



MAKING PREGNANCY SAFER

**Tool for assessing the performance of the health system
in improving maternal, newborn, child and adolescent health**



Acknowledgements

This tool was developed by the Institute of Child Health IRCCS Burlo Garofolo, Trieste, Italy – WHO Collaborating Centre for Maternal and Child Health, in a consultative process with the WHO Regional Office for Europe. The main authors were Giorgio Tamburlini and Laura Cogoy, IRCCS Burlo Garofolo, and important contributions were received from Helga Fogstad, Annie Portela, Isabel Aguirre Yordi, Vivian Barnekow and Stelian Hodoroaga. Coordination was by Alberta Bacci.

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Introduction

This tool was designed to complement the ‘*European strategic approach for making pregnancy safer – improving maternal and perinatal health*’¹ and builds on the experience gathered in countries by WHO/Europe in recent years in the implementation of the making pregnancy safer programme and the *Effective Perinatal Care training package* (2008) The aim of the tool is to help Member States, particularly ministry of health officers and key technical professionals, in their efforts to improve the health of mothers, newborn babies, children and adolescents within the ongoing health reform process.

Objectives

The tool has two specific objectives:

- to assist policy makers, health managers and leading professionals in assessing the performance of the health system with respect to maternal, neonatal, child and adolescent health (MNCAH);
- to guide policy makers, health managers and leading professionals in identifying key policy areas that need to be improved and in prioritizing relevant actions.

Informing principles

The key principle underlying the tool is that a health system approach should be adopted when assessing, reviewing and developing health policies. The roots of the problems are systemic, therefore it is important to avoid fragmentation in assessing the situation and its underlying causes, and identifying appropriate action. Attention should be given to different areas: the stewardship and governance function, the way health services are organized and delivered, the way the health system is financed, and the way in which resources, particularly the human resources are created and managed.

By proposing a health system framework, national policy makers and key partners are encouraged to adopt a common vision and a health system perspective, and avoid assessment and development of policies in isolation. Moreover, a shared policy assessment process makes it easier to identify partnerships and driving forces in the relevant policy areas.

This framework was identified in *The world health report 2000 - Health systems: improving performance*² and subsequently developed for the European Region at the WHO European Ministerial Conference on Health Systems: “Health Systems, Health and Wealth”, Tallinn, Estonia, 25–27 June 2008³.

¹ http://www.euro.who.int/pregnancy/20071024_1

² <http://www.who.int/whr/2000/en/>

³ http://www.euro.who.int/InformationSources/Publications/Catalogue/20090122_1

Adaptation

The tool was developed as a generic framework that can be adapted to the specific health system characteristics and health priorities at country or local level. The tool is based on internationally established policy principles so that the degree of adaptation should be limited to deleting or adding items depending on their relevance for the specific context, or using as reference standard the country adaptation of international standards.

Background

The first version of the tool was developed as an adaptation of the *WHO Strengthening Midwifery Toolkit (2008)*. Experts from several WHO technical areas, including those for health systems and gender, contributed with comments to its final version. Key partners in maternal and neonatal health in the WHO European Region were also invited to provide comments and suggestions. After a pilot application carried out in Albania in 2008, the scope of the tool was expanded to include the child and adolescent health components, to provide ministries of health and their partners with a comprehensive tool covering the whole range of policies related to MNCAH.

Requisites for the assessment workshop

The tool was designed to be used at national or regional policy workshops, and to involve key ministry officers, stakeholders and partners. Ideally, participants to the workshop should include representatives of all involved disciplines and areas including health policy and planning, health management, obstetrics, midwifery, neonatology, paediatrics, nursing and primary care providers.

Structure and use

The tool provides an analytical framework to assess how specific functions of the health system are performed with respect to MNCAH, to identify existing gaps, obstacles to improved performance and to prioritize actions.

Column 1	Column 2	Column 3	Column 4				Column 5	Column 6
Functional components	Standards	Areas (MNCA)	Assessment				Gaps & Obstacles	Priority actions
			3	2	1	0		

In column 1 the health system (HS) functional components are listed in accordance to the WHO model which identifies 4 fundamental HS functions (stewardship and governance, resources generation, service delivery and financing). While the functional components related to the first three HS functions are addressed separately, those related to financing are addressed within each of the three previous functions.

In column 2 the standards for each functional component are described to provide a reference against which to assess the HS performance (column 4). A four-grade score (0 to 3) is proposed. For each standard, maternal newborn, child and adolescent health areas can be addressed either altogether or separately (column 3) depending on how the HS is organized and services are delivered.

The fifth column should be used to provide the rationale for the assessment, i.e. to identify gaps and obstacles.

The sixth column should be used to identify priority actions including the relevant roles and responsibilities of government sectors, health authorities, and other key players.

As stated above, the tool is intended for use at national or sub-national level to guide assessment and planning exercises, to be shared among the various stakeholders. To optimize the results of the workshop the following steps are suggested:

1. Present and discuss scope and objectives of the exercise.
2. Read columns 1 and 2, clarify terms and concepts if necessary and identify the functional components that are relevant for each participant.
3. Assess the situation, ideally by groups of participants sharing responsibilities in the same areas, and fill in column no. 4 and column no. 5 (the latter is mandatory for scores less than 3) to justify your scoring. It may be useful to use intermediate (1 or 2) scoring to represent evolving situations, e.g. when a specific policy or action is underway.
4. Identify priority actions and indicate relevant responsibilities within government sectors, partners, NGOs.

FUNCTION OF HEALTH SYSTEM: 1. Stewardship

Functional components	STANDARD	ASSESSMENT 0: absent 1: planned but not implemented 2: partially implemented 3: fully implemented	ASSESSMENT				GAPS AND OBSTACLES	PRIORITY ACTIONS AND RELEVANT RESPONSIBILITIES
			3	2	1	0		
Advocacy and Advisory body	<ul style="list-style-type: none"> An advocacy strategy has been developed and involves key stakeholders (government, donors, international agencies, civil society groups, etc.) 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> A multi-sector coordinating body to promote “health in all policies” actions, advise on policy and monitor progress has been established 	M						
		N						
		C						
		A						
Priority and plans	<ul style="list-style-type: none"> MNCAH is mentioned as a priority in health and other relevant sector and multi-sector development plans, poverty reduction strategies, etc. 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Specific plans exist at national/local level with clearly defined objectives, resources and responsibilities 	M						
		N						
		C						
		A						

Evidence base and quality assurance	<ul style="list-style-type: none"> • Policies, national guidelines and standards are based on international standards and on best available evidence 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> • Existence of a national policy or of specific programmes aimed at quality assessment and improvement 	M							
		N							
		C							
		A							
Collaboration and coordination	<ul style="list-style-type: none"> • Collaboration among key stakeholders in government, international agencies, academic institutions and non-governmental organizations, as well as with community and women's groups 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> • Coordination of antenatal and perinatal services and programmes with child and adolescent health services and programmes and with relevant other health programmes, such as women's health 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> • Attention paid to private health providers and insurance companies, through regulations and accreditation mechanisms, to ensure they contribute to national strategies and meet quality standards 	M							
		N							
		C							
		A							
Enabling legislation	<ul style="list-style-type: none"> • Existence and enforcement of legislation to promote reproductive health, maternal child and adolescent health, gender equality and to protect women and children from hazardous environments and from domestic violence 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> • Review/update of legislation relevant to MNCAH in collaboration among key ministries (e.g. health, welfare and labour, education), including issues relevant to adolescents such as parental consent, age of competency, confidentiality. 	M							
		N							
		C							
		A							

Legal protection of patients and health workers	<ul style="list-style-type: none"> Existence and actual functioning of bodies to promote and monitor patient's and women's rights, women's rights and patients' safety in the health system 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Existence and enforcement of rules and regulations ensuring adequate working conditions of health professionals including insurance coverage 	M					
		N					
		C					
		A					
Equity approach	<ul style="list-style-type: none"> Existence and enforcement of legislation to ensure universal access to essential health services, including for migrants and asylum seekers 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Policies and programmes are evaluated for their capacity to reach and benefit the poor and other socially or economically marginalized groups Policies and programmes are evaluated for their capacity to promote and achieve gender equity 	M					
		N					
		C					
		A					
Quality assurance	<ul style="list-style-type: none"> Existence of a functioning national body in charge of promoting and monitoring quality of care based on international standards 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Evidence based standards of care and quality improvement mechanisms are included in social health insurance schemes whenever these exist. 	M					
		N					
		C					
		A					

Monitoring and evaluation										
Monitoring and evaluation	<ul style="list-style-type: none"> Existence and implementation of a health information system which includes the collection of sex disaggregated data relevant to MNCAH 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Existence and implementation of a monitoring and evaluation system based on specific MNCAH indicators, including patient satisfaction periodical surveys 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Relevant MNCAH data and indicators are made available and analysed at local level 	M								
		N								
		C								
		A								
<ul style="list-style-type: none"> Operational research including ad hoc surveys are conducted to assess needs, programs and interventions including identification of populations groups with special MNCAH needs. 	M									
	N									
	C									
	A									
Financing										
Financing	<ul style="list-style-type: none"> An adequate (to the population size and needs) proportion of the health sector government budget is allocated to maternal, newborn, child and adolescent health services 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Essential MNCAH services have been identified and are free at point of delivery 	M								
		N								
		C								
		A								

FUNCTION OF HEALTH SYSTEM: 2. Adequate and sustainable resources

Functional components	STANDARD	ASSESSMENT	ASSESSMENT				GAPS AND OBSTACLES	PRIORITY ACTIONS AND RELEVANT RESPONSIBILITIES
			0: absent	1: planned but not implemented	2: partially implemented	3: fully implemented		
		A R E A S	3	2	1	0		
Infrastructure	<ul style="list-style-type: none"> Existence and implementation of a health infrastructure development plan, including water, sanitation, electricity, information system and medical equipment 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Existence and implementation of a maintenance plan for infrastructure and medical equipment 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Existence of an adequate and rationally distributed network of primary, secondary and tertiary care facilities for mothers, newborns and children/adolescents 	M						
		N						
		C						
		A						

Training									
Training	<ul style="list-style-type: none"> Existence of an adequate training capacity for all the key MNCAH health professionals 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> The curricula of the main professionals (midwives, nurses, child/adolescent psychologists, neonatal, paediatric and obstetric specialists, child neurologist and psychiatrists) are being updated regularly and reflect international standards 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> The curricula for health professionals include disciplines such as epidemiology and public health, health promotion, counselling skills and managerial competences, access to services and different norms and behaviours of men and women, including school age children and adolescents that affect MNCAH 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Health professionals' knowledge and skills are upgraded through continuous education programmes and include re-certification criteria 	M							
		N							
		C							
		A							
<ul style="list-style-type: none"> Both pre-service and continuous education programs are based on the principles of adult education and include problem-based learning approaches and EBM principles and tools 	M								
	N								
	C								
	A								
Staffing									
Staffing	<ul style="list-style-type: none"> Existence of a national human resources development plan including MNCAH needs 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Existence and implementation of essential training requirements for health professionals relevant to MNCAH including specialists such as neonatal nurses, surgical nurses, paediatric anaesthesiologists 	M							
		N							
		C							
		A							

Human resources management	<ul style="list-style-type: none"> Utilization of existing human resources is maximized by accurate deployment, supportive supervision and performance-based salary components 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Imbalances in availability of skilled MNCAH professionals within and among health facilities and geographical areas are addressed in collaboration between national and local authorities 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Attention is paid to working environments with respect to safety, equal opportunities, gender sensitiveness, respect and dignity 	M								
		N								
		C								
		A								
Drugs, supplies and equipment	<ul style="list-style-type: none"> Continuous supply of all essential medicines, consumables and equipment for obstetric, neonatal and paediatric care 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Existence and implementation of a periodically updated essential medicine list for obstetric, neonatal and paediatric care 	M								
		N								
		C								
		A								
	<ul style="list-style-type: none"> Existence and periodical updating of an essential equipment list for obstetric, neonatal and paediatric care for the different levels (primary, secondary, referral) of the health system 	M								
		N								
		C								
		A								

Financing							
Financing	<ul style="list-style-type: none"> Existence of a definite health budget component devoted to infrastructure development and maintenance in the area of MNCAH 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Salaries of health professionals are sufficient to allow for appropriate living standards and reduce the phenomenon of unofficial payments 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Remunerations include possibilities of career development and salary increase in relation to, responsibilities and performances 	M					
		N					
		C					
		A					
	<ul style="list-style-type: none"> Supply of essential drugs and equipment is adequately financed within a specific budget chapter 	M					
		N					
		C					
		A					

FUNCTION OF HEALTH SYSTEM: 3. Health service delivery

Components	STANDARD	ASSESSMENT 0: absent 1: planned but not implemented 2: partially implemented 3: fully implemented	ASSESSMENT				GAPS AND OBSTACLES	PRIORITY ACTIONS AND RELEVANT RESPONSIBILITIES
			3	2	1	0		
Essential services	<ul style="list-style-type: none"> Primary care services are able to deliver all the essential antenatal, postnatal, child and adolescent health interventions as recommended by national essential packages for MNCAH 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Proactive, gender responsive, and reach out strategies are adopted to ensure access to essential interventions by remote or disadvantaged populations 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Obstetric and paediatric hospital services at all levels are able to deliver the expected interventions 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Gender sensitive youth friendly services are offered including advice on common health problems, such as mental health, use of substances, reproductive and sexual health 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> Quality of care is periodically assessed according to national or international standards 	M						
		N						
		C						
		A						

	<ul style="list-style-type: none"> • Advice on family planning and access to contraceptives is made available to all women in appropriate locations and at affordable prices • Proactive strategies to involve men and increase their responsibility on family planning are adopted 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> • Advice and support to pregnant women who consider abortion and appropriate safe abortion care is provided according to national legislation 	M						
		N						
		C						
		A						
Referral system	<ul style="list-style-type: none"> • Obstetric, neonatal and paediatric care is organized by levels of care (primary, secondary and tertiary) with clear definitions of functions of each level and criteria and conditions for referral including adequate financial transfers to referral facilities 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> • Protocols and standards for care in normal pregnancy, birth and postpartum period as well as for management of severe and complicated cases have been developed for each level of care in accordance with international standards and are currently implemented 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> • Appropriateness of referrals as well as missed referrals for both at risk mothers and babies are monitored through appropriate indicators (e.g. proportion of VLBW/>32 weeks babies delivered in facilities with NICU) 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> • Adequate and prompt transport is ensured for emergencies and for referral 	M						
		N						
		C						
		A						
	<ul style="list-style-type: none"> • Adequate collaboration with and feedback to the referring services is ensured by the referral centres • Adequate referral for women and children victims of violence is developed in collaboration with other relevant sectors 	M						
		N						
		C						
		A						
Quality improvement	<ul style="list-style-type: none"> • Quality assurance mechanisms are implemented at facility level including periodical data analysis, clinical audits, review of the use of drugs and technologies and supportive supervision 	M						
		N						
		C						
		A						

	<ul style="list-style-type: none"> Assessment of quality services is periodically organized with involvement of independent external assessors 	M							
		N							
		C							
		A							
Integration and continuity of care	<ul style="list-style-type: none"> Mechanisms are set up to ensure adequate integration and continuity between community services, hospital services, social services, in the prevision for maternal, child and adolescent care 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Continuity of care is ensured by the adoption of patient-centred medical record (mothers, newborn and child records) and by adequate transfer of information at care levels 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> protocols for common conditions as well for chronic conditions are shared between different level of care 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Opportunities are provided for health professionals from different levels of care to access web based sources of information and update and continuous education programs 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Opportunities are provided for health professionals from different levels of care to review and discuss information of common interest such as patient flows, some outcome indicators, etc.. 	M							
		N							
		C							
		A							
Mother and child friendly services	<ul style="list-style-type: none"> Maternity services and particularly delivery care is provided taking in account the right of the women to holistic care, privacy, dignity and avoidance of unnecessary pain, respect of religious and culture tradition and choices whenever not conflicted with good medical practice 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Neonatal and paediatric care is provided taking into account the right of children to holistic care, privacy, dignity and avoidance of unnecessary pain 	M							
		N							
		C							

		A							
	<ul style="list-style-type: none"> The principles and practice of baby-friendly hospital initiative are implemented 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Gender sensitive youth friendly primary care services and care for adolescents at hospital level are provided ensuring respect of adolescents' privacy and confidentiality 	M							
		N							
		C							
		A							
Information and communication to the users	<ul style="list-style-type: none"> Adequate information on the type and quality of services provided is made available to the users 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Key-players such as women's groups, lay associations, etc.. are periodically involved in key decision about distributions and functions of services 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Health education messages are in line with evidence based guidelines, are gender sensitive and aimed at promoting gender equality 	M							
		N							
		C							
		A							
Financing	<ul style="list-style-type: none"> Mechanisms are put in place to ensure financial accountability of managers and health professionals for the expenses as well as the revenues they are responsible for 	M							
		N							
		C							
		A							
	<ul style="list-style-type: none"> Adequate mechanisms are established to minimize unofficial payments to health professionals 	M							
		N							
		C							
		A							