

A Rapid Community Birthing Center Assessment of Nyagoto Health center in Kisii County, Kenya.

Introduction:



Figure 1: Nyagoto new maternity building complex

In January 2018, the Curamericas Gobal and Kisii County Department of Health(KCDOH) has began a three year Maternal, Newborn and Child Health (MNCH) project in the Kitutu Chache South sub-county of Kisii, Kenya. The project focus on improvement of maternal and child health as well as strengthening current health facilities to provide high quality, culturally appropriate, respectful care. The project aims to include the following: 1) increased health seeking behavior and health facility deliveries 2) improving attention to obstetric emergencies 3) preventing and treating post-partum hemorrhage 4) improving immediate neonatal care and 5) reducing stunting in under -2-year-old children. The overall goal is to decrease the maternal and neonatal mortality which in Kisii county, is both higher than the national level. The core intervention is the provision for the improvement of quality, respectful culturally appropriate

care in the health facility with increased community engagement with community mobilization, household level education and behavior change, improvement in community emergency transport plans, improvement in danger sign recognition and response and overall may be elimination of maternal and neonatal mortality as well.

The project was being implemented in Kitutu Chache South Sub-County targeting a catchment population of three health facilities: Matongo Health Center, Iranda health center and now Nyagoto health center. The project was started last year in Matongo health center as a pilot project and have started in Iranda this year and is proposed to be started after the RCBC-assessment report in Nyagoto.

The R-CBCA is a multi-purpose instrument that can be used to assess the extent to which the already existing health facility meets the criteria of a CBC and then guide the improvement needed for it to meet all CBC criteria. The CBC sets a unique standard for a community-based health facility such that the CBC is managed and or co-managed by the communities it serves, strategically located within the proximity to these communities, offers high quality, respectful, culturally appropriate maternal and neonatal care by professional health care workers who are of the culture and speaks the same language as the communities.

The R-CBCA is based on the detail description of the criteria of the CBC'S process, characteristics and scope provided in the companion document "The Community Birthing Center: an innovative approach to reducing maternal and neonatal mortality in low-resource context. The CBC criteria it describes are derived from the experience of the partnership of Curamericas and Curamericas Guatemala in the creation of *Casas Maternas Rurales*, community-built and -operated birthing centers serving marginalized indigenous populations in the Guatemalan Western Highlands. Most of its content has been directly adapted from Curamericas Guatemala's *Casa Materna Replication Manual*¹.

Methods:

The R-CBCA was conducted on the Nyagoto health facility by summer intern at Curamericas Global with the help and coordination with KIKOP project manager at Kisii county, Kenya using the Rapid Community Birthing Center Assessment(R-CBCA) tools and user manuals. The assessment involves interview with health facility staffs(Including the nurse in charge), direct observations, review of relevant CBC records, self-assessment by Skilled-Birth Assessment(SBA) and review of data.



Figure 2: Intern from Curamericas Global interviewing the nurse In charge from Nyagoto health facility.

Results:

Below are the results of the R-CBCA in the table format. Criteria are arranged in eight sections as outlined in the companion document called *The Community Birthing Center*: 1) CBC location, 2) CBC Services, 3) CBC staffing and support ,4) CBC Physical plant, Equipment, Supplies, 5) Respectful Culturally Appropriate Care, 6) Health Information and M&E 7) Community Partnership, 8) Women`s Empowerment.

The “Status” column denotes if the given criteria were met(Yes), if the given criteria were partially met(Part), or the given criteria does not meet at all (No). A scoring system was created to quantify percentage of adherence to CBC standards. The Score can be found the above the table in each section. The rows highlighted in gray are desirable criteria not essential to meet the CBC standards.

The complete R-CBCA can be found in Appendix I.

Following the tables of the criteria is a section for comments and observations. These were reported by the Curamericas intern.

Adherence to CBC standards was calculated and represented in a graph:

1. CBC Location

CBC SECTION SCORE: 33%

No.	Criteria	Status			Notes
		yes	part	no	
1.1	Catchment area (micro-region) of the CBC has a high MMR and low coverage of health facility deliveries		X		
1.2	CBC strategically located a maximum of 30 minutes by vehicle from the most distant catchment communities		X		Depends on terrain and rains.
1.3	CBC located no more than 2 hours from nearest referral hospital	X			

2. CBC Services

CBC SECTION SCORE: 75%

No.	Criteria	Status			Notes
		yes	part	no	
2.1	Services provided 24/7 (including holidays)			X	Understaff
2.2	Equipped with sleeping quarters for staff and/or staff sleeping accommodations provided in or near the community of the CBC (optional/desirable)			X	
2.3	CBC skilled birth attendant (SBAs) possess the skills to do normal/vaginal deliveries	X			
2.4	All deliveries include the Essential Newborn Actions (clean umbilical cord care, thermal care- immediate drying and wrapping, immediate breastfeeding, weighing and measuring, BCG and Hep B vaccinations)		X		Have sufficient vaccine. There is no Hep B vaccine available right now.
2.5	CBC staff skilled in the diagnosis/ stabilization/ management/referral of obstetric complications, including post-partum hemorrhage	X			
2.6	CBC has coordinated with the communities in its catchment to establish a transportation system to pick up women from villages and bring them to the CBC	X			Good coordination with CHVs.
2.7	CBC has well-developed referral/counter-referral system arranged with referral hospital(s), including accessible affordable transportation	X			The nurse in charge have emergency duty room phone number.
2.8	Fueled and maintained ambulance with driver available 24/7 (optional/desirable)			X	Maintained by county govt. and MOH.
2.9	CBC staff – SBAs and Supervisory Nurse - debrief every obstetric emergency and referral to derive and apply lessons learned	X			

2.10	CBC provides holistic maternal/newborn care services- at the minimum: antenatal care, deliveries, attention to obstetric emergencies, postpartum care, family planning, Pap smears	X			
2.11	CBC has a lab or is linked to a nearby lab facility	X			Basic laboratory services, e.g. malaria, HIV with ANC profile
2.12	CBC offers voluntary counseling at testing for HIV and PMTCT services	X			
2.13	CBC offers support classes for pregnant women (optional/desirable)	X			During ANC visit provide one-on-one class. Provide booklet to pass information.
2.14	CBC offers birth planning counseling for each pregnant woman as standard part of antenatal care	X			
2.15	CBC offers breastfeeding support groups for lactating women (optional/desirable)	X			For first-time mothers only
2.16	All CBC clinical services offered free of charge	X			The services are totally free of charge.

3. CBC Staffing and Support

CBC SECTION SCORE: 45%

No.	Criteria	Status			Notes
		yes	part	no	
3.1	Staffing is sufficient to respond to the anticipated number of pregnancies/deliveries of the micro-region			X	2 clinical nurses, 3 support staffs: 1 cleaner, 1 record keeper, 1 security guard, and 2 PMTCT nurse
3.2	CBC staff work in rotating shifts to allow 24/7 services			X	Understaff, only 2 clinical nurse available for the whole catchment.
3.3	CBC offers team attended deliveries – the primary SBA is always assisted			X	Understaff
3.4	Primary skilled birth attendants (SBAs) are MOH-certified health professionals (RN, professional midwife, Auxiliary Nurse or equivalent)	X			
3.5	CBC utilizes task shifting from doctors and RNs to lower level professional staff- e.g., Auxiliary Nurses- as primary SBAs (optional/desirable)	X			No doctors on staff
3.6	Primary SBAs are trained and supervised by a Supervisory Nurse (a skilled obstetric RN)	X			
3.7	Supervisory Nurse does regular (at least quarterly) evaluation and continuous quality improvement (CQI) of SBA skills	X			
3.8	Availability of a Supervisory Nurse 24/7			X	Only effectively during the day shift
3.9	Staff includes Support Women (Doulas, delivery assistants, care navigators, Mujeres de apoyo) who provide emotional and logistical support to the mother, assist in the deliveries, and/or accompany women to the CBC or referral hospital			X	No such support women. No functional TBA
3.10	Staff includes at least one community Health Educator or Community Health Extension Worker	X			

3.11	Traditional Birth Attendants are trained (by CBC or MOH staff) and integrated into CBC staffing with specified responsibilities			X	Not recognized, no or only one functional TBA available.
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4. CBC Physical Plant/Equipment/Supplies

CBC SECTION SCORE: 25 %

No.	Criteria	Status			Notes
		yes	part	no	
4.1	CBC is constructed and/or maintained with help of volunteer community labor			X	Maintained and or/constructed by MOH.
4.2	CBC is designed or adapted with input from partner communities according to their preferences			X	The CBC was built in a location with a densely populated location but there is no partner communities involved in its designing. Regarding land and location of the CBC, the community members have their opinion and their opinion was appreciated by the MOH.
4.3	Exam/counseling room that offers adequate privacy			X	
4.4	Delivery room with at least 2 beds, that offers adequate privacy			X	There was only one bed present, no privacy.
4.5	Post-partum recovery room for resting	X			There is one room called observation room.
4.6	Space for family members to wait and practice birth customs			X	
4.7	Potable water supply			X	No potable water or no running water system.
4.8	Complete toilet facilities (toilet, sink, shower)			X	One toilet outside but no sink in the maternity.
4.9	Proper waste disposal facilities, including medical waste/sharps, and application of proper infection control and sterilization practices	X			
4.10	24/7 electricity			X	No electricity in the maternity wing
4.11	A washing machine or utility sink for laundry			X	
4.12	Reliable phone communication (landline or reliable cell phone signal)		X		No landline, only personal mobile.
4.13	Information Technology (i.e. computers/printers/ back-up batteries)			X	
4.14	Internet access (via modem/Wi-Fi)			X	
4.15	Essential clinical equipment, including bag and mask, ultrasound, Doppler, autoclave			X	No ultrasound, Doppler, resuscitator, baby warmer, or oxygen concentrator for maternity wing
4.16	Essential clinical supplies (IVs, gloves, surgical instruments, bandages/gauze, syringes, etc.)	X			
4.17	Essential medicines and drugs (tetanus vaccine, iron/folate, maternal vitamins, antibiotics, saline/Ringers/Hartman solution, contraceptives, etc.)	X			
4.18	Supply of oxytocin (or misoprostol) sufficient to last until next scheduled restocking, with no evidence of stock-outs	X			

4.19	Transfer incubator for premature newborns (optional-desirable)			X	
4.20	Positive airway pressure (PAP) machine (for premature newborns with respiratory distress syndrome) (optional-desirable)			X	
4.21	Household supplies (linens, blankets, pillows and pillowcases, etc.)			X	Insufficient
4.22	Supplies for newborns – caps, booties, blankets, pajamas, diapers, etc.			X	
4.23	Training supplies – mannequins (e.g. Mama Natalie, Resuscitation Annie), training videos, manuals, instructional posters, etc.			X	
4.24	Cleaning supplies – soap, shampoo, detergent, mops, sponges, etc.	X			

5. Respectful Culturally Appropriate Care

CBC SECTION SCORE: 43%

No.	Criteria	Status			Notes
		yes	part	no	
5.1	CBC staff provide friendly attentive care that respects the woman's right to be free from harm or ill treatment; that respects her liberty, autonomy, self-determination, and freedom from coercion	X			
5.2	CBC staff provide right to information, informed consent, and right of refusal			X	
5.3	CBC staff provide privacy and confidentiality			X	
5.4	Women allowed choice of delivery attire and position during delivery			X	Facility does not offer attire, women use their own clothing; only use Lithotomy position.
5.5	CBC allows presence of the TBA and at least one family member during delivery		X		Spouse is allowed to enter the delivery room generally. TBA provide the logistic support, bringing the patient to the facility. The staff also mentioned that there is only one functional TBA at present.
5.6	CBC allows culturally appropriate delivery; woman and family allowed to practice nonintrusive traditional birth customs and rituals	X			No protocol, however there are no customs/rituals practiced
5.7	CBC services provided in woman's 1st language (or preferred language)	X			

6. Health Information and M&E

CBC SECTION SCORE: 13%

No.	Criteria	Status			Notes
		yes	part	no	
6.1	Register maintained of all deliveries handled at CBC (including miscarriages and stillbirths)		X		Maintain hard copies and submit to the Marani sub-county hospital. No miscarriage and stillbirths registers.
6.2	Register maintained of all obstetric complications (including outcomes), both referred and resolved in the CBC		X		
6.3	Clinical file for every client	X			
6.4	Signed document noting a refusal of a woman/family to comply with an obstetric emergency referral, properly witnessed and recorded by CBC staff (recommended/optional)			X	Protocol exists, but clinic has never experienced refusal, so this has never been needed (self-referral)
6.5	Vital Events Register maintained for each community to track all births, new pregnancies, and deaths			X	
6.6	Pregnancy Register maintained to detect and track progress of new pregnancies in the partner communities			X	
6.7	Birth Register maintained for all births within partner communities			X	
6.8	Death Registers for all maternal and perinatal deaths (stillbirths and neonatal deaths) in partner communities			X	No death at this facility, but registers are available. There have been no any cases of death in the Dispensary. Although they maintained the documents. They send the records to Marani Sub-County Hospital for to be kept recorded in the registries.
6.9	All maternal and perinatal deaths receive verbal autopsy/death audit by CBC clinical staff (or other MOH staff) to determine causes of death and which delays contributed			X	
6.10	CBC uses an M&E system to monitor key indicators such as coverage of ANC, including: health facility deliveries, and PPC; C-section rate; coverage of attention to obstetric emergencies; and FP coverage			X	
6.11	M&E system includes household surveys to obtain accurate baseline and subsequent data on coverage of key indicators			X	Inconclusive: health workers have not seen this
6.12	Monthly, quarterly, and annual reports generated of production/outputs and M&E data of each CBC; reports shared with partner communities, MoH, and other stakeholders.			X	
6.13	Maternal mortality ratio and perinatal and neonatal mortality rates determined for partner communities, as well as causes, calculated quarterly and annually, based on vital events data			X	
6.14	CBC integrates its M&E data with the MoH HMIS	X			Through DHIS
6.15	CBC staff utilize mobile data technology for field data capture and transmission to a local server or to "the cloud"			X	

7. Community Partnership

CBC SECTION SCORE: 36%

No.	Criteria	Status			Notes
		yes	part	no	
7.1	Catchment communities are mobilized to partner with the CBC, with community buy-in secured after a process of orientation to the goals and operations of the CBC	X			
7.2	Each catchment (partner) community has a Community Health Committee (CHC)/Village Health Committee (VHC) to oversee community health efforts	X			CHC and VHC are active.
7.3	All partner communities have written/signed Memorandum of Understanding (MOU) with the CBC that formalizes its partnership with the CBC and defines each party's commitments and responsibilities			X	
7.4	CHC/VHC creates a community emergency transportation plan to facilitate transport of women in labor or having obstetric emergencies to the CBC	X			
7.5	CHC/VHC works with CBC to establish a system of community vital events surveillance so all new pregnancies, births, and deaths are detected and reported to the CBC for follow-up			X	
7.6	The CBC Health Outreach staff meets regularly with the CHC/VHC to review community health data and do data-driven decision-making; community health data is posted in a public place for all to view.		X		
7.7	The CHC/VHC works with the CBC Health Outreach Worker and the Community Health Volunteer to establish a Care Group infrastructure of mother peer educators (Care Group Volunteers) to deliver behavior change communication and health education at the household level and to detect vital events (new pregnancies, births, deaths)		X		No such CGV to deliver behavior change communication and health education.
7.8	Care Group Volunteers deliver behavior change communication to all pregnant women and women with under-2 children.			X	No such CGV existence
7.9	Member of the VHC is present at CBC for every delivery/obstetric emergency from their community (optional/desirable)			X	
7.10	CHC/VHC has representation on a Micro-Regional Committee (MRC)/Health Facility Committee (HFC) that represents all the catchment communities served by the CBC	X			
7.11	The MRC/HFC co-manages the CBC with the CBC staff, with regular quarterly and annual meetings to review CBC and community data, discuss challenges, solve problems, set policies and procedures, and do joint planning			X	

8. Women's Empowerment

CBC SECTION SCORE: 33 %

No.	Criteria	Status			Notes
		yes	part	no	
8.1	Women represented on CHCs/VHCs and on MRC/HFC	X			
8.2	TBAs are integrated into CBC operations			X	TBAs are not recognized but plays a key role.
8.3	Women’s committees established to assist the VHC with community health work and with CBC operations			X	

Comments and Observation:

Nyagoto dispensary has at present no sufficient rooms(buildings) but have new buildings under construction and a great, self-motivated health staffs. Even with the challenges they face, they are doing everything they can to ensure that no mother or child dies in their hands. Although the facility is under staff but they are skilled health care workers skilled in detecting conditions they cannot handle and immediately referring to the next level. I believe that mobilizing the community to support this staff will be of great help.

Compared to other two facilities, the Nyagoto dispensary is located at quite out skirts with hilly terrains and difficult road conditions for transportation. So engaging communities through community mobilization to partnership with a CBC will be an ideal casa materna model creation. The staff mentioned that during last month this year there were five deliveries enroute to the facility. They referred the complicated cases to Marani Sub-County health facility which is the nearest referral center but do not get any feedback about the referral cases.

Although they have no plenty of rooms at present, the new buildings will be ready in a month and will have more space and can maintain more privacy, respectful and culturally appropriate care through community mobilization and creation of CHVs.

Column	Criteria Category
1	Location
2	Services
3	Staffing and Support
4	Physical Plant, Equipment, Supplies
5	Respectful Culturally Appropriate Care
6	Health Information and M&E
7	Community Partnership
8	Women's Empowerment

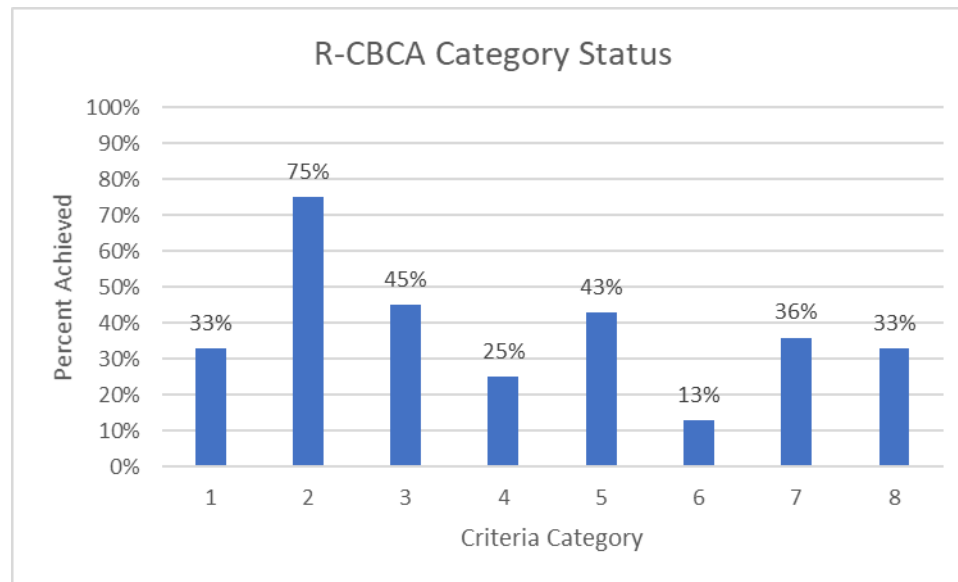


Figure 1: A simple scoring system was developed to quantify meeting of CBC criteria

Composite Score= 38%

Location (33% Scores):

The facility doesn't met or partially met most of the CBC criteria because the MMR data are recorded in the nearby Marani Sub-County Health Center (SCHC) and the Nyagoto do not have record of MMR, the accessibility to nearby health facility Marani SCHC is possible within the estimated time but depends on Terrain and rains to some part of the catchment areas.

CBC services: (75% score):

The facility offers comprehensive services for holistic maternal and newborns care including skilled birth attendants, counseling, Essential newborn actions, obstetric complications including PPH. The facility staff are motivated and well-trained in delivering these services. However, the facility falls short in providing these services at all times due to understaffing, especially for the night shift.

The transportation system is also a problematic as the ambulance and drivers were stationed at KTRH and the response time is almost one hour. The problems became more severe during the rainy seasons due to bad condition of the roads.

CBC Staffing and Support (45% score):

While all staff members of the CBC are well-trained and various structures for community health workers exist, the facility lacks sufficient staff coverage. There were only 2 clinical nurses available who manages the day duties so have a problem during night shift.

The facility does not meet the recommended number of daily patient load. The rate of out-door patient is higher than staff capacity available, with often only one health professional on-site during the day.

CBC Physical Plant/Equipment/Supplies (25% score):

The facility does not have sufficient room at present but there is a new maternity building constructed, but it is neither organized or completed. The new building was designed to meet the needs of patients with access to most basic needs and privacy practices. However, essential supplies, medicine, some vaccines are supplied in sufficient quantity by the MOH (e.g. injection Oxytocin, Tetanus, Iron/folate tablets, vitamins, Mgso4, contraceptives, and antibiotics for children were all available). Paracetamol was out of stock the day of data collection.

The facility has the following shortcomings in materials such as, a Doppler machine, resuscitator, baby warmer, oxygen concentrator, and an ultrasound machine. The facility has sufficient quantities of iron/folate supplements, maternal vitamins, magnesium sulfate, and Ringer's lactate solution. The facility does not lack sufficient basic medical materials, such as IVs, cotton, and gauze. The facility at present lacks essential clinical equipment.

The facility also lacks information technology resources, internet access, and training supplies. Electricity is currently not available in newly constructed maternity wing, and there is no running water tap for potable water or hand-washing in the maternity wing. These are some shortcomings in providing consistent care.

Respectful Culturally Appropriate Care (43% score):

CBC staff provide friendly attentive care that respects the woman's right to be free from harm or ill treatment, Allows husband to enter during delivery and no restriction for cultural rituals.

Health Information and M&E (13% score):

The health facility does not meet the required protocol for health information and M&E system because the facility is understaffing or since it is a dispensary there is no such provision for M&E. CBC basically integrates its M&E data with the MoH HMIS. There is no proper register for all births, deaths in the facility.

Community Partnership (36% score):

Each month there is two community outreach meeting which is attended by one nurse, one clan elders and one CHVs but there is no such Care Group Volunteers(CGV). The community are mobilized to partner with the CBC through sub-county chief, barazas through CHV, dialogue days, religious gatherings, school gatherings and funeral, church gatherings. Eventually, implementing the Care Group approach for household-level education and further empowering and training CHVs will also strengthen community partnership.

Women's Empowerment (33% score):

The facility demonstrates commitment to empowerment of women with female presence on various stakeholders. The TBAs are all women.

Conclusion:

The results of the R-CBCA with a composite score of 38% for Nyagoto shows that the facility have some potential to develop into a full capacity CBC. The facility at present lacks infrastructure and staffing. The project will continue to succeed with strong communication and a mutual commitment to further developing partnerships between the CBC and the catchment communities.

Appendix I:

Rapid Community Birthing Center Assessment Tool

Name of Health Facility__Nyagoto dispensary_____Date(s) of Assessment__7/5/2019_____

Evaluator(s):__Narayan Chetry_____

Abbreviations used: ANC- Antenatal care; CBC- Community Birthing Center; CHC- Community Health Committee; CHEW- Community Health Extension Worker; CHV – Community health volunteer; CHW- Community Health Worker; CGV- Care Group Volunteer; EmOC- Emergency obstetric care; FP- Family Planning; HFC- Health Facility Committee; HFD- Health Facility Delivery; HMIS- Health Management Information System; MMR- Maternal mortality rate; MoH- Ministry of Health; MRC- Microregional Committee; PPC- Postpartum care; TBA- Traditional Birth Attendant; VHC- Village Health Committee

1. CBC Location

No.	Criteria	Assessment Method Options- Indicate method(s) used	Summary of Findings
1.1	Catchment area (micro-region) of the CBC has a high MMR and low coverage of health facility deliveries	Review of MoH data__ Review of civil registry data__ Household Survey/Interviews with end-end-users__ Mortality Survey (census, Sisterhood, etc)____ Other_ Interview from health facility staff _____	Criteria met? Yes___ No__ Not determined_ X Comments: Mortality data from the health facility can be ascertained. Delivery in H/F is low Most delivery happens at Marani sub county hospital. There was 5 delivery cases recorded enroute to hospital in the month of march.
1.2	CBC strategically located a maximum of 30 minutes by vehicle from the most distant catchment communities	Analysis of maps/GPS coordinates____ Test-drive X ____ Other__ Interview with staffs_____	Criteria met? Yes___ No__ Not determined_ X Comments: Very hard to say. Most distant catchment community may be 1 hour. Depends on rain and terrain.
1.3	CBC located no more than 2 hours from nearest referral hospital	Analysis of maps/GPS coordinates____ Timed test-drive X ____ Other_ Interview with staffs _____	Criteria met? Yes_ X No___ Not determined____ Comments: Normal takes 45 to 1 hour. Depends on response by ambulance. Normal response time is 1 hour to reach the H/F from KTRH.

2. CBC Services

No.	Criteria	Assessment Method Options	Summary of Findings
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		Indicate method(s) used	
2.1	Services provided 24/7 (including holidays)	<u>Primary:</u> Interview with facility staff <u>X</u> Direct observation _____ Review of CBC clinical records _____ <u>Triangulation/validation:</u> Interviews with end-users _____ Other _____	Criteria met? Yes___ No <u>X</u> Not determined___ Comments: The dispensary is understaff. 2 staff (nurse in charge +service delivery nurse are there)
2.2	Equipped with sleeping quarters for staff and/or staff sleeping accommodations provided in or near the community of the CBC (optional/desirable)	Direct observation <u>X</u> Other <u>Interview with staff</u> _____	Criteria met? Yes___ No <u>X</u> Not determined___ Comments: There is staff quarter but used as store and for other purpose
2.3	CBC skilled birth attendant (SBAs) possess the skills to do normal/vaginal deliveries	<u>Primary:</u> Review of CBC clinical records _____ Interviews with CBC staff <u>X</u> <u>Triangulation/validation:</u> Results of supervisory skill evaluations _____ Review of training records/certifications _____ Direct observation _____ Interviews/surveys of end-users _____ Other _____	Criteria met? Yes <u>X</u> No___ Not determined___ Comments: Trained, skilled Can do breech delivery Nurses are trained as per KMTC standard
2.4	All deliveries include the Essential Newborn Actions (clean umbilical cord care, thermal care- immediate drying and wrapping, immediate breastfeeding), weighing and measuring, BCG and Hep B vaccinations)	<u>Primary:</u> Review of CBC clinical records _____ Interviews with CBC staff <u>X</u> <u>Triangulation/validation:</u> Results of supervisory skill evaluations _____ Direct observation _____ Interviews/survey of end-users _____ Other <u>Interview with nurse in charge</u> _____	Criteria met? Yes <u>X</u> No___ Not determined: Comments: -Even resuscitation , suction machine is there, have plenty of vaccine

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
2.5	CBC staff skilled in the diagnosis/ stabilization/ management/referral of obstetric complications, including post-partum hemorrhage	<u>Primary:</u> Review of CBC clinical records _____ Interviews with CBC staff <u>X</u> _____ <u>Validation/triangulation:</u> Results of supervisory skill evaluations _____ Review of training records/certifications _____ Direct observation _____ Interviews/survey of end-users _____ Other <u>Interview with nurse incharge</u> _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Skilled in post-partum hemorrhage.
2.6	CBC has coordinated with the communities in its catchment to establish a transportation system to pick up women from villages and bring them to the CBC	<u>Primary:</u> CBC clinical records _____ Interviews with CBC staff <u>X</u> _____ <u>Validation/triangulation:</u> Interviews/surveys with end-users _____ Interviews of Village Health Committees _____ Other _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: There is coordination system. Good coordination with CHV. Disseminate information to community that if women is pregnant to bring them to CBC.
2.7	CBC has well-developed referral /counter-referral system arranged with referral hospital(s), including accessible affordable transportation	<u>Primary:</u> CBC clinical records _____ Interviews with CBC staff <u>X</u> _____ <u>Validation/triangulation:</u> Referral hospital clinical records _____ Interviews with referral hospital staff _____ Interviews with end-users _____ Interviews with Village Health Committees _____ Other <u>Interview with nurse incharge</u> _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Emergency duty room number is there. Have ambulance number to call immediately.
2.8	Fueled and maintained ambulance with driver available 24/7 (optional/desirable)	Direct observation _____ Interviews with CBC staff <u>X</u> _____ CBC clinical records _____	Criteria met? Yes ___ No <u>X</u> Not determined ___ Comments: Maintained by County govt. and MOH

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
2.9	CBC staff – SBAs and Supervisory Nurse - debrief every obstetric emergency and referral to derive and apply lessons learned	CBC Clinical records _____ Interview with CBC staff <u>X</u> Other _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments:
2.10	CBC provides holistic maternal/newborn care services- at the minimum: antenatal care, deliveries, attention to obstetric emergencies, post-partum care, family planning, Pap smears	<u>Primary:</u> CBC Clinical records _____ Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with end-users _____ Review of end-users maternal health cards _____ Other Interview with nurse incharge _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Take care of mother, do partograph Keep newborn baby warm Exclusive BF, provide pampers for newborn No Pap smears but do cervical ca. screening with vinegar
2.11	CBC has a lab or is linked to a nearby lab facility	Direct observation <u>X</u> CBC Clinical records _____ Interviews with CBC staff <u>X</u>	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Have a basic lab to do Ante natal profile, Malaria, HIV, H.Pylori.
2.12	CBC offers voluntary counseling at testing for HIV and PMTCT services	<u>Primary:</u> Direct observation <u>X</u> CBC Clinical records _____ Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interview with end-users _____ Other _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Do one-on-one
2.13	CBC offers support classes for pregnant women (optional/desirable)	<u>Primary:</u> Direct observation _____ Class attendance logs _____ Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with end-users _____ Other Interview with nurse in charge _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Given health talks, Give information on AN profile, During ANC visit usually provide information. Have booklet and pass information to mothers.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
2.14	CBC offers birth planning counseling for each pregnant woman as standard part of antenatal care	<u>Primary:</u> Direct observation____ Interviews with CBC staff X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Review of women's birth plans____ Other_____	Criteria met? Yes X No ___ Not determined ___ Comments:
2.15	CBC offers breastfeeding support groups for lactating women (optional/desirable)	<u>Primary:</u> Direct observation____ Support group attendance logs____ Interviews with CBC staff X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Other Interview with nurse in charge _____	Criteria met? Yes ___ No X Not determined ___ Comments: There is no such support group. Teach about BF technique, EBF and about Flat nipple. No any support other than advise
2.16	All CBC clinical services offered free of charge	<u>Primary:</u> CBC clinical records____ Interviews with CBC staff X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Other_____	Criteria met? Yes X No ___ Not determined ___ Comments:

3. CBC Staffing and Support

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
3.1	Staffing is sufficient to respond to the anticipated number of pregnancies/deliveries of the micro-region	<u>Primary:</u> CBC clinical records____ Review of catchment population data____ Review of staffing roster/schedule____	Criteria met? Yes ___ No X Not determined ___ Comments: 3 support staffs: 1 cleaner, 1 record keeper, 1 security guard. 2 clinical nurses 2 PMTCT navigator

		Interviews with CBC staff <input checked="" type="checkbox"/> ___ Review of MOH staffing standards ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Other _____	Not sufficient for pregnancy and deliveries.
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
3.2	CBC staff work in rotating shifts to allow 24/7 services	<u>Primary:</u> CBC clinical records ___ Staff attendance/work logs ___ Interviews with staff <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Direct observation ___ Other _____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> ___ Not determined ___ Comments: Understaff
3.3	CBC offers team-attended deliveries – the primary SBA is always assisted	<u>Primary:</u> CBC clinical records ___ Staff attendance/work logs ___ Interviews with staff <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Direct observation ___ Other Interview with nurse incharge _____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> ___ Not determined ___ Comments: Under staff
3.4	Primary skilled birth attendants (SBAs) are MOH-certified health professionals (RN, professional midwife, Auxiliary Nurse or equivalent)	<u>Primary:</u> Review of personnel records ___ Review of CBC clinical records ___ Interviews with CBC staff <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Direct observation ___ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments: MOH certified Licenced by the Nursing Council Of Kenya
3.5	CBC utilizes task shifting from doctors and RNs to lower level professional staff- e.g., Auxiliary Nurses- as primary SBAs (optional/desirable)	<u>Primary:</u> Review of personnel records ___ Review of CBC clinical records ___ Interviews with CBC staff <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users ___	Criteria met? Yes <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments: Less complicated cases are managed at the dispensary. Complicated cases are referred to higher center.

	Direct observation ____ Other _____	
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No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
3.6	Primary SBAs are trained and supervised by a Supervisory Nurse (a skilled obstetric RN)	Review of personnel records ____ Review of supervision records ____ Interviews with CBC staff X ____ Other _____	Criteria met? Yes X No ____ Not determined ____ Comments: Supervised by SCPHN from Marani who give update. Do come SCHMT for quality supervision.
3.7	Supervisory Nurse does regular (at least quarterly) evaluation and continuous quality improvement (CQI) of SBA skills	Review of supervision records ____ Interviews with CBC staff X ____ Other _____	Criteria met? Yes X No ____ Not determined ____ Comments: Supervised by SCPHN from Marani who give update. Do come SCHMT for quality supervision.
3.8	Availability of a Supervisory Nurse 24/7	<u>Primary:</u> Review of CBC personnel schedule/work logs ____ Interviews with CBC staff X ____ Review of CBC clinical records ____ <u>Validation/triangulation:</u> Direct observation ____ Other Interview with nurse incharge _____	Criteria met? Yes ____ No X Not determined ____ Comments: Don't have Supervisory nurse Do come Quaterly from Marani H/F SN Stationed at Marani
3.9	Staff includes Support Women (Doulas, delivery assistants, care navigators, Mujeres de apoyo) who provide emotional and logistical support to the mother, assist in the deliveries, and/or accompany women to the CBC or referral hospital	<u>Primary:</u> Review of CBC personnel schedule/work logs ____ Review of CBC clinical records ____ Interviews with CBC staff X ____ Direct observation X ____ <u>Validation/triangulation:</u> Interviews with end-users ____ Other _____	Criteria met? Yes ____ No X Not determined ____ Comments: No such support women. Under staff

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
3.10	Staff includes at least one community Health Educator or Community Health Extension Worker	<u>Primary:</u> Review of CBC personnel logs ___ Interviews with CBC staff <u>X</u> ___ Direct observation ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Interviews with Village Health Committees ___ Other <u>Interview with nurse in charge</u> ___	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: In Charge nurse is in charge of CHEW 1 Public Health Officer attached coordinate with CHV and CHEW
3.11	Traditional Birth Attendants are trained (by CBC or MOH staff) and integrated into CBC staffing with specified responsibilities.	<u>Primary:</u> CBC clinical records ___ Interviews with CBC staff <u>X</u> ___ Direct observation ___ <u>Validation/triangulation:</u> Interviews with TBAs ___ Interviews with end-users ___ Interviews with VHCs/HFCs ___ Other ___	Criteria met? Yes ___ No <u>X</u> Not determined ___ Comments: TBA are not Trained TBA are included to CHV

4. CBC Physical Plant/Equipment/Supplies

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.1	CBC is constructed and/or maintained	<u>Primary:</u> Interviews with CBC staff <u>X</u> ___	Criteria met? Yes ___ No <u>X</u> Not determined ___ Comments:

	with help of volunteer community labor	<u>Validation/triangulation:</u> Interviews with VHCs/HFCs ___ Direct Observation X Other _____	CBC constructed/or maintained by MOH
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No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.2	CBC is designed or adapted with input from partner communities according to their preferences	<u>Primary:</u> Interviews with CBC staff X <u>Validation:</u> Interviews with VHCs/HFCs ___ Interviews with end-users ___ Other Interview with nurse in charge _____	Criteria met? Yes X No ___ Not determined ___ Comments:
4.3	Exam/counseling room that offers adequate privacy	Direct observation X ___	Criteria met? Yes ___ No X Not determined ___ Comments: Privacy is an issue There is an examination room but low infrastructure
4.4	Delivery room with at least 2 beds, that offers adequate privacy	Direct observation ___ X ___	Criteria met? Yes ___ No X Not determined ___ Comments: 1 bed in the delivery room. Privacy is an issue
4.5	Post-partum recovery room for resting	Direct observation X ___	Criteria met? Yes X No ___ Not determined ___ Comments: Have single room for post-partum observation.

4.6	Space for family members to wait and practice birth customs	<u>Primary:</u> Direct observation____ Interviews with CBC staff_X__ <u>Validation/triangulation:</u> Interviews with end-users____	Criteria met? Yes__ No X __ Not determined__ Comments: No specific space
4.7	Potable water supply	<u>Primary:</u> Direct observation X __ <u>Validation/triangulation:</u> Water quality tested____ Other_____	Criteria met? Yes__ No X __ Not determined__ Comments: No running water only one water container for storage.
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.8	Complete toilet facilities (toilet, sink, shower)	Direct observation X _	Criteria met? Yes__ No X __ Not determined__ Comments: Not good but there is a toilet not within the building. One toilet outside but no sink in the maternity.
4.9	Proper waste disposal facilities, including medical waste/sharps, and application of proper infection-control and sterilization practices	Direct observation (utilizing MOH medical waste and infection control protocol checklist)____ Interviews with CBC staff_X__ Other_____	Criteria met? Yes X __ No__ Not determined__ Comments: Have Bin liners Segregation system is there Sharp objects send to Marani, Placenta pits is there
4.10	24/7 electricity	<u>Primary:</u> Direct observation_X____ Interviews with CBC staff_X__ <u>Validation/triangulation:</u> Interviews with end-users____	Criteria met? Yes__ No X __ Not determined__ Comments: No generator back up.

4.11	A washing machine or utility sink for laundry	Direct observation X_____	Criteria met? Yes___ No X ___ Not determined___ Comments: Have only basins , no running water , no laundry
4.12	Reliable phone communication (landline or reliable cell phone signal)	<u>Primary:</u> Direct observation/testing_X___ Interviews with CBC staff_X___ <u>Validation/triangulation:</u> Interviews with end-users___ Other_____	Criteria met? Yes_ No X ___ Not determined___ Comments: No landline, only personel mobile

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.13	Information Technology (i.e. computers/printers/ back-up batteries)	Direct observation_X___ Interviews with CBC staff_X___	Criteria met? Yes___ No X ___ Not determined___ Comments: No computers
4.14	Internet access (via modem/WiFi)	Direct observation/testing_ X __	Criteria met? Yes___ No X ___ Not determined___ Comments:
4.15	Essential clinical equipment, including bag and mask, ultrasound, Doppler, autoclave	Direct observation utilizing MOH equipment protocols_X___ Ambu bag and mask present __Present__ Doppler _Absent__ Ultrasound _Absent__ Autoclave _Present__ Blood pressure cuffs/monitor__Present	Criteria met? Yes___ No X ___ Not determined___ Comments: Adult Ambu bag and Neonate ambu bag malfunction BP machine not working 1 stethoscope

		Other _____	
4.16	Essential clinical supplies (IVs, gloves, surgical instruments, bandages/gauze, syringes, etc).	Direct observation utilizing MOH clinical supply protocols <input checked="" type="checkbox"/> IVs_Present___ Gloves__Present_ Surgical instrumenPresents___ Bandages/gauze___Present Disposable syringes___Present	Criteria met? Yes <input checked="" type="checkbox"/> No___ Not determined___ Comments:
4.17	Essential medicines and drugs (tetanus vaccine, iron/folate, maternal vitamins, antibiotics, saline/Ringers/Hartmann solution, contraceptives, etc.)	Direct observation utilizing MOH essential medicine lists <input checked="" type="checkbox"/> CBC clinical records___ Tetanus vaccine_Present___ Iron/folate__Presen_ Maternal vitamins_Presen___ Hartmann/Ringers___Presen_ MgSO4__Present___ Antibiotics__absent_ Contraceptives __Present_	Criteria met? Yes <input checked="" type="checkbox"/> No___ Not determined___ Comments: Antibiotics syrup for children is there
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.18	Supply of oxytocin (or misoprostol) sufficient to last until next scheduled restocking, with no evidence of stock-outs	Direct observation <input checked="" type="checkbox"/> Review of CBC clinical/supply records___ Interviews with CBC staff <input checked="" type="checkbox"/> Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No___ Not determined___ Comments: Sufficient
4.19	Transfer incubator for premature newborns (optional- desirable)	Direct observation <input checked="" type="checkbox"/> Review of CBC clinical records___	Criteria met? Yes___ No <input checked="" type="checkbox"/> Not determined___ Comments:
4.20	Positive airway pressure (PAP)	Direct observation <input checked="" type="checkbox"/> Review of CBC clinical records_____	Criteria met? Yes___ No <input checked="" type="checkbox"/> Not determined___ Comments:

	machine (for premature newborns with respiratory distress syndrome) (optional-desirable)		No PAP machine No oxygen cylinder
4.21	Household supplies (linens, blankets, pillows and pillowcases, etc.)	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments:
4.22	Supplies for newborns – caps, booties, blankets, pajamas, diapers, etc.	<u>Primary:</u> Direct observation <input checked="" type="checkbox"/> <u>Validation/triangulation:</u> Interviews with end-users ___	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: No linens, few blankets(or only 1 in no.)

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.23	Training supplies – mannequins (e.g. Mama Natalie, Resuscitation Annie), training videos, manuals, instructional posters, etc.	Direct observation ___ Interviews with CBC staff <input checked="" type="checkbox"/> Mannequins/models <input checked="" type="checkbox"/> Manuals ___ <input checked="" type="checkbox"/> Videos ___ <input checked="" type="checkbox"/> Posters ___ <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: Only Leso (Baby rapper) is there
4.24	Cleaning supplies – soap, shampoo, detergent, mops, sponges, etc.	Direct observation ___ <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Soaps and detergent

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5. Respectful Culturally Appropriate Care

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
5.1	CBC staff provide friendly attentive care that respects the woman's right to be free from harm or ill treatment; that respects her liberty, autonomy, self-determination, and freedom from coercion	<u>Primary:</u> Direct observation <input checked="" type="checkbox"/> ___ Interviews with CBC staff <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users _____ Interviews with VHCs/HFCs ___ Other _____ ___	Criteria met? Yes <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments: No coercion Friendly services
5.2	CBC staff provide right to information, informed consent, and right of refusal	<u>Primary:</u> Direct observation ___ <input checked="" type="checkbox"/> ___ Interviews with CBC staff ___ <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users _____ Interviews with VHCs/HFCs ___ Other _____ ___	Criteria met? Yes ___ No ___ Not determined <input checked="" type="checkbox"/> ___ Comments: No such informed consent form available.
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
5.3	CBC staff provide privacy and confidentiality	<u>Primary:</u> Direct observation _____ Interviews with CBC staff ___ <input checked="" type="checkbox"/> ___ <u>Validation/triangulation:</u> Interviews with end-users _____ Interviews with VHCs/HFCs ___ Other _____ _____	Criteria met? Yes ___ No ___ Not determined ___ <input checked="" type="checkbox"/> ___ Comments: Tend to provide privacy but low infrastructure Privacy is an issue

5.4	Women allowed choice of delivery attire and position during delivery	<u>Primary:</u> Direct observation___ Interviews with CBC staff__X__ <u>Validation/triangulation:</u> Interviews with end-users___ Interviews with VHCs/HFCs__ Other_____	Criteria met? Yes___ No___ Not determined_X_ Comments: Only 1 bed Privacy is an issue Open ended questions(Varied according to situation)
5.5	CBC allows presence of the TBA and at least one family member during delivery	<u>Primary:</u> Direct observation___ Interviews with CBC staff__X__ <u>Validation/triangulation:</u> Interviews with end-users___ Interviews with VHCs/HFCs__ Other_____	Criteria met? Yes_X__ No___ Not determined_ Comments: only spouse is allowed to enter but no TBA
5.6	CBC allows culturally appropriate delivery; woman and family allowed to practice non-intrusive traditional birth customs and rituals	<u>Primary:</u> Direct observation___ Interviews with CBC staff__X__ <u>Validation/triangulation:</u> Interviews with end-users___ Interviews with VHCs/HFCs__ Other_____	Criteria met? Yes X__ No___ Not determined Comments: There is no protocol for this. Discourage child to give anything other than breastfeeding and not to infect the cord. Other customs and rituals are okay.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
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5.7	CBC services provided in woman's 1 st language (or preferred language)	<u>Primary:</u> Direct observation <input checked="" type="checkbox"/> Interviews with CBC staff <input checked="" type="checkbox"/> <u>Validation/triangulation:</u> Interviews with end-users _____ Interviews with VHCs/HFCs _____ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments:
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6. Health Information and M&E

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
6.1	Register maintained of all deliveries handled at CBC (including miscarriages and stillbirths)	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes _____ No _____ Not determined <input checked="" type="checkbox"/> Comments: Hard copies maintained Submitted monthly report to county. No miscarriage and stillbirths registries.
6.2	Register maintained of all obstetric complications (including outcomes), both referred and resolved in the CBC	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes _____ No _____ Not determined <input checked="" type="checkbox"/> Comments: No outcomes registered maintained.
6.3	Clinical file for every client	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments: OPD booklet for every patient Daily OPD register, Maternity register.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
6.4	Signed document noting a refusal of a woman/family to comply with an obstetric emergency referral, properly witnessed and recorded by CBC staff (recommended/optional)	<u>Primary:</u> Review of CBC clinical records ____ Interviews with CBC staff <u>X</u> ____ <u>Validation/triangulation:</u> Interviews with end-users/families ____	Criteria met? Yes__ No_ <u>X</u> __ Not determined__ Comments: No signed documents but verbal consent No consent form
6.5	Vital Events Register maintained for each community to track all births, new pregnancies, and deaths	Review of register__ No such register_	Criteria met? Yes__ No_ <u>X</u> __ Not determined__ Comments: Still births, maternal deaths, new pregnancy are recorded for health facility but not for community.
6.6	Pregnancy Register maintained to detect and track progress of new pregnancies in the partner communities	Review of register__ No such register	Criteria met? Yes__ No_ <u>X</u> __ Not determined__ Comments: ANC register is maintained for H/F but not for partner community Mother booklet is available to track.
6.7	Birth Register maintained for all births within partner communities	Review of register- No such register	Criteria met? Yes__ No_ <u>X</u> __ Not determined__ Comments: Birth register to notify and certify that birth have happened but not for partner community.

6.8	Death Registers for all maternal and perinatal deaths (stillbirths and neonatal deaths) in partner communities	Review of registers __No such register__	Criteria met? Yes__ No X __ Not determined__ Comments: Death registered and informed PHO, MOH about maternal death, neonatal death but not for partner community.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
6.9	All maternal and perinatal deaths receive verbal autopsy/death audit by CBC clinical staff (or other MOH staff) to determine causes of death and which delays contributed	Review of Death Register_No such register__ Review of verbal autopsies/death audits__	Criteria met? Yes__ No__ Not determined X Comments: Protocol for documentation of all maternal, perinatal death is done. No such verbal autopsy/death audit done.
6.10	CBC uses an M&E system to monitor key indicators such as coverage of ANC, including: health facility deliveries, and PPC; C-section rate; coverage of attention to obstetric emergencies; and FP coverage	Review of M&E records and source documents__ Interviews with CBC staff__ X Other_____ <u>Data monitored/evaluated:</u> ANC __ HFD__ _ PPC__ C-section rate__ EmOC__ FP__ Present	Criteria met? Yes__ No__ Not determined X Comments: No such M/E system at present
6.11	M&E system includes household surveys) to obtain accurate baseline and subsequent data on coverage of key indicators	Review of HH survey results____ Baseline data X __ Interim data__ End line data__	Criteria met? Yes__ No X __ Not determined__ Comments: Not sure if this is included. They have not seen it

6.12	Monthly, quarterly, and annual reports generated of production/outputs and M&E data of each CBC; reports shared with partner communities, MoH, and other stakeholders.	<p>Primary: Review of monthly, quarterly, and annual reports___ Interviews with CBC staff __X_ <u>Validation/triangulation</u> Interview with HFC___ Interviews with VHCs___ Interviews with other stakeholders___</p>	<p>Criteria met? Yes___ No___ Not determined__X Comments:No data submitted with community, just to MOH through DHIS.</p>
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
6.13	Maternal mortality ratio and perinatal and neonatal mortality rates determined for partner communities, as well as causes, calculated quarterly and annually, based on vital events data	<p>Review of vital events registers__No such register___ Review of mortality data___ Review of verbal autopsies/death audits___</p>	<p>Criteria met? Yes___ No_X__ Not determined___ Comments: No verbal autopsy</p>
6.14	CBC integrates its M&E data with the MoH HMIS	<p>Review of MoH HMIS___ Interviews with CBC staff_X_ Interviews with MoH district/sub-county or area/county staff___</p>	<p>Criteria met? Yes_X__ No___ Not determined___ Comments: Integrate through DHIS.</p>
6.15	CBC staff utilize mobile data technology for field data capture and transmission to a local server or to “the cloud”	<p>Direct observation___ Interviews with CBC staff_X___</p>	<p>Criteria met? Yes___ No X___ Not determined___ Comments:</p>

7. Community Partnership

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
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7.1	Catchment communities are mobilized to partner with the CBC, with community buy-in secured after a process of orientation to the goals and operations of the CBC	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with VHCs____ Interview with HFC____	Criteria met? Yes X__ No__ Not determined__ Comments: Community mobilized through chief, barazas Through CHV, dialogue days, religious gatherings, school gatherings and funeral, church gatherings
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No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
7.2	Each catchment (partner) community has a Community Health Committee (CHC)/Village Health Committee (VHC) to oversee community health efforts	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with Village Health Committees____ Interview with Health Facility Committee____	Criteria met? Yes __X_ No__ Not determined__ Comments: CHC and VHC is there
7.3	All partner communities have written/signed Memorandum of Understanding (MOU) with the CBC that formalizes its partnership with the CBC and defines each party's commitments and responsibilities	<u>Primary:</u> Interviews with CBC staff __X_ Review of MOUs____ <u>Validation/triangulation:</u> Interviews with Village Health Committees____	Criteria met? Yes__ No __X_ Not determined__ Comments: No such MOU/ Signed.
7.4	CHC/VHC creates a community emergency transportation plan to facilitate transport of women in labor or having obstetric emergencies to the CBC	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with Village Health Committees____	Criteria met? Yes __X_ No__ Not determined__ Comments: Not organized but can be there. CHC/VHC can organize boda-boda when there is emergency.

7.5	CHC/VHC works with CBC to establish a system of community vital events surveillance so all new pregnancies, births, and deaths are detected and reported to the CBC for follow-up	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with Village Health Committees____ Interviews with CHEWs/Health Promoters and CHVs/CHWs/Community Facilitators____ Interviews with Care Group Volunteers____ Other_____	Criteria met? Yes___ No___ Not determined__X_ Comments: Through VHC but not formally but verbally.
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No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
7.6	The CBC Health Outreach staff meets regularly with the CHC/VHC to review community health data and do data-driven decision-making; community health data is posted in a public place for all to view.	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with Village Health Committees____ Interviews with CHEWs/Health Promoters and CHVs/CHWs/Community Facilitators____ Observation of posted community health data____ Other_____	Criteria met? Yes___ No___ Not determined__X_ Comments:
7.7	The CHC/VHC works with the CBC Health Outreach Worker and the Community Health Volunteer to establish a Care Group infrastructure of mother peer educators (Care Group Volunteers) to deliver behavior change communication and health education at the household level and to detect	<u>Primary:</u> Interviews with CBC staff __X_ <u>Validation/triangulation:</u> Interviews with VHCs____ Interviews with Health Promoters/CHEWs/CHVs____ Interviews with CGVs____ Interviews with mothers in Neighborhood Women’s Groups/Self-Help Groups____	Criteria met? Yes___ No___ Not determined__X_ Comments: Each month 2 community outreach which is attended by 1 nurse, 1 CHV, 1 clan elder. There is no such CGV.

	vital events (new pregnancies, births, deaths)		
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No.	Characteristics	Assessment Method Options Indicate method(s) used	Summary of Findings
7.8	Care Group Volunteers deliver behavior change communication to all pregnant women and women with under-2 children. At a minimum: 1) to obtain at least 4 antenatal care checks; 2) to take iron/folic acid supplementation and receive tetanus immunization during pregnancy; 3) to deliver in the CBC or other health facility; 4) to obtain postpartum care within 48 hours after delivery; 5) family planning benefits and options; 6) recognition and response to danger signs in pregnancy, delivery, and postpartum; and 7) to have a birth plan that includes provisions for emergency transportation.	<u>Primary:</u> Interviews with CBC staff __X <u>Validation/triangulation:</u> Interviews with Health Promoters__ Interviews with Care Group Volunteers__ Interviews with Neighborhood Women's Groups__ Direct observation of Care Groups and Neighborhood Women's Groups__ Review of lesson plans/curriculum for Care Groups__ <u>Lessons taught:</u> N/A 4 ANC__ Fe/folate__ Tetanus__ HFD__ PPC < 48 hrs__	Criteria met? Yes__ No_X__ Not determined__ Comments: No such CGV

		FP__ Danger signs ____ Birth plan__	
7.9	Member of the VHC is present at CBC for every delivery/obstetric emergency from their community (optional/desirable)	<u>Primary:</u> Interviews with CBC staff__X_ <u>Validation/triangulation:</u> Interviews with VHCs__ Direct observation of delivery__	Criteria met? Yes__ No_X_ Not determined__ Comments: Only 1 TBA is functional so far. Pregnant mother accompanied by family members.
7.10	CHC/VHC has representation on a Micro-Regional Committee (MRC)/Health Facility Committee (HFC) that represents all the catchment communities served by the CBC	<u>Primary:</u> Interviews with CBC staff__X <u>Validation/triangulation:</u> Interviews with VHCs__ Interview with MRC/HFC__	Criteria met? Yes_X_ No__ Not determined__ Comments: Peer navigator, CHV, local chief, sub chief are there which represent all the catchment communities.

No.	Characteristics	Assessment Method Options Indicate method(s) used	Summary of Findings
7.11	The MRC/HFC co-manages the CBC with the CBC staff, with regular quarterly and annual meetings to review CBC and community data, discuss challenges, solve problems, set policies and procedures, and do joint planning	<u>Primary:</u> Interviews with CBC staff__X_ <u>Validation/triangulation:</u> Interviews with VHCs__ Interview with HFC__ Review of minutes of HFC meetings__	Criteria met? Yes__ No_X_ Not determined__ Comments: Not organized.

8. Women's Empowerment

No.	Characteristics	Assessment Method Options Indicate method(s) used	Summary of Findings
8.1	Women represented on CHCs/VHCs and on MRC/HFC	<u>Primary:</u> Interviews with CBC staff__X_ <u>Validation/triangulation:</u> Interviews with VHCs and HFC__ Minutes of VHC and HFC meetings__ Review of official rosters of VHCs and HFC__	Criteria met? Yes_X_ No__ Not determined__ Comments: VHC- women are there Women representation is good.

8.2	TBAs are integrated into CBC operations	<u>Primary:</u> Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with TBAs <u> </u> Interviews with end-users <u> </u> Interviews with CBC staff <u> </u> Direct observation of TBA work <u> </u> Other <u> </u> <u> </u>	Criteria met? Yes <u> </u> No <u>X</u> Not determined <u> </u> Comments: Not recognized but TBA plays a key role.
8.3	Women's committees established to assist the VHC with community health work and with CBC operations	<u>Primary:</u> Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with women's committees <u> </u> Interviews with VHCs and HFCs <u> </u> Direct observation of women's committees at work <u> </u>	Criteria met? Yes <u> </u> No <u>X</u> Not determined <u> </u> Comments: No such women committee.

Comments and Observations:

Nyagoto dispensary has at present no sufficient rooms(buildings) but have new buildings under construction and a great, self-motivated health staffs. Even with the challenges they face, they are doing everything they can to ensure that no mother or child dies in their hands. Although the facility is under staff but they are skilled health care workers skilled in detecting conditions they cannot handle and immediately referring to the next level. I believe that mobilizing the community to support this staff will be of great help.

Compared to other two facilities, the Nyagoto dyspensary is located at quite out skirts with hilly terrians and difficult road conditions for transportation. So engaging communities through community mobilization to partnership with a CBC will be an ideal casa materna model creation. The staff mentioned that during last month this year there were five deliveries enroute to the facility. They referred the complicated cases to Marani Sub-County health facility which is the nearest referral center but do not gate any feedback about the referral cases.

Although they have no plenty of rooms at present, the new buildings will be ready in a months and will have more space and can maintain more privacy, respectful and culturally appropriate care through community mobilization and creation of CHVs.



References:

1. Stollak, Ira. *The Community Birthing Center: an innovative approach to reducing maternal and neonatal mortality in low-resource contexts*. December 2017