JHPIEGO An Affiliate of Johns Hopkins University

A GLOBAL LEADER IN IMPROVING HEALTH CARE FOR WOMEN AND FAMILIES

# site assessment and strengthening for maternal and newborn health programs

Maternal & Neonatal Health

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Maternal & Neonatal Health

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JHPIEGO, an affiliate of Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.
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## PART 2: SITE ASSESSMENT AND STRENGTHENING TOOLS

# PREFACE

This toolkit presents a process and tools that can be used to conduct facility-level site assessment and strengthening (SA/S) with the goal of improving essential maternal and newborn care services. The SA/S activity is based on the performance improvement process defined by the USAID Performance Improvement Consultative Group, and adapted by JHPIEGO as a performance and quality improvement (PQI) approach.

The source material adapted to form Part 1 of this toolkit is the reference manual *Supervising Healthcare Services: Improving the Performance of People* (Garrison, K et al. JHPIEGO 2004). The manual describes in more detail aspects of the PQI process from a supervisory perspective, including how to set performance standards, use assessment methods, and work with the community as a stakeholder.

The assessment tools presented in Part 2 were developed by the MNH Program and have been used during the past 6 years in more than a dozen countries. Because the tools use evidence-based, internationally recognized standards, they can be used by any organization working in the field of maternal and newborn care.

Part 3 of the toolkit contains the report *Using Performance and Quality Improvement to Strengthen Skilled Attendance* (JHPIEGO/MNH Program 2003). This report documents how the use of the PQI process has helped to improve skilled attendance in MNH Program countries, and shares some lessons the Program has learned about how best to use PQI in safe motherhood programs.

Taken together, this toolkit provides an overview of how the PQI process can be used to strengthen facility and individual performance and how it can be easily and effectively incorporated into the operating norms of any facility. Using the PQI process described in this toolkit, staff can continually assess and strengthen individual and facility-level performance.

ONE

# INTRODUCTION TO SITE ASSESSMENT AND STRENGTHENING

## INTRODUCTION

There are many evidence-based interventions appropriate for use in low-resource settings that can lead to better outcomes for mothers and newborns (e.g., infection prevention practices, use of the partograph, immediate drying and warming of the newborn). These interventions can be applied at all levels of the healthcare system, from rural health posts to district hospitals. Identifying such interventions is only the first step in providing high-quality essential maternal and newborn care (EMNC) services[1]. The interventions are most effective when implemented in a clinical facility that is correctly prepared by staff trained in their use and who can transfer new knowledge and skills to performance on the job. An essential aspect of introducing new EMNC interventions is the establishment of an enabling environment and a process to continually monitor and maintain quality of services.

This toolkit presents a process and tools that can be used to help create the enabling environment through facility-level site assessment and strengthening (SA/S). The SA/S activity is based on a performance and quality improvement (PQI) process (see **page 3**). The tools were developed by the MNH Program beginning in 1998, and have been used during the past 6 years in more than a dozen countries.

Although SA/S is essentially an internal process, it is often initiated by an external technical advisor who works with and mentors an internal facility-based team. Externally led SA/S of a clinical facility is most often done to prepare the facility to become a pre- or inservice clinical training site. In addition, it is desirable, but not a requirement, that at least one staff member from the site has attended an EMNC knowledge and skills update training course. For an example of how SA/S and the PQI process was initiated and led by an internal team, using all of the steps and processes described herein, see Appendix B.

[1] The MNH Program defines EMNC services as including focused antenatal care, birth preparedness and complication readiness, use of the partograph, clean and safe childbirth, active management of third stage of labor, management of obstetric complications, care of the normal newborn, care of the sick and low birthweight newborn (including treatment of birth asphyxia), and postpartum care. At the facility level, the MNH Program uses the UNICEF classification of essential obstetric care, as follows: a facility offering basic essential obstetric care services provides IV antibiotics, uterotonic drugs, anticonvulsants, manual removal of the placenta, and assisted vaginal birth; a facility offering comprehensive essential obstetric care services provides all of the basic services, plus surgical capability and blood transfusion.

## WHAT IS SITE ASSESSMENT AND STRENGTHENING?

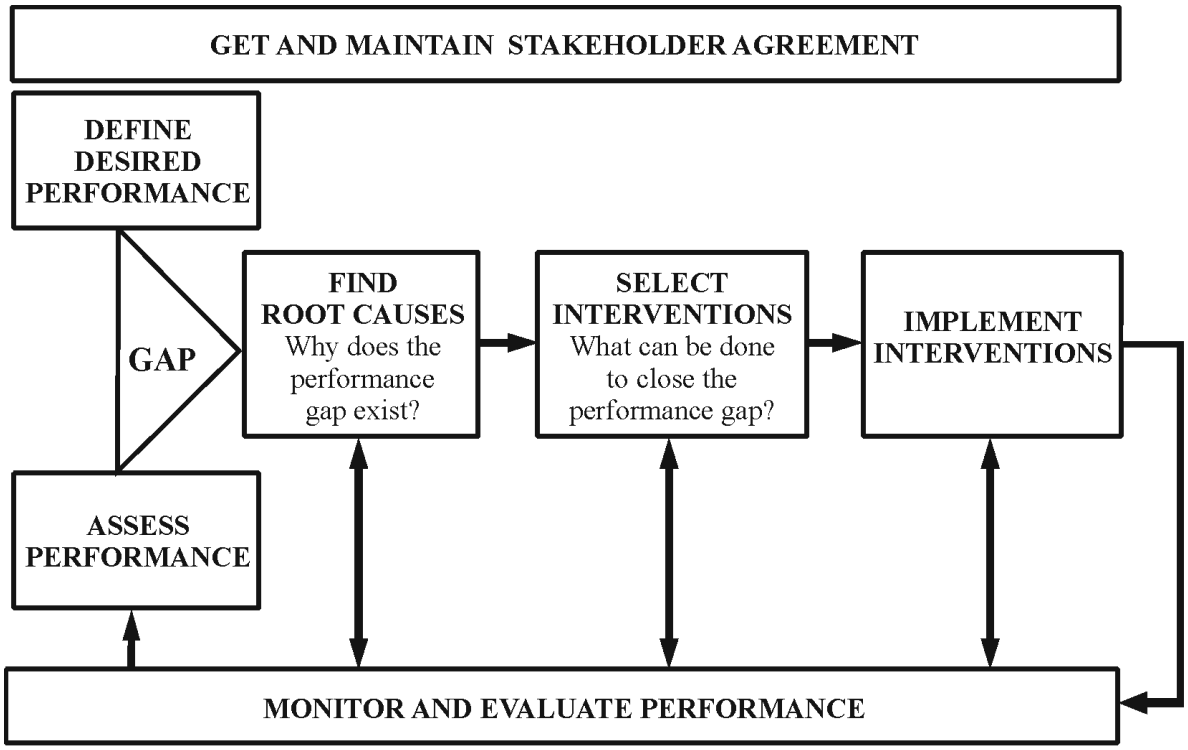
***Site assessment*** is a process that uses evidence-based standards (desired delivery of care) to measure to what extent a facility correctly uses these standards (actual delivery of care). Where gaps exist between desired and actual delivery of care, it is necessary to implement interventions to ensure that services are being delivered according to the stated standards.

***Site strengthening*** is the process by which a team of appropriate stakeholders analyzes results of the site assessment, selects interventions and formulates an action plan that addresses gaps in delivery of care, implements the action plan, and monitors and evaluates the results.

To be successful, the SA/S activity must be inclusive and involve facility staff at all levels (administrators, supervisors, providers, support personnel), clients, and to the extent possible and appropriate, the community.

The SA/S process described in this manual is based on the Performance and Quality Improvement (PQI) process. This process is used to identify a performance gap and its causes and to create solutions for closing the gap (**Figure 1-1**).

**Figure 1-1. The Performance and Quality Improvement Process[2]**




## WHO CAN DO SITE ASSESSMENT AND STRENGTHENING?

For the purposes of this toolkit, it is assumed that SA/S is being undertaken by an external technical advisor. However, a key element of the activity that assures sustainability is its transfer to an internal team because SA/S (and by extension, the PQI process) should be seen as a continuous process—one that never stops, if a facility and its staff wish to continue performing to defined standards.

In order for a skilled provider to serve as a SA/S technical advisor s/he should be:

- Trained to understand and apply evidence-based EMNC knowledge, attitudes, and skills in the clinical setting
- Versed in the PQI process
- Experienced in coaching clinical performance and mentoring
- Experienced in leading a team

[2] *Adapted from*: Performance Improvement Consultative Group (PICG). The performance improvement framework was developed through a collaborative effort among members of the PICG. The PICG comprises representatives of USAID and USAID-funded cooperating agencies. The framework in this manual simplifies the language in each step to make the process easy to understand by different audiences.

The SA/S technical advisor will identify a team at the facility level who will work with the advisor throughout the SA/S process. Team members should be experienced individuals from each area being assessed. These individuals should be in positions that will enable them to continue the SA/S process when the technical advisor leaves (e.g., midwife, obstetrician, pediatrician, housekeeper, administrator).

## WHAT DOES A SA/S TECHNICAL ADVISOR DO?

The SA/S technical advisor will:

- Identify, with stakeholders, standards of good facility and provider performance and clearly and effectively communicate them to staff members
- Work with staff to assess facility performance in comparison to these standards
- Work with staff to assess their performance in comparison to these standards
- Provide training in specific EMNC knowledge and skills
- Help the internal team decide at which level of the healthcare delivery system it is appropriate to address a performance gap
- Work with staff and the community to identify appropriate changes that will lead to improvement in the quality of services delivered
- Help to mobilize resources from many different sources (e.g., community, government, nongovernmental organizations, private sector, etc.) to implement changes
- Help build close links with the community
- Monitor the effects of selected interventions

In carrying out the above responsibilities, the SA/S technical advisor must be able to:

- Involve stakeholders
- Use standards and guidelines to assess facility capacity in targeted areas as well as staff skills (e.g., clinical competence, counseling, infection prevention practices)
- Use standards to assess competence in management areas such as logistics, financial management, and strategic planning
- Facilitate team work
- Motivate staff to perform well
- Persuade those with resources of the facility's needs

- Facilitate meetings and discussions
- Provide constructive, timely, and interactive feedback
- Communicate clearly and effectively with staff and decision-makers
- Gather and analyze information
- Lead the design and implementation of interventions
- Make decisions
- Delegate (assign responsibility for) duties to staff members

It is essential that the SA/S technical advisor mentor the internal team leader and members to assume these responsibilities and develop these skills because they will be responsible for sustaining, monitoring, and evaluating the ongoing PQI process at their facility after the SA/S technical advisor has left. For example, the SA/S technical advisor should prepare her/his counterpart to conduct continued clinical EMNC training for staff as needed.

## WHEN TO CONDUCT SITE ASSESSMENT AND STRENGTHENING

Site assessment and strengthening can be conducted at any time. It may be done as a retrospective activity (i.e., in response to a problem such as unacceptable maternal or newborn death rates). Ideally, however, SA/S should be done prospectively—as a way to measure quality of services and staff performance for ongoing quality improvement. For example, a facility may be selected as a site for pre-service education programs, which require model clinical training sites for their students. This would necessitate a site assessment to determine if there are any gaps in service delivery, according to national EMNC standards.

Ideally, both site assessment and site strengthening should be done in the same immediate time frame (that is, in one visit of at least three weeks by the SA/S technical advisor). The timeframe for the initial SA/S process is as follows:

**Site assessment: 1 week**

- Meet with stakeholders: 1 day
- Identify team and review tools: 2 days
- Perform assessment: 2 days
- Identify performance gaps: 1 day

**Site strengthening: 2 weeks (minimum)**

**Monitoring/Followup: 6 months**

- Weekly check-in by SA/S technical advisor to monitor progress on action plans (this can be done by phone, email, fax)
- Monthly on site visit by SA/S technical advisor

If site assessment and site strengthening must be done in two visits, it is preferable that the time between them be not more than one month. Ideally, the same SA/S technical advisor will conduct both visits. It is preferable that the same internal team that conducted the assessment also perform the site strengthening.

## WHAT TOOLS ARE USED FOR SITE ASSESSMENT AND STRENGTHENING

The MNH Program has developed a set of tools for use in antenatal and postpartum clinic, labor and birth area, inpatient postpartum/newborn area, and operating theatre that includes:

- Facility assessment tools to evaluate basic infrastructure, equipment and supplies, medications, and
- Service provision assessment tools that use competency-based clinical skills checklists to measure clinical skills or other observable behaviors relative to a predetermined standard.

The tools focus on facility infrastructure and the knowledge, attitudes, and skills of providers in delivery of EMNC. They are based on international standards and establish the baseline of actual performance (see **Chapter 2** and **Part 2** of this toolkit).

TWO

# DEFINING DESIRED PERFORMANCE[3]

## INTRODUCTION

Standards of desired performance represent goals to reach for, and can guide people in their day-to-day work, helping the staff and the facility become the best that they can be.

One of the most important tasks of a technical advisor is to help staff understand and use performance standards to deliver high-quality EMNC services. Performance standards describe what the facility and staff should be achieving. With standards, staff can measure the actual state of the facility as well as staff performance and continually work to improve the quality of EMNC.

Performance standards should be both evidence-based (i.e., founded on scientific information) and relevant to the community (e.g., standards for waiting time and client satisfaction).

## DEFINING PERFORMANCE STANDARDS

### Why Define Performance Standards?

Performance standards guide staff in **how** they are expected to perform. Standards can be defined for service provision: "Adequate client assessment and care are provided to clients attending antenatal clinic," and for systems or the physical structure: "The physical environment, equipment and supplies are adequate for providing antenatal and postpartum outpatient care."

Performance standards define what is expected—what staff members are working toward. They set a clear and achievable target against which to measure progress. For example, if the performance standard states: "All clients will be greeted and treated kindly and with respect," but interviews reveal that clients believe that they are not treated with respect, then there is a performance gap. Involving staff members in defining performance standards and agreeing on what steps and activities are necessary to achieve the standards ensures that they know what to do and gives them a sense of pride and ownership in their work.

[3] For information on Defining Desired Performance and setting performance standards, see Garrison, K et al. 2004. *Supervising Healthcare Services: Improving the performance of people*. JHPIEGO: Baltimore, MD.

## Resources for Defining Performance Standards

The MNH Program defined clinical and nonclinical EMNC performance standards based on the following reference manuals:

- WHO Integrated Management of Pregnancy and Childbirth (IMPAC) series:
  - Managing Complications of Pregnancy and Childbirth
  - Managing Newborn Problems
- JHPIEGO/MNH Program *Basic Maternal and Newborn Care: A Guide for Skilled Providers*
- JHPIEGO *Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources*

These manuals are evidence-based and were developed by international experts in the field. The site assessment tools presented in Part 2 of this manual are based on these reference manuals and list the indicators or criteria for international standards of EMNC. **Figure 2-1** presents a page from two of the tools for the antenatal and postpartum clinic (*Equipment and Supplies* and *Service Provision*).

Other sources for performance standards are national service delivery guidelines[4] and job descriptions. It may be necessary for the technical advisor to review these sources in order to adapt the SA/S tools to the specific facility being visited.

When adapting assessment tools, make sure not to compromise the scientific principles upon which the standard is based. For example, do not change diagnostic criteria or globally-accepted clinical management practices. Providers should be given the information necessary to understand why time-honored practices might need to be changed based on available scientific evidence.

It is recognized, however, that adaptation of the standards will occur based on the national or local situation. For example, if magnesium sulfate is not available to clinical sites through usual logistic channels, it cannot be expected that this medication will be used as the first-line treatment for eclampsia (see **Figure 2-2** for another example of an adaptation).

[4] In some countries, guidelines for provision of services comprise several different documents such as a service standards document, a document on service protocols and procedures, and a service plan, and may be known by these other terms or as "service delivery guidelines."

**Figure 2-1. Sample SA/S Tools**

## SITE ASSESSMENT TOOL FOR EMERGENCY TROLLEY
### EQUIPMENT, SUPPLIES, AND DRUGS

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate equipment, supplies, and drugs are readily available for providing care to a woman or newborn experiencing an obstetrical or neonatal emergency.

| EQUIPMENT/SUPPLIES/ DRUGS | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **EMERGENCY TROLLEY MEDICATIONS** | | | | | | | | | | | |
| Adrenaline | | | | | | | | | | | |
| Aminophylline | | | | | | | | | | | |
| Atropine sulfate | | | | | | | | | | | |
| Calcium gluconate | | | | | | | | | | | |
| Diphenhydramine | | | | | | | | | | | |
| Ephedrine | | | | | | | | | | | |
| Lidocaine 0.5% (or 1% - 2% + sterile water or normal saline) | | | | | | | | | | | |
| Magnesium sulfate | | | | | | | | | | | |
| Naloxone (for L&D and OT) | | | | | | | | | | | |
| Promethazine | | | | | | | | | | | |
| Uterotonics (Oxytocin/ergometrine/syntometrine to be kept refrigerated) Misoprostol | | | | | | | | | | | |

*1* *Site Assessment and Strengthening for Maternal and Newborn Health Programs*
*Emergency Trolley*

## PART B: SERVICE PROVISION
### (order of individual tasks/activities may vary)

In order to complete this form, observe as many service providers and service provision situations as possible. There is space to record up to five observations; use additional forms if necessary. The more observations made, the more accurate the data.

Place a "√" in the "Performed" box if task/activity is performed satisfactorily, an "X" if it is not performed satisfactorily, or "N/O" if not observed.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate client assessment and care are provided to clients attending Antenatal clinic.
STANDARD: Adequate client assessment and care are provided to clients attending Postpartum clinic.

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **GENERAL SERVICE PROVISION** | | | | | | |
| 1. Before assessment, prepare exam area, equipment, supplies, and record forms. | | | | | | |
| 2. Wash and dry hands or apply antiseptic handrub. | | | | | | |
| 3. Throughout assessment and care provision, provide woman-centered care. | | | | | | |
| • Greet the woman with kindness and respect | | | | | | |
| • Introduce self | | | | | | |
| • Encourage the woman to have a support person present during the visit if she desires | | | | | | |
| • Encourage the woman (and support person) to ask questions | | | | | | |
| • Answer questions appropriately | | | | | | |
| • Explain all procedures before performing | | | | | | |

*Site Assessment and Strengthening for Maternal and Newborn Health Programs* *7*
*Antenatal Care and Postpartum Clinics*

**Figure 2-2. Adapting an International Standard to the National Situation**

**Example: Adapting an International Standard to the National Situation**

**International performance standard**
During antenatal care, all women should be counseled about nutrition.

**Country-specific adaptations**
In a country in Asia where vitamin A deficiency is widespread, the national standard may specify that on the first antenatal visit, all women should be counseled to eat foods rich in vitamin A such as mangos, carrots, or green, leafy vegetables.

OR

In a mountainous region where iodine deficiency is common (e.g., the Andean countries of South America), the national standard may state that women receiving antenatal care should be counseled to use iodized salt and foods rich in iodine.

THREE

# ASSESSING THE SITE

## INTRODUCTION

The technical advisor and key staff members will use the SA/S tools to assess the actual performance of the facility, the systems that make the facility work (e.g., logistics, client flow, record keeping), and the people working within those systems.

Assessment is an ongoing process that helps staff to identify gaps, acquire new ideas on how to do things better, gauge clinical skills of providers, and monitor administrative systems.

Assessment results can be used to:

- Guide and support staff in how to perform their work so that it is consistent with standards
- Identify which clinic services meet standards and which need improvement
- Educate staff about needed improvements, thus empowering and motivating them to provide high-quality services.

## WHAT TO ASSESS

The SA/S tools presented in Part 2 address various aspects of EMNC services, including:

- **Facility infrastructure**—does the facility have the physical capacity to provide care that meets standards?
- **Clinical practices**—do clinical practices meet performance standards that have been set?
- **Interaction between clients and providers**—is communication between the clients and providers respectful and mutually satisfying?
- **Management of stock**—are the essential supplies available and accessible when needed?
- **Record keeping**—are the records being completed thoroughly and consistently?

It is not necessary to be an expert in all aspects to be able to assess them. For example, a clinician does not have to become an expert in management of stock to be able to assess the availability of certain medications.

## CONDUCT ASSESSMENT

The technical advisor will meet first with institutional stakeholders to explain the purpose of the SA/S visit; gain their agreement, cooperation, and input; and identify internal assessment team members. Assessment team members should be experienced individuals from each area being assessed. These individuals should be in positions that will enable them to continue this work when the SA/S technical advisor leaves (e.g., midwife, obstetrician, pediatrician, housekeeper, administrator).

Next, the SA/S technical advisor and assessment team (referred to hereafter as "the SA/S team") will review and adapt the tools, and ensure that everyone has the same understanding of the standards and the criteria for meeting the standards. In a large facility, the team will break into smaller groups, each of which will work in a specific area, such as the labor and birth ward. In each area being assessed, the assigned team will meet with staff members, tour the physical structure, observe clinical practice, and review cases with the staff to assess how services are functioning.

### Meet with Staff

In meetings with staff, ask how current clinical services compare with standards established for the facility. It is important to develop an atmosphere of trust so that the team can ask staff to examine the services honestly, identify gaps, and make suggestions for addressing these gaps. Ask for examples of accomplishments and successes as well as examples of problems; find out reasons for both successes and difficulties. It is important not to assign blame when difficulties and gaps in service provision are discussed. You may prefer to conduct individual interviews to allow those reluctant to speak up at staff meetings to share their opinions and ideas.

**Tour the physical structure –** First walk through the area to gain a general impression of the layout, number of clients and providers, flow of traffic, lighting, cleanliness, etc. Then, conduct a detailed assessment of the area using the appropriate site assessment tool.

### Observe Clinical Practices

One of the best ways of finding out whether clinical services are meeting specific performance standards is to observe staff in action. Before undertaking these observations, make sure that all staff in the clinical area know that an assessment is taking place and the reasons for it, are introduced to the assessment team, and know that they will be informed of the overall assessment results. Providers and clients who are observed should give their consent before the observation begins. The team should refrain from giving feedback during the observation and should tell providers that overall results will be discussed with them individually.

### Case Reviews

An excellent way to find out if standards are being met is by reviewing cases. Case reviews are discussions with the staff about the management of a client or group of clients. The supervisor and staff look at the staff's actions and decisions. The review may include a discussion of the client's condition and the management of that condition to see if the management conforms to established performance standards. The team may also choose to review all clients who have had a particular treatment in a specific time period. For example, a review of the records of all clients having had a cesarean section during the past month would give the team an opportunity to determine whether cesarean section was the appropriate case management, and what might have been done to improve the treatment the client received. Or, records and partographs of randomly selected clients could be reviewed to ensure that the partograph was being used consistently as a decision-making tool. Case reviews are also valuable for rarely observed events, such as postpartum hemorrhage, to evaluate maternal outcomes and possible gaps in identification and treatment of such emergencies. Case reviews are not costly, but facilitating the review effectively requires that the facility keep detailed records. Analyzing these records with staff requires knowledge of the area being reviewed, such as use of the partograph.

## REVIEW RECORDS AND REPORTS

The technical advisor can also use records and reports from the facility to assess and improve the facility's performance. For example, quarterly reports, stock cards, labor and delivery records, and antenatal care logbooks can provide some indication of what is happening to women who come to give birth at the facility. **Table 3-1** provides several examples of how records and reports can be used to show gaps or successes and determine the need for action.

**Table 3-1. Examples of Using Records and Reports to Assess Facility Performance and Quality of Services**

| WHERE DO YOU LOOK? | WHAT DO YOU FIND? | WHAT MIGHT IT TELL YOU? | HOW MIGHT YOU USE THIS INFORMATION? |
|---|---|---|---|
| Outpatient attendance register | Number of women receiving tetanus toxoid vaccination during pregnancy | Availability of tetanus toxoid;<br>Effectiveness of history-taking during ANC;<br>Whether there is disruption in the logistic systems that supplies vaccines | To budget for vaccine, syringes; (e.g., costs for keeping inventory at correct levels);<br>To assess the demand for ANC services at the clinic and whether it is increasing;<br>To assess the need for additional staffing or staff training;<br>To assess the need for community outreach/ education efforts |
| Emergency admissions register | Number of women requiring care for postpartum hemorrhage | Source of referrals (e.g., other facilities, traditional birth attendants);<br>Need for instruction on appropriate management of labor, birth, and postpartum care by other facilities or unskilled attendants | To ensure that the inventory of emergency equipment, supplies and medication is sufficient;<br>To assess the need for staff training;<br>To analyze the effectiveness of community outreach/ education efforts |
| Labor/birth record and partograph | Number of labors and births managed appropriately using the partograph | Whether the percentage of operative interventions for childbirth is too high, too low, or about right;<br>Need for technical update and clinical practice about use of partograph by providers | To plan inservice training and supervised clinical practice for staff on use of partograph |

FOUR

# FINDING ROOT CAUSES

## INTRODUCTION

When an assessment reveals gaps between actual performance and desired performance, the team should determine **why** the gaps exist (i.e., the root cause) before attempting to close the gap.

**"Quick Fixes"**
Many gaps in performance can be solved quickly, without any "analysis" about why they exist. Once staff members are aware of what they are supposed to do, based on the standards and criteria outlined in the SA/S tools, behavior begins changing immediately. It is important to encourage this kind of behavior. It creates momentum for working on the more complex gaps and empowers staff to change their performance and improve the quality of services provided without extensive interventions and resources.

## FINDING OUT THE CAUSES OF POOR PERFORMANCE

After the team has completed the site assessment, they will meet together to review the completed SA/S tools and identify performance gaps. Every criterion marked as a "No" must be addressed.

It is recommended that, where possible, staff is included in the process of identifying root causes of performance gaps in order to gain insight from those working in specific clinical areas on a day-to-day basis as well as to establish a sense of ownership in the process. The gap should be looked at on many levels to show the true, and often multiple, root causes. Only then can effective interventions (courses of action) be identified and implemented. Finding the root causes of a gap helps staff to see the true gap more clearly. Throughout this process, it is essential that the team and staff members be objective in their examination of root causes; it is not appropriate to blame others or engage in personal attacks.

There are several techniques that can help staff do this. One such technique is "brainstorming."

The purpose of **brainstorming** is to generate a list of ideas, suggestions, or solutions focusing on a specific topic, issue, or problem. Brainstorming is a useful technique for communicating in a team setting, and for making decisions and solving problems being addressed in a meeting. Brainstorming stimulates creativity and is often used with a group discussion.

Brainstorming with staff can be used to examine why a gap exists. (See Appendix A for more information on brainstorming.) A second technique is the "why-why" method, and a third is "guided discussion" (or interviews) about important performance factors.

### Why-Why Method

"Why" questions always look for the root cause. Asking three to five "why" questions increases the chance of finding the actual cause of the problem rather than just the problem.

**Example**:

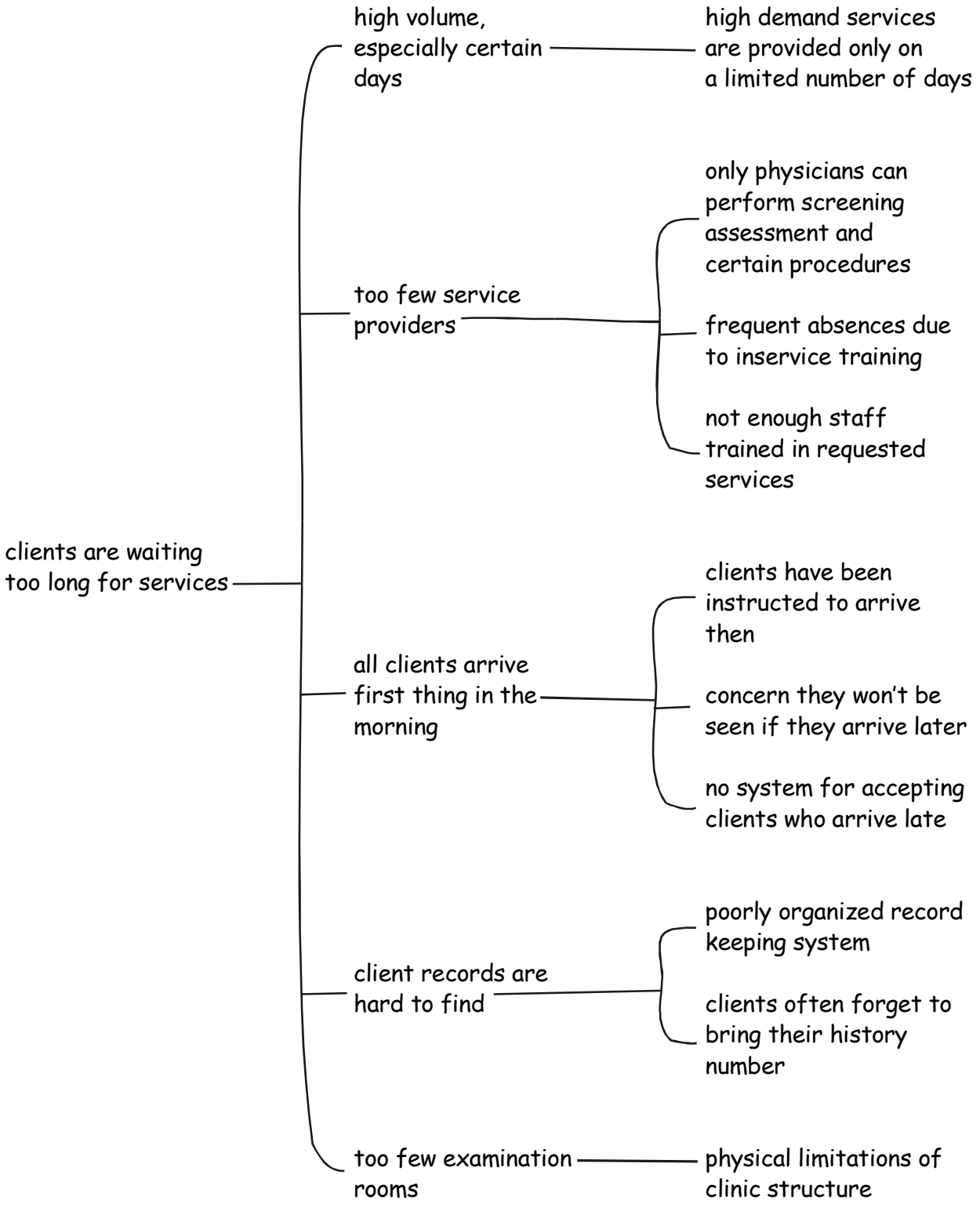
Identified problem: The community and clients complain that they have to wait a long time for services.

Start by asking: "Why are clients waiting too long for services?" Answers might include the following:

> *"There is a high volume of clients, especially on certain days."*
> *"There are too few service providers."*
> *"All clients arrive first thing in the morning."*
> *"Client records are hard to find."*
> *"There are too few examination rooms."*

Use a "why-why diagram"—also called a "fishbone diagram" or "why-why tree"—to help further identify the root cause of the gap. **Figure 4-1** is an example of a why-why diagram used to determine why waiting time is too long.

**Figure 4-1. Why-Why Diagram of Waiting Time**



To create a why-why diagram, follow these simple steps:

**STEP 1** State the problem on the left side of the paper.

**STEP 2** To the right of the problem, list the causes of the problem that were identified by asking the question "Why?"

**STEP 3** For each of the causes, again ask the question "Why" and list the responses to the right of each cause.

**STEP 4** Continue this process until you have enough details to identify the cause or causes.

Select the causes that can be realistically acted on. Sometimes in the why-why process, causes are identified that are too difficult for you and your staff to deal with (e.g., problems like poverty and drought). Before moving on to the next step, eliminate those causes that nothing can realistically be done about.

## Using Key Performance Factors

The technical advisor and facility team should consider key factors known to affect performance when finding root causes. For example, before deciding that staff training is needed for improving provider-client interaction, it would be wise to make sure the staff know that welcoming, helpful, informative, and respectful provider-client interaction is expected at all times. Sometimes just discussing with people what is expected of them can result in the performance the team is seeking. **Sample 4-1** offers a discussion guide that can be used with the team to examine root causes by focusing on the following performance factors:

**Job Expectations.** Do staff members know what is expected of them? Sometimes the only thing needed is to make expectations clear to staff. This alone can have an impact on performance.

**Performance Feedback.** Do staff members know how they are performing? Have you or others told them? They need to be given feedback and encouragement to continue to perform well or to improve their performance.

**Facilities, Equipment, and Supplies.** Do staff members have the tools, equipment, or supplies needed to perform to standard?

**Motivation.** Are staff members motivated? Recognition and rewards for performing well can increase motivation. Recognition of staff not performing well also affects motivation.

**Organizational Support.** Does the management staff encourage and support good performance? Is there a vision for high performance? Do organizational policies allow performance to improve, or are there policies in place that prevent improvement (e.g., if only doctors are allowed to utilize oxytocin for active management of third stage of labor, it is not possible to offer this procedure to every woman at the time of birth).

**Knowledge and Skills.** Do staff members know **how** to do their jobs? They need to be appropriately trained. Then they should receive continuing education courses or training, as needed, to maintain their skills and acquire new ones.

**Client and Community Focus.** Are staff members focused on the needs, desires, culture, and observations of the surrounding community? Do they seek the opinions and ideas of community members? Do they respond to them?

## SAMPLE 4-1

# DISCUSSION GUIDE FOR EXAMINING ROOT CAUSES OF PERFORMANCE GAPS BY CONSIDERING PERFORMANCE FACTORS[5]

**Instructions:** In addition to asking "why" performance gaps occur, the team can ask more directed questions related to the known performance factors. Direct questions help to get at the root causes of performance gaps. Here is a questioning guide that the team can use to probe into the causes of poor performance. **Note**: The questions in this guide are for example only. They should be adapted to the realities of each healthcare facility.

### Job Expectations

- Do people know what they are supposed to do?
- Are there policies, norms, and protocols in place?
- If we asked people what is expected of them, would they be able to tell us?
- Are the policies, norms, and protocols accessible and used by staff?

### Performance Feedback

- Do people know when they are not meeting standards?
- If we asked one of the workers how s/he is performing in comparison with standards, would s/he know?
- How is feedback about performance given? How often?

### Facilities, Equipment, and Supplies

- Do they have the tools they need to do the job?
  - Do they have supplies?
  - How is the re-supply system organized?
  - Do they have the needed equipment?
  - Is there adequate furniture?
  - Do they have vehicles, if needed?

- Does the environment within which they work enable them to perform in the desired manner?
  - Is there adequate space, and space for privacy?
  - Is there electricity?
  - Is there water?
  - Is there adequate storage?
- Are there physical obstacles or barriers to achieving desired performance? What costs are associated with them (e.g., petrol, maintenance, etc.)?

[5] *Adapted from*: Luoma M et al. 1999. *Reproductive Health Performance Improvement Source Document*. Version 2.0. Intrah/PRIME II: Chapel Hill, NC. Available online at http://www.prime2.org/pi/sst/index.html#.

**Motivation**

- Are there any rewards for practicing the desired performance?
  - If people do a good job, what happens? Anything? Does their work life get better or worse somehow?
  - How do people get recognition for their work?
  - How/when are incentives/rewards given?
  - What do people think about the existing incentive systems? (e.g., Do they have knowledge of such systems? What is their level of satisfaction? Are they motivated by the incentives for the desired behavior?)
- Are there any consequences for not practicing desired performance?
- Do people value desired performance? Do they see a reason to perform in the desired fashion?
- Do workers feel "listened to" by supervisors or others in authority?

**Organizational Support**

- How is the organization for provision of services structured? How does the structure help people get work done? How does it get in the way?
- Do people have the authority to do what they are supposed to do? Are they supported by their supervisors to engage in the desired performance?
- How are problems solved? (Ask for examples.)
- How is quality determined and measured?
- Are there circumstances that prevent people from doing what they are supposed to do? Do they have enough time? Is the workload too heavy?
- Are there any organizational processes that prevent effective work (e.g., a complicated clearance process that delays key supplies or tools or decisions needlessly, an entry process for clients that treats them badly or takes a long time)?
- How well do people understand the goals of how services are provided? Are strategies developed and communicated to achieve these goals? Does performance represent the goals and strategies? Does the strategy actually lead to the fulfillment of the goals?
- How are decisions made? Who makes them? How well does the decision-making process appear to work? How much say do people closest to the work have in making decisions? How decentralized is the decision making? Who can make decisions about spending money? Who else is involved? How does this affect the provision of services?
- Who makes decisions about budget items? Do people contribute to budget decisions? Can they influence decisions in ways that will help them get their work done?

**Knowledge and Skills**

- Does staff know how to do what they are expected to do?
- Would people do their job correctly if you offered them a large amount of money to do so? (If the answer is yes, then they know how, and it is not a skill and knowledge issue.)
- Do they **ever** perform as desired?

- What kind of prior training have they had that relates to how well they do their job? Was that training effective?
- What is the inservice training policy? If there is one, does it actually work as described? How well does it work in keeping people up-to-date with the skills and knowledge they need to do their job?
- Are there job aids available to remind people to perform as desired?
- What could future training do to fill in skill and knowledge needs?

**Client and Community Focus**

- Is the community aware that the services are being offered? If so, how do they know?
- Is each service being provided in demand?
- How do the community members view the service being offered? (Do they have access to other healthcare providers so that they can make comparisons?)
- Have community members typically gone elsewhere for these services?
- Are there any barriers to accessing the services (cultural, transport, time, cost, provider attitude, etc.)?

FIVE

# SELECTING AND IMPLEMENTING INTERVENTIONS

## INTRODUCTION

Once a gap between desired and actual performance has been identified, and the causes of that gap (i.e., the root causes) have been analyzed, the team can begin to work together to close the gap, and thereby improve performance and the quality of services being provided. Some gaps (e.g., technical, clinic organization) can be solved at the facility. Others (e.g., movement of supplies, resources) may have to be addressed at the district, regional, or central levels. The supervisor plays a critical role in effecting change both at the facility and within the healthcare system. The staff and community members also must be involved to make these improvements happen.

## MATCHING INTERVENTIONS TO ROOT CAUSES

The interventions selected must respond to the root causes. For example:

- If you find that obstetric complications are not managed properly and you determine the reason is that staff lacks the knowledge and skills to manage obstetric complications, you might decide that training in these skills is needed.
- If you discover that members of the cleaning staff are not using good infection prevention practices because they have never been told what to do, you will want to focus first on creating clearer job expectations (maybe including detailed job aids).
- If staff are not providing iron and folate in the antenatal care clinic or not performing active management of the third stage of labor and you find that the reason is because the facility lacks the medications and supplies needed, you will need to work with the supply system to avoid future stockouts.

There are many interventions that can be planned to improve performance. However, the team must know the root cause in order to select the appropriate intervention or interventions. Usually a combination of interventions will be needed to make a difference. When the root cause of the performance gap is found, the intervention becomes more obvious. **Table 5-1** provides some examples of how to select interventions to match root causes of performance gaps.

**Table 5-1. Moving from Root Cause to Interventions**

| If the ROOT CAUSE appears to be: | Then consider the following INTERVENTIONS: |
|---|---|
| Lack of information on expectations:<br>No clear job expectations | Let staff know what is expected of them:<br>Write clear job descriptions.<br>Clarify job expectations with individual staff members.<br>Make written protocols based on standards available and accessible.<br>Make written norms for the job available and accessible.<br>Make sure standards are accessible and understood.<br>Create performance objectives. |
| Lack of information on performance:<br>No clear, immediate performance feedback<br>Staff are unaware that they are not performing to standard | Provide clear feedback on work performance, as soon as possible after the performance. For example:<br>Regularly post client satisfaction data.<br>Provide information about adherence to a client-staff interaction checklist.<br>Verbally tell staff members how they are doing compared with what is expected of them.<br>Establish or improve an effective feedback or appraisal system. |
| Lack of skills and knowledge:<br>Lack of skills and knowledge essential for the job<br>Skills and knowledge not regularly updated<br>Difficulty among staff in remembering tasks and sequencing | Provide training and learning activities and opportunities. For example:<br>Job aids<br>Instructional manuals<br>Self-study modules<br>On-the-job training<br>Peer training<br>Workshops<br>Training courses |
| Lack of clear role of the community in ongoing administration:<br>Poor opinion of clinic services by community members<br>Poor opinion of community by healthcare providers and other staff | Provide opportunities for community members and staff members to interact in a meaningful way:<br>Create a formal forum for community-staff interaction.<br>Invite community members to serve on clinic committees. |
| Lack of information within the community:<br>Community does not understand its rights<br>Community does not understand its responsibilities to the healthcare facility | Provide opportunities for interaction with the community to:<br>Discuss national standards and guidelines for provision of services.<br>Discuss how the community can assist the facility to provide better care. |

| If the ROOT CAUSE appears to be: | Then consider the following INTERVENTIONS: |
|---|---|
| Poor work environment or tools:<br>Lack of adequate supplies and equipment to provide consistently high-quality services<br>Physical facility not structured for meeting standards (e.g., no privacy for clients)<br>Inefficient movement of clients through the clinic | Provide the environment, tools, and supplies necessary to do the job. For example:<br>Improve the logistics system (e.g., empower people in charge to advocate for necessary supplies).<br>Redesign system of client intake and movement through the system.<br>Improve physical facility (e.g., private space for counseling, adequate lighting system, painting, and cleaning).<br>Use cost recovery money or a community fund to buy supplies until arrival from the central stores. |
| Lack of incentives for doing good work:<br>Staff are not meaningfully rewarded for doing things correctly, or they do not think the reward system is fair. | Provide incentives based on performing up to standard. For example:<br>Redesign system of incentives and consequences to reward appropriate practices (this can be done informally as well as formally).<br>Tell staff “good job” for good performance.<br>Provide access to training or other staff development activities.<br>Give an “employee of the week or month” award.<br>Recognize staff publicly in a newsletter or newspaper.<br>Make a notation on staff member’s employment record.<br>Provide small incentives (e.g., tea at tea breaks). |
| Lack of organizational support | Provide organizational support, which may require any of the following:<br>Review and work with administration to rewrite mission statements.<br>Restructure the facility.<br>Restructure the reporting relationship between staff and management. |

## DEFINING YOUR RESOURCES

As the team begins selecting interventions to find solutions to the root causes of gaps, encourage them to focus on what **does** work well. Avoid concentrating only on what does not work. This approach will help the team keep a positive attitude. It will also provide ideas for interventions that might be successful and ideas for strengths that can be built upon. Sometimes, focusing only on problems can lead to a sense of hopelessness. Instead, you want to create an atmosphere in which the team is positive and hopeful about changes that they can make.

### Identifying Assets

One useful technique is to take an inventory of all of the resources and positive things that exist in the facility and community. For example, these could include:

- Qualified clinical staff
- Dedicated support staff
- Positive relations with community members
- Knowledge of evidence-based practices, such as the partograph
- Vehicles that can be used to transport emergency cases
- Motivated mothers who want the best for their children
- Strong community leadership

By focusing with the team on the things that are working well, you will find many resources existing in your facility and community that can help improve staff performance and the quality of services. This gives people a sense of hope, and also identifies already existing resources that you can draw upon when designing interventions, rather than assuming that all courses of action will require new resources.

### Learn from an Individual or Facility That Meets Expectations

See if you can find a "role model," a person or a nearby facility that has an excellent reputation. If you find one, go there and talk to the people; try to find out what makes them so good. If there are elements that can be replicated at the facility, do so. This may be a way to improve performance at the facility, because these elements have already been proven to be effective elsewhere.

## SETTING PRIORITIES

Usually there will be a number of interventions needed when trying to improve performance. The team should work with the facility stakeholders and community, if appropriate, to determine which courses of action will be culturally acceptable to all stakeholders. Because not all interventions can be implemented at once, priorities must be set. The staff, clients, and other community members must decide which interventions are the most important, which should be acted on first, and which should not be attempted at all. Potential costs and benefits of all proposed interventions should be weighed carefully. In determining priorities, consider the following:

- **Resource allocation.** Is the intervention affordable? Do the necessary resources exist to follow through with this intervention? If so, are there resources to maintain it? Are there other ways to act on this intervention that might cost less?
- **Feasibility.** Are systems in place to support this intervention? Is it realistic? How long will it take to mobilize the resources to get it done? How many other people or groups of people need to be involved to get it done?
- **Acceptability by administration.** Will the facility administration and staff agree with and support the intervention? Did they suggest the intervention? Are they aware of what is being proposed?

Using these points, the team can consider each proposed intervention. This process will help determine which interventions will be most effective and should therefore be acted on first. (**Sample 5-1** provides a tool for how to put possible interventions in order of priority.)

## MOVING FROM INTERVENTIONS TO SPECIFIC ACTIONS

A simple tool to use when planning, carrying out, and monitoring an intervention is an **action plan**. An action plan lists:

- all planned activities,
- the date by which they will be accomplished,
- the resources they will require,
- the person or people responsible for carrying them out, and
- the methods that will be used to measure success.

An action plan should be developed for each performance gap. In creating an action plan, it is important to define the measurable goal or objective that is expected as a result of the actions to be taken (e.g.,

increase the use of active management of the third stage of labor for all vaginal births). It is also important to decide how to measure success before implementing the actions. Consider what documentation and data collection will be needed. Consider whether the action can be observed. Direct observation could also measure success.

> The key to a successful action plan is attention to detail. Team members must be extremely detail-oriented in thinking through the entire process needed for an intervention. For example, a plan to motivate staff to wash their hands before and after each client contact cannot be limited to the activity "Ensure that soap or an antiseptic handrub is available in each care area." The plan must encompass the details of how funding will be obtained to ensure ongoing supply of soap, as well as details of how staff will be trained in correct handwashing practices.

The team should be divided into smaller groups depending on the number of gaps to be addressed/interventions to be undertaken. Dividing into smaller groups enables everyone to participate in the process and have ownership. More importantly, no one feels overwhelmed by having too much to do.

Membership in these smaller teams will be determined by the intervention—if the focus is on infection prevention, housekeeping staff should participate; if the focus is on stock of oxytocin, pharmacists should participate, etc.

Completed action plans should be shared with the entire team to make sure that key tasks are included, that important activities are not overlooked, and that any adjustments necessary are made. Examples of adjustments made at this point include modifying the timeline because a task is completed prior to its deadline, or because a constraint has been identified that the group needs more time to address.

Staff members who contribute to developing and reviewing action plans are more likely to be committed to carrying it out than staff who simply receive action plans that were developed by their supervisors. Involve the staff in monitoring the progress toward the measurable goals that they helped to set. Having participated in developing an action plan, staff members feel a sense of ownership in the final plan and, as a result, will take on more responsibility and be more enthusiastic in carrying out their work. **Sample 5-2** at the end of this chapter is a table that shows the key elements that should be included in an action plan. **Table 5-2** is an example of a completed action plan.

**Tips for Rapid Implementation**

- Start every day with a team meeting to review progress and plan any assistance needed.
- Report to stakeholders (e.g., administrative support staff) weekly. If they know what the problems are, they are better able to help solve them.
- Show achievements and progress to stakeholders, including the community.
- Community health committees or mothers' groups are good resources to help solve problems of inventory shortages, such as sewing blankets to wrap newborns in, or to raise money through community efforts to purchase a flashlight for the clinic.
- Conduct informal staff training (e.g., washing hands, use of the partograph) for 2 hours every morning.
- The SA/S technical advisor has to work side-by-side with facility staff in actual implementation throughout the process. This means that the advisor is scrubbing walls, cleaning latrines, going to the market to buy chlorine, etc. This work "in the trenches" is an important element of role-modeling and mentoring.
- Be creative! Remember that there are simple, feasible, and low technology solutions to address most performance gaps. For example, in sites where there is no running water members of the community can assist in filling buckets equipped with taps on a daily basis so that providers are able to wash their hands throughout the day.

During the implementation process, the SA/S technical advisor will be a coach, a mentor, and most importantly, will gradually become a facilitator rather than the leader. This is the time when the advisor should begin to turn responsibility for action plan implementation over to her/his facility counterpart—the person who will continue to lead the SA/S and PQI process in the future.

**Table 5-2. Completed Action Plan**

**PERFORMANCE GAP:** Active management of the third stage of labor (AMTSL is not being performed routinely for all vaginal births).

**ROOT CAUSES TO BE ADDRESSED**: Staff not trained in active management of third stage of labor; insufficient oxytocin on labor ward for use in every birth.

**ACTION PLAN GOAL**: Offer active management of the third stage of labor to all women having vaginal births

**FACILITY**: Mercy Hospital

| ACTIVITY | WHO DOES IT? | RESOURCES NEEDED | DATE NEEDED | HOW TO MONITOR THE ACTIVITY | RESULT AND HOW TO MEASURE |
|---|---|---|---|---|---|
| Obtain BMNC learning resource[a] package and anatomic model | Sister-in-charge | Copy machine in administrator's office<br>5 reams of paper | 15 September 2004 | Sister-in-charge has enough copies of presentation graphics and skills checklists to carry out staff training<br>Anatomic model is delivered to facility | 95% of vaginal births will be managed with AMTSL |
| Conduct ½ day training for all staff on AMTSL<br>• evidence basis<br>• description<br>• demonstration<br>• practice on anatomic models | Sister-in-charge and senior nurse/ midwife | Copies of teaching materials and checklists<br>Anatomic models<br>Room for training | 30 September 2004 | By the end of the training session all staff can competently perform AMTSL on an anatomic model using a checklist | |
| Coach staff in labor and birth ward as they perform AMSTL with clients using checklist | Sister-in-charge and senior nurse/ midwife | Copies of AMTSL checklist | 30 October 2004 | All staff competently perform AMSTL on clients using a checklist in the labor and birth ward | |

[a] The BMNC learning resource package is based on and intended for use with the JHPIEGO/MNH Program reference manual *Basic Maternal and Newborn Care: A Guide for Skilled Providers* (see References for full citation).

| ACTIVITY | WHO DOES IT? | RESOURCES NEEDED | DATE NEEDED | HOW TO MONITOR THE ACTIVITY | RESULT AND HOW TO MEASURE |
|---|---|---|---|---|---|
| Increase stock of oxytocin and syringes in labor and birth ward | Senior sister-in-charge | Pharmacy stock requisitions; Funding to be furnished by hospital administration | 1 October 2004 | Providers have access to oxytocin and syringes in the labor ward for every vaginal birth | |
| Change birth register to include column for AMTSL | Senior nurse/ midwife | Rulers and pens | 1 October 2004 | Providers correctly place information in birth register about use of AMTSL;<br>Sister-in-charge is gathering data weekly about use of AMTSL | |
| Plan regular assessments of providers to ensure correct use of AMTSL in all births | Senior nurse/midwife | Skills checklists One hour per day on regular basis to observe providers at random | 31 December 2004 | 95% of providers are correctly performing AMTSL with 95% of their clients and documenting in the birth register | |

## OTHER CONSIDERATIONS IN SELECTING AND IMPLEMENTING INTERVENTIONS

### Finding Additional Support

The technical advisor and facility team will be able to initiate all of part of one or more action plans. However, the facility team will be responsible for continuing implementation after the technical advisor has departed. It is often necessary for the team to seek additional support for interventions and be ready to manage the changes that are occurring.

A crucial question when selecting interventions is: who will pay for them or provide materials and services? It is widely believed that quality is expensive and that often there are not enough resources to pay for it, especially in countries with scarce resources for basic health services.

Resources are not only financial. There are other types of resources such as equipment, supplies, and labor that can also be mobilized to support your intervention. Try to find resources that will help you and the staff improve the quality of services. Potential sources include:

- **Central and regional government.** This is usually the most important resource but often the hardest to access. In some countries, government resources for health are based on need and specific indicators (e.g., population density, average income). Efforts to improve services can attract the attention of government officials, who may be willing to give additional resources for these efforts. Still, support from central and regional government is not enough by itself.

- **Local governments.** Local governments have a role to play, specifically in countries trying to decentralize and reform health services. The push from central to local control is a relatively new development; many local governments are not experienced in using available health resources. Local authorities may be more willing to give funds to support facilities that are meeting expectations, and may see that high-quality health services and satisfied clients can strengthen their position in the community. Depending on resources and budgets, local governments can support construction and improvement of primary care facilities, and provision of additional staff, equipment, and supplies not provided by the central level.

- **Private industry and commerce.** In some places, private businesses are willing to provide funding and other resources to support specific healthcare services or prevention programs. For example, they may pay for part or all of the equipment that is needed. In return, they may want to see their business name or logo shown as a sponsor of the goods or service. It gives them more visibility in the community and can help them market their products and services. Company programs for employees and company outreach healthcare programs

are a good example—particularly related to HIV/AIDS. Private industry has a vested interest in the health of its employees, which depends on good healthcare and preventive healthcare campaigns.

- **Community organizations.** The community can help in many ways. Volunteers can provide free labor to improve the clinic building or environment. Community members can actively support promotional or educational activities. There may be local groups that are interested in service work; some have made important contributions to global health activities. These groups can provide support at the local level for specific items or activities at the clinic. For example, secondary school students have proven resourceful in educational and consciousness-raising health programs in communities.

- **Clients/Community members.** Community members can be mobilized to help with a variety of needs in the clinic. For example, they can help keep the clinic clean and in proper order. In some cases, clients support the clinic by paying for part or all of the services they receive. This can increase client expectations for high quality services and also increase their commitment to their health.

- **Staff.** Resources may already be available at the facility but need modification, organization, or rearrangement by the staff (e.g., to ensure privacy, the organization of the waiting areas needs to change). Working with their supervisors, staff members may be able to make many of the necessary changes that will result in improved services.

To have the best chance of obtaining resources from these sources, you need to clearly present:

- the benefits that their support will bring to the community;
- the benefits for the donors (e.g., public image, better services); and
- systems that show where the donors' contribution has gone, how it is being used, and (in the case of goods) how it is being protected from theft or damage.

**SAMPLE 5-1**

# PRIORITY SETTING: SCORING AND RANKING ALTERNATIVE INTERVENTIONS

**Purpose**

The purpose of this exercise is to provide a practical method for facilitating decision-making in a group by scoring how desirable the different possible interventions are, based on a set of criteria generated by the group. This exercise should be used when various interventions for improving performance have been identified, and the group is trying to determine which intervention(s) should be implemented first.

**Time**

1½ –2 hours

**Stakeholders**

A mixed group of stakeholders including those who identified the interventions in the first place and those who will be responsible for carrying them out (e.g., healthcare providers, community members, project staff, etc.).

**Materials Needed**

- Large pieces of paper (flipchart size)
- Colored markers
- Tape or glue
- Ruler (optional)

**Procedure**

**STEP 1** Hold a brainstorming discussion with the group to review the various courses of action (interventions) that have been identified to improve performance. Discuss the strengths, weaknesses, advantages, and disadvantages of each.

**STEP 2** Have the group identify criteria for examining the strengths and weaknesses of different interventions. For example:

- Is the intervention **feasible** (i.e., can it realistically be carried out)?
- What are the **financial costs** (i.e., can the costs be covered)?
- What is involved in terms of **time and human resources**?
- Is the intervention **acceptable** to the culture of the staff and community?

**STEP 3** Use a large piece of paper to create a scoring matrix. Write the criteria in rows along the left axis of a table. Across the columns at the top of the matrix, write the different interventions being considered. (See the table below for an example.)

**Possible Interventions to Solve the Problem of Improper Handwashing**

| | TRAINING PROVIDERS | INSTALLING RUNNING WATER | IMPROVING CLEAN WATER STORAGE | IMPROVING SUPPLY OF SOAP AND TOWELS |
|---|---|---|---|---|
| Feasibility | 6 | 2 | 7 | 7 |
| Cost | 4 | 2 | 7 | 6 |
| Time and Resources | 5 | 2 | 7 | 8 |
| Acceptability | 7 | 6 | 4 | 5 |
| **Total Score** | **22** | **12** | **25** | **26** |
| **Rank** | **3** | **4** | **2** | **1** |

**STEP 4** If the group is small, have participants stay together as a single group. If the group is large, break into smaller groups of five to seven people.

> **Note**: If the large group has a mix of people from different backgrounds and perspectives, group together people who have something in common (e.g., similar backgrounds or perspectives).

Have the group(s) copy the table you created. Instruct the group(s) to fill in each box with a score of 1–10, with one being the lowest (most negative) score and 10 being the highest (most positive). In the example above, "Training" received a score of 6 in the "Feasibility" category and a 4 in the "Cost" category. This means that the group felt that training was a fairly feasible intervention although it could be costly. Have them assign numbers based on group consensus.

The scoring and ranking procedures provide a mathematical way to reach a common decision about the most appropriate intervention. Individual scores can help the group compare interventions for a specific criterion, and for all criteria when the scores are added together.

It is important to define the criteria. In the table above, for example, the cost to improve water storage is low and resources are available. Therefore, the group gave the intervention a high individual score in the cost category because it is cost-efficient.

When all scores for an intervention are added together, the total score for each intervention can be ranked. The highest total score is ranked with a "1," which means it may be the most appropriate intervention. Facilitators and participants should understand that this technique is meant only to aid decision-making. This approach can indicate group priorities, but the scores need to be interpreted and discussed (e.g., a high score for feasibility versus a high score for cost). Limitations to each intervention should

also be explored. When it is difficult for the group to reach consensus on scoring, or if the scores are close, re-examine the criteria individually to see if some are more important than others.

> **Note**: Some criteria may be more or less important than others and can be weighted if needed. For example, if the feasibility of an intervention is considered twice as important as whether it is low in cost, the score for feasibility could be multiplied by two.

**STEP 5** Bring everyone together and have the smaller groups report out their results, explaining the issues they considered when assigning numbers. If the different groups came up with different priorities, repeat the exercise as a large group and try to achieve some consensus on scoring.

**SAMPLE 5-2**

## ACTION PLAN

**PERFORMANCE GAP**: _____

**ROOT CAUSES TO BE ADDRESSED:** _____

**ACTION PLAN GOAL**: _____

**FACILITY**: _____

| ACTIVITY | WHO DOES IT? | RESOURCES NEEDED | DATE NEEDED | HOW TO MONITOR THE ACTIVITY | RESULT AND HOW TO MEASURE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SIX

# MONITORING AND EVALUATING PERFORMANCE

## INTRODUCTION

It is important to know whether or not the actions the team has taken and the changes made have had the intended result. In other words, did the interventions help close performance gaps, and has this led to an improvement in the quality of services being delivered? This can only be determined by monitoring activities at the facility and this monitoring should be a responsibility of the facility-based team (with initial mentoring and support by the SA/S technical advisor). If the team finds that interventions are not bringing actual performance closer to the standards you have set, they will need to repeat the cycle of identifying the gap, analyzing root causes, and selecting and implementing different interventions. This is a natural cycle for improving performance and quality, slowly but surely.

## MONITORING PERFORMANCE

**Chapter 1** introduced a diagram of the performance and quality improvement process (see page **3**). Notice that the process does not stop once interventions to improve quality and performance have been implemented. Rather, implementing interventions is linked back to finding out how the facility is performing through the important step of monitoring.

Monitoring is a very natural process. You do it every day. For example, if you decide to take a new route to work in the morning because you think it can save you time, you will probably look at how much time it took to get to work before and after you changed your route. If you find that the new route is faster, you are likely to use that route instead of the old one. You wouldn't think of changing routes and **not** noting whether the change had an impact on what time you arrived at work.

**Monitoring** is the use of assessment tools (as referred to in **Chapter 3**) to measure the performance of the organization, person, or specific intervention in order to:

- make improvements or changes by identifying those aspects that are working according to plan and those that are in need of midcourse corrections[6], and
- track progress toward the performance standards that were set.

[6] *Source*: Bertrand J et al. 1996. *Evaluating Family Planning Programs*. USAID Contract Number: DPE-3060-C-00-1054-00.

The SA/S team is more concerned with day-to-day monitoring of performance and quality than with formal data gathering and analysis.

## TOOLS FOR MONITORING

The kind of monitoring that the SA/S team will conduct should come very easily and naturally because they already have all of the tools that they need. They were presented in **Chapter 2** (setting performance standards), **Chapter 3** (assessment methods) and **Chapter 5** (the action plan).

Simply put, monitoring is a **process for finding out whether the changes the team intended to achieve have in fact been achieved**. The team knows what changes they intended to achieve based on the standards defined for clinical procedures and support systems.

The second part of monitoring is finding out if the intended changes are occurring. Again, the team has the tools to do this. They can use one or more of the ways to assess performance presented in **Chapter 3** to see how things are working at the facility, if progress is being made, if change is taking place, and if that change is positive.

The team should develop the monitoring plan, starting from the beginning with the initial stages of defining the gap and selecting interventions. They should then use some combination of the assessment methods **on an ongoing basis** to continually monitor performance at your facility. It is very important to understand that assessment is an ongoing process.

The diagram of the performance and quality improvement process shows monitoring and evaluation connecting back to several steps in the process. This is because change can occur as soon as the team starts to work to make improvements. The impact of that change should be monitored throughout the process. The team cannot wait until the end to see if there has been any change in performance. Just working to identify strengths or root causes of problems can have a positive or negative impact on performance. This is why the team needs to put in place a continual assessment process. If the team does not **continually** assess performance and quality at the facility, they will never know if the situation is improving and what is making it improve.

The action plan presented in **Chapter 5** (see **Table 5-2** and **Sample 5-2**) can serve as a very practical tool for monitoring specific activities that you are undertaking. The action plan has a column for "Result and How to Measure," which prompts the team to define how they will know if actions are having real results.

## EVALUATION

Evaluation refers to the measurement of **how much** things have changed because of the intervention(s) implemented. It is usually an external process with people from outside the facility coming in and assessing services. Because there are many factors that cause things to change, a formal evaluation tries to demonstrate **how much** a specific intervention contributed to the change. It is important to keep in mind that evaluations are usually:

- formal assessments,
- implemented by a person or a group of people who are objective and external to the program,
- resource-intensive, and
- carried out when someone has to demonstrate **how much** the situation has changed because of the intervention(s).

# PART TWO:

# SITE ASSESSMENT AND STRENGTHENING TOOLS

# SITE ASSESSMENT TOOL FOR EMERGENCY TROLLEY

## EQUIPMENT, SUPPLIES, AND DRUGS

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate equipment, supplies, and drugs are readily available for providing care to a woman or newborn experiencing an obstetrical or neonatal emergency.

| EQUIPMENT/SUPPLIES/ DRUGS | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **EMERGENCY TROLLEY MEDICATIONS** | | | | | | | | | | | |
| Adrenaline | | | | | | | | | | | |
| Aminophylline | | | | | | | | | | | |
| Atropine sulfate | | | | | | | | | | | |
| Calcium gluconate | | | | | | | | | | | |
| Diphenhydramine | | | | | | | | | | | |
| Ephedrine | | | | | | | | | | | |
| Lidocaine 0.5% (or 1% - 2% + sterile water or normal saline) | | | | | | | | | | | |
| Magnesium sulfate | | | | | | | | | | | |
| Naloxone (for L&D and OT) | | | | | | | | | | | |
| Promethazine | | | | | | | | | | | |
| Uterotonics (Oxytocin/ergometrine/syntometrine to be kept refrigerated) Misoprostol | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES/ DRUGS | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **EMERGENCY TROLLEY INSTRUMENTS AND SUPPLIES** (instruments and supplies available on emergency trolley are considered "present" in area) | | | | | | | | | | | |
| Gloves – exam and HLD or sterile | | | | | | | | | | | |
| Needles, syringes | | | | | | | | | | | |
| Scissors | | | | | | | | | | | |
| Tape | | | | | | | | | | | |
| Stethoscope | | | | | | | | | | | |
| Blood pressure apparatus | | | | | | | | | | | |
| IV supplies:<br>• Large-bore IV needle or cannula (16 gauge)<br>• IV solutions (Ringer's lactate, normal saline, glucose)<br>• IV tubing<br>• IV administration sets | | | | | | | | | | | |
| Supplies for drawing blood:<br>• Tourniquets<br>• Syringes and needles<br>• Tubes<br>• Labels | | | | | | | | | | | |
| Blood administration sets | | | | | | | | | | | |
| Urinary catheters (single-use or processed and reused):<br>• Straight<br>• Foley with drainage bag | | | | | | | | | | | |
| Ambu bag and mask, adult | | | | | | | | | | | |
| Ambu bag and mask, neonatal (size 0 and 1) | | | | | | | | | | | |

# SITE ASSESSMENT TOOL FOR ANTENATAL CARE AND POSTPARTUM CLINICS

## BASIC INFORMATION

**Instructions to Assessor:** Complete this form, and those that follow (Part A, Part B) by observing services, reviewing clinic records and logbooks, and talking with appropriate staff members. To accurately assess equipment, instruments, supplies, and services, you must inspect and observe them. Be sure to record your comments and any other relevant information collected during the assessment in the spaces provided.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

Review log books for the past 6 months and record findings below:

- Number of days per week clients are seen: _____
- Average number of antenatal clients seen daily: _____
- Average number of postpartum clients seen daily: _____
- Are family planning services offered? YES_____ NO_____
- If yes, which methods are offered:
  - ❑ Condoms
  - ❑ Injectables, combined estrogen/progestin
  - ❑ Injectables, progestin-only
  - ❑ IUD: ❑ Copper T 380A ❑ Progestasert
  - ❑ Lactational amenorrhea method (LAM)
  - ❑ Natural family planning methods
  - ❑ Pills, combined estrogen/progestin
  - ❑ Pills, progestin-only
  - ❑ Spermicides
  - ❑ Tubal occlusion
  - ❑ Vasectomy
- Average number of midwives staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of auxiliary midwives/nurses staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of nurses staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- Number of physicians staffing the clinic each day?_____
- To what facility (or facilities) are clients with complications referred? _____
- Is client satisfaction being assessed? YES_____ NO_____

  If "Yes," how is client satisfaction being assessed? _____

  _____

  _____

# PART A: EQUIPMENT AND SUPPLIES

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: The physical environment, equipment, and supplies are adequate for providing antenatal and postpartum outpatient care.

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Facility** | | | | | | | | | | | |
| Covered waiting area with adequate seating | | | | | | | | | | | |
| Examination area that provides privacy | | | | | | | | | | | |
| Reliable source of clean/running water | | | | | | | | | | | |
| Clean toilets/latrines | | | | | | | | | | | |
| Laboratory facilities to test for:<br>• Hemoglobin/hematocrit<br>• Syphilis<br>• HIV<br>• Blood group and Rh | | | | | | | | | | | |
| **Equipment, Instruments, and Supplies** | | | | | | | | | | | |
| Examination table or bed with washable plastic cover | | | | | | | | | | | |
| Chairs for client, her support person(s), and provider | | | | | | | | | | | |
| Writing surface, such as desk, table, or clipboard | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Refrigerator or cold box (for storage of drugs and vaccines) | | | | | | | | | | | |
| Light source (lamp or hand torch) | | | | | | | | | | | |
| Watch or clock with second hand that can be seen easily | | | | | | | | | | | |
| Table or other surface for equipment and supplies (clean and conveniently located) | | | | | | | | | | | |
| Blood pressure cuff | | | | | | | | | | | |
| Stethoscope, adult | | | | | | | | | | | |
| Stethoscope, fetal (specify type) | | | | | | | | | | | |
| Thermometer: oral/axillary | | | | | | | | | | | |
| Vaginal specula (small, medium, large) | | | | | | | | | | | |
| Measuring tape | | | | | | | | | | | |
| Gestational age calculator or calendar | | | | | | | | | | | |
| Drape or blanket to cover the woman | | | | | | | | | | | |
| Pillow (recommended but optional) | | | | | | | | | | | |
| Alcohol/Betadine/Savlon (circle any available) | | | | | | | | | | | |
| Gloves<br>• Exam<br>• HLD or sterile | | | | | | | | | | | |
| Needles and syringes | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Urine dipsticks for protein, glucose (circle all that apply) | | | | | | | | | | | |
| **Infection Prevention** | | | | | | | | | | | |
| Autoclave/boiler/steamer | | | | | | | | | | | |
| Plastic bucket with 0.5% chlorine solution for decontamination | | | | | | | | | | | |
| Covered, separate receptacles for soiled linens, medical waste, and nonmedical waste | | | | | | | | | | | |
| Alcohol, Betadine, Savlon (circle all that apply) | | | | | | | | | | | |
| Boiled, cooled water stored in HLD container with lid | | | | | | | | | | | |
| Chlorine for making decontamination solution | | | | | | | | | | | |
| Brush for cleaning instruments | | | | | | | | | | | |
| Sterile or high-level disinfected container for storing instruments (if not packaged) | | | | | | | | | | | |
| Clean, dry area for storage | | | | | | | | | | | |
| Puncture-proof container for sharps disposal | | | | | | | | | | | |
| Single use (personal) towels | | | | | | | | | | | |
| Soap or alcohol-based antiseptic handrub at all sinks | | | | | | | | | | | |
| Gloves, utility | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Records and forms** | | | | | | | | | | | |
| Clinic cards | | | | | | | | | | | |
| Register or logbook | | | | | | | | | | | |
| Charts to be kept by the facility or provider | | | | | | | | | | | |
| Referral forms | | | | | | | | | | | |
| Immunization cards:<br>• For mother<br>• For newborn | | | | | | | | | | | |
| Pens | | | | | | | | | | | |
| **Drugs/Medications** | | | | | | | | | | | |
| Analgesic<br>• Paracetamol (acetaminophen) | | | | | | | | | | | |
| Nutritional supplements<br>• Iron and folate<br>• Vitamin A (in areas endemic for vitamin A deficiency only)<br>• Iodine (in areas endemic for iodine deficiency only) | | | | | | | | | | | |
| Antibiotics<br>• Amoxicillin<br>• Ampicillin<br>• Benzathine penicillin or benzylpenicillin<br>• Cloxacillin<br>• Erythromycin<br>• Gentamicin<br>• Metronidazole<br>• Trimethoprim/sulfamethoxazole | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Anti-helminthics (in hookworm-endemic areas only)<br>• Albendazole<br>• Mebendazole | | | | | | | | | | | |
| Anti-malarials (in malaria-endemic areas only)<br>• Chloroquine<br>• Sulfadoxine-pyrimethamine | | | | | | | | | | | |
| Antiretroviral therapy<br>• Zidovudine (AZT)<br>• Nevirapine (NVP)<br>• Lamivudine (3TC) | | | | | | | | | | | |
| Contraceptives:<br>• Combined estrogen/progestin pills<br>• Condoms<br>• Injectables<br>• IUD: Copper T 380A or Progestasert<br>• Norplant implants<br>• Progestin-only pills<br>• Spermicides | | | | | | | | | | | |
| Vaccines:<br>• BCG<br>• Hepatitis B<br>• Polio<br>• Tetanus toxoid | | | | | | | | | | | |

## PART B: SERVICE PROVISION
### (order of individual tasks/activities may vary)

In order to complete this form, observe as many service providers and service provision situations as possible. There is space to record up to five observations; use additional forms if necessary. The more observations made, the more accurate the data.

Place a "√" in the "Performed" box if task/activity is performed satisfactorily, an "X" if it is not performed satisfactorily, or "N/O" if not observed.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate client assessment and care are provided to clients attending Antenatal clinic.
STANDARD: Adequate client assessment and care are provided to clients attending Postpartum clinic.

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **GENERAL SERVICE PROVISION** | | | | | | |
| 1. Before assessment, prepare exam area, equipment, supplies, and record forms. | | | | | | |
| 2. Wash and dry hands or apply antiseptic handrub. | | | | | | |
| 3. Throughout assessment and care provision, provide woman-centered care. | | | | | | |
| • Greet the woman with kindness and respect | | | | | | |
| • Introduce self | | | | | | |
| • Encourage the woman to have a support person present during the visit if she desires | | | | | | |
| • Encourage the woman (and support person) to ask questions | | | | | | |
| • Answer questions appropriately | | | | | | |
| • Explain all procedures before performing | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **CLIENT ASSESSMENT IN ANTENATAL CLINIC** | | | | | | |
| 1. Confirm that woman has undergone Quick Check. | | | | | | |
| • If not, perform Quick Check: Observe for/ask the woman if she is in advanced labor; or now has or has had severe headache/blurred vision, convulsions/loss of consciousness, breathing difficulty, fever, vaginal bleeding, severe abdominal pain, foul-smelling discharge/fluid from vagina | | | | | | |
| • If "Yes" to any of the above, initiate the designated emergency response procedures and begin appropriate treatment and/or referral | | | | | | |
| 2. Take a thorough history at first visit, and interval history at subsequent visits as appropriate: | | | | | | |
| • Obtain personal information, including number of pregnancies and births; access to reliable transportation; family's sources of income, any problem or concern; care she may have received from another caregiver during this pregnancy | | | | | | |
| • Obtain a menstrual and contraceptive history, including family planning plans; ask about her LMP and calculate gestational age | | | | | | |
| • Ask about current pregnancy including if she has felt the baby move | | | | | | |
| • Ask about daily habits and lifestyle, including workload, dietary habits, use of potentially harmful substances, history of violence or abuse | | | | | | |
| • Ask if she had any problems during a previous pregnancy or during/following childbirth | | | | | | |
| • Ask about HIV status, anemia, chronic illnesses or hospitalizations | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • Ask if she is taking drugs/medications | | | | | | |
| • Ask if she has had a complete series of TT immunizations and when she had her last booster shot | | | | | | |
| 3. Perform the following examinations: | | | | | | |
| • Assess her general well-being and check her conjunctiva | | | | | | |
| • Measure her blood pressure | | | | | | |
| • Visually inspect breasts and nipples | | | | | | |
| • Perform abdominal examination as appropriate for gestational age:<br>– fundal height<br>– fetal heart rate<br>– lie and presentation | | | | | | |
| • Wash and dry hands and put gloves on both hands. | | | | | | |
| • Inspect external genitalia for lesions, discharge, tenderness, scars, inflammation | | | | | | |
| • Remove gloves and discard them in leakproof container, if disposing, or decontaminate them in 0.5% chlorine solution if reusing; wash and dry hands or apply antiseptic handrub | | | | | | |
| 4. Perform tests as appropriate:<br>• Hemoglobin or hematocrit<br>• RPR (or VDRL)<br>• HIV (after appropriate counseling)<br>• Blood group and Rh<br>• Urine for glucose (if area with high prevalence of diabetes/gestational diabetes) and protein (if diastolic BP > 90 mm Hg) | | | | | | |
| 5. Dispose of sharps in puncture-proof container immediately after use. | | | | | | |
| **CARE PROVISION IN ANTENATAL CARE CLINIC** | | | | | | |
| 1. Determine need for consultation or referral and take appropriate action. | | | | | | |
| 2. Advise woman of all findings and conclusions. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 3. Provide appropriate treatment/prophylaxis:<br>– Iron/folate<br>– TT based on woman's need<br>– Intermittent preventive treatment for malaria if indicated<br>– Vitamin A supplementation if indicated<br>– Iodine supplementation if indicated | | | | | | |
| 4. Discuss birth preparedness and complication readiness plans, including danger signs and appropriate action. | | | | | | |
| 5. Discuss healthy self-care behaviors:<br>– Infection prevention/hygiene<br>– Safer sex<br>– Early and exclusive breastfeeding<br>– Family planning | | | | | | |
| 6. Give next appointment. | | | | | | |
| 7. Thank the woman for coming to the clinic. | | | | | | |
| 8. Document all findings, treatment, and counseling in ANC card and/or chart. | | | | | | |
| 9. Decontaminate all reusable instruments in 0.5% chlorine solution. | | | | | | |
| 10. Dispose of contaminated waste in leakproof container. | | | | | | |
| 11. Wipe exam table with 0.5% chlorine solution. | | | | | | |
| **CLIENT ASSESSMENT IN POSTPARTUM CLINIC** | | | | | | |
| 1. Confirm that woman has undergone Quick Check. | | | | | | |
| • If not, perform Quick Check: Observe for/ask the woman if she now has or has had severe headache/blurred vision, convulsions/loss of consciousness, breathing difficulty, fever, vaginal bleeding, severe abdominal pain, foul-smelling discharge/fluid from vagina, pain in calf, hallucinations | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • If "Yes," to any of the above, initiate the designated emergency response procedures and begin appropriate treatment and/or referral | | | | | | |
| 2. Take a thorough history at first visit, and interval history at subsequent visits as appropriate: | | | | | | |
| • Obtain personal information, including access to transportation, family's sources of income, any problems or concerns, and any care she has received from another caregiver since her baby was born | | | | | | |
| • Ask about daily habits and lifestyle, including workload, dietary habits, use of potentially harmful substances, history of violence or abuse | | | | | | |
| • Ask about color and amount of lochia, the pregnancy and birth and whether there were any complications with the birth or the baby | | | | | | |
| • Ask if she has had any problems since giving birth, including bleeding, bowel or bladder function, color and amount of vaginal discharge | | | | | | |
| • Ask how she is feeling about the baby, whether she and her family are adjusting to the baby, and if there are any problems with breastfeeding | | | | | | |
| • Ask if she has had problems/complications during a previous postpartum period | | | | | | |
| • Ask about family planning plans, including method preference | | | | | | |
| • Obtain a medical history, including HIV status; anemia, syphilis, chronic illness, and current medication usage | | | | | | |
| • Ask if she has had a complete series of TT immunizations and when she had her last booster shot | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 3. Perform the following examinations: | | | | | | |
| • Assess her general well-being, and check her conjunctiva | | | | | | |
| • Measure her temperature, pulse and blood pressure | | | | | | |
| • Palpate abdomen to determine:<br>• size and firmness, and any tenderness, of uterus | | | | | | |
| • Inspect legs for pain or tenderness | | | | | | |
| • Wash and dry hands or use antiseptic handrub and put gloves on both hands | | | | | | |
| • Examine perineum and genitalia for signs of trauma or infection | | | | | | |
| • Remove gloves and discard them in leakproof container, if disposing, or decontaminate them in 0.5% chlorine solution if reusing; wash and dry hands or apply antiseptic handrub | | | | | | |
| 4. Perform tests as indicated, including<br>– HIV<br>– Hematocrit/hemoglobin<br>– Urine for protein (if diastolic BP >90 mm Hg) | | | | | | |
| 5. Dispose of all sharps in puncture-proof container. | | | | | | |
| **CARE PROVISION IN POSTPARTUM CLINIC** | | | | | | |
| 1. Determine need for consultation or referral and take appropriate action. | | | | | | |
| 2. Advise woman of all findings and conclusions. | | | | | | |
| 3. Provide appropriate treatment based on findings. | | | | | | |
| 4. Provide appropriate treatment/prophylaxis:<br>– Iron/folate<br>– TT based on woman's need<br>– Vitamin A supplementation if indicated | | | | | | |
| 5. Counsel concerning breastfeeding as appropriate. | | | | | | |
| 6. Counsel the woman about the method of family planning that she has chosen, if applicable. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 7. Discuss complication readiness plan for herself and her newborn, including danger signs and what to do if they occur. | | | | | | |
| 8. Give next appointment, if needed. | | | | | | |
| 9. Thank the woman for coming to the clinic. | | | | | | |
| 10. Record all actions, findings, treatment, and counseling in postpartum card and/or chart. | | | | | | |
| 11. Decontaminate all reusable instruments in 0.5% chlorine solution.. | | | | | | |
| 12. Wipe exam table with 0.5% chlorine solution. | | | | | | |
| 13. Dispose of contaminated waste in leakproof container. | | | | | | |

# SITE ASSESSMENT TOOL FOR LABOR AND BIRTH AREA

## BASIC INFORMATION

**Instructions to Assessor:** Complete this form, and those that follow (Part A, Part B) by observing services, reviewing clinic records and logbooks, and talking with appropriate staff members. To accurately assess equipment, instruments, supplies, and services, you must inspect and observe them. Be sure to record your comments and any other relevant information collected during the assessment in the spaces provided.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

Review log books for the past 6 months and record findings below:

- Average number of **total** births **(vaginal + Cesarean)** monthly: _____
- Average number of **spontaneous vaginal births** monthly: _____
- Average number of **vacuum-assisted births** monthly: _____
- Average number of **forceps-assisted births** monthly: _____
- Average number of **Cesarean births** monthly: _____
- Average number of midwives staffing the labor and birth area on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of auxiliary midwives/nurses staffing the labor and birth area on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of nurses staffing the labor and birth area on each shift:

  Days _____ Evenings _____ Nights _____
- Number of obstetricians at this facility? _____
- Is an obstetrician **immediately available 7 days per week, 24 hours per day**?

  _____YES _____NO
- Is there a functioning operating theater **7 days per week, 24 hours per day**?

  _____YES _____NO
- If "Yes," is an anesthetist **immediately available 7 days per week, 24 hours per day**?

  _____YES _____NO
- Are blood transfusions available **7 days per week, 24 hours per day**?

  _____YES _____NO

# PART A: EQUIPMENT AND SUPPLIES

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: The physical environment, equipment, and supplies are adequate for providing labor and childbirth care.

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Facility** | | | | | | | | | | | |
| Partitions or curtains that provide privacy | | | | | | | | | | | |
| Reliable source of clean/running water (sink with faucet or bucket with tap) | | | | | | | | | | | |
| Clean toilets/latrines | | | | | | | | | | | |
| Laboratory facilities to test for:<br>• Hemoglobin/hematocrit<br>• Syphilis<br>• HIV<br>• Blood group and Rh | | | | | | | | | | | |
| **Equipment, Instruments, and Supplies** | | | | | | | | | | | |
| Examination table or bed with washable plastic cover | | | | | | | | | | | |
| Chair for support person (Recommended but optional) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Writing surface such as desk, table, or clipboard | | | | | | | | | | | |
| Refrigerator or cold box (for storage of drugs and vaccines) | | | | | | | | | | | |
| Light source (lamp or hand torch) | | | | | | | | | | | |
| Radiant warmer/heating lamp | | | | | | | | | | | |
| Watch or clock with second hand that can be seen easily | | | | | | | | | | | |
| Blood pressure cuff | | | | | | | | | | | |
| Adult stethoscope | | | | | | | | | | | |
| Fetoscope<br>• Pinard<br>• Electronic/Doppler | | | | | | | | | | | |
| Ambu bag and mask, adult | | | | | | | | | | | |
| Ambu bag and mask, neonatal (size 0 and 1) | | | | | | | | | | | |
| Oxygen source (portable cylinder or central wall supply):<br>• Mask or nasal cannula<br>• Tubing<br>• Flow meter | | | | | | | | | | | |
| Thermometer (oral/axillary) | | | | | | | | | | | |
| Vaginal specula (small, medium, large) | | | | | | | | | | | |
| Obstetric forceps | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Vacuum extractor:<br>• Cup size(s) and type<br>• Tubing<br>• Suction bottle | | | | | | | | | | | |
| Scale (newborn) | | | | | | | | | | | |
| Measuring tape | | | | | | | | | | | |
| Gestational age calculator or calendar | | | | | | | | | | | |
| Drape or blanket to cover woman | | | | | | | | | | | |
| Pillow (recommended but optional) | | | | | | | | | | | |
| Gloves :<br>• Exam<br>• HLD or sterile | | | | | | | | | | | |
| Needles, syringes | | | | | | | | | | | |
| IV supplies:<br>• IV needles or cannulas<br>• IV solutions - Ringer's lactate, normal saline, glucose (circle all that apply)<br>• IV tubing/administration sets | | | | | | | | | | | |
| Urinary catheters (single use or processed and reused):<br>• Straight<br>• Foley with drainage bag | | | | | | | | | | | |
| Urine dipsticks: protein, glucose (circle all that apply) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Instrument Set for Birth** (covered in high-level disinfected container or double wrap) Inspect one kit. | | | | | | | | | | | |
| Blanket for wrapping the newborn | | | | | | | | | | | |
| Two blankets and/or towels for drying the newborn | | | | | | | | | | | |
| Two cloths or drapes | | | | | | | | | | | |
| Cord ties or clamp | | | | | | | | | | | |
| Episiotomy scissors | | | | | | | | | | | |
| Gauze/cotton wool | | | | | | | | | | | |
| High-level disinfected or sterile surgical gloves (not inside kit) | | | | | | | | | | | |
| Kelly clamps (or similar) (2) | | | | | | | | | | | |
| Scissors (for cutting umbilical cord) | | | | | | | | | | | |
| Suction apparatus (preferably DeLee or other single-use device) | | | | | | | | | | | |
| Other (indicate additional equipment available in the birth kits at this institution) | | | | | | | | | | | |
| **Episiotomy Repair Set** | | | | | | | | | | | |
| Gauze | | | | | | | | | | | |
| Needle holder | | | | | | | | | | | |
| Pick-ups/dissecting forceps | | | | | | | | | | | |
| Suture needles (indicate sizes and types of needles available) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Suture scissors | | | | | | | | | | | |
| Suture (e.g., absorbable catgut, chromic) | | | | | | | | | | | |
| **Infection Prevention Equipment and Supplies** | | | | | | | | | | | |
| Autoclave/boiler/steamer | | | | | | | | | | | |
| Plastic container for 0.5% chlorine solution for decontamination | | | | | | | | | | | |
| Container for rinsing instruments | | | | | | | | | | | |
| Separate covered, leakproof receptacles for soiled linen, medical waste, and nonmedical waste | | | | | | | | | | | |
| Alcohol/Betadine/Savlon (circle all that apply) | | | | | | | | | | | |
| Boiled, cooled water stored in HLD container with lid | | | | | | | | | | | |
| Chlorine for making decontamination solution | | | | | | | | | | | |
| Brush for cleaning instruments | | | | | | | | | | | |
| Sterile or HLD container for storing instruments (if not packaged) | | | | | | | | | | | |
| Clean, dry area for storage | | | | | | | | | | | |
| Plastic aprons/cover gowns | | | | | | | | | | | |
| Protective eyewear (face shields, goggles) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Protective footwear (boots/closed toe shoes) | | | | | | | | | | | |
| Puncture-proof container for sharps disposal | | | | | | | | | | | |
| Single (personal) use hand towel | | | | | | | | | | | |
| Soap at all sinks or antiseptic handrub | | | | | | | | | | | |
| Utility or heavy-duty household gloves for cleaning | | | | | | | | | | | |
| **Records and Forms** | | | | | | | | | | | |
| Appropriate documentation sheets for narrative notes, facility records, etc. | | | | | | | | | | | |
| Delivery log or register | | | | | | | | | | | |
| Referral forms | | | | | | | | | | | |
| Partograph forms | | | | | | | | | | | |
| Pens | | | | | | | | | | | |
| **Drugs/Medications** | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Analgesic<br>• Paracetamol (acetaminophen) | | | | | | | | | | | |
| Antibiotics<br>• Amoxicillin<br>• Ampicillin<br>• Benzathine penicillin or benzylpenicillin<br>• Cloxacillin<br>• Erythromycin<br>• Gentamicin<br>• Metronidazole<br>• Trimethoprim/ sulfamethoxazole | | | | | | | | | | | |
| Antiretroviral therapy<br>• Zidovudine (AZT) – IV, tablet, syrup<br>• Nevirapine (NVP) – tablet and syrup<br>• Lamivudine (3TC) – tablet and syrup | | | | | | | | | | | |
| Vaccines:<br>• BCG<br>• Hepatitis B<br>• Polio<br>• Tetanus toxoid | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Uterotonics<br>• Oxytocin<br>• Ergometrine, methylergometrine, or syntometrine<br>• Misoprostol | | | | | | | | | | | |

## PART B: SERVICE PROVISION
### (order of individual tasks/activities may vary)

In order to complete this form, observe as many service providers and service provision situations as possible. There is space to record up to five observations; use additional forms if necessary. The more observations made, the more accurate the data.

Place a "√" in the "Performed" box if task/activity is performed satisfactorily, an "X" if it is not performed satisfactorily, or "N/O" if not observed.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate client assessment and care are provided to clients during labor and birth.

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **INITIAL CLIENT ASSESSMENT** | | | | | | |
| 1. Before assessment, prepare exam area, equipment, supplies, and record forms. | | | | | | |
| 2. Wash and dry hands or apply antiseptic handrub. | | | | | | |
| 3. Throughout labor and birth, provide woman- and newborn-friendly care: | | | | | | |
| • Treat the woman with kindness and respect | | | | | | |
| • Introduce self | | | | | | |
| • Respect the woman's privacy throughout labor<br>– Use drapes appropriately<br>– Use curtains or partitions to provide privacy | | | | | | |
| • Encourage the woman (and support person) to ask questions | | | | | | |
| • Answer questions correctly | | | | | | |
| • Explain all procedures and examinations before performing | | | | | | |
| 4. Confirm that woman has undergone Quick Check. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • If not, perform Quick Check: Observe for/ask the woman if she is in advanced labor, or now has or has had severe headache/blurred vision, convulsions/loss of consciousness, breathing difficulty, fever, vaginal bleeding, severe abdominal pain, foul-smelling discharge/fluid from vagina | | | | | | |
| • If "Yes" to any of the above, initiate the designated emergency response procedures and begin appropriate treatment and/or referral | | | | | | |
| 5. Take a thorough history (ask woman and/or obtain information from antenatal card): | | | | | | |
| • Obtain personal information, including number of pregnancies and births; any problem or concern; care she may have received from another caregiver since labor began | | | | | | |
| • Ask about LMP; calculate gestational age | | | | | | |
| • Ask about the current pregnancy, including if membranes have ruptured and when; when regular contractions began and how frequent; if she has felt fetal movement | | | | | | |
| • Ask about previous pregnancies and childbirths, including surgery or complications during previous pregnancy or childbirth | | | | | | |
| • Ask about HIV status, anemia, chronic illnesses, or hospitalizations, and whether she is taking drugs/medications | | | | | | |
| 6. Perform the following examinations: | | | | | | |
| • Assess general well-being and check conjunctiva | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • Measure:<br>– Respirations<br>– Pulse<br>– Temperature<br>– Blood pressure | | | | | | |
| • Inspect breasts (if urgency of situation and level of distress allows) | | | | | | |
| • Perform abdominal examination:<br>– fundal height<br>– fetal heart rate<br>– presentation/lie<br>– descent<br>– contractions (frequency and duration) | | | | | | |
| • Wash and dry hands or use antiseptic handrub and put gloves on both hands | | | | | | |
| • Perform vaginal examination:<br>– dilation<br>– membranes/amniotic fluid<br>– presentation<br>– molding | | | | | | |
| 7. Determine need for consultation or referral and take appropriate action. | | | | | | |
| 8. Advise woman of all findings and conclusions. | | | | | | |
| 9. Appropriately record information on the partograph (if cervix is 4 cm or more); appropriately document data about latent phase labor in progress notes | | | | | | |
| **CARE DURING LABOR** | | | | | | |
| 1. Ensure a clean labor and birth area. | | | | | | |
| 2. Wash hands before and after every contact with the woman. | | | | | | |
| 3. Encourage woman to empty her bladder during labor (Use catheter only when medically indicated). | | | | | | |
| 4. Encourage fluids/food throughout labor. | | | | | | |
| 5. Encourage/assist the woman to ambulate and assume different positions throughout labor. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 6. Monitor maternal and fetal well-being according to partograph guidelines. | | | | | | |
| 7. Before birth: | | | | | | |
| • Set sterile or high-level disinfected birth kit at bedside | | | | | | |
| • Prepare necessary drugs: oxytocin 10 IU IM | | | | | | |
| • Prepare newborn resuscitation equipment and check that it works (DeLee suction or suction machine/tubing; ambu bag and mask; oxygen, tubing, and mask) | | | | | | |
| 8. Ensure all infection prevention measures are in place and observed:<br>• Wear waterproof apron, protective footwear, protective eye wear<br>• Wash hands before and after examinations or client contact<br>• Wear gloves for all examinations<br>• Be sure that decontamination solution, contaminated waste receptacle and puncture proof sharps container are easily accessible | | | | | | |
| **CARE DURING BIRTH** | | | | | | |
| 1. Explain all procedures/interventions to the woman and her support person . | | | | | | |
| 2. Encourage pushing only when the woman has the urge to do so. | | | | | | |
| 3. Encourage rest between contractions/pushes. | | | | | | |
| 4. Provide continuous oral hydration as tolerated/desired. | | | | | | |
| 5. With crowning, place clean cloth on the woman's abdomen and under her buttocks | | | | | | |
| 6. Conduct a controlled, safe birth | | | | | | |
| 7. Perform episiotomy only if indicated | | | | | | |
| • Advise the woman before performing an episiotomy | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • Use correct episiotomy technique, including appropriate local anesthesia | | | | | | |
| 8. Note the time of birth | | | | | | |
| 9. If applicable: | | | | | | |
| • Use **vacuum extraction** with correct technique | | | | | | |
| • Perform **breech birth** using correct technique | | | | | | |
| **IMMEDIATE NEWBORN CARE** | | | | | | |
| 1. Immediately dry newborn while assessing the newborn's respiratory efforts. If stable, place on the mother's abdomen. | | | | | | |
| 2. Discard wet towel, place in skin-to-skin contact with mother and cover with dry towel. | | | | | | |
| 3. If the newborn is not breathing spontaneously, follow appropriate measures for newborn resuscitation. | | | | | | |
| 4. Tie or clamp and cut the cord using appropriate infection prevention practices. | | | | | | |
| **CARE DURING FIRST HOUR AFTER BIRTH** | | | | | | |
| 1. Encourage breastfeeding within first hour after birth, helping the mother as necessary. | | | | | | |
| 2. Wipe baby's eyes immediately after birth and instill antimicrobial into each eye within one hour of birth. | | | | | | |
| 3. Give Vit K 1(subscript) 1 mg IM in anterolateral aspect of thigh. | | | | | | |
| 4. Conduct newborn exam, including weighing. | | | | | | |
| **ACTIVE MANAGEMENT OF THE THIRD STAGE** | | | | | | |
| 1. Palpate the abdomen to rule out presence of additional baby(s). | | | | | | |
| 2. Give oxytocin 10 IU IM within 1 minute of birth. | | | | | | |
| 3. Perform gentle controlled cord tension with counter traction to the uterus during contraction. | | | | | | |
| 4. Massage uterus after delivering placenta. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| 5. Inspect placenta, membranes, and cord. | | | | | | |
| 6. Appropriately dispose of placenta. | | | | | | |
| **INSPECTION/REPAIR** | | | | | | |
| 1. Gently inspect the vagina, perineum, and labia for tears. | | | | | | |
| 2. If necessary, repair tears using aseptic technique under adequate local anesthesia. | | | | | | |
| 3. Tell the mother about findings and necessary procedures. | | | | | | |
| **IMMEDIATE POSTPARTUM EVALUATION AND CARE** | | | | | | |
| 1. Evaluate quantity of vaginal bleeding, check that the uterine fundus is firm, and massage the uterus if necessary. | | | | | | |
| 2. Check bladder: | | | | | | |
| • Immediately after birth | | | | | | |
| • Every 15 minutes during the first 2 hours after birth, then | | | | | | |
| • Every hour in the fifth and sixth hours after birth | | | | | | |
| 3. If the uterus does not remain well-contracted, massage it, check the mother's blood pressure, and if within normal limits administer ergometrine 0.2 mg IM or IV (slowly) or oxytocin 10 U IM or 20 U/L at 60 drops per minute. | | | | | | |
| 4. Evaluate pulse and blood pressure every 15 minutes in the first hour and every hour for hours 2-6. | | | | | | |
| 5. Evaluate temperature once during first hour and once during hours 2-6. | | | | | | |
| 6. Evaluate breastfeeding and mother-infant bonding continually. | | | | | | |
| 7. Counsel mother about care and interventions for her newborn. | | | | | | |
| • Encourage her to ask questions about the newborn | | | | | | |
| • Answer the questions correctly | | | | | | |
| 8. Encourage oral fluids/food. | | | | | | |
| 9. Review complications readiness plan and danger signs, including what to do if danger sign occurs. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **INFECTION PREVENTION AND DOCUMENTATION AFTER BIRTH** | | | | | | |
| 1. Dispose of all sharps in puncture-proof container immediately after use. | | | | | | |
| 2. Decontaminate all reusable instruments in 0.5% chlorine solution. | | | | | | |
| 3. Dispose of contaminated waste in leakproof containers. | | | | | | |
| 4. Remove gloves and discard in leakproof container, if disposing, or decontaminate in 0.5% chlorine solution if reusing. | | | | | | |
| 5. Remove apron and wipe with chlorine solution. | | | | | | |
| 6. Wash hands and dry or apply antiseptic handrub. | | | | | | |
| 7. Complete the partograph and other documentation. | | | | | | |
| 8. Write a note about the birth (date, time, method, estimated blood loss, infant's sex, weight, and condition). | | | | | | |
| 9. Complete and document postpartum and newborn assessments and care. | | | | | | |
| 10. Complete birth log. | | | | | | |

# SITE ASSESSMENT TOOL FOR INPATIENT POSTPARTUM CARE

## BASIC INFORMATION

**Instructions to Assessor:** Complete this form, and those that follow (Part A, Part B) by observing services, reviewing clinic records and logbooks, and talking with appropriate staff members. To accurately assess equipment, instruments, supplies, and services, you must inspect and observe them. Be sure to record your comments and any other relevant information collected during the assessment in the spaces provided.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

- Average number of midwives staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of auxiliary midwives/nurses staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- Average number of nurses staffing the postpartum ward on each shift:

  Days _____ Evenings _____ Nights _____
- How long do women usually stay in the facility after normal vaginal birth?

  _____
- How long do women usually stay in the facility after uncomplicated Cesarean-section birth?

  _____

# PART A: EQUIPMENT AND SUPPLIES

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: The physical environment, equipment, and supplies are adequate for providing inpatient postpartum care.

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **FACILITY** | | | | | | | | | | | |
| Partitions or curtains that provide privacy | | | | | | | | | | | |
| Reliable source of clean/running water (sink with faucet or bucket with tap) | | | | | | | | | | | |
| Clean toilets/latrines | | | | | | | | | | | |
| Laboratory facilities to test for:<br>• Hemoglobin/hematocrit<br>• Syphilis<br>• HIV<br>• Blood group and Rh | | | | | | | | | | | |
| **EQUIPMENT, INSTRUMENTS, AND SUPPLIES** | | | | | | | | | | | |
| Beds with washable covering | | | | | | | | | | | |
| Cribs with washable covering | | | | | | | | | | | |
| Light source (lamp or hand torch) | | | | | | | | | | | |
| Refrigerator or cold box (for storage of drugs and vaccines) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Watch or clock with second hand that can be seen easily | | | | | | | | | | | |
| Stethoscope, adult | | | | | | | | | | | |
| Blood pressure cuff | | | | | | | | | | | |
| Blankets/towels | | | | | | | | | | | |
| Pillow (recommended but optional) | | | | | | | | | | | |
| Thermometer – oral/axillary | | | | | | | | | | | |
| Gloves:<br>• Exam<br>• HLD or sterile | | | | | | | | | | | |
| Needles and syringes | | | | | | | | | | | |
| Urine dipsticks for protein, glucose (circle all that apply) | | | | | | | | | | | |
| IV supplies:<br>• IV needles or cannulas<br>• IV solutions (Ringer's lactate, normal saline, glucose)<br>• IV tubing/administration sets | | | | | | | | | | | |
| Urinary catheters (single use or processed and reused):<br>• Straight<br>• Foley with drainage bag | | | | | | | | | | | |
| Oxygen source (portable cylinder or central):<br>• Mask or nasal cannula<br>• Tubing<br>• Flow meter | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Suction apparatus (preferably DeLee or other single-use device) | | | | | | | | | | | |
| Vaginal specula (small, medium, and large) | | | | | | | | | | | |
| Diapers (or similar absorbent cloth) | | | | | | | | | | | |
| Perineal pads (or other absorbent cloth) | | | | | | | | | | | |
| **INFECTION PREVENTION EQUIPMENT AND SUPPLIES** | | | | | | | | | | | |
| Autoclave | | | | | | | | | | | |
| Boiler | | | | | | | | | | | |
| Plastic container for 0.5% chlorine solution for decontamination | | | | | | | | | | | |
| Container for rinsing instruments | | | | | | | | | | | |
| Separate covered, leakproof receptacles for soiled linen, medical waste, and nonmedical waste | | | | | | | | | | | |
| Boiled, cooled water stored in HLD container with lid | | | | | | | | | | | |
| Chlorine for making decontamination solution | | | | | | | | | | | |
| Brush for cleaning instruments | | | | | | | | | | | |
| Sterile or HLD container for storing instruments (if not packaged) | | | | | | | | | | | |
| Clean, dry area for storage | | | | | | | | | | | |
| Alcohol/Betadine/Savlon (circle any available) | | | | | | | | | | | |
| Plastic aprons/cover gowns | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Puncture-proof container for sharps disposal | | | | | | | | | | | |
| Single (personal) use hand towel | | | | | | | | | | | |
| Soap at all sinks or antiseptic handrub | | | | | | | | | | | |
| Utility or heavy-duty household gloves for cleaning | | | | | | | | | | | |
| **RECORDS AND FORMS** | | | | | | | | | | | |
| Appropriate documentation sheets for narrative notes, medications, vital signs, referrals, etc. | | | | | | | | | | | |
| Pens | | | | | | | | | | | |
| **DRUGS/MEDICATIONS** | | | | | | | | | | | |
| Analgesic<br>• Paracetamol (acetaminophen) | | | | | | | | | | | |
| Antibiotics<br>• Amoxicillin<br>• Ampicillin<br>• Benzathine penicillin or benzylpenicillin<br>• Cloxacillin<br>• Erythromycin<br>• Gentamicin<br>• Metronidazole<br>• Nystatin cream or oral suspension (or gentian violet 0.5%)<br>• Polyvidone-iodine 2.5%<br>• Trimethoprim/ sulfamethoxazole | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Antiretroviral therapy<br>• Zidovudine (AZT)—IV, tablet, syrup<br>• Nevirapine (NVP)—tablet and syrup<br>• Lamivudine (3TC)—tablet and syrup | | | | | | | | | | | |
| Nutritional Supplement<br>• Iron and folate<br>• Vitamin A (in area of endemic Vitamin A deficiency) | | | | | | | | | | | |
| Vaccines:<br>• BCG<br>• Hepatitis B<br>• Polio<br>• Tetanus toxoid | | | | | | | | | | | |
| Uterotonics<br>• Oxytocin<br>• Ergometrine, methylergometrine, or syntometrine<br>• Misoprostol | | | | | | | | | | | |

# PART B: SERVICE PROVISION
## (order of individual tasks/activities may vary)

In order to complete this form, observe as many service providers and service provision situations as possible. There is space to record up to five observations; use additional forms if necessary. The more observations made, the more accurate the data.

Place a "√" in the "Performed" box if task/activity is performed satisfactorily, an "X" if it is not performed satisfactorily, or "N/O" if not observed.

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: Adequate client assessment and care are provided to mothers and newborns during inpatient postpartum care.

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **GENERAL INPATIENT SERVICE PROVISION** | | | | | | |
| 1. Provide mother- and newborn-friendly care: | | | | | | |
| • Greet the woman with kindness and respect | | | | | | |
| • Encourage the woman to ask questions | | | | | | |
| • Answer questions appropriately | | | | | | |
| • Provide partitions or curtains that offer privacy | | | | | | |
| • Explain all procedures before performing | | | | | | |
| 2. Ensure that mother and newborn are kept together day and night, even while individually assessing and caring for them. | | | | | | |
| 3. Follow infection prevention practices: | | | | | | |
| • Wash hands before and after contact with the woman and/or newborn | | | | | | |
| • Wear appropriate gloves for examinations, handling of contaminated items, processing instruments | | | | | | |
| • Dispose of waste materials in appropriate containers | | | | | | |
| • Clean contaminated equipment and surfaces | | | | | | |
| • Decontaminate all reusable instruments in 0.5% chlorine solution | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| • Immerse soiled gloves in 0.5% chlorine solution and then remove them inside out, leaving them to soak in the solution for 10 minutes | | | | | | |
| • Dispose of all sharps in puncture-proof container immediately after use | | | | | | |
| **ASSESSMENT OF MOTHER AND NEWBORN** (at 6 hours postpartum and at least once per shift) | | | | | | |
| 1. Supplement mother's history: | | | | | | |
| • Review labor and birth record | | | | | | |
| • Ask about problems, discomforts, or concerns that have arisen since previous assessment | | | | | | |
| 2. Perform the following examinations: | | | | | | |
| • Assess her general well-being | | | | | | |
| • Measure her temperature, pulse, blood pressure | | | | | | |
| • Examine the breasts for engorgement, cracked nipples, local tenderness, redness or swelling | | | | | | |
| • Palpate abdomen to determine size and firmness, and any tenderness, of uterus | | | | | | |
| • Inspect legs for pain or tenderness | | | | | | |
| • Examine perineum for signs of infection or hematoma and to assess lochia/bleeding | | | | | | |
| 3. Discuss findings with woman. | | | | | | |
| 4. Supplement newborn's history: | | | | | | |
| • Review labor and birth record | | | | | | |
| • Ask mother if she has concerns about her newborn | | | | | | |
| 5. Perform the following examinations: | | | | | | |
| • Assess overall appearance/general well-being | | | | | | |
| • Assess temperature, respiration, color; assess weight daily | | | | | | |
| • Assess movements and level of alertness | | | | | | |
| • Assess skin | | | | | | |
| • Assess head, face, and eyes | | | | | | |
| • Assess abdomen and cord stump | | | | | | |
| • Observe breastfeeding and bonding | | | | | | |
| 6. Explain all findings to mother. | | | | | | |

| TASK/ACTIVITY | PERFORMED | | | | | COMMENTS |
|---|---|---|---|---|---|---|
| **CARE PROVISION** | | | | | | |
| 1. Encourage woman to have food and fluids. | | | | | | |
| 2. Encourage woman to use the toilet regularly (use catheters only when medically indicated). | | | | | | |
| 3. Counsel and assist with exclusive breastfeeding on demand, and with breastcare. | | | | | | |
| 4. Support bonding and maternal-infant-family bonding. | | | | | | |
| 5. Give iron and folate supplements to mother. | | | | | | |
| 6. Give vitamin A 200,000 IU by mouth if Vitamin A deficiency prevalent. | | | | | | |
| 7. Check tetanus toxoid status and administer if necessary. | | | | | | |
| 8. Counsel mother about her own nutrition. | | | | | | |
| 9. Counsel and assist to develop/revise complication readiness plan, including danger signs for herself and her newborn and what to do it they occur. | | | | | | |
| 10. Counsel about family planning and provide contraceptive method if appropriate before discharge. | | | | | | |
| 11. Counsel about newborn care and assist mother as needed in maintaining warmth, hygiene/prevention of infections, washing/bathing, cord care, and sleep. | | | | | | |
| **RECORD KEEPING** | | | | | | |
| 1. Document all assessments, care and counsel given, including medication and treatments. | | | | | | |
| 2. Record immunizations of mother and newborn and ensure that mother has record on discharge. | | | | | | |

# SITE ASSESSMENT TOOL FOR THE OPERATING THEATER

## EQUIPMENT, SUPPLIES, AND DRUGS

**Date of Assessment:** _____ **Assessor:** _____

**Name and Location of Facility:** _____

STANDARD: The physical environment, equipment, and supplies are adequate for providing surgical obstetrical services.

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Facility** | | | | | | | | | | | |
| Reliable source of clean water (sink with faucet or bucket with tap) | | | | | | | | | | | |
| Clean toilets/latrines | | | | | | | | | | | |
| "Scrub room" adjacent to operating theater | | | | | | | | | | | |
| Laboratory facilities to test for:<br>• Hemoglobin/hematocrit<br>• Syphilis<br>• HIV<br>• Blood group and Rh | | | | | | | | | | | |
| **Basic Equipment** | | | | | | | | | | | |
| Anesthesia machine | | | | | | | | | | | |
| Anesthesia trolley | | | | | | | | | | | |
| Stethoscope | | | | | | | | | | | |
| Blood pressure cuff | | | | | | | | | | | |
| Fetoscope (specify type): | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Instrument stand (Mayo) with tray | | | | | | | | | | | |
| Instrument trolley | | | | | | | | | | | |
| Laryngoscope:<br>• Endotracheal tubes (adult sizes)<br>• Airways | | | | | | | | | | | |
| Reliable light source | | | | | | | | | | | |
| Adult ambu bag and mask | | | | | | | | | | | |
| Operating table:<br>• Washable plastic cover<br>• Adjustable | | | | | | | | | | | |
| Thermometer: axillary/oral | | | | | | | | | | | |
| Oxygen source (portable cylinder or central wall):<br>• Mask or nasal cannula<br>• Tubing<br>• Flow meter | | | | | | | | | | | |
| Refrigerator or cold box (for storage of drugs and vaccines) | | | | | | | | | | | |
| Suction for mother (machine or central source):<br>• Tubing<br>• Suction catheters | | | | | | | | | | | |
| Watch or clock with second hand that can be seen easily | | | | | | | | | | | |
| Blankets | | | | | | | | | | | |
| Pillow (recommended but optional) | | | | | | | | | | | |
| Towels/blankets for newborn | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| **Surgical Instruments** | | | | | | | | | | | |
| Instruments should be in covered high-level disinfected container or double wrapped — all items should be sterile: | | | | | | | | | | | |
| • MVA sets | | | | | | | | | | | |
| • D&C sets | | | | | | | | | | | |
| • Laparotomy and cesarean sets | | | | | | | | | | | |
| • Minor surgery sets | | | | | | | | | | | |
| • Episiotomy repair sets | | | | | | | | | | | |
| **Newborn Equipment** | | | | | | | | | | | |
| Laryngoscope (blades size 0 and 1):<br>• Endotracheal tubes (premature and newborn sizes) | | | | | | | | | | | |
| Neonatal ambu bag and mask (size 0 and 1) | | | | | | | | | | | |
| Suction (preferably DeLee or other single use device) | | | | | | | | | | | |
| Radiant warmer | | | | | | | | | | | |
| **Supplies** | | | | | | | | | | | |
| Disposable or reusable sterile syringes and needles:<br>• 3 mL<br>• 10 mL<br>• Other sizes<br>• Needles of different lengths and gauges (specify) | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Gloves:<br>• Examination<br>• Sterile<br>• HLD | | | | | | | | | | | |
| Gauze/cotton wool/tape | | | | | | | | | | | |
| IV supplies:<br>• Large-bore IV needle or cannula (16 or 18 gauge)<br>• IV solutions (Ringer's lactate, normal saline, glucose)<br>• Tubes<br>• IV administration sets | | | | | | | | | | | |
| Supplies for drawing blood:<br>• Tourniquets<br>• Syringes and needles<br>• Tubes<br>• Labels | | | | | | | | | | | |
| MVA syringes | | | | | | | | | | | |
| MVA cannulas (specify sizes) | | | | | | | | | | | |
| Suture and suture needles | | | | | | | | | | | |
| Urinary catheters (single use or processed and reused):<br>• Straight<br>• Foley with drainage bag | | | | | | | | | | | |
| Urine dipsticks: protein, acetone, glucose | | | | | | | | | | | |
| **Infection Prevention Equipment and Supplies** | | | | | | | | | | | |
| Autoclave/boiler/steamer | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Plastic container for 0.5% chlorine solution for decontamination | | | | | | | | | | | |
| Container for rinsing instruments | | | | | | | | | | | |
| Separate covered, leakproof receptacles for soiled linen, medical waste, and nonmedical waste | | | | | | | | | | | |
| Alcohol/Betadine/Savlon (circle all that apply) | | | | | | | | | | | |
| Boiled, cooled water stored in HLD container with lid | | | | | | | | | | | |
| Chlorine for making decontamination solution | | | | | | | | | | | |
| Brush for cleaning instruments | | | | | | | | | | | |
| Sterile or HLD container for storing instruments (if not packaged) | | | | | | | | | | | |
| Clean, dry area for storage | | | | | | | | | | | |
| Hair covers | | | | | | | | | | | |
| Personal hand towels | | | | | | | | | | | |
| Nail brushes | | | | | | | | | | | |
| Plastic aprons/cover gowns | | | | | | | | | | | |
| Protective eyewear (face shields, goggles) | | | | | | | | | | | |
| Protective footwear (boots/shoe covers) | | | | | | | | | | | |
| Puncture-proof container for sharps disposal | | | | | | | | | | | |
| Soap at all sinks | | | | | | | | | | | |

| EQUIPMENT/SUPPLIES | AVAILABLE | | SUPPLY ADEQUATE FOR DEMAND | | EQUIPMENT CLEAN, STERILE, OR HIGH-LEVEL DISINFECTED | | EQUIPMENT AND SUPPLIES READILY ACCESSIBLE | | EQUIPMENT WORKING CORRECTLY | | OTHER COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| Sterile gown | | | | | | | | | | | |
| Sterile towel for use after surgical scrub | | | | | | | | | | | |
| Utility or heavy-duty household gloves for cleaning | | | | | | | | | | | |
| **Records and Forms** | | | | | | | | | | | |
| Appropriate documentation sheets for narrative notes, etc. | | | | | | | | | | | |
| Documentation sheets for anesthesia procedures and vital signs | | | | | | | | | | | |
| Documentation sheets for operative procedure | | | | | | | | | | | |
| Referral forms | | | | | | | | | | | |
| Pens | | | | | | | | | | | |
| Procedure log book | | | | | | | | | | | |
| **Drugs/Medications** | | | | | | | | | | | |
| Atropine sulfate | | | | | | | | | | | |
| Uterotonics<br>• Oxytocin<br>• Ergometrine, methylergometrine or syntometrine<br>• Misoprostol | | | | | | | | | | | |
| Anesthetics<br>• Halothane<br>• Ketamine<br>• Lignocaine 2% or 1% | | | | | | | | | | | |

# PART THREE:

# USING PERFORMANCE AND QUALITY IMPROVEMENT TO STRENGTHEN SKILLED ATTENDANCE

JHPIEGO An Affiliate of Johns Hopkins University

WORKING TO IMPROVE THE HEALTH OF WOMEN AND FAMILIES THROUGHOUT THE WORLD

# using performance and quality improvement to strengthen skilled attendance

Maternal & Neonatal Health

United States Agency for International Development

The Maternal and Neonatal Health (MNH) Program is committed to saving mothers' and newborns' lives by increasing the timely use of key maternal and neonatal health and nutrition practices. The MNH Program is jointly implemented by JHPIEGO, the Johns Hopkins University Center for Communication Programs, the Centre for Development and Population Activities, and the Program for Appropriate Technology in Health.

www.mnh.jhpiego.org

JHPIEGO, an affiliate of Johns Hopkins University, is a nonprofit corporation working to improve the health of women and families throughout the world.



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February 2003

## SKILLED ATTENDANCE: THE CORNERSTONE OF THE MNH PROGRAM APPROACH

"Skilled attendance" in maternal and newborn healthcare is a system of essential care and services for women and newborns throughout pregnancy, childbirth, and the postpartum/newborn period. An effective skilled attendance system includes care from a skilled provider, a policy environment that promotes skilled, client-centered care, a functioning system for stabilization and referral, the availability of essential equipment and supplies, and community demand for high-quality services for mothers and newborns. This complex system relies on programs, policies, and behaviors at every level of the service delivery system—from policies that improve access to high-quality care to community and individual support for birth preparedness/complication readiness (BP/CR).

To help strengthen the skilled attendance system, the MNH Program uses performance and quality improvement, a technique for achieving desired performance at service delivery sites and within communities.

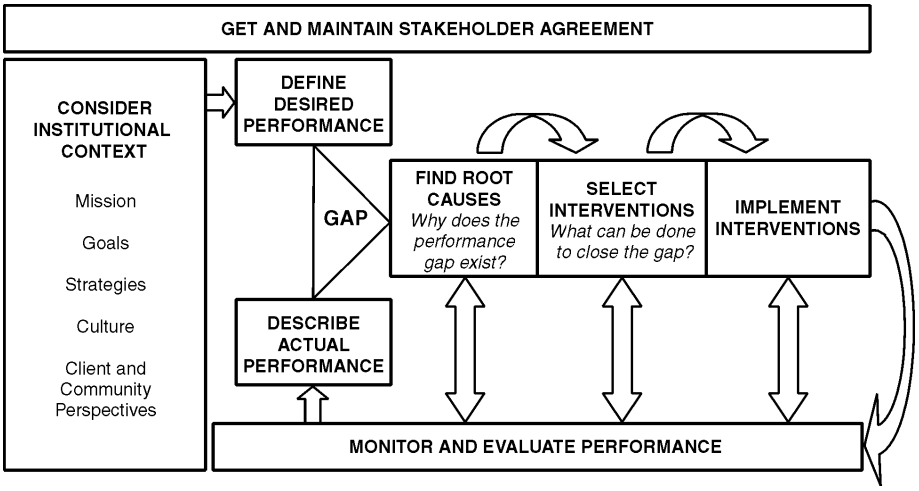
Improving skilled attendance in developing countries is at the heart of the Maternal and Neonatal Health (MNH) Program's strategy. To help strengthen the components of the skilled attendance system, the Program uses performance and quality improvement (PQI), a technique for achieving desired performance at service delivery sites and within communities. The MNH Program has used PQI to help health facilities and their beneficiaries take a comprehensive look at their skilled attendance system and identify, implement, and monitor a range of targeted interventions aimed at improving maternal and newborn healthcare services and BP/CR. A key feature of the PQI process is that it promotes community involvement, creating links between communities and the service delivery system and encouraging the establishment of BP/CR support plans. As a result of their involvement in the process, the community is more likely to demand high-quality services and to initiate collective action to attain them.

This report documents how the use of the PQI process has helped to improve skilled attendance in MNH Program countries, and shares some lessons the Program has learned about how best to use PQI in safe motherhood programs. The PQI process has guided MNH Program-led efforts to improve the quality of care, strengthen links between the community and health facilities, and empower individuals and communities to seek and advocate for high-quality healthcare services. These efforts have helped to build more effective and sustainable incountry programs to reduce maternal and newborn mortality.

## PERFORMANCE AND QUALITY IMPROVEMENT: IMPROVING THE QUALITY OF AND DEMAND FOR MATERNAL AND NEWBORN CARE

The PQI process was designed to assist organizations in achieving desired institutional and individual performance. The MNH Program's PQI approach follows the steps in the performance improvement process model adopted by JHPIEGO **(Figure 1)**. The approach offers simple, user-friendly tools to assist in program implementation and relies on the participation of key stakeholders from all levels of the service delivery system and the community to define and achieve quality in services and behaviors. Traditionally, JHPIEGO has used PQI to focus on improving clinical quality, but the MNH Program applies the PQI process to all maternal and newborn care services as well as to community mobilization efforts.

**Figure 1: Steps in the Performance and Quality Improvement Process**




*Source: This process is based on the performance improvement framework developed by the Performance Improvement Consultative Group, a collaborative group of representatives of USAID and USAID-funded cooperating agencies.*

The MNH Program has now successfully adapted and applied the PQI process in five country programs worldwide. (The PQI tools used in these programs are listed in the appendix at the end of this report.) These programs illustrate how the PQI process can be used to improve the quality of the entire skilled attendance system—by defining operational standards, assessing clinical and community performance, identifying targeted, cost-effective interventions to improve BP/CR and service quality in maternal and newborn care, and monitoring and evaluating performance.

### Defining Desired Performance

The first step in the PQI process is to bring together incountry stakeholders to define desired performance standards based on input from national policies and priorities, service delivery guidelines, healthcare providers, and community members. Both providers and

clients are stakeholders in this process and must be involved in the development of performance standards. Once the performance standards are defined, they become the basis of assessment tools that are used to assess and monitor the quality of services and community performance.

In Tanzania, for example, where the MNH Program is using the PQI process to improve antenatal care, the Program worked with the ministry of health and a team of cooperating agencies and other key organizations to define desired performance for antenatal care facilities and assisted in the development of assessment tools for a quality improvement and recognition initiative. The assessment tools, which were developed with key stakeholders using international and Tanzanian evidence-based clinical resources as well as the results of focus groups aimed at assessing community perceptions of quality, include a list of indicators covering six desired performance factors. For example, one of the factors is client satisfaction; it is assessed based on the following indicators: waiting time, courteousness of staff, usefulness of information and treatment, satisfaction with visit, and reasonableness of cost. The tools are designed to provide healthcare workers at the facility level with quick insight into performance trends and to support managers in making informed decisions related to quality improvement.

## Describing Actual Performance

To determine *actual* performance (as compared to *desired* performance), local country teams use their assessment tools at service delivery sites to establish a baseline for each site being assessed. These tools provide a quantitative measure of how much actual performance deviates from desired performance (i.e., the gap in performance).

Using the results of their baseline assessment, the staff at Hospital del Occidente could clearly see the gaps between desired and actual performance and were able to immediately identify their weaknesses and begin to work as a team to close the gaps.

In Honduras, where the MNH Program facilitated the PQI process at the hospital level, key personnel from the hospital defined desired performance standards, and actual performance was measured against these standards. Baseline assessments were conducted in three hospitals using checklists with the desired performance criteria. At the Hospital del Occidente in Santa Rosa de Copan, baseline assessment results showed that the facility met 15 of 75 quality criteria for maternal and newborn care, indicating a performance gap of 80 percent. Using this information, the hospital's staff were immediately able to identify and address their weaknesses because they could clearly see which quality criteria were not being met. When other facilities in the region saw how the hospital's staff were able to identify gaps in quality and begin to work as a team to close these gaps, the MNH Program expanded the PQI process to two additional hospitals in Honduras. Each of these hospitals has now compared their actual performance to desired performance.

## Finding Root Causes

In Burkina Faso, a cause analysis of performance gaps in the Koupéla district enabled the district health management team members to quickly identify interventions that would improve motivation and management systems.

Once teams have compared actual performance to desired performance, they work with healthcare staff and community members to determine the reasons for any performance gaps. This cause analysis, rather than serving as a punitive measure for poor performance, is intended to motivate healthcare staff and community members to identify their own weaknesses and offer solutions that will improve performance and quality.

For example, the MNH Program in Burkina Faso, which is working to increase the use of skilled providers in targeted sites in the Koupéla district, conducted a cause analysis based on the results of a performance assessment in the district. The cause analysis determined that the reasons for inadequate planning and supervision practices among members of the district health management team in the Koupéla district included misunderstanding of the importance of followup, limited interest in conducting planning sessions, and poor organization. Essentially pointing to a lack of motivation and weak management systems, the cause analysis enabled the district health management team members to quickly identify interventions that would result in immediate change.

## Selecting and Implementing Interventions

An intervention is an activity, process, event, or system that is designed to improve performance by closing the gap between desired and actual performance. The MNH Program uses a variety of service delivery, policy and finance, and behavior change interventions to address needs identified in the root cause analysis stage of the PQI process. Given the wide range of possible interventions and the likelihood that problems will exist in more than one area, the most urgently needed interventions and those that will have the greatest impact are given the highest priority.

For example, in Indonesia, where the MNH Program's strategy is to develop comprehensive maternal health service centers as referral and training centers, interventions to ensure high-quality performance in the training sites were selected based on key stakeholder input and on the seven common causes of poor performance:

1. Unclear job expectations
2. Lack of performance feedback
3. Poor motivation
4. Weak management or leadership
5. Deficient knowledge and skills
6. Inadequate facilities, equipment, or supplies
7. Lack of client and community focus

The interventions selected in Indonesia are shown in **Table 1**.

**Table 1: MNH Program Interventions for Ensuring Quality in Clinical Training Sites in Indonesia**

| PERFORMANCE FACTOR | INTERVENTION |
|---|---|
| Job expectations | • Dissemination of standards through production and dissemination of the PocketGuide<br>• Strengthening national midwifery standards of practice to reflect national standards |
| Performance feedback | • On-the-job post-training coaching and mentoring from expert midwives until competence is achieved<br>• Periodic audits |
| Motivation | • Recognition of training site as a part of the National Clinical Training Network<br>• Increased demand for training |
| Management/leadership | • Working with hospital management to ensure commitment to maintaining a high-quality clinical training site<br>• Working with hospital procurement systems to ensure an adequate supply of materials and equipment |
| Knowledge and skills | • Competency-based training of hospital-based midwives in skills for care during normal childbirth<br>• Orientation of physicians at clinical training sites to the material being taught to midwives<br>• Training in infection prevention<br>• Training in clinical training skills |
| Facilities, equipment, and supplies | • Provision of infection prevention and other supplies to ensure clean and safe childbirth<br>• Improvement of water and sanitation systems (as needed)<br>• Provision of training supplies |

## Monitoring and Evaluating Performance

Monitoring changes in performance is an ongoing task that allows stakeholders to understand the impact of interventions. Monitoring systems focus on measurable changes and on gathering information that can be used to modify interventions. To evaluate whether interventions are closing the performance gap, teams typically use the same assessment tool that was used to establish their performance baseline. Information from these evaluations is used to guide further analysis of performance gaps and causes for those gaps, and it can also signal healthcare providers, clients, and community members that services and community support of maternal and newborn healthcare are getting closer to the desired level of quality.

The MNH Program in Guatemala supports an accreditation program for maternal and newborn health facilities, which includes a system for monitoring and evaluating quality within each facility. The Program and

its partners have been working with the ministry of health at the national level to standardize approaches for improved maternal and newborn healthcare and to increase adoption of practices and use of services that are essential for maternal and newborn survival. A key feature of this initiative, which uses the PQI process, is the establishment of a network of accredited health facilities that provide high-quality maternal and newborn healthcare. To maintain their accredited status, facilities must be reassessed on a regular basis and maintain the prescribed level of quality. In addition, providers are taught self-assessment techniques, so quality is monitored internally and externally on an ongoing basis.

To date, the PQI process has been implemented in 151 facilities in 79 communities across six health areas. Facilities are implementing and maintaining best practices for antenatal care, labor, the postpartum period, and newborn care (including management of obstetrical and neonatal complications). In the ministry's 2002 evaluation of 7 hospitals, 17 health centers, and 35 health posts involved in the PQI process, changes in performance were apparent across all facilities. During their baseline assessments, these facilities achieved only about 10 percent of the quality criteria needed for accreditation, but by the time of the 2002 evaluation they were meeting more than 60 percent of the criteria.

## ADAPTATION OF THE PQI PROCESS AT THE COUNTRY LEVEL

The MNH Program's experience using the PQI process has demonstrated that the process can be used effectively as a country-level programming tool to strengthen maternal and newborn healthcare services and training, motivate health facility staff to continuously assess and improve quality, and empower communities to participate in the healthcare system. Some of the benefits of using PQI in safe motherhood programs, including its potential to improve program effectiveness and sustainability, are discussed below.

### The Use of the PQI Process Improves Skilled Attendance Efficiently

The PQI process allows stakeholders to identify only interventions that are necessary to improve quality, thus eliminating unnecessary activities and expenses.

The PQI process has proven to be an effective technique to guide key stakeholders as they systematically improve components of skilled attendance. The process ensures that staff and community members look at all elements that contribute to the quality of maternal and newborn healthcare services and behaviors and select interventions that target the needs of their facilities and communities. Interventions focus on improving clinical and behavioral aspects of skilled attendance as well as factors that staff and community perceive to be crucial to enhanced performance and quality of care. This approach results in efficient, cost-effective programming because the PQI process allows stakeholders to identify only interventions that are necessary to improve quality, thus eliminating unnecessary activities and expenses.

For instance, in the Koupéla district of Burkina Faso, the MNH Program, in collaboration with UNICEF and Plan International, is developing a model system to increase the use of skilled providers in 13 health centers. Healthcare facilities have noted significant improvements in quality as a result of the interventions they identified and implemented through the PQI process. For example, until March 2001, the Koupéla medical center did not have the ability to handle maternal complications or perform cesarean sections. Pregnant women with complications were being transferred from Koupéla to the nearest regional hospital, approximately 1 hour away. As part of the PQI process, the Koupéla medical center identified the need for several interventions, including additional training. Training in handling obstetric emergencies was conducted, and between April and December 2001 the Koupéla medical center averted 60 emergency evacuations by handling the complications (including 27 cesarean sections and 13 deliveries by vacuum extraction) at the center. By handling the complications on-site, the Koupéla medical center was able to reduce the amount of time it took for women to get the emergency care they needed—an important factor in saving women's and newborns' lives.

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The effective changes that have resulted from implementing PQI in Koupéla have attracted wide attention in the region. Chief medical officers in neighboring regional hospitals have invited the Koupéla district health management team to introduce the PQI process in their institutions.

## PQI Programs Increase Political Support and Foster Program Scale-Up

In addition to improving skilled attendance, the use of the PQI process in country-level programming strengthens political and community support for maternal and newborn healthcare by securing the buy-in of stakeholders from a range of organizations and governing bodies at both the national and local levels. As stakeholders become better informed, feel that their input is valued, and understand the merit of the PQI process, not only does the use of PQI begin to extend beyond program regions, but ministries of health and other organizations begin to allocate additional resources to safe motherhood programs. In addition, because PQI uses simple, user-friendly materials and tools, once increased resources are made available, local staff can easily replicate the PQI process. Thus, programs that use PQI have an enhanced ability to increase their technical scope and geographic range.

In Guatemala, for instance, the PQI process instituted by the MNH Program has been formally endorsed by a ministerial agreement signed by the minister of health in 2001. As a result, as many as 30 percent of the new interventions proposed through the PQI process are already being financed in several districts with the ministry's own resources. With support from the government, communities, donors, and

nongovernmental organizations, the PQI process has now been expanded to five new health areas.

## PQI Programs Strengthen Informed Demand and Community Collective Action

PQI empowers individuals and communities to seek knowledge and services, thus increasing informed demand for high-quality services. In addition, PQI can be a catalyst for collective action aimed at bringing about policy change and improving the quality of healthcare. The PQI process also assists communities in problem solving and identifying behaviors they would like to improve, both as individuals and as a group. The communities can then develop focused maternal and newborn care support plans, which help to enhance community behaviors that support birth preparedness/complication readiness (such as pooling community transportation funds for use in emergencies). When these plans are shared with healthcare providers and community leaders from adjacent communities, they can influence the health-seeking behaviors of communities within the same region and help build partnerships between the community and health facility staff. These partnerships are crucial to sustaining improved services and community BP/CR behaviors.

As a result of the PQI initiative in Guatemala, 10 communities from six health areas have functioning community life-saving emergency plans and 28 have identified a transportation system for use in case of a maternal emergency.

In its programs in Guatemala and Burkina Faso, the MNH Program has demonstrated how using the PQI process can improve informed demand and collective action for safe motherhood within communities. Both programs have used PQI problem-solving techniques as part of community and social mobilization campaigns and have found them remarkably motivating, both to individuals and to community groups. As a result of the PQI initiative in Guatemala, 10 communities from six health areas have functioning community life-saving emergency plans and 28 have identified a transportation system for use in case of a maternal emergency.

The MNH Program in Burkina Faso has seen similar success. From September 2001 to February 2002, community facilitators from the MNH Program and Plan International conducted a PQI self-analysis workshop in the Koupéla district in the communities surrounding 13 targeted health facilities. Facilitators adapted the PQI process model to problem solve and plan actions to promote maternal and newborn health in the community. More than 600 people—including village chiefs, customary village leaders, religious leaders, community health workers, traditional birth attendants, state healthcare workers, and members of health facility management committees—participated in the 4-day workshop. Facilitators conducted the workshop in the local language and used active, participatory techniques and tools such as root cause analysis, priority setting, and action plan development.

During the workshop, members of each of the 13 communities analyzed current barriers to promoting maternal and newborn health in their villages and identified measurable standards of care for pregnancy, labor,

and childbirth that community members would be able to influence. The discussions led to the identification of gaps between ideal and current practices in villages and to proposals for activities to reduce those gaps, such as home visits by community health team members to discuss danger signs during pregnancy. Community members, working as partners with district health personnel, also defined their role in the promotion of maternal and newborn health and the need to become more involved in the process of finding solutions.

Community members defined eight criteria as standards of care during the self-analysis exercise. In addition, they defined measurable desired performance standards for each of the criteria, determined actual performance, and identified the gaps they can address to improve maternal and newborn health. As a result of this initiative, community leaders are now using the PQI approach, which fosters a common vocabulary and has helped them establish a results framework for the use of best practices in maternal and newborn health.

## PQI Enhances Program Sustainability

The use of the PQI process within health facilities increases the involvement of the community in health programs, stresses teamwork, empowers staff, and motivates facilities to continuously assess and improve quality. Facilities that use PQI also improve their own sustainability by creating a built-in monitoring system with tools to assist staff as they review and strengthen their services. In addition, when healthcare staff and supervisors are trained to manage the change process, these new skills are applied to a host of other services, thus improving healthcare quality throughout the facility.

Facilities that use PQI improve their own sustainability by creating a built-in monitoring system with tools to assist staff as they review and strengthen their services.

The ability of the PQI process to enhance sustainability can be seen in the MNH Program's PQI initiative in Guatemala. As a part of this initiative, defined quality criteria were incorporated into simple, user-friendly assessment tools to be used during the accreditation of healthcare facilities. The communities surrounding selected health facilities were mobilized to support BP/CR and were involved in health facility site improvements. In addition, site staff and supervisors received training on how to use the quality assessment tools and how to manage the change process at their sites. The ministry of health appointed quality teams to work with each site. The quality teams used the assessment tools to identify gaps in quality and analyze the causes of these performance gaps with facility staff and the community. The site staff, community representatives, and quality teams then selected interventions to address these gaps. Technical teams at each site were formed to learn how to standardize clinical skills at their facility. The technical teams now provide skill-focused, competency-based training and introduce new skills to other providers at their clinical site through on-the-job training.

Site improvements at participating health facilities have been effective and long-lasting. MNH/Guatemala and the ministry of health evaluated

the performance of seven hospitals that used the PQI interventions for an average of 12 months. The evaluation revealed a substantial increase in performance, with performance levels three times greater after 12 months than at baseline. This improvement in and maintenance of quality is a result of community involvement and having health facility staff who were trained and motivated to manage the change process and prepared with tools for ongoing assessment and strengthening of performance. In addition, the quality and technical teams have worked to continually monitor and enhance quality at participating health facilities. By establishing an internal and external monitoring system, the MNH Program has helped to ensure that strengthened maternal and newborn healthcare services are sustained.

## The Use of PQI Programs in Safe Motherhood Programs Fosters Collaboration

In the implementation of the PQI process, gaps between desired and actual performance and the root causes of those gaps may be varied. As a result, efforts to improve skilled attendance and informed demand for maternal and newborn healthcare services may require a variety of interventions. Organizations working to improve maternal and newborn health offer a range of expertise, from clinical training to communication campaigns, and these organizations can and should work together to add value to programs. The PQI process provides an opportunity for organizations to form partnerships and pool resources so that programmatic efforts to improve maternal and newborn health are focused and coordinated.

In Tanzania, a team of organizations works together to coordinate expert technical assistance and maximize resources for interventions in infrastructure, training, supervision, and community demand for high-quality reproductive health and antenatal care services.

The MNH Program in Tanzania relies on collaboration to achieve results. As part of Tanzania's quality improvement and recognition initiative, which uses the PQI process, the MNH Program is working closely with the Reproductive and Child Health section of the ministry of health and other incountry organizations, as well as international agencies such as Johns Hopkins University/Population Communication Services, Intrah, and EngenderHealth. This team of organizations works together to coordinate expert technical assistance and maximize resources for interventions in infrastructure, training, supervision, and community demand for high-quality reproductive health and antenatal care services.

As a first step in developing this collaborative relationship, the team worked to design and implement a joint service delivery, training, and community performance assessment in four districts. This assessment formed the basis of a root cause analysis and the development of assessment and recognition tools for the initiative. Because all of the organizations' areas of expertise and resources have been pooled, the quality improvement and recognition initiative can cover a broad range of technical areas and has the potential to be scaled up more rapidly. More importantly, results are maximized because interventions are focused and build on each other.

## RECOMMENDATIONS FOR USING PQI IN SAFE MOTHERHOOD PROGRAMMING

Based on its experiences with implementing PQI in Burkina Faso, Guatemala, Honduras, Indonesia, and Tanzania, the MNH Program recommends that safe motherhood programs that use the PQI process to improve skilled attendance incorporate the following activities as part of their approach:

- **Involve key stakeholders from a range of institutions from the beginning of the project.** This is a crucial element of PQI and ensures that incountry partners feel a sense of ownership of the process and support the initiative. In addition, involving people from a range of organizations ensures that root causes identified for performance gaps and selected interventions are appropriate and effective.

- **Include the community and build partnerships between community members and health facilities.** Involving the community and addressing their definitions of quality of care are key parts of any successful PQI initiative. Community involvement promotes community and individual empowerment and collective action, and increases informed demand for services.

- **Collaborate with other agencies and community groups and network with key stakeholders and other programs around the PQI process.** Change is easier if it is not conducted in isolation. Also, factors that affect performance are related not only to lack of knowledge and skills but also to lack of adequate policies, management systems, and staff motivation. All of these factors may need to be addressed to improve provider performance, and collaboration and networking help to ensure that the breadth of the program is appropriate. In addition, sharing best practices within networks facilitates program scale-up.

- **Establish a coordinating entity for planning, implementing, and evaluating the whole PQI process.** This entity should have the authority necessary to conduct and provide support to an accreditation/recognition process. The coordinating body can help not only to maintain and ensure quality, but also to sustain the program.

- **Train facility staff to manage the change process.** When health facilities implement new policies and procedures, supervisors need new skills to support staff in making changes. Well-trained managers of the process will ensure that motivation and morale remain high as health services are strengthened.

- **Train institutional supervisory bodies and technical support bodies in the PQI process.** These organizational bodies support

health facilities and the ministries of health as they implement the PQI process. They also ensure that new policies and technical approaches are standardized and implemented in a number of different arenas.

- **Maintain the motivation of community members and healthcare professionals at all levels during the PQI process.** Appropriate incentives should be identified to reward improved performance.

- **Use international standards and adapt PQI materials from other programs to ensure effectiveness and efficiency.** However, make sure that, to the greatest extent possible, the PQI process is consistent with the main institutional policies and approaches of the host country.

- **Develop simple, user-friendly performance assessment tools.** This encourages program ownership and makes the program easier to replicate while enhancing program sustainability.

- **Ensure that the host country, institution, or donor has made a long-term commitment to improving services before initiating a PQI process.** It takes time to lay the foundation for an effective PQI initiative and to implement the steps in the process. However, because the process ensures that appropriate interventions are selected and supported, the results of the interventions are more likely to be dramatic and sustainable.

PQI is a powerful tool that has helped the MNH Program in its efforts to improve skilled attendance, a system of services that is central to saving the lives of women and their newborns. When implemented correctly, the PQI process can assist all safe motherhood programs as they work toward reducing maternal and neonatal mortality.

APPENDIX

# PQI TOOLS DEVELOPED BY MNH PROGRAM COUNTRY INITIATIVES

The PQI tools listed below were developed and implemented by MNH Program country initiatives in Burkina Faso, Guatemala, Honduras, Indonesia, and Tanzania. These tools can be used as models and adapted for use in other country programs. Copies (in the language listed) are available on request from the MNH Program Office, 1615 Thames Street, Suite 100, Baltimore MD, 21231-3492 (Telephone: 410-537-1900; E-mail: mnh@jhpiego.net).

## Tools for Social Mobilization

1. Community self-analysis workshop guide (French)

## Tools to Assist with Provider Performance Improvement

1. Health provider management chart (French)
2. Action plan for monitoring implementation of new maternal and newborn care clinical practices (Indonesian and English)
3. Benchmark monitoring tool for postabortion care services and postabortion care training site development (English)

## Facility Accreditation Tools

1. Hospital: tool assesses six areas using 77 criteria (Spanish and English)
2. Health center with beds and community maternity: tool assesses six areas using 75 criteria (Spanish and English)
3. Health center without beds: tool assesses six areas using 56 criteria (Spanish and English)
4. Dispensary: tool assesses five areas using 43 criteria (Spanish and English)

Assessment areas for facility accreditation tools include care of the woman during labor, childbirth, the postpartum period, and emergencies; infection prevention; information, education, and communication; resources and logistics; management systems; and support services.

## Facility Assessment Tools

1. Training site identification/assessment tools (English and Indonesian)

Training site assessment areas include care during labor and childbirth, postpartum care, newborn care, infection prevention, infrastructure, supplies, equipment, medication, and postabortion care.

2. Site readiness for postabortion care service assessment tool (Indonesian)

Assessment areas include infection prevention, family planning, manual vacuum aspiration, pain management, counseling, and linkages between these service elements resulting in high-quality postabortion care services.

3. Health facility provider interview (English)
4. Health facility provider observation (English)
5. Health facility client exit interview (English)
6. Health facility site assessment (English)

Assessment areas for facility assessment tools 3–6 include antenatal care, family planning, infection prevention, and postabortion care.

### Site Preparation Tools

The site preparation tool, which was used at selected health facilities in Burkina Faso, is available in English and French. It includes eight components:

1. Performance analysis
2. Define the gap
3. "Why-why process"
4. "Force field analysis"
5. Match interventions with causes
6. Prioritize interventions
7. Action plan
8. Transfer of training guide

### Reference Materials

1. Protocols for management of complications (Spanish)
2. Management of complications: a medical record review guide (Spanish)

# APPENDICES

## APPENDIX A

# WORKING WITH PEOPLE

## INTRODUCTION

At the heart of the SA/S process is communication between people. The technical advisor and facility counterpart need to work well with people at many different levels and in many different situations to make it possible for the facility to provide high-quality services. The technical advisor and counterpart should:

- promote teamwork,
- be aware of and respond to the needs of staff, and
- encourage and motivate staff members to do their best.

Everyone involved in the SA/S process, but especially the team leaders, need good communication skills. Much of the work takes place in meetings; therefore, one must be able to plan and conduct productive meetings. To increase individual effectiveness, one must also be able to develop relationships with different stakeholders, including staff, community members, and representatives of different levels of the healthcare system.

## EFFECTIVE COMMUNICATION SKILLS[1]

Being able to communicate effectively—to be heard and understood by all concerned—helps all team members to be successful.

The following principles are important for encouraging communication:

- All people should be free to express their views, and should be encouraged to do so.
- All people should be treated with respect.
- A message, whether oral or written, should be expressed clearly and in language that can be understood by everyone.
- Communication has two elements—sending and receiving. When the message that is sent is not received, communication has not taken place. Therefore, the communicator should always use some means of checking that the message was received and understood (e.g., by asking a question about the message).

[1] "Effective Communication Skills" *adapted from*: AVSC International. 1999. *Facilitative Supervision Handbook*. Pages 3.3–3.15. AVSC International: New York. Work-in-Progress. (AVSC International officially changed its name to EngenderHealth in March 2001.)

Team members should use a variety of communication techniques. Four of these techniques are:

- active listening,
- positive body language,
- clarification of communication, and
- appropriate questioning.

## Active Listening

Active listening is a communication technique that encourages open communication of ideas and feelings and helps people establish trust in each other (see **Table A-1**). In active listening, the listener accepts what is being said without making any value judgments. The listener makes sure that s/he understands clearly the ideas or feelings being expressed, and then confirms to the other person that s/he understands them.

**Table A-1. Suggested "DOs" and "DON'Ts" for Active Listening**

| ACTIVE LISTENING "DOS" AND "DON'TS" | |
|---|---|
| **Do** | **Don't** |
| Concentrate on what the speaker is saying | Do other things (e.g., look through papers) when the speaker is talking |
| Allow the speaker to say what s/he wants to say | Interrupt<br>Finish the speaker's sentences |
| Allow the speaker to lead the conversation | Ask questions that change the topic |
| Accept the speaker's opinion as valid for her/himself | Discredit, criticize, or judge what the speaker says |
| Pay attention not only to words, but also to body language and behaviors | Assume you know what the speaker is going to say next Ignore the emotional context |
| Prevent emotions from blocking active listening, no matter what the speaker is saying | Become angry, defensive, or upset<br>Take comments personally |

## Positive Body Language

Body language is the way an individual sends messages to others through gestures, the posture of his or her body, the position of different parts of his or her body, and the space between one person and others. Body language can include:

- The way that one looks at people when speaking to them and when they speak, for example, facial expressions (smiling, nodding, frowning) or appropriate eye contact
- The way that one places his or her arms and hands (e.g., arms crossed in front suggests defensiveness)

- The way that one positions one's self (e.g., sitting behind a desk, sitting at the same level as the other person, sitting next to or in front of the person, the distance from each other)

Active listeners use positive body language to show respect for, interest in, and willingness to share the feelings of the other person. For example, in some cultures, sitting next to someone, looking the person in the eyes, and nodding indicate that the listener is interested in what the person has to say. By contrast, sitting across a desk, looking down, and writing notes may indicate a lack of interest and possibly even hostility. Sometimes body language can frighten people and discourage them from offering suggestions for solving problems. One's body language should send, in a positive way, the same message as one's words.

## Clarification of Communication

Clarification of communication requires the listener to ask questions in order to make sure that s/he understands what the speaker has said.

Clarification requires restating the message in one's own words and asking if the interpretation is correct, using phrases such as, "Do you mean that…?" or "Are you saying that …?" or " I am hearing you say…."

*Example*:

**Statement**: "It is difficult to get clients to listen to my advice."

**Clarification**: "I am not sure I understand you completely. Are you saying that clients are not following your recommendations?"

**Statement**: "No, they are following my recommendations, but they are not coming back to the clinic at the time I tell them. They come whenever they wish and ignore the appointment time that has been set."

Using clarification here has not solved the healthcare provider's problem, but defined it so that the supervisor could be more helpful.

Using clarifying questions shows that you are genuinely interested in what you are being told because you are taking the time to restate the speaker's point. But do not use clarification too much. People may resent being interrupted if it happens too often.

## Appropriate Questioning Techniques

It is important to know how to ask questions in such a way that they encourage staff to provide as much information as possible. Staff who are uncomfortable or shy may respond with one-word answers that do not provide enough information to explain what is happening. Use open-

ended (who, what, where, when, why, or how) questions instead of closed (yes/no) questions to help avoid one-word answers and to encourage discussion.

***Examples of closed questions*** (they can be answered with a yes or no):

- "Did you solve the problem of the stockout of oxytocin?"
- "Are you going to meet with the woman who has been having problems breastfeeding?"
- "Are you going to reorganize the staff in the antenatal care clinic?"

***Examples of open-ended questions*** (they usually begin with who, what, where, when, why, or how):

"What has been done about the stockout of oxytocin?"

"How will you handle that woman who is having problems breastfeeding?"

"How are you going to organize the client flow in the antenatal care clinic?"

Because closed questions require only a "yes" or "no" answer, they do not always result in sufficient information. Open-ended questions cannot usually be answered with one word, so staff will be encouraged to explain the situation in more detail.

## FACILITATING TEAMWORK

*A team is a small number of people with various and different skills who are committed to a common purpose and performance goals. Each member is responsible and accountable to other team members.*[2] The SA/S process can only succeed through work with staff and stakeholders as a team. You can agree on a common purpose, determine what is good about the facility and what might need to be improved, and find ways to make improvements as a team. Teams can be established for different purposes.

Some teams are **permanent** and may serve an ongoing planning and monitoring function. An example of this type of team is a district health management team.

Some teams are formed for **specific purposes**. An example of this type of team is one that is formed to carry out an action plan regarding the

[2] *Reprinted with permission from*: Harvard Business School Press. From Katzenbach JR and DK Smith. 1992. *The Wisdom of Teams: Creating the High Performance Organization*. Boston, MA. Copyright © 1992 by Harvard Business School Publishing Corporation (www.hbsp.harvard.edu); all rights reserved.

facility's evening hours. This team (committee) would disband after the action plan has been carried out successfully, or it could remain available on an ad hoc basis if further action were to become necessary.

The team-building process that is presented here can be managed through a permanent team, such as a management or performance improvement team that meets regularly, or a team that is formed as needed to address specific performance gaps. Most likely, a facility will need both kinds of teams. The most important point is that site strengthening and improving facility and staff performance is a **team effort**. It is not the responsibility of just one person.

## Stages in the Development of Teams

People who have an interest in the issues being addressed should be included on teams, both:

- those who are directly affected by the issues, and
- those who can do something about them.

At a small clinic, the whole staff can be on the team. At a larger facility, there may be multiple teams. For example, in a large regional hospital, there would likely be teams for different services such as maternity, outpatient, pediatrics, housekeeping, etc. All levels of staff at the facility and community members, when appropriate (e.g., as members of the facility management committee), should be included on the team.

There are several stages in the development of an effective team. It is very important to be aware of these stages as one works with staff on site strengthening and performance and quality improvement efforts. **Table A-2** describes what happens in each of the stages of team development.

**Table A-2. Stages in the Development of Teams**[3]

| STAGES IN THE DEVELOPMENT OF TEAMS | |
|---|---|
| **STEP** | **DESCRIPTION** |
| **STEP 1**<br>Formation | When a team forms, members are initially hopeful, but cautious. This stage represents a transition from individual to group action, and it takes a skillful leader to facilitate this transition. During this stage, team members usually:<br>• Are enthusiastic about the idea of working on a team<br>• Are proud to have been identified as team members<br>• Think very little about the work to come<br>• Start to establish relationships with one another<br>• Begin to define the problem and discuss how to collect data about it<br>• Have many discussions that are not directly related to the central issue<br>Often during this stage, very little gets accomplished. Don't worry; this is perfectly normal. |
| **STEP 2**<br>Conflict | This is probably the most difficult stage in the development of a team and a challenge for any team leader. Team members may realize that the role of team member is different from and more difficult than what they had imagined. In this stage, it is common for the team members to:<br>• Resist working as a team<br>• Form very high or very low expectations for the team<br>• Disagree with one another, even on issues on which they previously agreed<br>• Exhibit jealousy, anger, or tension<br>• Believe that an invisible division exists among members or parts of the team<br>• Question the motives of those who suggested the formation of the team<br>Again, in this stage, members are devoting little energy to the objectives of the team, but they are starting to understand each other. It is important for the leader not to get discouraged and to be persistent through this stage. Many important team efforts come to a halt at this stage because of the difficulties that arise. Understanding that this is just a phase, however, will help you to keep moving forward. |
| **STEP 3**<br>Normalization | The worst is over! During this stage, team members begin to accept the group, its rules, their roles on the team, and the individuality of their team members. There are fewer emotional conflicts. Interaction becomes more cooperative. During this stage, team members:<br>• Begin to think of themselves as a true team with a common goal<br>• Become capable of exchanging constructive feedback with other team members<br>• Form friendships within the team and develop respect for one another<br>• Define and follow rules for working together (often these were defined in the formation stage but were not followed until this point) |
| **STEP 4**<br>Getting the Work Done | At this stage, the team has solved its internal problems. Team members begin to act, assess problems, design and implement solutions, and modify their actions as needed. They have accepted one another's strengths and weaknesses and identified their own unique roles. At this stage the team:<br>• Is satisfied with what it has accomplished<br>• Can avoid or quickly solve any problems related to group dynamics<br>• Understands group process and each member's individual role<br>• Has a better understanding of the strengths and weaknesses of team members<br>• Is unified and efficient |

[3] *Adapted from*: Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates, Inc.: Madison, WI.

### How to Build a Successful Team

To build a successful team, technical advisor and counterpart should:

- Select five to eight members (identify members based on the goal to be achieved); the larger the team, the harder it is to manage. (Remember, if you are at a small facility of fewer than 10 people, include everyone on the team.)
- Work with the team to develop a common goal that is known by everyone.
- Acknowledge all team members so that they feel that they have something to contribute.
- Help team members work together harmoniously and efficiently to solve problems.
- Encourage members to place the good of the team before some of their personal goals and desires.
- Treat team members fairly and equally.
- Structure the work of the team in a simple and logical fashion; make sure the work is distributed fairly.
- Create an environment that supports and rewards openness, creativity, trust, mutual respect, and a commitment to the provision of high-quality health services.

One way to create teamwork is through regular communication among staff or team members. When staff communicate regularly and are aware of each individual's roles and responsibilities, they tend to feel a sense of ownership and responsibility to their colleagues. Consistent communication can be accomplished by meeting regularly. The planning and facilitation of meetings is therefore an important skill to strengthen.

## PLANNING AND FACILITATING PRODUCTIVE MEETINGS[4]

The technical advisor and counterpart will be responsible for planning, calling, and facilitating many meetings. They may be with community leaders, ministry of health staff, or the clinic staff. Below are some questions to consider in planning and facilitating meetings:

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[4] "Planning and Facilitating Productive Meetings" *adapted from*: Agbodjavou J and M Kagoné. 2000. *Améliorer la performance du site par la supervision: Manuel de référence pour la formation en supervision* (Using Supervision to Improve Site Performance: Reference Manual for Training in Supervision). Santé Familiale et Prévention du SIDA (SFPS) Project: Abidjan, Côte d'Ivoire. Draft. SFPS publication suggested by: Scholtes PR. 1992. *Le Guide Pratique du Travail en Equipe, Comment Utiliser les Equipes pour Améliorer la Qualité* (The Team Handbook: How to Use Teams to Improve Quality). Joiner Associates, Inc.: Madison, WI.; McMahon R et al. 1992. *On Being in Charge: A Guide to Management in Primary Health Care*, second edition. World Health Organization: Geneva.

- **What information must be given or obtained?** For example, to inform staff of recent changes in procurement procedures, one might call a meeting to explain the new procedures to them. Or, to determine the best hours for the clinic to provide immunization services, one might call a meeting of community members to find out their needs and expectations (e.g., the most convenient times for bringing children to the clinic for immunizations). These kinds of meetings work well with groups of 10 or more participants.

- **Is there a decision to be made or a problem to be solved?** After gathering information from the community about their preferences for immunization services, one might meet with staff members to brainstorm about how to change the clinic's hours to better meet community needs. A group of three to nine participants works best for this type of meeting. A larger group may make it more difficult to reach a decision or solution, particularly if there are many details to consider.

- **Is there a specific goal to be accomplished or a task to be completed?** For example, to complete a report for the ministry of health, information may need to be obtained from various services of the hospital. This might necessitate a meeting of people from the different services, to which they bring their relevant information and complete the report together. This type of meeting works best with small groups of three to nine people. A small group is more likely to get the job done efficiently.

## Preparing for a Meeting

Consider the following questions when preparing for a meeting (see **Sample B-1** at the end of this chapter for a checklist that encompasses these steps):

- **Is a meeting necessary?** Can the work to be done or the decisions to be made be accomplished through any other means (e.g., memos, letters, reports, telephone conversations, face-to-face conversations). If the answer is no, a meeting should be scheduled.

- **What is the objective of the meeting?** The meeting objective is a statement of purpose. This is part of the agenda. It shows what the meeting intends to accomplish. To avoid confusion and focus the participants' attention, the meeting should stay centered on one objective.

  *Examples of different objectives/purposes*:

  - To inform the staff of new procurement procedures and answer their questions

  - To determine the best hours to provide immunization services in the community
  - To complete the quarterly report for the ministry of health

- **What information should be gathered about the topic prior to the meeting?** It is important that everyone attending the meeting know something about the topic to be discussed. This information can be made available before the meeting, or the meeting can begin with an introduction to the topic.

- **Who should participate?**

  - Who needs this information?
  - Who will do the work or make the decisions?
  - Who are the people who will be affected by the discussions and decision about the meeting's agenda?

- **Where, when, and for how long will the meeting take place?**

  - Are the meeting place and time convenient for everyone?
  - Is there enough time to accomplish the meeting objective?

Once these questions have been addressed, the facilitator should do the following:

- **Prepare the agenda for the meeting.** The agenda should be based on the meeting objective, the amount of time available for the meeting, and the number of participants invited. (The more people who are invited, the more ideas will be suggested and the more information shared, and thus the more time will be required.) The facilitator may wish to ask the meeting attendees for agenda items, or ask certain participants to introduce specific items. The agenda should be distributed to participants before the meeting. If the team has regular meetings, the facilitator should allow time at the beginning of each meeting to follow up on actions recommended in previous meetings (and recorded in previous minutes) to encourage continuity and closure. Finally, the facilitator should list agenda items in a logical order (e.g., in order of priority), and decide how each item will be addressed (e.g., brainstorming, small group discussion), allowing enough time for each item. (See **Sample A-2** at the end of this chapter for an example of a meeting agenda.)

- **Announce the meeting.** People should be informed of a meeting well ahead of time. Distributing the agenda before a meeting is very helpful to the participants. It helps them to prepare themselves for the meeting and provides an opportunity for participants to give their input on the agenda. For public meetings with community members, written announcements can be posted on walls and doors in public

places such as shops or post offices. Health staff should also meet with community leaders and ask them to spread the word about the meeting.

## Conducting a Meeting

The type of meeting will determine how it is conducted. Three simple rules, however, apply to all group meetings: The person conducting the meeting:

- Should allow no rudeness or personal remarks
- Has the absolute right to control the discussion, rule out irrelevant remarks, and stop the proceedings if necessary
- Is responsible for the progress of the discussion (e.g., by raising questions or new topics, encouraging all participants to take part)

### *The Role of the Facilitator*

To be an effective meeting facilitator, one must use all of the team leadership and communication skills described in this Appendix. The leader must keep the group focused on its objective and draw the group together to accomplish its goal, keeping in mind the following major responsibilities of the meeting facilitator or chairperson:

- Define the objectives and agenda for the meeting ahead of time.
- Start and end the meeting on time.
- Set the rules of conduct for the meeting (e.g., raising a hand to be recognized).
- Keep the meeting moving forward by managing the discussion.
- Encourage full participation of all attendees.
- Encourage active discussion, expression of opposing viewpoints, and teamwork.
- Restate or summarize participants' positions for clarity.
- Help resolve conflicts.
- Maintain order and courtesy; the climate of the meeting should be one of mutual respect.
- Clarify and summarize conclusions or actions to be taken.
- Delegate responsibilities and make effective use of subcommittees to work on activities before the next meeting.
- Delegate responsibility for creating and distributing the minutes of the meeting.
- Establish the time, place, and agenda for the next meeting.

- Follow through on the future work that was decided on at the meeting.

If the facilitator is left with too little time to discuss all remaining agenda items, s/he should deal with the most important ones first and leave the rest of the items for a future meeting. Rushing through the agenda items is not productive.

## Brainstorming

Brainstorming is a useful technique for communicating in a team setting, and for making decisions and solving problems being addressed in a meeting. Brainstorming stimulates creativity and is often used with a group discussion. The purpose of brainstorming is to generate a list of ideas, suggestions, or solutions focusing on a specific topic, issue, or problem. Following are some guidelines for facilitating a brainstorming session:

- Announce the brainstorming basic rules. Typically there are three basic rules:

    - All ideas will be accepted.
    - There will be no discussion of suggestions at this time.
    - There will be no criticism of suggestions.

Example:

"During this brainstorming session, we will be following our basic rules. All ideas will be accepted, and Emily will write them on the flipchart. At no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not, …."

- Maintain a written record of the ideas and suggestions on paper or a writing board.
- Involve the participants and provide positive feedback to encourage more contributions.
- Avoid allowing only a few of the participants to control or dominate the brainstorming session while at the same time encourage those not offering suggestions to do so.
- Review the suggestions periodically to encourage more contributions.
- Conclude brainstorming by reviewing all the suggestions.

## COORDINATING WITH MULTIPLE STAKEHOLDERS

The SA/S and PQI processes require linkages among many stakeholders including:

- All of the services within the clinic or hospital
- The clinic and other clinics or hospitals
- The clinic and central supply systems
- The clinic and the community
- District, regional, and national authorities

Some problems can be solved at the healthcare facility. Others cannot. Some are more efficiently and effectively dealt with at district or regional levels. Be prepared to address problems at the appropriate level. For example, if a clinic is having a problem with referring clients for further care, team leaders will need to communicate with the following stakeholders:

- **Staff**—to make sure that they are identifying the need for client referral in a timely manner and know how to refer clients effectively;
- **Clients**—to make sure that they are receiving high-quality counseling and that they understand what is involved in referrals;
- **Other community members**—to make sure transport is available;
- **Other clinics, hospitals, and community care/hospice care facilities to which you are referring clients**—to make sure that each case is referred to the appropriate place; and
- **Staff (again)**—to make sure that they know the outcome of the referral and whether it was appropriate.

### Maintaining Strong Community Links

The facility team must maintain close links with the community. For the team to have a positive impact on the people in the community, it is essential to understand the community's way of life. This is best done by listening to what people say, watching how they behave, and participating in community events. Specific ways for the team to stay in touch with the community it serves include:

- Inviting community members to be a part of the management of the facility
- Holding community meetings to share health information, leaving time at the end for community members to ask questions and voice concerns

- Placing a suggestion box in the clinic, reviewing suggestions, and implementing them when possible
- Conducting periodic exit interviews of clients
- Serving as active members of the community (e.g., going to religious meetings, attending social functions)
- Participating in radio or television discussions on relevant health matters and using the opportunity to pass on health information to the community
- Writing articles in newspapers or reading for the local news
- Asking community leaders for their ideas, suggestions, and comments (they may serve as the "voice" for others who hesitate to give their opinion)
- Involving community health workers in activities at the facility
- Networking with other social or community services (e.g., local schools, youth clubs)

## MANAGING CHANGE

Introducing interventions to strengthen sites and improve performance and quality of healthcare services involves change, and people are not always comfortable with change. It is not enough to design a sound intervention. The best ideas can fail because the people who are supposed to implement them are resistant to change. To improve performance and services, the technical advisor and counterpart must know how to manage the change process. People may resist change because they feel:

- **Threatened by change.** Staff may fear losing their jobs as a result of changes in their work environment. They may believe that they will end up doing more work or have to work under unfavorable conditions. Healthcare workers could think that:

  - Focusing more on quality will result in more time spent with each client and therefore longer working hours for the same salary.
  - Introducing a preventive healthcare approach that is proactive will mean that they will have to conduct home visits instead of working only at the healthcare center.
  - Measuring their performance and the quality of their work might have them declared incompetent in their jobs and cause them to be fired.
  - Changing behavior provides no benefit.

- **Excluded.** If staff believe that they are not participating in the changes, or do not know or understand why changes are being

suggested, they are likely to resist them. They may feel underestimated, out of control of the situation, or threatened. This feeling could be particularly strong among staff with leadership roles. These staff may believe that they already know the day-to-day realities and any changes that are needed. They may react negatively to proposals for change.

- **Unhappy.** Healthcare workers, especially in the public sector, frequently receive very low wages. Resisting change is a way to show their employer that they are dissatisfied with their wages.

- **Isolated.** As workload increases or changes, staff often feel there is a lack of commitment, support, awareness, and communication from their supervisors and managers.

It is difficult to eliminate resistance to change completely and permanently, but the following steps can be taken to minimize it:

- **Develop a common goal.** Work with staff to keep in mind the goal for the facility and to see how the proposed interventions will help achieve it. A common goal will be the main force to pull the team together and move the change process forward.

- **Involve stakeholders.** Before starting an intervention, it is important to identify the key stakeholders. In the case of a clinic, consider the different groups of healthcare staff, clients, ministry of health representatives, community organizations, local governments, media, etc. It is important to identify the real or perceived interests, fears, and influence of each group. Develop a plan to involve specific stakeholders as appropriate.

- **Communicate.** The purpose of the intervention and its likely effects, both positive and negative, should be presented clearly from the start to those involved in the process. These people must understand what they will gain as a result of the changes.

- **Involve all staff.** It is important to promote the broadest possible participation in the change process by different groups of staff members. Team building and teamwork mechanisms are essential. During the whole process, useful ideas from staff and other stakeholders should be incorporated into the intervention plan.

- **Anticipate and negotiate.** The people in charge of making changes need to stay in touch with all groups involved in the change process. This helps them anticipate reactions, both positive and negative, and provide adequate feedback or solutions. Frequently, it is necessary to negotiate with stakeholders to ensure their ongoing support and commitment to the process.

- **Monitor.** Even if there is an initial stakeholder agreement to participate in and support the process, it is important to monitor how the situation evolves. Interventions might produce changes that were not expected at the beginning and provoke negative reactions from stakeholders.

- **Demonstrate commitment and consistency.** Assuming staff have been included and considered during the entire change process, it is important to demonstrate continued interest and support toward the staff and the proposed changes.

Because there is rarely complete certainty about the root causes of gaps in performance, selecting and enacting interventions should be closely monitored. If a particular intervention is not the appropriate solution, other interventions can then be selected and acted upon.

**SAMPLE A-1**

# CHECKLIST FOR PREPARING A MEETING

**Meeting Topic**: _____ **Date**: _____

| CHECKLIST FOR PREPARING A MEETING | |
|---|---|
| **Step/Task** | **Check ("✓") box if step/task completed satisfactorily** |
| 1. Determine the need for the meeting. | ❑ |
| 2. State the objective of the meeting. | ❑ |
| 3. Gather information about the topic. | ❑ |
| 4. Decide who should participate. | ❑ |
| 5. Determine the place, time, and duration of the meeting. | ❑ |
| 6. Prepare the meeting agenda. | ❑ |
| 7. Announce the meeting. | ❑ |
| 8. Arrange for someone to record and distribute minutes. | ❑ |
| 9. Send out letters of invitation and the agenda ahead of time in order to provide adequate notice to participants. | ❑ |
| 10. Ensure that the necessary supplies are available for the meeting:<br>● Writing pads<br>● Pens<br>● Flipchart/Whiteboard | ❑ |
| 11. Prepare the meeting room:<br>● Ensure that there is adequate space and lighting.<br>● Organize seats in a comfortable arrangement.<br>● Arrange for refreshments, if appropriate, based on the time and duration of the meeting. | ❑ |

**ADDITIONAL NOTES (if needed)**:

**SAMPLE A-2**

# SAMPLE MEETING AGENDA

**Meeting of Maternity Section of Charity Hospital**
1 April 2004

Objective/Purpose of Meeting: _____

| | |
|---|---|
| 9:00 a.m. | Opening remarks—Facilitator |
| 9:15 a.m. | Introduction of members present (and apologies for members absent)—All |
| 9:20 a.m. | Purpose of today's meeting—Facilitator |
| 9:30 a.m. | Introduction of National Service Delivery Guidelines—Mary Omadi |
| 10:15 a.m. | Identification of ways in which current practice differs from the guidelines—R.A. Shrestha |
| 11:15 a.m. | Formation of action teams for followup (i.e., define next steps and timeframe)—Facilitator |
| 11:30 a.m. | Any other business—Facilitator |
| 11:45 a.m. | Date of next meeting—Facilitator |
| 12:00 p.m. | Closure of meeting—Facilitator |

## APPENDIX B

# CASE STUDY: IMPROVING INFECTION PREVENTION PRACTICES AND SERVICES

## INTRODUCTION

This case study is presented as an example of how the SA/S process can be initiated internally in response to a recognized performance gap. In this case study, the leader is the clinic supervisor, rather than an external technical advisor. However, the process followed is the same as that described in Chapters 2-6, where it is led by an external technical advisor. It is hoped that this case study will demonstrate how the SA/S and PQI process can be transferred to the facility team as an operational norm.

## DEFINING DESIRED PERFORMANCE (CHAPTER 2)

Abigail is the supervisor of a primary healthcare clinic. Currently, the clinic provides a variety of healthcare services. Most commonly, however, the clinic provides reproductive health, HIV/AIDS, and maternal and child services to the community. Recently, Abigail overheard some women in her community discussing a clinic in the next community. They were enthusiastically describing how clean and well organized it was. The level of cleanliness, it seemed, was a reason these women were choosing to walk farther to that clinic. Abigail decided this was an issue that should be addressed in her clinic.

The next day, she began looking around the clinic. She noticed that in the waiting area, trash was not disposed of correctly. In addition, the latrine had no water source for washing hands. When she looked at the examination area, instruments were lying on the table and it was unclear whether they were clean or dirty. Additionally, trash was disposed of in the yard behind the clinic.

At the next staff meeting, Abigail raised the issue of cleanliness in the context of overall infection prevention practices, and told about the women she had overheard talking. She asked her staff to express their views of what they thought about the cleanliness of the clinic.

Many of the staff members said they had never thought that the clients noticed the cleanliness. Others said it was very difficult to keep things clean when there were so many other things to do every day. Still others didn't feel it was their responsibility to clean. They provided services to clients and felt that it was the responsibility of others to do the cleaning. The cleaning person expressed confusion about her responsibilities.

Abigail and her staff decided that some work was needed to improve the cleanliness of the clinic. She began by creating a team to work together to resolve the issues. She included representatives from the administrative, clinical, and cleaning staffs so that everyone recognized one another's responsibility to maintain a clean clinic. In addition, she included the district-level supervisor and a representative from the community council.

There was an overall goal for the clinic that stated that, "All families will receive high quality healthcare in a clean, safe and respectful environment." This goal had been developed 2 years earlier. Now the staff needed to define how infection prevention linked into the overall goal of the clinic.

This process was not as easy as it first seemed. Each staff member had her/his own idea of what defined "cleanliness" or correct infection prevention practices. The clinical staff focused on instrument processing while the cleaning staff focused on trash and paper disposal. The community member was more concerned with the general appearance of the waiting area and yard. When they all turned to Abigail and the district supervisor to ask what was the common definition of "a clean clinic," they were told that no such definition existed. Therefore, after much discussion, the team began putting their individual definitions together to reach a common definition on which they could all agree.

The definition they created was:

> To maintain a clean environment through correct processing of instruments and other items, correct waste disposal in the outside yard, waiting areas and examination rooms, and handwashing.

Once the overall definition was created, the team needed to determine what should be done to accomplish this goal. Abigail, as the supervisor of the clinic, facilitated the process. The team began by collecting any policies or guidelines from the Ministry of Health that pertained to cleanliness or infection prevention of a clinic or health facility. Because these were policies at the Ministry of Health level, however, they were not very specific. The only relevant policy they found said, "All clinics shall maintain a high level of infection prevention at all times."

Because this was too general, Abigail and her team wanted to better define what "high level of infection prevention" meant for their clinic. Rather than taking on all the problems at once, she and her team also decided to focus on handwashing and housekeeping first. The team would then look at the processing of instruments once the other two items had been addressed. This made their work more manageable.

To address handwashing and housekeeping, the team began brainstorming about the important issues to consider in handwashing and housekeeping. They listed things such as:

- All healthcare providers should always wash their hands before and after working with a client.
- Water, soap, and a clean towel should be always available.
- Trash should be picked up and properly disposed of.

Once this list was complete, they tried to create observable and measurable indicators. They created performance standards such as the following:

- The healthcare provider washes her/his hands correctly before and after contact with the client.
- The internal and external areas of the health center are clean.

Using the overall standards of cleanliness, they examined the process behind each indicator and selected those that were most important to the achievement of the overall indicator to "measure" the indicator. An illustrative example of "desired performance" for cleanliness is given in **Table B-1**.

**Table B-1. Illustrative Example of Desired Performance**

| PERFORMANCE STANDARDS | INDICATORS FOR MEASURING STANDARD |
|---|---|
| 1. The provider washed her/his hands correctly before and after contact with the client. | Instructions: Observe three procedures to determine whether the provider:<br>• Wet hands with running water<br>• Put soap on hands<br>• Rubbed vigorously for 10–15 seconds<br>• Dried with clean, dry towel or air dried |
| 2. The external and internal areas of the health center are clean. | Instructions: Observe during visit the absence of dust, blood, trash, and spider webs in the following areas:<br>• Front of health center<br>• Back yard<br>• Common areas<br>• Admission/Waiting area<br>• Hallways<br>• Consultation rooms<br>• Examination room<br>• Exam table<br>• Lavatories<br>• Storage room |

## ASSESSING PERFORMANCE (CHAPTER 3)

Once the team completed its examination of each performance indicator, they analyzed in what ways the clinic was reaching its goals and where there were weaknesses. Using the standards and indicators, they observed the staff, looked at the general areas of the clinic as well as the examination rooms, and talked with staff and clients. They found that the common areas, examination rooms, and lavatories had no trash bins, so waste was on the floor or in a bag hanging on a chair. The floors were dingy. The back yard was being used as an area to dump waste. The staff were not washing their hands regularly and soap wasn't readily available. The team calculated a score for cleanliness and determined that out of 100%, the clinic had 55% of the requirements for a "clean clinic."

**Table B-2. Assessment Instrument**

| PERFORMANCE STANDARDS | YES | NO | COMMENTS |
|---|---|---|---|
| Instructions: Observe three procedures to determine whether: | | | |
| **The provider washed her/his hands correctly before and after contact with the client.** | | | |
| • Wet hands with running water | | | |
| • Put soap on hands | | | |
| • Rubbed vigorously for 10–15 seconds | | | |
| • Dried with clean, dry towel or air dried | | | |
| Instructions: Observe during visit the absence of dust, blood, trash, and spider webs in the following areas: | | | |
| **The external and internal areas of the health center are clean.** | | | |
| • Front of health center | | | |
| • Back yard | | | |
| • Common areas<br>Admission/waiting area<br>Hallways | | | |
| • Consultation rooms | | | |
| • Examination room<br>Exam table | | | |
| • Lavatories | | | |
| • Storage room | | | |

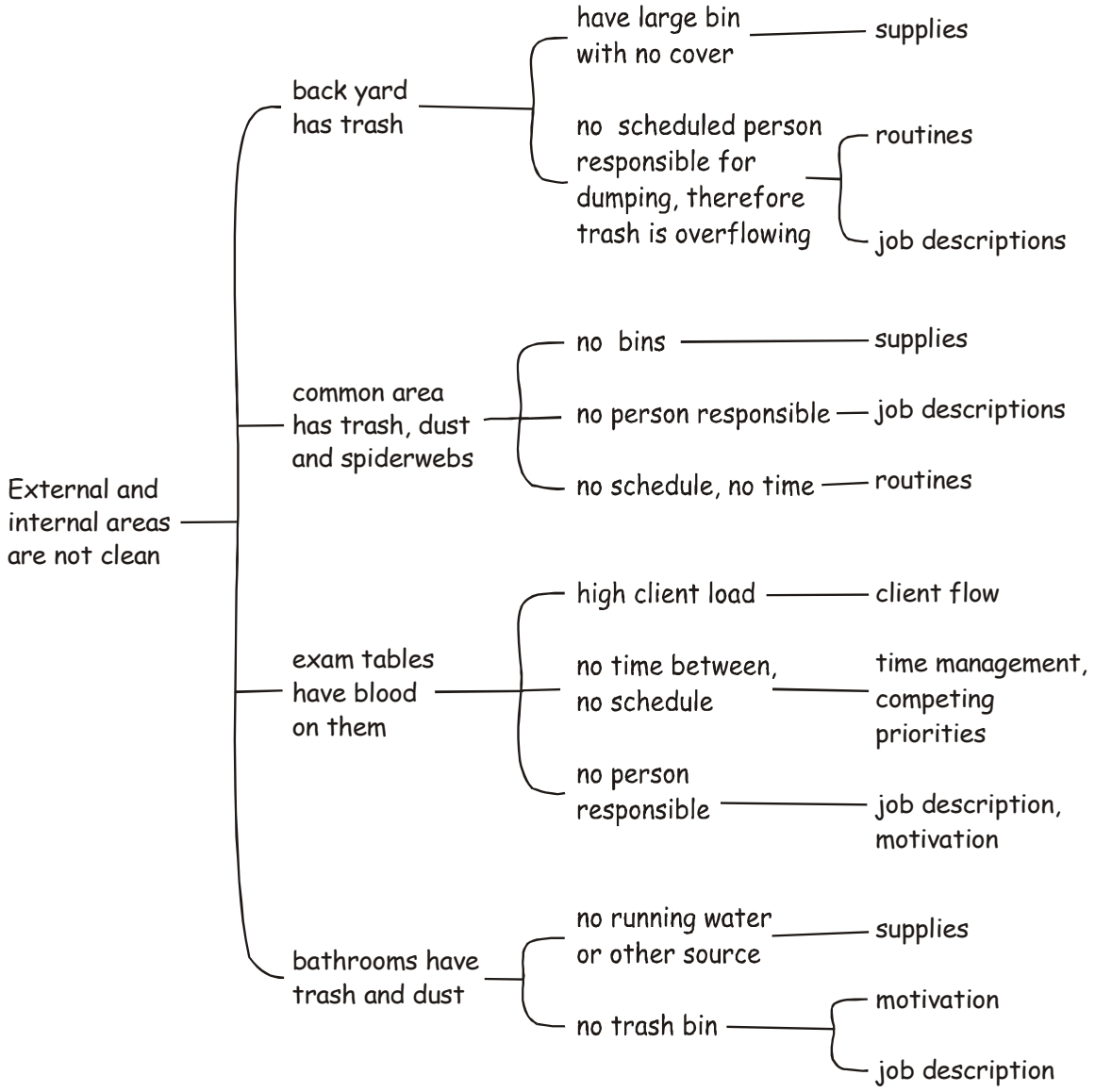
## FINDING ROOT CAUSES (CHAPTER 4)

The team completed its analysis of where the clinic was reaching its goals and where there were weaknesses. Next, Abigail organized and facilitated

a large meeting with the staff of the clinic. She presented the findings and opened up discussion. The staff were quite surprised at the findings. Providers were not washing their hands with soap, nor were they using a clean, dry towel. The back yard of the clinic was filled with paper trash and used syringes. In addition, the placenta pit didn't have a cover. The table in the examination room had blood on the mattress, and the bathrooms were quite dirty. There was much discussion about why these problems existed, which led Abigail to facilitate a root cause analysis. She began with the standard regarding the cleanliness of external and internal areas.

The root cause analysis was diagramed as follows.

**Figure B-1. Why-Why Diagram of Clinic Cleanliness**



## SELECTING AND IMPLEMENTING INTERVENTIONS (CHAPTER 5)

Once the root cause analysis was complete, Abigail looked at the problems and the reasons, and discussed with her staff what they could immediately address. She realized that the person in charge of ordering supplies had never considered trash bins as part of the supplies. Abigail therefore decided to allocate extra money to buy trash bins. In addition, the team developed a process for trash removal, restocking, and cleaning that identified the roles and responsibilities of each staff member.

The interventions selected were presented as:
job descriptions,

supplies, and

job aids.

Finally, an action plan was developed and a team assigned to carry out the action plan. See Figure B-3 for the action plan.

## MONITORING AND EVALUATING PERFORMANCE (CHAPTER 6)

After implementing the selected interventions, Abigail and the team decided that they would utilize an action plan (Figure B-3 below) to monitor their own performance and progress and report their findings at the regular staff meetings. Abigail had the responsibility of following up with each staff member regularly to provide feedback about his/her performance. She realized that continual monitoring was needed to ensure that the interventions were helping to strengthen the cleanliness of the clinic. She therefore carried out a small survey based on the "desired performance" indicators.

When the staff picked up their paychecks every other week, Abigail asked them to quickly fill out a self-assessment of their own performance and their observations of the clinic. In addition, she conducted occasional interviews with clients and instituted a quick client survey addressing cleanliness. The employees designed a poster that listed the mission and the performance standards for infection prevention.

They displayed the poster in the waiting area of the clinic. Every week, Abigail would look at the results from the week, and next to the performance standards, she would post one of the three icons (smiling ☺, neutral, or frowning face ☹) on the poster in the waiting area. The reaction of the clients and the providers was very positive, with the staff recognizing the importance of cleanliness, and the clients recognizing the commitment the clinic had made to addressing their needs. Soon, new

clients were coming to the clinic, some even from outside the traditional catchment area.

## CONCLUSION

Abigail saw that the process of defining desired performance, assessing performance, finding root causes, selecting and implementing interventions, and monitoring performance was very useful and ultimately led to improved health services. She learned that, as the supervisor, she could facilitate a team approach to supervision and improve performance and services at her facility, one area at a time.

**Figure B-3. Action Plan**

**PERFORMANCE GAP:** Trash is not picked up and properly disposed of; interior of clinic is not cleaned properly

**ROOT CAUSES TO BE ADDRESSED**: Staff not aware of responsibility; lack of trash bins and other supplies

**ACTION PLAN GOAL**: External and internal areas clean and free of trash

**FACILITY**: Trevar Primary Healthcare Clinic

| ACTIVITY | WHO DOES IT? | RESOURCES NEEDED | DATE NEEDED | HOW TO MONITOR THE ACTIVITY | RESULT AND HOW TO MEASURE |
|---|---|---|---|---|---|
| Determine number of trash bins needed for internal and external areas.<br><br>List cleaning supplies needed.<br><br>Find source to buy trash bins and cleaning supplies at quantity discount.<br><br>Allocate funds to buy trash bins and supplies.<br><br>Order trash bins and supplies. | Supervisor, clinic administrator, supply clerk | Time, money | 15 September 2004 | Trash bins are placed in back yard, common areas, and bathrooms<br><br>Cleaning supplies are allocated to housekeeping staff | 100% of external and internal areas of the clinic are clean. |
| Pick up trash in clinic yard; build cover for placenta pit. | Community volunteers, clinic staff volunteers | Volunteer time, trash bins, utility gloves, wood and paint to make cover for pit | 25 September 2004 | Yard is free of trash; Placenta pit is covered | |

| ACTIVITY | WHO DOES IT? | RESOURCES NEEDED | DATE NEEDED | HOW TO MONITOR THE ACTIVITY | RESULT AND HOW TO MEASURE |
|---|---|---|---|---|---|
| Revise job descriptions of personnel to include responsibility for picking up and disposing of trash in back yard, common area, and bathrooms; cleaning common area; and cleaning exam tables.<br><br>Distribute new job descriptions to personnel.<br><br>Develop cleaning schedule listing day, what is to be done, and by whom.<br><br>Provide ½ day training in cleaning practices for housekeeping staff. | Supervisor, housekeeper | Copies of job descriptions<br><br>Calendar<br><br>Room for training, housekeeping supplies and equipment | 30 September 2004 | Weekly self-assessments, client surveys | |
| Create job aids to remind personnel to pick up trash. | Three staff volunteers | Job descriptions, posters, pens | 30 October 2004 | Job aids posted in back yard, common area, bathrooms | |
| Plan staff tea break on the last work day of each month if the result is achieved | Staff "tea break" committee | Commitment of funds from district health management team | End of each month | Staff are motivated to continue these activities | |

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