Strategic Purchasing Project

Learning Brief 5:
Seeing Like a Purchaser

May 2020

CPI COMMUNITY PARTNERS INTERNATIONAL

Empower communities. Transform lives.

Introduction

This is the fifth Learning Brief in the Community Partners International (CPI) series to transfer knowledge accrued in our Strategic Purchasing Project with the Karen Ethnic Health Organizations Consortium (KEHOC). In this learning brief, we explore the standardization of care, facilities, services and information necessary for ethnic health organizations (EHOs) to cooperate in a purchasing arrangement.

Prior to introducing Strategic Purchasing, a number of changes needed to be made to how clinics operated, beyond the financial aspects of Strategic Purchasing changes. These moved the clinics and services from vernacular, informal health provision towards formal systems that are comprehensible from verifiable data in order to secure payments. The reasons for the informality were myriad, including adaptability to local circumstances, nimbleness to avoid conflict and the challenge of communication in hard to reach areas. The need for formality is derived from the imperative to make costs, quality and coverage of health services comprehensible to a Purchaser (whether the Purchaser is state or donor funded).

This learning brief will describe the elements of the health system that needed to be made visible to a Purchaser and how the CPI-KEHOC project achieved that. It finishes with a reflection on the impacts of increased standardization in care in the project context.

1. Infrastructure

When EHO clinics operated prior to the project, they made the best of the facilities they had, which varied widely. Village leaders or the clinic-in-charges might have made efforts to raise money from township or village authorities of the Karen National Union (KNU), but on an ad hoc basis.

In order to establish consistency of quality for health services, and to promote key priorities of the Purchaser, certain requirements were necessary for the facility infrastructure. Such areas included privacy in the clinic to increase the willingness of women to deliver there rather than in the home, electricity, storage spaces, running water and a toilet to improve hygiene and sanitation.

In order to create a simple and "visible" system that a Purchaser could understand and that could apply to different types of structures for clinics, CPI developed a checklist of requirements. This started with a standard list from the World Health Organization (WHO)'s Service Availability and Readiness Assessment (SARA) and the Burma Medical Association (BMA)'s own guidance, before being updated to make it possible in hard-to-reach areas and fit within the limited budget available. The details of this checklist are contained in Annex A.

Once the checklist was completed, initial surveys of the clinics were conducted to understand what was needed to make each building meet the requirements. Clinics then collected quotes from local suppliers to make the agreed-upon modifications. The best value was selected, the work completed and then the final outcomes checked by a team of CPI and KEHOC staff against the initial plans agreed by the contractors

2. Services - A Package, Medicines and SOPs

Prior to the project, clinic staff offered those services for which they had the skills and resources. This meant that whatever staff was on duty would offer treatment to the best of their understanding to those who visited the clinic. They might also visit other

villages for outreach work as and when that was possible and deemed useful.

For the project. however, this needed to be standardized. Strategic purchasing requires that the Purchaser pays for specific services to be delivered to the selected population. Services are always rationed, whether explicitly or implicitly, because of the limited funds that flow in any health system. Unlike before, however, in a purchasing contract, the rationing is generally preferred to be explicit, either in the form of a positive list or a negative list (which services are covered, or which services are not covered, depending on which is more useful). Learning Brief 3 explained how the package of services was selected in this project.

More is necessary, however, in terms of standardization than selecting a series of named services to be offered. For a Purchaser and Provider to both understand the services that are delivered, the way in which those services are delivered needs to be standardized. Two crucial elements must be codified: firstly, a set of Standard Operating Procedures (SOPs), and secondly, an essential medicines list.

SOPs determine what the process for offering a service should be: from a patient presenting (or an outreach session beginning) to the treatment provided, including all tests and checks in between. The essential medicines list is comprised of the medicines recommended by the SOPs.

Creating the SOPs is therefore critical to understanding the translation of a package of services into diagnosis and treatment of individual patients. CPI and KEHOC worked from contemporary guidelines (the Burma Border Guidelines 2016 Edition, which was originally developed in 2003 by nonprofit and community-based groups supporting health care of displaced people) and updated these to be compatible with Myanmar Ministry of Health and Sports (MoHS) protocols with the inputs of current KEHOC and CPI technical experts. As explained in Learning Brief 3, there is then another step: turning these SOPs into the way that clinic staff actually interact with their communities. This was done by a two-step process of off-site training and on-the-job checks and supportive supervision to ensure the lessons taught were adhered to with high fidelity.

Finally, the medicines included in the essential medicines list were an additional way to strengthen the SOPs as only authorized medicines were paid for (and therefore required to be available in each clinic). Although modest additional funds were available to cover the cost of medicines beyond the essential medicines list, the amount purchased was minimal. Therefore the only prescriptions funded by KEHOC are those agreed on in the SOPs. The essential medicines list, as described in Learning Brief 4, was costed and purchased based on the SOPs and the estimated population requirements for each.

3. Human Resources

Along with the essential medicines list, a crucial part of the SOPs determined who should provide each kind of service, which helped determine which cadres of staff should be present in each clinic.

As with the other elements, staff levels were determined by how many local residents had been able to participate in health training and what the local authorities could support. There was no standard or desired clinic HR structure. In order to pay for services in a standardized system, however, it was necessary to determine who needed to be present in a clinic to carry out the full package of services.

CPI and KEHOC began this process by planning expected caseloads for each cadre of staff based on SOPs and expected disease burdens. To this was added the expected number of outreach services by each cadre, and the level of administrative responsibility. Against all this was balanced the eventual costs.

From this, KEHOC developed a standardized staff set for each clinic (see Annex B). In addition, terms of reference (ToR) were developed to make clear the expected duties of each cadre and how the team works together, balancing clinic needs with a long-sighted vision for how each cadre could relate to MoHS cadres to facilitate future convergence.

The appropriateness of this HR structure will be evaluated using a range of qualitative and quantitative approaches, but is nonetheless a crucial component of standardization, as failure to adhere to it can be easily "seen" by the Purchaser and acted upon. For example, in two clinics there have not been Emergency Obstetric Care (EmOC) workers present, so the clinics have been required by the Purchaser to refer patients that need EmOC (the relative costs between the two approaches, one in which funds go to salaries for EmOC workers and the other for transport and user fees in other facilities, will be compared to estimate cost effectiveness of each approach).

4. Population

The Purchaser also needs to clearly see the population served and its characteristics: who is covered by the capitation payment; and who is not covered. As explained in Learning Brief 2, the decision was made to target all residents of communities that the clinics initially indicated they believe they serve, with a proviso that this would be re-evaluated after one year. However, even this did not provide information about the population that were sufficient for a Purchaser.

KEHOC were willing to provide the Purchaser with aggregate population numbers for the villages they believed were served by each clinic. However, as this was the first engagement with population numbers and it would be impactful on the estimated payments due, it was felt that the Purchaser needed further evidence about the populations to be served. To this end, a registration process was developed to give each person in these villages a membership card, take key biometric data and inform about the Strategic Purchasing Project. Registration began in June 2018 prior to the start of the project and with the aim of finishing within the first month. However, heavy monsoon rains hindered and delayed

Figure 1: Registration process for community members

both the timeline and procedures of the process.

Initially, the aim was to visit every house and register each member using a mobile application developed for the project. The registrar would take a photograph of each member on their phone, register demographic data in thirteen fields, then create a simple registration card at the door for each individual, containing a number generated by the registration software, name and age.

This handwritten card would then be taken to the clinic to record and create personalized records (which are also contained within the Medical Record Book - see Section 5 below).

Given extensive flooding in Kayin State in 2018, however, the process had to be changed. With limited manpower due to KEHOC's response to the flooding, the process was slowed down and rather than visiting each household, villages were called together in a number of venues. These included schools, village halls, monasteries and churches. Due to the reduced certainty inherent in this approach, it became more important that it was effectively and inclusively done.

The aim of this data collection was to verify the population figures received from KEHOC. In September, when the registration process was complete, the registered population equaled 9,415. This meant that if the population figures of KEHOC were correct, 7% of the population had been missed and had not been registered. This is very likely. However, in addition to the different totals, KEHOC's original village populations did not match the data collected, meaning that the project relied on registered population rather than KEHOC official figures. This reflects the need for the Purchaser to "see," unlike the previous operations which were more informal approaches to population health.

To enhance visibility (creating a baseline for future evaluations of impact), a household survey was conducted in March 2019 to understand the needs and wants of the population in question, so that services could be targeted more effectively (by both Provider and Purchaser). [Results of this survey are presented in an accompanying report entitled "The People's Health in Southeastern Myanmar: Results from a Household Survey and the Way Forward."]

5. Information

Lastly, to ensure ongoing visibility of clinic performance, it was necessary for the Purchaser to see information about the quality and quantity of services provided by each clinic on a regular basis. This was resolved in several ways:

A monitoring and evaluation (M&E) system was developed that builds on existing EHO systems to allow for sufficient information to be made visible to the Purchaser. Crucial to this was more reliable and frequent data collection and reporting, from a more-or-less quarterly system to a regular monthly format.

Service utilization logbooks from each clinic are checked and collected by the KEHOC team every month; and data are entered into a database at the KEHOC office in Hpa-An. Data are checked and analyses verified by the M & E team from the Purchaser.

Clinical quality audits are required by the Purchaser, permitted by KEHOC, and conducted by CPI. Each quarter, CPI staff visit clinics with KEHOC staff to both monitor and conduct on-the-job training for clinic staff. Auditors assess the quality

of treatment, service provider-patient relationships, and check on standard infrastructure and emergency and essential medicines. The details of clinical quality audits checklist are contained in Annex C.

Routine data quality assurance (RDQA) assessments are conducted jointly every quarter by CPI and KEHOC. The main objectives are to improve qualified data recording system for service provision data given by the clinic and for pharmaceutical data (See Annex D for RDQA details).

Figure 2: Data Management Flow for Service Delivery

Primary Sources

#A0001

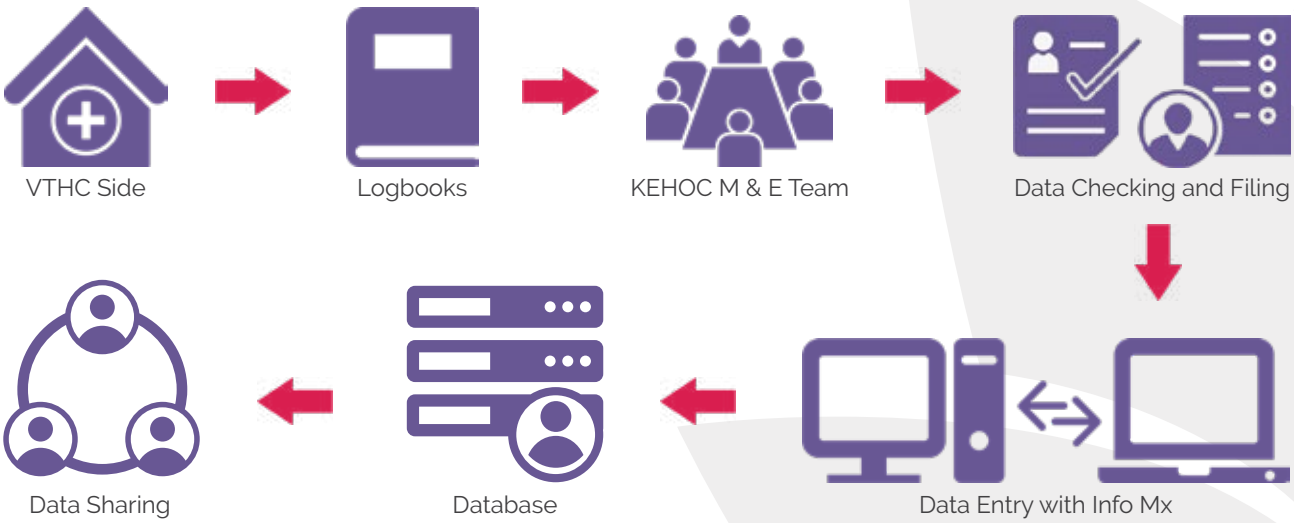
Patient

- Registration ID Card
- Medical Record Book

Village Tract Health Center

- Patient Registration Book
- Charts
- Logbooks
- Inpatient Charts
- Pharmacy Forms & Records
- Health Education Records

Data Collection, Analysis and Reporting



6. Reflections on Increased Standardization

In "Seeing like a State," James Scott negatively appraises the type of simplistic flattening of communities that was a central part of modernist development. A State or Purchaser can never fully understand a village when it "sees" it as a series of population numbers, infrastructure gaps and work targets. Strategic Purchasing, as demonstrated in this brief, makes many of the same simplifications in order to make a system that is scalable and outwardly trustworthy. This shares some of the dangers of the modernist movement and, without serious consideration, could reduce the ability of health staff to adapt effectively to local circumstances.

The project has tried to actively engage with this risk and reduce it. Fortunately, clinical practices are more easily codified than agriculture or education. The training of the EHO staff was already focused on Western medicine, meaning Strategic Purchasing is not erasing indigenous practices. Furthermore, given the limited funds and resources available prior to the project, the project actually increases rather than replaces the options previously available. Lastly, by careful collaboration with the clinics and the KEHOC headquarters, as well as in the structure of the Steering Committee (or Purchasing Board) which includes representatives with detailed local understanding, the project aims to ensure that the standardization is supplemented with informal understanding of context.

We therefore hope that the ways in which this project "sees" do not flatten variation too drastically, but do increase the knowledge and ability of staff to deliver reliable treatment practices and provide the resources to do that. This approach, including the increased visibility it offers, aims to enable other potential funders (donors and/or a national purchasing agent) to feel prepared to purchase services from EHOs in future.

The Strategic Purchasing Project is a collaboration between Community Partners International, the Myanmar Ministry of Health and Sports, the Access to Health Fund, the Swiss Agency for Development and Cooperation, and the Karen Ethnic Health Organizations Consortium.

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If you have questions or need further details, please contact:
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Annex A - Infrastructure Checklist

- Toilets (male and female)
- Clean running water
- Water storage
- Solar system for lighting
- Medical storage bins
- OPD area
- Private room for medical examination
- Delivery beds
- Delivery room
- Patient waiting area/chairs/bench
- Patient beds (OPD)
- Patient beds (IPD)
- Baby couch
- Buckets/mops
- Pit for waste disposal
- Basin
- Cabinets for medical storage
- Delivery set
- Dental set
- Sharps box
- Autoclave (Charcoal type)
- Information, education and communicaton materials; Vinyl of the Strategic Purchasing Project

Annex B - Standard Clinic Human Resources

A total of eight members of staff are assigned to the clinics supported under the Strategic Purchasing Project. These members of staff must complete the following minimum training requirements:

Human Resources	Trainings Attended (Minimum)	Duration of Training	Remark
o Medic (Clinic In Charge)	• Initiative Medic Training (Part 1 to 3) by Burma Border Guidelines (BBG)	12 months + 9 months (CHW)	Only after CHW training
o Medic (Senior Medic)	• Initiative Medic Training (Part 1 to 3) by Burma Border Guidelines (BBG)	12 months + 9 months (CHW)	Only after CHW training
o Medic (Junior Medic)	• Initiative Medic Training (Part 1 to 3) by Burma Border Guidelines (BBG)	12 months + 9 months (CHW)	Only after CHW training
o Emergency Obstetrics Care Worker (EmOC)	• Emergency Obstetrics Care, Advance Maternal and Child Health Training	10 months + 12 months (MCH) + 9 months (CHW)	Only after MCH training
o Maternal and Child Health Worker (MCH)	• Maternal and Child Health Training	9 months + 9 months (CHW)	Only after CHW
o Maternal and Child Health Worker (MCH)	• Maternal and Child Health Training	9 months + 9 months (CHW)	Only after CHW
o Community Health Worker (CHW)	• Community Health Worker Training (volume – 1 to 4)	9 months	-
o Community Health Worker (CHW)	• Community Health Worker Training (volume – 1 to 4)	9 months	-

Annex C - Clinical Audit Checklist (1)

	Area	Number of standard assessed	Net Score
1.	Patient Focused Care - Facilities	-	-
2.	Patient-Focused Care - Service	-	-
3.	General Mobidity Patient Care	-	-
4.	AN Patient Care	-	-
5.	PN Patient Care	-	-
6.	FP Short-term Patient Care (OC pill)	-	-
7.	FP Short-term Patient Care (Injection)	-	-
8.	FP Long-term Patient Care (Implant insertion)	-	-
9.	FP Long-term Patient Care (Implant removal)	-	-
10.	Diarrhoea	-	-
11.	Pneumonia & ARI	-	-
12.	Infection Prevention	-	-
13.	Medical Emergency Management	-	-
14.	Overall Score	-	-
15.	Overall Scoring Percentage	-	-

Annex C - Clinical Audit Checklist (2)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Patient Focused Care - Facilities				
Exterior and interior of building are clean with no litter, dust or bad odours.				
Hand washing facilities (clear running water, soap and/or alcohol hand rub) are available for providers and clients.				
Procedure rooms have no litter, dust or bad odours.				
Procedure rooms have sufficient natural or electrical light, with back up for outages.				
Drinks (water is sufficient) are available in recovery and in waiting areas.				
Presence of Standard Infrastructures according to SPPP list				
IEC materials are readily available.				
Vinyls and posters for health education are clearly visible to patients.				
Net score		0	0	
Number of standards assessed		0		
Final score				
Comments				

Annex C - Clinical Audit Checklist (3)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Approaching Patients				
Patient-Focused Care - Service				
Establish good relationship with patient (Greet the patient, make the patient comfortable)				
Give the patient privacy				
Patients are given time to ask questions/express fears. Responses are provided in plain language to ensure client understanding.				
Interpreter is available when required				
Standard treatment guideline books are present at consultation room				
Patient record booklets and cards are kept with privacy				
Patient is satisfy about the clinic facilities (e.g cleanliness, building, instrument) (To ask patient)				
Patient is satisfy about the services given by clinic staff (including clinical services and warmliness) (To ask patient)				
Net score		0	0	
Number of standards assessed		0		
Final score				
Comments				

Annex C - Clinical Audit Checklist (4)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Approaching Patients				
Patient-Focused Care - Service				
Establish good relationship with patient (Greet the patient, make the patient comfortable)				
Give the patient privacy				
Patients are given time to ask questions/express fears. Responses are provided in plain language to ensure client understanding.				
Interpreter is available when required				
Standard treatment guideline books are present at consultation room				
Patient record booklets and cards are kept with privacy				
Patient is satisfy about the clinic facilities (e.g cleanliness, building, instrument) (To ask patient)				
Patient is satisfy about the services given by clinic staff (including clinical services and warmliness) (To ask patient)				
Net score		0	0	
Number of standards assessed		0		
Final score				
Comments				

Annex C - Clinical Audit Checklist (5)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Infection Prevention - Technical Competence				
Hand hygiene, gloves & barriers				
Team members carry out appropriate hand hygiene (washing or alcohol rub) BEFORE and AFTER examining or providing a service for EVERY client.				
Examination gloves are used when client care involves blood, body fluids, or laboratory specimens.				
Gloves are single use – i.e. a new pair of gloves is used for each client with used gloves disposed of as clinical waste				
Gowns and masks are only worn as specified by procedure				
Aprons are worn during cleaning and instrument processing				
Preventing injuries from sharps				
Clearly marked, puncture-resistant containers are available and used to dispose of contaminated sharps immediately after use				
Needles are not recapped, bent or broken before disposal				
Contaminated equipment is not reused until it has been cleaned, disinfected, and sterilised properly.				
When washing sharp instruments wear heavy gloves and handle with care				
Post exposure prophylaxis policy is present and treatment are available in case of sharp injuries.				
Cleaning of Examination Area				
Clean and disinfect frequently touched surfaces including beds, bed rails, patient examination tables and bedside tables according to schedule				
Always use gloves when cleaning				
Clean the area with disinfectant e.g. bleach, alcohol or iodine.				
Instrument processing				
Wash your hands with alcohol scrub or soap				
Wear following PPE: • Mask • Shoes • Plastic apron • Utility glove				

Annex C - Clinical Audit Checklist (6)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Clean instruments with soap water and brush				
Rinse the instruments with water				
Let the instruments dry for 45 min on the drying tray with fan				
Remove following PPE and discard it: • Mask in the bin • Plastic apron clean and dry • Utility glove clean and dry				
Writhe down on the log book and signs				
Sterilization and Storing				
Wash your hands with alcohol scrub or soap				
Were a Cap				
Pack the instruments: • Prepare the set according to departments protocols • Write on tape: name of the kit and date • Add sterilization indicator (sterile tape)				
Put in Autoclave management				
Record in the log book and signs				
Keep the instruments to cold 20 minutes				
Wash your hands with alcohol scrub or soap				
When going in the store room: • Wear Mask, cap and gown				
Store the sets in the sterile area, by departments protocols				
Record in the log book and signs				
When going out of the sterile room: • Remove mask cap and gown and store for later use • Put on your shoes				
Housekeeping				
A housekeeping schedule is available				
Toilets and hand washing facilities are clean and in good repair.				

Annex C - Clinical Audit Checklist (7)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Housekeepers wear utility gloves and aprons when handling medical waste and cleaning				
Autoclave maintenance is scheduled according to the manufacturer's instructions				
A waste management plan is available				
Clinical waste and general waste is segregated and stored in different areas prior to disposal				
Net score		0	0	
Number of standards assessed		0		
Final score				
Comments				

Annex C - Clinical Audit Checklist (8)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Medical Emergency Management				
Procedures and Related Governance				
Clinical team members should receive MEM training				
Evidence of regular trainings (classroom-based, scenarios and MSMEM mock drills), development of action plans and follow-up				
MEM job aides easily available for team members to use in the event of an emergency (for Obstetrics, particularly for postnatal/post procedure)				
Supplies and Equipment (including use)				
Emergency equipment should be checked and signed according to clinic schedule (daily/weekly etc.)				
All drugs must be kept in their original packaging as dispensed or purchased OR kept safely and free from breakdown in clearly marked separate boxes/packages/containers with contents, dosage and expiry dates clearly visible.				
Emergency Medicines (please note local restrictions in country)				
Injection				
Adrenaline 1mg/ml*2				
Chlopheniramin*1				
Dextro 50% 10ml*2				
Diazepan 20mg/ml*2				
Hydrocortisone *2				
Hyoscine (Buscopan) 20mg/1ml*2]				
Hydralizine 10ml*2				
Diclofenac 75mg*2				
D5W 500ml*2				
Metochlopramide 15mg/2ml*2				
Magnesium sulphate*2				
NSS 500 ml*2				
Ringer Lactate 500ml*2				
Tramadole 50mg/2ml*2				
Water for injection 5 ml*2				

Annex C - Clinical Audit Checklist (9)

HEALTH CENTER				
Project				
Centre				
Assessor				
Date of visit				
	Not observed/ Not applicable	Yes	No	Remark
	Enter N/A or N/O	SCORE: 1	SCORE: 2	
Oral Drug				
Asprine 300mg*10				
Diazepan 10m*10				
Isosorbite dinirtrate *10				
Other				
Lubricative jelly*1				
Infusion set*2				
Cannular 22G*2				
Cannualar 18G*2				
Cannular 24G*2				
Plaster*2				
Glove (non Sterile)*3				
Sterile glove 6.5*3				
Swab*1				
Syringe 10cc*2				
Syringe 3cc*2				
Syringe 5cc*2				
Bandage*2				
Urine Catheter n0.14*1				
Urine Catheter n0.16*1				
Net score		0	0	
Number of standards assessed		0		
Final score				
Comments				

Annex C - Clinical Audit Checklist (10)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Technical Competence			
Diarrhoea			
History Taking			
Personal History (Age, sex, etc)			
Times/amount of diarrhoea per day & duration			
Consistency & types of stool			
Any pain			
Vomitting (times/day & duration)			
Fever			
Drug allergy & current medication			
other signs & symptons			
Physical examination			
Wash hands (hand sanitizer or water and soap)			
Vital Sign (T, BP, PR, RR)			
Abdominal examination			
Explain to the patient or caregiver you will check the patient's dehydration status			
Assess general conditions			
• Conscious • Agitated • Very tired or unconscious			
Assess eyes			
• No sunken eyes • Slight sunken eyes • Deeply sunken eyes			
Assess eyes			
• Present • Absent			
Assess mouth and tongue			
• Moist • Dry • Very dry			

Annex C - Clinical Audit Checklist (11)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Assess drink thirstily			
• No thirsty • Very thirsty • Cannot able to drink/ beast feeding			
Assess skin pinch			
• Goes back normally • Goes back slowly • Goes back very slowly			
Check blood pressure (except children) and urine out put			
Evaluate the patient is • No/ some or mild/ severe dehydration			
Give management plan A / B / C depend on dehydration status			
Net score	0		
Number of standards assessed	0		
Final score	=B39/B40		
Comments			

Table 2: Clinical signs for evaluating dehydration plan (WHO)

	Plan A: No Dehydration	Plan B: Mild Dehydration 2 or more of:	Plan B: Severe Dehydration 2 or more of:
General conditions	Normal	Agitated	Very tried or unconscious
Eyes	Normal	Slightly sunken	Deeply sunken
Tears	Present	Absent	Absent
Mouth and Tongue	Moist	Dry	Very dry
Thirsty	None	Yes	Not able to drink (too weak to express the need
Skin pinch	Goes back normally (quickly)	Goes back slowly	Goes back very slowly

Annex C - Clinical Audit Checklist (12)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Technical Competence			
Pneumonia & ARI			
History Taking			
Personal History (Age, Sex, etc.)			
Fever duration			
Cough duration			
Running nose/sore throat (+/-)			
Difficulty in breathing/fast breathing (+/-)			
Cannot able to drink/ beast feeding			
Other symptoms			
Drug allergy/current medication/immunization			
Physical examination			
Vital Sign (T, BP, PR, RR)			
General condition (alert, lethargic, unconscious)			
Cyanosis/pallor/jaundice			
Chest indrawing			
Other signs of difficulty in breathing			
Diagnosis			
Treatment			
Giving appropriate antibiotic (BBG guideline)			
Other symptomatic treatment			
Health education			
Follow up			
Net score	0		
Number of standards assessed	0		
Final score	=B31/B32		
Comments			

Annex C - Clinical Audit Checklist (13)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Technical Competence			
AN Care			
History			
Establish good relationship with patient (Greet the patient, make the patient comfortable)			
Patient biography (Name, Age,..etc.)			
Obstetric History (Current pregnancy- LMP,EDD, MBD, Gravida, Parity,..etc)			
Obstetric Risk History (History of abortion, number of livebirth, instrumental delivery, preterm labour,.. etc)			
Personal History (smoking, alcohol..etc)			
Past Medical History			
History of Present illness			
Examination			
Give the patient privacy			
Getting patient consent			
Examine general appearance			
Vital signs			
Breast examination			
General examination (looking for anaemia, nutritional deficiencies, oedema, height, weight,..etc)			
Abdominal examination (Fundal height, fundal grip, ..etc)			
Health education and counselling			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (14)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes	No	Remark
	SCORE: 1	SCORE: 2	
Technical Competence			
PN Care			
History			
Establish good relationship with patient (Greet the patient, make the patient comfortable)			
Thorough histroy after delivery (Parity, date of delivery, complication during delivery process)			
Breast feeding			
Examination			
Give the patient privacy			
Getting patient consent			
Examine general appearance			
Vital signs			
Breast examination			
General examination (looking for sign of septicemia, anaemia, nutritional deficiencies, oedema, height, weight,..etc)			
Abdominal examination (Fundal height, bowel habit,..etc)			
Vaginal examination (discharge, blood clots, episiotomy wound)			
Health education and counselling			
Net score	0	0	0
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (15)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Technical Competence			
Short-term methods			
Combined Oral Contraceptive Pill			
Has adequate space and privacy for provision of service.			
Has calibrated blood pressure monitor.			
Checks expiry date and integrity of packaging of supplied COCs.			
Explain the patient about COC and its side effects			
Confirming patient to use COC safely			
Is not pregnant			
Does not have any unusual or irregular vaginal bleeding			
Has not just given birth or is not breastfeeding a baby less than 6 months			
Does not have / has not had a blood clot			
Does not get bad migraine headaches affecting vision or hearing			
Does not have / has not had liver or gall bladder disease			
Does not have / has not had breast cancer			
Does not have or is not being treated for high blood pressure			
Does not have complicated diabetes			
Does not have heart disease			
Is not a smoker aged over 35yrs			
Enquires about current medicine use, correctly identifies those reducing COC effectiveness			
Does not have high blood pressure (as measured during consultation) and/or understands/explains risk of taking COC without knowing blood pressure			

Annex C - Clinical Audit Checklist (16)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Reminds woman of key points about the COC and its use			
Take one tablet every day at the same time, try to link to an activity to help remember e.g. take pill immediately			
Start taking active tablets on day 1 of menstruation			
Take the pill at the same time every day. If a pill is >12 hours late, take it as soon as remembered, continue			
Continue to take tablets even when sick, or husband is absent			
Start the new packet as soon as the last tablet is finished			
If sick with vomiting, or taking antibiotics, the pill may not work well so continue taking pills but use condoms			
If has any side effects or concerns then come back to clinic.			
After stopping the pill, women can get pregnant very quickly, so it is important to take it regularly.			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (17)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Progestin-only Injectable Contraceptive			
Has adequate space and privacy for provision of service.			
Checks expiry date of drug and supplies and verifies integrity of packaging.			
Prepares necessary equipment, shakes medicine vigorously and ensures fully mixed.			
Explain the patient about Progestin-only Injectable Contraceptive and its side effects			
Confirming patient to use COC safely			
Is not pregnant			
Does not have any unusual or irregular vaginal bleeding			
Does not have / has not had a blood clot			
Does not have / has not had liver			
Does not have / has not had breast cancer			
Does not have two or more of the following: high blood pressure, diabetes, smoker			
Has not just given birth within the last 6 weeks			
Is not breast feeding a baby less than 6 weeks old			
Procedure			
Identifies correct physical location for the injection type (IM or SC).			
Cleans area with antiseptic.			
Correct injection technique for specific type of injection (IM or SC) -appropriate infection prevention, injected at 90° angle over 5-7 seconds.			
Appropriately disposes of sharps.			
Reminds woman of key aspects about the injection and its use to ensure she: - Uses a back-up method of contraception (e.g. condoms) for the first 7 days - Understand how long the injection lasts - Will return or seek medical help in case of severe side effects / concerns			
If has any side effects or concerns then come back to clinic.			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (18)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Condoms			
Condom demonstration done correctly including; expiry date check, storage, opening, squeezing air from tip, fitting on model, removal, and disposal.			
Adequate supplies given if condoms are requested for contraception or dual protection.			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (19)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Technical Competence			
Implants			
Has adequate space and privacy for woman to lie down and extend arm.			
Prepares necessary equipment.			
Checks expiry date and integrity of implant and packaging.			
Get consent			
Explain the patient about implants and its side effects			
Confirming patient to use Implant safely			
Does not have vaginal bleeding that is unusual for her			
Does not have / has not had a liver disease needing treatment			
Does not have / has not had breast cancer			
Does not have / has not had problems with a blood clot?			
Inserting the implant			
Confirms it is appropriate to insert implant at this time			
Marks insertion points appropriately			
Cleans area with antiseptic			
Injects with local anaesthetic along the line of implant site using appropriate sized needle			
Handles and inserts implant correctly (appropriate infection prevention measures taken, trocar inserted at 20-30° angle, tents skin, smooth insertion and withdrawal of trocar, pressure bandage around arm for two rod implants)			
Palpates the implant, invites the woman to also palpate the implant			
Reminds woman about key aspects about the implant and its use			
Uses a back up method of contraception (e.g. condoms) for the next 7 days			
Keeps the insertion site clean and dry for 4 days to avoid infection			
Understands how long the implant lasts			
Will return or seek medical help in case of severe side effects / concerns			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex C - Clinical Audit Checklist (20)

HEALTH CENTER			
Project			
Centre			
Assessor			
Date of visit			
	Yes SCORE: 1	No SCORE: 2	Remark
Removing the implant			
Prepares correct equipment			
Locates implant			
Understands what to do if cannot locate implant			
Cleans area with antiseptic			
Injects with local anaesthetic using appropriate sized needle			
Removes implant correctly (appropriate infection prevention measures taken, small scalpel incision, gentle removal)			
Provides appropriate follow up advice regarding on-going contraception			
Net score	0	0	
Number of standards assessed	0		
Final score			
Comments			

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (1)

Clinic/Mobile team					Remark
1	Patient Booklet	Yes	No	DK	
2	Patient Register Logbook	Yes	No	DK	
3	ANC, Delivery, PNC Chart	Yes	No	DK	
4	ANC Logbook	Yes	No	DK	
5	Delivery Logbook	Yes	No	DK	
6	PNC Logbook	Yes	No	DK	
7	FP Chart	Yes	No	DK	
8	FP Logbook	Yes	No	DK	
9	RH Chart	Yes	No	DK	
10	RH Logbook	Yes	No	DK	
11	GM Chart	Yes	No	DK	
12	GM Logbook	Yes	No	DK	
13	IMCI 1 Chart	Yes	No	DK	
14	IMCI 1 Logbook	Yes	No	DK	
15	IMCI 2 Chart	Yes	No	DK	
16	IMCI 2 Logbook	Yes	No	DK	

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (2)

Volunteer

1	Referral form (ICMV/EMOC/ECC/Other)				
2	TB Referral Form				
3	TB Referral Register				
4	TB DOT Form				
5	Malaria Patient Register				
6	HE Attendance Form				
7	IYCF Counselling Form				
8	ICMV Referral Register				
9	MUAC Register				
10	Pneumonia and Diarrhoea Treatment Register				
11	Recording and Reporting Guidelines				

Please discribe if there are other documents.

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (3)

RDQA

Clinic / Outreach / Village Name	
Township	
Date of Review	
Reporting Period Verfied	
Reviewed By	

Part 1: Data Verifications

		Indicators					Comment
A - Documentation Review: Fill Yes, No.							
1.1	Patient registration system is inplaced and correct? (for clinic and outreach)						
1.2	Review available source documents for the reporting period being verified. Are all necessary data sources available for review?						
1.3	Are all available source documents complete?						
1.4	Review the dates on the source documents. Do all dates fall within the reporting period?						
1.5	Completeness of the key variables in selected cases.						
B - Recounting reported Results: Recount results from source documents, compare the verified numbers to the site reported numbers and explain discrepancies (if any).							
1.4	Data Source from Health Post/Field Office. [A]						
1.5	Total from Report . [B]						
1.6	Difference between the source documents and reports [A-B]						
1.7	Calculate the ratio of recounted to reported numbers. [A/B]						

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (4)

C - Cross-check reported results with other data sources: Cross-checks can be performed by examining separate records. For example, patient records and durg/test kit used. Write down the document names, check points and findings.							
1.8	List the documents used for performing the cross-checks.						
1.9	Describe the cross-checks performed?						
1.10	What are the reasons for the discrepancy (if any) observed?						

Part 2. Systems Assessment

Indicator Definitions and Reporting Guidelines The M&E Unit has provided written guidelines ….(please fill Yes, Partly, No, Not observed)			
2.1	on what they are supposed to report on.		
2.2	on how (e.g., in what specific format) reports are to be submitted.		
2.3	on to whom the reports should be submitted.		
2.4	on when the reports are due.		
Data-collection and Reporting Forms and Tools (please fill Yes, Partly, No, Not observed)			
2.5	Clear instructions have been provided by the M&E Unit on how to complete the data collection and reporting forms/tools.		
Data Management Processes (if the field team do data collation) Observe the data management process fill Yes, Partly, No, Not observed)			
2.6	Post-data entry verification after data entry from paper-based forms into software.		
2.7	Written back-up procedure		
2.8	The latest date of back-up is appropriate given the frequency of update of the computerized system (e.g., back-ups are weekly or monthly).		
2.9	Individuals' data are protected during data collecting, storage, transfer and use, to prevent unauthorized disclosure.		
	Is routine information sharing practice in place? (new formats, achievements, meeting minutes etc.)		

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (5)

Pharmacy

Ask to see the following medicines and supplies. If the item is located in a different part of the facility, go there to observe it. If you are unable to see an item, ask if it is available. Select 5 most used items from injection, oral, vitamins and micronutrients, supplies and rapid-diagnostic tests (e.g. Hep B test kits).

For each question, fill part A or B and part C

1	Items to observe (fill in below)	A. Observed			B. Not observed			C. Out of stock in last six months		
1.1		Obs. and all exp. dates valid	Obs. at least one exp. date valid	Obs. but all expired	Not obs. but reported available	Not obs. and not available today (or DK)	Not obs. and never available	Yes	No	DK
1.2		Obs. and all exp. dates valid	Obs. at least one exp. date valid	Obs. but all expired	Not obs. but reported available	Not obs. and not available today (or DK)	Not obs. and never available	Yes	No	DK
1.3		Obs. and all exp. dates valid	Obs. at least one exp. date valid	Obs. but all expired	Not obs. but reported available	Not obs. and not available today (or DK)	Not obs. and never available	Yes	No	DK
1.4		Obs. and all exp. dates valid	Obs. at least one exp. date valid	Obs. but all expired	Not obs. but reported available	Not obs. and not available today (or DK)	Not obs. and never available	Yes	No	DK
1.5		Obs. and all exp. dates valid	Obs. at least one exp. date valid	Obs. but all expired	Not obs. but reported available	Not obs. and not available today (or DK)	Not obs. and never available	Yes	No	DK

Random Medicine Check in the Storage

Select 3 random items from Injection, Oral, Antibiotics and Supplies (CDK, NBK, RDT, Condoms etc) and check whether quanity written on stock ledger matches with current physical quantity.

Item #1		
Dosage…….. Unit……..		
Quantity written on Stock Ledger		Remark
Physical Quantity in Store		
Batch#1: Expiry Date:		
Batch#2: Expiry Date:		
Batch#3: Expiry Date:		
Total		
Does Quantity in Stock Ledger agree with Physical Quantity in Store?	Yes	No

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (6)

Item #2		
Dosage…….. Unit……..		
Quantity written on Stock Ledger		Remark
Physical Quantity in Store		
Batch#1: Expiry Date:		
Batch#2: Expiry Date:		
Batch#3: Expiry Date:		
Total		
Does Quantity in Stock Ledger agree with Physical Quantity in Store?	Yes	No

Item #3		
Dosage…….. Unit……..		
Quantity written on Stock Ledger		Remark
Physical Quantity in Store		
Batch#1: Expiry Date:		
Batch#2: Expiry Date:		
Batch#3: Expiry Date:		
Total		
Does Quantity in Stock Ledger agree with Physical Quantity in Store?	Yes	No

Infection Control Items

Are the following items available in the health facility?

		Response (DK = Don't know)			
2.1	Chlorine-based disinfectant	Yes	No	Dk	Not applicable
2.2	Latex gloves (clean or sterile)	Yes	No	Dk	Not applicable
2.3	Sharps container	Yes	No	Dk	Not applicable
2.4	At least one 5 ml syringe in sterile packet	Yes	No	Dk	Not applicable
2.5	Hand washing soap (bar or liquid)	Yes	No	Dk	Not applicable

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (7)

Essential Medicine management

Please answer the following questions:

3.1	Is stock ledger (P1) used to record stock movements (In and Out)?	Yes	No	DK
3.2	Is daily drug use form (P3) used to record daily consumptions?	Yes	No	DK
3.3	Is stock report (P4) used and reported monthly for stocks?	Yes	No	DK
3.4	Check 4 shelved items. Are all 4 items sorted in the First Expire – First Out (FEFO) way?	Yes	No	DK
3.5	Batch Number and Expiry Date information is recorded on Records.	Yes	No	DK
3.6	Does consumption record match with consumption report? (check 5 most used items)	Yes	No	DK

Storage Condition for Pharmaceutical Quality Assurance

	Storage Practices			Comment
4.1	Is there storage and waste management guideline distributed and referenced for clinic?	Yes	No	
4.2	The storage area is clean, tidy and free of dust, rodent and pests.	Yes	No	
4.3	The storage area is dry and medicines protected from direct sunlight (e.g water leakage, humidity on wall, exposure to sunlight)	Yes	No	
4.4	All items are stored on the shelf/pallet/cupboard.	Yes	No	
4.5	Does SR regularly record the temperature inside storeroom at least twice a day?	Yes	No	

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (8)

Supplies

In the child consultation area, check whether each of the items below is either in the room where the service is given or in an adjacent room at the health facility.

5	Items for Primary Health Care	A. Availability			B. Functioning		
5.1	Infant weighing scale that is accessible	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.2	Adult standing scale that is accessible	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.3	Thermometer	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.4	Watch or other timing device with second hand	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.5	Jar, pitcher, cup or spoon specifically designated for oral rehydration solution (ORS)	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.6	Autoclave for disinfection	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.7	Glucometer Device for blood glucose monitoring	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.8	Dry heat sterilizer / sterilized package	Observed	Reported (not seen)	Not Avail	Yes	No	DK
5.9	Blood pressure machine	Observed	Reported (not seen)	Not Avail	Yes	No	DK

Annex D - Routine Data Collection Quality Assurance Monitoring Checklist (9)

Recommendations

#	Issue	Description of action point	Person responsible	Deadline for action
No.	Briefly describe the issue identified during the Analysis & Action Planning meeting that requires attention	What concrete steps will be taken to address the issue?	Who is the person responsible for the following-up this action point?	When should this action point be completed by?