JHPIEGO
An affiliate of
Johns Hopkins University

using performance and quality improvement to strengthen skilled attendance

Maternal & Neonatal Health

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.

Published by:

JHPIEGO Corporation
Brown's Wharf
1615 Thames Street
Baltimore, Maryland 21231-3492, USA
http://www.jhpiego.org

Prepared by: Wendy Voet

This publication was made possible through support provided by the Maternal and Child Health Division, Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-98-00043-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

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.

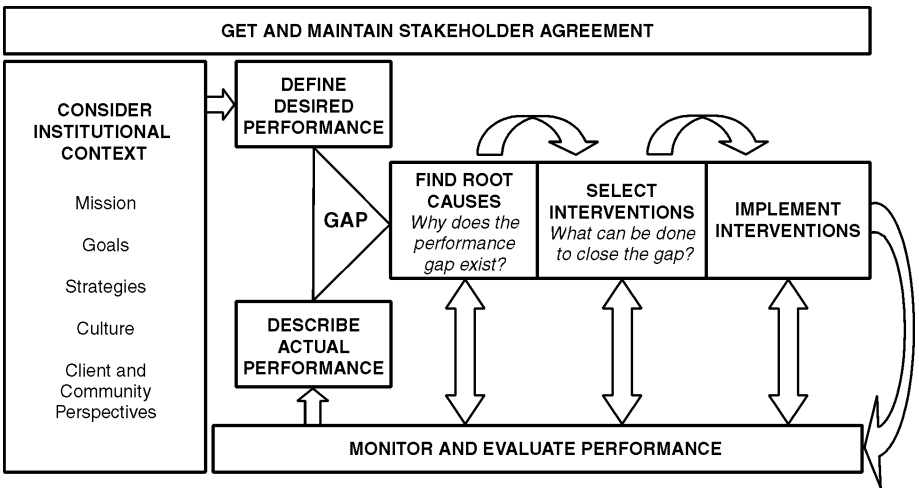
Improving skilled attendance in developing countries is at the heart of the Maternal and Neonatal Health (MNH) Program's strategy. To help strengthen the components of the skilled attendance system, the Program uses performance and quality improvement (PQI), a technique for achieving desired performance 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 ¸ 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 ¸ Periodic audits
Motivation	¸ Recognition of training site as a part of the National Clinical Training Network ¸ Increased demand for training
Management/leadership	¸ Working with hospital management to ensure commitment to maintaining a high-quality clinical training site ¸ 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 ¸ Orientation of physicians at clinical training sites to the material being taught to midwives ¸ Training in infection prevention ¸ Training in clinical training skills
Facilities, equipment, and supplies	¸ Provision of infection prevention and other supplies to ensure clean and safe childbirth ¸ Improvement of water and sanitation systems (as needed) ¸ 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.

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.

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)