

Kenya Health Facility EmONC / MNCH Assessment Tool, 2016

Please follow the instructions provided to complete all sections of this questionnaire

Where you find options: Y N N/A, Y = Yes N = No N/A = Not Applicable

Select the appropriate option using a tick: indicates Yes while Y indicates No

1.0 Facility details

- 1.1 Date of assessment ____ / ____ / ____
- 1.2 Facility name _____
- 1.3 Facility tier Tier 2 Dispensary/Health center Tier 3 Sub & county referral hospital
- 1.4 Facility ownership 1 GoK 2 FBO 3 Private
- 1.5 Facility MFL code _____
- 1.6 GPS Latitude _____ Longitude _____
- 1.7 Subcounty _____
- 1.8 County _____
- 1.9 Data collector's initials _____
- 1.10 Data collector's tel # _____
- 1.11 Facility in-charge's name _____

2.0 Does this facility have the following units?:

- 2.1 Antenatal ward Y N
- 2.2 Labor ward Y N
- 2.3 Postnatal ward Y N
- 2.4 Combined antenatal and postnatal ward Y N
- 2.5 Newborn unit Y N
- 2.6 Kangaroo mother care (KMC) area/room Y N

3.0 What is the total number of women who delivered at this facility across all the three months preceding this assessment?

(Use the maternity register to count all women who delivered at the facility.)

4.0 Does this facility provide postabortion care services? Y N

If **yes** for above, in which service area is the service provided? If **no**, proceed to the next question.

- 4.1 OPD/Casualty 4.3 Gynae ward
- 4.2 MCH/FP 4.4 Other (specify) 4.4.1 _____

5.0 Availability of MNH policy and guideline documents

Confirm physically if the documents listed below are available.

- 5.1 National Guidelines for Quality Obstetric and Perinatal Care Y N
- 5.2 National Roadmap for Accelerating the Attainment of MDGs Related to MNH in Kenya Y N
- 5.3 Essential Newborn Care Guidelines Y N
- 5.4 Post-abortion Care Guidelines Y N

6.0 Availability of job aids

Confirm physically if the job aids listed below are available and appropriately placed in a visible location.

6.1 Management of postpartum hemorrhage (PPH)	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.2 Active management of third stage of labor	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.3 Management of pre-eclampsia/eclampsia	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.4 Newborn resuscitation	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.5 Postabortion care: i.e., manual vacuum aspiration (MVA) OR use of misoprostol for medical evacuation	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.6 Protocol for assisted vaginal delivery, including vacuum delivery	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.7 Management of puerperal sepsis	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.8 Warm chain for baby care	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.9 Kangaroo mother care (KMC)	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.10 Management of neonatal sepsis	<input type="checkbox"/> Y	<input type="checkbox"/> N
6.11 Breastfeeding	<input type="checkbox"/> Y	<input type="checkbox"/> N

7.0 Staffing

7.1 What is the total number of staff currently working in the maternity and newborn units? (All doctors, nurses, and clinical officers, including medical officer and clinical officer interns and qualified nurses undergoing post-basic training)

7.2 Please indicate the number of staff working in the **maternity / labor** ward (excluding students).

Please indicate the number of staff working in the **newborn** unit (excluding students).

7.2.1 Doctors

7.3.1 Doctors

7.2.2 Nurses

7.3.2 Nurses

7.2.3 Clinical officers

7.3.3 Clinical officers

8.0 Training

8.1 Please indicate the total number of staff **currently working** in the maternity or newborn units at this facility who have undertaken the harmonized BEmONC training course in the past **12 months**.

Additional training: Please indicate the total number of staff **currently working** in the maternity or newborn units at this facility who have undergone training in the following specific areas:

8.2 Management of puerperal sepsis

8.2.1 On-job training

8.2.2 Orientation/workshop / seminar

8.2.3 Mentorship

8.2.4 Facility CMEs

8.3 Active management of third stage of labor

8.3.1 On-job training

8.3.2 Orientation/workshop/seminar

8.3.3 Mentorship

8.3.4 Facility CMEs

8.4 Management of pre-eclampsia/eclampsia

8.4.1 On-job training

8.4.2 Orientation/workshop/seminar

8.4.3 Mentorship

8.4.4 Facility CMEs

8.5 Manual removal of the placenta

8.5.1 On-job training

8.5.2 Orientation/workshop/seminar

8.5.3 Mentorship

8.5.4 Facility CMEs

8.6 Postabortion care including manual vacuum aspiration (MVA) OR use of misoprostol for medical evacuation

8.6.1 On-job training

8.6.2 Orientation/workshop/seminar

8.6.3 Mentorship

8.6.4 Facility CMEs

8.7 Assisted vaginal delivery (vacuum extraction)

8.7.1 On-job training

8.7.2 Orientation/workshop/seminar

8.7.3 Mentorship

8.7.4 Facility CMEs

8.8 Newborn resuscitation/essential newborn care/helping babies breathe (HBB)

8.8.1 On-job training

8.8.2 Orientation/workshop/seminar

8.8.3 Mentorship

8.8.4 Facility CMEs

8.9 Kangaroo mother care (KMC)

8.9.1 On-job training

8.9.2 Orientation/workshop/seminar

8.9.3 Mentorship

8.9.4 Facility CMEs

9.0 Commodities and supplies

Indicate the availability of the following commodities and supplies **after physical inspection**.

9.1 Injectable penicillin	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.2 Injectable gentamicin	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.3 IV metronidazole	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.4 Injectable ceftriaxone	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.5 Injectable oxytocin	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.6 Injectable magnesium sulphate	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.7 Regular sterile gloves	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.8 Elbow-length sterile gloves	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.9 Methyl dopa/labetalol/ nifedipine/hydrallazine	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.10 10% calcium gluconate	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.11 Lignocaine (for IM magnesium sulphate)	<input type="checkbox"/> Y	<input type="checkbox"/> N	9.12 Urine dipstick strips (Uristix)	<input type="checkbox"/> Y	<input type="checkbox"/> N
9.13 Misoprostol tablets	<input type="checkbox"/> Y	<input type="checkbox"/> N			

9.14.0 What is the **MAJOR** source of the above supplies?

9.14.1 GoK 9.14.2 Facility purchase 9.14.3 Partners 9.14.4 Patients

10.0 Equipment

Indicate the availability of the equipment listed below **after physical inspection**.

Item	Maternity / gynae unit			Newborn unit			Store		Other		Functional	
	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.1 Fetoscope	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.2 Manual/electrical suction machine	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.3 Ambu bag: adult size, 500 mls volume)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.4 MVA (manual vacuum aspiration) kit for post- abortion care	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.5 Airways (different sizes)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.6 Patella hammer	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.7 Thermometer	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.8 Vaginal speculums (<i>any bivalve speculum : e.g. Graves/Cusco</i>)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.9 Stethoscope	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.10 BP machine	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.11 Ambu bag: pediatric size	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
10.12 Vacuum extractor for assisted vaginal delivery	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N

10.0 Equipment (continued)

Indicate the availability of the equipment listed below *after physical inspection*.

Item	Maternity / gynae unit	Newborn unit	Store	Other	Functional
10.13 Infant weighing scale	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.14 Adult weighing scale	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.15 Color-coded bins (black, red, yellow)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.16 Instrument tray	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.17 Bowls, 8"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.18 Kidney dish, 10"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.19 Toothed dissecting forceps, 6"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.20 Mayo scissors curved, 7"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.21 Cord scissors, 10 cm (4")	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.22 Needle holder, 7"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.23 Artery forceps: straight, 8"	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.24 Episiotomy scissors (Braun stadler 12.5cm/ Barnes 14.5cm)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.25 Gallipots	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.26 Vaginal examination pack	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.27 Suction tube	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.28 Cut-down tray set	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.29 Caesarian section set	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.30 Newborn resuscitaire	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.31 Newborn towels	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.32 Oxygen source	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.33 Gynaecology examination light	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

11.0 Blood transfusion

11.1 Does this facility provide blood transfusion services?

 Y N

12.0 Hygiene and sanitation

Confirm the availability of the following *through visual inspection*.

Delivery room

Newborn unit

12.1 Running water

 Y N N/A Y N N/A

12.2 Soap

 Y N N/A Y N N/A

12.3 Disposable paper towels

 Y N N/A Y N N/A

12.4 Individual reusable hand towels

 Y N N/A Y N N/A

12.5 Alcohol hand rub/sanitizer

 Y N N/A Y N N/A

12.6 How does the facility dispose of waste? (Tick **all** that apply.)

12.6.1 Waste pit

12.6.2 Placenta pit

12.6.3 Incinerator

12.6.4 Burning

13.0 Power supply

13.1 Indicate the source(s) of lighting at this facility (please select **ALL** that are available and **FULLY FUNCTIONAL**).

13.1.1 National grid (KPLC)

13.1.2 Generator

13.1.3 Solar power

13.1.4 Other (Specify)

14.0 Process of care

Use available documentation at the health facility to record the performance of the process improvement indicators provided below during the **3-month period** preceding this assessment (except maternal mortality– 2 months). Refer to **page 9** for sampling approach. **Data sources: partographs, maternity registers, clinical records from maternity/newborn units, and direct visual inspection**

A. Monitoring of labor

- 14.1 Have partographs been used to monitor labor at this facility in the **past 3 months**?..... Y N
- 14.2 Total number of maternity records sampled at the facility.....
- 14.3 Number of deliveries for which oxytocin was administered within 1 min of delivery.....
- 14.4 Number of deliveries with partographs used appropriately for monitoring of **ALL three** of the following: fetal heart rate **AND** maternal condition **AND** reporting outcome of labor.....
- 14.5 Number of deliveries whose mothers' blood pressure was documented every 4 hours during labor.....

B. Newborn care

- 14.6 Number of records from the **last 3 months** for newborns requiring resuscitation **at birth** (5 minutes APGAR score <7 OR irregular shallow breathing OR pulse < 60/min)
- 14.7 Number of newborns with documented record of appropriate resuscitation **at birth**.....

C. MPDSR

- 14.8 Does this facility have an MPDSR committee?..... Y N
- 14.9 Are **ALL** maternal death review notes uploaded to DHIS 2?..... Y N
- 14.10 Number of maternal death records sampled from preceding **12 months**.....
- 14.11 Number of sampled maternal deaths from preceding **12 months** audited
- 14.12 Total perinatal deaths* reported in facility statistics in preceding **3 months**.....
- 14.13 Perinatal deaths* recorded (count from maternity/NBU registers) in preceding **3 months**
- 14.14 Number of perinatal deaths* audited in the preceding **3 months**.....

* *Perinatal deaths: deaths occurring between 28 weeks gestation to day 7 of life*

Indicator	Description	Calculation
1 Oxytocin administration for AMTSL	Percentage of deliveries at the facility for which oxytocin was administered within 1 minute of delivery	$\frac{14.3}{14.2} \times 100$
2 Appropriate use of partograph	Percentage of deliveries at the facility for which partograph was filled in completely and correctly	$\frac{14.4}{14.2} \times 100$
3 Appropriate monitoring of maternal BP	Percentage of deliveries at the facility for which blood pressure was monitored at least every 4 hours during labor	$\frac{14.5}{14.2} \times 100$
4 Appropriate newborn resuscitation	Percentage of newborns who required resuscitation at birth documented to have received appropriate resuscitation.	$\frac{14.7}{14.6} \times 100$
6 Implementation of MPDSR	Percentage of sampled maternal deaths for which mortality audit was conducted	$\frac{14.11}{14.10} \times 100$

15.0 Quality improvement

15.1 Team formed with list of members available.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
15.2 WIT meetings held at least monthly with minutes available, each meeting with actionable item.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
15.3 Team has at least three indicators it is working to improve (evidence in minutes, WIT meeting guide, data abstraction tools, and run charts)	<input type="checkbox"/> Y	<input type="checkbox"/> N
15.4 Team regularly reviews data in its meetings (evidence from minutes, run charts, etc.).....	<input type="checkbox"/> Y	<input type="checkbox"/> N
15.5 Team has evidence of successful completion of an improvement project.....	<input type="checkbox"/> Y	<input type="checkbox"/> N
Total score / 5.....		<input type="text"/>

Procedure for sampling of records for section 14 (process of care)

A. Section 14.2–14.5 (Monitoring of labor). Data sources: maternity registers, medical records, and partographs

- i. Each facility should aim to select 100 maternity records for the preceding **3-month period**.
- ii. Small health facilities with less than 100 deliveries over the preceding 3-month period should include all available records.
- iii. High-volume facilities should extract data from the first 35 maternity records per month; counting backwards from the last day of the month for each of the three months covered in the assessment.
- iv. If any of the three months has fewer than 35 records, include all records for that month and then distribute the deficit evenly between the other two months.

B. Section 14.6–14.7 (newborn care)

Newborn resuscitation. Data sources: maternity and newborn medical records partographs

- i. Each facility should aim to select records for all newborns with documentation of 5 minutes APGAR score <7 OR irregular shallow breathing OR pulse < 60/min over the preceding **3-month period**.

C. Section 14.8–14.14 (MPDSR). Data sources: maternity registers, medical records (maternity and newborn units), partographs, and facility MPDSR committee/QIT/WIT minutes

- i. Each facility should aim to select 24 records for maternal deaths from the maternity department, for the preceding **12-month period**.
- ii. Health facilities with fewer than 24 mortality records over the preceding 12-month period should include all available mortality records from the maternity department.
- iii. High-volume facilities should extract data from the first 2 mortality records from the maternity department per month, counting backwards from the last day of the month for each of the 12 months covered in the assessment.
- iv. If any of the 12 months has fewer than 2 mortalities recorded, include all eligible records for that month and then distribute the deficit evenly across the other months.