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**PRIVATE HEALTH SECTOR**

# **QUALITY IMPROVEMENT PACKAGE**

**FOR MIDWIVES AND  
SUPERVISORS**



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**PSP-One**

PRIVATE SECTOR PARTNERSHIPS FOR BETTER HEALTH

# PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE



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# FORWARD

We are pleased to present a package of materials designed for use by midwives practicing in the private sector. This particular package was developed for midwives and their supervisors who are members of the Uganda Private Midwives Association (UPMA). This association was formed in 1948 by 12 outstanding leaders of midwifery practice in Uganda to promote a high level of care and service to women that they were serving. Overtime, UPMA has benefited from numerous projects and efforts to help them grow their membership and to continue to improve the quality of care provided to women and their families throughout Uganda. The purpose of this package is to enable private practitioners to perform a self assessment of their practice, identify their performance gaps and consider ways of resolving the performance gaps.

The components of this Quality Improvement Package are as follows:

Section 1: Implementation Guide for Midwives and Supervisors

Section 2: Self-Assessment Package for Midwives

Section 3: Action Plan for Midwives

Section 4: Supervisor's Guide

Section 5: Training Guide for Facilitators



The materials in this package were designed for use by midwives in Uganda; however, it has been adapted for use by different cadres (physicians and pharmacists) and for different services (rural primary health care centers and includes chronic conditions as well as MCH and FP), an expanded version for all family planning methods, and three comprehensive modules concerning HIV/AIDS and TB services. The different cadres have responded to the assumption that they are being empowered to review their own practice, try to make improvements, and seek outside assistance for resolving some of their issues. In one phrase, the users are discovering that "quality belongs to everyone" and can be improved by their own initiatives. Currently, a research study is underway in Uganda to determine if the tool improved quality of services provided by the midwives and under what circumstance (with and without supervisory support). The results of the study are expected in November, 2007.

All the different modules and variations of this QI package can be found on the PSP-One project website: [www.psp-one.com](http://www.psp-one.com). We welcome being contacted for guidance in adapting this tool and approach to your country ([mary\\_segall@abtassoc.com](mailto:mary_segall@abtassoc.com)).

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## ACRONYMS

<b>ANC</b>	Antenatal care
<b>COC</b>	Combined oral contraceptive
<b>EPI</b>	Expanded program of immunization
<b>FP</b>	Family planning
<b>HLD</b>	High-level disinfection
<b>IP</b>	Infection protection
<b>INFO</b>	Information and Knowledge for Optimal Health
<b>IUD</b>	Intrauterine device
<b>MCH</b>	Maternal and Child Health
<b>PMTCT</b>	Preventing mother to child transmission
<b>POP</b>	Progestin-only pill
<b>PPIC</b>	Postpartum and infant care
<b>PSP-One</b>	Private Sector Partnerships-One
<b>QA</b>	Quality assurance
<b>QI</b>	Quality improvement
<b>RH</b>	Reproductive health
<b>SMART</b>	Specific, measurable, attainable, realistic, and time-bound
<b>STI</b>	Sexually transmitted infection
<b>TBA</b>	Traditional birth attendant
<b>UPMA</b>	Uganda Private Midwives Association
<b>WHO</b>	World Health Organization

# INTRODUCTION

## **WHY ADDRESS QUALITY IN THE PRIVATE SECTOR? WHY USE THIS PACKAGE?**

Promoting and evaluating quality care is a priority for anyone delivering, organizing, or monitoring clinical services. At the individual level, improved quality of care ensures clients receive respectful treatment by technically competent providers. At the population or community level, greater satisfaction with services should translate into better continuity of care and better utilization of preventive services. From policy makers and managers at the country level to international donor agencies, there is consensus that delivering quality services is important.

Initiatives to improve quality of care have a long history in the public sector throughout the world. Little attention, however, has been paid to quality of care globally in the private sector. Certainly the same principles about the importance of quality in the public sector apply to the private sector: better services and better continuity of care result in more repeat business and better health.

There are also more specific reasons to address quality in the private sector. First, the public sector is unable to keep up with the growing demand for certain services, including reproductive health (RH) and family planning (FP). Second, the private sector is an important partner in HIV/AIDS prevention, testing, and treatment. Third, health-sector reforms often call for segmentation of services—some of which are most efficiently provided in the private sector. And, finally, private health expenditures already are substantial.

The last point warrants further explanation: by addressing the private sector, we address significant portions of the developing world's population that pay for health services. According to recent Demographic and Health Surveys and World Bank surveys, in many countries 60 to 80 percent of health care services are delivered in the private sector. In Vietnam, among the lowest income quintile, 48 percent of ill respondents chose a private provider (Ha, Berman, and Larsen 2002). In India private health services accounted for 56.5 percent of health services utilization in the most deprived households (Srinivasan and Mohanty 2002). In Uganda's rural populations, the private sector accounted for 44 percent of medical services used (Uganda Bureau of Statistics 2001).

The 60 to 80 percent of people who seek private sector services—and pay significant amounts out of pocket—do so with the assumption they receive better care than they would in the public sector. There are concerns, however, that private sector providers typically do not have a system to monitor and evaluate their services. As such, the care provided in the private health sector may not be any better than care delivered in the public sector. In fact, private sector providers often are not held to the same regulations and standards of service delivery as their public sector counterparts are. In many instances the status of quality in the private sector is unknown because of the individual and often unregulated nature of most private practices.



In March 2005 the Private Sector Partnerships-One project (PSP-One)<sup>1</sup> conducted a quality assurance (QA) panel that assembled a variety of experts to discuss current QA practices used in the public health sector and how they can be applied to the private health sector (Segall 2005). A major recommendation from this panel was that approaches and tools that improve the quality of public-sector service provision be adapted for and tested in the private sector:

PSP-One subsequently developed a quality improvement (QI) package for the provider and his or her supervisor in the private sector.<sup>2</sup> This package is most effectively introduced through a formal structure, such as a professional association, network, public/private partnership, or franchise that can be strengthened to be a support to their members.

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<sup>1</sup>PSP-One provides technical leadership to increase the private sector's interest, ability, and direct involvement in the delivery of quality reproductive and other health products and services. To achieve this objective, PSP-One provides technical expertise in many areas, including quality improvement.

<sup>2</sup>This package was modeled after a QA package created for the USAID-funded Project Nova in Armenia (Crigler, Kohler, and Baghdasarian 2005).

## WHAT DOES THE PACKAGE CONTAIN?

PSP-One created a QI package for the private sector that includes a review of service statistics, accompanying a QI self-assessment tool for midwives to identify quality issues, and a linked action plan for midwives and supervisors to help solve issues the QI tool identifies.

This package is aimed at practitioners (in this case, midwives) in independent practice. Midwives are a significant and growing segment of private providers of essential and basic health services in the developing world. This group, along with other professional providers (for example, general practitioners and pharmacists), should have access to tools to help them assess the quality of services they provide. Furthermore, midwives are likely to be the only or one of a few staff members in a privately owned clinic. The government may officially license the facility, but it provides little or no supervision, continuing education, practice guidelines, subsidies for supplies, or other inputs that affect the quality of services. This QI package consists of steps that a provider in independent private practice can use to improve the quality of his or her services without relying on outside monitoring. Descriptions of and purposes for each of the package's elements are outlined in the following section; they function with the assumption that quality is a process.

### STEP 1. REVIEW OF STATISTICS FORM

Improving quality should result in quantitative changes in service use, contraceptive use,

effective operating procedures, and positive health outcomes. It also will help the midwife market his or her services and attract new and repeat business. **The statistics form** collects simple data on 13 FP and MCH indicators to ascertain if the midwives' quality improvements result in changes in health outcomes and service use. If the practitioner already is collecting these statistics, but in a different form, then he or she can continue to use his or her system, but still should review these indicators.

#### The 13 indicators are

1. Births attended
2. Live births attended
3. Antenatal visits
4. New antenatal visits in the first trimester
5. New antenatal visits
6. Labor referrals
7. Pregnancy/fetal complications
8. Family planning (FP) counseling visits
9. New FP users
10. Return/repeat FP visits
11. Infant Care Visits
12. Postpartum Visits
13. Contraceptives Delivered and Type

**Indicators 1 and 2 (Births attended and Live births attended)** will let practitioners know if they are seeing an increase in the number of births attended and an increase in the number of births resulting in a healthy baby. This data will help them

project how many pregnant women they should be seeing (as a function of how many pregnant women there are in the catchment area who choose not to birth at home or in a public sector facility) in a given period of time and will help them with revenue forecasting and supply needs. These two indicators also will allow the practitioner to re-examine causes of unfavorable birth outcomes or highlight and market positive outcomes.

**Indicator 3 (Antenatal visits)** is a process indicator in which providers capture care given to a pregnant woman, even if not related to her pregnancy.

**Indicators 4 and 5 (New antenatal visits in the first trimester and New antenatal visits)** help providers monitor how many women they see early in the woman's pregnancy, as many women only seek antenatal care in their last trimester, if they seek it at all.

**Indicators 6 and 7 (Labor referrals and Pregnancy/fetal complications)** will allow practitioners to know that they need to follow-up with the referred client and also market to their community that they can care for a woman if complications arise. Also, by knowing the outcomes of referrals, providers can give better follow-up care when patients seek care from the practitioner again. Providers also can seek out referred patients to be sure follow-up care is administered.

**Indicators 8 through 10 and 13 (Family planning counseling visits, New FP users, Return/repeat FP visits, and Contraceptives delivered and type)** monitor the practitioners' FP services. These indicators will provide both midwives and

their supervisors with an indication on how effective their FP counseling skills are and also will allow them to project what types of contraception they will need to keep on hand. Monitoring these indicators will help the practitioner avoid stock outs and potentially can add repeat customers.

**Indicator 11 (Infant care visits)** will help determine if practitioners deliver essential care to newborns that they attended.

**Indicator 12 (Postpartum visits)** helps providers monitor how many women they see after discharge but within the first 6-8 weeks after birth. A quarterly review of statistical indicators (step 1) coupled with the QI self-assessment tool (step 2) will guide practitioners toward identifying areas of improvement in their practice and guide and structure an action plan (step 3a) that moves users from problem identification to solutions.

## STEP 2. QI SELF-ASSESSMENT TOOL

The second tool in the package, the **QI self-assessment tool**, leads private providers through a series of questions that indicate if they provide quality care. This tool helps providers measure quality, determine where gaps in quality exist, and track improvements in quality in individual practices. To achieve desired results, quality must be viewed as a multi-dimensional concept in which the dimensions can vary in composition and importance depending on the context (Donabedian 1980). The dimensions that experts working in developing countries most frequently agree upon are: technical competence, access to services, effectiveness, efficiency, continuity, interpersonal relations, safety, and amenities (Brown, Fanco, and

Rafeh 1998). PSP-One selected and adapted the following dimensions for implementation in the private sector because of their perceived relevancy:

- **Physical environment** refers to a facility's ability to provide a safe environment for health care and examines equipment, supplies, and medicines in facilities and the condition of the clinic's infrastructure.
- **Technical competence** examines the provider's performance and determines if it meets acceptable standards. For midwives, this tool examines performance in the clinical areas of counseling, infection prevention (IP), antenatal care (ANC), labor and delivery, family planning, postpartum and infant care (PPIC), sexually transmitted infections (STIs), and immunization.
- **Continuity of care** examines functional referral systems when care is needed outside of what providers can do in his/her clinics. It includes knowing when to refer; if there are proper and official procedures for referrals, the flow of client records or information to and from a referral, client follow-up, and ensuring repeat visits by the same provider.
- **Management** refers to the provider's capacity to plan, organize, implement, and maintain effective health delivery services. Management includes utilizing data for decision-making and proper tracking of finances and supplies.
- **Marketing** refers to the providers' knowledge of people in his/her community and how effectively he/she markets services to maintain clients and attract new ones.

This dimension also addresses the critical relationship private providers have with the community by understanding community needs (market analysis), marketing services based on those needs, and eliciting client feedback. Community indicators are included in the marketing dimension to reflect the priorities of the private sector.

- **Business practices** examine the provider's goals, financial-management practices (including record keeping and pricing systems), resources for adequate financing, and allocation of resources.

Within each dimension there are indicators and for each key indicator there are questions for the provider to answer. Each dimension has a different number of questions. The number of questions does not necessarily reflect the dimension's importance, but rather the emphasis at the facility level. At a country level, the midwives should agree upon what services they provide and, therefore, what services need to be assessed. For example, if midwives in private practice in a particular country do not provide immunizations, then questions relating to that indicator on the QI self-assessment tool would be removed. The pie chart on the following page represents the percentage each dimension contributed to the assessment. For example, there are 30 questions in the physical environment dimension out of a total of 266 questions in the entire tool; thus 11 percent of the total is concerned about the physical environment.

The question then becomes "how will providers know how well they are doing under each dimension?" This tool shows providers where they can improve by

reviewing questions that they answered "no" or "yes, but needs improvement." Review of these answers is the simplest way for midwives to identify gaps in quality at their facilities. If there is a supervisor at the facility, however, or through an association, network, or franchise, a quality index score can be calculated to measure trends.

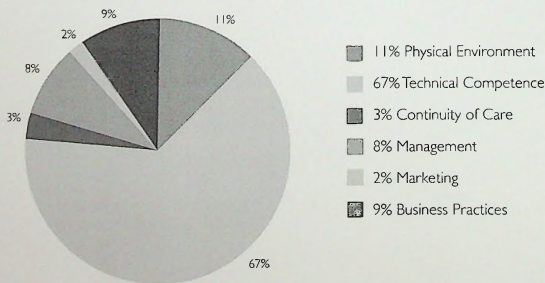
**How do you calculate and use the quality index score?** Each question in the dimension's indicators can be answered "Yes"; "Yes, but needs improvement"; "No"; or "Not Applicable." Each response is given a numeric score: "Yes"=2 points; "Yes, but needs improvement"=1 point; "No"=0 points (questions that receive a response of "Not Applicable" are dropped from the scoring). At the end of each section, the points are tallied to give a score for that dimension. Specific instructions on how to calculate the score are in Step 4: Supervisor's Guide.

If this tool is used quarterly, providers can see how they improved, what problems were easy to fix, and what problems persist. The tool can be completed in parts over the course of four or five days, if providers cannot complete it in one day. After completing step two, providers will have an idea of the quality of care that their facilities offer. What this tool does not do, however, is guide providers about how to improve in areas in which they did not score well. That assistance occurs in Step 3: Action Plan for Midwives and Step 4: Supervisor's Guide.

### STEP 3. ACTION PLAN FOR MIDWIVES

In tandem with the QI assessment tool, the **action plan** helps facilitate a simple problem-solving process. A separate action plan can be developed for each dimension so that providers can monitor progress and add to the plans separately by each area.

**PERCENTAGE OF EACH QUALITY DIMENSION'S CONTRIBUTION TO ASSESSMENT**





Completing the action plan will help providers see where the most emphasis is needed and how they are progressing. It prompts users to first revisit the statistics form to frame interventions in terms of improved health outcomes and then revisit low scores on the QI self-assessment tool. The action plan is laid out as a table. The data in column one refer users back to the QI self-assessment tool—namely the question number, and questions to which they answered “no” or “yes, but needs improvement.” Users are then asked to state in column two what the causes were (why) that led to a “no” or “yes, but needs improvement” answer. Next, users are prompted in columns three and four to list possible solutions, actions, or next steps and then assign a responsible person with a deadline in columns five and six. Finally, in column seven, the user records the status of the action item (e.g. completed, pending) and whether external resources are required.

At this stage, an action plan is on paper. Will it lead to change? Research shows that most quality issues a facility faces are solvable within that facility and do not require an outside intervention or resources (Bjerregaard 2004). Often the problems are concerned with management issues, communication among staff and with clients, listening to clients, and updating records. Of course, other problems do require additional resources or policy changes to solve. Such problems often are more easily solved when a formal supervisor or professional association representative is included in the quality improvement effort. While steps one through three are used with only an individual provider to improve quality, the use of networks, professional associations,

or franchises with the potential availability of supervisors is a useful resource for the midwife.

## STEP 4. SUPERVISOR'S GUIDE

If there are supervisors or other organizing entities, such as networks or professional associations, they too can have a critical part in ensuring the provider fully benefits from using the package.

Supervisors can discuss the causes, help with solutions, and mobilize external resources. Ideally, supervisors would visit quarterly to monitor progress toward completing action plan items before the next self assessment is administered. In addition, professional associations, networks, or franchises also may use periodic, pre-set meetings to discuss or alleviate common problems and discuss solutions as a group. For example, if multiple members of an association are unable to use a partograph (question 2.34a), the association will become aware of the problem by reviewing members' actions plans and can use pre-set monthly meetings to educate them about how to use a partograph.

Supervisors can use the package by scoring the provider's QI self-assessment responses to the questions. They also should record the action plans of their supervisees in their own records to monitor progress. The computerization of the tool and action plan is being pilot-tested in Uganda with the Uganda Private Midwives Association (UPMA) to determine ways to track changes over time using a computerized data base rather than manually.

# HOW DO I USE THE PACKAGE?

## Implementation is a four-step process:

1. Marketing the package and raising interest
2. Training on how to use the materials in the package
3. Dissemination of package materials
4. Getting started

## 1. MARKETING THE PACKAGE AND RAISING INTEREST:

Projects, professional associations, networks, public/private partnerships, and governments should market this package through local venues to promote and raise interest among relevant stakeholders. Such advocacy will create demand for use in the private sector.

## 2. TRAINING ON HOW TO USE THE PACKAGE:

Providers and supervisors who use the tool need to be guided through its use. This training or orientation can be short—even just a few hours or through self-paced learning (no classroom required). Each provider should be given a short introduction to the package's purpose. The focus should be on why quality is important for the private provider. Next, the provider should be introduced to each step and the tool

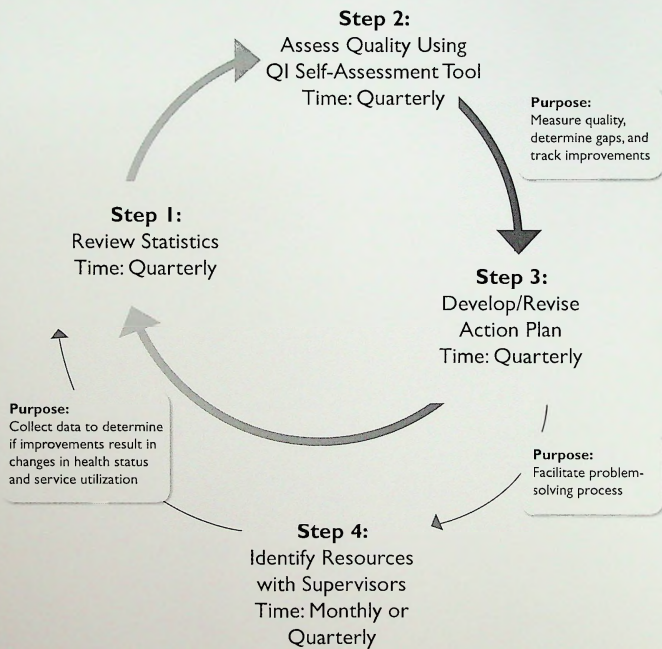
accompanying that step. This process is best done with hands-on activities: coaching and supervised practice. Finally, package materials should be disseminated and a plan for replacing instruments and forms should be in place and accessible to providers. Currently, the QI self-assessment tool can record answers on four occasions (ideally for four quarters). PSP-One has developed and field tested a training guide that is included as part of this package. Please see the project web site: [www.psp-one.com](http://www.psp-one.com) for updates and examples of adaptations of these materials to other types of provider groups and services, and future access to the training guide.

## 3. DISSEMINATION OF PACKAGE MATERIALS:

Materials for the QI package and orientation should be available at a number of different venues: networks, professional associations, government offices, and local health projects. A plan also should be in place for duplicating materials to ensure new and repeat users have access to the forms. The package has been designed so that users can use it for one year before duplication is necessary. This ensures that duplication is kept to a minimum to ensure sustainability.

## FLOWCHART FOR QUALITY IMPLEMENTATION AND TRAINING

### 5. GETTING STARTED



## CONCLUSIONS

Proper use and consistent implementation of this package can improve quality in the private sector. This package also can be adapted for other service providers, for example, general practitioners and pharmacists. The package hinges on the use of self assessment, which is appropriate and feasible for small facilities in the private sector that are operated by a single service provider. Sustainability, however, is always a challenge when introducing a new process or concept—particularly if it involves additional work for providers. Several options for incentives exist and we will encourage users of the tool to explore viable options.

- According to discussion groups PSP-*One* conducted with private providers in Uganda in 2006, midwives stated that providing quality services retains clients and attracts new ones through word of mouth, thus making their clinics more profitable.
- The same group said that the tool would increase their efficiency by systematically identifying problems as well as ways to solve them. They also said the tool was easy to use and did not require excessive time commitments.
- The self-assessment structure put responsibility on the provider to improve services while engaging outsiders in a collaborative and participatory manner, instead of a punitive one.
- Research conducted by the PRIME II Project in Kyrgyzstan (Levin, Luoma, and Mason 2004) demonstrated that the public posting of data could be a strong motivator for providers. Data also may be able to be used for marketing. Charts and graphs in facilities and communities can be used to show changes in data every month and can be posted by providers or supervisors.
- Although a formal accreditation system is beyond this project's scope, approval for formal recognition of quality that achieves improvements in the data could be explored through a professional association, network, or franchise.

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# PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

## SECTION 2: SELF-ASSESSMENT PACKAGE FOR MIDWIVES



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## Section 2: Self-Assessment Package for Midwives

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# INTRODUCTION

Improving quality should result in quantitative changes in service use, contraceptive use, and positive health outcomes. The following material is a quality improvement package that consists of four steps:

- Step 1:** Statistics\* Form
- Step 2:** Quality Improvement (QI) Self-Assessment Tool
- Step 3:** Action Plan for Midwives
- Step 4:** Supervisor's Guide

The Statistics form is a place to record clinic data for 13 FP and MCH service indicators by month. The QI self-assessment tool consists of six dimensions and indicators with questions for each indicator. By having providers review their statistics and use the action plan to solve problems they identify, the care they provide will improve and their clients will perceive the changes and spread the word to others. This QI package has been developed specifically for use by midwives in the private sector and relies on self-assessment of one's practice.

- **Each month** fill out the statistics form. Use the statistics in your clinic records to record the data for each of the 13 service indicators explained on the first page of the statistics form.
- **Each quarter** complete the QI self-assessment tool and prepare your action plan to address the quality dimensions that need strengthening according to your completed self-assessment tool.
- **During the quarter** use your action plan to guide your QI activities, making adjustments as needed.
- **At the end of the quarter**, review your action plan and refer to the statistics form from that quarter to see whether there may be an association between your QI activities and improved service statistics. Complete the QI self-assessment tool and update the action plan for the next quarter. For service statistics and QI indicators that still need improvement, keep them in mind as you create your action plans for the next quarter and focus some of your activities on addressing them.

\*Statistics: the interpretation of large amounts of numbers, facts or data collected and arranged in an orderly way for study and analysis.

# MONTHLY STATISTICS FORM

## DEFINITIONS OF SERVICE STATISTICS INDICATORS

- 1. Births attended:** Total number of births you attended to completion (end point is the birth of a newborn, alive or not).
- 2. Live births attended:** Of the number of births recorded in 1, the number of newborns that were born alive.
- 3. Antenatal visits:** Total number of pregnant women to whom you provided care or support per month (i.e., pregnant women you saw for a new antenatal visit or a return antenatal visit).
- 4. New antenatal visits in the first trimester:** Number of pregnant women you saw for their first antenatal visit who were in their first trimester (less than or equal to 12 weeks) during the previous month. Record the first trimester separately from the other new antenatal visits so that you can see if women are coming for care early in their pregnancies.
- 5. New antenatal visits:** Total number of pregnant women seen for their first antenatal visit during the previous month. (Do not count as "new" women who come to you for the first time, but who have been seen by another midwife during this pregnancy and have an ANC card).
- 6. Labor referrals:** Number of women in labor who were referred to another facility or provider during the previous month. It is important to keep a register/file of all women referred and a brief statement of why they were referred.
- 7. Pregnancy/fetal complications:** Of the women you cared for, how many did you see who had any of the following complications related to pregnancy, delivery, or after delivery: suspected ectopic pregnancy, pre-eclampsia or any symptoms of pre-eclampsia, eclampsia, premature rupture of membranes, malpresentation, prolonged/obstructed labor; fetal distress in labor; loss of fetal movement, prolapsed cord, excessive bleeding, postpartum hemorrhage, tetanus, retained placenta, foul-smelling discharge with fever, severe anemia, septic abortion, fistula, or baby borne with weight less than 2.5 kgs?
- 8. Family planning counseling visits:** Number of people seen during the previous month for counseling on FP methods. Include as a visit the person whom you counsel about a FP method even if she does not choose a contraceptive product at that particular visit. Do not count clients whose end treatment is for some reason other than FP (for example, a woman who visits thinking that her vaginal discharge is a side effect of the FP method, but upon examination, you conclude that she has a sexually transmitted infection). If the client is given or accepts condoms as part of the STI management, then count the visit as a FP visit.
- 9. New FP users:** Of your number of FP visits during the previous month in number 8, how many initiated, began using (or accepted) an FP method?

- 10. Return/repeat FP visits:** Of your number of visits in number 8, the number of follow-up visits including counseling and re-supply of the product.
- 11. Infant care visits:** Number of newborns and infants (up to 1 year old) seen for checkups (including height and weight monitoring), immunizations, and follow-up and/or referral for malarial treatment?
- 12. Postpartum visits:** Number of postpartum women seen after discharge but within the first 6-8 weeks after birth.
- 13. Contraceptives delivered and type:** Number of contraceptives given or sold to clients by type (pill, condom, injectable, intrauterine device (IUD), and implants)? Please complete the following table.

**Number and type of contraceptives provided by month**

Month	Number of condoms	Number of pill cycles		Number of injectable doses	Number of IUDs inserted	Number of implants inserted	Number of referrals	Other (specify, e.g. counseling about Moon Beads)
		COC	POC					
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								



## INSTRUCTIONS

**Each month** complete the statistics form for the previous month (please specify the time period). Use the statistics in your clinic records to record the data for each of the twelve service indicators in the statistics form and the table on the preceding page to record statistics about contraceptives provided and type (indicator 13).

**Indicator Key:**

- |  |  |
|--|--|
| 1. Births attended                             | 8. FP counseling visits  |
| 2. Live births attended                        | 9. New FP client users   |
| 3. Antenatal visits                            | 10. Return/repeat FP visits  |
| 4. New antenatal visits in the first trimester | 11. Infant care visits   |
| 5. New antenatal visits                        | 12. Postpartum visits  |
| 6. Labor referrals                             | 13. Contraceptives provided and type (refer to table on previous page) |
| 7. Pregnancy/fetal complications               |  |

Month	Number recorded for each indicator											
	1	2	3	4	5	6	7	8	9	10	11	12
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												

## QI SELF-ASSESSMENT TOOL

The QI self-assessment tool consists of dimensions and indicators for ensuring quality health services. This tool will help you measure quality, determine where the gaps in quality exist, and track improvements in quality in individual practices. Usually, there are six parts to this tool, one for each dimension of quality being assessed:

- **Physical Environment**
- **Technical Competence**
- **Continuity of Care**
- **Management**
- **Marketing**
- **Business Practices**

The dimensions are subdivided into indicators and for each indicator there is a set of questions.

### INSTRUCTIONS

1. Read through each question and record your answer in the column for the quarter you are assessing. Record your answer in the following way:
  - a. If your answer is "Yes," check or record the number "2" in the answer column.
  - b. If your answer is "Yes, but needs improvement," check or record the number "1" in the answer column.
  - c. If your answer is "No," check or record the number "0" in the answer column.
  - d. If the question is not applicable to your clinic, record "N/A" (not applicable) in the answer column. For example, in the Technical Competence dimension, indicator 10, question 2.74 "Do you store vaccines according to cold chain standards?" If you do not provide immunizations that require a cold chain or you do not keep vaccines in your clinic that require a cold chain, check the "N/A" box.
2. After completing this tool, refer to the action plan. For every question where you checked "No" complete an entry in the plan (see instructions in the plan). You also should do so for questions where you checked "Yes, but needs improvement" to help identify ways to improve your practice. Give careful thought to underlying causes that may be influencing the response that needs improvement or is not being performed.

It is suggested that you go through this tool four times a year (every quarter) so that you have a chance to work on the indicators that need improvement and to evaluate your progress. This tool allows you to assess your practice and record your answers for one year. After such time, you will need to record your answers on a separate piece of paper or you can reproduce the tool.

In addition, if your schedule does not allow you to complete the tool in one day, you may complete it over the course of four or five days. As you gain practice with the tool, however, you will find that you can complete it in less time.

**Dimension 1—Physical Environment:** This dimension refers to a facility's ability to provide a safe environment for health care and examines equipment, supplies, and medicines in facilities and the condition of the clinic's infrastructure.

Physical Environment Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
1. Facility is adequately equipped and supplied																
Does your clinic have:																
1.1 A waiting area with seating for clients?																
1.2 An area for counseling that is private (i.e., others cannot see or hear) equipped with a table or desk and two chairs that is private (that is, not in the waiting area)?																
1.3 A locked storage cupboard for medicines?																
1.4 An examination couch with plastic cover and sheet to cover client?																
1.5 Vaginal specula of different sizes (small, medium, large)?																
1.6 Three separate containers marked for decontamination, washing, and rinsing equipment that come in contact with bodily fluids?																
1.7 Bleach/jik for mixing a 0.5 percent chlorine solution?																
1.8 Liquid, powder, or bar soap? (If bar soap, is not sitting in soap dish with accumulated water).																
1.9 Boiler (covered saucepan), dry oven, or sterilizer?																
1.10 Two clocks (one in reception and one in labor area)?																
1.11 At least one bed with a plastic cover for adults?																
1.12 A separate scale for babies and adults?																
1.13 A tape measure?																
1.14 A fetoscope?																
1.15 A sphygmomanometer?																

Physical Environment Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
1.16 Sterile syringes?																
1.17 Tetanus vaccination supply?																
1.18 Intrapartum medications and resuscitation equipment for mothers and babies (in one easily accessible place, such as a tray) including gloves, mucus extractor suction bulb, vitamin K, 50 percent and 5 percent dextrose, normal saline, IV set, oxytocics, scalp needle, needle and syringe, scissors, plaster, diazepam or magnesium sulfate, torch, tongue depressor, injectable antibiotics, and antihypertensives?																
1.19 Bed nets for clients?																
<b>2. Facility infrastructure in adequate condition</b>																
1.20 Is there access to potable water (running water or a well near your clinic)?																
1.21 Is there electricity and/or a reliable alternative source of light (for example, a lantern, torch, or generator)?																
1.22 Do you have a toilet (indoor or outside latrine) that you regularly clean for clients and staff?																
1.23 Does your facility have the capacity for washing hands with soap and water for staff and clients?																
1.24 Does your facility have a ceiling?																
1.25 Does your facility have a roof that does not leak?																
1.26 Does your facility have windows or shutters that open and close to ensure ventilation, warmth, and protection from rain?																



Physical Environment Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
3. Facility has educational materials available for clients in graphic of local language?																
1.27 Do you maintain a supply of educational materials on different topics, including FP, safe motherhood, infant care, diarrhea, prevention and treatment of malaria, STIs, HIV, and immunization for your clients?																
1.28 Is a wall chart displayed indicating reproductive health services provided and available by referral?																
1.29 Are health educational materials on the wall in good condition (not torn or dirty) and displayed where your clients can see them?																
4. Professional appearance																
1.30 Do you wear clean and neat appropriate clothing and/or a uniform or lab coat during working hours?																

**Comments about Physical Environment:** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

1.

2.

3.



Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.9 Do you treat clients respectfully, including</b>																
a) Asking clients questions about how they feel and listening attentively?																
b) Ensuring that clients understand the information provided by asking follow-up questions to clarify information given?																
<b>3. Midwife follows IP protocol</b>																
2.10 Do you wash your hands with soap and water before and after each client?																
2.11 Do you consistently clean your facility (for example, do you wipe all surfaces (e.g. the delivery bed) that come in contact with body fluids with a 0.5 percent Jik/bleach solution and then wash with soap and water; and wash the floors of your facility whenever they are soiled or contaminated and have you removed all carpets from your clinic)?																
2.12 Do you have buckets, containers, bleach, 0.5 percent bleach solution, and water always available in the required quantities for decontamination?																
2.13 Do you have a boiler (covered saucepan), working stove, or sterilizer and supplies for high-level disinfection or sterilization available?																
2.14 Is the equipment in working condition?																
2.15 Do you follow the three steps for infection prevention for equipment that has contact with bodily fluids? The steps are: 1) decontamination 2) washing and rinsing 3) high-level disinfection																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
2.16 Do you have enough gloves, needles, syringes, antiseptic, and decontamination solutions available to be able to always follow the IP protocol?																
2.17 Do you maintain single-use injection practice (that is, only use the needle and syringe once)?																
2.18 Do you dispose of needles using a sharp's container?																
2.19 Do you burn, bury or dispose of contaminated materials and other medical waste according to MOH standards?																
2.20 Do you have a safe place to dispose of the placenta and other tissue and blood products (such as a placenta pit)?																
2.21 Do you wear protective garments for procedures, e.g., exam gloves, utility gloves; plastic apron, face shield?																
4. ANC: Midwife counsels and prepares the pregnant women appropriately																
<b>2.22 Do you do the following during antenatal visits:</b>																
a) Discuss with the client the need for at least the national minimum standard of prenatal visits?																
b) Provide information about the due date?																
c) Provide information about any health problems you discover and the appropriate treatment?																
d) Explain about the importance of personal hygiene; e.g. no objection to bathing during pregnancy; wear a support bra, clean external genitalia daily; wiping from front to back?																
e) Provide nutritional advice; e.g. eat a variety of nutritious foods, take folic acid and iron supplementation, drink plenty of liquids, no alcohol, gain an adequate amount of weight (between 12-16 kilos)?																



Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
f) Discuss how to prevent malaria during pregnancy (through the use of bed nets and integrated preventative treatment)?																
g) Discuss with the woman what to bring to the clinic when in labor and for the delivery—plastic sheet, cover for mother and wrap for the baby?																
h) Discuss with the woman the need to develop a birth plan that includes complication readiness, such as early detection of warning signs, emergency transportation and funds, a designated decision maker, and a blood donor if necessary?																
i) Discuss the need and options for postpartum FP?																
j) Discuss with the client how to avoid exposure to STI and HIV by being faithful and asking her partner to wear a condom?																
k) Discuss with the client how to ask her partner to wear a condom?																
2.23 Do you encourage the pregnant woman and her partner to come for HIV counseling and testing?																
2.24 Do you discuss what to do if she encounters any problems during pregnancy or labor (including fever, heavy bleeding, convulsions/fits, swelling, or labor pains for more than a day)?																
2.25 Do you describe the signs and symptoms of labor, what to expect during labor, and what to do when in labor?																
2.26 Do you discuss local or traditional practices that might be harmful to the mother or newborn?																
2.27 If a woman wants to take her placenta home, discuss how to safely store or dispose of it?																
2.28 If the pregnant woman is HIV positive or her HIV status is unknown, discuss the range of breastfeeding options using the MOH criteria?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.29 If the pregnant woman is HIV positive, do you share the following information:</b>																
a) Need to initiate or continue ARVs during pregnancy?																
b) Where she can obtain counseling and treatment to reduce HIV transmission during pregnancy?																
c) Where her child can receive follow-up care, including Pneumocystis carinii pneumonia (PCP) prophylaxis until HIV results are known and confirmatory HIV testing has been conducted?																
<b>5. ANC: Midwife performs obstetrical (physical) exam to standard</b>																
<b>2.30 At the initial ANC visit, do you do the following:</b>																
a) Take and record the woman's height, weight and blood pressure?																
b) Determine the expected date of delivery based on the last menstrual period or palpation or measurement of uterine/fundal size?																
c) Perform or refer the client for laboratory tests according to standards for VDRL, hemoglobin, typing and crossmatching, HIV, and screening for tuberculosis?																
d) Listen for fetal heart tones and record results?																
e) Inspect and palpate breasts?																
f) Prescribe or dispense iron, folic acid tablets, Vitamin A in appropriate dose for pregnancy, other vitamins as indicated, and any preventative medications that are appropriate, such as for malaria, intestinal worms, or iodine deficiency according to national standard?																
g) Determine tetanus toxoid status and vaccinate (or refer for vaccination) according to national guidelines?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.31 During each ANC visit, do you do the following:</b>																
a) Record the woman's weight and note changes?																
b) Record the fundal height/uterine size and note changes?																
c) Record the blood pressure and note changes?																
d) If the woman is greater than or equal to 18 weeks gestation and/or the uterus is palpable near the umbilicus, listen for and record the presence of fetal heartbeat?																
e) Provide guidance for the common pregnancy-related conditions (such as nausea, leg cramping)?																
f) Develop an individual plan of management for the woman if there are abnormalities in any of the aforementioned tests (i.e. refer for high blood pressure, severe anemia, inadequate or no fundal growth, etc)?																
g) After 34 weeks, check the presentation and record; if the baby's head is not down by 36 weeks refer to an appropriate provider, midwife, or facility?																
<b>2.32 During each ANC visit, do you check for warning/danger signs:</b>																
a) Vaginal bleeding?																
b) Severe headache, visual changes, or epigastric pain?																
c) Swelling of the face or hands?																
d) Leaking amniotic fluid?																
e) Severe nausea or vomiting?																
f) High temperature (greater than or equal to 38C)?																
g) Severe abdominal pain?																
h) Lack of fetal movement?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
2.33 If you identify any of the aforementioned warning signs during the antenatal visit, do you refer the pregnant woman to place where she can receive emergency obstetrical care?																
6. Safe labor and delivery—Midwife performs according to standard																
<b>2.34 When a woman is in labor and during her delivery, do you:</b>																
a) Use a partograph during labor to chart progress?																
Ensure a safe and clean delivery by having:																
b) Clean hands?																
c) A clean surface for delivery?																
d) Clean gloves?																
e) Clean (HLD) instruments to cut cord; and																
f) Encourage women to assume birthing positions of their choice that also are safe for the mother and baby?																
g) Encourage woman to have support persons of her choice present with her?																
h) Encourage woman to continue taking liquids and eating light foods as she desires?																
i) Avoid doing an episiotomy (cutting the perineum) except when indicated (fetal or maternal distress)?																
Use active management of the third stage of labor including																
j) Give 10 units of oxytocin intramuscularly within the first minute after birth?																
k) Controlled cord traction with abdominal hand support to the uterus?																
l) Massage the uterus through the abdomen immediately after delivery of the placenta?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.35 Do you record details of birth, including:</b>																
a) The date and time and sex?																
b) The birth weight?																
c) Apgar scores?																
d) The condition of perineum and description of any suturing?																
e) Estimated blood loss?																
f) Any changes from normal?																
2.36 Do you continue to assess uterine tone, amount of vaginal bleeding, and mother's vital signs (blood pressure and pulse every 15 minutes) for at least two hours postpartum or until stable?																
2.37 Do you take steps to clear the airway and stimulate the infant if s/he does not cry or breathe spontaneously?																
2.38 Do you immediately dry the infant, place skin-to-skin with mother covering the baby's head or wrap, and put to breast within first 30 minutes following delivery?																
2.39 Do you administer eye prophylaxis, according to national standards?																
2.40 If the mother has problems, do you assist her with breastfeeding?																
2.41 Within the first two hours of life, do you perform a complete examination of the baby and inform the mother of results?																
2.42 Do you refer newborn for further care if necessary based on examination of the baby?																



Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
7. PP/Infant Care: provider conducts care to standard																
<b>2.43 Within the first week postpartum or before discharge from your facility do you:</b>																
a) Take a history of the mother and baby and document your findings?																
b) Check maternal and neonatal vital signs (including temperature, pulse, respiration for both, and maternal blood pressure) and document them?																
c) Conduct a physical exam of mother and baby (head to toe) and record any abnormal changes?																
d) Inform the client of her and her newborn's conditions?																
e) Teach how to care for the umbilicus (that is, keep it clean and dry)?																
f) Assess mother's knowledge of and ability to breastfeed?																
<b>2.44 Discuss the following topics with the mother:</b>																
a) Personal hygiene (wash breasts daily with a soft cloth and wear a support bra, clean external genital gently daily, wiping from front to back)?																
b) Nutrition and infant feeding?																
c) Family support?																
d) Family planning and how to avoid unwanted pregnancy?																
e) Benefits of exclusively breastfeeding for six months?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.45 Do you routinely teach the mother about postpartum danger signs and inform her to contact you if she has any of the following:</b>																
a) Excessive vaginal bleeding or bleeding for more than two weeks?																
b) Vaginal discharge with a foul/fishy odor?																
c) Severe abdominal pain?																
d) Worsening perineal pain from repaired laceration, episiotomy?																
e) High temperature (greater than or equal to 38C)?																
f) Redness, warmth, or pain in her breasts?																
g) Pain on urination, difficulty in voiding or defecating, or incontinence of urine or stool?																
<b>2.46 Do you routinely teach the mother about the following signs of potentially serious problems with the infant and inform her to contact you if the infant:</b>																
a) Doesn't feed well?																
b) Sleeps all the time?																
c) Vomits or spits up a lot?																
d) Has watery, dark green stools?																
e) Breathes too fast (greater than or equal to 60 beats a minute) or breathes with difficulty (indrawing)?																
f) Has stiffness or convulsions?																
g) Has yellow skin and eyes?																
h) Has redness around or foul discharge from umbilicus or discharge from eyes?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.47 During the six-week exam do you perform the following tasks when examining the newborn:</b>																
a) Weigh the baby?																
b) Measure the length of baby?																
c) Plot weight and length on growth chart?																
d) Assess if growth pattern meets national standards?																
e) Explain about the importance of having the infant fully immunized, give a schedule of immunizations, and tell the mother where to get her baby immunized?																
f) Weigh the mother and assess her blood pressure?																
g) Examine breasts, perineum and uterine size?																
h) Ask the woman if she has any physical, social or emotional concerns?																
i) If anemic when pregnant or had postpartum hemorrhage, recheck or refer for assessment of hematocrit or hemoglobin and continue iron therapy if indicated?																
j) If HIV status unknown, encourage VCT?																
k) If HIV+, encourage to initiate or continue ARVs?																
<b>8. FP: Midwife counsels and provides FP according to standard</b>																
2.48 Do you discuss with your clients how their reproductive system works?																
2.49 Do you use every opportunity to discuss the benefits of family planning according to the client's situation?																
2.50 Do you introduce the client to the family planning methods that are available at your facility?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
2.51 Do you discuss with your client why she came to you for family planning services, what she knows and wants?																
2.52 Do you counsel each patient based on her unique FP needs (for example, single and does not want to become pregnant, breastfeeding and wants to space her pregnancies, is not breastfeeding and wants to space her pregnancies, or she does not want any more pregnancies) and provide information that will help her select a method or methods suitable for her personal situation and reproductive intentions?																
2.53 Do you explain benefits, risks, contraindications, side effects, or other consequences of their chosen contraceptive method?																
2.54 Do you try to ensure that you are able to provide three contraceptive methods to your clients (for example, progestin-only (mini) pills and combined oral contraceptives, condoms, injectable, lactational amenorrhea, or standard days method)?																
2.55 Do you discuss with the client how the methods work and how to use the contraceptive method that she wants?																
2.56 Do you provide information about the side effects of the method provided and what to do if the signs or side effects occur?																
2.57 Do you explain how and when to obtain resupply of the selected contraceptive method?																
2.58 Do you discuss the option of changing methods if your client's current method is not working for her or her partner?																
2.59 Do you explain about where, when, and why your clients need to return for follow-up as part of effective use of a contraceptive method?																

Technical Competence Dimension		Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable		2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
2.60	Do you describe to the client how, why, and when to use a condom, (dual protection and dual method use) i.e. explaining use of condom with another contraceptive method for women at risk for exposure to HIV or others STIs?																
2.61	Do you encourage the client to ask her partner to come for counseling and involve the partner in decision-making regarding FP?																
2.62	Do you provide information about where to obtain the desired contraceptive method if you are not able to provide it?																
<b>2.63 If a client wants to discontinue using a contraceptive method, do you do the following:</b>																	
a)	Discuss with the client the reasons for wanting to discontinue and address any side effects she may be experiencing that affect the choice to discontinue?																
b)	Offer appropriate alternatives?																
c)	Provide support and information if the client wishes to become pregnant?																
d)	Treat the client's wishes with respect?																
e)	Do you ask your clients whether they understand the information that they have received and whether they have questions?																
g)	Do you ask your clients to repeat key information to be sure that the clients understand what you have said or they key messages that need to be understood?																



Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>2.64 Do you provide information on FP to the following clients?</b>																
a) Adolescents and young adults, both female and male?																
b) Women of all ages, regardless of their marital or reproductive status?																
c) Men of all ages, regardless of their marital or reproductive status?																
d) Disabled clients?																
e) Different social and ethnic groups?																
<b>2.65 Do you feel comfortable counseling your client about the following skills? (If you do not provide this method because you do not know how, please score as "0").</b>																
a) Progestin-only (mini) pills?																
b) Combined oral contraceptives?																
c) Injectables?																
d) IUDs?																
e) Implants?																
f) Condoms?																
g) Moon Beads?																
<b>2.66 Do you feel comfortable in performing the following contraceptive methods to your clients?</b>																
a) Inserting an IUD?																
b) Removing an IUD?																
c) Inserting an implant?																
d) Removing an implant?																
e) Giving an injectable maintaining single-use injection practice?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
9. STI—Patient counseling and education according to standard																
<b>2.67 Do you counsel and discuss with all clients:</b>																
a) How transmission of HIV or STI occurs?																
b) How to avoid getting infected?																
c) What to do if client thinks he or she may have become infected?																
d) When and where to go for STI screening and treatment if you are unable to provide those services?																
<b>2.68 For those who have STIs do you discuss:</b>																
a) The importance of treating the partner(s)?																
b) Where to go for testing and treatment (if you can not provide it)?																
c) Treatment instructions?																
d) Importance of compliance with treatment?																
e) How to prevent reinfection (including information about practice of abstinence, monogamy and safe sex)?																
f) How having an STI can increase the risk of acquiring HIV?																
g) The value of using dual protection?																
h) The option of emergency contraception?																
2.69 Do you record the treatment given in the client's chart?																

Technical Competence Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
10. Immunization: Provider manages immunizations according to standard																
2.70 Do you provide immunizations to your clients?																
2.71 Do you have vaccine supplies to immunize clients when they need immunizations (i.e. vaccine, needles, syringes, cotton, alcohol)?																
2.72 Are you able to keep an adequate supply of vaccines and avoid stock outs?																
2.73 Do you have an easily available job aid to guide the schedule of immunizations?																
2.74 Do you store vaccines according to cold chain standards?																
2.75 Do you record the immunizations and date given in client's chart or register?																

**Comments about Technical Competence:** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

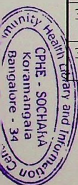
1.

2.

3.


**Dimension 3—Continuity of Care:** Examines functional referral systems when care is needed outside of what you can do in your clinic. It includes knowing when to refer; if there are official procedures for referral, the flow of client records or information to and from a referral, client follow-up, and ensuring repeat visits by the same provider.

Continuity of Care Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
1. Client referrals are tracked																
3.1 Have you established specific facilities or physicians for referral?																
3.2 Do you make available a list or provide information to your clients about where to obtain reproductive health services you don't provide but are available by referral (i.e., permanent sterilization, IUD or implant insertion/removal, VCT, ARVs, etc.)?																
3.3 Do you send the client to the referral facility with a note describing the need for referral?																
3.4 Do you request information and feedback about the outcome of the visit from the referral facility?																
3.5 Do you contact the client to find out about the outcome of the referral visit?																
3.6 If you receive information from the referral facility, do you record the outcome of the visit in the client's record or register?																
3.7 Do you follow-up with each HIV-positive pregnant woman so that she is certain to deliver at a facility that has preventing mother-to-child transmission (PMTCT) services? This can include referral to UPMA members offering PMTCT?																
3.8 Do you follow-up on newborns that you referred for intensive care?																
3.9 Do you or other members of your staff contact clients about missed follow-up visits?																



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**Comments about Continuity of Care:** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

1.

2.

3.

**Dimension 4—Management:** Refers to the provider's capacity to plan, organize, implement, and maintain effective health delivery services. Management includes utilizing data for decision-making and proper tracking of finances and supplies.

Management Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>1. Facility/staff has adequate review of practice provided including review of action plan</b>																
4.1 Do you use this self-assessment QI tool quarterly? (Note: this question is only applicable after the first time that you have used the tool. These first three questions are only applicable after the first time that you have used the tool—so omit it for the first quarter that you are conducting a self-assessment of your practice.)																
4.2 Do you prepare an updated action plan to improve quality using the information this tool provided?																
4.3 Has any action been taken in the last month to address items in the plan?																
<b>2. Facility/practice has accurate and current client records including confidentiality of records</b>																
4.4 Do you have a written procedure or job aid for guiding infection prevention at your facility?																
4.5 Do you maintain client records/registers to record client visits for every client?																
4.6 Are the records complete (shows reason for visit, treatment given, outcome, and note for follow up visit or referral, if necessary)?																
4.7 Are your client records kept where others cannot see them?																
4.8 Do you maintain strict confidentiality concerning all personal information collected during a client's visit to protect her/his privacy?																

Management Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
3. Medical equipment, furniture, consumable drugs and supplies are properly inventoried and procured to prevent stock-outs																
4.9 Do you keep an inventory list/stock cards of consumable supplies in your facility?																
4.10 Has your consumable inventory list been updated within the last three months?																
4.11 Does the list include expiration dates on drugs and supplies?																
4.12 Do you have a reliable supplier of drugs and other supplies? If you do not, do you work with some organization (such as UPMA, ministry of health, or nongovernmental organization) to try to correct this problem?																
4.13 Do you order drugs and supplies based on a reliable estimate of your pharmaceutical needs?																
4.14 Do you keep records about cold-chain conditions for vaccines (for example, check and record the temperature and specified by EPI guidelines)?																
4.15 Have you been able to avoid running out of drugs, contraceptives, or other commodities in the last three months?																
4. Supplies and equipment are in working condition																
4.16 Do you keep an inventory list of medical equipment and furniture that includes date of purchase, projected date of repair, and replacement?																
4.17 Are the facility's medical equipment and furniture in working condition?																

Management Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
5. Information on clinic operating hours and billing procedures are available to patients																
4.18 Do you have a midwife to cover your facility when you are away from your clinic?																
4.19 Are there instructions posted about what to do in an emergency if the clinic is closed?																
4.20 Are the prices of your services explained or available for clients to read before services are provided?																

**Comments about Management** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

1.

2.

3.



**Dimension 5—Marketing:** Refers to midwife's knowledge of the people in their communities and how effectively they market their services to maintain their clients and attract new ones.

Marketing Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
1. Midwife solicits and uses client feedback for marketing quality health services																
5.1 Do you regularly ask clients what they think about the services provided by you?																
5.2 Do you have a way to determine the satisfaction of your clients (such as a suggestion box or conducting small group discussions with the community)?																
5.3 Do you act on feedback received from clients and the community?																
5.4 Do you encourage clients to ask questions during visits?																
2. Midwife advertises quality service to the community to increase client base																
5.5 Do you market your services to the community that you serve (for example, presentations to the community, and participates in community meetings related to health)?																
5.6 Do you use other acceptable modes of marketing your services to clients in your community?																
5.7 Do you list all services that you provide on a signpost near your clinic?																

**Comments about Marketing:** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

1.

2.

3.

**Dimension 6—Business Practices:** Examines midwife's goals, financial-management practices (including record keeping and pricing systems), resources for adequate financing, and allocation of resources.

Business Practices Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
1. Facility/practice has specific, measurable, attainable, realistic and time-bound (SMART) goals																
<b>6.1 Do you have financial and other goals for your business for:</b>																
a) Next month?																
b) 3 months?																
c) 6 months?																
d) Next 1 year?																
6.2 Do you have a plan to achieve these goals?																
2. Facility/practice has efficient financial practices and records																
6.3 Do you keep track of your monthly costs/expenditures?																
6.4 Do you keep track of how much you earn each month?																
6.5 Do you have a plan/budget for how much money you need in order to cover your operating expenses?																
6.6 Do you review your clinic's budget at least quarterly?																
6.7 Do you know how much it costs you to operate your clinic each month?																
6.8 Do you know how much it costs you to provide the different services that you provide?																
6.9 Do you prepare your own financial records?																

Business Practices Dimension	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
Answer key: 2 = Yes 1 = Yes, but needs improvement 0 = No NA = Not applicable	2	1	0	NA	2	1	0	NA	2	1	0	NA	2	1	0	NA
<b>6.10 If yes, do you prepare or analyze:</b>																
a) Balance sheet?																
b) Income statement?																
c) Cash Flow statement?																
<b>6.11 If yes, do you use these records to:</b>																
a) Make management decisions?																
b) Analyze cash flow?																
<b>3. Facility/practice has functioning pricing and collection systems</b>																
6.12 Do you keep track of how much people owe you?																
6.13 Do you have a plan to collect payment from clients that owe you payment for services?																
<b>4. Facility/practice is profitable</b>																
6.14 Did you make a profit in the last 3 months?																
<b>5. Facility/clinic has adequate financing</b>																
6.15 If you need a loan, do you know where to go and how to get one?																
6.16 Do you know where to access outside financing to grow your business (for example, equity, lease, loans, and supplier credit)?																

**Comments about Business Practices:** Use this space to record **what you have done well** in this section. Use the questions where you answered "2" to guide you. After that, record **where you could improve**. Use the questions where you answered "1" or "0" to guide you.

**What you do well:**

1.

2.

3.

**Issues and areas where you need to improve:**

1.

2.

3.



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**NOTES:**

# PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

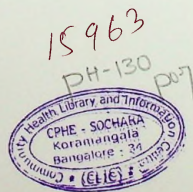
## SECTION 3: ACTION PLAN FOR MIDWIVES



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# ACTION PLAN FOR MIDWIVES

## INSTRUCTIONS

This action plan helps facilitate a simple problem-solving process. Please follow the steps to use the instrument to improve the quality of your services.

If this is your first time using this action plan, please skip ahead to step 4.

### 1. Review your statistics form. Have things changed since the last time you updated the indicators?

- If they have changed for the better, congratulations! Please review your notes on the statistics form and reflect on what actions helped facilitate that change.
- If you still feel like your indicators could improve, keep these goals in mind as you continue to use the action plan instrument.

### 2. Review previous entries recorded in the action plan instrument.

- If you have successfully resolved an issue, put a check or tick mark (✓) in the status column (column 7).
- For the issues that remain, think about why they have not been resolved. If you need external support, put an "E" in the status column and in the actions/next steps column for that issue, record whom you will contact, how you will contact him or her, and what you will ask him or her to do.

### 3. Now go back through your QI self-assessment tool.

- Note the questions where you answered "0" or "1."
- Refer to these questions as you develop your action plan.

### 4. Now develop your action plan. Step-by-step instructions and a sample action plan follow.

The following pages contain a series of blank tables for you to create your plans. Create a separate plan for each dimension to help prioritize your interventions. Indicate the date of the assessment at the top of the action plan.

- Put a mark (\* or X) in the QI tool next to the questions you answered "0" or "1." Then record the question number in column 1 and rewrite the question so that you know what the issue is.
- In column 2 determine why you have this issue. You can use a simple "Why? Why?" exercise. For example, the issue might be that you do not have adequate space for privacy. Then ask yourself "Why?" Answer: My clinic is small. Again ask why? Why is my clinic small? "Because real estate is expensive and at the time I built my clinic I could not afford a larger space."



Once again, ask yourself why? "Because renovation is also costly." Continue to ask yourself why until you feel like you have exhausted all influencing factors.

- c. In column 3 record possible solutions. For some plans, you may need to include short-, medium-, and long-term solutions (as the example above) while other plans will have a simple, short term solution where you may just need to purchase a padlock for your medication cupboard.
- d. In column 4, list your next steps for the short-, medium-, and long-term solutions identified in column 3. Make sure these are specific. There can be many next steps.
- e. In columns 5 and 6 assign a responsible person (by whom) for each next step and a deadline (by when) to accomplish those steps.
- f. Finally, in column 7 (the status column), indicate if the problem has been resolved. If it has not been resolved, write an "E" if you will require external assistance and in column 7 identify who you will ask for help, what you will request and how you will ask. If the task has been completed, mark it with a check.

**5. Review this action plan after each time you use the QI self-assessment tool (it should be reviewed four times annually).**

6. Encourage your supervisor to become familiar with this instrument and review any issues. Your supervisor may be able to help you mobilize the resources you need to resolve issues you cannot resolve by yourself.

**Sample Entry:**

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7
Do not have a separate area for counseling with a table or desk and two chairs that is private.	1. Clinic small 2. Property and renovation expensive	Save money to build another room or build a door on exam room that can be shut.	1. Analyze monthly costs and revenue. 2. Determine a realistic amount that you can save weekly or monthly. 3. Price doors and costs of carpenter. 4. Develop a budget to save for purchase and installation of a door (i.e. calculate how long it will take you to save the total needed given the amount of money you can save weekly or monthly and the cost of the door and carpenter. 5. In the interim, offer clients to meet outside behind clinic where other clients can not see or hear- is what said.	1. Midwife 2. Maria (me) 3. Mr. Michael (accountant) 4. me  5. me	1. March 31 2. March 31 3. April 7 4. April 10  5. Ongoing until door installed	(Will fill this in when complete or when you review the next quarter).

## Physical Environment Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[illegible]

## Technical Competence Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[illegible]

## Continuity of Care Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[illegible]

## Management Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[illegible]



## Marketing Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

[illegible]

## Business Practices Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

**NOTES:**

# PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

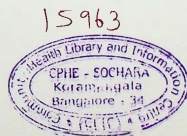
## SECTION 4: SUPERVISOR'S GUIDE



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# INTRODUCTION

Used with the QI self-assessment tool, the Action Plan for Midwives helps facilitate a simple problem-solving process. Midwives that you supervise should develop a separate action plan for each dimension of quality so you can monitor progress along with them. This process will help you both see where emphasis is needed and how your supervisee is progressing.

The Action Plan for Midwives prompts the midwife to first complete the statistics form to frame interventions in terms of improved health outcomes and then revisit low scores on the QI self-assessment tool. The action plan is in a table format.

- In column 1, the midwife then records the question number and rewrites the question so that she knows what the issue is.
- In column 2, the midwife is asked to determine why she has this issue. She (or with your assistance) can use a simple "Why? Why?" exercise. For example, the issue might be that the midwife does not have adequate space for privacy. Then the midwife asks herself "why?" Answer: "My clinic is small." Again ask "why?" "Why is my clinic small?" "Because real estate is expensive and at the time I built my clinic, I could not afford a larger space." Once again, the midwife asks herself "why?" "Because renovation is also costly." She should continue to ask herself "why" until she feels like she has exhausted all influencing factors.
- In columns 3 and 4 the midwives are prompted to list possible solutions, actions, or next steps. In column 5, assign a responsible person with a deadline in column 6. Finally, column 7 indicates the status of the action item and whether external resources are required.

As a supervisor, you can discuss the causes, help with solutions, and mobilize external resources. Ideally, you would visit quarterly to monitor progress toward completing action plan items before the next self-assessment is conducted by the midwife. In addition, a professional association, network, or franchise also may use periodic, pre-set meetings to discuss or alleviate common problems and discuss solutions as a group. For example, if multiple members of an association are unable to use a partograph (question 2.34a), the association will become aware of the problem by reviewing members' actions plans and can use pre-set monthly meetings to conduct educate them about how to use it.

A quality index score can be calculated to measure trends in the midwives' QI self-assessment responses. Supervisors should record the action plans of their supervisees in their own records to monitor the midwives' progress in improving quality. Detailed instructions in how to calculate the score and use the action plan are outlined in the next sections of this document.

## SCORING THE MIDWIVES' PERFORMANCE AND REVIEWING THEIR ACTION PLANS

Improving quality should result in increased service use, contraceptive use, effective operating procedures, and positive health outcomes. By summarizing the midwives' scores on each of the dimensions and indicators, it will help you to see how to best help the midwife improve the quality of services she offers. Along with the action plan, these scores will guide you in helping the midwives resolve quality gaps they identify.

### INSTRUCTIONS FOR SCORING

1. Review the midwife's completed self-assessment tool answers for the current quarter.
2. Use the QI self-assessment score sheet on pages 4-6, 4-7, and 4-8 of this booklet to record the scores of the answers for each question.

For example, the physical environment section of the score sheet looks like this:

**Table 1:** Example of physical environment

I. Physical Environment Dimension					
Indicator 1	Indicator 2	Indicator 3	Indicator 4	Total Score	Comments
I.1 ____	I.11 ____	I.20 ____	I.27 ____	I.30 ____	
I.2 ____	I.12 ____	I.21 ____	I.28 ____	____/60	
I.3 ____	I.13 ____	I.22 ____	I.29 ____		
I.4 ____	I.14 ____	I.23 ____			
I.5 ____	I.15 ____	I.24 ____			
I.6 ____	I.16 ____	I.25 ____			
I.7 ____	I.17 ____	I.26 ____			
I.8 ____	I.18 ____				
I.9 ____	I.19 ____				
I.10 ____					
Score: ____/38	Score: ____/14	Score: ____/6	Score: ____/2		

Indicator 1 in table 1 has 19 questions, 1.1–1.19. Table 2 is an example of what the score sheet could look like if the midwife answered the first 19 questions.

**Table 2:** Example of Indicator 1

<b>1. Physical Environment Dimension</b>					
Indicator 1		Indicator 2	Indicator 3	Indicator 4	Total Score
1.1	2	1.11	0	1.20	___
1.2	1	1.12	2	1.21	___
1.3	1	1.13	2	1.22	___
1.4	2	1.14	2	1.23	___
1.5	2	1.15	1	1.24	___
1.6	0	1.16	1	1.25	___
1.7	0	1.17	NA	1.26	___
1.8	1	1.18	1		
1.9	2	1.19	1		
1.10	0				
Score: ___/36		Score: ___/14	Score: ___/6	Score: ___/2	

## CALCULATION OF MIDWIFE'S SCORE

- Add up the numbers the midwife gave for each question. This sum will give the top number (numerator) for that indicator. In table 3 the numerator for indicator 1 is 21.
- If the midwife has no NA in that indicator, then the bottom number (denominator) remains the same. In table 1 it would be 36. In table 2, however, the midwife has one NA answer. For dimensions that have NA answers, there are two ways to calculate the denominator.
  - Count each NA answer. Multiply the number of NA answers times 2 and subtract this number from the bottom number (denominator). In this example, the midwife has one NA answer. So you would subtract 2 points (1 NA answer  $\times$  2 points = 2 points to subtract). The bottom number (denominator) in this example is 36 (36 – 2 = 34). So the score for indicator 1 in this example is 21/34 (refer to Table 3).
  - If you subtracted 2 points for each NA answer along the way, you can just add/sum up the bottom numbers (denominators) of each indicator.
- To calculate the final score for that dimension, sum up the numerators for each indicator. In the complete example in table 3, the total (numerators) is 41 (21 + 13 + 5 + 2). To calculate the bottom numbers (denominator), add the total number of NA answers. In this example there is only 1 NA. Then multiply the total number of NA answers by 2 (1  $\times$  2 = 2). Finally, take the original denominator total, in this example it is 60, and subtract 2 to obtain the final score denominator of 58 (60 – 2 = 58). Or, if you properly calculated the denominators for each indicator along the way you can simply add the denominators: 36 + 14 + 6 + 2 = 58.

**Table 3:** Example of calculating numerator and denominator

I. Physical Environment Dimension													
Indicator 1				Indicator 2		Indicator 3		Indicator 4		Total Score		Comments	
1.1 2 1.11 0				1.20 1		1.27 2		1.30 2					
1.2 1 1.12 2				1.21 2		1.28 2							
1.3 1 1.13 2				1.22 2		1.29 1							
1.4 2 1.14 2				1.23 2									
1.5 2 1.15 1				1.24 2									
1.6 0 1.16 1				1.25 2									
1.7 0 1.17 2				1.26 2									
1.8 1 1.18 1													
1.9 2 1.19 1													
1.10 0													
Score: 20/34				Score: 13/14		Score: 5/6		Score: 2/2		41/58			

# QI SELF-ASSESSMENT SCORE SHEET

1. Physical Environment Dimension					
Indicator 1	Indicator 2	Indicator 3	Indicator 4	Total Score	Comments
1.1 ____ 1.11 ____	1.20 ____	1.27 ____	1.30 ____		
1.2 ____ 1.12 ____	1.21 ____	1.28 ____			
1.3 ____ 1.13 ____	1.22 ____	1.29 ____			
1.4 ____ 1.14 ____	1.23 ____				
1.5 ____ 1.15 ____	1.24 ____				
1.6 ____ 1.16 ____	1.25 ____				
1.7 ____ 1.17 ____	1.26 ____				
1.8 ____ 1.18 ____					
1.9 ____ 1.19 ____					
1.10 ____					
Score: ____/38*	Score: ____/14*	Score: ____/6*	Score: ____/2*	____/60*	

2. Technical Competence Dimension				
Indicator 1 Standards of Care	Indicator 2 Basic counseling	Indicator 3 IP	Indicator 4 ANC—Counseling	Comments
2.1 ____	2.4 ____	2.10 ____	2.22a ____ 2.23 ____	
2.2 ____	2.5 ____	2.11 ____	2.22b ____ 2.24 ____	
2.3 ____	2.6 ____	2.12 ____	2.22c ____ 2.25 ____	
	2.7 ____	2.13 ____	2.22d ____ 2.26 ____	
	2.8 ____	2.14 ____	2.22e ____ 2.27 ____	
	2.9a ____	2.15 ____	2.22f ____ 2.28 ____	
	2.9b ____	2.16 ____	2.22g ____ 2.29a ____	
		2.17 ____	2.22h ____ 2.29b ____	
		2.18 ____	2.22i ____ 2.29c ____	
		2.19 ____	2.22j ____	
		2.20 ____	2.22k ____	
		2.21 ____		
Score: ____/6*	Score: ____/14*	Score: ____/24*	Score: ____/40*	

The denominator for each indicator is decreased by two for any items scored as not applicable "NA."



2. Technical Competence Dimension							
Indicator 5 ANC—Conducting ob/physical exam		Indicator 6 Labor and delivery		Indicator 7 PPIC		Comments	
2.30a ____	2.32a ____	2.34a ____	2.35b ____	2.43a ____	2.45e ____		
2.30b ____	2.32b ____	2.34b ____	2.35c ____	2.43b ____	2.45f ____		
2.30c ____	2.32c ____	2.34c ____	2.35d ____	2.43c ____	2.45g ____		
2.30d ____	2.32d ____	2.34d ____	2.35e ____	2.43d ____	2.46a ____		
2.30e ____	2.32e ____	2.34e ____	2.35f ____	2.43e ____	2.46b ____		
2.30f ____	2.32f ____	2.34f ____	2.36 ____	2.43f ____	2.46c ____		
2.30g ____	2.32g ____	2.34g ____	2.37 ____	2.44a ____	2.46d ____		
2.31a ____	2.32h ____	2.34h ____	2.38 ____	2.44b ____	2.46e ____		
2.31b ____	2.33 ____	2.34i ____	2.39 ____	2.44c ____	2.46f ____		
2.31c ____		2.34j ____	2.40 ____	2.44d ____	2.46g ____		
2.31d ____		2.34k ____	2.41 ____	2.44e ____	2.46h ____		
2.31e ____		2.34l ____	2.42 ____	2.45a ____	2.47a ____		
2.31f ____		2.35a ____		2.45b ____	2.47b ____		
2.31g ____				2.45c ____	2.47c ____		
				2.45d ____	2.47d ____		
					2.47e ____		
Score: ____/46*		Score: ____/50*		Score: ____/62*			
Indicator 8 FP		Indicator 9 STI		Indicator 10 Immunization	Total Score		Comments
2.48 ____	2.63f ____	2.67a ____		2.70 ____			
2.49 ____	2.63g ____	2.67b ____		2.71 ____			
2.50 ____	2.64a ____	2.67c ____		2.72 ____			
2.51 ____	2.64b ____	2.67d ____		2.73 ____			
2.52 ____	2.64c ____	2.68a ____		2.74 ____			
2.53 ____	2.64d ____	2.68b ____		2.75 ____			
2.54 ____	2.65a ____	2.68c ____					
2.55 ____	2.65b ____	2.68d ____					
2.56 ____	2.65c ____	2.68e ____					
2.57 ____	2.65d ____	2.68f ____					
2.58 ____	2.65e ____	2.68g ____					
2.59 ____	2.65f ____	2.68h ____					
2.60 ____	2.65g ____	2.69 ____					
2.61 ____	2.66a ____						
2.62 ____	2.66b ____						
2.63a ____	2.66c ____						
2.63b ____	2.66d ____						
2.63c ____	2.66e ____						
2.63d ____							
2.63e ____							
Score: ____/76*		Score: ____/26*		Score: ____/12	____/356*		

**3. Continuity of Care Dimension**

		Total Score	Comments
3.1 ____	3.7 ____	____/22*	
3.2 ____	3.8 ____		
3.3 ____	3.9 ____		
3.4 ____	3.10 ____		
3.5 ____	3.11 ____		
3.6 ____			

**4. Management Dimension**

Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Total Score	Comments
4.1 ____	4.4 ____	4.9 ____	4.16 ____	4.18 ____		
4.2 ____	4.5 ____	4.10 ____	4.17 ____	4.19 ____		
4.3 ____	4.6 ____	4.11 ____		4.20 ____		
	4.7 ____	4.12 ____				
	4.8 ____	4.13 ____				
		4.14 ____				
		4.15 ____				
Score: ____/6*	Score: ____/10*	Score: ____/14*	Score: ____/4*	Score: ____/6* ____/40*		

**5. Marketing Dimension**

Indicator 1	Indicator 2	Total Score	Comments
5.1 ____	5.5 ____	____/12*	
5.2 ____	5.6 ____		
5.3 ____			
5.4 ____			
Score: ____/8*	Score: ____/4*		

**6. Business Practices Dimension**

Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Total Score	Comments
6.1a ____	6.3 ____ 6.10a ____	6.12 ____	6.14 ____	6.15 ____		
6.1b ____	6.4 ____ 6.10b ____	6.13 ____		6.16 ____		
6.1c ____	6.5 ____ 6.10c ____					
6.1d ____	6.6 ____ 6.11a ____					
6.2 ____	6.7 ____ 6.11b ____					
	6.8 ____					
	6.9 ____					
Score: ____/10*	Score: ____/24*	Score: ____/4*	Score: ____/2*	Score: ____/4* ____/44*		

# SUMMARY CHART OF SELF-ASSESSMENT SCORES

**Instructions:** This form allows you to chart the changes in the indicators scores for each of the dimensions. The unshaded boxes for each dimension are for you to write the score for that indicator. The shaded boxes are left alone (there are no more indicators for those numbers in that dimension). Two pages have been included here to allow for charting the scores for four quarters.

Dimension	Scores for each indicator by dimension										
1st Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	/38	/14	/6	/2							/60
2. Technical Competence	/6	/14	/24	/40	/46	/50	/62	/76	/26	/12	/356
3. Continuity of Care	/18										/18
4. Management	/6	/10	/14	/4	/6						/40
5. Marketing	/8	/4									/12
6. Business Practices	/10	/24	/4	/2	/4						/44
2nd Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	/38	/14	/6	/2							/60
2. Technical Competence	/6	/14	/24	/40	/46	/50	/62	/76	/26	/12	/356
3. Continuity of Care	/18										/18
4. Management	/6	/10	/14	/4	/6						/40
5. Marketing	/8	/4									/12
6. Business Practices	/10	/24	/4	/2	/4						/44

Dimension	Scores for each indicator by dimension										
3rd Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	/38	/14	/6	/2							/60
2. Technical Competence	/6	/14	/24	/40	/46	/50	/62	/76	/26	/12	/356
3. Continuity of Care	/18										/18
4. Management	/6	/10	/14	/4	/6						/40
5. Marketing	/8	/4									/12
6. Business Practices	/10	/24	/4	/2	/4						/44
4th Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	/38	/14	/6	/2							/60
2. Technical Competence	/6	/14	/24	/40	/46	/50	/62	/76	/26	/12	/356
3. Continuity of Care	/18										/18
4. Management	/6	/10	/14	/4	/6						/40
5. Marketing	/8	/4									/12
6. Business Practices	/10	/24	/4	/2	/4						/44

## INSTRUCTIONS FOR REVIEWING AND SUPPORTING THE MIDWIVES' ACTION PLANS

1. After completing the scoring, refer to the Action Plan for Midwives (Section 3). If your time is limited, you may want to concentrate on entries where his or her scores are lowest. For every question where the midwife answered "0" or "1" make sure he or she has made an entry for it in the action plan booklet.
2. In your action plan tables on pages 4-17 to 4-27, record the items that the midwife has entered. If time is limited, only copy those that need your assistance, but do note in brief the items he or she was able to solve. This booklet is for you to record the plans the midwives that you are responsible for have developed. If you want to develop your own plan for your own practice, please use a separate booklet.
3. As you copy a midwife's issue(s) please note the name of the midwife, so when you go back for other visits, you can turn directly to that midwife's plan.
4. Please refer to the beginning instructions of for the action plan for midwife tables on page 4-1 and 4-3 for further guidance instructions.
5. After reviewing the scores and helping the midwife develop her action plan, consider ways that you as the supervisor can help resolve the identified problems. For example, if the problem is due to a knowledge or skill deficit, consider how you can facilitate a learning session on the topic or to have this midwife included in a training session on that topic. For example, at a monthly branch meeting, you might organize a session on a topic that several midwives need updating and invite a speaker from the community or local hospital with that expertise. If the problem is due to a lack of equipment, explore with the district nursing officer at the Ministry of Health if there is any equipment available from their stores that might be signed out to the midwife or if many midwives in your area are lacking the same equipment, you could contact a local vendor and see if you can negotiate a discount to buy equipment in bulk. If midwives are lacking health educational materials, frequently, the Ministry of Health has a supply of health educational brochures, posters, and booklets, that are available if someone will come and collect them.



# INSTRUCTIONS FOR ACTION PLAN FOR MIDWIVES

## Instructions for Scoring:

This action plan helps facilitate a simple problem-solving process. Please follow the steps to use the action plan to improve the quality of your services.

If this is your first time using this action plan, please skip ahead to step 4.

### 1. Review your statistics form. Have things changed since the last time you updated the indicators?

- If they have changed for the better, congratulations! Please review your notes on the statistics form and reflect on what actions helped facilitate that change.
- If you still feel like your indicators could improve, keep these goals in mind as you continue to use the action-plan instrument.

### 2. Review previous entries recorded in the action plan.

- If you have successfully resolved an issue, put a checkmark/tick in the status column.
- For the issues that remain, think about why they have not been resolved. If you need external support, put an "E" in the status column and in the actions/next steps column for that issue, record whom you will engage, how you will engage him or her, and what you will ask him or her for.

### 3. Now go back through your QI self-assessment tool.

- Note the questions where you answered "0" or "1."
- Refer to these questions as you develop your action plan.

### 4. Now develop your action plan. Step-by-step instructions and a sample action plan follow. Subsequent pages contain a series of blank tables for you to create your plan. This document is your action plan. If you choose, create a separate plan for each dimension to help prioritize your interventions.

- Write a star or X (\* or X) in the QI tool next to the questions you answered "0" or "1." Then record the question number in column 1 and rewrite the question so that you know what the issue is.
- In column 2 determine why you have this issue. You can use a simple "Why? Why?" exercise. For example, the issue might be that you do not have adequate space for privacy. Then ask yourself "why?" Answer: My clinic is small. Again ask "why?" Why is my clinic small? "Because real estate is expensive and at the time I built my clinic I could not afford a larger space." Once again, ask yourself why? "Because renovation is also costly." Continue to ask yourself why after until you feel like you have exhausted all influencing factors.

- c. In column 3 record possible solutions.  
Try to include short-, medium-, and long-term solutions.
- d. In column 4 list your next steps for the short-, medium-, and long-term solutions identified in column 3. Make sure these are specific. There can be many next steps.
- e. In columns 5 and 6 assign a responsible person (by whom) for each next step and a deadline (by when) to accomplish those steps.
- f. Finally, in column 7 (the status column), indicate if the problem has been resolved. If it has not been resolved, write an "E" if you will require external assistance. Then identify in column 7 who you will ask for help, what you will request and how you will ask. If the task has been completed, mark it with a tick/check.

**5. Review this action plan after each time you use the QI self-assessment tool (it should be reviewed four times annually).**

- 6. Encourage your supervisor to become familiar with your self-assessment of your practice and to review any issues (if you have a supervisor who is part of a professional association or network).**  
Your supervisor may be able to help you mobilize the resources you need to resolve issues you cannot do by yourself.

**Sample Entry:**

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7
Do not have a separate area for counseling with a table or desk and two chairs that is private.	1. Clinic small 2. Property and renovation expensive	Save money to build another room or build a door on exam room that can be shut.	1. Analyze monthly costs and revenue. 2. Determine a realistic amount that you can save weekly or monthly. 3. Price doors and costs of carpenter. 4. Develop a budget to save for purchase and installation of a door (i.e., calculate how long it will take you to save the total needed given the amount of money you can save weekly or monthly and the cost of the door and carpenter. 5. In the interim, offer clients to meet outside behind clinic where other clients can not see or hear is what said.	1. Midwife Mary Zaki 2. Mr. Adenekan 3. me 4. me 5. me	1. March 31 2. March 31 3. April 7 4. April 10  5. Ongoing until door installed	(Will fill this column in when complete or when supervisor reviews the status the next quarter.)

## Physical Environment Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

## Technical Competence Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

## Continuity of Care Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7



## Management Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

## Marketing Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

## Business Practices Action Plan

Midwife's Name: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_ Dates of Assessment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Q# and Restated Question Column 1	Causes (Why) Column 2	Solutions Column 3	Actions/Next Steps Column 4	By Whom Column 5	By When Column 6	Status Column 7

**NOTES:**

# PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

## SECTION 5: TRAINING GUIDE FOR FACILITATORS





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## Section 5: Training Guide for Facilitators

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## ACRONYMS

<b>COPE</b>	Client Oriented Provider Efficient
<b>FP</b>	Family planning
<b>IUD</b>	Intrauterine device
<b>PSP-One</b>	Private Sector Partnerships-One project
<b>QI</b>	Quality improvement

# OVERVIEW OF THE QUALITY IMPROVEMENT APPROACH AND TOOLS

Organizations seeking to solve quality and performance problems frequently implement training and other interventions without fully understanding the nature of the performance gaps and whether the chosen interventions are appropriate for closing the gaps. This problem is further compounded when working with providers in the private sector, given the lack of a built-in supervisory system and frequent lack of access to organized continuous education. Therefore, when trainings and other interventions are organized for the private sector, it is especially important that these interventions be directed to identified gaps in quality.

The Private Sector Partnerships-One project's overall goal is to increase access to and the quality of services provided by the private sector, in particular the services provided by general practitioners, midwives, nurses, pharmacists and drug shop vendors.

## IMPROVING QUALITY IN THE PRIVATE HEALTH SECTOR

Promotion and evaluation of high-quality care is a priority for anyone delivering, organizing or monitoring clinical services. Initiatives to improve quality of care have a long history in public sectors around the world. However, little has been done globally in the private sector due to the individual and often unregulated nature of most private practices. In addition to the known reasons why quality is important (better services, better continuity of care, better repeat business and better health), there are other reasons to address quality in the private sector. One main reason is that 60-80% of clients who seek private sector services and pay significant amounts out of pocket do so with the assumption they

are receiving better care than that found in the public sector (Ha, Berman and Larsen 2002, Uganda National Household Survey 1999/2000). In reality, however, the status of quality in the private sector is variable, and what is known is anecdotal. (Brugha and Zwa 1998). Frequently, the status of quality in the private sector is unknown because, by nature, private practice is individual and often unregulated. PSP-One developed a quality improvement (QI) package for both the midwife and his/her supervisor, when available. The package effectively helps the midwife identify quality gaps, develop short-, medium- and long-term action plans, and monitor improvement over time.

## QUALITY IMPROVEMENT MODEL

PSP-One developed and refined the QI package in collaboration with developing country institutions that are focused on working with private providers. The initial conceptualization was derived from IntraHealth International's assessment tool developed in Armenia for use by small health centers primarily staffed by one professional provider. PSP-One selected dimensions of quality from the IntraHealth self-assessment tool that were relevant for the private sector and added two new dimensions: marketing and business practices. The QI package applies tools that meet the criteria of simplicity and practicality with emphasis on root-cause analysis and problem solving. It is used on site by the midwife and reviewed with the supervisor at regular support meetings, including professional association meetings. The QI methodology was also influenced by the experience of the performance improvement review approach of Initiatives Inc. in Jordan's primary health care

centers. A number of items related to family planning were drawn from EngenderHealth's Client-Oriented Provider Efficient (COPE) Self-Assessment Guide.

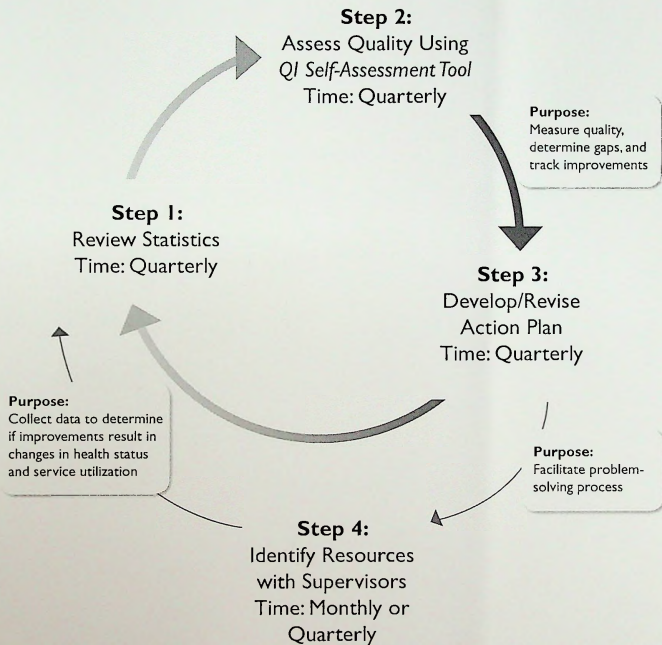
**Purpose:** This Training Guide was developed to support the program staff of professional organizations, networks and franchises prepare for and conduct the training of supervisors to use the package of quality improvement materials and to prepare the private sector midwives they supervise to use the package.

**Objectives:** Users of this Training Guide will be able to plan and conduct a training of midwives and their supervisors:

1. To describe the components and use of the QI package
2. For private midwives: to use the QI package, including:
  - ▶ completing and analyzing the statistics compiled in the statistics form
  - ▶ completing the QI self-assessment tool
3. For supervisors: to support private midwives to use the QI package, by:
  - ▶ developing a midwife's action plan to:
    - analyze the root causes to uncover the principal reasons for quality performance gaps/problems identified by completing the self-assessment tool
    - prioritize the problem list
    - develop appropriate interventions and mobilizing resources to close the performance gaps
    - monitor progress and resolution of identified gaps
  - ▶ scoring the midwife's QI self-assessment tool
  - ▶ assisting the midwife in identifying root causes of quality problems, and to develop and monitor her/his action plan
  - ▶ engaging the public sector (e.g., district health teams, district nursing or midwifery officer) to mobilize resources and give assistance in solving selected problems



## FLOWCHART FOR QUALITY IMPLEMENTATION AND TRAINING GETTING STARTED



## HOW TO USE THIS GUIDE

This training guide contains all the session designs and handouts needed for conducting an orientation to using the package of quality improvement materials for private sector midwives.

**Participants** in the training for using the QI package are midwives in independent practice who provide care primarily to mothers and children, and the midwives' supervisors.

Ideally, the training would be conducted by one to two trainers for up to 20 participants (15 midwives and approximately three to five supervisors). The workshop is typically one day for midwives and their supervisors followed by an additional one and a half days for the supervisors only. The recommended schedule runs from 8:30 am to 5:00 pm, including appropriate breaks. A suggested workshop schedule can be found at the end of this section.

### APPROACH TO TRAINING AND LEARNING

The workshop outlined in this manual is based on adult learning principles. Learning involves more than exposure to new ideas and ways of solving problems and doing things. Rather, learning involves changes in knowledge, attitudes and behaviors. Adults learn best when:

- They are motivated and not anxious, know what is expected of them and are treated with respect.
- They are involved in establishing expectations/objectives for the training.
- Learning experiences are interesting and meaningful, build on what participants already know, and encourage problem solving and reasoning.
- Experiences are organized, logical, and practical, include a variety of methods, and guidelines are available.
- New information and skills are relevant to participants' responsibilities and are applied immediately.
- Training involves every participant in active practice, and participants share responsibility for learning.
- Trainers are knowledgeable in the subject matter and competent in the skills, use a variety of training methods to appeal to individual learning preferences, pay attention to individual participants' concerns, and provide feedback and reinforcement.
- Feedback is immediate and focused on behavior that the participants can control.
- Assessment of learning and skills is based on objectives that the participants understand.

For more information about the adult learning cycle and training methods used frequently in this training guide, see Appendix 1.

### TRAINING METHODS

This training guide incorporates a variety of methods suited to the stated learning objectives. As necessary, make adaptations to the training plan to suit the participants and the specific training situation.

### EVALUATION

Evaluation or assessment of learning objectives allows trainers, program managers and participants to know how successful a training program has been. Ongoing evaluation and assessment allow trainers to identify gaps in

learning and to immediately fill those gaps. Evaluation also assists in revising learning experiences to better meet participant needs for later trainings.

This workshop uses the following methods to evaluate the participants' learning:

- Question and answer/group discussion
- Completion of QI self-assessment tool and action plan for one to two quality dimensions
- Measurement of actual use of tool over time and change in self-assessed scores (to be completed on a revisit)

This workshop uses the following methods to elicit feedback on the training experiences:

- Daily participant reflection and comments in the closing circle
- End of workshop participant reaction forms

The service provider participants will be followed up by their supervisors after the workshop to assess the results of the workshop—the extent to which the participants were able to apply what they learned by completing their statistics forms, QI self-assessments, and action plans; and what facilitated or hindered their carrying out their action plans. The recommended format for the follow-up is through monthly meetings that the supervisor conducts with the midwives she supervises. The midwife brings a completed self-assessment form of her practice and shares some of her identified problems. The supervisor can then group and prioritize the problems and conduct a brainstorming session to help generate solutions for the identified problems including mobilizing resources.

## IN EACH TRAINING SESSION

Each training session in this guide contains all of the materials required to conduct an orien-

tation to using the QI package. Each session contains the following sections:

**Session Title**—The title of the session or activity.

**Session Objectives**—The learning objectives that state what participants should know or be able to do after completing the session.

**Estimated Time**—The time that each session will require depends upon the particular group of participants, the amount of time available and other constraints. The session gives an estimated time to allow for flexible scheduling.

**Trainer Preparation**—The specific preparations that **trainers** should make for the session include:

- ensuring the room is properly arranged
- ensuring that markers and a flip chart or a writing board with chalk or markers are available
- reviewing the session plan
- reviewing steps for the activity used in the training session
- copying materials that participants need
- ensuring the necessary handouts and supplies are available for the practice sessions
- thoroughly reviewing all course materials

**Facilitation Steps**—The steps for facilitating the methods and activities that are used in the session. Appendix 1 includes general instructions for frequently used methods. Instructions for suggested participatory activities are included in these Facilitation Steps.

**Evaluation/assessment**—Evaluation methods for assessing the learning objectives are listed. These typically include question/answer,

discussion, and small group or individual exercises although other activities can be used to assess deficits/gains in learning throughout the course of the workshop.

**Handouts**—The primary handout for this training program is the *Private Health Sector Quality Improvement Package*, including the Implementation Guide, Self-Assessment

Package, Action Plan, and Supervisor's Guide. The complete QI Package is usually handed out at the beginning of the training program, and each session in the Training Guide refers to the part of the package that will be used during the session. Additional handouts or worksheets used in specific sessions are also listed here and are usually handed out during the session in which they are used.

## Sample Schedule for Training in How to Use the QI Package

Day 1 (Midwives and Supervisors) 8:00 AM-5:00 PM	Day 2 (Supervisors only) 8:30 AM-5:00 PM	Day 3 (Supervisors only) 8:30 AM-2:30 PM
<p>Registration 8:00</p> <p>Session 1. <i>Creating a Learning Environment</i>: (1hr) Introductions, Hopes and Fears, review of Schedule &amp; Learning Objectives, participant materials</p> <p>Session 2. <i>Why Address Quality in the Private Sector?</i> (1 hr)</p> <p><b>Break (15 min)</b></p> <p>Session 3. <i>Statistics Form and Review of Data</i> (30 min)</p> <p>Session 4. <i>QI Self-Assessment Tool</i> (2 hrs)</p>	<p>Session 8. <i>Opening Circle</i> (30 min)</p> <p>Session 9. <i>Reviewing the 5 Whys</i> (1 hr)</p> <p><b>Break (15 min)</b></p> <p>Session 10. <i>Root Cause Analysis: Fishbone Diagram</i> (1 hr 30 min)</p> <p>Session 11. <i>Preparing for and Conducting the Clinic Visits</i> (3-4 hrs)</p>	<p>Session 12. <i>Opening Circle/ Reviewing Visits to Clinic</i> (1 hr)</p> <p>Session 13. <i>Scoring the Midwives' QI Self-Assessment</i> (1 hr 50 min including break)</p> <p><b>Break (15 min)</b></p> <p>Session 14. <i>Working Together to Improve Quality and Practice Conducting the Supervision Meeting</i> (1 hr 30 min)</p>
Lunch 1 hour	Lunch 1 hour	Lunch 1 hour
<p>Session 4 (cont'd). <i>Discussion of questions about completion of Self-Assessment Tool</i> (cont)</p> <p>Session 5. <i>Root Cause Analysis: 5 Whys</i> (1 hr 30 min; continue after the break, if necessary)</p> <p><b>Break (15 min)</b></p> <p>Session 6. <i>Action Plan for Midwives</i> (45 min)</p> <p>Session 7. <i>Closing Circle</i> (30 min)</p>	<p>Session 11 (cont'd). <i>Conducting the Clinic Visits</i></p>	<p>Session 15. <i>Evaluation and Closing Circle</i> (45 min)</p>
Day Ends 5:00PM	Day Ends 5:00PM	



## DAY 1

### Session 1: *Creating a Learning Environment*

<b>Session Objectives</b>	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> <li>Identify observations of participants about their work in maternal and child health</li> <li>Share their hopes and fears (expectations and concerns) for the workshop and compare with learning objectives</li> <li>Review the objectives and schedule for the workshop</li> <li>Begin contributing actively in the workshop</li> </ul>
<b>Time</b>	1 hour
<b>Trainer Preparation</b>	<ul style="list-style-type: none"> <li>Prepare index cards with words on one side of them (sample words: Inspiration, Opportunity, Service, Benefit, Choice, Caring, Serious, Complex, Quality, Hopeful, Option, Commitment, Perform, Challenge, Communication, Courage, Strength, Access, Grateful, Cheerful, Purpose, Open-minded, Difference, Chance, Guidance, Informed, Collaborate, Teamwork).</li> <li>Prepare flipcharts: "Welcome to Quality Improvement Training for Midwives," Schedule for Day 1, Workshop Objectives.</li> <li>Check that copies of the Workshop Learning Objectives handout, flipchart paper, markers and masking tape are available.</li> <li>Arrange seating in a circle (without tables) for the participants and trainers.</li> </ul>
<b>Facilitation Steps</b>	<p><b>Step 1.</b> (5 minutes) Trainers and participants are sitting in a circle. A bell with a soft tone may be used to call the participants together in the circle. Welcome participants; provide a short introduction to the purpose of the workshop; introduce trainers</p> <p><b>Step 2.</b> (30 min) <b>Introductions:</b> Place index cards with words in the center of the circle, face down, on the floor. Ask participants to come forward and select a card. When all seated, ask them to select a partner. Once they are in pairs, ask them to stay in silence and to think about what the word means to them as it relates to their work as midwives. Then, they introduce themselves to each other and share their thoughts about the word. Afterwards, each pair introduces the person they paired with by name and tells some of that person's thoughts about the word, which the person has given permission to share.</p> <p><b>Step 3.</b> (25 min) <b>Expectations and Concerns:</b> Ask participants to break into groups of 3-4 and to take 15 minutes to flipchart their expectations and concerns about the time together in the workshop, highlighting items to share with larger group. After 15 minutes, have the group reconvene in the circle, post notes/flip chart sheets on the wall (leave on wall throughout the workshop), then participants take 5-10 minutes to share expectations and concerns, identify common expectations and concerns. Trainer talks about bringing expectations to fruition and that some concerns may be realized; promise to revisit expectations and concerns at the end of the process. (Note: If you are short on time, this activity can be done all together in the large group – 15 min)</p>

**Step 4.** (5 min) Review **Workshop Objectives** and **Schedule**. Go over the materials in the *QI Package* and explain that during the workshop they will learn the purpose of each tool in the package and will practice using them.

**Step 5.** (5 min) Ask participants if they have any questions on the objectives, schedule and design for the workshop. Briefly present outline of the day (on flipchart).

**Evaluation/  
Assessment**

- Question/answer; discussion

**Handouts**

- *Handout 1. QI Package Workshop Learning Objectives or if it is difficult/expensive to photocopy, write the objectives on flipchart*

## DAY 1

# Session 2: Why address quality in the private sector?

<b>Session Objectives</b>	At the end of the session, participants will be able to: <ul style="list-style-type: none"> <li>• Identify how improved quality of care affects clients, providers and the community</li> <li>• Identify the parts of the QI package and their purposes</li> </ul>
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<b>Time</b>	1 hour
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<b>Trainer Preparation</b>	<ul style="list-style-type: none"> <li>• Read <i>Section 1: Implementation Guide for Midwives and Supervisors</i></li> <li>• Find out what percentage of services in your country are provided in the private sector</li> <li>• Photocopy selected scenarios for group work</li> </ul>
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<b>Facilitation Steps</b>	<p><b>Step 1.</b> (15 minutes) Divide participants into two to three groups (depending on size of group) and give each group the written description of the chosen scenarios with questions. Do not mention anything about quality or objectives of the session before breaking into groups to discuss the scenarios. You may not use all three scenarios depending on the cultural relevancy of the particular scenario or you may choose to adapt it.</p>
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**Scenario 1:** You are interested in having your hair braided. With the group discuss 1) how you go about choosing a particular hair braider and then 2) what makes you want to return to this particular hair braider (what makes you a satisfied customer).

**Scenario 2:** You are going to buy fresh fish. With the group discuss 1) where you go and how you select a particular fish seller; and 2) what makes you return to buying fish from this particular fish seller (what makes you a satisfied customer).

**Scenario 3:** You are having an engagement party for your son. With the group discuss 1) how you would select a specific caterer or hotel for the event, and 2) what would make you use that caterer/hotel again when your younger son gets engaged (what makes you a satisfied customer).

**Instructions to participants:** Answer the questions for your scenario. During the discussion, list on a flip chart 1) the characteristics that help you choose the hair braider, fish seller or caterer and 2) the characteristics that make you a satisfied customer who returns.

Circulate around to each group to make sure participants understand the instructions and are following them. Make sure their answers reflect local realities.

**Step 2.** (15 minutes) Ask participants to reconvene in large group and ask each group to present the characteristics. Guide the discussion so that all relevant characteristics are mentioned and clumped into **initial selection** and **return/repeat business**. (Some characteristics may only emerge for one scenario and not all, which is why different scenarios are used for this exercise.)

**Answers:** These are common answers:

**Initial selection:**

- word of mouth/reputation
- convenience of location
- reported cost of services
- general appearance and cleanliness of vendor and/or shop

**Repeat Business:**

- friendliness of sales person (treats you nicely, is gentle)
- knowledge of the person providing the service
- quality of product or service
- satisfaction with their service/product (e.g., freshness of fish, the way my hair looks, how guests enjoyed the engagement party)
- waiting time to obtain service or product
- actual cost or value for money to buy product or service

**Step 3.** (5 minutes) Ask participants, "Is there any difference between the characteristics you look for in the quality (of fish sellers or hair braiders or caterers/hotel) and the characteristics clients look for in clinical services midwives provide?" (They are more or less the same characteristics.)

**Step 4.** (2 minutes) Discuss the following definition of quality: "Doing the right thing right the first time."

**Step 5.** (3 minutes) Explain to participants that

- In many developing countries, 60-80% of health services are provided by the private sector (for-profit, NGOs, FBOs).
- Often, people spend money for private services expecting the quality to be better than that of the public sector.
- Nationally, in Uganda, private expenditures account for 72% of the total expenditure on health and out-of-pocket expenditures account for 52% of the private expenditure on health. Sixty-five percent of women seeking care for their child with fever/cough sought care from a private source and 59% of those seeking care from private sources were from the poorer or poorest quintile. Therefore, it is important that the private sector provide quality health services

**Step 6.** (5 minutes) Ask participants the question, "Why is quality important for private sector midwives?" (Points discussed will depend on local context but may include):

- Satisfied customers lead to repeat business
- Quality services result in decreased maternal and infant mortality
- If the midwife provides quality services, she will become well known in the community and new clients will come to her
- To minimize the transmission of infection
- To address competition
- To be in harmony with the public sector (re: national standards, etc.)

**Step 7.** (5 minutes) Ask participants, “What unique challenges do private midwives have in providing quality services?” (Points discussed will depend on local context but may include):

- Relative isolation of provider in private practice
- Exclusion of provider frequently from public sector trainings/updates
- Invisibility of private provider – how to become known
- Lack of supervision/support system
- High taxes
- Non-payment by clients
- Cost of making an improvement to quality of services versus how much income she is making
- Lack of commodities
- No pension; no paid leave
- Competition of qualified staff; difficulty in paying them competitive salaries

**Step 7.** (10 minutes) Hand out the *Quality Improvement Package* (different versions for the midwives and for the supervisors). Have participants turn to the page for each part/component of the package:

- Section 1: Implementation Guide
- Section 2: QI Self-Assessment Package: Review of Statistics and Self-Assessment Tool organized by 6 dimensions—with questions under each quality—that are grouped by indicator within the dimension. (Link through discussion the characteristics of service in the two scenarios to the dimensions of quality.)
- Section 3: Action Plan for Midwives
- Section 4: Supervisor’s Guide
- Question/answer; discussion

#### Evaluation/ Assessment

#### Handouts

*Quality Improvement Package*

*Handout 2: Scenarios. Fish Selling, Hair Braiding, Engagement Party*



## DAY 1

# Session 3: The Statistics Form and Review of Data

<b>Session Objectives</b>	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Define the service indicators used in the <i>Statistics Form</i></li> <li>• Complete the contraceptives table</li> <li>• Complete the <i>Statistics Form</i></li> </ul>
<b>Time</b>	30 minutes
<b>Trainer Preparation</b>	<ul style="list-style-type: none"> <li>• Review the <i>Statistics Form</i>.</li> <li>• Gather and copy the local statistics form from MOH (whatever indicators midwives are required to report to MOH).</li> </ul>
<b>Facilitation Steps</b>	<p><b>Step 1.</b> (3 minutes) Ask participants "What are statistics?" and "Why do we collect statistics?" (To have a record of what you've done, to help you plan, to give you a picture of your performance).</p> <p><b>Step 2.</b> (2 minutes) Hand out the local statistics form for MOH (if available) and ask the participants to turn to Section 2, page 3 of the QI Package.</p> <p><b>Step 3.</b> (20 minutes) Ask each participant to read aloud the definition of one indicator (Section 2, pages 3 and 4) until definitions of all 13 indicators have been read. Answer any questions about the indicator definitions. Have the participants look at the two forms on Section 2, pages 4 and 5 and explain that monthly totals will be entered under the number for each indicator to the right of the month for which they are recording totals. Explain that the numbers and types of contraceptives distributed are entered similarly on the form found on Section 2, page 5.</p> <p><b>Step 4.</b> (3 minutes) Compare the indicators in the QI Package Statistics Form (Section 2, page 2) and the MOH form.</p> <p><b>Step 5.</b> (2 minutes) Ask if there are any questions about the monthly documentation of clinic statistics.</p>
<b>Evaluation/Assessment</b>	<ul style="list-style-type: none"> <li>• Question/answer; discussion</li> </ul>
<b>Handouts</b>	Local statistics form from MOH (if available)

## DAY 1

### Session 4: QI Self-Assessment Tool

<b>Session Objectives</b>	<p>At the end of the session, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Explain the rationale for self-assessment</li> <li>• Describe the six dimensions of quality in the QI Self-Assessment Tool</li> <li>• Identify where to find the indicators for each of the quality dimensions</li> <li>• Complete the Self-Assessment Tool, rating her practice on all six quality dimensions</li> <li>• Identify her strengths and areas for improvement on one quality dimension</li> </ul>
<b>Time</b>	2 hours
<b>Trainer Preparation</b>	<ul style="list-style-type: none"> <li>• Read and complete <i>Section 2: The QI Self-Assessment Tool for Midwives</i>.</li> </ul>
<b>Facilitation Steps</b>	<p><b>Step 1.</b> Explain that we chose to use self-assessment because evidence suggests that midwives' self assessments of their own practice correspond closely to those of trained supervisors. In many settings because of remote locations, difficulty of transport, and lack of trained supervisors, midwives are often practicing without any direct supervision. This tool enables midwives themselves to assess their practice in areas that have been identified to influence quality.</p> <p><b>Step 2.</b> Ask participants to turn to Section 2, page 7. Point out that there are six dimensions to the QI self-assessment tool, one for each quality dimension, and that each dimension is divided into indicators with questions. These dimensions, indicators and questions were selected because they are associated with quality according to international evidence on quality of health services. Write the six dimensions on a flipchart to use as a reference throughout the workshop.</p> <p><b>Step 3.</b> Point out that there are instructions for completing the self-assessment tool on Section 2, page 7. Ask participants to turn to Section 2, page 9 (the first page of Dimension 1, Physical Environment) and look at the chart while you read the instructions. Have the other trainers circulate to make sure the participants are following what you are saying.</p> <p><b>Step 4.</b> Go through the instructions for completing the tool. Be sure that they understand the scoring key (2, 0, 1, and NA). Give an example of when to use NA—for example, if you do not provide immunizations that require a cold chain or you do not keep vaccines in your clinic that require a cold chain (Question 1, 17). If needed, go through all of the questions for Dimension 1, to make sure they understand the indicators and questions.</p> <p><b>Step 5.</b> State that the midwives should assess themselves using the tool every 3 months.</p> <p><b>Step 6.</b> Ask the participants to individually complete the entire QI self-assessment. Circulate to answer any questions, paying special attention to make sure that participants are putting a number or tick or X under the appropriate column.</p>

## **DAY 1**

**Step 7.** After lunch, reconvene the group and lead a short discussion about the experience of completing the QI self-assessment tool. Was it clear? What questions do the participants have, if any? State that the next steps are to analyze the root causes of the gaps identified in their QI self-assessments and to develop an action plan for making quality improvements.

**Evaluation/  
Assessment**

- Question/answer; discussion
- Completion of the QI self-assessment tool

**Handouts**

None