

Appendix A

Sample Medical Monitoring Checklists

Counseling Skills Observation Guide¹

Instructions: This observation guide was developed for use by supervisors and staff to regularly observe family planning (FP) counselors in their program and provide ongoing support. It is based on the REDI counseling framework. The supervisor marks the following scores according to the performance level for each client-provider interaction observed:

2 = Competently performed (step performed correctly)

1 = Needs improvement (step performed partially or incorrectly)

0 = Step omitted (step not done)

NA = Not applicable

Any area that is scored less than 2 needs improvement (except when it is not applicable).

Name: _____

Service Site: _____

Supervisor: _____

Date(s): _____

REDI: TASKS DURING CLIENT/PROVIDER INTERACTION	Clients/Rating		
	1	2	3
<i>Rapport Building</i> (Items 3, 5, 6, 7, and 8 should be observed during all phases of REDI. Please mark scores for them only after observing the entire counseling session.)			
1. Did the provider greet the client politely, according to local custom?			
2. Did the provider offer the client a seat?			
3. Did the provider ensure privacy throughout the session, with no interruptions?			
4. Did the provider explain that he or she asks personal and sometimes embarrassing questions of all clients to better help them select and use FP and stress that everything is confidential (i.e., that no one outside the counseling room will learn what is discussed)?			
5. Did the provider ask open-ended questions to encourage the client to speak?			
6. Did the provider listen to the client without interruptions?			
7. Did the provider give correct information to the client, using clear and simple language to ensure informed choice ?			
8. Did the provider use visual aids (brochures, flipcharts, contraceptive samples, posters, etc.)?			

¹This counseling skills observation guide is adapted from one appearing in: The ACQUIRE Project. 2008. *Counseling for effective use of family planning: Trainer's manual*. New York: EngenderHealth.

Counseling Skills Observation Guide (*cont.*)

REDI: TASKS DURING CLIENT/PROVIDER INTERACTION	Clients/Rating		
	1	2	3
Exploration			
9. Did the provider ask the client questions to identify the type of visit? (<i>Circle type of client and go to the appropriate category of client below.</i>) <ul style="list-style-type: none"> • New client with a method in mind • New client with no method in mind • Satisfied return client with no problems (routine follow-up visit or resupply) • Dissatisfied return client/client with problem/side effects/concerns 			
FOR NEW CLIENTS ONLY: If return client, skip to ⇒⇒⇒ 15			
10. Did the provider ask about the client's past experience with FP and assess the client's knowledge about FP?			
11. Did the provider ask questions about: <ul style="list-style-type: none"> • The client's sexual relationship(s) and habits? • Communication with partner(s) about sex, FP, and sexually transmitted infections (STIs), including HIV and AIDS? • Support from partner and family to use FP? • Possible domestic violence? • Socioeconomic circumstances? 			
12. Did the provider explain STI/HIV prevention and help the client perceive his or her risks for STI/HIV transmission?			
13. Did the provider give appropriate information to the client based on the client's needs (i.e., tailored to the need of the client)?			
14. Did the provider screen client for FP use according to standard (medical conditions and history)?			
FOR RETURN CLIENTS ONLY: If new client, skip to ⇒⇒⇒ 18			
15. Did the provider ask if the client has any problems or concerns with the method?			
16. Did the provider ask about possible changes in client's life ? <ul style="list-style-type: none"> • New health-related problems or concerns • New partner(s)/possible exposure to STIs/HIV • Change in fertility plans 			
FOR DISSATISFIED RETURN CLIENTS ONLY: If satisfied return client, skip to ⇒⇒⇒ 18			
17. Did the provider appropriately address the concerns or problems raised by the client and help the client to develop possible solutions?			

Counseling Skills Observation Guide (*cont.*)

REDI: TASKS DURING CLIENT/PROVIDER INTERACTION	Clients/Rating		
	1	2	3
Decision Making			
18. Did the provider help the client consider his or her different options or reconfirm his or her choice? <ul style="list-style-type: none"> • Select an FP method based on correct knowledge about side effects, health benefits, and health risks of suitable methods, considering her/his preferences and needs for FP and STI/HIV prevention (new client with no method in mind) • Reconfirm her choice of method based on correct knowledge about its side effects, health benefits, and health risks, including the level of STI/HIV protection it offers (new client with a method in mind AND satisfied return client) • Options related to discontinuation and method switching (dissatisfied return client) 			
Implementing the Decision (the provider often does not need to cover all of these tasks with satisfied return clients)			
19. Did the provider help the client make a plan for implementing the decision by asking about next steps and the timeline for implementation?			
20. Did the provider help the client consider ways to overcome potential barriers to implement his or her decision(s)?			
21. Did the provider ensure that the client has adequate knowledge and skills to implement the decision(s) (e.g., how to use the method, condom demonstration/practice, communication and negotiation skills, provision of information about safer sex practices)?			
22. Did the provider ensure that the client understands what follow-up is required (return visits, referral, and/or resupply)?			
23. Did the provider ensure that the client understands what the possible side effects of the method are and what to do about side effects?			
24. Did the provider ensure that the client knows the warning signs of the method and that he or she needs to return to the facility immediately if he or she experiences warning signs?			
25. Did the provider assure the client that he or she is welcome to return to the facility any time that he or she has concerns or problems or thinks he or she might prefer to switch to another method?			
TOTAL			
Additional comments:			

Counseling Skills Observation Guide

Instructions: This observation guide was developed for use by supervisors and staff to regularly observe family planning (FP) counselors in their program and provide ongoing support. It is based on the GATHER counseling framework.

Observation Guide				
<p><i>Instructions:</i> Evaluate the performance of the provider in implementing each task or activity, using the following codes:</p> <p>1 = Needs improvement 2 = Adequate 3 = Competent N = Not applicable</p>				
Name: _____		Service Site: _____		
Supervisor: _____		Date(s): _____		
Task/Activity	Rating per client-provider interaction			
General skills and establishment of positive client-provider interaction				
Demonstrates respect for the client; does not judge the client				
Shows friendliness by smiling				
Ensures privacy in the consultation room				
Uses simple and clear language				
Asks open-ended questions				
Asks the client to paraphrase, as necessary, to ensure that the client understands his or her questions and explanations				
Encourages the client to ask question and express concerns				
Answers all of the client's questions				
Indicates throughout the consultation that he or she is listening to the client				
Paraphrases the client to ensure understanding of the client's message				
Does not interrupt the client unless absolutely necessary				
Greets the client with respect and kindness, introduces himself or herself, and offers the client a seat				
Asks what he or she can do for the client; determines the purpose of the visit				
Explains what will happen during the visit				
Assures the client of the confidentiality of all information that is shared				
Encourages and responds to the client's questions				

Observation Guide (*cont.*)

Task/Activity	Rating per client-provider interaction			
Asks the client about himself/herself and his or her concerns				
Assists the client in:				
• Clarifying his or her reproductive health needs, concerns, and problems				
• Asking questions				
• Determining decisions or actions that the client needs or wants to make during this visit				
Obtains the client’s medical and social history (as appropriate to the client’s needs and concerns, using the checklist for the corresponding service):				
• Asks simple and brief questions				
• Explains terms as need				
• Explains the routine nature and purpose of risk-assessment questions regarding pregnancy, sexually transmitted infections (STIs), and HIV or AIDS, among others				
Asks about the client’s:				
• Reproductive health plans (desired number of children, spacing of births, etc.)				
• Perception of risk (regarding pregnancy or STIs, and HIV and AIDS)				
• Risk behaviors as pertinent to the client’s concerns (e.g., pregnancy and STIs and HIV)				
• Other health, interpersonal, or social concerns				
• Feelings about his or her concerns, risks, etc. (as appropriate)				
Explains the purpose of the questions (as appropriate)				
Looks at the client while the client or service provider speaks				
Encourages and responds to the client’s questions				
Tells the client information appropriate to his or her sexual and reproductive health (SRH) needs and knowledge				
Begins the discussion with the client’s preference or most urgent need				
Asks what the client already understand about his or her SRH situation and desired course of action				
Tailors information to the client’s needs, knowledge, and personal situation				
Uses words familiar to the client				
Uses appropriate information, education, and communication materials in an effective manner				
Asks open-ended questions to verify client’s understanding of important information				
Encourages and responds to the client’s questions				
Corrects false information and rumors, as needed				

Observation Guide (*cont.*)

Task/Activity	Rating per client-provider interaction			
Helps client to make decisions to meet his or her SRH needs				
Through active listening, including asking open-ended questions, helps the client:				
• Take “ownership” of his or her problem and responsibility for his or her decisions				
• Identity options and the pros and cons of each				
• Make decisions based on weighing pros and cons of all options (including side effects and the possibility of complications), relative to the client’s values and social context				
• Act on decisions taken:				
➤ By asking concrete, specific questions about steps to be taken				
➤ By encouraging the client in terms of steps taken				
Confirms the client’s decision				
Assists the client to identity:				
• Possible barriers to implementing the decision				
• Ways to overcome these barriers				
Helps the client practice skills (e.g., communication skills) to overcome barriers (if appropriate)				
For the client who declines treatment or chooses not to practice any behavior change:				
• Explains possible complications or consequences of unmanaged condition or unchanged behavior				
• Offers his or her services if the client wishes to use them later				
Explains instructions for managing SRH problems/implementing decisions				
Explains how to use the chosen method or treatment option				
Reviews common side effects, the warning signs or symptoms of more serious complications, and what to do if they occur				
Provides written instructions and reviews them with the client				
Asks open-ended questions to verify the client’s understanding of important information				
Encourages and responds to the client’s questions				
Return visit/referral				
Sets up follow-up visit, as needed				
Invites the client to come back at any time for any reason				
Refers the client for needed or requested services unavailable onsite				
Thanks the client for coming				

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist

Identification:

1. Name of Health Center: _____
District: _____
2. Date of Visit: _____
3. Visiting Team Members:
 1. Name and signature: _____
Organization: _____
 2. Name and signature: _____
Organization: _____
4. Name of the SITE Providers with training status: (Please circle the responses as appropriate):

Physical Facilities, Equipment, and Supplies			
1. Site has minimum standard space for:			
• Waiting area	Yes	No	NA
• Toilet facilities	Yes	No	NA
• Private space for counseling	Yes	No	NA
• Private space for physical examination	Yes	No	NA
2. All spaces are clean and well maintained.			
	Yes	No	NA
3. Appropriate manuals and behavior change communication (BCC) materials/job aids are available and are displayed in the provider's room/waiting place, such as:			
• Family planning (FP) manual	Yes	No	NA
• Flipchart on FP methods	Yes	No	NA
• Comprehensive FP chart/Tiaht poster	Yes	No	NA
• Contraceptive display board and tray	Yes	No	NA
• Informed consent form for sterilization	Yes	No	NA
• Appropriate forms, cards, and registers	Yes	No	NA
4. Adequate and functioning equipment for screening:			
• Blood pressure instrument	Yes	No	NA
• Stethoscope	Yes	No	NA
• Thermometer	Yes	No	NA
• Measuring tape/scale for measuring height	Yes	No	NA
• Weighing scale	Yes	No	NA
• Flashlight/torchlight	Yes	No	NA
• Examination table	Yes	No	NA
• IUD steam sterilizer	Yes	No	NA
• Autoclave machine or boiling equipment, as per guideline	Yes	No	NA

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Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist (*cont.*)

5. Adequate supplies of contraceptives:			
• Short-term (condoms, oral contraceptives, and injectables)	Yes	No	NA
• IUD	Yes	No	NA
• Norplant implant	Yes	No	NA
6. Procedure room is clean, organized, and equipped with:			
• Proper procedure table (with handrest for Norplant services)	Yes	No	NA
• Stainless steel nonmagnetic instrument trolley	Yes	No	NA
• At least three sets of IUDs and 10 Norplant instruments for insertion and removal	Yes	No	NA
• Spotlight/emergency light/flashlight with battery	Yes	No	NA
• Supplies required for IUD services	Yes	No	NA
7. Restricted area for providing no-scalpel vasectomy (NSV) and tubectomy, including:			
• Clearly demarcated area for procedure	Yes	No	NA
• Changing room/space with clothes hangers, masks, caps, operating theater sandals	Yes	No	NA
• Scrubbing basin with running water, elbow tap, antiseptic soap, nailbrush	Yes	No	NA
• Instrument processing area with basin/bowl, table/drying rack, gloves hanger, autoclave/sterilizer/boiling pot, and heating source (stove/electricity)	Yes	No	NA
• Operating theater with closed ventilators and windows	Yes	No	NA
• Stainless steel nonmagnetic instrument trolley	Yes	No	NA
• Operating theater light/spot light and emergency light/flashlight with battery	Yes	No	NA
• Wall clock in the operating theater	Yes	No	NA
• Adequate sterile supplies (linen, NSV, tubectomy instruments)	Yes	No	NA
• Buckets for decontamination solution	Yes	No	NA
8. Required supplies of emergency drugs:			
• Injectable Naloxone	Yes	No	NA
• Funds available for procuring emergency drugs (injectable promethazine, injectable atropine sulphate, injectable adrenaline (1:1000), injectable hydrocortisone, intravenous (IV) fluid (5% DNS and 5% DA) with IV sets, atraumatic catgut)	Yes	No	NA
9. Functioning emergency equipment:			
• Ambubag with airway tube	Yes	No	NA
• Oxygen therapy unit	Yes	No	NA
• Suction unit	Yes	No	NA
• Foley's catheter	Yes	No	NA

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist (*cont.*)

10. Preoperative/postoperative room is clean and organized.	Yes	No	NA
11. The following supplies required for decontamination are available:			
• Red, blue, and green plastic buckets	Yes	No	NA
• Strainer and mug (plastic)	Yes	No	NA
• Bleach, container, spoon and measuring pot	Yes	No	NA
• Sturdy gloves (utility gloves)	Yes	No	NA
Logistics Management			
1. Store is organized and clean.	Yes	No	NA
2. Ensure first-in, first-out arrangement (known as FIFO).	Yes	No	NA
3. Look for stockouts (contraceptives and other commodities should be in regular supply and in condition with no disruption in stock).	Yes	No	NA
4. Ensure management of equipment repair, replacement, etc.	Yes	No	NA
Comments:			

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Facilitative Supervisory (FS) Visit Checklist

Identification:

1. Name of Health Center: _____
District: _____
2. Date of Visit: _____
3. Visiting Team Members:
 1. Name and signature: _____
Organization: _____
 2. Name and signature: _____
Organization: _____
4. Name of the SITE Providers with training status: (Please circle the responses as appropriate):

Infection Prevention Practices			
1. Hand washing:			
• Provider washes hands properly using soap and water before and after examining each client	Yes	No	NA
• Provider washes hands if touching body fluids, mucous membrane, and broken skin	Yes	No	NA
• Provider washes hands after removing gloves	Yes	No	NA
• Provider washes hands after handling soiled items/wastes	Yes	No	NA
• Provider performs surgical hand-scrubbing properly before performing surgical procedures	Yes	No	NA
Comments:			
2. Using gloves:			
• Provider demonstrates how to wear gloves properly	Yes	No	NA
• Provider uses examination gloves for patient examination	Yes	No	NA
• Provider uses sterile gloves during IUD, Norplant, NSV and tubectomy procedures	Yes	No	NA
• Provider uses utility gloves for instrument processing, waste disposal, etc	Yes	No	NA
• Provider decontaminates gloves before removal	Yes	No	NA
Comments:			
3. Provider knows how to decontaminate and clean instruments and other items, as per guidelines:			
• Wears protective attire (masks, utility gloves) during instrument processing	Yes	No	NA
• Soaks all used items in 0.5% chlorine solution for 10 minutes immediately after use	Yes	No	NA
• Clean items using detergent powder and toothbrush and submerge instruments under water during cleaning	Yes	No	NA
• Rinse items thoroughly in running water and dry them before sterilization/high-level decontamination	Yes	No	NA
Comments:			

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist (*cont.*)

4. Provider demonstrates correct use of IUD steam sterilizer for sterilizing instruments, gloves, and cotton, as per guideline	Yes	No	NA
5. Provider demonstrates correct use of autoclave for sterilizing instruments and other items:			
• Opens and unlocks all jointed instruments and wraps the sharps with gauze/cotton	Yes	No	NA
• Does not pack the drum/tray tightly	Yes	No	NA
• Keeps the steam control valve open for 4 minutes after the hissing sound	Yes	No	NA
• Starts timer after pressure reaches a pressure of 15 lbs or a temperature 121° Celsius	Yes	No	NA
• Maintains pressure at 17-19 pounds or 1.20-1.35 kg for 30 or 20 minutes, depending on the items being autoclaved	Yes	No	NA
• Dries instruments/items before removing them from the autoclave	Yes	No	NA
• Cools items at room temperature before storing them	Yes	No	NA
• Keeps the autoclave dry when it is not in use	Yes	No	NA
Comments:			
6. Provider demonstrates correct technique of boiling (where applicable) of instruments and other items:			
• Opens and unlocks all jointed instruments before submerging them	Yes	No	NA
• Completely submerges all objects to be boiled, keeping at least 2.5 cm/1 inch of water above the instruments	Yes	No	NA
• Starts timer after water reaches the boiling point and boils instruments for 30 minutes	Yes	No	NA
• Does not add or remove any object or water after timing starts	Yes	No	NA
• Immediately after 30 minutes, removes all instruments and stores them in previously sterile container	Yes	No	NA
Comments:			
7. Provider demonstrates compliance with waste disposal standards:			
• Sharp objects are disposed of in nonpenetrable container	Yes	No	NA
• Uses utility gloves during handling of contaminated wastes	Yes	No	NA
• Pours liquid waste (0.5% chlorine solution, 5% savlon solution, etc.) down a utility drain or nonseptic toilet	Yes	No	NA
• Burns contaminated waste daily/on alternate days (or when 3/4 full) in the incinerator or burns and buries in pit	Yes	No	NA
Comments:			

Appendix A

Guide for Discussion with Facility Managers (such as head of department, head nurse, etc.)

Question/inquiry	Information obtained
1. Provide positive feedback; mention appropriate processes; build on things well done.	
2. In a facilitative manner, review status of problems still prevailing at the facility that are hindering provision of quality sterilization and other clinical family planning (FP) services.	
3. Get the statistical report of FP services and talk to the services provider; if the numbers are low, find out why they think this is happening, if numbers are appropriate for the facility size, community served, etc.	
<p>4. Ask if there have been any complications at the facility related to clinical FP services during the past year? If yes, what types? How were they managed?</p> <p>(Recognizing that complications occur and are to be expected, ask about the number of complications at the facility, ask to see the records and discuss them with providers. In a facilitative manner, discuss good management and proposed alternatives for inappropriate management. Discuss possible reasons for complications, ask for information about what they have done to avoid a repetition of complications, and provide suggestions on management, as appropriate.)</p>	<p>Number and types of complications:</p> <p>Possible reasons for complications:</p> <p>Management of complications:</p> <p>Steps taken to avoid repetition of complications:</p>
<p>5. Ask for recommendations on how to further strengthen long-term and permanent FP services at the facility.</p> <p>(There is always room for continuing improvement; build in their positive suggestions on ways to continue the quality improvement process.)</p>	If yes, specify:

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist

Identification:

1. Name of Health Center: _____
District: _____
2. Date of Visit: _____
3. Visiting Team Members:
 1. Name and signature: _____
Organization: _____
 2. Name and signature: _____
Organization: _____
4. Name of the SITE Providers with training status: (Please circle the responses as appropriate):

Competence of Service Provider			
1. Compliance with counseling standards:			
• Greets client respectfully according to local norms	Yes	No	NA
• Maintains auditory and visual privacy	Yes	No	NA
• Gives sufficient key information to clients about requested services	Yes	No	NA
• Allows client to talk and listens to client's concern, responds to questions, and assesses need for other services	Yes	No	NA
• Uses service-specific job aids and behavior change communication (BCC) materials during counseling	Yes	No	NA
• Uses Tiahrt chart as a BCC material	Yes	No	NA
• Ensures customer's eligibility, ensures voluntarism and informed choice, and gets informed consent	Yes	No	NA
• Review of records shows consent was given before the procedure	Yes	No	NA
Comments:			

(continued)

Appendix A

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist (*cont.*)

2. IUD (Copper-T) Services: (If client is available)			
• Provider demonstrates correct procedure for inserting IUD, according to guidelines			
➤ Uses sterile sponge holding forceps and three cotton balls for vulvae wash and does not give internal wash	Yes	No	NA
➤ Uses sterile speculum properly to inspect cervix and vagina for any discharge/ulcer/friability	Yes	No	NA
➤ Properly does a bimanual examination to assess uterus size and to exclude any abnormal finding	Yes	No	NA
➤ If customer is fit for IUD, reinserts speculum and cleans cervix using three cotton balls soaked in antiseptic	Yes	No	NA
➤ Grasps the cervix properly at 2 o'clock and 10 o'clock position using sterile tenaculum	Yes	No	NA
➤ Inserts the sterile uterine sound properly and determines depth and direction of the uterus	Yes	No	NA
➤ Loads the IUD into the inserter properly, following no-touch technique, and adjusts guard	Yes	No	NA
➤ Wears new pair of sterile gloves on both hands	Yes	No	NA
➤ Inserts IUD using withdrawal technique and ensures no-touch technique	Yes	No	NA
➤ After insertion, pushes the IUD upward for proper fundal placement	Yes	No	NA
➤ Cuts the thread keeping 3–4 cm long	Yes	No	NA
➤ Checks for bleeding	Yes	No	NA
➤ Properly decontaminates all used items in 0.5% chlorine solution	Yes	No	NA
➤ Provides postprocedure advice about IUD	Yes	No	NA
Comments:			
3. Hormonal Implant Services: (If client is available)			
• Provider obtains informed consent from the client	Yes	No	NA
• Provider correctly demonstrates following steps while providing implant services:			
➤ Properly selects site and cleans with antiseptic solution	Yes	No	NA
➤ Administers local anesthesia (1% lidocaine) appropriately in a fan shape	Yes	No	NA
➤ Introduces tip of the trocar properly beneath the skin, keeping its tip upward, and loads implant properly	Yes	No	NA
➤ Carefully places implants into position, one by one, using withdrawal technique	Yes	No	NA
➤ Ensures bleeding stops and dresses incision properly	Yes	No	NA
➤ Properly decontaminates all used items in 0.5% chlorine solution	Yes	No	NA
➤ Provides postprocedure advice about implant	Yes	No	NA
Comments:			

Strengthening Long-Acting and Permanent Family Planning and Selected Maternal Health Services

Facilitative Supervisory (FS) Visit Checklist (*cont.*)

4. Sterilization Services: (If services is available)			
• Provider obtains informed consent from the client	Yes	No	NA
• Provider correctly demonstrates following steps while performing procedure:			
➤ Properly cleans the procedure site with antiseptic solution and drapes	Yes	No	NA
➤ Ensures hemostatis and gives dressing properly	Yes	No	NA
➤ Properly decontaminates all used items in 0.5% chlorine solution	Yes	No	NA
➤ Provides postprocedure advice to client	Yes	No	NA
4a. No-Scalpel Vasectomy (NSV) Procedure: (If client is available)			
• Using the three-finger approach: Identifies, isolates, and fixes vas deferens under the median raphe at the junction of the upper and middle third of the scrotum	Yes	No	NA
• Administers local anesthesia (1% lidocaine) and makes perivasal block appropriately	Yes	No	NA
• Uses the ringed clamp properly for holding the vas and the dissecting forceps for piercing the skin and delivering the vas	Yes	No	NA
• Occludes the vas using fine silk	Yes	No	NA
• Performs fascial interposition properly	Yes	No	NA
• Tells client about the need to use condom or some other method for three months, and demonstrates correct use of condom	Yes	No	NA
4b. Minilaparotomy/Tubectomy Procedure: (If client is available)			
• Gives 10 mg diazepam orally with sips of water 45 minutes before the procedure	Yes	No	NA
• Ensures that client evacuates bladder before entering the operating theater	Yes	No	NA
• Selects site of incision 1 inch below the fundus properly (1 inch above the symphysis pubis for interval cases, just below the umbilicus for immediate postpartum cases)	Yes	No	NA
• Administers local anesthesia (1% lidocaine) layer by layer in the skin, rectus sheet, and peritoneum	Yes	No	NA
• Makes appropriate incision by layers until reaching the peritoneum	Yes	No	NA
• Before incising the peritoneum, ensures that the bladder and bowel are not trapped in it	Yes	No	NA
• Confirms the fallopian tubes before ligation by identifying the fimbriae	Yes	No	NA
Comments:			

Client Follow-Up and Referral:			
1. Follow-up is recorded in the cards, forms, and registers.	Yes	No	NA
2. Review of records shows recording of side effects and complications and their management in the history form and register.	Yes	No	NA
3. Comments	Yes	No	NA

Emergency Obstetric Care (EmOC) Services

What to Assess: The Walk-Through with Staff

Instructions: <p>(1) <i>Where to go:</i> The walk-through of the facility should include all client care and ancillary areas involved in providing EmOC services.</p> <p>(2) <i>What to do:</i> During the walk-through, focus on observation, talking to clients and all levels of staff, providing on-the-spot technical assistance training, and examining records.</p> <p>(3) <i>How to use this table:</i> During the walk-through, the following broad categories in this table should be kept in mind, but not used as a checklist. This way, the monitor is free to observe, teach, and discuss.</p> <p><i>Note:</i> The monitor may choose to do a Case Review with the staff to assess the following categories, especially if emergency cases are not present.</p>		
Service Category	How to Assess	What to Look For (Examples)
Facility	<ul style="list-style-type: none"> • Walk-through <ul style="list-style-type: none"> ➤ Client areas (waiting areas, latrines, exam areas, wards, procedure areas) ➤ Nonclient areas (instrument processing area, waste-disposal site, stores, blood bank) • Observe structure. • Discuss with staff the functioning of these areas. 	<ul style="list-style-type: none"> • Is each area clean and structurally sound? • Is there running water? • Is there functional electricity? • Is there a back-up system for electricity and water? • How frequently have services been interrupted for lack of water or electricity lately?
Emergency readiness	<ul style="list-style-type: none"> • Observe an emergency case, if possible • Ask staff about the last emergency case, how it was handled, what went well, and what needs improvement. • Ask about existing emergency protocols. 	<ul style="list-style-type: none"> • Are skilled staff available 24 hours a day who know how to: <ul style="list-style-type: none"> ➤ Recognize signs of complications ➤ Initiate emergency management ➤ Manage complications ➤ Perform cardiopulmonary resuscitation (CPR) ➤ Locate the nearest emergency trolley • Is a complete emergency trolley with emergency equipment, supplies, and drugs available? • Are oxygen/ambubag/face masks/suction apparatus in all client care areas, including the operating theater? • Are clients monitored for vital signs and bleeding before, during, and after care? • Are transportation (car, drive, fuel) and a referral facility available for complications that the facility cannot handle? • Are clients stabilized before transport?

(continued)

Emergency Obstetric Care (EmOC) Services

What to Assess: The Walk-Through with Staff (*cont.*)

Service Category	How to Assess	What to Look For (Examples)
Staffing	<ul style="list-style-type: none"> • Observe the availability of staff. • Review current duty roster for 24-hour duty assignments. • Contact the provider on duty now, make trial call. <p>Ask staff about:</p> <ul style="list-style-type: none"> • Experiences with getting providers during the night and holidays • If staffing is adequate and functional 	<ul style="list-style-type: none"> • Is a current duty roster with names and contact information posted in client care areas and nursing areas? • Are staff available on-site who can: <ul style="list-style-type: none"> ➤ Take care of normal labor and delivery ➤ Manage a complication (such as eclampsia, hemorrhage, infection) ➤ Perform uterine evacuation, cesarean section, assisted delivery ➤ Provide anesthesia
Equipment/supplies/drugs	<p>In each room, look at equipment, supplies, and drugs, and discuss the following with staff.</p> <p>Check the availability and functionality of equipment, such as:</p> <ul style="list-style-type: none"> • Oxygen tank • Anesthesia machine • Instrument sterilizer • Suction machine • Refrigerator <p>Review the contents of :</p> <ul style="list-style-type: none"> • Supply cabinets • Drug trays • Emergency trolley • Instrument kits, such as cesarean section kit, manual vacuum aspiration kits • Linen sets 	<p><i>For equipment:</i></p> <ul style="list-style-type: none"> • Is each piece of equipment available where it should be? • Is it functional? Can staff demonstrate its function now? • Is there a functional repair and maintenance system? • Are cesarean section kits complete? <p><i>For supplies and drugs:</i></p> <p>Adequacy:</p> <ul style="list-style-type: none"> • Are supplies adequate for the client load? Do staff run out of supplies? • Are drugs adequate for the client load? Do staff run out of drugs? <p>Storage:</p> <ul style="list-style-type: none"> • Do staff use the “first-in, first-out” (FIFO) system? • Are supplies and drugs stored in a dry, safe place? • Are drugs within their expiry date? • Is a chlorine supply available? <p>For the emergency trolley:</p> <ul style="list-style-type: none"> • Are there complete emergency drug trays in each client care area? • Are there complete emergency trolley(s) in client care areas?

(continued)

Emergency Obstetric Care (EmOC) Services

What to Assess: The Walk-Through with Staff (*cont.*)

Service Category	How to Assess	What to Look For (Examples)
Clinical technique	<ul style="list-style-type: none"> • Observe as many procedures as possible (evaluation, labor exam, delivery, assisted delivery, repair of lacerations, manual removal of placenta, cesarean section, etc.). • Observe management of as many complicated cases as possible. • If observation is not possible, conduct case review of a complicated case. 	<p>For each client observed, note</p> <ul style="list-style-type: none"> • Was evaluation and management prompt (within 15 minutes of arrival for emergency cases)? • Was the client managed correctly? • Did the staff use the correct procedural technique? • If the client was unstable, was stabilizing treatment (i.e., intravenous fluids, MgSO₄ or diazepam, oxytocin) provided promptly? • Did staff follow correct infection prevention practices?
Anesthesia	<ul style="list-style-type: none"> • Observe the use of anesthesia. • Ask the anesthetist what he or she uses for a cesarean section and how. • Observe the anesthesia equipment. • Review the emergency protocols for managing anesthetic complications. 	<ul style="list-style-type: none"> • Is the client monitored during premedication, the procedure, and postprocedure? • Is local anesthesia used when possible, such as for uterine evacuation? • Is the client's pain controlled? • Are staff available who are trained in the safe use of anesthesia? • Are staff available who are trained to recognize anesthetic complications and resuscitate (staff knowledge of CPR and emergency procedures)?
Infection prevention	<ul style="list-style-type: none"> • Observe practices before, during, and after client care (i.e., exams, procedures, surgery). • Observe or ask staff to describe how instruments are processed. • Observe how medical waste (i.e., placenta, sharps) is processed and disposed of (i.e., burying, burning). 	<ul style="list-style-type: none"> • Do providers wear sterile gloves and gowns for surgery and delivery? • Is a sterile field maintained? • Is asepsis maintained in all procedures (restricted/semi-restricted zones, separation of clean from dirty)? • For decontamination, are instruments placed in 0.5% chlorine solution for 10 minutes before processing? • Are sharps disposed of in puncture-proof containers? • Is the chlorine supply adequate, and is it stored appropriately? • Are instruments sterilized and packed properly? • Is the waste-disposal site maintained properly (protected from public access, free from animals)?

(continued)

Emergency Obstetric Care (EmOC) Services

What to Assess: The Walk-Through with Staff (*cont.*)

Service Category	How to Assess	What to Look For (Examples)
Client-provider interaction	<ul style="list-style-type: none"> Observe any interaction between providers and: <ul style="list-style-type: none"> Clients Family members or other accompanying persons, such as traditional birth attendants 	<ul style="list-style-type: none"> Are clients and others treated with: <ul style="list-style-type: none"> Respect? Kindness and empathy? Privacy and confidentiality? Is appropriate information provided?
Postservice care	<ul style="list-style-type: none"> Observe the recovery room. Observe outpatient services for follow-up. Speak with staff. 	<ul style="list-style-type: none"> Are clients monitored after procedures and delivery for vital signs and bleeding: <ul style="list-style-type: none"> After premedication? During surgery? After surgery? Is a place available with skilled care 24 hours a day for clients returning in an emergency? Do all postsurgical/complications clients receive routine follow-up, either at a facility or in the community.
Discharge counseling	<ul style="list-style-type: none"> Observe discharge counseling. 	<ul style="list-style-type: none"> Do staff provide information (oral and written) on routine care, warning signs, and where to come for an emergency 24 hours a day? Do staff provide pain control, as needed? Is reproductive health counseling provided, as appropriate (e.g., referral to additional reproductive health services; family planning counseling and services)? For postabortion complications or clients with poor neonatal outcomes, is emotional support provided? Is follow-up undertaken in the facility or community?
Registers	Review 20 to 30 client entries in <i>facility registers</i> , such as: <ul style="list-style-type: none"> Labor and delivery Operating room Maternity ward 	<ul style="list-style-type: none"> Are facility registers always completed? Is there a column for complications, and is it always filled out? Is there a column for procedures, and is it always filled out? Is there a column for the outcome of the mother and baby? Is the reason for a cesarean delivery noted?

