Technical Brief: Health Facility Readiness Assessment Tool for Strengthening Health System at the Facility Level

INTRODUCTION

Health for Life (H4L), a five-year (2012-2017) project financed by USAID, is in the second year of its implementation. The primary goal of H4L is to strengthen the Government of Nepal's capability to plan, manage and deliver high quality and equitable family planning, maternal, newborn and child health services. H4L works in partnership with the Government of Nepal/Ministry of Health and Population. In addition to the national focus, it works in 14 districts[1] in the Mid-western (12) and Western (2) Development Regions.

H4L's activities directly address key health system constraints in the following areas: local health systems governance, data for decision making and evidence-based policy development, human resources management, quality improvement systems, and knowledge and behavior change.

H4L aims to support the Government of Nepal to achieve the following objectives; (1) Improve health system governance of district health offices and sub-district level facilities, (2) Support development and implementation of national evidence-based policy, (3) Strengthen national stewardship of the health sector, (4) Institutionalize nationwide system for quality improvement, (5) Improve capacity of district and local health workers and community volunteers to deliver high-quality family planning/maternal and neonatal child health and nutrition services, (6) Improve knowledge, behavior and use of health services among adolescents and marginalized groups, and (7) Strengthen capacity of USAID's contractor for a logistical support activity.

Objectives:

The main purpose of the HFRS is to assess the status of service readiness at health facilities, and to customize H4L's technical support to strengthen the health system/governance and service delivery. It will also help in collecting data on the following core indicators included in H4L's PMP.

- Percent of health facilities (HFs) displaying up-to-date monthly service coverage information on wall charts and graphs on the day of visit;

- General Service Readiness Score of health facilities;

- Percent of FCHVs able to recite 3 home rules for treatment of diarrhea;

- Percent of trained health workers who performed all the required actions during family planning counseling;

- Percent of post-partum women receiving counseling on comprehensive family planning services.

[1] Kapilvastu and Arghakhanchi in the Western, and Pyuthan, Rolpa, Rukum, Salyan, Dang, Banke, Bardiya, Surkhet, Dailekh, Jajarkot, Jumla and Kalikot in the Mid-western region.

INTRODUCTION CONT…

Owing to the nature of the project that focuses on improving and strengthening health system at the district and sub-district level (including national level stewardship), H4L has adopted three assessment tools. First, the Heath Facility Readiness Assessment/Survey (HFRS) acts as both a regular monitoring tool and as a capacity building tool by gathering information directly from health workers. Second, the Female Community Health Volunteers (FCHV) Readiness Assessment assesses the thousands of FCHVs that make up the foot soldiers of the Nepali health system. Third, Client Exit Interviews are employed to better understand the experiences of end users of the health system.

H4L has been working closely with District (Public) Health Officers (D(P)HOs), encouraging visits to health facilities to conduct readiness assessments using the aforementioned tools. Furthermore, it should be mentioned that the HFRS and Client Exit Interviews were used in 2013 to establish benchmarks for the five indicators of the performance monitoring plan (PMP) mentioned in the following section.

This technical brief presents the major findings from these tools to reveal the projects' efforts and progress over the period of one year.

TOOLS & METHODS

As mentioned above, three main tools – the HFRS, the FCHV readiness tool, and the client exit interview – are in use. The HFRS tool includes the following major domains with specific questions related to the availability of services and practices related to such services by health workers.

A) Birthing services – this section includes questions related to the availability of birthing facilities; skilled birth attendant (SBA) trained service providers and use of various tools and methods during labor.

B) Postpartum observation – this section assesses newborn care.

C) Family planning services –assesses the availability of family planning (FP) services and practices during FP counseling.

D) Child health services –assesses the assessment, classification and treatment within community-based integrated management of childhood illness and newborn care (CB-IMNCI).

E) Availability of guidelines and BCC posters –assesses the availability and use of guidelines and posters related to maternal and child health and family planning.

F) HFOMC functionality – this section has several checklists that help in assessing the formation and functioning of Health Facility Operations and Management Committee (HFOMC), how meetings are conducted, and participation of Dalit and women members during the meeting.

G) HFOMC performance – assesses the performance of the HFOMC including expanded health services at the HFs, additional resources mobilization, and activities related to transparency and accountability such as conducting social audits.

H) Health information system and monitoring/supervision –assesses the status of reporting through the HMIS and LMIS, and use of information as well as accuracy data from selected HMIS forms.

I) *Readiness of HF to provide services* (on the day of visit) – this section assesses several areas that reflect the readiness of the HF, including basic amenities, equipment, standard precautions for prevention of infections, and medicines and commodities.

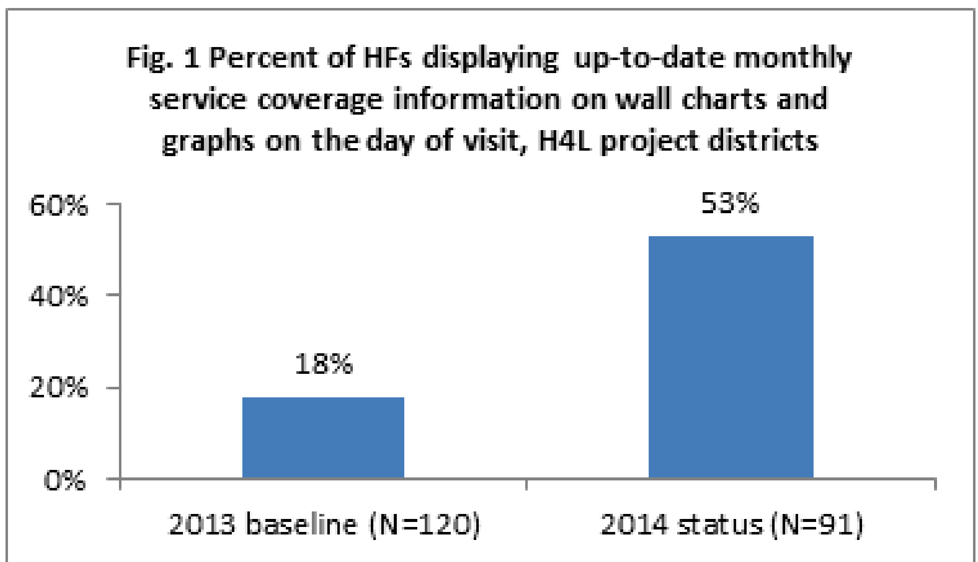
While a longer version (15 pages) of the HFRS tool was used during the baseline survey and will also be used during mid-line and end-line evaluations, a shorter version (about 5 pages), also called the TA (technical assistance) version, is being used on a regular basis to plan and monitor TA.

The Client Exit Interview includes questions that help assess quality of services at the health facility. Only mothers who are within the extended postpartum period (the twelve months following birth) and present at the HFs (including birthing centers and immunization clinics) are interviewed.

The 'FCHV Readiness Survey' tool includes questions that assess the knowledge of FCHVs on newborn care, timing of PNC check-ups, home rules for treatment of diarrhea, and availability of commodities as well as participation of FCHVs in various types of training and meetings.

RESULTS

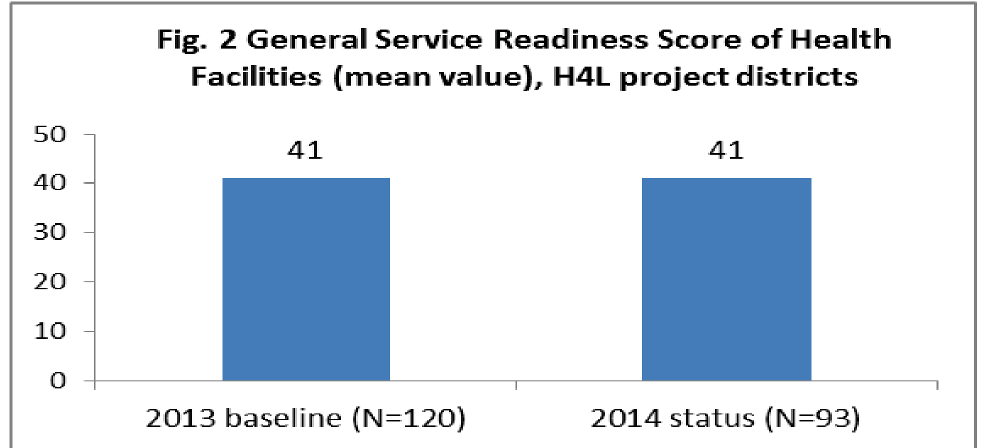
Findings of the key indicators noted above are presented here. As mentioned, the baseline figures are from the Health Facility Readiness Survey from 2013 (representative) and staff field visits (non-representative) wherever indicated; the 2014 figures are from the routine Health Facility Readiness Survey (non-representative TA version).



Health Facilities displaying up-to-date monthly service coverage information on wall charts: The baseline survey revealed that less than a quarter (18%) of health facilities displayed up-to-date monthly service coverage information on wall charts. Based on routine monitoring data, this number climbed to slightly more than half (53%) by the end of June 2014 (Fig. 1).

GENERAL SERVICE READINESS SCORE

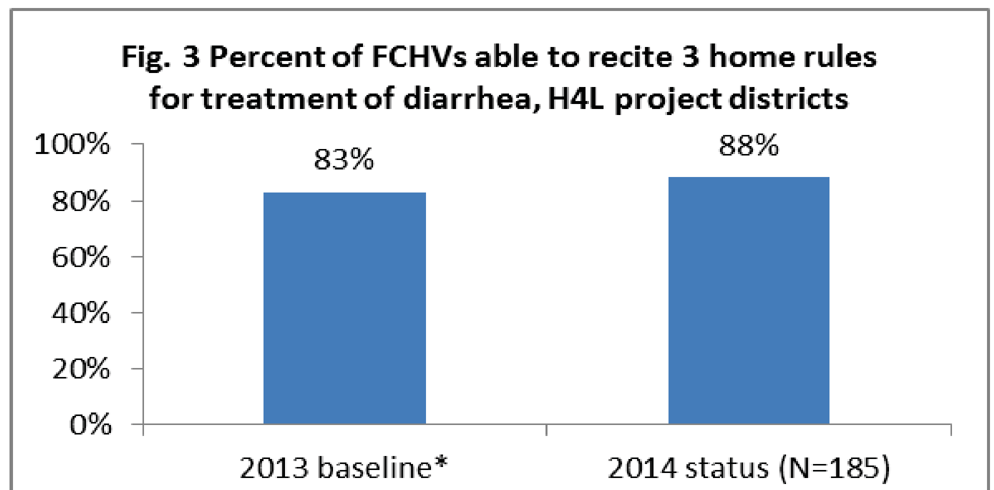
General Service Readiness Score of health facilities: General service readiness at health facilities remained stagnant with a mean value of 41 (out of 100) in both in 2013 and 2014 (Fig. 2). As the project has just completed its first year, substantial changes to health system indicators will require more time, and H4L expects substantial change in the future.



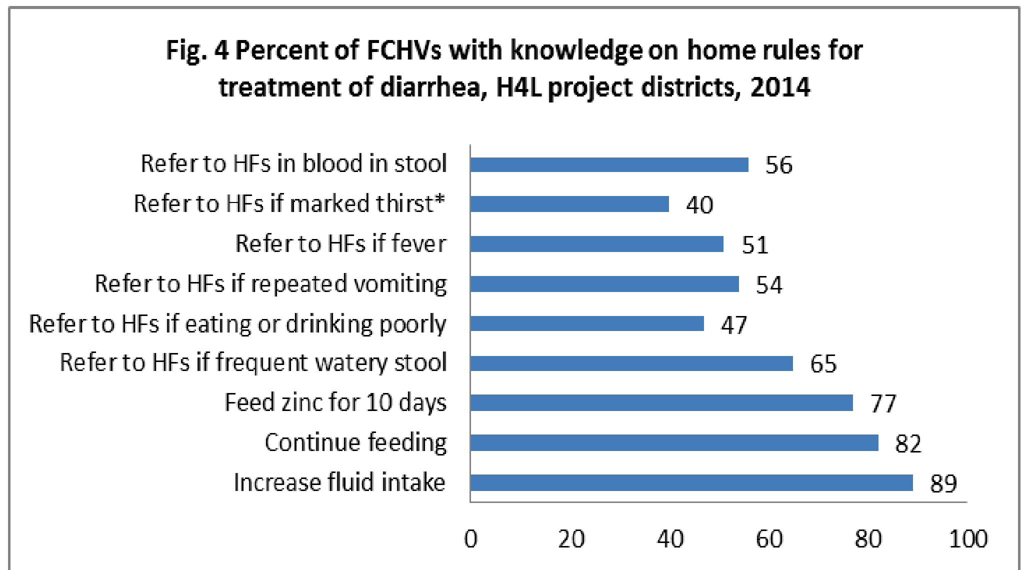
*Note: *data from staff field visit (rapid assessment)*

FCHV'S KNOWLEDGE

FCHVs' knowledge of diarrhea treatment: FCHVs are the key change agents at the community level, bridging the gap between community and health facilities so their knowledge and skills are important. FCHV knowledge of diarrhea treatment indicates that there has been modest progress over the course of one year; 83 percent of FCHVs were able to cite three home rules for treatment of diarrhea in 2013 while 88 percent could do the same in 2014 (Fig. 3).



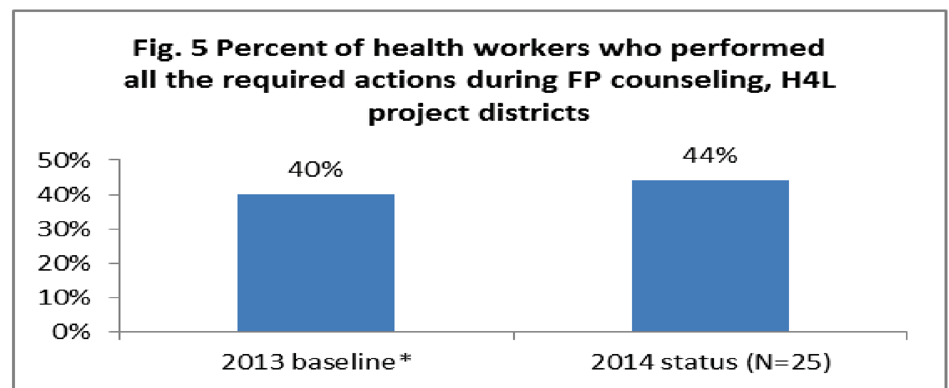
FCHV's knowledge of home rules for treatment of diarrhea by specific treatment methods, however, reveals substantial gaps. A significantly higher percentage of FCHVs knew the three major home rules for treatment of diarrhea than knew under which conditions to refer a patient to a health facility (Fig. 4).



*Note: *N=184, in others N=185*

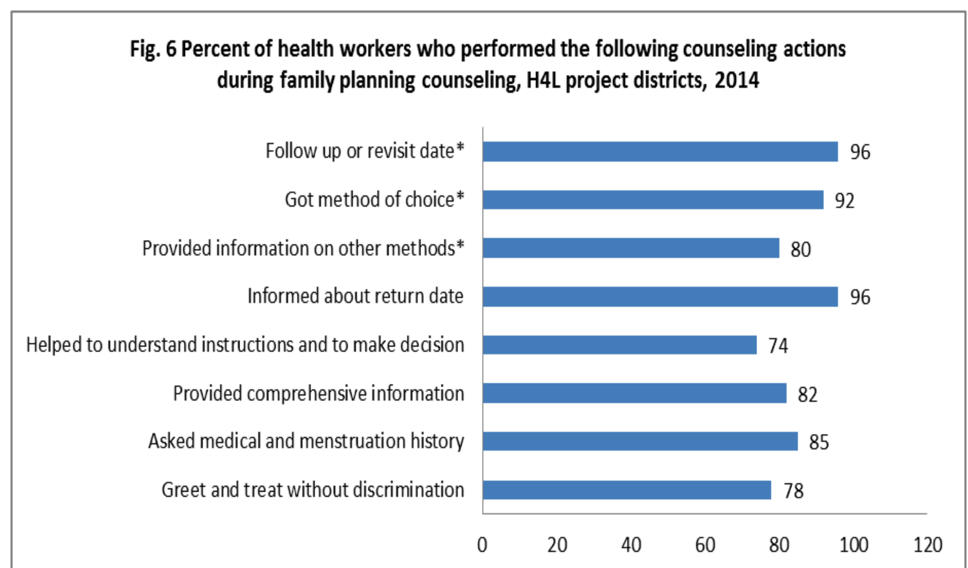
HEALTH WORKERS' PERFORMANCE…

Health workers performing required actions[2] during family planning counseling: Health workers' knowledge and practices are crucial in persuading clients to change their behavior. Health workers performing required actions during family planning counseling were monitored through postpartum client exit interviews. Comparative data on health workers performing required actions during family planning counseling reveals a four percentage point increase from 40 percent in 2013 to 44 percent in 2014 (Fig. 5).



*Note: *data from staff field visit (rapid assessment)*

Figure 6, below, shows the status of health workers' actions during family planning counseling. The data reveals that over three quarters of health workers followed the all individual actions/steps, with "helping clients understand instructions and make decisions" the least commonly followed step (Fig. 6).



CONCLUSION

This tool has been effective in collecting and tracking information relevant to health system strengthening and service delivery at the health facility level, with findings that reveal progress over the past year. As the project progresses, it is ex-pected that improvements due to H4L's TA will be-come more evident. The next step will be encourag-ing adoption and applica-tion of the tools. It is hoped that as health workers be-come more familiar with the tools and their value in improving quality becomes clear, they will feel a greater sense of ownership over them.

H4L Contact Address

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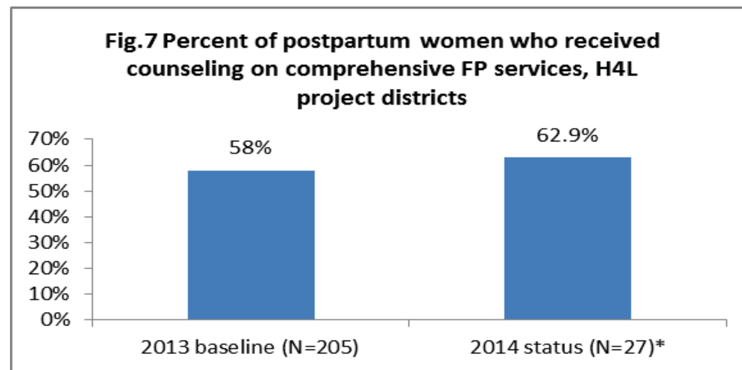
YOUR LOGO HERE

POSTPARTUM WOMEN COUNSELING ON FP SERVICES



Postpartum women receiving counseling on comprehensive family planning services: Adoption and continuation of family planning methods depend on proper counseling on advantages and disadvantages of family planning methods. Data retrieved from the postpartum client exit interviews reveals a five percentage point increase (from 58% in 2013 to 63% in 2014) in the number of postpartum women who received comprehensive counseling on family planning services in H4L districts (Fig. 7).

[2]Health workers or FP counselors to follow the following steps during FP counseling: 1) Greet and treat the client without discrimination, 2) Ask medical and menstruation history of the client, 3) Inform the client about FP methods available, advantages/ disadvantages and side effects, 4) Make the client understand his/her instructions and help him/her to make choice/decision, and 5) Inform the client about return date or when and where to go for service. (Footnote for page 5)