7
CHAPTER 3: MEASURING PROGRESS.....	9
CHAPTER 4: LINKING PERFORMANCE TO OUTCOME INDICATORS.....	31
Figure 1: Percent of standards for Management of MNH Services fully met by facilities in Mutare and Chimanimani (N= 10 standards).....	11
Figure 2: Percent of standards for MNH Human resources fully met by facilities in Mutare and Chimanimani (N= standards).....	13
Figure 3: Percent of standards for MNH Support Services fully met by facilities in Mutare and Chimanimani (N= standards).....	15
Figure 4: Percent of standards for Health education fully met by facilities in Mutare and Chimanimani (N= standards).....	17
Figure 5: Percent of standards for Management of Antenatal care fully met by facilities in Mutare and Chimanimani (N= standards).....	19
Figure 6: Percent of standards for labour and delivery fully met by facilities in Mutare and Chimanimani (N= standards).....	22
Figure 7: Percent of standards for PNC & PFP fully met by facilities in Mutare and Chimanimani (N= standards).....	24
Figure 8: Percent of standards for Emergency obstetric care fully met by facilities in Mutare and Chimanimani (N= 1 standards).....	26
Figure 9: Percent of standards for Emergency Neonatal Care fully met by facilities in Mutare and Chimanimani (N= standards).....	28
Figure 10: Percent of standards for Infection prevention fully met by facilities in Mutare and Chimanimani (N= standards).....	30
Figure 11: Number of early neonatal and intrapartum deaths per 1000 live births for 17 SBM-R supported health facilities, Oct 2010-Dec 2012 (data source: MoHCW HMIS).....	31
Figure 12: Number of reported facility based maternal deaths per 100,000 live births for 79 health facilities in Mutare & Chimanimani, Oct 2010-Dec 2012 (data source: MoHCW HMIS).....	32
Table 1: Adherence to performance standards for Management of MNH Services by facilities in Mutare & Chimanimani, October 2012.....	10
Table 2: Adherence to performance standards for MNH Human Resources by facilities in Mutare & Chimanimani, October 2012.....	12
Table 3: Adherence to performance standards for Physical and material resources for MNH by facilities in Mutare & Chimanimani, October 2012.....	14
Table 4: Adherence to performance standards for Health Education by facilities in Mutare & Chimanimani, October 2012.....	16
Table 5: Adherence to performance standards for Antenatal Care by facilities in Mutare & Chimanimani, October 2012.....	18
Table 6: Adherence to performance standards for Normal Labor and Delivery by facilities in Mutare & Chimanimani, October 2012.....	20
Table 7: Adherence to performance standards for Postnatal care & Postpartum family planning by facilities in Mutare & Chimanimani, October 2012.....	23
Table 8: Adherence to performance standards for Emergency Obstetric Care by facilities in Mutare & Chimanimani, October 2012.....	25
Table 9: Adherence to performance standards for Emergency Neonatal Care by facilities in Mutare & Chimanimani, October 2012.....	27
Table 10: Adherence to performance standards for Infection Prevention by facilities in Mutare & Chimanimani, October 2012.....	29

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Background

MCHIP Zimbabwe has identified improving the quality of maternal and newborn care as a priority and the over-arching strategy for contributing to progress towards Millennium Development Goals 4, 5, and 6. In Zimbabwe the main causes of maternal mortality are hemorrhage (14%), eclampsia (13%), and sepsis (8%); while neonatal deaths are mainly due to complications of prematurity/low birth weight (39%), birth asphyxia (27%), and sepsis (14%).¹ Effective interventions for screening, prevention and treatment of obstetric and newborn complications exist that can be readily provided in facilities by skilled providers. Improving the quality of facility-based care to prevent and treat frequent maternal and newborn complications is important to reduce maternal and newborn deaths.

Standards Based Management and Recognition (SBM-R)

The operational strategy for MCHIP support is based on a Standards Based management and Recognition (SBM-R) quality improvement approach. The SBM-R strategy has been successfully implemented in several other countries leading to significant improvements in provider adherence to predefined quality and performance standards. The framework is a four step cyclical operational model for improving quality through setting performance standards, implementing the standards, measuring progress, and recognizing or rewarding achievement of the performance standards:

1. Setting performance standards based on national norms, policies, and guidelines which are consistent with international best practices and evidence based.
2. Implementing standards through a systematic and structured approach.
3. Measuring progress continuously to guide performance improvement activities.
4. Recognizing achievement of the target performance improvement standards.

¹ Stanton C, Blanc AK, Croft T, Choi Y. Skilled care in the developing world: progress to date and strategies for expanding coverage. *J Biosoc Sci.* 2007; 39:109–20. doi: 10.1017/S0021932006001271



Schematic representation of the 4 step SBM-R approach and the inter-linkages of the individual steps

In this report we present a summary of the progress in implementing the SBM-R approach in Zimbabwe since 2010.

The report is organized following the 4 cyclical steps of SBM-R as follows:

Chapter 1: covers ‘**setting performance standards**’

Chapter 2: covers ‘**implementing standards**’

Chapter 3: provides results from ‘**Measuring Progress**’

Chapter 4: provides highlights of plans for ‘**Recognizing achievement**’

CHAPTER 1: SETTING PERFORMANCE STANDARDS

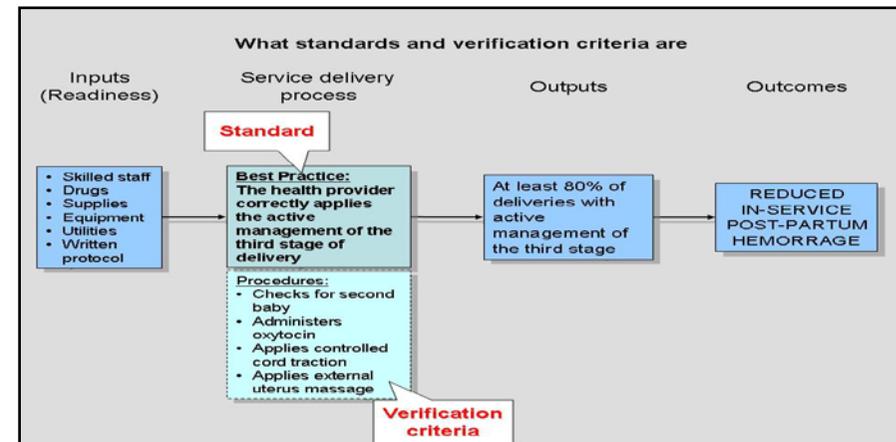
The first step in any performance improvement model is to make explicit the standards to be used to objectively measure levels of performance and quality. In the SBM-R model we supported the following processes which culminated in the adoption of national standards for maternal and newborn health.

Steps in setting standards

1. October 2010: Consultation with MoHCW RH Unit, Manicaland PHE, Mutare and Chimanimani DHEs on priority areas to be covered by the performance and quality improvement initiative. Consensus was reached on focusing on MNH (Pregnancy, Labour and Delivery, Immediate Postnatal and Postpartum Care; including infection prevention, PMTCT, and family planning) and to expand to child health (IMNCI) later.

2. November 2010: Workshop held to sensitize stakeholders on the SBM-R process and to set performance standards for MNH. Stakeholders produced first draft of MNH SBM-R standards for Zimbabwe. The draft standards were first pretested at Makumbe hospital in Mashonaland East province, and then reviewed by health workers and DHEs from Mutare and Chimanimani, and by Manicaland PHE.

3. The setting of performance standards followed the Donabedian quality evaluation model and was based on a participatory care process mapping exercise of the provision of MNH services at facilities in Zimbabwe identifying **inputs (context), processes and expected results (effect)** in implementing SBM-R. National and international guidelines were used to define the criteria for meeting the standards.



At the end, the standards were packaged into 5 clinical areas (process) and 5 areas of support systems (context) and written on a standard template like the following extract for managing normal labour and delivery:

Area 6: Normal labour and delivery	Legal Values	Facility name	
		Score	Comment
Standard 1. The provider in charge prepares equipment, supplies and the environment to conduct clean and safe deliveries	Yes = 1, No = 0 and N/A =2		
Verification criterion 1: The provider ensures that the delivery room is clean. (DETAILS IN THE FOLLOWING PAGE)	Yes = 1, No = 0 and N/A =2		
VC 2: The provider ensures that the supplies and equipment to perform normal deliveries are available. (DETAILS IN FOLLOWING PAGE)	Yes = 1, No = 0 and N/A =2		
VC 3: The provider ensures that the supplies and equipment to manage the normal newborn including appropriate room temperature are available. (DETAILS IN FOLLOWING PAGE)	Yes = 1, No = 0 and N/A =2		

Essentially, the template covered:

‘Area’: referring to a clinical or non clinical service or a broad objective being assessed, for example ANC, or Human Resource management. The 10 areas represent the 10 modules described above.

‘Performance Standard’: referring to a key step, a specific objective or a performance measure in the service delivery process of the area being assessed. For an area like labor, a standard could be on managing 2nd stage of labor using partograph, or active management of 3rd stage of labor, et cetera. Number of standards in an area depends on the number of evidence based critical steps that need to be performed in order to fully provide or manage the service.

‘Verification criterion’: referring to a task that needs to be carried out in order to satisfy or meet a set standard. For example, a ‘standard’ on screening for pre-eclampsia in ANC will have taking BP, examining for oedema, and checking for proteinuria as 3 verification criteria for satisfactory performance of the standard.

“Score”: referring to how data is entered onto the tool. The 3 scoring levels are ‘yes’, ‘no’, and ‘not applicable’. A “yes” means the standard or the verification criterion being

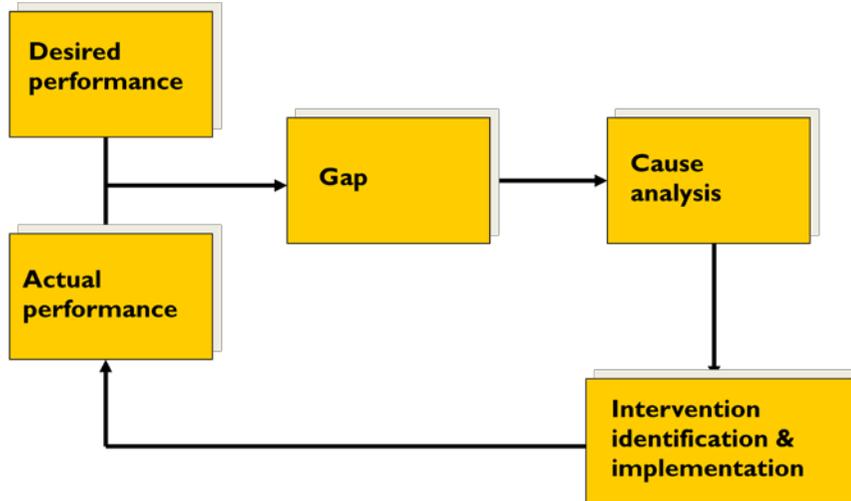
assessed has been FULLY satisfied. A “no” means the standard or the verification criterion being assessed has not been FULLY satisfied. “Not applicable” means the standard or verification criterion to be assessed is not applicable at that service delivery point (e. C/S at a rural health center), or that the issue has not been covered during the assessment. These scores were pre-coded ‘1’, ‘0’, and ‘2’ for ‘yes’, ‘no’, and ‘not applicable’ respectively.

The final set of national MNH standards are as summarized in the following table.

Area	Focus	Detailed Content	# of Stds
1	Management of MNH Services	Focused on availability and accessibility of national policies, guidelines and structures for quality improvement at the facility.	10
2	MNH Human Resources	Focused on availability and management of MNH staff including performance appraisals and training.	07
3	Physical and material resources for MNH	Focused mainly on capacity of laboratory and pharmacy, including available tests and drug inventory	14
4	Health Education	Infrastructure, plans, content and relevance of health education	06
5	Antenatal Care	Antenatal assessment and management of a pregnant woman.	16
6	Normal Labor and Delivery and ENC	Managing a normal delivery	20
7	PNC and PFPF	Post natal assessment and management of the recently delivered woman and the newborn baby.	07
8	Emergency Obstetric Care	Diagnosis and management of main obstetric complications	12
9	Emergency Neonatal Care	Diagnosis and management of main neonatal complications	09
10	Infection Prevention	Assessed the Infection prevention supplies and practices.	07

CHAPTER 2: IMPLEMENTING STANDARDS

The implementation of performance and quality improvement standards was based on a framework for continuous performance improvement. The essence of the approach is that performance improvement is a structured process of closing the GAP between ACTUAL and DESIRED performance.



The implementation plan was modular in nature and followed the following steps:

1. Measuring the performance gaps using Standards set earlier (expected level of quality) to measure the actual performance.
2. Analyzing the cause(s) for the performance gaps, selecting priority interventions, implementing interventions (training, procurements, supervision, refurbishments, and others),
3. Evaluating progress: Facility teams continuous self and peer assessments, and scheduled external assessments.



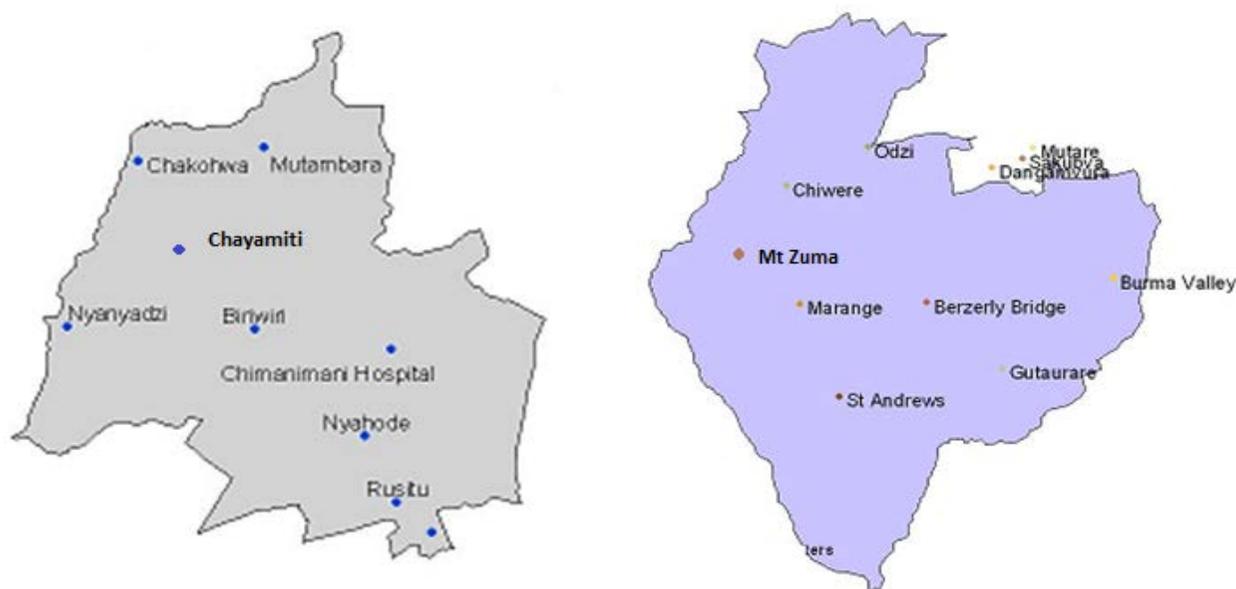
THE PHASED MODULAR IMPLEMENTATION STEPS

STEPS	PHASES	MODULES
1. Promotion and agreement	PREPARATION AND BEGINNING THE PROCESS	MODULE 1
2. Measurement of actual performance		
3. Cause analysis	STRENGTHENING OF THE PROCESS	MODULE 2
4. Intervention identification		
5. Implementation		
6. Verification	REINFORCING AND INSTITUTIONALIZING THE PROCESS	MODULE 3
7. Recognition		

THE 17 HEALTH FACILITIES WHERE THE APPROACH WAS IMPLEMENTED

MUTARE DISTRICT (N=10)	CHIMANIMANI DISTRICT (N=7)
Mutare Provincial Hospital	Mutambara Hospital
Sakubva Hospital	Chimanimani Rural Hospital
Marange Rural Hospital	Rusitu Rural Hospital
St Andrews Rural Hospital	Biriviri Rural Hospital
Odzi Rural Health Centre	Nyanyadzi Rural Hospital
Bazeley Bridge Rural Health Centre	Mutsvangwa Rural Health Centre
Gutaurare Rural health Centre	Chakohwa Rural Health Centre
Zimunya Rural Health Centre	
Dangamvura Polyclinic	
Sakubva Polyclinic	

The sites were fairly spread out in the 2 districts as shown on the maps



CHAPTER 3: MEASURING PROGRESS

Changes in adherence to performance and quality standards over time was measured internally by facility teams on a continuous basis as well as by trained peers and external assessors from other facilities at set intervals for each facility. This report presents data for 3 periods of measurement:

- a) Baseline measurement: Done by external assessors in December 2010
- b) Second periodic measurement: Self assessment at facilities done by peers based at that facility in 2011.
- c) Third periodic assessment: Done by external assessors in 2012

Measurement Methods

I. **Clinical practice observation:** Clinical observations were done at selected facilities using the same set of MNH standards developed earlier. The standards consisted of a set of concise, structured clinical observation checklists for observation of ANC, Health Education, Infection prevention, labor and delivery, essential newborn care and resuscitation, management of obstetric and neonatal complications, and post natal care. If no case of L&D available, clinical simulations were used to assess the level of preparedness (their knowledge and clinical decision-making) for those health workers who normally provide L&D services on how to manage normal labor and delivery as well as how to identify, manage, and treat common maternal and newborn health complications.

II. **Facility inventory:** A facility inventory was conducted and covered state of the infrastructure for MNH, availability and storage conditions of MNH medicines, supplies and equipment. The inventory process was through physical observation during a guided facility tour and structured interviews with different health workers for different sections of the tool to ensure the most accurate responses.

III. **Health care worker interviews:** Health care workers were interviewed to verify findings from the above processes and to also get information on the status of management systems and human resources.



Measurement Tools

The set of 10 Areas described earlier were used.

RESULTS

In the following section we present results from the 3 measurements.

NB: Colour coding key for tables:

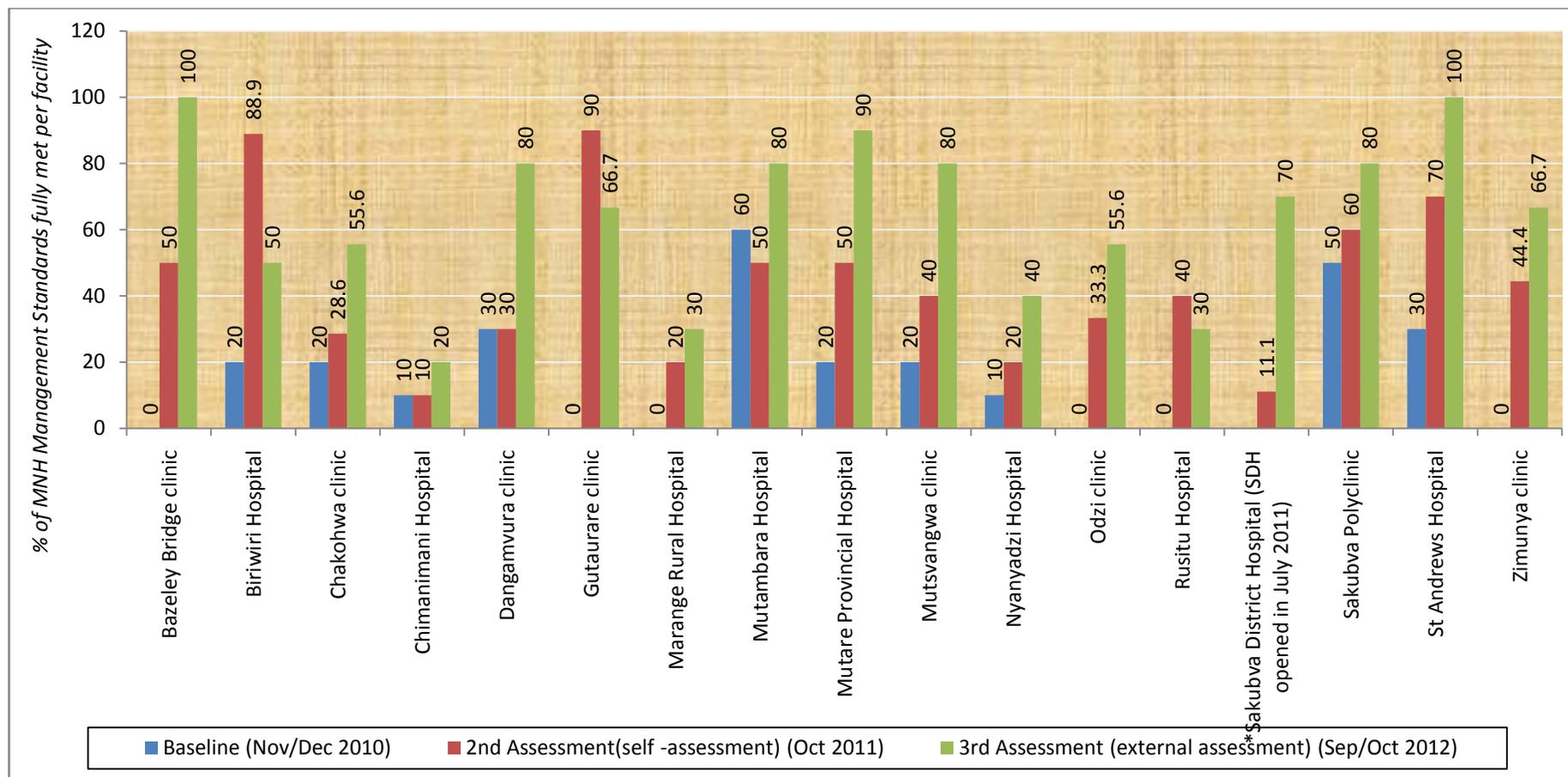
- **Red (0): Standard not met**
- **Green (1): Standard met**
- **Clear (2): Standard not assessed**

AREA 1: Management of MNH Services

Table 1: Adherence to performance standards for general management of MNH services by 17 health facilities in Mutare & Chimanimani, October 2012

Content	MUTAMBARA	MPH	BAZELEY BRIDGE	HOSPITAL	SAKUBVA poly	CHAKOHWA	GUTAURARE	MUTSWANGWA	BIRIRI RH	ST ANDREWS	ZIMUNYA	NYANYADZI	RUSITU	CHIMANIMANI	MARANGE	DANGAMVURA	ODZI	MEAN SCORE (%)
1. The HF has a "Quality Committee" that is working in collaboration with the Community and health workers to promote the quality improvement of quality MNH services.	1	1	1	1	0	1	1	1	1	1	1	0	1	1	0	0	1	71
2. The MNH standards tools are known by health workers involved with management and provision of MNH services	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	94
3. The HF has mechanisms to facilitate the physical access to the MNH service delivery areas.	0	1	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	41
4 The HF has mechanisms to monitor and manage client waiting time	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	29
5. The HF ensures the timely transportation of MNH patients being referred.	1	1	1	1	1	1	0	0	1	1	1	1	0	0	1	1	1	77
6. The HF conducts systematic evaluation of clients and health workers satisfaction and works to address their suggestions and recommendations	0	1	1	1	0	0	1	1	0	1	0	0	0	0	0	0	1	41
7. The HF uses an appropriate patient Information management system	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	94
8. Statistical data on MNH is recorded, consolidated, analyzed, utilized and or submitted to the MOHCW according to standardized frequency	1	1	1	0	1	0	1	1	0	1	1	0	0	0	0	0	0	53
9. Selected indicators are systematically monitored and have established targets for the current Year	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	77
10. The HF has a functioning Maternal and Neonatal Death Audit Committee	1	2	1	1	2	2	1	1	1	1	2	0	0	0	0	2	2	67

Figure 1: Percent of standards for Management of MNH Services fully met by facilities in Mutare and Chimanimani: 2010-2013 (N= 10 standards)

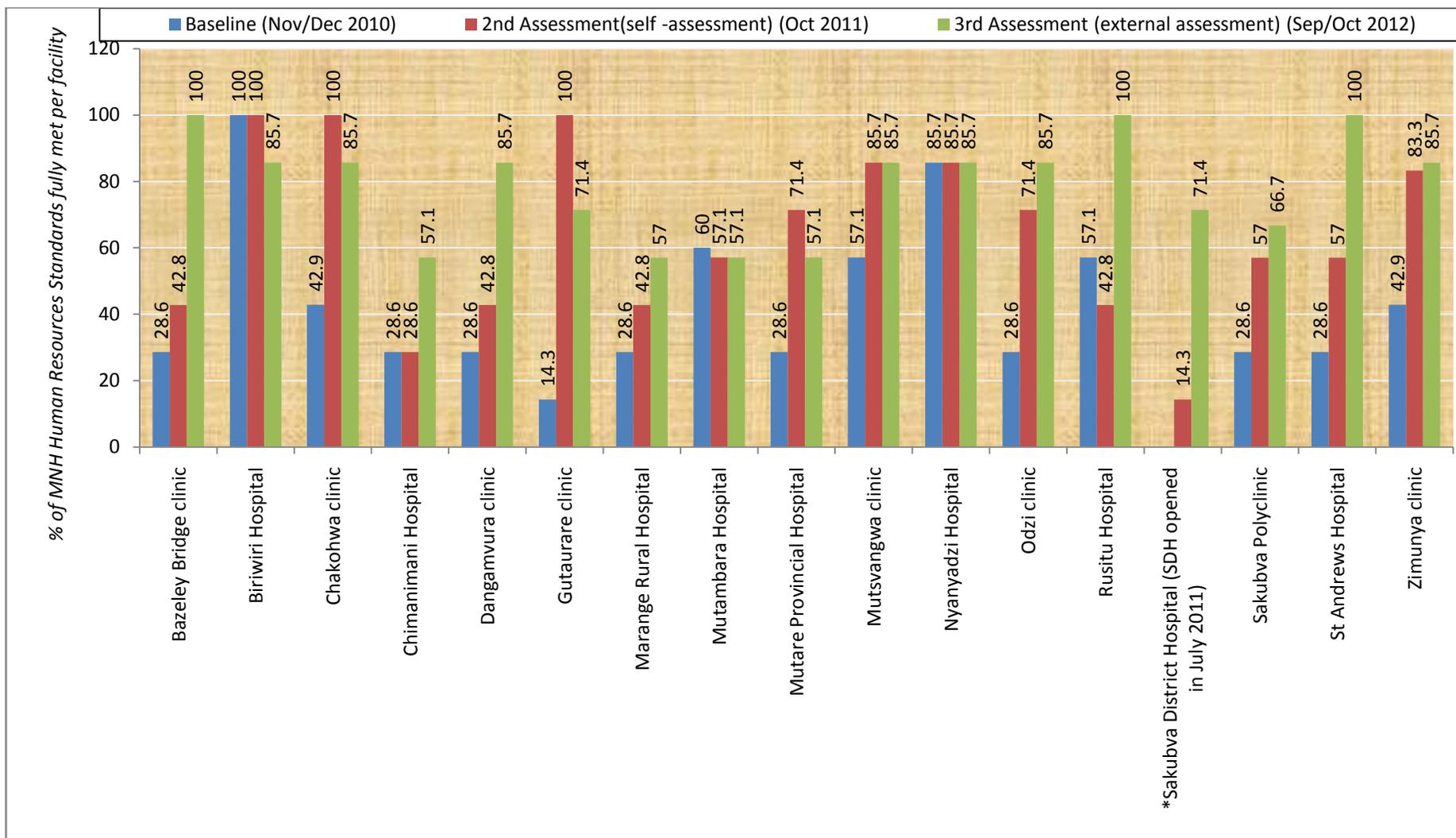


Area 2: Human Resources for MNH

Table 2: Adherence to performance standards for MNH Human Resources by 17 facilities in Mutare & Chimanimani, October 2012

MNH Human Resources	Mutambara	MPH	Bazeley Bridge	Sakubva District Hospital	Sakubva Health Centre	Chakohwa Clinic	Gutaure clinic	Mutsvangwa Clinic	Biriri Rural Hospital	St Andrews Mission	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean % Score [N=17 sites]
1. The HF has a room or defined place for health workers to use for meetings or social activities.	0	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	0	77
2. The HF has the main updated MOHCW MNH policies, strategies, guidelines available for health workers to consult	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100
3. The facility has 100% of the minimal staffing requirement for delivering the MNH package of services.	0	0	1	0	0	1	0	0	1	0	0	1	1	0	0	1	1	47
4. 100% of health workers at the facility have a written job description	1	1	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	82
5. A performance review has been done for 100% of personnel within the last year	0	1	1	1	2	1	1	1	1	1	1	1	1	0	1	0	1	81
6. All health workers providing MNH services are trained in basic obstetric and neonatal care	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	82
7. The health workers know the procedures to be followed in case of exposure to body fluids	1	0	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	82

Figure 2: Percent of standards for MNH Human resources fully met by facilities in Mutare and Chimanimani (N= 7 standards)

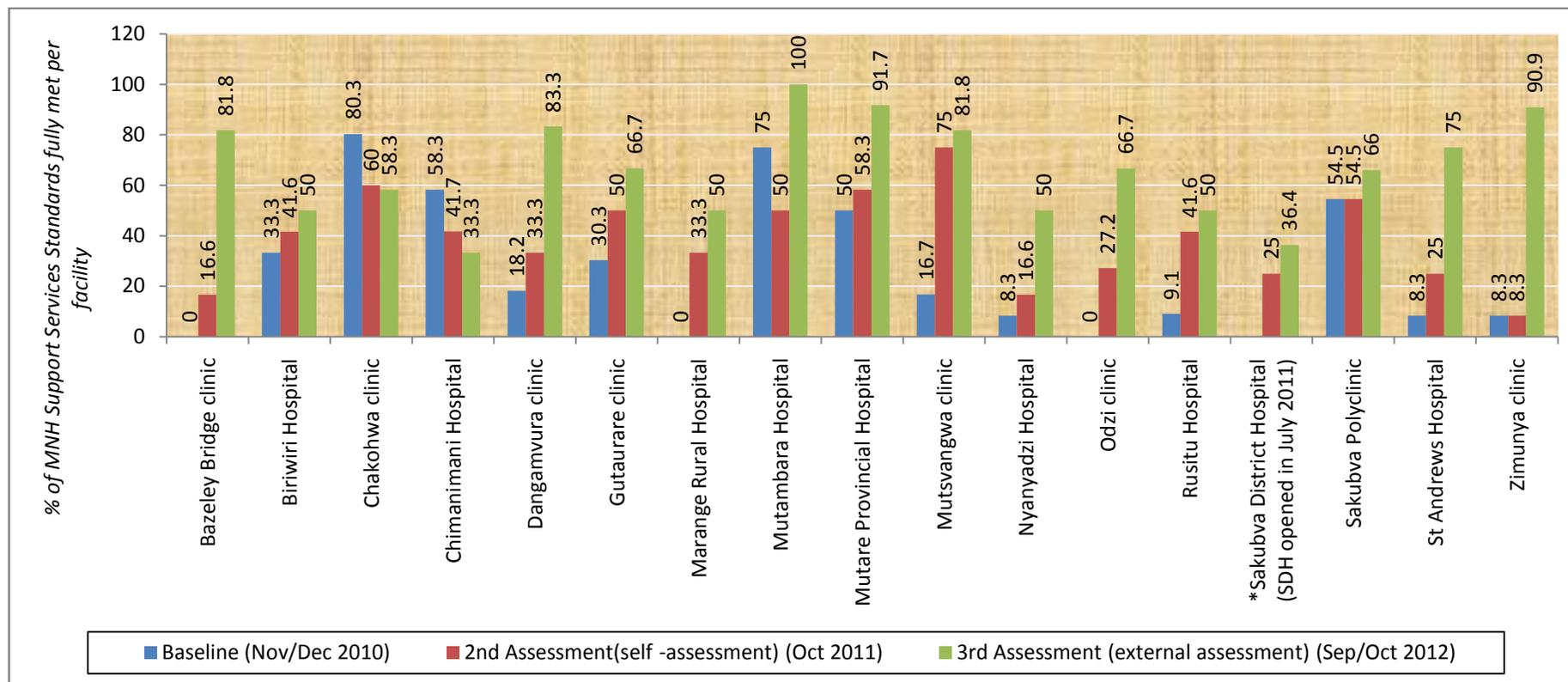


Area 3: Support Services & infrastructure for MNH

Table 3: Adherence to performance standards for support services and infrastructure for MNH by 17 health facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva District	Sakubva Health	Chakohwa Clinic	Gutaure Clinic	Mutsvangwa	Biriri Clinic	St Andrews	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi	Mean Score (%)
1. The facility has the proper physical structure to perform MNH care.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41
2. The health facility has adequate clean and safe Water.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
3. The physical space for admission/registration is adequate for employees.	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	94
4 The examination area for admission is equipped with suitable furniture and equipment.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
5. The labour and delivery ward is safe, clean and comfortable.	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	53
6. There are working bathrooms in the labour and delivery ward for clients.	1	1	1	0	1	1	1	0	0	1	1	1	0	0	0	0	0	65
7. There is working bathrooms/cloak room for provider in the labour and delivery ward.	2	2	0	0	0	0	2	0	0	2	0	0	0	0	1	1	1	39
8. The physical plant, furniture and equipment at the pharmacy are adequate	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	59
9. A drug management system exists that enables the facility to monitor usage rates of all essential drugs and FP supplies and take action to prevent stock-outs.	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	35
10. Dispensary/Pharmacy exists and maintains acceptable storage conditions.	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	0	1	82
11. The dispensary/pharmacy has required staff with required training for effective drug management.	1	1	1	0	1	1	1	1	1	1	1	1	0	1	0	0	1	82
12. A laboratory exists and is ready to perform tests required for the MNH services at the facility	1	0	2	0	1	1	0	1	1	1	0	0	0	1	1	1	1	69

Figure 3: Percent of standards for MNH Support Services fully met by facilities in Mutare and Chimanimani (N= 12 standards)



Area 4: MNH Health Education

Table 4: Adherence to performance standards for MNH Health Education by 17 health facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva District	Sakubva Poly	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa Clinic	Biriri rural Hospital	St Andrews Mission	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi	Mean Score (%)
1. The health facility has appropriate physical space for ANC group education sessions	1	1	1	0	1	1	1	1	0	1	1	0	0	1	0	1	0	65
The health facility gives pregnant women group/ individual educational sessions about maternal and newborn health	1	1	1	0	0	0	1	1	1	1	1	1	1	1	0	1	0	71
3. Provider uses group educational skills	1	1	1	0	1	0	1	1	1	1	1	0	1	0	1	1	0	77
4 There is information on clients' reproductive rights	1	1	1	0	0	1	0	1	0	0	0	0	0	0	0	1	0	41
5. The HF involves the community in planning and delivery of health services	0	0	1	1	0	1	1	1	1	1	1	1	0	0	0	0	0	65
6. The health facility staff carries out outreach IEC activities in the catchment area.	1	2	1	2	2	0	1	2	2	2	2	1	0	0	0	0	0	50

Figure 4: Percent of standards for Health education fully met by 17 facilities in Mutare and Chimanimani (N= 6 standards)

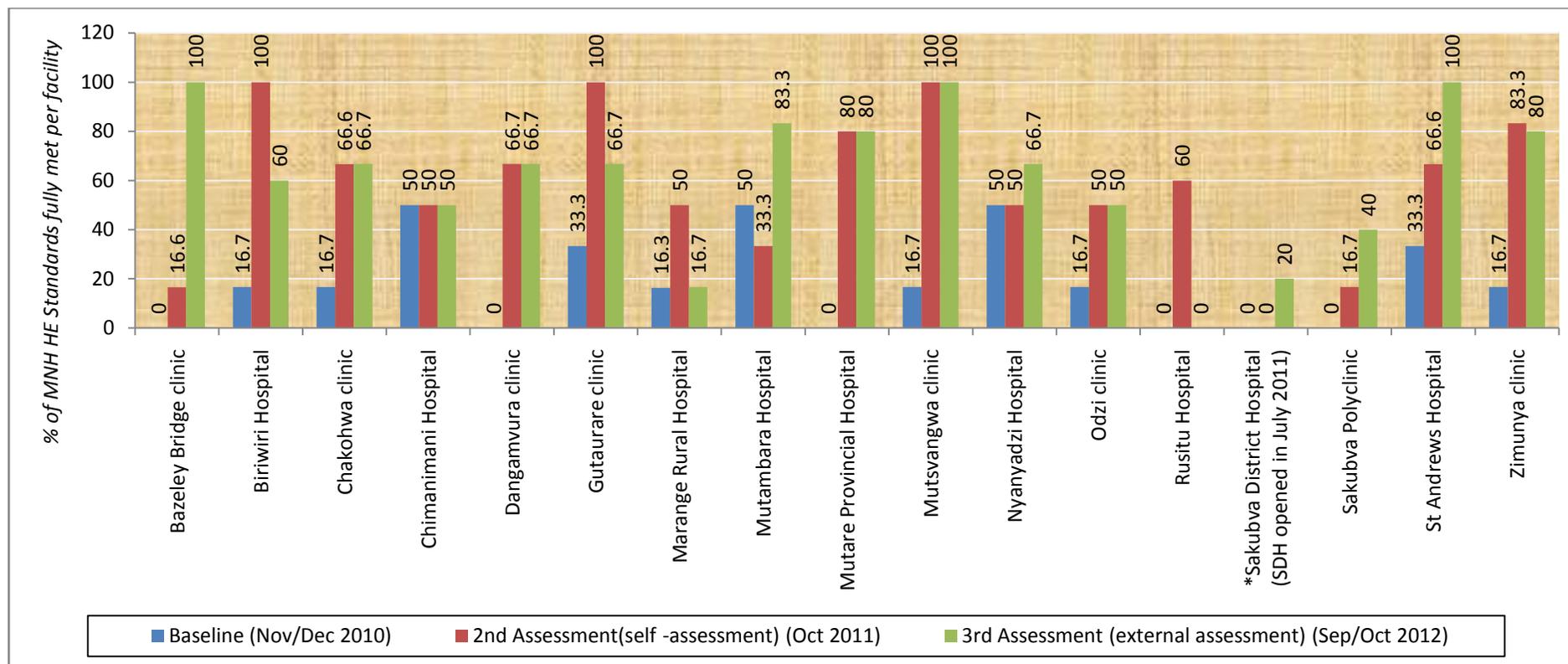
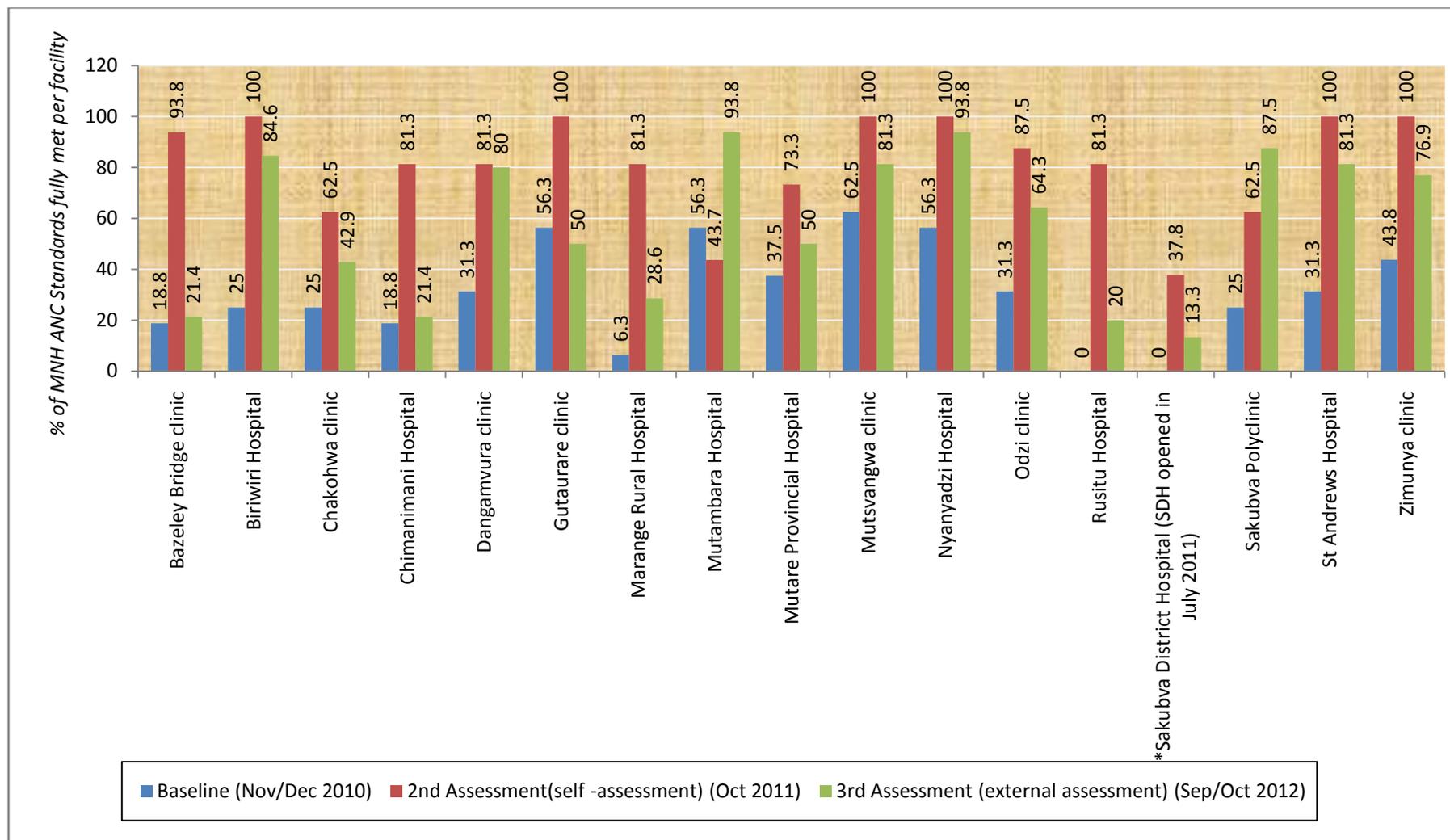


Table 5: Adherence to performance standards for Antenatal Care by 17 facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva Hospital	Sakubva Poly	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa	Biriri	St Andrews	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)	
1. The provider prepares the room, supplies and stationary for the antenatal clinic	2	1	2	0	1	1	1	1	1	1	1	1	0	0	1	1	1	1	82
2. The provider receives and treats the woman with her partner (where necessary) cordially and respectfully at the reception	2	1	0	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	77
3. The person who receives the pregnant woman conducts a rapid initial evaluation at the first contact.	2	0	0	0	1	1	0	1	1	1	1	1	1	0	0	1	1	1	65
4 The provider properly conducts group education about maternal and new born health	2	1	1	0	2	1	1	1	1	1	1	1	2	1	0	1	1	1	87
5. The provider gives testing and counseling according to the PITC protocol	2	1	1	2	1	0	0	1	1	1	1	1	2	1	1	1	1	2	98
6. The provider at the consultation room obtains/reviews client's obstetric information	2	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	82
7. The provider takes/reviews the client medical history	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	18
8. The provider properly conducts a physical examination of the client.	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	53

Content	Mutambara	MPH	Bazeley Bridge	Sakubva Hospital	Sakubva Poly	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa	Biriri	St Andrews	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)	
9. The provider properly conducts the obstetric examination of the client.	1	0	0	0	1	0	0	1	1	0	1	1	0	0	0	1	0	0	41
10. The provider properly conducts individualized care based on findings and protocols	1	0	0	0	1	0	0	0	1	0	1	1	0	0	0	1	0	0	35
11. The provider evaluates the care and plans for the return visit with the pregnant woman and her husband/companion	1	1	0	0	1	0	0	1	1	1	1	1	0	0	0	1	1	1	65
12. The provider counsels client regarding postpartum contraception and Lactational Amenorrhea Method	1	0	0	0	1	0	0	1	0	0	2	1	0	0	0	0	0	0	25
13. The provider correctly manages malaria in pregnancy	1	1	2	1	2	2	2	1	2	1	1	1	2	2	2	1	2	2	100
14. The provider correctly manages anemia in pregnancy	1	1	2	1	1	2	2	1	2	1	1	1	2	2	1	0	2	2	90
15. The provider correctly manages HIV in pregnancy.	1	0	1	2	1	0	2	1	2	1	1	1	2	1	2	2	2	0	73
16. The provider conducts an evaluation of the care provided and subsequent follow-up	1	0	0	0	1	0	0	1	1	1	1	1	0	0	0	0	0	0	53

Figure 5: Percent of standards for Management of Antenatal care fully met by facilities in Mutare and Chimanimani (N= 16 standards)



Area 6: Normal Labor, Delivery and Essential Newborn Care

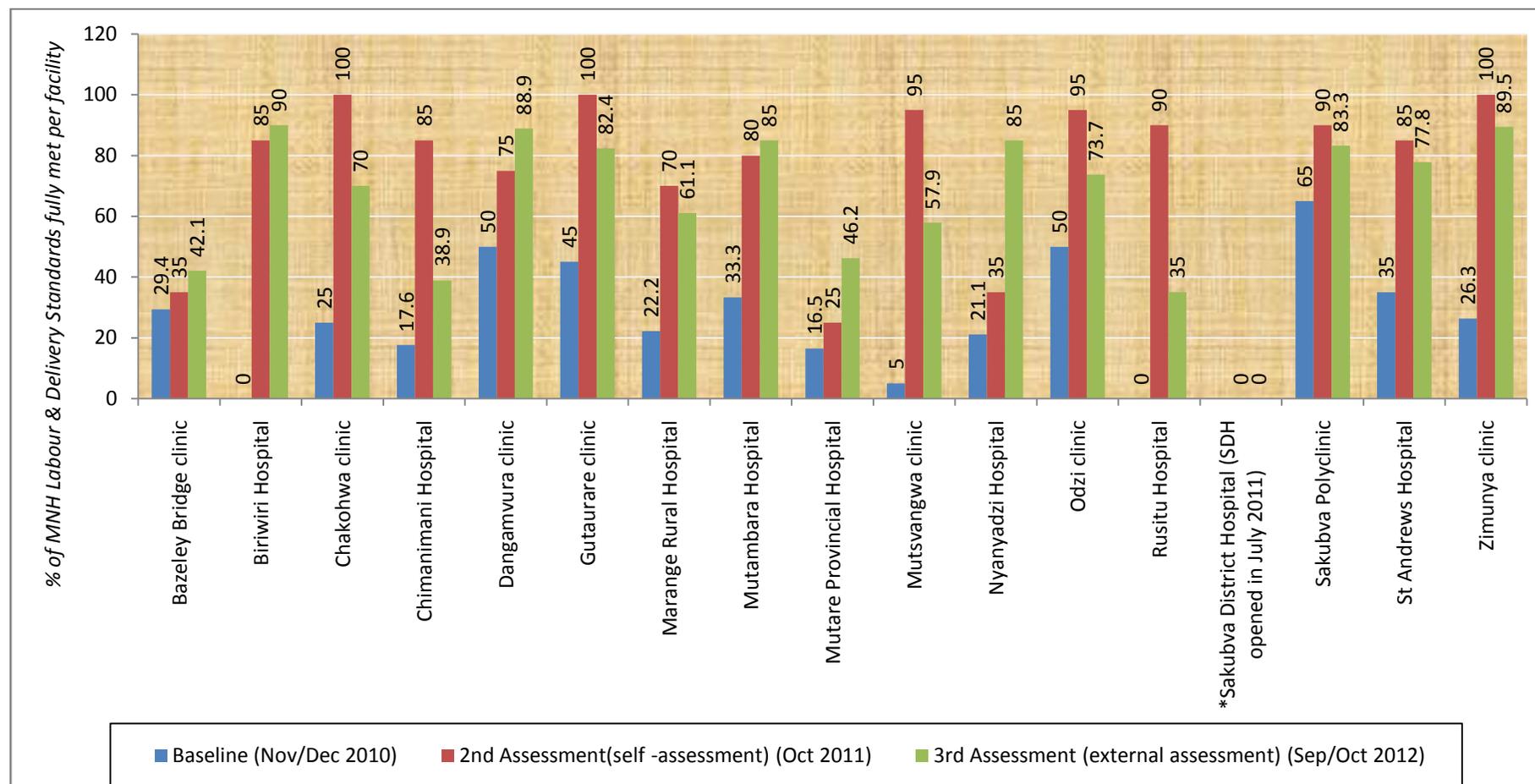
Table 6: Adherence to performance standards for Normal Labor and Delivery by facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva District	Sakubva Poly	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa	Biriri	ST Andrews	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)
1. The provider in charge prepares equipment, supplies and the environment to conduct clean and safe deliveries	1	0	1	0	1	1	1	1	1	1	1	1	0	0	1	1	1	77
2. The provider performs a rapid initial assessment of the pregnant women in labor to identify complications and prioritize admissions.	1	2	0	0	0	1	0	1	1	1	1	1	0	0	1	1	0	56
3. The provider treats the pregnant woman in labor in a cordial manner	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	1	0	65
4 The provider properly reviews and fills out the clinical history of the woman in labor	0	2	0	0	1	0	1	0	1	0	1	1	0	1	0	1	1	56
5. The provider properly conducts a physical examination between contractions.	1	0	0	0	0	1	0	1	1	1	1	1	0	0	1	1	0	43
6. The provider properly conducts the obstetric examination between contractions if time allows.	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	81
7. The provider properly conducts a vaginal examination.	1	1	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	82
8. Health care provider provides counseling and testing for woman in labor with unknown HIV status.	1	2	1	2	2	1	2	0	1	1	2	2	0	2	2	2	2	71
9. If the woman is HIV positive, the healthcare provider gives her appropriate antiretroviral prophylaxis	1	2	2	1	2	1	2	2	1	2	1	1	0	2	2	2	1	88
10. The healthcare provider informs or reinforces information about infant feeding-emphasizing Breastfeeding and about Post Partum Family Planning (PPFP).	1	2	1	0	0	0	1	1	1	2	1	0	0	0	0	1	1	53

Content	Mutambara	MPH	Bazeley Bridge	Sakubva District	Sakubva Poly	Chakohwa Clinic	Gutaure Clinic	Mutsvangwa	Biriri	ST Andrews	Zimunya	Nyanzadi	Rusitu Mission	Chimanmani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)
11. The provider decides and implements appropriate care during labor, according to the findings of the history and physical exam, and obstetric examination	1	2	0	0	1	1	0	0	1	0	1	1	1	1	1	1	1	71
12. The provider uses the partograph to monitor labor and make adjustments to care when necessary	1	0	0	0	0	1	1	1	1	1	0	1	1	1	1	1	1	71
13. The provider correctly manages malaria in pregnancy	1	1	1	0	1	1	1	0	1	1	1	1	0	1	1	1	1	81
14. The provider assists the woman to have a safe and clean delivery/birth	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	25
15. The provider properly monitors the newborn and provides essential initial newborn care and subsequent care.	1	0	0	0	1	1	0	1	1	1	1	1	0	0	1	1	1	65
16. The provider adequately performs active management of the third stage of labor.	1	0	0	0	0	0	1	1	1	1	1	1	0	0	0	1	1	65
17. The provider adequately performs immediate postpartum care.	1	0	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	76
18. The provider properly disposes of the used instruments and medical waste after assisting the birth.	1	1	0	0	1	1	1	1	1	1	1	0	0	0	1	1	1	71
19. The provider closely monitors the woman for at least two hours after the birth	1	2	0	0	1	1	1	1	1	1	0	0	1	1	1	0	0	69
20. The HF provides Family Planning care at the maternity ward during the immediate postpartum period.	1	2	0	0	0	1	1	1	1	1	0	0	1	1	0	1	1	63

Area 6: Normal Labor, Delivery and Essential Newborn Care

Figure 6: Percent of standards for labour and delivery fully met by facilities in Mutare and Chimanimani (N= 20 standards)

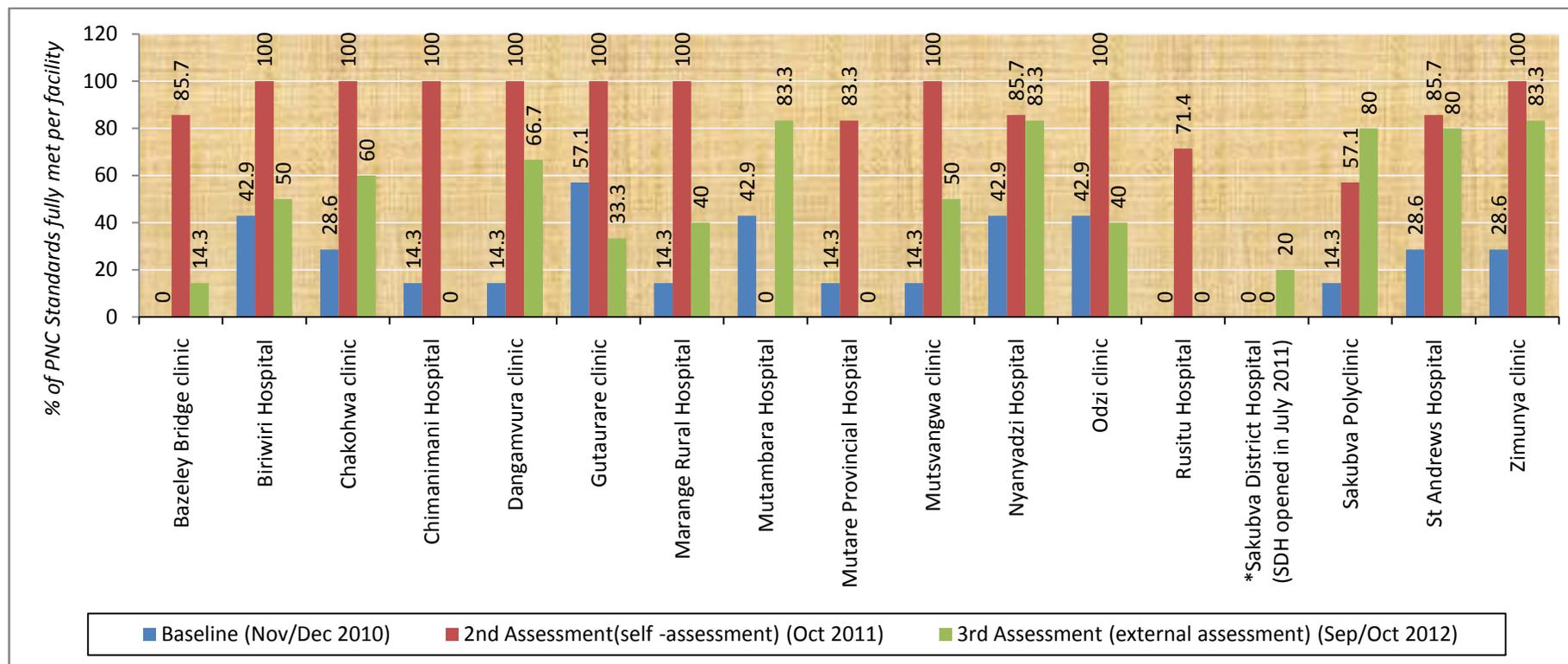


Area 7: Postnatal and Postpartum Care

Table 7: Adherence to performance standards for postnatal care & Postpartum Care by facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva Hospital	Sakubva poly	Chakohwa Clinic	Gutaurare	Mutsvangwa	Biriri Hospital	St Andrews	Zimunya	Nyanyadzi	Rusitu hospital	Chimanimani	Marange	Dangamvura	Odzi	Mean Score (%)
1. The provider prepares equipment, supplies and the facility to conduct postnatal care	1	0	1	1	1	1	1	1	1	0	1	1	1	0	0	1	1	77
2. The provider properly conducts a postnatal assessment of the mother and her baby.	0	0	0	1	1	1	0	0	0	1	1	1	0	0	0	1	0	41
3. The provider gives information about general post natal care of the mother	1	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0	0	29
4 The provider gives information and provides general postnatal care of the baby	1	0	0	0	1	0	0	1	0	1	1	1	0	0	0	1	0	41
5. The provider gives information on post partum family planning and provides the mother with a contraceptive method of her choice.	1	0	0	0	0	0	1	1	1	1	1	1	0	0	1	0	1	53
6. For HIV positive mothers and HIV exposed babies, the provider gives appropriate care and information.	2	2	0	2	2	2	2	2	1	2	2	2	2	2	2	2	2	50
7. During the PNC return visit (at 10 days and at 6 weeks), the provider correctly assesses the mother and her baby	1	2	0	2	2	2	0	0	2	2	1	1	2	0	2	1	2	50

Figure 7: Percent of standards for PNC & PFP fully met by facilities in Mutare and Chimanimani (N=7 standards)

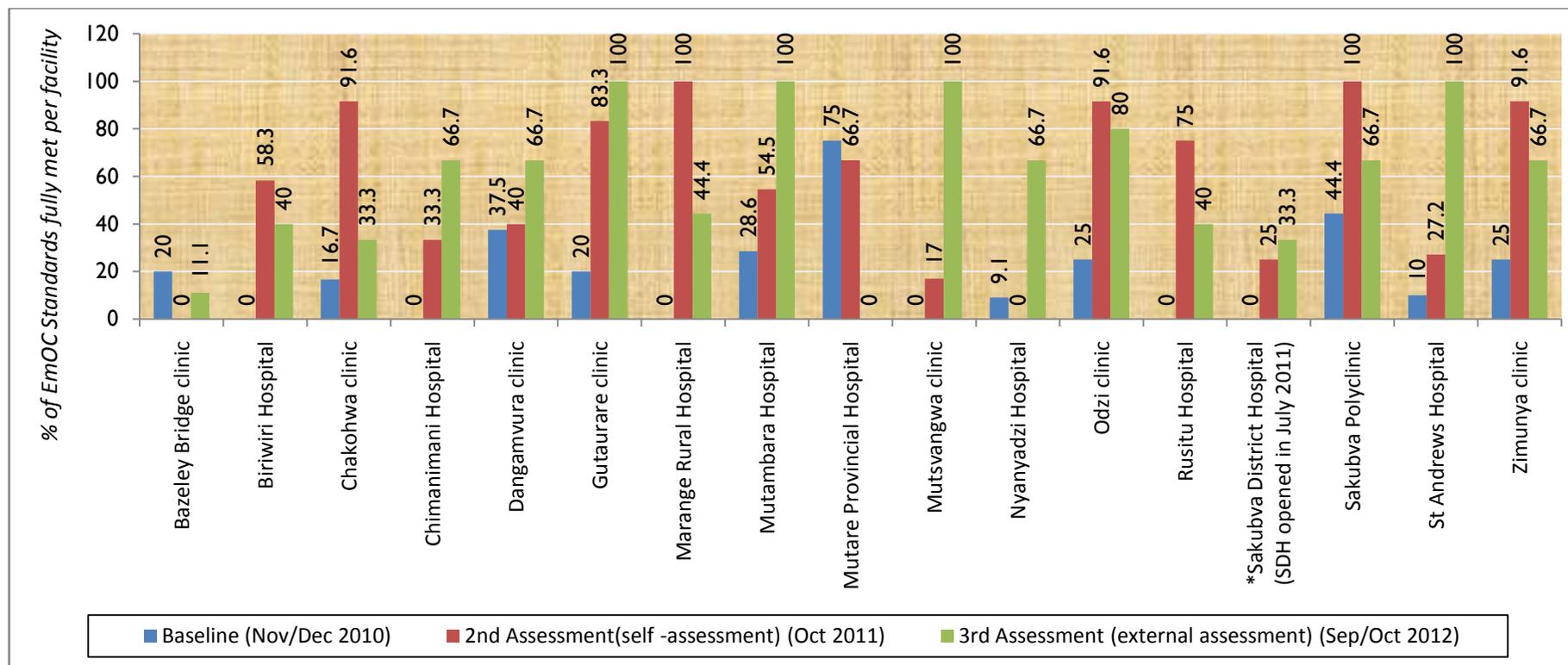


Area 8: Emergency Obstetric Care

Table 8: Adherence to performance standards for Emergency Obstetric Care by 17 health facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva District	Sakubva Health	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa Clinic	Biriri Rural Hospital	St Andrews Mission	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)
1. The provider correctly manages hypovolemic shock	2	2	2	2	2	2	2	2	0	2	2	2	2	2	2	2	0	0
2. The provider correctly continues shock management according to woman's response to initial treatment	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	10
4 The provider properly performs the general management of Post Partum Hemorrhage (PPH)	1	0	0	0	0	0	2	2	0	2	0	0	1	1	0	0	2	41
5. The provider properly performs the specific management of the cause of the PPH	1	0	1	1	1	1	2	1	1	1	1	1	1	1	0	1	1	88
6. The provider properly performs follow up of PPH.	1	0	0	0	0	0	2	2	0	2	1	1	0	1	2	1	1	63
7. The provider correctly manages severe pre-eclampsia and/or eclampsia	2	2	0	2	2	2	2	2	2	2	2	2	0	2	2	2	2	33
8. The provider correctly follows up the management of severe pre eclampsia and/or eclampsia	2	0	0	2	2	2	2	2	2	2	2	2	0	2	2	2	0	0
9. The provider correctly manages obstructed labour	2	2	0	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0
10. The provider correctly follows up resolved obstructed labour	2	2	0	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0
11. The provider correctly manages Ante-partum Hemorrhage	2	2	0	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0
12. The provider correctly manages puerperal sepsis	2	2	0	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0

Figure 8: Percent of standards for Emergency obstetric care fully met by 17 facilities in Mutare and Chimanimani (N=12 standards)

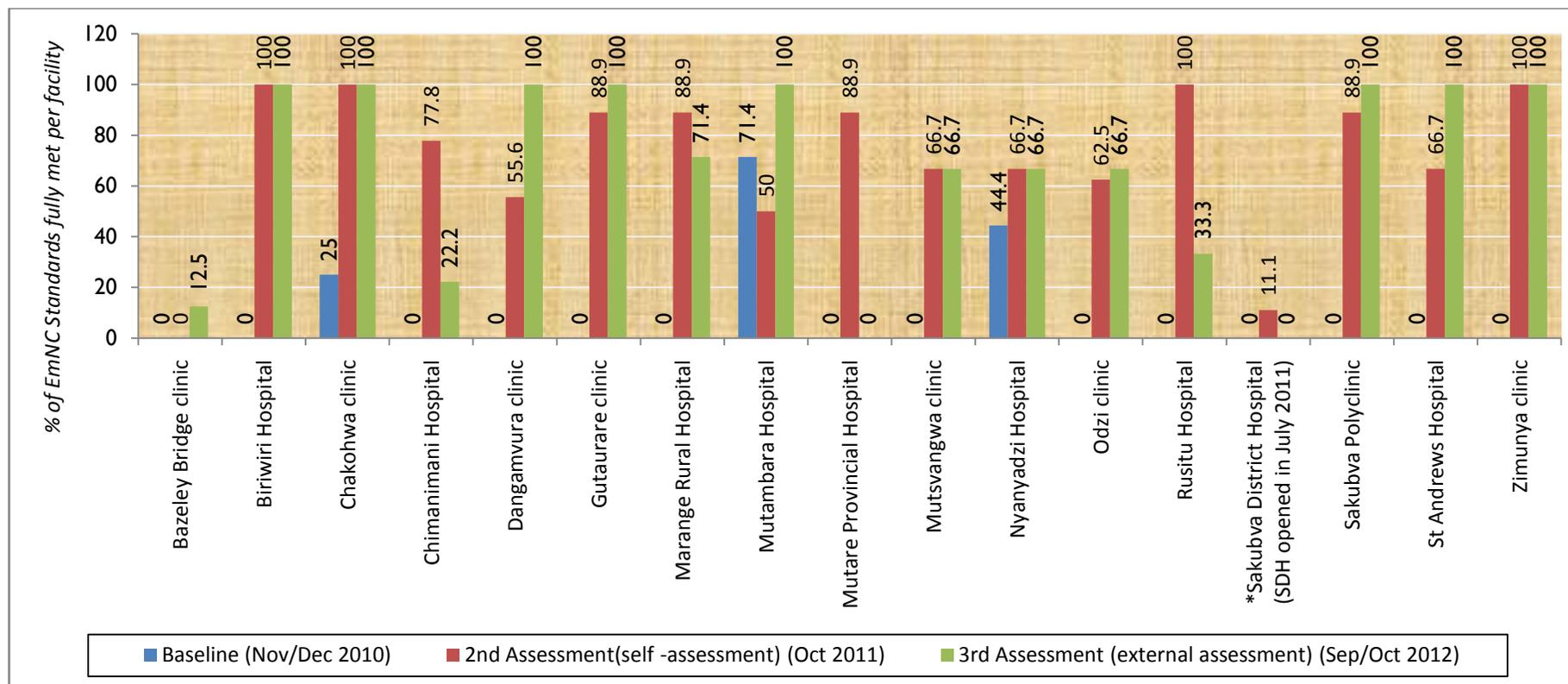


Area 9: Emergency Neonatal Care

Table 9: Adherence to performance standards for Emergency Neonatal Care by 17 health facilities in Mutare & Chimanimani, October 2012

Content	Mutambara hospital	MPH	Bazeley Bridge	Sakubva District	Sakubva Health	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa Clinic	Biriri Rural Hospital	St Andrews Mission	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi	Mean Score (%)
1. The provider properly conducts a rapid initial assessment of the newborn and provides immediate resuscitation if needed.	1	0	0	0	1	1	1	1	1	1	1	1	0	0	1	1	1	75
2. The provider properly diagnoses pre-term/ low birth weight neonate.	1	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	10
3. The provider manages pre-term/low birth weight neonate properly.	1	2	0	2	2	2	2	0	2	2	2	2	0	1	1	1	0	60
4 Provider properly makes a diagnosis of neonatal sepsis.	2	2	0	2	2	2	2	2	2	2	2	2	2	1	0	2	2	33
5. Provider properly manages neonatal sepsis according to protocol.	2	2	0	2	2	2	2	2	2	2	2	2	2	0	1	2	2	33
6. The provider properly makes the diagnosis and manages neonatal jaundice	2	2	0	2	2	2	2	2	2	2	2	2	2	0	1	2	2	33
7. The provider properly counsels the mother and significant others on the importance of photo therapy and infection prevention.	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2	10
8. The provider properly assesses for congenital syphilis in neonates.	2	2	0	2	2	2	2	2	2	2	2	2	2	0	0	2	2	0
9. The provider properly manages a neonate with congenital syphilis.	2	2	0	2	2	2	2	2	2	2	2	2	2	0	2	2	2	0

Figure 9: Percent of standards for Emergency Neonatal Care fully met by 17 health facilities in Mutare and Chimanimani (N= 9 standards)

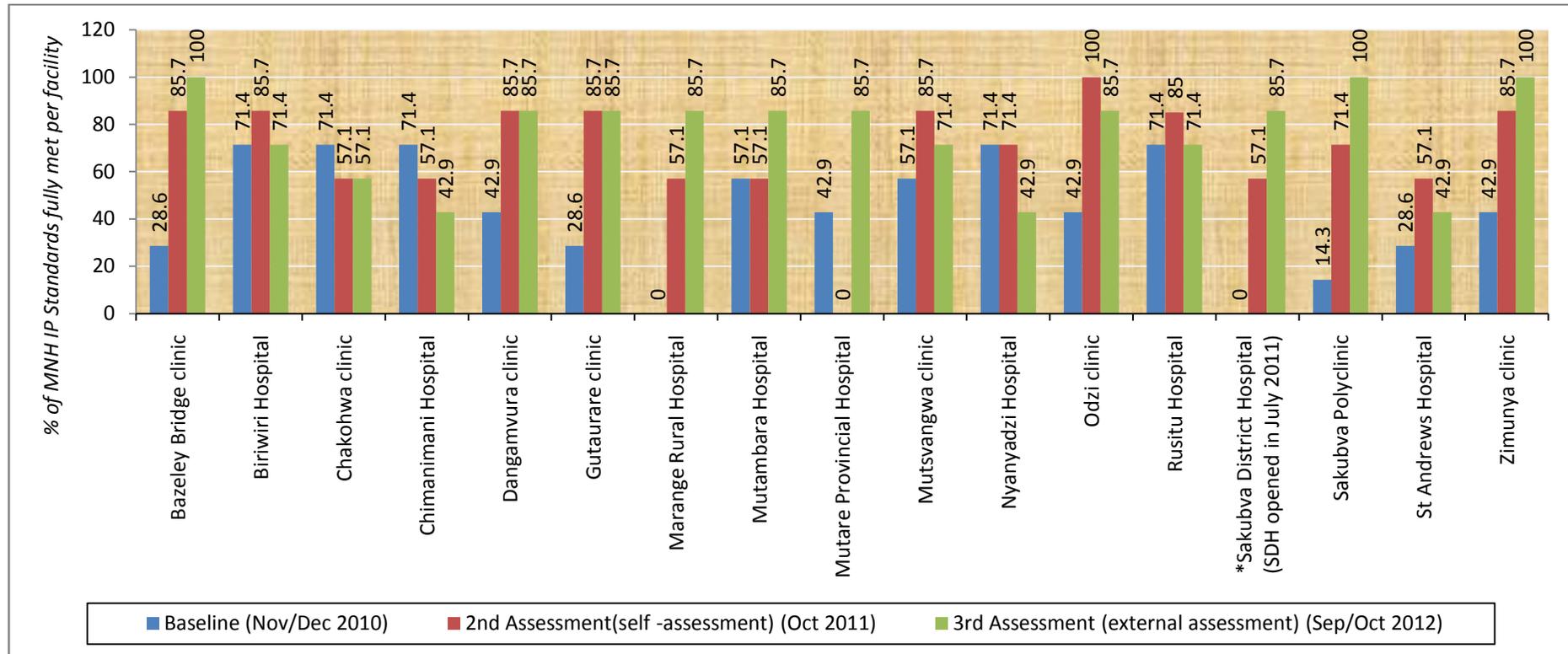


Area 10: Infection Prevention

Table 10: Adherence to performance standards for Infection Prevention by 17 health facilities in Mutare & Chimanimani, October 2012

Content	Mutambara	MPH	Bazeley Bridge	Sakubva Poly	Chakohwa Clinic	Gutaurare Clinic	Mutsvangwa	Biriri Rural	St Andrews	Zimunya	Nyanyadzi	Rusitu Mission	Chimanimani	Marange	Dangamvura	Odzi Clinic	Mean Score (%)
1. The facility is clean.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100
2. Sharps containers available for use and properly emptied according to infection control guidelines.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	100
3. Antiseptics, disinfectants and other supplies are available in amounts sufficient for three months of operation	1	1	1	1	0	0	1	0	1	1	1	1	1	1	1	1	82
4 Cleaning, decontamination and sterilization of instruments and other items are performed properly.	0	1	1	1	1	0	0	1	0	1	0	0	0	1	0	1	59
5. There is a proper area for cleaning, processing and storage of sterile instruments with shelf-life system and proper traffic flow to avoid cross-contamination.	1	1	1	1	0	0	0	0	1	0	1	0	0	0	1	0	47
6. Soiled linen is collected and cleaned properly to avoid injuries and contamination.	1	0	1	1	0	0	1	1	0	1	0	1	1	1	1	1	77
7. Waste is collected and disposed of properly to avoid injuries and contamination	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	88

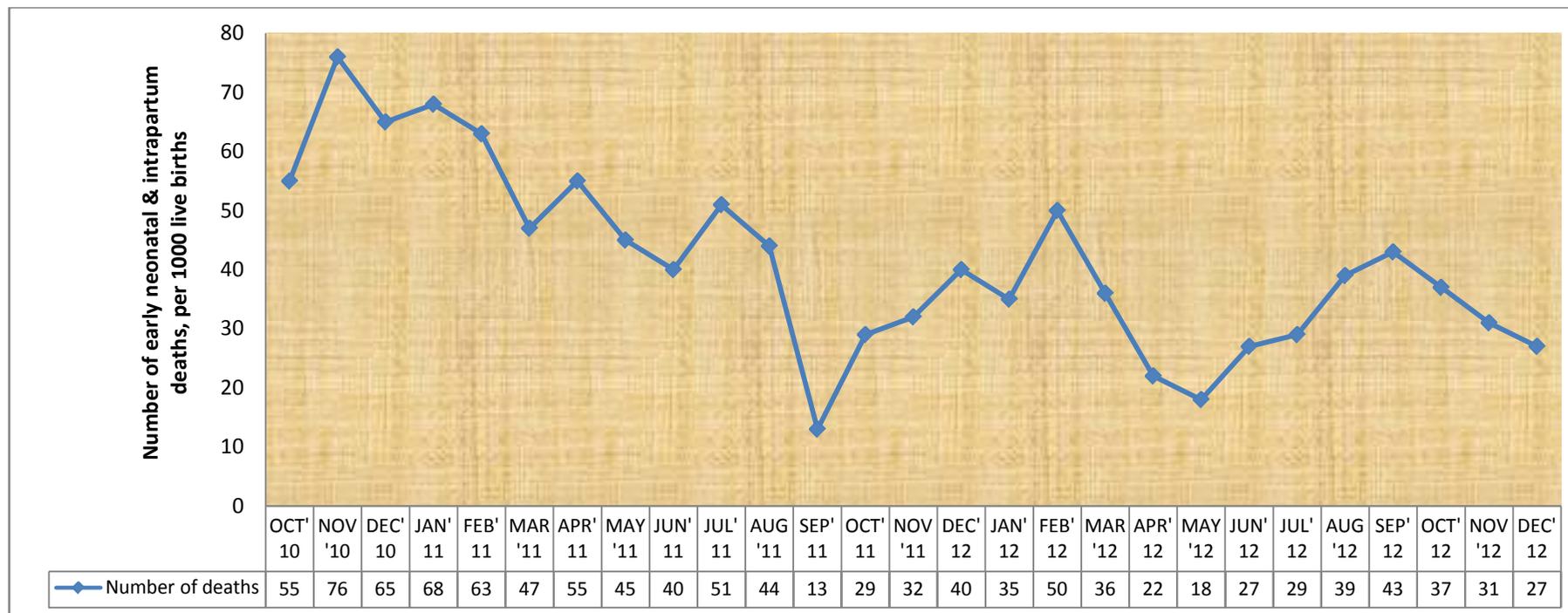
Figure 10: Percent of standards for Infection prevention fully met by facilities in Mutare and Chimanimani (N= 7 standards)



CHAPTER 4: LINKING PERFORMANCE TO OUTCOME INDICATORS

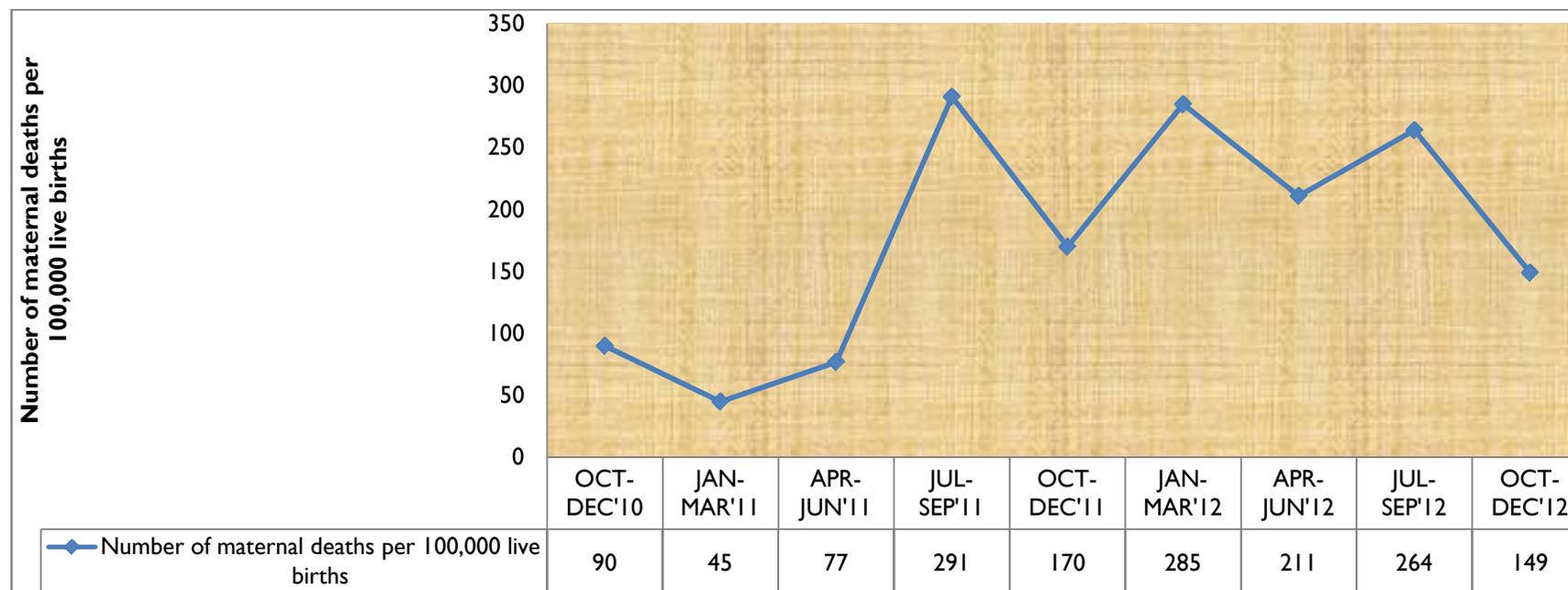
Neonatal Mortality

Figure 11: Number of early neonatal and intrapartum deaths per 1000 live births for 17 SBM-R supported health facilities, Oct 2010-Dec 2012 (data source: MoHCW HMIS)



Maternal Mortality

Figure 12: Number of reported facility based maternal deaths per 100,000 live births for 79 health facilities in Mutare & Chimanimani, Oct 2010-Dec 2012 (data source: MoHCW HMIS)



Abbreviations

<i>ANC</i>	<i>Antenatal Care</i>
<i>DHE</i>	<i>District Health Executive</i>
<i>EmONC</i>	<i>Emergency Obstetric and Neonatal Care</i>
<i>IMNCI</i>	<i>Integrated Management of Neonatal and Childhood Illnesses</i>
<i>MH</i>	<i>Mission Hospital</i>
<i>MNH</i>	<i>Maternal and Neonatal Health</i>
<i>PHE</i>	<i>Provincial Health Executive</i>
<i>PMTCT</i>	<i>Prevention of Mother to Child Transmission (of HIV)</i>
<i>PNC</i>	<i>Postnatal Care</i>
<i>PPFP</i>	<i>Postpartum Family Planning</i>
<i>PPH</i>	<i>Postpartum Haemorrhage</i>
<i>RH</i>	<i>Rural Hospital</i>
<i>RHC</i>	<i>Rural Health Center</i>
<i>SBM-R</i>	<i>Standards Based Management & Recognition</i>