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EVIDENCE FOR ACTION

Using scorecards to achieve facility improvements for maternal and newborn health

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ABSTRACT

The Government of Sierra Leone launched the Free Health Care Initiative in 2010, which contributed to increased use of facility based maternity services. However, emergency obstetric and neonatal care (EmONC) facilities were few and were inadequately equipped to meet the increased demand. To ensure provision of EmONC in some priority facilities, the Ministry of Health and Sanitation undertook regular facility assessments. With the use of assessment tools and scorecards it is possible to make improvements to the services provided in the period after assessment. The exercise shows that evidence that is shared with providers in visually engaging formats can help decision-making for facility based improvements.

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1. Background

How can we save the 2400 mothers and 10 000 newborns that die each year in Sierra Leone [1], and how can we ensure the country is on track to achieve Millennium Development Goals (MDGs) 4 and 5?

Despite a decade of conflict that left the healthcare infrastructure in disarray, there is gradual progress. In April 2010, the Government of Sierra Leone launched the Free Health Care Initiative (FHCI), which contributed to increased use of maternity services. The proportion of facility deliveries has doubled in the period between the two Demographic and Health Survey (DHS) periods, from 25% in the 2008 DHS [2] to 54% in the 2013 DHS [3]. However, significant gaps in quality of care pose a threat to the sustainability of the FHCI [4].

A needs assessment conducted in 2008 [5] found that there were no basic emergency obstetric and neonatal care (BEmONC) facilities in the country and the comprehensive emergency obstetric and neonatal care (CEmONC)—mostly nongovernment-owned facilities—were concentrated in the western and northern regions, leaving six districts with no CEmONC facility. The framework of the UN Process Indicators focusing on signal functions [6] recommends that five emergency obstetric and neonatal care (EmONC) facilities are in place per 500 000 population, of which at least one should be a CEmONC facility. This underpins the Ministry of Health and Sanitation's (MoHS) long-term goal to equip

all hospitals and community health centers (CHCs) with the means necessary to achieve quality outcomes in EmONC.

In 2010, 65 CHCs and 13 government hospitals were prioritized to provide EmONC services plus five BEmONC facilities per 500 000 population [7]. Selection of facilities was guided by administrative boundaries at district and chiefdom level. In each of the 13 districts, one government hospital and five community health centers per district were assessed quarterly for their readiness to provide comprehensive and basic EmONC, respectively.

2. Using scorecards: Facility Improvement Team (FIT) assessment process

To ensure provision of EmONC in the priority facilities, MoHS assessed the health facilities quarterly, from October 2010 to July 2013. It established an assessment team—the Facility Improvement Team (FIT)—that included health personnel from different MoHS programs and was led by a coordinator. Assessment was done using a checklist that resulted in a scorecard and provided a mechanism to identify what was required to raise the standard of the facilities' readiness to provide EmONC by focusing on seven enablers (Fig. 1). These enablers contribute to the enabling environment in which signal functions are performed. Signal functions as per the UN framework are used to define an EmONC and include: (1) administering parenteral antibiotics; (2) administering uterotonic drugs; (3) administering parenteral anti-convulsants for pre-eclampsia and eclampsia (i.e. magnesium sulfate); (4) manually removing the placenta; (5) removing retained products (e.g. manual vacuum extraction, dilation and curettage); (6) perform assisted vaginal delivery; (7) perform basic neonatal resuscitation;

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ENABLER	CRITERIA TO ACHIEVE GREEN STATUS	BEmONC STATUS	CEmONC STATUS
 Water & Sanitation	Water supply needs to be safe (i.e. drinkable)	✓	✓
	Water supply needs to be piped and available in labor room, theatre toilet	✓	✓
	Water supply needs to be available 24 hours a day	✓	✓
	Water supply needs to be effectively drained from the facility	✓	✓
	Functional hand washing facilities available in the labor ward, theatre & toilet	✓	✓
	Waste disposal: Incinerator available	✓	✓
	Waste disposal: Waste bins for dry and wet waste with cover	✓	✓
	Waste disposal: Functional autoclave	✓	✓
 Electricity	Main source: Solar, Generator or Central Power that is available 24 hours daily, when needed	✓	✓
	Second source: available in labor room and operating theatre (minimum)	✓	✓
 Referrals	Availability of functional ambulance 24 hours daily	✓	✓
	Response time to Peripheral Health Unit and back within 3 hours.	✓	✓
	Dedicated medical personnel to accompany ambulance		✓
	Communications with cellular phone or VHF radio	✓	✓
	24 hour availability of communication	✓	✓
 Equipment for special procedures (Availability of functional equipment for the procedures)	Assisted vaginal delivery	✓	✓
	Manual removal of placenta	✓	✓
	Resuscitation	✓	✓
	Caesarean section		✓
	Blood Transfusion		✓
	Routine care	✓	✓
	Removal of retained product of conception.	✓	✓
 Blood storage & handling and laboratory	24 hour powered blood bank (central power, generator, solar)		✓
	Blood present in the blood bank and / or no stock out for the past three months		✓
	Full laboratory service	✓	✓
	Trained Lab Technician available 24 hours daily.	✓	✓
 Staffing (Staff to include at least)	Doctors able to perform caesarean section (operative delivery)		2
	Community Health Officer	1	
	Mid wives	1	4
	Maternal and Child Health Aides	3	
	State Registered Nurse / State Enrolled Community Health Nurse /Community Health Assistant	2	10
	Pharmacist / Technician / Assistant		2
	Lab Technician	1	2
	Nurse Anesthetist		1
	Porters and/or Cleaners		5
	Ambulance drivers		2
	Staff able to perform all procedures: manual vacuum extraction, removal of placenta, removal of products of conception, resuscitation.	✓	✓
 Drugs	At least a Three month supply of all 16 tracer drugs plus IV/IM ampicillin, gentamycin and calcium gluconate:	✓	✓
	At least three months' supply of all Tracer consumables (e.g. syringes, cannulae, gloves, sutures)	✓	✓
	Appropriate Storage facilities: separate room, cold room, off-ground, locked.	✓	✓
	Oxytocics kept in cold chain	✓	✓

Fig. 1. The seven enablers assessed through the Facility Assessment Team (FIT) process.

(8) perform surgery (e.g. cesarean delivery); and (9) perform blood transfusion. A BEmONC facility is one in which all functions one to seven are performed, and a CEmONC facility is one in which all functions one to nine are performed [6].

Each quarter the FIT working group reviewed previous findings, adapted approaches, and conducted field visits. The field visits involved initial meetings with district level stakeholders such as members of district health management teams, local councils, ministry of local

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