

Results (Iranda 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: Curamericas Intern interviewing matrons at Iranda health facility.

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: 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			High MMR area 949/100,000 live births
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			
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2. CBC Services

CBC SECTION SCORE: 69%

No.	Criteria	Status			Notes
		yes	part	no	
2.1	Services provided 24/7 (including holidays)	X			2 night shifts nurses to perform the delivery 1 clinical officer, 3 nurses, 1 pharmacist, 1 lab technician
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	There is no staff quarter
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		There is a matron nurse, she has some capabilities to handle PPH cases but she is not trained to handle PPH cases. Although most of the nurses are skilled in normal deliveries. The matron mentioned that there is no intrauterine balloon tamponade to control PPH
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 but no such protocol to establish transportation system.
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			Cervical ca. screening done every Wednesday of the week.
2.11	CBC has a lab or is linked to a nearby lab facility	X			Basic minimal lab. service
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			
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	There is no breast support group.
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: 64%

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	Lost some staff, staff shortage
3.2	CBC staff work in rotating shifts to allow 24/7 services	X			Yes, there is rotation in shift.
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. Yes there is task shifting as the axillary nurses are the one who perform deliveries with the skill they have acquired through their trainings.
3.6	Primary SBAs are trained and supervised by a Supervisory Nurse (a skilled obstetric RN)	X			Quarterly and monthly meeting.
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			
3.9	Staff includes Support Women (Doulas, delivery assistants, care		X		There is no such support

	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				staffs but the TBA provide the emotional and logistics supports
3.10	Staff includes at least one community Health Educator or Community Health Extension Worker	X			1 CHEW is there.
3.11	Traditional Birth Attendants are trained (by CBC or MOH staff) and integrated into CBC staffing with specified responsibilities			X	Not recognized.

4. CBC Physical Plant/Equipment/Supplies

CBC SECTION SCORE: 42%

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 designed by MOH but it is constructed with keeping in mind preferences for location and tried much as possible based on community preference so that it will encourage the Community for HF delivery. The infrastructure of the CBC is entirely designed as per 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 two bed present, but 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			
4.8	Complete toilet facilities (toilet, sink, shower)	X			
4.9	Proper waste disposal facilities, including medical waste/sharps, and application of proper infection control and sterilization practices			X	No Proper drainage system
4.10	24/7 electricity			X	No power back-up.
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			Internet through modem.
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		As per the matron, there was no depo Provera, no MgSO4, no progesterone only pills that day. But others like Tetanus vaccine, iron/folate, maternal vitamins, Hartman's/Ringers, antibiotics are available.
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			There is incubator but not in use as the low birth baby are rare.
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: 71%

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	X			

	respects her liberty, autonomy, self-determination, and freedom from coercion				
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. No position of choice.
5.5	CBC allows presence of the TBA and at least one family member during delivery			X	TBA are not allowed to enter. But the family members are allowed to enter based on their request.
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 restrictions for 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: 67%

No.	Criteria	Status			Notes
		yes	part	no	
6.1	Register maintained of all deliveries handled at CBC (including miscarriages and stillbirths)	X			
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		Only for uncooperative patient.
6.5	Vital Events Register maintained for each community to track all births, new pregnancies, and deaths	X			CHEW is there that looks into the matter.
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		X		

	audit by CBC clinical staff (or other MOH staff) to determine causes of death and which delays contributed				
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		No C-section, and obstetric emergency register.
6.11	M&E system includes household surveys to obtain accurate baseline and subsequent data on coverage of key indicators	X			PHO do this, Once in a week do the household survey.
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	Monthly and quarterly. Shared with DHIS MOH but not with partner communities and other stakeholders.
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 database MOH.
6.15	CBC staff utilize mobile data technology for field data capture and transmission to a local server or to “the cloud”			X	The KIKOP staff use ODK technology for the census.

7. Community Partnership

CBC SECTION SCORE: 73%

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			Through CHVs/TBAs/Clan elders/Assistant chief
7.2	Each catchment (partner) community has a Community Health Committee (CHC)/Village Health Committee (VHC) to oversee community health efforts		X		No VHC, only 1 number of CHC
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	X			CHC do that

	deaths are detected and reported to the CBC for follow-up				
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			Done monthly, CPC has field officer works with MOH staff
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			Promoter supervise CG which pass message to CGV.
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			All TBAs are women
8.2	TBAs are integrated into CBC operations			X	
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)

Iranda being a level 5 facility has sufficient room (buildings) at the maternity center with a delivery room with two beds but the privacy and drainage system inside the delivery room is an issue according to the public health officer. The delivery rate last month(June) was 30/month. There are 2-night shift nurse to perform night shift duty on alternate basis. The staff consist of 1 Clinical officer, 3 nurses, 1 pharmacist, 1- lab technician. The matron of the facility states that the laboratory does not function 24x7 hours.

The nursing staffs are skilled in normal vaginal delivery and to some extent management of complications like PPH.

Birth and death registries, miscarriages and still births are all recorded in the record office.

The challenges are that there is shortage of staffs, no medical officer (at least need one), laboratory need to run 24x7 hours. No ambulance or vehicle stationed at the facility for emergency referral to higher center. The facility has shortage of essential equipment's like ultrasound machine, Doppler, oxygen concentration, PAP machine, training materials.

Privacy in the labor room is an issue as there is no proper curtains in the delivery room between the beds, and the drainage systems in the labor room is not good.

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

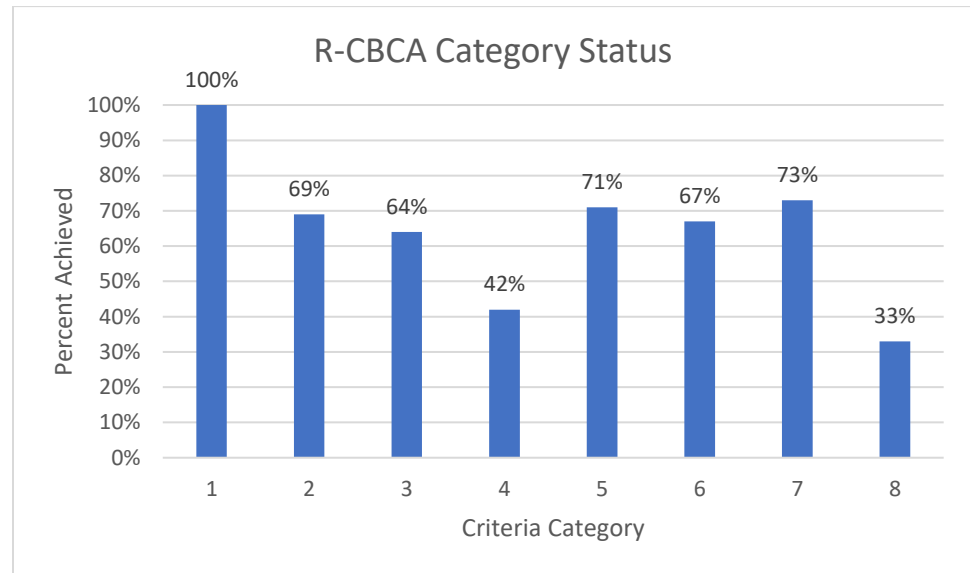


Figure 1: A simple scoring system was developed to quantify meeting of CBC criteria

Composite score: 65%

Discussions:

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. The MMR for the area is 949/100,000 live births, the mortality rate at the health facility is 0. There were 30 deliveries in the month of June.

CBC Services (69% score)

The facility provides 24x7 services in spite of being understaffed by clinical staffs. 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 all times due to understaffing, especially for the night shift as there is 2 nurses (one from the KIKOP) to provide night shifts on alternate days.

Additionally, the facility lacks access to transportation services, such as an ambulance. The ambulance is not stationed at the facility. The facility provides services free of cost.

The CBC staffs are skilled in normal vaginal deliveries, diagnosis and management of complications like PPH. The nurse who was trained in PPH cases was transferred to other facility.

CBC Staffing and Support (64% 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. The facility lost some staffs, some are transferred, there is no medical doctor (need at least one). There are two, night shifts nurses to conduct deliver on alternate basis, 1 clinical officer, 3 nurses, 1 pharmacist, 1 laboratory technician. Additionally, TBAs are not integrated into services at Iranda but they are integrated into the CHVs.

CBC Physical Plant/Equipment/Supplies (42% score)

The facility has sufficient room and was designed to meet the needs of patients with access to most basic needs and privacy practices but lacks privacy due to lack of curtains and screen. The CBC is constructed and designed according to MOH. However, essential supplies, medicine, and equipment are either insufficient or not carried by the facility. In terms of equipment, the facility is in need of a Doppler machine, resuscitator, baby warmer, oxygen concentrator, and an ultrasound machine. Medicines that are lacking are magnesium sulfate, lack of long acting contraceptive like Depo Provera.

The facility lacks at present such as supplies for newborn (like caps, booties, diapers), training supplies (like mama natalies, resuscitation annie, training videos, instructional posters). There is no Uterine Balloon Tamponade (UBT), sterile gloves, IV saline, Canulas as part of emergency kit. These are serious shortcomings in providing consistent care.

Respectful Culturally Appropriate Care (71% score)

The facility met CBC criteria effectively for providing respectful, culturally-appropriate care. The facility could improve further by allowing the women who delivery their choice of position during delivery other than the lithotomy position. The TBAs are not allowed to enter during delivery but spouse is allowed to enter.

Health Information and M&E (67% score)

The facility excels in recording salient health information and M&E protocol. There is a separate register for miscarriage and still births and register maintained on all complications. The records on all maternal and perinatal deaths in the community, key indicators like C-section rate, FP coverage are not determined. 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 reports that is generated is shared with MOH through DHIS and not to the partner community. There is no such mobile data technology system for data capture.

Community Partnership (73% score)

Partnerships with the local communities in the catchment area are lacking for many reasons. No VHCs at present and only one sub location has CHC. Stronger partnership, interaction, and integration with the VHC will be vital in strengthening partnerships with local communities. This could be reinforced by formalizing these relationships with MOUs for partner communities. This would help to activate the VHC by defining roles and expectations for members. 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 such TBAs, CHVs.

Conclusion

The results of the R-CBCA with a composite score of 65% for Iranda health facility show great potential for the facility's capacity to operate fully as a CBC. At present there is shortage of staffs, essential clinical equipment's and self-motivation from the staffs. The sterilization process should be well maintained for the safety of the patient and health care workers should also have adequate safety measures to protect themselves especially delivering HIV positive pregnancy. 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 ___Iranda Health facility___ Date(s) of Assessment ___July 4, 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 __ X _ Review of civil registry data ___ Household Survey/Interviews with end-end-users ___ Mortality Survey (census, Sisterhood, etc) __ X _ Other- Interview with staff	Criteria met? Yes __ X __ No ___ Not determined ___ Comments: High MMR area 40/100,000 per live births 30 deliveries last month.
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 __ X __ No ___ Not determined ___ Comments:
1.3	CBC located no more than 2 hours from nearest referral	Analysis of maps/GPS coordinates __ X _ Timed test-drive - X Other _____	Criteria met? Yes __ X __ No ___ Not determined ___ Comments:

	hospital		
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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 _____ Review of CBC clinical records _____ <u>Triangulation/validation:</u> Interviews with end-users _____ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: 2 night shift nurses to perform delivery during night. 1 Clinical officer, 3 nurses, 1 pharmacist, 1 lab technician No doctors available
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 <input checked="" type="checkbox"/> Other _____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: No sleeping quarters for staffs, but they have rooms available in the facility buildings.
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 <input checked="" type="checkbox"/> <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 <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: SBA are skilled in Normal vaginal deliveries.
2.4	All deliveries include the Essential Newborn Actions (clean umbilical cord care, thermal care- immediate drying and wrapping, immediate	<u>Primary:</u> Review of CBC clinical records _____ Interviews with CBC staff <input checked="" type="checkbox"/> <u>Triangulation/validation:</u> Results of supervisory skill evaluations _____ Direct observation _____ Interviews/survey of end-users _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined: ___ Comments: Yes, Essential newborn actions are included in all deliveries.

	breastfeeding), weighing and measuring, BCG and Hep B vaccinations)	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/referral 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 ___ No ___ Not determined X ___ Comments: CBC staffs skilled in the diagnosis/stabilization/management /referral of Obstetric emergencies. The nurse who was trained in PPH cases management was transferred to another place so at present there is no such trained nurse for PPH cases.
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 X _____ <u>Validation/triangulation:</u> Interviews/surveys with end-users _____ Interviews of Village Health Committees _____ Other _____	Criteria met? Yes ___ No ___ Not determined ___ X ___ Comments: There is no such protocol but there is good coordination between the communities and the CBC for transportation system.
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: There is ambulance for transport of referral patient. The staffs have a good communication with Kisii Teaching and Referral hospital(KTRH).
2.8	Fueled and maintained	Direct observation X _____	Criteria met? Yes ___ No X ___ Not determined ___

	ambulance with driver available 24/7 (optional/desirable)	Interviews with CBC staff___ CBC clinical records___	Comments: No ambulance stationed at the health facility.
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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_ X _ Other_____	Criteria met? Yes_ X _ 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_ 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: Cervical ca. screening done every Wednesday of the week in the Iranda health facility.
2.11	CBC has a lab or is linked to a nearby lab facility	Direct observation_ X _ CBC Clinical records___ Interviews with CBC staff_ X __	Criteria met? Yes_ X _ No___ Not determined___ Comments: There is a lab with minimal basic services but not functional 24x7.
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___ Other_____	Criteria met? Yes_ X _ No___ Not determined___ Comments:
2.13	CBC offers support classes for pregnant women (optional/desirable)	<u>Primary:</u> Direct observation___ Class attendance logs___ Interviews with CBC staff_ X __	Criteria met? Yes_ X _ No___ Not determined___ Comments: Every ANC visit, the pregnant women were provided basic classes one to one.

		<u>Validation/triangulation:</u> Interviews with end-users____ Other_____	
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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: CBC offers birth planning counselling at every ANC visit.
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_____	Criteria met? Yes ___ No ___ Not determined X ____ Comments: CBC provides advise on exclusive breast feeding and early initiation of breast feeding. No other nutritional support is provided to the lactating mother. There is no Breast feeding support group.
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
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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____ Interviews with CBC staff X ____ Review of MOH staffing standards X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Other_____	Criteria met? Yes___ No X Not determined___ Comments: Lost some staffs. Staff shortage Need at least one medical officer
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 X ____ Interviews with staff X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Direct observation____ Other_____	Criteria met? Yes X No___ Not determined___ Comments: Yes, CBC staffs works 24x7 services even in Sundays and holidays.
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 X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Direct observation____ Other_____	Criteria met? Yes___ No X Not determined___ Comments: Due to shortage of staff's team-attended-deliveries was not feasible. During night there is only one nurse to perform the delivery.
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 X ____ <u>Validation/triangulation:</u> Interviews with end-users____ Direct observation____ Other_____	Criteria met? Yes X No___ Not determined___ Comments: Primary skilled birth attendants are MOH-certified health professionals with diploma in nursing degree.
3.5	CBC utilizes task shifting from doctors and RNs to lower level professional	<u>Primary:</u> Review of personnel records____ Review of CBC clinical records____	Criteria met? Yes X No___ Not determined___ Comments: Yes, there is task shifting.

	staff- e.g., Auxiliary Nurses- as primary SBAs (optional/desirable)	Interviews with CBC staff <input checked="" type="checkbox"/> <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 records ___ Interviews with CBC staff <input checked="" type="checkbox"/> Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: There is a meeting of supervisory nurse with primary SBA every quarterly, monthly basis.
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 <input checked="" type="checkbox"/> Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Yes every monthly and quarterly.
3.8	Availability of a Supervisory Nurse 24/7	<u>Primary:</u> Review of CBC personnel schedule/work logs ___ Interviews with CBC staff <input checked="" type="checkbox"/> Review of CBC clinical records ___ <u>Validation/triangulation:</u> Direct observation ___ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Yes supervisory nurse is available 24x7.
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	<u>Primary:</u> Review of CBC personnel schedule/work logs ___ Review of CBC clinical records ___ Interviews with CBC staff <input checked="" type="checkbox"/> Direct observation ___ <u>Validation/triangulation:</u> Interviews with end-users _____	Criteria met? Yes ___ No ___ Not determined <input checked="" type="checkbox"/> Comments: There is no such support staffs but the TBA provide the emotional and logistics supports. Bring the patient to the health facility and then escort them back home.

	women to the CBC or referral hospital	Other _____	
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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 X _____ Direct observation _____ <u>Validation/triangulation:</u> Interviews with end-users _____ Interviews with Village Health Committees __ Other _____	Criteria met? Yes X No ___ Not determined ___ Comments: Yes there is one Community Health Extension Worker(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 _____ Direct observation X _____ <u>Validation/triangulation:</u> Interviews with TBAs _____ Interviews with end-users _____ Interviews with VHCs/HFCs __ Other _____	Criteria met? Yes ___ No X Not determined ___ Comments: No the TBA are not trained and integrated into CBC staffings.

4. CBC Physical Plant/Equipment/Supplies

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

	and/or maintained with help of volunteer community labor	Interviews with CBC staff <input checked="" type="checkbox"/> <u>Validation/triangulation:</u> Interviews with VHCs/HFCs ___ Direct Observation ___ Other _____	Comments: The CBC is constructed and/or maintained by MOH GOK.
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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 <input checked="" type="checkbox"/> <u>Validation:</u> Interviews with VHCs/HFCs ___ Interviews with end-users ___ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Tried as much as possible based on community preferences, enough to come to Health facility.
4.3	Exam/counseling room that offers adequate privacy	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: There is no proper privacy in the labor room.
4.4	Delivery room with at least 2 beds, that offers adequate privacy	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: There are 2 beds but there is no adequate privacy. There is no screen between two beds.
4.5	Post-partum recovery room for resting	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:

4.6	Space for family members to wait and practice birth customs	<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 _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:
4.7	Potable water supply	<u>Primary:</u> Direct observation <input checked="" type="checkbox"/> <u>Validation/triangulation:</u> Water quality tested _____ Other _____	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:
No.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
4.8	Complete toilet facilities (toilet, sink, shower)	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> 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) _____ Interviews with CBC staff <input checked="" type="checkbox"/> Other _____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: There are no proper sterilization practices, no proper autoclave. Labor room drainage system is not good.
4.10	24/7 electricity	<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 _____	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments: No generator when the power is off.
4.11	A washing machine or utility sink for laundry	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes ___ No <input checked="" type="checkbox"/> Not determined ___ Comments:

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__ Not determined X __ Comments: Mobile phone with strong signal is there. But no landline.

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 X __ No__ Not determined__ Comments:
4.14	Internet access (via modem/WiFi)	Direct observation/testing X ____	Criteria met? Yes X __ No__ Not determined__ Comments: There is modem available.
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 __Present__ Ultrasound __Absent__ Autoclave __Absent__ Blood pressure cuffs/monitor __Present__ Other _____	Criteria met? Yes __ No X __ Not determined__ Comments: No Uterine Balloon Tamponades(UBT) to manage PPH cases.
4.16	Essential clinical supplies (IVs, gloves, surgical instruments,	Direct observation utilizing MOH clinical supply protocols X ____	Criteria met? Yes X __ No__ Not determined__ Comments:

	bandages/gauze, syringes, etc).	IVs_Present__ Gloves_Present__ Surgical instruments_Present__ Bandages/gauze__Present_ 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____ Tetanus vaccine_Present__ Iron/folate__Present_ Maternal vitamins__Present_ Hartmann/Ringers____Present_ MgSO4____Absent Antibiotics__Present_ Contraceptives_limited__	Criteria met? Yes__ No X __ Not determined__ Comments: No Depo povera No Mg So4 Only progesterone only present
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____ Review of CBC clinical/supply records____ Interviews with CBC staff____ Other_____	Criteria met? Yes X __ No__ Not determined__ Comments:
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: One transfer incubator is there but is not in use.
4.20	Positive airway pressure (PAP) machine (for premature newborns with respiratory	Direct observation X ____ Review of CBC clinical records____	Criteria met? Yes X __ No__ Not determined__ Comments: There is no oxygen cylinder, no PAP machine.

	distress syndrome) (optional-desirable)		
4.21	Household supplies (linens, blankets, pillows and pillowcases, etc.)	Direct observation X	Criteria met? Yes___ No X Not determined___ Comments: Not sufficient
4.22	Supplies for newborns – caps, booties, blankets, pajamas, diapers, etc.	<u>Primary:</u> Direct observation X <u>Validation/triangulation:</u> Interviews with end-users___	Criteria met? Yes___ No X 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, instructional posters, etc.	Direct observation X Interviews with CBC staff X Mannequins/models___Absent Manuals___Absent_ Videos___Absent_ Posters___Limited	Criteria met? Yes___ No X Not determined___ Comments:
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 <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:
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 <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:
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 <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:
5.4	Women allowed choice of delivery attire and position during delivery	<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 <input checked="" type="checkbox"/> ___ Not determined ___ Comments: Only one position allowed. No separate attire fort delivery.

5.5	CBC allows presence of the TBA and at least one family member during delivery	<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 <input checked="" type="checkbox"/> Not determined ___ Comments: TBA is not allowed inside delivery room, family members are requested to stay outside.
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 <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.	Criteria	Assessment Method Options Indicate method(s) used	Summary of Findings
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:

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	Direct observation <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No _____ Not determined ___ Comments:

	(including miscarriages and stillbirths)		Separate register for miscarriage and still birth. Audits occurs every month.
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___ No___ Not determined_X_ Comments: For clients that are not cooperative, signed documents are maintained if there is any refusal to comply with obstetric referral.
6.5	Vital Events Register	Review of register__X_	Criteria met? Yes__X_ No___ Not determined___

	maintained for each community to track all births, new pregnancies, and deaths		Comments: CHEW is there to record vital events register.
6.6	Pregnancy Register maintained to detect and track progress of new pregnancies in the partner communities	Review of register <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Community Health Extension Worker(CHEW) do that.
6.7	Birth Register maintained for all births within partner communities	Review of register <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:
6.8	Death Registers for all maternal and perinatal deaths (stillbirths and neonatal deaths) in partner communities	Review of registers <input checked="" type="checkbox"/>	Criteria met? Yes <input checked="" type="checkbox"/> No ___ Not determined ___ Comments:

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 <input checked="" type="checkbox"/> Review of verbal autopsies/death audits <input checked="" type="checkbox"/>	Criteria met? Yes ___ No ___ Not determined <input checked="" type="checkbox"/> Comments: Once a death occurs in a community, the audit is done once it occurs or every month once. No verbal autopsy 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	<p>Review of M&E records and source documents___</p> <p>Interviews with CBC staff X___</p> <p>Other _____</p> <p><u>Data monitored/evaluated:</u></p> <p>ANC_Present___</p> <p>HFD_Present___</p> <p>PPC_Present___</p> <p>C-section rate___Absent</p> <p>EmOC_Absent___</p> <p>FP___Present</p>	<p>Criteria met? Yes___ No___ Not determined X___</p> <p>Comments:</p> <p>No such M& E system for C-section deliveries.</p>
6.11	M&E system includes household surveys) to obtain accurate baseline and subsequent data on coverage of key indicators	<p>Review of HH survey results_____</p> <p>Baseline data X___</p> <p>Interim data___</p> <p>End line data_____</p>	<p>Criteria met? Yes X___ No___ Not determined</p> <p>Comments:</p> <p>Done by KIKOP project with MOH coordination.</p> <p>Public Health officer do this.</p> <p>The household survey is done once in a week.</p>
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><u>Primary:</u></p> <p>Review of monthly, quarterly, and annual reports___</p> <p>Interviews with CBC staff X___</p> <p><u>Validation/triangulation</u></p> <p>Interview with HFC___</p> <p>Interviews with VHCs___</p> <p>Interviews with other stakeholders_____</p>	<p>Criteria met? Yes___ No___ Not determined___X</p> <p>Comments:</p> <p>It is done monthly and quarterly.</p> <p>Shared with DHIS(District Health Information System) not with partner communities and other stake holders.</p> <p>CHV brings data to CBC.</p> <p>CBC have meeting with CHW.</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	<p>Review of vital events registers X___</p> <p>Review of mortality data_____</p> <p>Review of verbal autopsies/death audits___</p>	<p>Criteria met? Yes X___ No___ Not determined___</p> <p>Comments: Quarterly and annually.</p>

	communities, as well as causes, calculated quarterly and annually, based on vital events data		
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: Raw data is included into the database DHIS for analysis.
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 ___ No ___ Not determined __X__ Comments: The KIKOP staff use ODK technology for the census.

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 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: Through CHV, Clan elders, TBAs and Assistant chief communities are mobilized to partner with CBC.

No.	Criteria	Assessment Method Options	Summary of Findings
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		Indicate method(s) used	
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 <u>X</u> <u>Validation/triangulation:</u> Interviews with Village Health Committees____ Interview with Health Facility Committee____	Criteria met? Yes___ No___ Not determined <u>X</u> Comments: NO VHC, CHC is only 1 in number. There is CHVs/CHC, Clan elders, TBAs
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 <u>X</u> Review of MOUs____ <u>Validation/triangulation:</u> Interviews with Village Health Committees____	Criteria met? Yes___ No <u>X</u> Not determined___ Comments: No such MOU Don't think necessary
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 <u>X</u> <u>Validation/triangulation:</u> Interviews with Village Health Committees____	Criteria met? Yes___ No <u>X</u> Not determined___ Comments: There is no such transportation plan. Depends on Terrain, but mostly Boda-Boda are there to bring the 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	<u>Primary:</u> Interviews with CBC staff <u>X</u> <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 <u>X</u> No___ Not determined___ Comments: CHC do the vital events surveillance and report to the CBC.

No.	Criteria	Assessment Method Options	Summary of Findings
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		Indicate method(s) used	
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 <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: It is done monthly basis. CPC has field officer works with MOH staffs. Monthly meeting with CHV to review performance which is displayed.
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 __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 <input checked="" type="checkbox"/> No ___ Not determined ___ Comments: Promoters who are in charge of CG CG meets neighbor women once in a month Promoter supervises the activity of VCG which give message to pass to the Neighbor women.

No.	Characteristics	Assessment Method Options	Summary of Findings
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		Indicate method(s) used	
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 <u>X</u> <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__ Present Danger signs___ Present Birth plan___ Present	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: Above this, also cover the following: Nutrition care Basic sanitation at the household level
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 <u>X</u> <u>Validation/triangulation:</u> Interviews with VHCs___ Direct observation of delivery___	Criteria met? Yes___ No <u>X</u> Not determined ___ Comments: No VHC is established. If they are established they are required to be present
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 <u>X</u> <u>Validation/triangulation:</u> Interviews with VHCs___ Interview with MRC/HFC___	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments:

No.	Characteristics	Assessment Method Options	Summary of Findings
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		Indicate method(s) used	
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 <u>X</u> <u>Validation/triangulation:</u> Interviews with VHCs___ Interview with HFC___ Review of minutes of HFC meetings___	Criteria met? Yes <u>X</u> No ___ Not determined ___ Comments: CBC +CHC+VHC meets monthly to share achieved activities. Quarterly CBC meets MOH staffs to brief a success and challenges. Sometimes stakeholders meeting held at county level, CBC is always welcomed in that 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 <u>X</u> <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 <u>X</u> No ___ Not determined ___ Comments: All TBAs are women.
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___ Interviews with end-users___ Interviews with CBC staff___ Direct observation of TBA work___ Other_____	Criteria met? Yes___ No <u>X</u> Not determined___ Comments: TBAs brings patient to the Health facility. Not involved in delivery or anything other than emotional and logistic support.
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___ Interviews with VHCs and HFCs___ Direct observation of women's committees at work___	Criteria met? Yes___ No <u>X</u> Not determined___ Comments:

Comments and Observations:

Iranda being a level 5 facility has sufficient room (buildings) at the maternity center with a delivery room with two beds but the privacy and drainage system inside the delivery room is a question according to the public health officer. The delivery rate last month(June) was 30. There are 2-night shift nurse to perform night shift duty on alternate basis. The staff consist of 1 Clinical officer, 3 nurses, 1 pharmacist, 1- lab technician. The matron of the facility states that the laboratory does not function 24x7 hours.

The nursing staffs are skilled in normal vaginal delivery and to some extent management of complication like PPH. Birth and death registries, miscarriages and still births are all recorded in the record office.

The challenges are that there is shortage of staffs, no medical officer (at least need one), laboratory need to run 24x7 hours. No ambulance or vehicle stationed at the facility for emergency referral to higher center. The facility has shortage of essential equipment's like ultrasound machine, Doppler, oxygen concentration, PAP machine, training materials.

Privacy in the labor room is an issue as there is no proper curtains in the delivery room between the beds, and the drainage systems in the labor room is no good

