



Ministry of Health and Family Welfare
Quality Improvement Secretarial
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Pilot Implementation of RMNCAH Framework in Bangladesh
Baseline Assessment in Narsingdi District
MNH Quality Statements and Indicators

SI	Standards	Statement	Indicators	Key parameters	Means of verification	Assumption	Method
01	Evidence-based practices for routine maternal and newborn care and management of complications.	<i>1.1a:</i> Women are assessed routinely and are given timely, appropriate care during ANC					
			Proportion of women attending for ANC in health facility were taken history, done with physical examination and minimum basic investigation and are provided with supplements according to SOP	Clinical 5-6 components Experience of care (Privacy, respect, dignity, emotional support, waiting time etc.) Readiness -physical infrastructure (separate ANC room) furniture HR, Supplies Record keeping Case utilization	Facility register, Routine MIS report, monitoring report	Pregnant women not always receive quality ANC package in a health facility	Observation Exit interview Facility assessment Record extraction All facilities [30 in each facility]

		1.1b: Women are assessed routinely on admission, during labor and childbirth and are given appropriate care	Proportion of women attending for labor in health facility was assessed without delay for full assessment according to SOP by a skilled provider	Delay? [qualitative process] Full delivery observation	Facility register, Routine MIS report, monitoring report	Women face delay in receiving care at the time of labor in a health facility and not always have access to skilled providers	Observation [20-30/15 days observations] Both normal and C-section
			Proportion of all women who gave birth in the health facility who received any option for pain relief during labor and child birth	Check SOP	Facility register, Admin report , monitoring report		???
			Proportion of all women who gave birth in the health facility and who received oxytocin within 1 min of birth of the baby	Partograph in first and second stage of labor [all three dimensions]	Facility register, Admin report , monitoring report		Observation Both normal and C-section And exit interview Not the surgical procedures for CS
		1.1c Newborns receive immediate and essential newborn care immediately after birth according to the national guideline	Number of newborns delivered in health facility assessed and provided immediate and essential care according to national guideline	Components of immediate newborn care Essential newborn care	Facility register, ;Routine MIS report, monitoring report, exit interview	Strong policy and program support is in place	Observation

			Proportion of all newborns who did not breath spontaneously at birth were given resuscitation		Facility register, ;Routine MIS report, monitoring report, exit interview		Subset-observation
		1.1 d Mothers and newborns receive routine postnatal care according to SOP	Proportion of all women in PNC ward in the health facility who were assessed according to SOP during 1st PNC checkup	Pre-discharge newborn and maternal assessment	Facility register, Routine MIS report, monitoring report, exit interview	Mothers are not receiving complete PNC package	Observation
			Proportion of all healthy newborns born in the health facility received 1 st PNC checkup within 24 hours	Pre-discharge newborn and maternal assessment	Facility register, Routine MIS report, monitoring report, exit interview	Newborns are not receiving complete PNC package	Observation
		1.2: Women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to national standard operating procedure	Proportion of all women with pre-eclampsia or eclampsia in the health facility who received full dose of magnesium Sulphate	BEmOC: loading dose CEMOC: full dose	Facility register, Routine MIS report, monitoring report	Stock out of magnesium Sulphate in the health facility	Sub-set???
		1.3: Women with and postpartum hemorrhage promptly receive appropriate interventions, according to national guideline	Number of women with PPH in health facility managed according to national guideline	According to SOP	Facility register, Routine MIS report, monitoring report	Non availability of blood transfusion in some center at UHC level	Sub-set (less frequent)

		1.4: Women with prolonged/ obstructed labor receive appropriate interventions, according to national guideline	Proportion of all women in health facility with prolonged/obstructed labor who gave birth by CS receive appropriate intervention according to national guideline	According to SOP	Routine MIS report, facility register, monitoring report	Some CS are done without proper indication	Sub-set (required lot of time to find time)
		Quality Statement 1.5: Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation with a bag and mask within 1 min of birth, according to WHO guideline	Proportion of all newborns who did not breath spontaneously at birth were given resuscitation with a bag and mask				
		1.6 a Women in preterm labor receive appropriate interventions according to national guidelines.	Proportion of mothers between 24 and 34 weeks of gestation in preterm labor in the health facility received at least one dose of antenatal corticosteroid	According to SOP [ACS guideline] First-does, second does timing in between Readiness of health Supply availability	Routine MIS report, facility register, monitoring report	Service providers should know how to diagnose preterm labor	
			The proportion of all women with preterm pre-labor rupture of membranes who gave birth in the health facility received				

			prophylactic antibiotics				
		1.6 b Preterm and small/low birth weight babies receive appropriate care, according to national guideline	Proportion of all LBW newborns born in health facility with a birth weight equal to or less than 2000 g who received KMC according to national guideline	For baseline no KMC, in question if KMC is arability	Routine MIS report, facility register, monitoring report	Retention of the mother in the KMC enter is poor	
			Proportion of small and sick newborns admitted to SCANUs received care according to the national SOP		Routine MIS report, monitoring report Direct observations	Capacitated manpower is scarce	
		1.7: All women and newborns receive care according to standard precautions for preventing hospital-acquired infections.	Number of facilities following standard handwashing practice and waste disposal mechanism during service delivery Provider practice hand washing	Readiness Handwashing [SANCU, labor room, normal delivery] separate observation for five moments not steps (before touching....)	Monitoring report/In depth Interview	Compliance of SOP is poor	Provider observation
		1.8 All women and newborns receive care according to standard precautions for preventing hospital-acquired infections.	<i>Proportion of small and sick newborns reported at outdoor who are managed according to the national protocol</i> (PSBI, IMCI or other),	SCANU sop, WHO pocket book, CNCP-1 (upz and above) ETAT/Sick newborn management IMCI			30 newborns inpatient on DH; [observation and extraction of record] 10-15 in OPD per facility (0-2 months)

			<i>Proportion of health workers who followed the “Five Situations for Handwashing” and as per guidelines</i>		Direct observations of procedures by health workers		
		<i>1.9 harmful practices</i>	1) Routine perineal shaving 2)unnecessary suction of newborn				
02	The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.	<i>2.1:</i> Complete, accurate, standardized routine medical records during ANC, labor, childbirth and the postnatal period is available for every woman and newborn	Proportion of newborn for whom standard medical records are available	List of all record , how it is being used	Facility register, monitoring report, admin report	Quality of compliance of the record keeping is sometimes poor	
			Proportion of all newborns who were discharged from the health facility within past 24h who had an accurately completed record of processes of care, treatment, outcome and diagnosis Proportion of women discharged post-partum within past 24h who had an accurately completed record of processes of				

			care, treatment, outcome and diagnosis				
		2.2: Every health facility has a system for addressing MPDSR	Proportion of all maternal deaths and near misses occurring in the health facility that were reviewed with standard MPDSR tools	Ask and want to see document	MPDSR reports, monitoring report	Capacity development of the service provider for the implementation of MPDSR is very important	
03	Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred; and services are available to ensure continuity of care.	3.1: Every woman and newborn is appropriately assessed on admission, during labor and in the postnatal period for proper care without delay	Number of pregnant and post natal mother referred to higher level of facility without delay, and following completed standardized referral note according to national guideline		Referral register verification and administrative report	Compliance of Quality Referral norms sometimes compromised	Facility assessment and observation
			Proportion of sick, preterm or small newborns who could not be managed at the health facility and transferred to an appropriate level of facility without delay, and following	Proportion of all sick preterm or small newborn and pregnant and post-partum women who could not be managed at health facility were referred to a appropriate facility within 1 hour of a	Referral register Monitoring Report		Facility assessment and observation /provider/cases

			completed standardized referral note according to national guideline	decision with standardized referral note [CNCP] only CSBA, [generic referral slip by DGHS ?] both readiness and process			
		3.3: For every woman and newborn referred within or between health facilities, there is appropriate information exchange and feedback to relevant health care staff.	Number of facilities maintaining effective communication to the referred facilities on referred clients	Proportion of all sick preterm or small newborn and pregnant and post-partum women who could not be managed at health facility were referred to a appropriate facility within 1 hour of a decision with standardized referral note [CNCP] only CSBA, [generic referral slip by DGHS ?] both readiness and process	Referral register Exit interview	Acknowledgement of the higher facilities for referred patient is poor	
04	Communication with women and their families is effective and responds to their needs and preferences.	4.1: All women and their families receive information about the care and complication have effective interactions with staff.	Proportion of all women discharged from the labor and child birth area of the facility who received written and verbal information and counseling(facility wise)		Exit interview/Facility register	Lapse remain for providing adequate information for clients	Exit interview Observation Discharge certificate [all type of observation]

		4.3 Relevant job aids, standard IEC materials displayed and used on maternal and newborn care for relevant, needful information for the patient as well as their companion	Number of Health Education sessions being held in a health facility conducted at ANC/PNC corner using standard IEC materials and job aids		Service register, exit interview	Sometime job aids & IEC material are not available	Register/observe materials are there or not and if the session is happening Exit interview with mother
			Mothers satisfaction about the message and counseling				
05	Women and newborns receive care with respect and can maintain their dignity.	5.1: All women have privacy around the time of ANC, labor and childbirth, and their confidentiality is maintained	Number of facilities providing privacy and confidentiality during ANC , Labor and childbirth Proportion of women satisfaction and their confidentiality is maintained		Exit interview,; physical verification(screen) Monitoring Report	Maintaining privacy and confidentiality sometimes overlooked	
		5.2: All women can make informed choices about the services they receive, and the reasons for interventions or outcomes are clearly explained	Proportion of women from whom informed choices about the services they receive The health facility has a written, up-to-date policy for obtaining		Exit interview Monitoring report	Capacity is always needed for addressing the informed choice issues	

			<p>informed consent from women before examinations and procedures</p> <p>The proportion of procedures in the health facility that require written consent for which there is an associated record of consent signed by the women or a family member</p>				
06	<p>Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.</p>	<p>6.1: Every woman is offered the option to experience labor and childbirth with the companion of her choice.</p>	<p>Number of facilities providing the option of allowing a companion during labor</p> <p>Proportion of women provided the option of a companion during labour</p>		Exit interview	Companion is not always allowed to accompany the women	
		<p>6.2: Every woman receives support to strengthen her capability during childbirth.</p>	<p>Number of facilities providing emotional support, appropriate counseling of the patients during the adverse event of</p>		PSS/exit interview		

			labor. Proportion of women received emotional support and appropriate counseling after adverse event				
07	For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.	7.1: Every woman and newborn has access at all times(24/7) to at least one skilled health provider and to support staff for routine care and management of complications	<i>Number of facilities ensuring access every women and newborn by skilled health provider at all times(24/7) including all call or EMO or anyone is available to provide service</i> <i>proportion of available</i>		Admin report Monitoring report	Skilled birth attendant 24/7 is not always available	
		7.2: The skilled birth attendants and support staff have appropriate competence and skills mix to meet the requirements of labor, childbirth and the early postnatal period	Number of facilities providing services to meet the requirement of women and newborn during labor child birth and early post natal period on the basis of skill mix Collect information on training, EATA, CNCP, sick newborn		Exit interview of client In depth discussion of service provider Monitoring visit	Demonstration of skill mix always important aspect of Quality services	

			care. Policy about rotation				
		7.3: Every health facility has managerial and clinical leadership that is collectively supporting developing and implementing appropriate policies	Number of facility conducting regular QIC meeting and implementing action plan according to the decision of meeting [see minutes] Provider's role in meeting What was their role Training specific to QI Leadership? Parameters from WHO framework		Meeting minutes	Managerial and clinical leadership is always important to foster Quality of Care	
08	Essential drugs, supplies, functional equipment and diagnostic services are consistently available to provide mother and newborn care	8.1 Availability of essential drugs and commodities for proving MNH services according to WHO standards	<i>Number of facilities ensuring the regular supply of essential medicine for providing MNH services</i> <i>[SCANU drugs, EmOC tool see SOP]</i> <i>Diagnostic</i>			Stock out of some important commodities	