

Results (Matongo Health Center):

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.



Figure 1: Maternity ward in the Matongo health center.

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.

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

1. CBC Location

CBC SECTION SCORE:100%

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			MMR (as per census) = 1515/100,000 live births Health Facility delivery= 64% (as per census)
1.2	CBC strategically located a maximum of 30 minutes by vehicle from the most distant catchment communities	X			
1.3	CBC located no more than 2 hours from nearest referral hospital	X			

2. CBC Services

CBC SECTION SCORE: 88%

No.	Criteria	Status			Notes
		yes	part	no	
2.1	Services provided 24/7 (including holidays)	X			
2.2	Equipped with sleeping quarters for staff and/or staff sleeping accommodations	X			Staff stay in rented quarters near to health facility.

	provided in or near the community of the CBC (optional/desirable)				
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			
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	
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: 69%

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	5 nurses during day, 2 nurses at night, 1 Supervisory nurse for the facility. Only one nurse in the labor room.
3.2	CBC staff work in rotating shifts to allow 24/7 services	X			2 KIKOP nurse work in rotation during night.
3.3	CBC offers team attended deliveries – the primary SBA is always assisted			X	
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. nurses are trained once in every six months or later depending on needs. There is supervisory nurse available to support the axillary nurse. Task shifting is there from Supervisory nurse to axillary nurse.
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			Quarterly evaluation.
3.8	Availability of a Supervisory Nurse 24/7	X			One supervisory nurse works throughout the day but remains on call during the night.
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			
3.10	Staff includes at least one community Health Educator or Community Health Extension Worker	X			1 CHEW are there.
3.11	Traditional Birth Attendants are trained (by CBC or MOH staff) and integrated into CBC staffing with specified responsibilities			X	Not recognized, TBAs provide emotional and logistics

4. CBC Physical Plant/Equipment/Supplies

CBC SECTION SCORE: 58%

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. KIKOP provide Voluntarily support.
4.2	CBC is designed or adapted with input from partner communities according to their preferences			X	
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 a single delivery bed (a couch) but the privacy was well maintained.
4.5	Post-partum recovery room for resting	X			
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	X		There was no running system. They have to bring water in a container. But there is a toilet, sink but no shower.
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			Generator back up from KIKOP.
4.11	A washing machine or utility sink for laundry	X			Washing space is there.
4.12	Reliable phone communication (landline or reliable cell phone signal)	X			No landline, but two cell phone are there.
4.13	Information Technology (i.e. computers/printers/ back-up batteries)			X	There was no computer and no printer. Kevin mentioned that the

					KIKOP project have a printer that they use for KIKOP project.
4.14	Internet access (via modem/Wi-Fi)			X	
4.15	Essential clinical equipment, including bag and mask, ultrasound, Doppler, autoclave		X		I have not seen them during my physical inspection. But I verified again they said that there is Doppler, ambu bag and musk, bulb sucker. But they are less frequently used. There is no oxygen supply.
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/Hartmann 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			1 transfer incubator supplied by KIKOP.
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			
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			
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5. Respectful Culturally Appropriate Care

CBC SECTION SCORE:86%

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			Only spouse allowed to enter the delivery room. TBA are not allowed to enter. The TBA are mostly involved in bringing the pregnant women to the facility, and providing logistic support.
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 restriction customs/rituals practiced
5.7	CBC services provided in woman’s 1st language (or preferred language)	X			Kisii language.

6. Health Information and M&E

CBC SECTION SCORE: 100%

No.	Criteria	Status			Notes
		yes	part	no	
6.1	Register maintained of all deliveries handled at CBC (including miscarriages and stillbirths)	X			At the maternity, both the miscarriage and stillbirths register.
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			
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			
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			
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			
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:91%

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			VHC includes: Clan elders, TBAs, CHVs
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			CHVs with boda-boda brings patient in case of 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	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			

7.8	Care Group Volunteers deliver behavior change communication to all pregnant women and women with under-2 children.	X			
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		TBA are not trained to undergo any kind of deliveries within the facility or outside. They will be involved in the CHV works
8.3	Women's committees established to assist the VHC with community health work and with CBC operations			X	

Comments and Observations (written by Curamericas intern)

Matongo facility has now well established maternity ward and a delivery rooms with adequate privacy and also skilled health workers. Although, they have no sufficient staffs (5 nurses during day, 2 nurses during night) they handled the night shift with alternate days' rotation with 2 KIKOP nurses. But the challenge is that there is no team based delivery system due to staff shortage, so delivery was conducted single handedly. They are keen at detecting conditions they cannot handle and immediately referring to the next level.

Now, at Matongo CBC, there are 22 CHVs, 22 TBAs, 22 Clan elders (Total 66VHC) from the 22 communities. The VHC is very actively engaged. The Health facility delivery rate has increased. In the month of May and June there were 23 and 15 deliveries at Matongo respectively.

The registries of all vital events like birth, death, miscarriage, stillbirths are well maintained.

Challenges so far is that of non-pharmaceuticals items, water supply, staffing, transportation and staff housing.

The overall performance of the Matongo facility has gone up to 83% from the base line 57% as per R-CBCA assessment.

Commented [BM1]: When you "there were 23 and 15 hospital deliveries respectively" do you mean that those deliveries were at Matongo or at the hospital in Kisii town?

Commented [BM2]: Any non-pharmaceuticals in particular that were low/lacking?

Commented [NC3R2]: The non-pharmaceuticals that I noticed that are lacking are the proper sterilization technique/ sterilization was not done adequately, emergency obstetric cart with emergency kit, oxygen supply, baby warmer, catheter, baby aspiration tube, suction machine, suture materials, Intrauterine balloon tampon

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

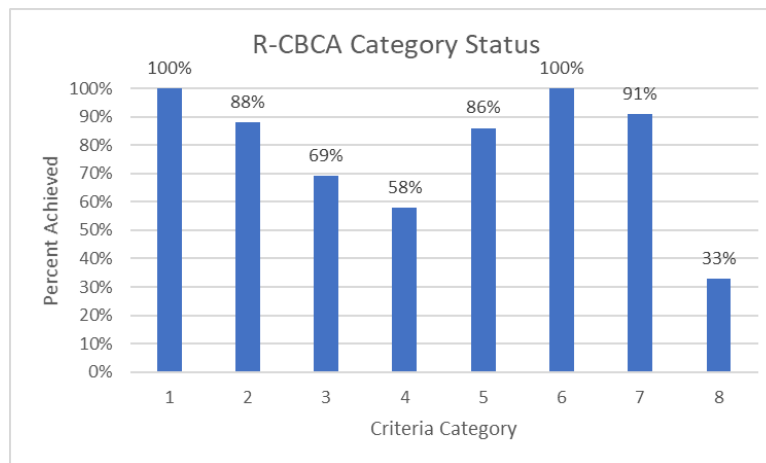


Figure 1: A simple scoring system was developed to quantify meeting of CBC criteria

Composite score: 78%

Location (100% score)

The facility met all CBC criteria based on location due to its high maternal mortality rate (MMR), low coverage of health facility deliveries, and accessibility for catchment communities and the nearby referral hospital. According to recent census there is 64% health facility deliveries.

CBC Services (88% score)

The MHC offers 24x7 services including holidays. There are at present 5 nurses during the day, 2 clinical officers, 1 public health officer, 1 lab technician, besides 2 KIKOP nurses which maintains alternate night shifts duty. The facility offers comprehensive services for holistic maternal and newborns care including skilled birth attendants, counseling, and support groups. The facility staff are motivated and well-trained in delivering these services. However, the facility falls short in providing these services at times as there is shortage of clinical staffs.

Additionally, the facility lacks access to transportation services, such as an ambulance. As there is no ambulance stationed at the facility. There is no such coordination between the CBC and communities in its catchment to establish a transportation system as for now.

CBC Staffing and Support (69% 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. At present there are 5 nurses during the day, 2 clinical officers, 1 public health officer, 1 lab technician, besides 2 KIKOP nurses which maintains alternate night shifts duty. The staffs is not sufficient to have team based delivery in the delivery room. Additionally, TBAs are not integrated into services at Matongo because they are not permitted by the government. But, the TBAs are included into the CHV program.

CBC Physical Plant/Equipment/Supplies (58% score)

The health facility is constructed and designed to meet the needs of patients with access to most basic needs and privacy practices. Some of its equipment's and supplies are from KIKOP projects. However, the facility still lacks some essential supplies, medicine, and equipment are either insufficient or not carried by the facility. For example, the non-pharmaceuticals lacking include the proper sterilization technique (sterilization was not done adequately), emergency obstetric cart with emergency kit, oxygen cylinder/supply, catheter, baby aspiration tube, suction machine, suture materials, baby suction tube, baby warmer with a vital status monitor,

Emergency medicine like adrenaline, dyphylline, dexamethasone, phototherapy set, Inj. Vitamin K, Baby infusion sets with special IV saline solution, Intrauterine Balloon Tampon used in PPH.

In terms of equipment, the facility is in need of a Doppler machine, Positive airway pressure machine, resuscitator, baby warmer, oxygen concentrator, and an ultrasound machine. The facility also lacks internet access, computers for data collection and storage, essential supplies for new born (like diapers, blankets, booties, training supplies), (like mama Natalie, resuscitation Annie), potable water for handwashing use in the maternity ward. Meeting these needs is a vital step towards consistent and dignified MNCH.

Respectful Culturally Appropriate Care (86% score)

The facility met CBC criteria effectively for providing respectful, culturally-appropriate care. The facility could improve further by allowing the women who deliver their choice of position during delivery and also the sterile attire during delivery.

Health Information and M&E (100% score)

The facility excels in recording salient health information and M&E protocol. The KIKOP staffs maintains the all vital events like births, deaths, miscarriage, still births and conduct verbal autopsy. Good communication exists between the facility and the KCDOH through established information channels, and duties are well-distributed among facility and community staff members. The facility and county could improve the efficiency of these methods with access to information technology such as computers, printers, back-up batteries, etc.

Community Partnership (91% score)

Partnerships with the local communities in the catchment area have improved considerably due to the CHVs, CHCs, clan elders, promoters and CGVs. Stronger partnership, interaction, and integration with the VHC will be vital in strengthening partnerships with local communities. 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 committees. Most of CGVs, TBAs and CGV are women at present.

Conclusion

The results of the R-CBCA with a composite score of 78% for MHC shows that the MHC has improved to a great extent in every CBC criteria compared to last year. These results will be addressed by Curamericas and MHC staff members to assess immediate needs and areas of further development. The project will continue to succeed with strong communication and a mutual commitment to further developing partnerships

Appendix I: Rapid Community Birthing Center Assessment Tool

Name of Health Facility _____ Matongo _____ Date(s) of Assessment 07/01/2019 _____

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	Review of MoH data <input checked="" type="checkbox"/> _____ Review of civil registry data _____ Household Survey/Interviews with end-end-users _____	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments: MMR (as per census) = 15/100,000 live births Health Facility delivery= 64% (as per census)

	coverage of health facility deliveries	Mortality Survey (census, Sisterhood, etc) <input checked="" type="checkbox"/> ___ Other: Interviews with CBC staffs, KIKOP staffs _____ _____	Last month delivery
1.2	CBC strategically located a maximum of 30 minutes by vehicle from the most distant catchment communities	Analysis of maps/GPS coordinates <input checked="" type="checkbox"/> ___ Test-drive _____ Other_ Interview with staffs _____	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments: Furthest is about 15 minutes' drive. However, patients come from as far as 30/40 minutes away
1.3	CBC located no more than 2 hours from nearest referral hospital	Analysis of maps/GPS coordinates <input checked="" type="checkbox"/> ___ Timed test-drive <input checked="" type="checkbox"/> ___ Other _____ _____	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments: Iranda is the nearest referral about 45 minutes drive. KTRH is about 30-45 minutes' distance drive.

2. CBC Services

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
2.1	Services provided 24/7 (including holidays)	<u>Primary:</u> Interview with facility staff <input checked="" type="checkbox"/> ___ Direct observation <input checked="" type="checkbox"/> ___ Review of CBC clinical records <input checked="" type="checkbox"/> ___	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined _____ Comments: 5 nurses from MOH, GOK during the day 2 nurses from KIKOP project maintains night duty on rotation 2 clinical officer, 1 public Health officer, 1 lab technician

		<u>Triangulation/validation:</u> Interviews with end-users _____ Other _____ ____	
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: Interviews with staffs _____ _____	Criteria met? Yes <u>X</u> No: ___ Not determined ___ Comments: Staff stay on rented quarters outside of the facility Don't have sleeping quarters in the campus but proposed for future
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 <u>X</u> ____ Direct observation _____ Interviews/surveys of end-users <u>X</u> ____ Other _____ _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Nurses have diploma in nursing Refresher course for nurses on obstetric emergency (3 or 7 days) every 6 months or more AMREF trained the KIKOP nurses to keep them updated Obstetric emergency refresher courses half yearly.
2.4	All deliveries include the Essential Newborn Actions (clean umbilical cord care,	<u>Primary:</u> Review of CBC clinical records <u>X</u> ____ Interviews with CBC staff <u>X</u> ____	Criteria met? Yes <u>X</u> No ___ Not determined: ___ Comments: Hep B vaccine is not a govt. policy and all other ENA are well maintained.

	thermal care- immediate drying and wrapping, immediate breastfeeding), weighing and measuring, BCG and Hep B vaccinations)	Triangulation/validation: Results of supervisory skill evaluations _____ Direct observation _____ Interviews/survey of end-users _____ Other _____ _____	
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No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
2.5	CBC staff skilled in the diagnosis/ stabilization/ management/refer ral of obstetric complications, including post- partum hemorrhage	<u>Primary:</u> Review of CBC clinical records _____ Interviews with CBC staff_X _____ <u>Validation/triangulation:</u> Results of supervisory skill evaluations _____ Review of training records/certifications ____ Direct observation _____ Interviews/survey of end-users _____ Other _____ _____	Criteria met? Yes_X__ No___ Not determined___ Comments: CBC staff are skilled. There is refresher course every half hourly for PPH and other complicated cases.
2.6	CBC has coordinated with the communities in its catchment to	<u>Primary:</u> CBC clinical records _____ Interviews with CBC staff X _____	Criteria met? Yes___ No X___ Not determined___ Comments: Women find their own means to get to the facility (self-referral). Most of them use “boda bodas”.

	establish a transportation system to pick up women from villages and bring them to the CBC	<u>Validation/triangulation:</u> Interviews/surveys with end-users____ Interviews of Village Health Committees____ Other_____	No such coordination for transportation with communities
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_X____ <u>Validation/triangulation:</u> Referral hospital clinical records____ Interviews with referral hospital staff____ Interviews with end-users____ Interviews with Village Health Committees____ Other_____	Criteria met? Yes_X__ No__ Not determined____ Comments: Staff makes telephonic communication whenever there is an obstetric emergency Good communication with KTRH
2.8	Fueled and maintained ambulance with driver available 24/7 (optional/desirable)	Direct observation____ Interviews with CBC staff_X____ CBC clinical records____	Criteria met? Yes__ No_X__ Not determined____ Comments: Ambulance 24X7 service is there Fuel and maintenance done by MOH, county govt.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
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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 X ___ Other _____ _____	Criteria met? Yes X ___ No ___ Not determined ___ Comments: There is one supervisory nurse who is the in charge of the HF. She is present during the day but is available for consultation through phone 24x7 . She debrief every obstetric emergency
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 ___ X ___ <u>Validation/triangulation:</u> Interviews with end-users _____ Review of end-users maternal health cards ___ Other _____ - ___	Criteria met? Yes X ___ No ___ Not determined ___ Comments: Yes, the H/F provide holistic services. 20 mother comes for delivery last month.
2.11	CBC has a lab or is linked to a nearby lab facility	Direct observation ___ X ___ CBC Clinical records ___ X ___ Interviews with CBC staff ___ X ___	Criteria met? Yes X ___ No ___ Not determined ___ Comments: Minimal lab is there USG not done here, Pap smear not done
2.12	CBC offers voluntary counseling at testing for HIV and PMTCT services	<u>Primary:</u> Direct observation ___ X ___ CBC Clinical records _____ Interviews with CBC staff ___ X ___ <u>Validation/triangulation:</u> Interview with end-users _____	Criteria met? Yes X ___ No ___ Not determined ___ Comments: VCT, PMTCT is there.

		Other _____ _ _	
2.13	CBC offers support classes for pregnant women (optional/desirable)	<u>Primary:</u> Direct observation ___X_ Class attendance logs____ Interviews with CBC staff ___X___ <u>Validation/triangulation:</u> Interviews with end-users____ Other _____ _ _	Criteria met? Yes X___ No___ Not determined ___ Comments: Take classes with 4-5 mothers in a group

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 _X___ 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: FP counselling is generally carried when they come for immunization after delivery.
2.15	CBC offers breastfeeding support groups for lactating women (optional/desirable)	<u>Primary:</u> Direct observation ____ Support group attendance logsX____ Interviews with CBC staff _X___ <u>Validation/triangulation:</u>	Criteria met? Yes X___ No___ Not determined ___ Comments: Immediately after delivery demonstration of breast feeding was done Advise to practice EBF for 6 months.

		Interviews with end-users ____ Other _____	
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: Everything is free.

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/scheduleX____ Interviews with CBC staff_X____ Review of MOH staffing standards____ <u>Validation/triangulation:</u> Interviews with end-users____ Other _____	Criteria met? Yes__ No_X__ Not determined__ Comments: Staffing not sufficient as only one nurse has to perform delivery but not in a team 32 communities with population of around ----- 5 nurses during the day assigned with different duty 2 nurses for night on rotation basis on alternate days
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 <input checked="" type="checkbox"/> ___ 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 <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments:
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 ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Direct observation ___ Other _____ ____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> ___ Not determined ___ Comments: No proper team, only one nurse in the labor room to perform labor room duty
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 ___ <u>Validation/triangulation:</u> Interviews with end-users ___ Direct observation ___ Other _____ ____	Criteria met? Yes <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments: MOH certified nurses with diploma in nursing Also trained mid-wife KIKOP nurses are trained by AMREF and have diploma in nursing
3.5	CBC utilizes task shifting from doctors and RNs to	<u>Primary:</u> Review of personnel records ___	Criteria met? Yes <input checked="" type="checkbox"/> ___ No ___ Not determined ___ Comments: Have trained nurses. No doctors.

	lower level professional staff- e.g., Auxiliary Nurses- as primary SBAs (optional/desirable)	Review of CBC clinical records_X___ Interviews with CBC staff_X___ <u>Validation/triangulation:</u> Interviews with end-users___ 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 recordsX___ Interviews with CBC staff_X___ Other_____	Criteria met? Yes_X_ No___ Not determined___ Comments: Every SBAs are trained nurse.
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: Quarterly evaluation done by supervisory nurses
3.8	Availability of a Supervisory Nurse 24/7	<u>Primary:</u> Review of CBC personnel schedule/work logs___ Interviews with CBC staff_X___	Criteria met? Yes_X_ No___ Not determined___ Comments: There is 1 SN who is an in charge and is available during the day. Available for 24x7 over phone for assistance

		Review of CBC clinical records X___ <u>Validation/triangulation:</u> Direct observation___ Other_____	
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___ <u>Validation/triangulation:</u> Interviews with end-users___ Other_____	Criteria met? Yes_X__ No___ Not determined___ Comments: The TBAs and CHVs do the work to support women and provide emotional and logistical support. Facility also have peer educator and peer mother to provide support women.

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
3.10	Staff includes at least one community Health Educator or	<u>Primary:</u> Review of CBC personnel logs___ Interviews with CBC staff_____	Criteria met? Yes_X__ No___ Not determined___ Comments: Three CHEW are there 2 at facility and 1 at the community.

	Community Health Extension Worker	Direct observation ____ <u>Validation/triangulation:</u> Interviews with end-users ____ Interviews with Village Health Committees __ Other _____ — —	
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 _X____ Direct observation ____ <u>Validation/triangulation:</u> Interviews with TBAs ____ Interviews with end-users ____ Interviews with VHCs/HFCs __ Other _____ — —	Criteria met? Yes__ No_X__ Not determined__ Comments: TBA are not trained and integrated into CBC staffing. They provide emotional support and logistics to pregnant women and escorts to and from CBC.

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 with help of volunteer community labor	<u>Primary:</u> Interviews with CBC staff _X____ <u>Validation/triangulation:</u> Interviews with VHCs/HFCs ____ Direct Observation ____ Other _____ — —	Criteria met? Yes__ No_X__ Not determined__ Comments: The CBC is constructed by MOH KIKOP voluntarily support

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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_____	Criteria met? Yes - No_X___ Not determined___ Comments:
4.3	Exam/counseling room that offers adequate privacy	Direct observation___X___	Criteria met? Yes_X___ No___ Not determined___ Comments: There is curtains available in the exam/counseling room
4.4	Delivery room with at least 2 beds, that offers adequate privacy	Direct observation_X___	Criteria met? Yes_X___ No___ Not determined___ Comments: There is only one bed and one couch but privacy is well maintained
4.5	Post-partum recovery room for resting	Direct observation_X___	Criteria met? Yes_X___ No___ Not determined___ Comments: There is post-partum recovery room for resting

4.6	Space for family members to wait and practice birth customs	<u>Primary:</u> Direct observation_X___ Interviews with CBC staff_X___ <u>Validation/triangulation:</u> Interviews with end-users_____	Criteria met? Yes_X___ No___ Not determined___ Comments: There is space to wait and practice birth customs but no separate room
4.7	Potable water supply	<u>Primary:</u> Direct observation_X___ <u>Validation/triangulation:</u> Water quality tested___ Other_ Interview with staffs _____	Criteria met? Yes___ No_X___ Not determined___ Comments: Shallow well and rain water harvesting is there. No running water.
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 X___ No___ Not determined___ Comments:

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) <u>X</u> Interviews with CBC staff <u>X</u> Other _____ ____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: There is incinerator, placental disposable pits, syringe disposable box, color coded bucket for disposable of biohazards
4.10	24/7 electricity	<u>Primary:</u> Direct observation <u>X</u> Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with end-users _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: There is a generator from KIKOP
4.11	A washing machine or utility sink for laundry	Direct observation <u>X</u>	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Small washing room but no washing machine
4.12	Reliable phone communication (landline or reliable cell phone signal)	<u>Primary:</u> Direct observation/testing <u>X</u> Interviews with CBC staff <u>X</u> <u>Validation/triangulation:</u> Interviews with end-users _____ Other _____ - _____	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: No landline, but two cell phone with money reimbursement system. Good mobile network

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 <input checked="" type="checkbox"/> Interviews with CBC staff <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: No computers printers for hospital use, Printer is there for KIKOP project work
4.14	Internet access (via modem/WiFi)	Direct observation/testing <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments:
4.15	Essential clinical equipment, including bag and mask, ultrasound, Doppler, autoclave	Direct observation utilizing MOH equipment protocols <input checked="" type="checkbox"/> Ambu bag and mask present <input type="checkbox"/> Doppler <input type="checkbox"/> Ultrasound <input type="checkbox"/> Autoclave <input type="checkbox"/> Present Blood pressure cuffs/monitor <input type="checkbox"/> Present Other _____ _ ___	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: USG- absent Oxygen cylinder <input type="checkbox"/> Absent Suction Machine <input type="checkbox"/> Absent
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 <input type="checkbox"/> Present Gloves <input type="checkbox"/> Present Surgical instruments <input type="checkbox"/> Present Bandages/gauze <input type="checkbox"/> Present	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Supplies by MOH, KIKOP

		Disposable syringes ___ Present	
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 _X_ CBC clinical records _X_ Tetanus vaccine_ Present ___ Iron/folate___Present Maternal vitamins___ Presents Hartmann/Ringers___ Presents MgSO4___Present Antibiotics__ Present Contraceptives ___ Present	Criteria met? Yes_X__ No___ Not determined__ Comments:
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 _X_ Review of CBC clinical/supply records___ Interviews with CBC staff __X_ Other_____	Criteria met? Yes_X__ No___ Not determined__ Comments: Supplied by MOH
4.19	Transfer incubator for premature newborns (optional-desirable)	Direct observation _X_ Review of CBC clinical records___	Criteria met? Yes_X__ No___ Not determined__ Comments: 1 transfer incubator supplied by KIKOP

4.20	Positive airway pressure (PAP) machine (for premature newborns with respiratory distress syndrome) (optional-desirable)	Direct observation <input checked="" type="checkbox"/> Review of CBC clinical records _____	Criteria met? Yes___ No <input checked="" type="checkbox"/> Not determined___ Comments:
4.21	Household supplies (linens, blankets, pillows and pillowcases, etc.)	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No___ Not determined___ Comments:
4.22	Supplies for newborns – caps, booties, blankets, pajamas, diapers, etc.	<u>Primary:</u> Direct observation _____ <u>Validation/triangulation:</u> Interviews with end-users _____	Criteria met? Yes___ No <input checked="" type="checkbox"/> Not determined___ Comments:

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,	Direct observation <input checked="" type="checkbox"/> Interviews with CBC staff <input checked="" type="checkbox"/> Mannequins/models ___ Absent Manuals ___ Absent Videos ___ Absent	Criteria met? Yes___ No <input checked="" type="checkbox"/> Not determined___ Comments:

	instructional posters, etc.	Posters ___ Present	
4.24	Cleaning supplies – soap, shampoo, detergent, mops, sponges, etc.	Direct observation _X_	Criteria met? Yes _X_ No ___ Not determined ___ Comments:

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 ___X 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:
5.2	CBC staff provide right to information, informed consent, and right of refusal	<u>Primary:</u> Direct observation ___ Interviews with CBC staff _X_ <u>Validation/triangulation:</u> Interviews with end-users ___	Criteria met? Yes _X_ No ___ Not determined ___ Comments: If the client is not cooperative than right to referred to higher center

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
		Interviews with VHCs/HFCs__ Other _____ - ____	
5.3	CBC staff provide privacy and confidentiality	<u>Primary:</u> Direct observation__X_ 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: HIV counseling is done in private room. Noone is allowed into the delivery room, except spouse. There is curtains in the exam room.
5.4	Women allowed choice of delivery attire and position during delivery	<u>Primary:</u> Direct observation__ X_ Interviews with CBC staff____X <u>Validation/triangulation:</u> Interviews with end-users____ Interviews with VHCs/HFCs__ Other _____ ____ ____	Criteria met? Yes____ No__X_ Not determined__ Comments: Facility does not provide attire – women use their own clothing. There is only one delivery table and a couch where the normal position can be lithotomy one
5.5	CBC allows presence of the TBA and at least one family	<u>Primary:</u> Direct observation____ Interviews with CBC staff____X	Criteria met? Yes__X__ No__ Not determined__ Comments: TBA can provide moral support but not allowed to enter the labor room

	member during delivery	<u>Validation/triangulation:</u> Interviews with end-users___ Interviews with VHCs/HFCs__ Other_____	Family members are allowed stay outside the labor room but spouse is allowed to eneter the labor room.
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: Singing and dancing when baby is born Bring traditional food Offering prayers

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
5.7	CBC services provided in woman's 1 st language (or	<u>Primary:</u> Direct observation___X Interviews with CBC staff___X	Criteria met? Yes__X No___ Not determined___ Comments: Kisii language

	preferred language)	Validation/triangulation: Interviews with end-users___ Interviews with VHCs/HFCs___ Other_____	
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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___X	Criteria met? Yes___X No___ Not determined___ Comments: Both the miscarriage and stillbirth register maintained.
6.2	Register maintained of all obstetric complications (including outcomes), both referred and resolved in the CBC	Direct observation___X	Criteria met? Yes___X No___ Not determined___ Comments:
6.3	Clinical file for every client	Direct observation___X	Criteria met? Yes___X No___ Not determined___ Comments:

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____X <u>Validation/triangulation:</u> Interviews with end-users/families____	Criteria met? Yes___X No___ Not determined___ Comments:
6.5	Vital Events Register maintained for each community to track all births, new pregnancies, and deaths	Review of register___X	Criteria met? Yes___X No___ Not determined___ Comments: Maintained for each community
6.6	Pregnancy Register maintained to detect and track progress of new pregnancies in the partner communities	Review of register___X	Criteria met? Yes___X No___ Not determined___ Comments: CHEW and KIKOP staffs do this.
6.7	Birth Register maintained for all	Review of register___X	Criteria met? Yes___X No___ Not determined___ Comments:

	births within partner communities		
6.8	Death Registers for all maternal and perinatal deaths (stillbirths and neonatal deaths) in partner communities	Review of registers___X	Criteria met? Yes___X No___ Not determined___ Comments: There is death register although there is no death occurrence so far.

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_X___ Review of verbal autopsies/death audits___X	Criteria met? Yes_X_ No___ Not determined___ Comments: Record on verbal autopsy/death Register well maintained Verbal autopsy done after 14 days of death
6.10	CBC uses an M&E system to monitor key indicators such as coverage of ANC, including: health facility deliveries, and	Review of M&E records and source documents___X Interviews with CBC staff__X Other_____	Criteria met? Yes___X No___ Not determined___ Comments:

	PPC; C-section rate; coverage of attention to obstetric emergencies; and FP coverage	<u>Data monitored/evaluated:</u> ANC ___ Present HFD ___ Present PPC ___ Present C-section rate ___ Present EmOC ___ Present FP ___ 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 ___ X Baseline data ___ present Interim data ___ End line data ___ After 3 years	Criteria met? Yes ___ X No ___ Not determined ___ Comments: Baseline data is there. Interim data collection done quarterly.
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.	<u>Primary:</u> Review of monthly, quarterly, and annual reports ___ Quaterly Interviews with CBC staff ___ X <u>Validation/triangulation</u> Interview with HFC ___ Interviews with VHCS ___ Interviews with other stakeholders ___	Criteria met? Yes ___ X No ___ Not determined ___ Comments: Monthly, Quaterly review meetings.
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
6.13	Maternal mortality ratio and perinatal and neonatal mortality rates	Review of vital events registers ___ X Review of mortality data ___ X	Criteria met? Yes ___ X No ___ Not determined ___ Comments: No MMR after census

	determined for partner communities, as well as causes, calculated quarterly and annually, based on vital events data	Review of verbal autopsies/death audits__X	
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6.14	CBC integrates its M&E data with the MoH HMIS	Review of MoH HMIS____ Interviews with CBC staff__X Interviews with MoH district/sub-county or area/county staff____	Criteria met? Yes__X No__ Not determined__ Comments: Present Census data to MOH Verbal autopsy data is reviewed by MOH Then data integretated into MOH system
6.15	CBC staff utilize mobile data technology for field data capture and transmission to a local server or to “the cloud”	Direct observation____ Interviews with CBC staff____X	Criteria met? Yes__X No__ Not determined__ Comments: ODK app and google drive

7. Community Partnership

No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
7.1	Catchment communities are mobilized to partner with the CBC, with	<u>Primary:</u> Interviews with CBC staff__X	Criteria met? Yes__X_ No__ Not determined__ Comments: Clan elders and CHV are involved

	community buy-in secured after a process of orientation to the goals and operations of the CBC	<u>Validation/triangulation:</u> Interviews with VHCs ___ Interview with HFC ___	TBA and village community are involved in Bazaras
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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: Have VHC which include Clan elders, TBA and CHVs
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 ___ Review of MOUs___ <u>Validation/triangulation:</u> Interviews with Village Health Committees ___	Criteria met? Yes___ No_X__ Not determined___ Comments: No such MOU at present MOU is informal

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: CHV with Voda-Voda bring pregnant women to reach the CBC in case of 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__X No__ Not determined__ Comments: Vital events reported monthly by CHV. New pregnancy, new birth, new deaths are reported

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;	<u>Primary:</u> Interviews with CBC staff__X <u>Validation/triangulation:</u>	Criteria met? Yes__X No__ Not determined__ Comments: Quarterly review meeting with VHC Community feedback meeting in Bazaras by VHC and community members

	community health data is posted in a public place for all to view.	Interviews with Village Health Committees ___ Interviews with CHEWs/Health Promoters and CHVs/CHWs/Community Facilitators ___ Observation of posted community health data ___ Other _____ _____	
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)	<u>Primary:</u> Interviews with CBC staff ___ <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 ___X No ___ Not determined ___ Comments: Train mothers in care group/neighbor group Collect vital events CGV comes with vital events Neighbor women report vital events

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 post-partum; 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> 4 ANC__Present Fe/folate__Present Tetanus__present HFD__present PPC < 48 hrs__Present FP__X	Criteria met? Yes__X No__ Not determined__ Comments:

		Danger signs ___X Birth plan ___X	
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 ___ X No ___ Not determined ___ Comments: Trained to incorporate TBA which is a member of VHC
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: Every village has TBA, Clan elders, CHV

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 ___ X No ___ Not determined ___ Comments: Quarterly review meeting

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: Mainly in CHC, all TBAs are women
8.2	TBAs are integrated into CBC operations	<u>Primary:</u> Interviews with CBC staff__X <u>Validation/triangulation:</u> Interviews with TBAs__ Interviews with end-users__ Interviews with CBC staff__X Direct observation of TBA work__ Other_____ _____	Criteria met? Yes__ X No__ Not determined__ Comments: TBA are trained to incorporate into CBC
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__X <u>Validation/triangulation:</u> Interviews with women's committees____	Criteria met? Yes__ No__X__ Not determined__ Comments: No such women committee to assist VHC with community health work

		Interviews with VHCs and HFCs__ Direct observation of women's committees at work__	
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Comments and Observations:

Matongo facility has now well established maternity ward and a delivery rooms with adequate privacy and also skilled health workers. Although, they have no sufficient staffs (5 nurses during day, 2 nurses during night) they handled the night shift with alternate days' rotation with 2 KIKOP nurses. But the challenge is that there is no team based delivery system due to staff shortage, so delivery was conducted single handedly. They are keen at detecting conditions they cannot handle and immediately referring to the next level.

Now, at Matongo CBC, there are 22 CHVs, 22 TBAs, 22 Clan elders (Total 66VHC) from the 22 communities. The VHC is very actively engaged. The Health facility delivery rate has increased. In the month of May and June there were 23 and 15 hospital deliveries respectively.

The registries of all birth, deaths were well maintained. Complication registers, Miscarriage and still births register were there.

Challenges so far is that of non-pharmaceuticals items, water supply, staffing, transportation and staff housing.

The overall performance of the Matongo facility has gone up to 83% from the base line 57% as per R-CBCA assessment.

