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PRIVATE HEALTH SECTOR

QUALITY IMPROVEMENT PACKAGE

FOR MIDWIVES AND SUPERVISORS

June 2007

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PSP-*One*
PRIVATE SECTOR PARTNERSHIPS FOR BETTER HEALTH

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PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

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**. We welcome being contacted for guidance in adapting this tool and approach to your country (**mary_segall@abtassoc.com**).

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PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

SECTION 1: IMPLEMENTATION GUIDE FOR MIDWIVES AND SUPERVISORS

CONTENTS

Section 1: Implementation Guide for Midwives and Supervisors

ACRONYMS

ANC	Antenatal care
COC	Combined oral contraceptive
EPI	Expanded program of immunization
FP	Family planning
HLD	High-level disinfection
IP	Infection protection
INFO	Information and Knowledge for Optimal Health
IUD	Intrauterine device
MCH	Maternal and Child Health
PMTCT	Preventing mother to child transmission
POP	Progestin-only pill
PPIC	Postpartum and infant care
PSP-*One*	Private Sector Partnerships-*One*
QA	Quality assurance
QI	Quality improvement
RH	Reproductive health
SMART	Specific, measurable, attainable, realistic, and time-bound
STI	Sexually transmitted infection
TBA	Traditional birth attendant
UPMA	Uganda Private Midwives Association
WHO	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*)[1] 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.[2] 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.

[1] 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.

[2] This package was modeled after a QA package created for the USAID-funded Project Nova in Armenia (Crigler, Kohler, and Baghdasarova 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.

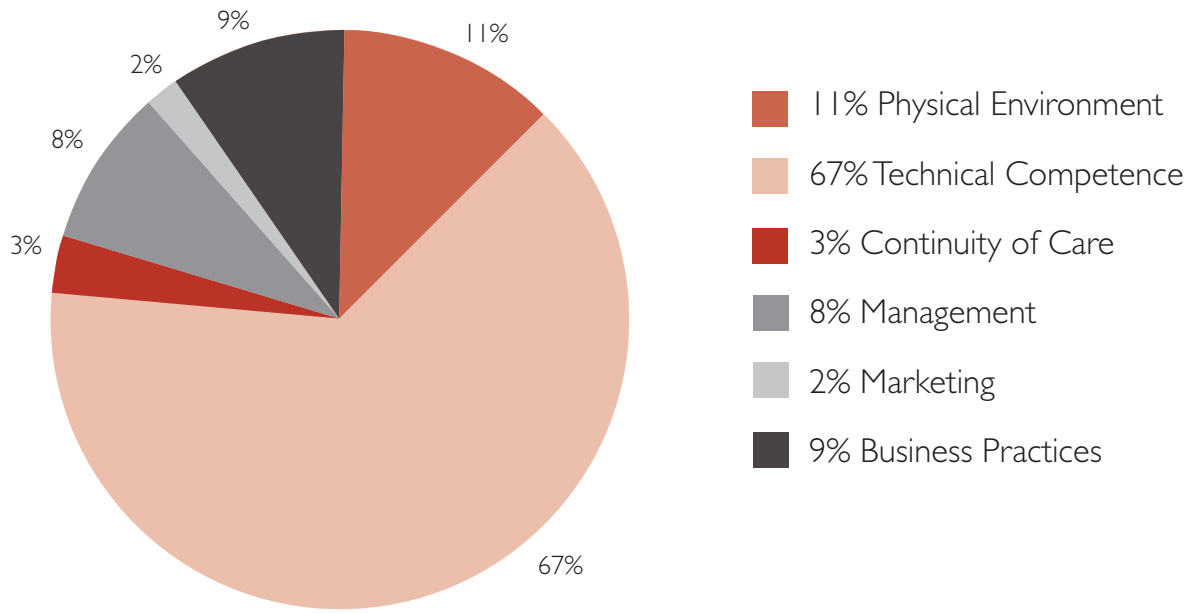
How do you calculate and use the quality index score? Each question in the dimension's indicators can be answered "Yes"; "Yes, but needs improvement"; "No"; or "Not Applicable." Each response is given a numeric score: "Yes"=2 points; "Yes, but needs improvement"=1 point; "No"=0 points (questions that 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.

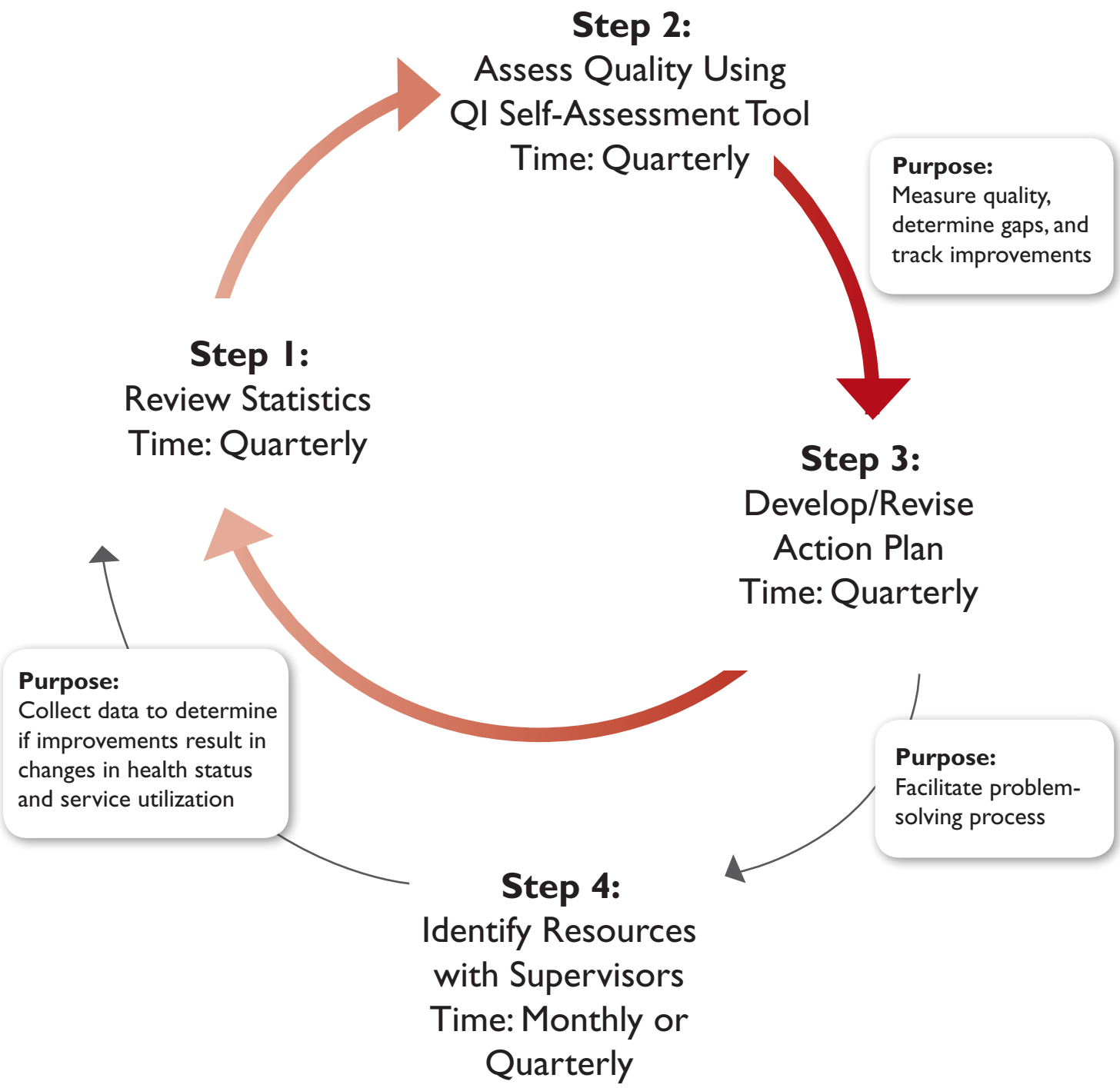
2. TRAINING ON HOW TO USE THE PACKAGE:

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 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.

REFERENCES

Bjerregaard, D. 2004. *Performance Improvement Review: A Tool to Improve Performance at the Health Center.* Amman, Jordan: Primary Health Care Initiatives Project.

Brown, L., L.M. Franco, and N. Rafeh. 1998. *Quality Assurance of Health Care in Developing Countries,* Bethesda, MD: Quality Assurance Project.

Crigler, L., R. Kohler, and K. Baghgdasarova. 2005. *Reproductive Health and Maternal Health Quality of Care*. Project Nova. Yerevan, Armenia.

Donabedian, A. 1980. *Explorations in Quality Assessment and Monitoring.* Ann Arbor, MI: Health Administration Press.

Levin, L., M. Luoma, and R. Mason. 2004. *Public Posting in Kyrgyzstan*. Chapel Hill, NC: PRIME II, Project.

Ha, N., P. Berman, and U. Larsen. 2002. Household utilization and expenditures on private and public health services in Vietnam. *Health Policy Planning* 17 (1): 61–70.

Segall, M. 2005. Quality assurance panel, strengthening reproductive health services quality in the private sector: approaches, tools, and incentives. Panel held in Washington, DC, March 3.

Srinivasan, K., and S.K. Mohanty. 2002. *Health Care Utilization by Source and Levels of Deprivation in Major States of India: Findings from NFHS-2*. Mumbai: International Institute for Population Sciences.

Uganda Bureau of Statistics. 2001. *Uganda National Household Survey 1999/2000.* Entebbe, Uganda: Uganda Bureau of Statistics with World Bank Group.

PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

SECTION 2: SELF-ASSESSMENT PACKAGE FOR MIDWIVES

CONTENTS

Section 2: Self-Assessment Package for Midwives

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
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. FP counseling visits
9. New FP client users
10. Return/repeat FP visits
11. Infant care visits
12. Postpartum visits
13. Contraceptives provided and type (refer to table on previous page)

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 you 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?																
2. Facility infrastructure in adequate condition																
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.

Dimension 2—Technical Competence: Examines provider's performance and determine if it meets acceptable standards. For midwives, this tool examines performance in counseling, infection prevention (IP), antenatal care (ANC), labor and delivery, family planning (FP), postpartum and infant care (PPIC), sexually transmitted infections (STIs), and immunization.

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
1. Facility has standards of care (service protocols) for providers to guide service provision																
2.1 Do you have a copy of the most recent midwifery service delivery guidelines that guides midwifery practice in your country?																
2.2 Do you consult the national guidelines/standards for clinical issues of question in your daily work?																
2.3 Do you have a summarized job aid to remind you of the core steps of focused ANC, using a partograph, active management of the third stage of labor, and management of postpartum hemorrhage?																
2. Midwife follows basic counseling guidelines—protocols with clients																
2.4 Do you and your support staff inform clients about the type of reproductive health (RH) and other services available at your facility?																
2.5 Do you use the opportunity of a clinic visit with a woman to discuss additional issues (for example, during a child health visit, do you discuss her interest in FP and counsel about appropriate methods)?																
2.6 Do you inform your clients of their right to privacy and confidentiality?																
2.7 Do you provide your clients with the information to make health-related decisions?																
2.8 Do you individualize information you provide based on your clients' needs?																

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
2.9	**Do you treat clients respectfully, including**																
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?																
3.	**Midwife follows IP protocol**																
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**																
2.22	**Do you do the following during antenatal visits:**																
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
2.29	**If the pregnant woman is HIV positive, do you share the following information:**																
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 Pneumoncystis carinii pneumonia (PCP) prophylaxis until HIV results are known and confirmatory HIV testing has been conducted?																
5.	**ANC: Midwife performs obstetrical (physical) exam to standard**																
2.30	**At the initial ANC visit, do you do the following:**																
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
2.31	**During each ANC visit, do you do the following:**																
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?																
2.32	**During each ANC visit, do you check for warning/danger signs:**																
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																
2.34 When a woman is in labor and during her delivery, do you:																
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
2.35	**Do you record details of birth, including:**																
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**																
2.43	**Within the first week postpartum or before discharge from your facility do you:**																
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?																
2.44	**Discuss the following topics with the mother:**																
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
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:**																
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?																
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:**																
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
2.47	**During the six-week exam do you perform the following tasks when examining the newborn:**																
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?																
8.	**FP: Midwife counsels and provides FP according to standard**																
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?																
2.63	**If a client wants to discontinue using a contraceptive method, do you do the following:**																
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
2.64	**Do you provide information on FP to the following clients?**																
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?																
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").**																
a)	Progestin-only (mini) pills?																
b)	Combined oral contraceptives?																
c)	Injectables?																
d)	IUDs?																
e)	Implants?																
f)	Condoms?																
g)	Moon Beads?																
2.66	**Do you feel comfortable in performing the following contraceptive methods to your clients?**																
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**																
2.67	**Do you counsel and discuss with all clients:**																
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?																
2.68	**For those who have STIs do you discuss:**																
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 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?																

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
1.	**Facility/staff has adequate review of practice provided including review of action plan**																
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?																
2.	**Facility/practice has accurate and current client records including confidentiality of records**																
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**																
6.1	**Do you have financial and other goals for your business for:**																
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
6.10 If yes, do you prepare or analyze:																
a) Balance sheet?																
b) Income statement?																
c) Cash Flow statement?																
6.11 If yes, do you use these records to:																
a) Make management decisions?																
b) Analyze cash flow?																
3. Facility/practice has functioning pricing and collection systems																
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?																
4. Facility/practice is profitable																
6.14 Did you make a profit in the last 3 months?																
5. Facility/clinic has adequate financing																
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.

REFERENCES

ACDI/VOCA. Business and Finance Training Unit. Business Plan Handbook for Midwives.

Banking on Health. 2006. *Financial Planning and Business Practices Training Needs Assessment Tool.*

Bjerregaard, Donna. 2004. *Jordan: Building Quality in Primary Health Care*. Jordan: Primary Health Care Initiatives Project.

EngenderHealth. 2002. *COPE Self-Assessment Guides for Reproductive Health Services.* New York: Engender Health

EngenderHealth. 2000. *Infection Prevention* (multimedia package). New York: EngenderHealth.

Franco, Lynne Miller, Diana R. Silimperi, Tisna Veldhuyzen van Zanten, Catherine MacAulay, Karen Askov, Bruno Bouchet, and Lani Marquez. 2002. Sustaining Quality of Healthcare: *Institutionalization of Quality Assurance*. Bethesda, MD: The Quality Assurance Project.

Fraser, Diane, and Maggie Cooper, eds. 2003. Myles Textbook for Midwives. 14th ed. New York: Churchill Livingstone.

Hatcher, R.A., W. Rinehart, R. Blackburn, J.S. Geller, and J.D. Shelton. 1997. *The Essentials of Contraceptive Technology.* Baltimore: Johns Hopkins Bloomberg School of Public Health, Population Information Program.

Initiatives Inc. 2004. *Performance Improvement Review*: Resources & Tools for NGOs & CBOs. Boston, MA. Initiatives Inc.

International Confederation of Midwives and International Federation of Gynaecology and Obstetricians. Joint Statement: Management of the Third Stage of Labour to Prevent Post-partum Haemorrhage. http://www.internationalmidwives.org/Statements/Joint Statement Haemorrhage eng.htm (accessed June 2004).

Klein, S., S. Miller, and F. Thompson. 2004. *A Book for Midwives: Care for Pregnancy, Birth and Women's Health*. Palo Alto, CA: The Hesperian Foundation.

Prime II Project. 2003. Performance Improvement: Stages, Steps and Tools. www.prime2.org/sst (accessed May 23, 2006).

Program for Appropriate Technology in Health (PATH). 2004. *Preventing Postpartum Hemorrhage: Toolkit for Providers.* Library reference Version. Washington, DC: PATH.

Sibley, L., and C. Quimby. 1997. *Module 4: Providing Basic Maternal and Newborn Care Services. Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development.* Chapel Hill, NC: PRIME I Project.

Tietjen, Linda, Débora Bossemeyer, and Noel McIntosh. 2003. *Infection Prevention: Guidelines for Healthcare Facilities with Limited Resources.* Baltimore, MD: JHPIEGO.

World Health Organization (WHO). 2000. *Integrated Management of Pregnancy and Childbirth: Managing Complications in Pregnancy and Childbirth: A guide for midwives and doctors.* Geneva, Switzerland. World Health Organization, Department of Reproductive Health and Research.

World Health Organization (WHO) and Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Information and Knowledge for Optimal Health (INFO). 2005. *Decision-making tool for family planning clients and providers.* Baltimore, MD: INFO and Geneva: WHO Family Planning Cornerstone.

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PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

SECTION 3: ACTION PLAN FOR MIDWIVES

CONTENTS

Section 3: Action Plan for Midwives

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?**
   a. 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.
   b. 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.**
   a. If you have successfully resolved an issue, put a check or tick mark (✔) in the status column (column 7).
   b. 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.**
   a. Note the questions where you answered "0" or "1."
   b. 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.
   a. 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.
   b. 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 _____, _____, _____, _____

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

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PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

SECTION 4: SUPERVISOR'S GUIDE

CONTENTS

Section 4: Supervisor's Guide

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

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

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

1. Physical Environment Dimension					
Indicator 1	Indicator 2	Indicator 3	Indicator 4	**Total Score**	**Comments**
1.1 **2** 1.2 **1** 1.3 **1** 1.4 **2** 1.5 **2** 1.6 **0** 1.7 **0** 1.8 **1** 1.9 **2** 1.10 **0** 1.11 **0** 1.12 **2** 1.13 **2** 1.14 **2** 1.15 **1** 1.16 **1** 1.17 **NA** 1.18 **1** 1.19 **1** Score:_____**/36**	1.20 ___ 1.21 ___ 1.22 ___ 1.23 ___ 1.24 ___ 1.25 ___ 1.26 ___ Score:___**/14**	1.27 ___ 1.28 ___ 1.29 ___ Score:____**/6**	1.30___ Score:___**/2**	_____**/**	

CALCULATION OF MIDWIFE'S SCORE

a. 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.

b. If the midwife has no NA in that indicator, then the bottom number (denominator) remains the same. In table 1 it would be 38. In table 2, however, the midwife has one NA answer. For dimensions that have NA answers, there are two ways to calculate the denominator.

   1. 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 x 2 points = 2 points to subtract). The bottom number (denominator) in this example is 36 (38 – 2 = 36). So the score for indicator 1 in this exampleis 21/36 (refer to Table 3).

   2. 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.

c. 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 x 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

1. Physical Environment Dimension					
Indicator 1	Indicator 2	Indicator 3	Indicator 4	**Total Score**	**Comments**
1.1 **2** 1.2 **1** 1.3 **1** 1.4 **2** 1.5 **2** 1.6 **0** 1.7 **0** 1.8 **1** 1.9 **2** 1.10 **0** 1.11 **0** 1.12 **2** 1.13 **2** 1.14 **2** 1.15 **1** 1.16 **1** 1.17 **2** 1.18 **1** 1.19 **1** Score: **20/34**	1.20 **1** 1.21 **2** 1.22 **2** 1.23 **2** 1.24 **2** 1.25 **2** 1.26 **2** Score: **13/14**	1.27 **2** 1.28 **2** 1.29 **1** Score: **5/6**	1.30 **2** 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 ___ 1.2 ___ 1.12 ___ 1.3 ___ 1.13 ___ 1.4 ___ 1.14 ___ 1.5 ___ 1.15 ___ 1.6 ___ 1.16 ___ 1.7 ___ 1.17 ___ 1.8 ___ 1.18 ___ 1.9 ____ 1.19 ___ 1.10 ___ Score:___**/38***	1.20 ___ 1.21 ___ 1.22 ___ 1.23 ___ 1.24 ___ 1.25 ___ 1.26 ___ Score:___**/14***	1.27 ___ 1.28 ___ 1.29 ___ Score:___**/6***	1.30___ 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 ___ 2.2 ___ 2.3 ___ Score:___**/6***	2.4 ___ 2.5 ___ 2.6 ___ 2.7 ___ 2.8 ___ 2.9a ___ 2.9b ___ Score:___**/14***	2.10 ___ 2.11 ___ 2.12 ___ 2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___ 2.18 ___ 2.19 ___ 2.20 ___ 2.21___ Score:___**/24***	2.22a ___ 2.23 ___ 2.22b ___ 2.24 ___ 2.22c ___ 2.25___ 2.22d ___ 2.26 ___ 2.22e ___ 2.27___ 2.22f ___ 2.28 ___ 2.22g ___ 2.29a___ 2.22h ___ 2.29b___ 2.22i ___ 2.29c___ 2.22j ___ 2.22k ___ 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 ___ 2.30b ___ 2.32b ___ 2.30c ___ 2.32c ___ 2.30d ___ 2.32d ___ 2.30e ___ 2.32e ___ 2.30f ___ 2.32f ___ 2.30g ___ 2.32g ___ 2.31a ___ 2.32h ___ 2.31b ___ 2.33 ___ 2.31c ___ 2.31d ___ 2.31e ___ 2.31f ___ 2.31g ___ Score:____**/46***	2.34a ___ 2.35b ___ 2.34b ___ 2.35c ___ 2.34c ___ 2.35d ___ 2.34d ___ 2.35e ___ 2.34e ___ 2.35f ___ 2.34f ___ 2.36 ___ 2.34g ___ 2.37 ___ 2.34h ___ 2.38 ____ 2.34i ___ 2.39 ____ 2.34j ___ 2.40 ____ 2.34k ___ 2.41____ 2.34l ___ 2.42 ____ 2.35a ___ Score:____**/50***	2.43a ___ 2.45e ____ 2.43b ___ 2.45f _____ 2.43c ___ 2.45g ____ 2.43d ___ 2.46a ___ 2.43e ___ 2.46b ___ 2.43f ___ 2.46c ___ 2.44a ___ 2.46d ___ 2.44b ___ 2.46e ___ 2.44c ___ 2.46f ___ 2.44d ___ 2.46g ___ 2.44e ___ 2.46h ___ 2.45a ___ 2.47a ___ 2.45b ___ 2.47b ___ 2.45c ____ 2.47c ___ 2.45d ____ 2.47d ___ 2.47e ___ Score:___**/62***	

Indicator 8 FP	Indicator 9 STI	Indicator 10 Immunization	**Total Score**	**Comments**
2.48 ___ 2.63f ___ 2.49___ 2.63g ___ 2.50 ___ 2.64a ___ 2.51 ___ 2.64b ___ 2.52 ___ 2.64c ___ 2.53 ___ 2.64d ___ 2.54 ___ 2.65a ___ 2.55 ___ 2.65b ___ 2.56 ____ 2.65c ___ 2.57 ____ 2.65d ___ 2.58 ____ 2.65e ___ 2.59 ____ 2.65f ___ 2.60 ____ 2.65g ___ 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***	2.67a___ 2.67b___ 2.67c___ 2.67d___ 2.68a___ 2.68b___ 2.68c___ 2.68d___ 2.68e ___ 2.68f ____ 2.68g ____ 2.68h ____ 2.69 ____ Score:____**/26***	2.70 ___ 2.71 ___ 2.72 ___ 2.73 ___ 2.74 ___ 2.75 ___ Score:____**/12**	____**/356***	

3. Continuity of Care Dimension			
		Total Score	**Comments**
3.1 ___ 3.2 ___ 3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___	3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___ 3.11 ___	_____**/22***	

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

5. Marketing Dimension			
Indicator 1	Indicator 2	**Total Score**	**Comments**
5.1 ___ 5.2 ___ 5.3 ___ 5.4 ___ Score:___**/8***	5.5 ___ 5.6 ___ Score:___**/4***	___**/12***	

6. Business Practices Dimension						
Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	**Total Score**	**Comments**
6.1a ___ 6.1b ___ 6.1c ___ 6.1d ___ 6.2 ___ Score:___**/10***	6.3 ___ 6.10a ___ 6.4 ___ 6.10b ___ 6.5 ___ 6.10c ___ 6.6 ___ 6.11a ___ 6.7 ___ 6.11b ___ 6.8 ___ 6.9___ Score___**/24***	6.12 ___ 6.13 ___ Score:___**/4***	6.14 ___ Score: ___**/2***	6.15 ___ 6.16 ___ 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?**
   a. 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.
   b. 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.**
   a. If you have successfully resolved an issue, put a checkmark/tick in the status column.
   b. 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.**
   a. Note the questions where you answered "0" or "1."
   b. 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.
   a. 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 columns1 and rewrite the question so that you know what the issue is.
   b. 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:

NOTES:

NOTES:

PRIVATE HEALTH SECTOR QUALITY IMPROVEMENT PACKAGE

SECTION 5: TRAINING GUIDE FOR FACILITATORS

CONTENTS

Section 5: Training Guide for Facilitators

Day 3

Appendices

Handouts

ACRONYMS

COPE	Client Oriented Provider Efficient
FP	Family planning
IUD	Intrauterine device
PSP-*One*	Private Sector Partnerships-*One* project
QI	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.

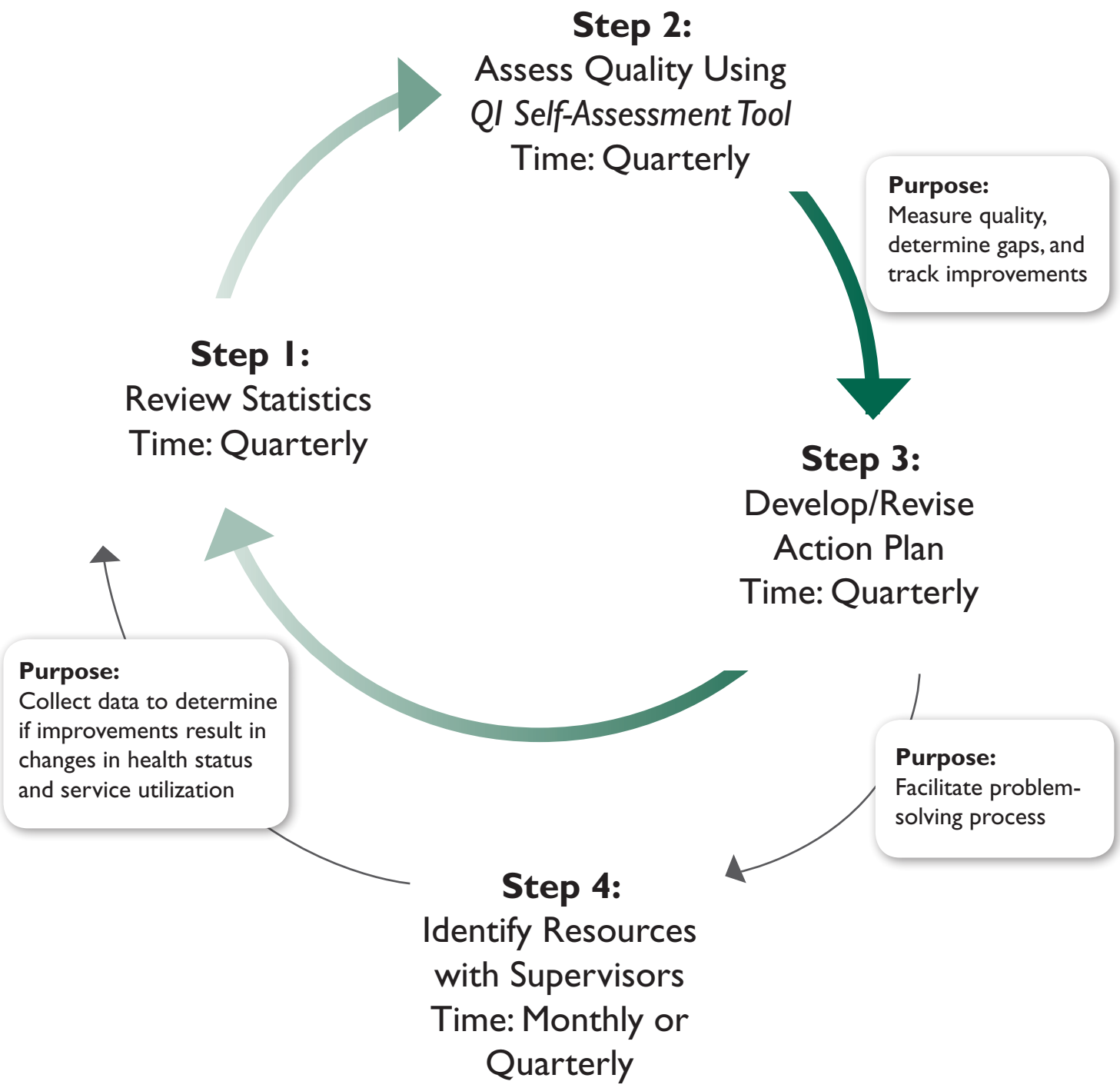
Purpose: This Training Guide was developed to support the program staff of professional organizations, networks and franchises prepare for and conduct the training of supervisors to use the package of quality improvement materials and to prepare the private sector midwives they supervise to use the package.

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

DAY 1

Session 1: *Creating a Learning Environment*

Session Objectives

At the end of the session, participants will be able to:

- Identify observations of participants about their work in maternal and child health
- Share their hopes and fears (expectations and concerns) for the workshop and compare with learning objectives
- Review the objectives and schedule for the workshop
- Begin contributing actively in the workshop

Time

1 hour

Trainer Preparation

- 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).
- Prepare flipcharts: "Welcome to Quality Improvement Training for Midwives," Schedule for Day 1, Workshop Objectives.
- Check that copies of the Workshop Learning Objectives handout, flipchart paper, markers and masking tape are available.
- Arrange seating in a circle (without tables) for the participants and trainers.

Facilitation Steps

Step 1. (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

Step 2. (30 min) ***Introductions*:** 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.

Step 3. (25 min) ***Expectations and Concerns*:** 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)

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?*

Session Objectives

At the end of the session, participants will be able to:

- Identify how improved quality of care affects clients, providers and the community
- Identify the parts of the QI package and their purposes

Time

1 hour

Trainer Preparation

- Read *Section 1: Implementation Guide for Midwives and Supervisors*
- Find out what percentage of services in your country are provided in the private sector
- Photocopy selected scenarios for group work

Facilitation Steps

Step 1. (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.

> **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

Evaluation/ Assessment

- Question/answer; discussion

Handouts

Quality Improvement Package
Handout 2: Scenarios. Fish Selling, Hair Braiding, Engagement Party

DAY 1

Session 3: *The Statistics Form and Review of Data*

Session Objectives

At the end of the session, participants will be able to:

- Define the service indicators used in the *Statistics Form*
- Complete the contraceptives table
- Complete the *Statistics Form*

Time

30 minutes

Trainer Preparation

- Review the *Statistics Form*.
- Gather and copy the local statistics form from MOH (whatever indicators midwives are required to report to MOH).

Facilitation Steps

Step 1. (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).

Step 2. (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.

Step 3. (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.

Step 4. (3 minutes) Compare the indicators in the QI Package Statistics Form (Section 2, page 2) and the MOH form.

Step 5. (2 minutes) Ask if there are any questions about the monthly documentation of clinic statistics.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

Local statistics form from MOH (if available)

DAY 1

Session 4: *QI Self-Assessment Tool*

Session Objectives

At the end of the session, participants will be able to:

- Explain the rationale for self-assessment
- Describe the six dimensions of quality in the QI Self-Assessment Tool
- Identify where to find the indicators for each of the quality dimensions
- Complete the Self-Assessment Tool, rating her practice on all six quality dimensions
- Identify her strengths and areas for improvement on one quality dimension

Time

2 hours

Trainer Preparation

- Read and complete *Section 2: The QI Self-Assessment Tool for Midwives.*

Facilitation Steps

Step 1. 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.

Step 2. 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.

Step 3. 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.

Step 4. 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.

Step 5. State that the midwives should assess themselves using the tool every 3 months.

Step 6. 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.

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

DAY 1

Session 5: *Problem Solving Process: Root Cause Analysis*

Session Objectives

At the end of the session, participants will be able to:

- Conduct a root cause analysis for quality issues or gaps that they have identified using the QI self-assessment tool
- Conduct analysis of root causes using the "Five Whys" exercise

Time

1 hour 30 minutes

Trainer Preparation

- Read Section 3: *Action Plan for Midwives.*
- Check that flipchart paper, markers and masking tape are available.

Facilitation Steps

Step 1. In the QI self-assessment, any items that were rated a "1" (Yes, but needs improvement) or a "0" (No) indicate that there is a performance gap or issue in quality which needs to be addressed. In this session we will learn to identify root causes of these issues or gaps by a method known as Root Cause Analysis.

Step 2. Stress the following:

- Once the issue or performance gap is identified, it becomes important to do some critical thinking about what might be the causes of this issue or performance gap.
- Selecting the most effective intervention depends almost entirely on the conclusions reached concerning the root causes of the issue or gap. Remember the relationship between issues or gaps and interventions:

- We need to select only the interventions that will address the real (root) cause of the issue or gap. What would happen if we selected an intervention that does not reduce the root cause of the issue or gap? There will be no positive improvement in quality. For example, if we select training as an intervention when lack of knowledge and skills are not the cause of the issue or gap, our actions will not improve quality.
- It may be necessary to narrow or prioritize the number of issues or gaps to those that deserve attention and warrant the time required to conduct a root cause analysis.

Step 3. Explain the key steps to conduct a root cause analysis:

- To reach conclusions on causes of quality issues or performance gaps, it is important to conduct an open brainstorming of possibilities and objectively determine what elements exist within the facility that may be resulting in quality issues or gaps identified.
- It is also important to remember the **six quality dimensions.** You may find it helpful to use the six quality dimensions as a framework to see where the issues or gaps originate. For example, you may have identified a gap in Continuity of Care,

DAY 1

(for example, not following up on clients who do not return for care (i.e. missing a scheduled follow-up visit as scheduled—Question 3.8) but when you analyze the causes of the gap, you may find that the root cause is in another dimension. For example, if you have many women who never return after having their first injection of DMPA, the reasons may be due to your lack of counseling about side effects (technical competence) or due to the fact that you charge too much for an injection (management or business practices).

- Once all possible causes have been identified and you have selected the most likely cause or the one you can best address, the next step is to attempt to discover the **Root Cause**—that is the core factor in creating the issue or gap.

Some useful tools for this root cause analysis are the Five Whys

Step 4. Describe the Five Whys method:

- This is a means for exploring root causes of the issue or gaps that are identified. Begin with illustration/example: Mary's dress is dirty. Ask participants to brainstorm about all reasons why her dress may be dirty. When they are doing this exercise with gaps identified in their clinic, they would need to think all possible reasons they are having this gap. Write on flipchart the potential reasons why her dress is dirty. They may include: she is lazy, she has no soap, she has no water, she doesn't realize it is dirty, no one has ever taught her how to wash clothes, she is very busy and hasn't had time to wash it, she only has one dress, etc.
- When thinking about gaps in their clinics they will select the reasons they think most likely. In this example, we will explore in detail the reason why she has no soap.
- Read the following to the participants while having your co-trainer write the answers on the flip chart: WHY (does she have no soap)? She has no money. WHY (does she have no money)? She is a housewife and doesn't have any income. WHY (does she have no income)? She doesn't know anything about income generation. WHY (does she know nothing about income generation)? Her husband doesn't want her to attend any women's groups.
- We can see from this example that if you thought the root cause was she didn't have any soap, the solution or intervention to this problem might be providing soap. But if you determined the root cause was her husband not wanting her to be a part of a women's group, the solution would be entirely different. Addressing which cause would lead to a long term solution? If we address only surface rather than root causes, the problem may recur. (You can add another example. In many places midwives do not regularly complete partographs. Some do not complete them because they've forgotten how to, others because they are short-handed in their clinic and need to hire some support staff or because they do not have forms. If we assume all midwives don't complete them because they don't know how, our solution would be training when instead the real problem could be staffing or lack of forms). It is important to look below the surface reasons to the root of problems before we determine interventions.
- For each issue or gap, ask "why is this occurring?" For each answer, ask "why?" again. Chart multiple answers if they come up. Keep asking "why?" until no more answers are available and five times or until you discover the root cause. The root cause is the lowest-level cause you can do something about.

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- *NOTE TO TRAINERS: It is important to emphasize that the Five Whys is a tool to help midwives think about root causes. It is more important to find the root cause than it is to ask why five times. The midwife on some deep level will be able to figure out the real root cause because she is the ultimate authority on her own practice; she knows issues of her practice better than anyone. This tool is designed her to think deeper about some reasons why she may have certain gaps in quality, reasons she may never before have considered. Her root causes may be similar or completely different than those of other midwives who identify the same gap.*

Step 5. Practice the Five Whys method:

- Ask participants if anyone answered a "1" or "0" on question 1.2 (Physical Environment— A separate area for counseling with a table or desk and two chairs that is private). First ask WHY they identified this as a gap. You may find some participants have no private area while others have a private area but no desk or only one chair. Once you have identified the different possible whys, use the Five Whys one at a time with two to three of the participants who identified 1.2 as a performance gap. Keep emphasizing that you have to keep asking "Why?" to dig deep and get at the root cause of the problem.
- Read the following items one by one and ask participants to raise their hands if they answered "1" or "0" on any of them.
  - *2.65d Midwife is not comfortable counseling about IUDs*
  - *3.7 Midwife doesn't follow up with HIV+ clients so that they deliver somewhere with PMTCT services*
  - *4.15 Midwife keeps having stock-outs of certain commodities*
  - *5.5 Midwife does not market services to the community*
  - *6.14 Midwife is not making a profit*
- Have the participants divide into groups based on the gaps they identified. If some midwives have not identified gaps for any of these items, have them join a group to observe. If some may have identified more than one gap, they should join a smaller group; try to have groups of approximately the same size. Have each midwife who identified the item as a gap go through the 5 Whys exercise with the group asking WHY. Have someone in the group record the whys identified and the root cause.
- Reconvene as a large group and have a member of each group report the different reasons identified as the root causes for the gap.

Step 6. Conclude the session by discussing the reason that we do a root cause analysis is to identify potential solutions/interventions that will be described in an action plan. Development of the action plan will be covered in the next session.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a root cause analysis for one problem each

Handouts None

DAY 1

Session 6: *Action Plan for Midwives*

Session Objectives

At the end of the session, participants will be able to:

- Identify the steps in developing a service provider's action plan
- Describe what information goes in each column of the action plan format
- Complete columns 1-4 in the action plan for at least one quality dimension she rated herself on during the previous session
- Understand what should be included in all the columns of the action plan

Time

45 minutes

Trainer Preparation

- Review Sample Action Plan for Midwives, Section 3, page 1
- Make blank action plan with columns on flipchart

Facilitation Steps

Step 1. Explain (using the diagram below copied onto the flipchart) that improvement in quality is a process, and we've been working through the process today. First we learned to identify issues or gaps using the self assessment tool; then we learned how to identify the root cause of the issues/gaps with five whys. Now we are going to learn how to plan interventions to address the issue or gap using an Action plan.

Ask participants to turn Section 3, page 1. State that since this is the first time they are using the QI self-assessment tool and developing an action plan, we will start at Step 3. In the future, they will start with Step 1 (Review your statistics form.)

Step 2. Read the instructions for Steps 3 and 4 and the Sample Entry on Section 3, page 2. Ask participants to record the responses from their own self-assessment tool in one dimension (Column 1). Circulate and assist participants who need help.

Step 3. Lead the participants through the process of completing a sample action plan for a midwife who has identified in the Marketing Dimension Question 5.1 (Do you regularly ask clients what they think about the services provided by you?) as a performance gap. This midwife discovered after performing her root cause analysis that the root cause of this problem was that she had never thought of asking her clients what they thought about her services. Fill out a blank action plan that you have copied onto the flipchart.

DAY 1

Q# & restated ? Col 1	Causes (why) Col 2	Solutions Col 3	Actions/ next steps Col 4	By whom Col 5	By when Col 6	Status Col 7
5.1 Don't ask for client feedback about my services	Didn't realize it was important	Build suggestion box & put near clinic door	Ask husband to build box	Ask—me Build—John (husband)	10 days from now	This is for use in later quarters to follow-up on your progress.

Step 4. Ask the group if there is anyone who has a problem in dimension 1 they worked on earlier (step 2) and are willing to share with the group so that the group can help them develop an action plan. Facilitate development of a concrete plan for the midwife who volunteered. Have your co-trainer fill in appropriate columns on the prepared blank action plan on the flipchart.

Reminder to all midwives of the steps involved in using the QI package.

1. Complete *Statistics Form* monthly,
2. Conduct *QI Self-Assessment* quarterly
3. Update *Action Plan* quarterly.

Next Steps for Supervisors/Regional Representatives returning for Day 2:

Remind them to complete their own QI Self Assessment tonight if they didn't finish it today.

Next Steps for Midwives:

Upon returning to your facility, complete the *QI Self-Assessment Tool,* if you have not already done so. Prioritize your problems. Choose those most urgent/important or easily addressed. Try to begin developing an action plan (Columns 1-4) for each priority gap/issues identified.

TRAINER NOTE: Discuss the following section with midwives who are not a part of any supervisory structure.

Note for midwives who do not have supervisors: You may want to consider meeting regularly with other midwives in your area who have also learned to use this tool. We have found that in most countries, midwives can help other midwives. Often midwives encounter similar problems in their practice and develop creative solutions. Some midwives have learned the cheapest place to purchase needed equipment or innovative ways to make things they need for their clinic or have attended trainings about a clinical subject. By meeting together, midwives can pool their knowledge and ideas so that everyone can benefit. Also, monthly meetings can be a time of encouragement. Improving quality is sometimes a difficult process, and other midwives who are also attempting to improve quality can share their stories of success and struggle.

DAY 1

You may want to consider meeting monthly or quarterly to discuss your action plans and what you need in terms of resources to complete those plans. Listed below are possible resources to contact:

- MOH/District health office/district nursing/midwifery officer
- Local health experts – invite them to branch meetings to update the midwives
- Other local businesses – how do they do QI, what are their business practices?
- Community leaders/stakeholders
- Community organizations, women's groups
- NGOs
- Donor agencies

The following are suggested ways to use your time together:

- Practice conducting root cause analysis or action planning
- Review the self-assessments, identify clusters of gaps, and identify which gaps are due to knowledge deficits. Identify resource persons in their districts or professional association who can provide knowledge updates/continuing education during the monthly supervision meetings.
- Identify where the midwives can get needed supplies or equipment.
- Fundraising/Cash Round to assist one midwife per month
- Rotate meetings to "model" clinics to learn from each other
- Share testimonies of QI accomplishments
- Plan for exchange visits with other midwives

Evaluation/ Assessment

- Question/answer; discussion
- Completion of columns 1-4 in the action plan for one quality dimension

Handouts None

DAY 1

Session 7: *Closing Circle*

Session Objectives

At the end of the session, participants will be able to:

- Express their thoughts about the day or what is in their minds, if they wish
- Respectfully listen to other participants' thoughts

Time

30 minutes

Trainer Preparation

- Make sure there is a bell or other object to pass around the circle.
- Make sure there are copies of the *Workshop Evaluation Forms*

Facilitation Steps

Step 1. Distribute ***Workshop Evaluation Form***; ask midwife participants to take 10 minutes to fill out and return it to trainers. (The supervisors will complete the *Workshop Evaluation Forms* on Day 3.)

Step 2. To close Day 1, ask participants to draw their chairs into a large circle. Trainer holds the object, and says "I invite you to say anything you would like to say about the day or what is in your minds. You have the option to not say anything. While you have the object, you are the speaker and we are the respectful listeners."

Step 3. Trainer passes the object around the circle to the left. When holding the object, each participant has the opportunity to speak or pass the object to the next participant. The trainer is the last to speak.

Evaluation/ Assessment

- Completed *Workshop Evaluation Form* for the midwives

Handouts

- *Handout 3: Workshop Evaluation Form*

DAY 2

Session 8: *Day 2 Opening Circle*

Session Objectives

At the end of the session, participants will be able to:

- Express their thoughts about the previous day's work or today's sessions, if they wish
- Respectfully listen to other participants' thoughts

Time

30 minutes

Trainer Preparation

- Make sure there is a bell or other object to place in the center of the circle.
- Outline the Day 2 agenda on a flipchart.

Facilitation Steps

Step 1. A bell with a soft tone may be used to call the participants together in the circle. Welcome the group back to the circle.

Step 2. Place an object in the center of the circle and invite participants to share any reflections about the previous day's work, thoughts about the day ahead, any news pertaining to the meeting, or anything at all that is in their minds which they wish to share with the group.

Step 3. To share their thoughts they may individually come forward, pick up the object, and either stand in the circle or return to their chair. When they are finished, they return the object to the center of the circle. While the individual has the object, they are the speaker and the rest of the group members are respectful listeners. There is never any order that is required, nor any requirement to speak.

Step 4. When the participants have finished sharing their thoughts, ask the group to refer to their agendas in their binders and review the agenda for Day 2. Outline is also on flipchart. Ask if there are any questions.

Evaluation/ Assessment

None

Handouts

None

DAY 2

Session 9: *Reviewing the Five Whys*

Session Objectives

At the end of the session, participants will be able to:
- Conduct analysis of root causes using Five whys

Time

1 hour

Trainer Preparation

- Review the Five Whys information from Session 5
- Make sure there are copies of the MOH Referral Note (if available)

Facilitation Steps

Step 1. Ask participants "Why do we use the Five whys?" Answers might be:
- To find out the root causes of problems in our clinics
- When you know the root cause, you can solve the problem.

Step 2. Ask participants to turn to Section 2, page 31, **Continuity of Care**. Give them a few minutes to complete the self-assessment for this dimension if they haven't already.

Step 3. Ask one participant to share one of her problems in the Continuity of Care dimension and lead her through the Five Whys to arrive at the root cause of her problem. Write the question number, rephrased problem, and Five Whys on a flipchart as you go.
For example:
Question 3.4: I do not request information and feedback about the outcome of the visit from the referral facility.
Why? I thought I was finished when I referred the client
Why? I did not know it was important to ask the referral facility about the outcome.
Why? I was not informed.
Why? My referral form does not include a section for sending referral feedback/followup back to me.

If this example is used, hand out copies of the MOH Referral Note (if there is one) and discuss the importance of following up clients that they refer.

Step 4. Second example of Five Whys: Ask participants to turn to Section 2, Self Assessment Package for Midwives, page 39, **Business Practices**. Give them a few minutes to complete the self-assessment for this dimension if they haven't already.

Step 5. Ask one participant to share one of her problems in the Business Practices dimension and lead her through the Five Whys to arrive at the root cause of her problem. Write the question number, re-phrased problem, and Five Whys on a flipchart as you go.

Step 6. Ask if there are any questions about the use of the Five Whys technique. Ask what the supervisors think of this technique for helping their midwives determine the root causes of their problems.

Evaluation/ Assessment

- Question/answer; discussion

Handouts

If available, relevant MOH referral note (not included in handouts in this book)

DAY 2

Session 10: *Problem-Solving Process: Fishbone Diagram*

Session Objectives

At the end of the session, participants will be able to:

- Conduct a root cause analysis for quality issues or gaps that they have identified through the QI self-assessment
- Conduct analysis of root causes using the Fishbone Diagram (cause/effect)

Time

1 hour and 30 minutes

Trainer Preparation

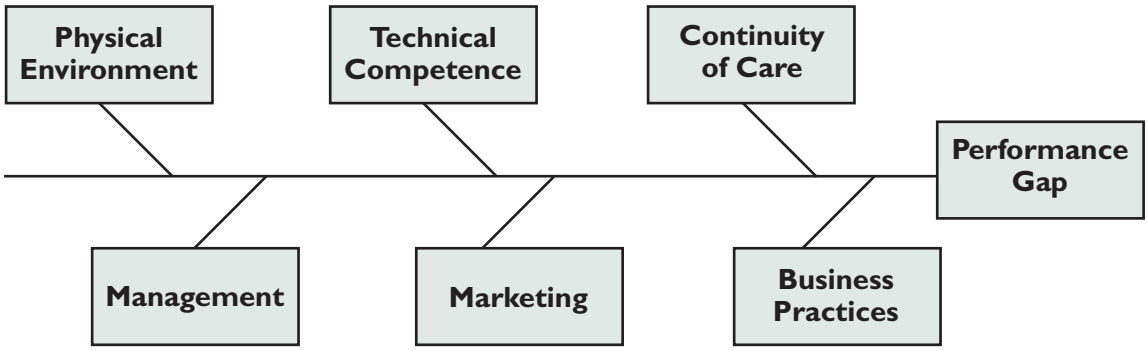
- Check that flipchart paper, markers and masking tape are available.
- Prepare flipcharts of the Fishbone Diagrams with problems given in Steps 2 and 3 (one copy of Fishbone for large group exercise in Step 2, and three copies of Fishbone for small group exercise in Step 3).

Facilitation Steps

Step 1. Introduce the session by saying, "We are going to learn another technique for root cause analysis—the Fishbone Diagram, or cause and effect." Explain that the Fishbone Diagram is useful for analyzing root causes of performance gaps identified from a review of their clinic statistics.

Step 2. Describe the purpose of the Fishbone Diagram

- Display the Fishbone Diagram prepared on flipchart for the first performance gap we are going to analyze. Explain that the diagram graphically displays the six dimensions that contribute to quality, and that the "head" of the fish is the performance gap: **Few pregnant women are seeking care in the first trimester.**
- The diagram is completed by considering the major causes of the performance gap in each of the six quality dimensions, and then writing them on the "fishbone" connected to each dimension.



- As a group, complete the fishbone diagram by identifying the possible causes in each of the six quality dimensions that may contribute to this performance gap.
- Make the point that it is important to stay open to many possible avenues of exploration.
- Also ask participants to beware of being seduced by a cause that may reflect their own comfort zone or preconceived notions of what contributes to a low return of FP users.

DAY 2

Step 3. Divide into three small groups. Each group will use the Fishbone Diagram to identify possible root causes of the same problem/performance gap that has been identified by a review of the clinic statistics: **few clients are seen for postnatal care within the first 6-8 weeks following delivery.** Give each group the prepared flipchart of the Fishbone Diagram for this problem.

Step 4. Reconvene in the large group and ask each group to report back on the use of the fish bone diagram example to identify causes in each dimension.

Evaluation/ Assessment

- Question/answer; discussion
- Completion of a fishbone diagram for one problem/performance gap

Handouts None

DAY 2

Session 11: *Preparing for and Conducting Clinic Visits*

Session Objectives

At the end of the session, supervisors will be able to:

- Identify ways the supervisor can assist the midwife in reviewing her self-assessment tool and complete her Action Plan
- Implement a problem-solving and action plan review visit to a midwife's practice
- Describe the importance of involving appropriate MOH district level staff in a visit to the midwife's clinic

Time

3 - 4 hours

Trainer Preparation

- Meet with and invite appropriate MOH district level staff to join in visit to the midwife

Facilitation Steps

Step 1. Introduce the session by saying, "Now we are going to prepare ourselves for conducting the afternoon clinic visits to our midwives." Ask the supervisors, "What is the **traditional or old way of supervision**?" Write their responses on a flipchart. Make sure they include things like:

- Inspection
- Picking up statistics forms
- Telling the midwife what she is doing wrong
- Leaving orders behind (next time you need to ….)

Then ask, "What is the **new or supportive way of supervision**?" Include things like:

- Self-assessment
- Praising the midwife for what she is doing well
- Helping to find causes of problems
- Helping to find solutions to problems
- Helping to find resources to solve her problems

Note: In some settings, this may be a totally new idea. If midwives participating in this training haven't heard of or been exposed to supportive supervision, the trainer should review the characteristics rather than asking participants.

Step 2. State that sometimes it is important to **help the midwife prioritize the problems** that need to be solved. Explain that you can help the midwife **classify** her problems and solutions in terms of:

1) **urgency to solve** (e.g., safety and infection prevention issues; solutions that would enable her to serve more clients and therefore increase her income)
2) **time to solve** (e.g., any large physical renovation will take months)
3) **resources required** (e.g., any large purchase of equipment will require ready cash)
4) **complexity of solution** (e.g., the midwife can solve the problem by herself vs. a system change is required to solve the problem)

DAY 2

You can also help the midwife to prioritize her problems and solutions according to whether they are short or long-term. For example the midwife may have the issue/gap of no facilities for handwashing in her clinic. She may eventually plan to have piped water to her clinic, but until she has piped water she will prepare a plastic bucket with spigot to use for handwashing.

Step 3. Summarize the discussion by saying that supervisors can support their midwives by:

- reviewing their QI self-assessment tools and action plans
- prioritizing the problems that need solving
- helping them to identify root causes of low scores on their self-assessment tool
- identify possible solutions, next steps and resources for implementing the solutions

Step 4. Explain that the supervisors will visit two midwives' clinics and review the findings from the self-assessment tool and the action plan that the midwife has begun filling out. Indicate the importance of involving the relevant district level MOH staff. The reason for involving the relevant MOH staff person is his/her access to resources that may help in solving identified problems and introducing the midwife to the MOH staff person so that she knows where to turn in monthly statistics.

Step 5. Explain that during the visit the supervisors will:

- review the midwife's self-assessment and action plan from the previous day
- brainstorm with the midwife about the causes of several of the problems identified as needing improvement or where something is not being done. Encourage that a root cause analysis be done on problems from several different quality dimensions.
- brainstorm with the midwife around various solutions of several root causes
- help the midwife classify the solutions in terms of 1) urgency to solve, 2) time to solve, 3) resources required, and 4) complexity of solution the midwife can solve to a system change required
- help the midwife identify next steps, by whom, and by when

Encourage the supervisor to **take action that day on some easily solvable problem** (e.g., rearranging items needed to be present for a delivery in one place; marking a tape measure with dimensions on the wall to measure child or adult's height; hanging posters).

At the end of the visit, ask the midwife if she can attend the next day's session during the time period when participants will be sharing what they learned from the clinic visits.

Step 6. Review specific logistics of the visit.

Evaluation/ Assessment

- Question/answer; discussion

Handouts None

DAY 3

Session 12: *Opening Circle/Reviewing the Visits to Clinics*

Session Objectives

At the end of the session, participants will be able to:
- Share what they experienced and learned during the clinic visits

Time

1 hour

Trainer Preparation

- Make sure there is a bell or other object to call participants together.
- Outline the Day 3 agenda on a flipchart.
- Check that flipchart paper, markers and tape are available.
- Invite relevant District MOH Officers to attend this session.

Facilitation Steps

Step 1. A bell with a soft tone may be used to call the participants together in the circle. Welcome the group back to the circle.

Step 2. Review the agenda for Day 3 written on a flipchart. Ask if there are any questions.

Step 3. Introduce the session by saying, "During this session we will be sharing what you learned during your clinic visits so that we can all learn from each other."

Step 4. Ask one visiting team to share what happened during their clinic visits. Include in the discussion the midwives who were visited, if they are able to attend this session. Ask the team to cover:
- What QI gaps/issues did they identify with the midwives they visited?
- What were the root causes for these gaps/issues? Describe how you did the root cause.
- What solutions and actions/next steps were identified to address these root causes?
- What resources were identified to help with these solutions and next steps?
- What might be the role/contribution of the MOH District Officer and the professional association in helping to resolve the gaps/issues?
- What were their overall impressions of the clinic visits?

While one facilitator leads the discussion, another facilitator writes the points on flipchart paper (to be typed and distributed after the session).

Step 5. Ask the second visiting team (and midwife who was visited) to share what happened during their clinic visits in the same way.

Step 6. If midwives who were visited are attending this session, thank them for their participation and willingness to host the visits. Invite them to stay for tea (if it is time for the break), and say that they may leave afterwards to return to their clinic practice.

Evaluation/ Assessment
- Question/answer; discussion

Handouts None

DAY 3

Session 13: *Scoring the QI Self-Assessment*

Session Objectives

At the end of the session, participants will be able to:

- Identify the use of a quality index score
- Describe how to transfer numbers from the midwives' self-assessment tool to the scoring sheet and determine the numerator and denominator for each score
- Complete the QI Self-Assessment Score Sheet and Summary Chart of Self-Assessment Scores in the *Supervisor's Guide*

Time

1 hours and 50 minutes

Trainer Preparation

- Read Section 4: *Supervisor's Guide.*
- Check that pencils and copies are available of the *Blank QI Self-Assessment Score Sheets* and the *Sample Summary Chart*

Facilitation Steps

Step 1. Introduce the session by saying that one of the ways you can support the midwives you supervise is to calculate a quality index score for each quality dimension and indicator to help the midwife measure trends to see how they improved and what problems persist in each quality dimension.

Step 2. Ask participants to turn to Section 4, page 3. Review the instructions and the example in Table 1. Then, go over the example of Indicator 1 in Table 2, carefully explaining how to add up the numbers to get the numerator (top number) for the score and why the 3 "NA" responses reduced the denominator (bottom number) of the score from 40 to 34. Finally, use Table 3 to demonstrate how to calculate a total score for one quality dimension.

Step 3. If participants need additional review in determining the denominators and calculating scores, use one of their own self-assessments as an example.

Step 4. Give participants a copy of the *QI Self-Assessment Score Sheet* and pencils. Ask them to transfer their scores from their self-assessments to practice calculating quality index scores using the *QI Self-Assessment Score Sheet.* Circulate among the participants and help them if they are having any difficulties.

Step 5. Ask participants to turn to Section 4, page 11 and point out how the Summary Chart of Self-Assessment Scores can be used to chart the changes in their supervisee's scores over the course of four quarters. Point out that the bold number in each box on the Summary Chart is the total possible score for that indicator (assuming that no items were scored as not applicable). Then ask them to transfer their own scores from their Score Sheet to the *Blank Summary Chart of Self Assessment Scores (Handout 5).* Ask if there are any questions on calculating the quality scores.

Step 6. Give participants copies of the handout, *Sample Summary Chart of Self-Assessment Scores,* filled out for two quarters. Ask the supervisors to review the chart and identify what changes are, or are not, occurring in the quality indicator scores. Where is the midwife improving and where is she falling behind? Then ask: what quality issues can the supervisor support the midwife in this example with problem solving to make improvements in her practice?

DAY 3

Step 7. Ask participants how they could use these quality index scores in supportive supervision of their midwives (e.g., use the scores to give your supervisee feedback on what areas she is improving and to help her identify problems that still persist and may need additional problem solving or different solutions).

Evaluation/ Assessment

- Question/answer; discussion
- Completed QI Self-Assessment Score Sheets

Handouts

- *Handout 4. Blank QI Self-Assessment Score Sheets*
- *Handout 5. Blank Summary Chart of Self Assessment Scores*
- *Handout 6. Sample Summary Chart of Self-Assessment Scores*

DAY 3

Session 14: *Working Together to Improve Quality and Practice Conducting the Supervision Meeting*

Session Objectives

At the end of the session, participants will be able to:

- Identify possible resources for helping to solve midwives' problems
- Identify possible uses of the monthly meetings of supervisors with midwives to respond to the performance gaps/issues identified by the midwives
- Lead a supervision meeting focused on improving quality

Time

1 hour and 30 minutes

Trainer Preparation

- Check that flipchart paper, markers and tape are available.

Facilitation Steps

Step 1. Introduce this session by saying "Let's brainstorm a list of **possible resources for helping to solve the midwives' problems." Begin by asking, "Who or what groups can help**?" Write the responses on a flipchart as the group brainstorms. Possible responses include:

- Peers/other midwives
- Any professional association structure with supervision
- MOH/District health office/district nursing/midwifery officer
- Local health experts – invite them to branch meetings to update the midwives
- Other local businesses – how do they do QI, what are their business practices?
- Community leaders/stakeholders
- Community organizations, women's groups
- NGOs
- Donor agencies

Step 2. Then ask the group to brainstorm possible **uses of the monthly supervision meetings to respond to the performance gaps/issues identified by the midwives.** Write the responses on a flipchart as the group brainstorms. Possible responses include:

- Practice conducting root cause analysis or action planning
- Review the self-assessments, identify clusters of gaps, and identify which gaps are due to knowledge deficits. Identify resource persons in their districts or professional association who can provide knowledge updates/continuing education during the monthly supervision meetings.
- Identify where the midwives can get needed supplies or equipment.
- Fundraising/Cash Round to assist one midwife per month
- Rotate meetings to "model" clinics to learn from each other
- Share testimonies of QI accomplishments
- Plan for exchange visits

DAY 3

Step 3. Explain that the next part of this session will focus on practicing the actual steps they can use to lead a supervision meeting focused on quality. Choose one participant to act as the supervising midwife while the other participants will act as "midwives" attending an actual monthly meeting.

Step 4. Ask the supervisor conducting the meeting to lead the group through an exercise to identify the most common performance gaps that the group of midwives has. Group the gaps together writing on flipchart.

Step 5.Choose one of the common gaps identified which seems doable, important and perform a root cause analysis on this gap with one of the midwives. Remember, it may be necessary to narrow down the number of issues or gaps to those that deserve attention and warrant the investment in resources needed before conducting a root cause analysis. Also remember that the root causes of the gap may be different from one midwife to another, so you will need to lead more than one midwife through the Five Whys to arrive at the different root causes.

Step 6. Brainstorm about known resources to address the identified causes—working with other midwives, community, District Health/Nursing/Midwifery Officer, professional association, or local technical/donor groups—and develop a specific action plan.

Step 7. Discuss with the group what went well with the exercise with sample gaps (steps 2-6), and what they would do the same or differently to address quality issues in their branch meetings. Answer any questions/concerns they may have about conducting an actual supervision meeting focused on QI.

Step 8. Discuss future actions. Examples might be:

- Write a simple report about the QI workshop to share with the professional organization, district MOH officials.
- Supervisors organize updates on QI
- Visit each other to practice QI among themselves, using the self-assessment tool, Five Whys, and action plan.

Step 9. Review what we have accomplished during this session.

Evaluation/ Assessment

- Question/answer; discussion

Handouts None

DAY 3

Session 15: *Evaluation and Final Closing Circle*

Session Objectives

At the end of the session, participants will be able to:

- Bring the workshop to closure

Time

45 minutes

Trainer Preparation

- Make sure there is an object to pass around the circle for sharing closing thoughts.
- Check that copies of the Workshop Evaluation Form are available.

Facilitation Steps

Step 1. Review the Workshop Objectives and the expectations and concerns that were listed on Day 1 on flipcharts. Ask, "Have we achieved the objectives, and addressed your expectations and concerns?"

Step 2. Distribute *Workshop Evaluation Form*; ask participant to take 10 minutes to fill out and return it to trainers. Also ask participants to give you back the nametags so you can reuse them for the next training.

Step 3. ***Final Closing Circle:*** To close the workshop, ask participants to draw their chairs into a large circle. Facilitator says "*This is our final closing circle. I invite you to say anything you'd like to say about our three days together. You have the option to say nothing. While you have the object, you are the speaker and we are the respectful listeners. When you are finished speaking, pass the object to the next person.*"

Step 4. Facilitator passes the object around the circle to the left. When holding the object, each participant has the opportunity to speak or pass the object to the next participant. The trainer is the last to speak.

Evaluation/ Assessment

- Completed *Workshop Evaluation Form*

Handouts

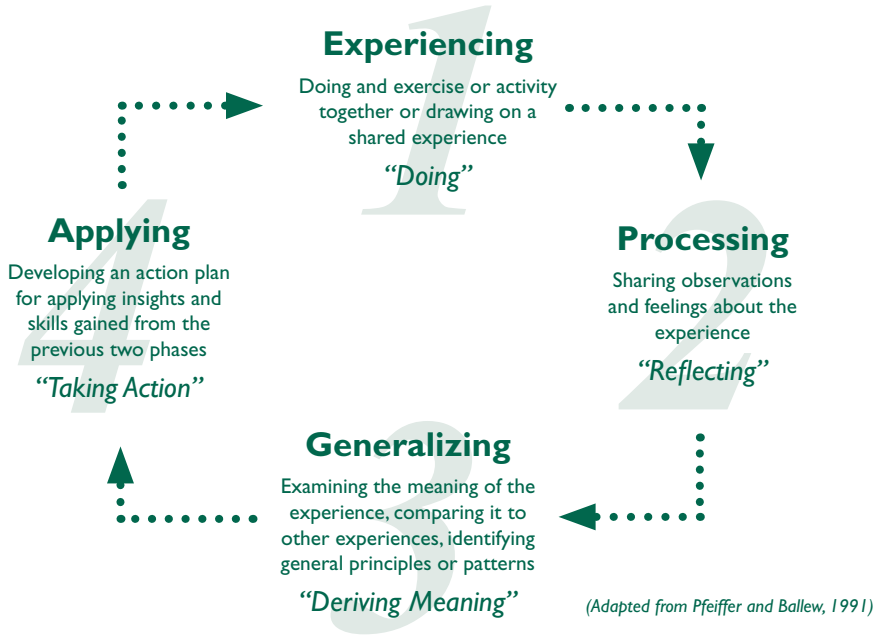
- *Handout 3: Quality Improvement for Midwives Workshop Evaluation Form*

APPENDIX

Appendix 1: Adult Learning Cycle and Training Methods

THE ADULT LEARNING CYCLE

Adults learn through a process in which they analyze and apply new knowledge and skills to their work and lives. Effective training activities guide participants through each step of the learning process.



The adult learning process consists of four phases:

Phase 1: Learners experience new information. The role of the trainer is to structure the activity by clarifying objectives, presenting information and giving directions and time limits for activities. The trainer presents information in a stimulating manner, using visual aids and actively involving learners by asking questions and facilitating discussion. Possible training methods to use during phase one: interactive presentations, group brainstorm, case studies, field visits, film/video.

Phase 2: Learners process new information. The role of the trainer is to facilitate learners' reflections on what they learned in phase, how they reacted to the information, and sharing of their ideas and reactions with each other. Possible training methods to use during phase two: small-group discussions or problem-solving, small-group presentations.

Phase 3: Learners generalize the experience. The role of the trainer is to guide learners to derive meaning from their reactions to the new information. It is crucial for the trainer to be knowledgeable about the topic and its broader context. Trainers should resist providing answers for learners, and instead facilitate learners drawing their own conclusions. Possible training methods to use during phase three: large-group discussion, demonstration, individual reflection through writing.

Phase 4: Learners apply the experience to actual work or life situations. The role of the trainer is to help learners relate what they have learned in the training to their everyday work or life situations. The trainer can design activities where learners practice and plan for post-training application. Possible training methods to use during phase four: field visits, study tours, action planning, simulated skills practice, practice with actual clients.

TRAINING METHODS

Participants learn more and stay engaged in learning activities when a variety of training methods are used. For best results, the training method selected should complement the learning objective and be suited to the participants and any constraints of the training intervention.

Action/learning plan	Hands-on practice	Proverbs
Brainstorming	Homework	Question and answer
Case examples	Illustrated lecturette	Research
Demonstration	Independent study	Reflection
Discussion	Individual exercises	Role play
Exhibits	Interview	Self-assessment
Field visits	Learning diary	Self-directed activities
Fishbowl discussion	Observations	Simulated practice
Full group exercises	Pairs or triads exercises	Small group discussion
Games	Panels	Small group exercises
Group assignments	Presentation	Stories
Guest speaker	Problem-solving exercises	Surveys

GENERAL INSTRUCTIONS FOR TRAINING METHODS USED IN THIS WORKSHOP

Instructions for methods used frequently in this training course are included here. Instructions for specific activities are included with the modules where they are used.

Mini-lecture—Trainer makes a short presentation using the materials available. Mini-lectures should be kept short and should either include or be followed by question and answer to ensure comprehension and clarify questions.

Question and Answer—Question and answer sessions are used to recall information or elicit participant knowledge, to clarify information, to check comprehension, to present information when participants are already knowledgeable, to evaluate participant knowledge, and to fill gaps in participant knowledge.

Steps for Question and Answer

1. Trainer asks participants what questions they have about the topic.
2. If a participant has a question, trainer asks another participant to answer.
3. If the participant's answer is correct and complete, trainer reinforces.
4. If the participant's answer is incorrect and/or incomplete, trainer may ask questions that lead the participant to a more correct answer or ask another participant to respond.

5. If the answer is still incorrect and/or incomplete after two or three trials, trainer corrects and/or completes and informs the participant where to find the information.
6. If there are no questions, trainer asks questions to verify knowledge and follows the same steps (2, 3, 4, 5).

Brainstorming—Brainstorming brings participants' experience into the classroom and lets the participants know that their experience is valuable. Brainstorming is also an excellent way to find out what participants already know and to identify gaps in their knowledge. Ideas generated in brainstorming can be used for summarizing, as input to group exercises, and to relate content to participant experience.

Steps for brainstorming

1. Trainer asks an open-ended question.
2. Participants shout out their answers or ideas.
3. Trainer records ideas on newsprint or in another format where all can see them.
4. No ideas are discarded, criticized or analyzed, but clarifying questions can be asked.
5. Trainer leads a discussion of the ideas generated.
6. Trainer moves to the next question.

Small Group Exercises—Trainer divides the large group into pairs, triads or small groups of up to 6 participants. The small groups have a short time to discuss a topic, solve a problem, or work on an activity together.

Steps for small group exercises

1. Trainer divides the participants into small groups (by having the participants count off 1,2,3, etc.; by having participants choose their own groups; by grouping according to seating; or any other method of forming groups).
2. Trainer presents the problem or topic, and explains what the small groups are to do and how much time they have for the activity.
3. Trainer asks each group to select someone to speak for the group when they reconvene as a large group. The groups may also wish to select a recorder and/or a leader.
4. Participants work on the activity in their small groups. Trainer circulates among the groups and answers questions, if any.
5. Trainer reconvenes the large group and asks each small group to summarize its discussions or its answer to the problem or activity.
6. If all groups were working on the same problem or topic, trainer can save time and avoid repetition by asking each group to offer one point, then ask the next group for one point, and so forth until all points are covered.

REFERENCES

Fetter, K.,M. Clark, C, M. Murphy, J. Walters. 1995. *Teaching and Learning with Visual Aids.* London, Macmillan Education, Ltd. in conjunction with INTRAH and TALC.

MARAM Project. 2004. *Training Modules for Use in Maternity Homes.* Chapel Hill, NC and Ramallah, Palestine: IntraHealth International, Inc.

Pfeiffer, J. and A. Ballew. 1991. *Theories and models in applied behavioral science.* San Diego, CA: Pfeiffer and Company.

Wegs, C., K. Turner, B. Randall-David. 2003. *Effective training in reproductive health: Course design and delivery. Reference Manual.* Chapel Hill, NC, IPAS.

Handout 1: QI Package Workshop Learning Objectives:

For one-day training:

At the end of this training participants will be able to:

1. Describe the components and use of the QI package
2. Use the QI package, including:
   - completing and analyzing the statistics compiled in the statistics form
   - completing the QI self-assessment tool
   - 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

For two-day supervisors' training:

At the end of this workshop participants will be able to:

1. Support private midwives to use the QI package, by:
   - scoring the midwife's QI self-assessment tool
   - assisting the midwife to identify 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 assistance in solving selected problems

Handout 2: Scenarios

Choose which scenarios you want to use. Copy those scenarios and distribute 1 scenario per group. Use at least two scenarios, if at all possible.

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).

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 and 2) the characteristics that make you a satisfied customer who returns.

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).

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 fish seller and 2) the characteristics that make you a satisfied customer who returns.

Scenario 3: You are having an engagement party for your son. With the group discuss 1) how you would select a specific caterer to cook for/arrange the event, and 2) what would make you use that caterer 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 caterer and 2) the characteristics that make you a satisfied customer who returns.

Handout 3: Quality Improvement for Midwives Workshop Evaluation Form

Date(s) of workshop_____ **Place of workshop**_____

Name: (optional) _____ Branch: _____

1. For each of the following areas, please tick the box that best reflects your evaluation:

Workshop Content	**AGREE**	**DISAGREE**	**NOT SURE**	**NA**
Workshop objectives were clear and achieved	☐	☐	☐	☐
Topics covered were about right	☐	☐	☐	☐
Material was practical to my job	☐	☐	☐	☐
Handout material will be useful to my job	☐	☐	☐	☐
Small group activities were effective	☐	☐	☐	☐
What I have learned in this workshop will help me solve some problems related to my work.	☐	☐	☐	☐
QI Package Materials	☐	☐	☐	☐
The materials will be useful to my job	☐	☐	☐	☐
The materials were easy to use	☐	☐	☐	☐
The language in the materials is clear	☐	☐	☐	☐
It is easy to find information in the materials	☐	☐	☐	☐
Presentation	☐	☐	☐	☐
Presentation style was effective	☐	☐	☐	☐
Facilitators were knowledgeable about subject	☐	☐	☐	☐
Facilitators covered material clearly	☐	☐	☐	☐
Facilitators responded well to questions	☐	☐	☐	☐

2. What I liked best about the workshop:

_____

_____

_____

3. What I didn't like most about the workshop:

_____

_____

_____

4. Out of the list below tick (✓) things that could have improved the workshop:

a. _____Use of more examples and applications.

b. _____More time to practice skills and techniques

c. _____More time to discuss theory and concepts

d. _____More effective trainers

e. _____More time to discuss in groups

f. _____Different training site

5. Your suggestions for improvement would be appreciated:

_____

_____

_____

6. Other comments:

_____

_____

_____

Please tick (✓) the box that best reflects your overall evaluation of the workshop.

Excellent	Good	Fair	Poor
☐	☐	☐	☐

THANK YOU!

Handout 4: Blank QI Self-Assessment Form

1. Physical Environment Dimension					
Indicator 1	Indicator 2	Indicator 3	Indicator 4	**Total Score**	**Comments**
1.1 ___ 1.11 ___ 1.2 ___ 1.12 ___ 1.3 ___ 1.13 ___ 1.4 ___ 1.14 ___ 1.5 ___ 1.15 ___ 1.6 ___ 1.16 ___ 1.7 ___ 1.17 ___ 1.8 ___ 1.18 ___ 1.9 ____ 1.19 ___ 1.10 ___ Score:___**/38***	1.20 ___ 1.21 ___ 1.22 ___ 1.23 ___ 1.24 ___ 1.25 ___ 1.26 ___ Score:___**/14***	1.27 ___ 1.28 ___ 1.29 ___ Score:___**/6***	1.30___ 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 ___ 2.2 ___ 2.3 ___ Score:___**/6***	2.4 ___ 2.5 ___ 2.6 ___ 2.7 ___ 2.8 ___ 2.9a ___ 2.9b ___ Score:___**/14***	2.10 ___ 2.11 ___ 2.12 ___ 2.13 ___ 2.14 ___ 2.15 ___ 2.16 ___ 2.17 ___ 2.18 ___ 2.19 ___ 2.20 ___ 2.21___ Score:___**/24***	2.22a ___ 2.23 ___ 2.22b ___ 2.24 ___ 2.22c ___ 2.25___ 2.22d ___ 2.26 ___ 2.22e ___ 2.27___ 2.22f ___ 2.28 ___ 2.22g ___ 2.29a___ 2.22h ___ 2.29b___ 2.22i ___ 2.29c___ 2.22j ___ 2.22k ___ Score:___**/40***	

* Remember to subtract 2 from the bottom number (the denominator) for every item 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 ___ 2.30b ___ 2.32b ___ 2.30c ___ 2.32c ___ 2.30d ___ 2.32d ___ 2.30e ___ 2.32e ___ 2.30f ___ 2.32f ___ 2.30g ___ 2.32g ___ 2.31a ___ 2.32h ___ 2.31b ___ 2.33 ___ 2.31c ___ 2.31d ___ 2.31e ___ 2.31f ___ 2.31g ___ Score:____**/46***	2.34a ___ 2.35b ___ 2.34b ___ 2.35c ___ 2.34c ___ 2.35d ___ 2.34d ___ 2.35e ___ 2.34e ___ 2.35f ___ 2.34f ___ 2.36 ___ 2.34g ___ 2.37 ___ 2.34h ___ 2.38 ____ 2.34i ___ 2.39 ____ 2.34j ___ 2.40 ____ 2.34k ___ 2.41____ 2.34l ___ 2.42 ____ 2.35a ___ Score:____**/50***	2.43a ___ 2.45e ____ 2.43b ___ 2.45f _____ 2.43c ___ 2.45g ____ 2.43d ___ 2.46a ___ 2.43e ___ 2.46b ___ 2.43f ___ 2.46c ___ 2.44a ___ 2.46d ___ 2.44b ___ 2.46e ___ 2.44c ___ 2.46f ___ 2.44d ___ 2.46g ___ 2.44e ___ 2.46h ___ 2.45a ___ 2.47a ___ 2.45b ___ 2.47b ___ 2.45c ____ 2.47c ___ 2.45d ____ 2.47d ___ 2.47e ___	

Indicator 8 FP	Indicator 9 STI	Indicator 10 Immunization	**Total Score**	**Comments**
2.48 ___ 2.63f ___ 2.49___ 2.63g ___ 2.50 ___ 2.64a ___ 2.51 ___ 2.64b ___ 2.52 ___ 2.64c ___ 2.53 ___ 2.64d ___ 2.54 ___ 2.65a ___ 2.55 ___ 2.65b ___ 2.56 ____ 2.65c ___ 2.57 ____ 2.65d ___ 2.58 ____ 2.65e ___ 2.59 ____ 2.65f ___ 2.60 ____ 2.65g ___ 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***	2.67a___ 2.67b___ 2.67c___ 2.67d___ 2.68a___ 2.68b___ 2.68c___ 2.68d___ 2.68e ___ 2.68f ____ 2.68g ____ 2.68h ____ 2.69 ____ Score:____**/26***	2.70 ___ 2.71 ___ 2.72 ___ 2.73 ___ 2.74 ___ 2.75 ___ Score:____**/12**	____**/356 ***	

3. Continuity of Care Dimension			
		Total Score	**Comments**
3.1 ___ 3.2 ___ 3.3 ___ 3.4 ___ 3.5 ___ 3.6 ___	3.7 ___ 3.8 ___ 3.9 ___ 3.10 ___ 3.11 ___	_____**/22***	

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

5. Marketing Dimension			
Indicator 1	Indicator 2	**Total Score**	**Comments**
5.1 ___ 5.2 ___ 5.3 ___ 5.4 ___ Score:___**/8***	5.5 ___ 5.6 ___ Score:___**/4***	___**/12***	

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

Handout 5: Blank Summary Chart of Self-Assessment Scores

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	/50	/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

*the first indicator (questions 4.1-4.3) is not applicable the first quarter

Handout 6: Sample Summary Chart of Self-Assessment Scores

Dimension	Scores for each indicator by dimension										
1st Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	12/38	8/14	4/6	2/2							26/60
2. Technical Competence	2/6	8/14	20/24	18/40	26/46	28/50	30/62	32/76	14/26	8/12	186/356
3. Continuity of Care	10/18										10/18
4. Management	*	4/10	6/14	0/4	0/6						10/34
5. Marketing	2/8	2/4									4/12
6. Business Practices	0/10	10/24	2/4	0/2	2/4						14/44

*the first indicator (questions 4.1-4.3) is not applicable the first quarter

Dimension	Scores for each indicator by dimension										
2nd Quarter	1	2	3	4	5	6	7	8	9	10	Total
1. Physical Environment	18/38	10/14	4/6	2/2							24/60
2. Technical Competence	4/6	10/14	20/24	22/40	32/46	38/50	48/62	38/76	22/26	10/12	234/356
3. Continuity of Care	14/18										14/18
4. Management	6/6	8/10	8/14	0/4	2/6						24/40
5. Marketing	4/8	4/4									8/12
6. Business Practices	2/10	14/24	2/4	0/2	4/4						22/44