



FIGO Barrier Assessment Toolkit

Barrier Assessment Tool

SECTION A – FOR NATIONAL/REGIONAL ORGANISATIONS

SECTION B – FOR HEALTH FACILITIES AND MNCH PROVIDERS

Overview

The Barrier Assessment Tool (BAT) has been created as part of the Leadership Development Initiative: Removing barriers to effective access and coverage of maternal healthcare (LDI-REACH) led by the International Federation of Gynecology and Obstetrics (FIGO) and six national societies of obstetricians and gynaecologists (obgyn) in Bangladesh, India, Pakistan, Ethiopia, Kenya and Nigeria.

The BAT is intended to be used as a tool to gather information on barriers within health systems and within facilities in relation to the adoption and utilisation of clinical interventions which have been proven to be effective treatments for pregnancy complications.

Who is this tool for?

The BAT is intended to be used by:

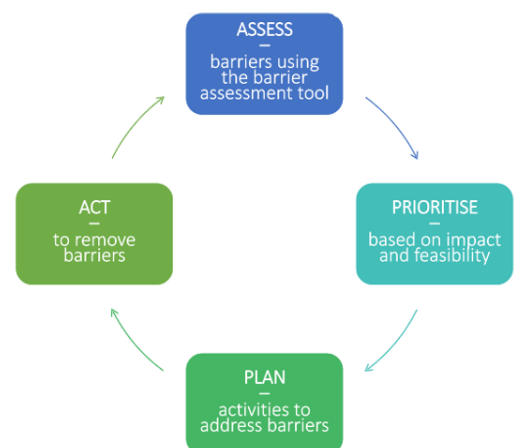
- **[Section A]** National obgyn societies (or other national/regional organisations) to identify national/regional barriers.
- **[Section B]** Health facilities and Maternal and Newborn Health (MNH) providers to identify facility-level barriers

Note: Efforts at national, regional and health facility level are all key to improving MNH care quality improvement for patients. Engagement and collaboration across the different levels enable synergy and greater impact. Although the sections are separated and intended for different stakeholder audience, where possible national, regional stakeholders such as the national OBGYN society should engage with focal points at health facilities to understand on-the-ground barriers and lend support to individual health facilities who have completed the barrier assessment.

How do I use this tool?

The BAT is intended to be used as part of FIGO's Barriers Assessment Framework, a practical, provider-led framework for continuous quality improvement. The four-step cycle (Assess, Prioritise, Plan, Act) begins with the BAT.

The BAT can be completed digitally or on a printed copy, and in an ideal scenario it would be carried out by a group of relevant stakeholders. In the national/regional context, this may be members of the national obgyn society, a Ministry of Health stakeholder, or other stakeholder working at the national/regional level. In the health facility context, this may be a healthcare provider, a facility administrator, or other stakeholder at the health facility.



Barriers prioritised based on impact and feasibility (the prioritisation exercise is included in the BAT), before planning and implementing targeted activities. These initial steps should inform the activities that will be implemented to overcome the identified barriers.

Choose an intervention

The BAT is intended to explore barriers in place for specific clinical interventions, proven to be effective, which are not yet implemented into the health system or where there are gaps in implementation. For example, under the FIGO LDI:REACH programme, the BAT was used for four targeted clinical interventions: ***E-MOTIVE*** for *postpartum haemorrhage*, ***magnesium sulphate*** for *preeclampsia*, ***IV Iron*** for *iron-deficiency anaemia* and ***antenatal corticosteroids*** for *preterm birth*.

Completing the BAT

The questions require a yes, no or not applicable (N/A) answer. Please check the box that is the most appropriate based on the information gathered. If the question is not relevant to your context, please check 'N/A'. Please also write as much detail as possible in the open space below each question to provide more context, especially when prompted.

	National/regional policies	Yes	No	N/A
A1-1	Is there a national policy on Universal Health Coverage in your country?	X		
	Comments e.g. <i>The government published a UHC policy in September 2024.</i>			

Document structure

This document is split into **[A] national/regional section** and **[B] health facility section**.

Each section is further split into **(1) maternal and newborn healthcare barriers** and **(2) clinical intervention specific barriers**.

For Section A – national/regional section, please answer as appropriate to your context (i.e. consider whether national or regional factors impact delivery of care to a greater extent when answering questions) and add details for relevant regions and states.

For both Sections A and B, part 1 only needs to be completed once.

Part 2 needs to be completed for each clinical intervention, but can be repeated if multiple interventions want to be explored.

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Section A – For national/regional organisations

COUNTRY	
DATA COLLECTION FOCAL POINT AND COLLABORATORS	
KEY DATA SOURCES (name + organisation)	
DATE COMPLETED	
CLINICAL AREA AND INTERVENTION #1	<i>e.g. Post-partum haemorrhage – E-MOTIVE bundle</i>

Part 1 – Maternal and newborn healthcare overview

	National and regional policies	Yes	No	N/A
A1-1	Is there a national and/or regional policy on Universal Health Coverage in your country?			
A1-2	Are MNH services SUFFICIENTLY financed and provided by the government? <i>Provide list of key budget holders.</i>			
A1-3	Is there a nationally and/or regionally identified target for the reduction of maternal mortality? <i>If yes, state target below.</i>			
A1-4	Is there a national and/or regional policy on gender? <i>If yes, does it include targets for women's health?</i>			
A1-5	Is there FUNCTIONAL process for the introduction of new drugs and other commodities into the health system? <i>If yes, provide details below.</i>			
A1-6	Is there a national and/or regional mentoring system in place within the health system structure? <i>If yes, provide details below.</i>			
	Staffing	Yes	No	N/A

A1-7	Is there an adequate number of obgyns at the national and/or regional level to meet population needs?*			
	<i>If no, provide further information on staffing issues faced nationally.</i>			
A1-8	Is there an adequate number of midwives at the national and/or regional level to suit your health system needs?			
A1-9	Is there an adequate number of nurses at the national and/or regional level?			
A1-10	Is there an adequate number of community health workers at the national and/or regional level?			
A1-11	Is there an adequate number of skilled birth attendants [†] at the national and/or regional level?			

* An adequate number of health professional means an adequate number of suitably qualified, competent, skilled and experienced staff are available in the workforce to meet people's care and treatment needs at all times. On the other hand, an inadequate number of health professionals means that there is a shortage of qualified, competent, skills and experienced staff and therefore care providers cannot meet people's care and treatment needs, resulting in a barrier to quality, timely care.

Part 2 – Clinical Intervention Context – Intervention 1

This section should be completed for a specific clinical intervention for a given clinical area (e.g. EMOTIVE for PPH). Please make sure you are specifically thinking about the use of the **SPECIFIC CLINICAL INTERVENTION** for the **SPECIFIC CLINICAL AREA** when answering the questions.

This section can be repeated for multiple clinical intervention.

CLINICAL INTERVENTION	<i>e.g. E-MOTIVE bundle</i>
CLINICAL AREA	<i>e.g. Post-partum haemorrhage</i>

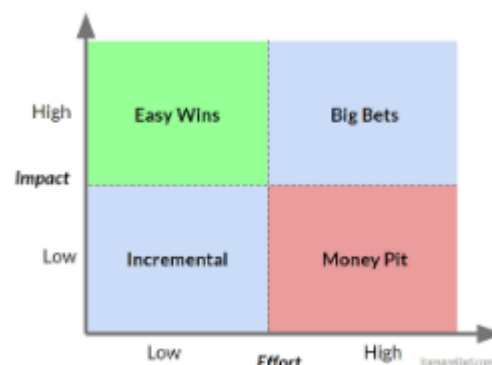
	Clinical leadership	Yes	No	N/A
A2-1	Is there a national Technical Working Group or Ministry of Health Committee responsible for overseeing the clinical area? <i>Please answer yes, if there is an active MNCH Committee (or specific subcommittee) that reviews and updates care guidelines for the clinical area on an ongoing basis.</i>			
A2-2	Is there a national/regional policy which covers the specific pregnancy complication? <i>A policy refers to the <u>overall strategy, goals and priorities</u> set by the government to address prevention and management of the clinical area at a national/regional level. If yes, provide name of policy and publication year below.</i>			
A2-3	Is there a national/regional clinical guideline which covers the specific pregnancy complication? <i>A clinical guideline is a document which provides <u>specific, evidence-based recommendations and protocols</u> for healthcare professionals to follow in clinical practice when managing the clinical area. If yes, provide name of guideline and publication year below.</i>			
A2-4	If there is a clinical guideline, does it specifically recommend the use of the clinical intervention/medication?			
A2-5	Are there any job aids or protocols which provide detailed administration guidelines to support the correct use of the specified clinical intervention?			
A2-6	Is the clinical intervention included in the standard medical curriculum at the national/regional level or as a standard by most institutions? <i>Provide details of medical curriculum settings. If yes, which medical providers are covered?</i>			
	Clinical intervention	Yes	No	N/A

A2-7	<p>Is the clinical intervention registered for appropriate use for the specified pregnancy complication in the national system?</p> <p><i>If no, is it registered for an alternative use or restricted in use in any way?</i></p> <p><i>What actions need to be taken for the clinical intervention to be included in the national system?</i></p>			
A2-8	<p>Is the clinical intervention drug(s) on the national Essential Medicines List?</p> <p><i>If no, are there plans underway for them to be added and when? What actions need to be taken for the drugs to be included in the Essential Medicines List?</i></p>			
A2-9	<p>Is the clinical intervention included in the national Essential Packages of Health Services?</p> <p><i>If no, are there plans underway for them to be added and when? What actions need to be taken for the clinical intervention to be included in the Essential Medicines List?</i></p>			
A2-10	<p>Is there local production of the clinical intervention drug(s) in the country?</p>			
A2-11	<p>Is there is national procurement system for the clinical intervention drug(s)?</p> <p><i>E.g. Can public health facilities request the supply of clinical intervention drug(s) through the national system?</i></p>			
A2-12	<p>Is there a reliable supply of the clinical intervention drug(s) in the national health system?</p> <p><i>If no, what actions need to be taken for the clinical intervention to be included in the Essential Medicines List?</i></p>			
A2-13	<p>Are there any other considerations or barriers in relation to the specified clinical intervention or pregnancy complication?</p> <p><i>If yes, provide details below.</i></p>			

Prioritisation exercise guide [NATIONAL/REGIONAL]

If multiple barriers are identified, it is useful to prioritise which barriers to target. This exercise is a simple guide in prioritising barriers according to level of impact and level of effort required. This should ideally be carried out together with multiple stakeholders and experts to ensure shared understanding and buy-in. Other methods or techniques to consider priorities can be used.

1. Review the responses above and where 'No' is recorded, mark as a barrier in the template below, by placing "X" in the column titled <Barrier>. Leave rows which are not barriers blank.
2. Once all the barriers have been marked, review each barrier. For each barrier, consider the likely **impact** of removing the barrier on implementing best practice clinical interventions and grade as low ("L") or high ("H"), and the likely **effort** required to remove the barrier (including resources, time, and complexity) and grade as low ("L") or high ("H") in the column <Impact/Effort>. Add any small notes if you wish.
 - A low impact, low effort barrier to be labelled "L/L"
 - A high impact, low effort barrier to be labelled "H/L"
 - A low impact, high effort barrier to be labelled "L/H"
 - A high impact, high effort barrier to be labelled "H/H"
3. This exercise will highlight which barriers to prioritise and consider prioritising to tackle in the following cycle.
 - L/L barriers should be considered for prioritisation as completing these tasks will yield incremental changes.
 - H/L barriers should be prioritised for action as these will be easy wins with high impact.
 - L/H barriers should be avoided.
 - H/H barriers should be considered for prioritisation. It will likely be a major activity, therefore assess further whether they are feasible for completion within the scope of this project.
4. (Optional) colour code the table to help visualise the barriers.
5. Mark barriers which will be prioritised for action with "X" in the column titled <Priority>.
6. Consider activities for priority barriers to develop action plans.



FOR EXAMPLE:

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
NATIONAL/REGIONAL LEVEL				
HEALTHCARE CONTEXT				
A1-1	Policy on Universal Health Coverage			
A1-2	Government financed MNCH care			
A1-3	Target on reduction of maternal mortality	X	H/H	

NATIONAL/REGIONAL LEVEL				
INTERVENTION CONTEXT				
B1-1	TWG or MoH Committee related to pregnancy complication			
B1-2	Policy for the pregnancy complication	X	H/L	X
B1-3	Guideline for the pregnancy complication	X	H/L	X

Prioritisation template – National/regional level

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
NATIONAL/REGIONAL LEVEL				
HEALTHCARE CONTEXT				
A1-1	Policy on Universal Health Coverage			
A1-2	Government financed MNCH care			
A1-3	Target on reduction of maternal mortality			
A1-4	Policy on gender			
A1-5	Framework for integration of new drugs into the health system			
A1-6	Mentoring system			
A1-7	Adequate number of obgyns			
A1-8	Adequate number of midwives			
A1-9	Adequate number of nurses			
A1-10	Adequate number of community health workers			
A1-11	Adequate number of skilled birth attendants			

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
NATIONAL/REGIONAL LEVEL				
INTERVENTION CONTEXT				
A2-1	TWG or MoH Committee related to pregnancy complication			
A2-2	Policy for the pregnancy complication			
A2-3	Guideline for the pregnancy complication			
A2-4	Guideline recommends the clinical intervention			
A2-5	Job aid or protocol for the clinical intervention			
A2-6	Clinical intervention included in medical curriculum(s)			
A2-7	Clinical intervention registered for use for specified pregnancy complication			
A2-8	Clinical intervention drug(s) on the Essential Medicines List			
A2-9	Clinical intervention on the Essential Packages of Health Services			
A2-10	Local production of clinical intervention drug(s)			
A2-11	National/regional procurement system for the clinical intervention drug(s)			
A2-12	Reliable supply of the clinical intervention drug(s) nationally/regionally			
A2-13	Any other barrier: _____			

Section B – For health facilities

This section is to gather **FACILITY LEVEL** information.

COUNTRY	
NAME OF HEALTH FACILITY	
DATA COLLECTION FOCAL POINT AND COLLABORATORS	
KEY DATA SOURCES (name + organisation)	
DATE COMPLETED	
CLINICAL AREA AND INTERVENTION #1	<i>e.g. Post-partum haemorrhage – E-MOTIVE bundle</i>

Part 1 – Maternal and newborn healthcare overview

	Physical environment	Yes	No	N/A
B1-1	At the health facility, is there a supply of clean, running water? <i>If no, describe the frequency of problems and practical options available.</i>			
B1-2	At the health facility, is the electricity supply reliable? <i>If no, describe the frequency of problems and practical options available.</i>			
B1-3	At the health facility, is there reliable cold chain and equipment for storing medication requiring refrigeration?			
B1-4	Is there a dedicated delivery room?			
B1-5	Is there a designated room for management of obstetric emergencies and resuscitation?			
B1-6	Is there a blood bank OR substantial blood store available for blood transfusions?			
	Funding	Yes	No	N/A

B1-7	Does the hospital have a financial management mechanism that monitors funds received, expenditure and variances? <i>If no, provide details of how finances are managed.</i>			
B1-8	Does the hospital have a planned annual budget that is reviewed and adjusted throughout the year?			
B1-9	Is there a dedicated budget allocated to maternal care provision? <i>Please answer N/A if the facility is a dedicated maternity facility. If yes, provide details below.</i>			
B1-10	Does the health system cover all costs associated with maternal care given to patients at the facility? <i>If no, provide details of the expected financial contributions (out-of-pocket costs) from the patient below.</i>			
	Resources	Yes	No	N/A
B1-11	For PUBLIC health facilities only: Does the hospital receive reliable supplies from the government (medications, hygiene supplies, equipment, etc.)? <i>If not, provide details of where supplies are procured from.</i>			
B1-12	Is there an effective [‡] and reliable procurement process for obtaining necessary health-care supplies and materials in the facility? <i>Provide details of the process below (include information on record keeping, quality assurance, storage, and drug promotion issues).</i>			
	Staff, training and referral	Yes	No	N/A
B1-13	Overall, are there adequate numbers of health care staff and/or skilled birth attendants at the facility to provide maternity care that meets the needs of its patients?			
B1-14	Is there a full-time doctor, nurse or midwife designated to oversee the provision of maternal and newborn care in the facility? <i>If yes, provide details of their cadre and gender below.</i>			
B1-15	Are there processes in place for conducting ongoing health worker training on maternal and newborn health? <i>If yes, provide further information include how regular, who is trained, key documentation used, and how this is updated</i>			

[‡] An effective drug procurement process is one which allows the health facility to have a reliable supply of high-quality drugs at a reasonable cost and includes factors such as vendor selection, procurement decision making, order placement, delivery, storage and quality control.

B1-16	<p>Are there processes in place for education on medication safety within the hospital?</p> <p><i>If yes, provide details below (include details of pharmacists/pharmacy technicians training, health-care worker training and any education focused on patients).</i></p>			
B1-17	<p>Is there a hospital training plan for new protocols, checklists or guidelines?</p> <p><i>If yes, provide details below.</i></p>			
B1-18	<p>Are there suitable mechanisms in place to discuss coordination of service delivery with other hospitals and health facilities?</p> <p><i>If yes, provide details below.</i></p>			
B1-19	<p>Does this facility have a system to keep comprehensive records of maternity cases? (e.g. a Management Information System)</p> <p><i>If yes, describe itemised information captured in records including details of obstetric emergencies and outcomes.</i></p>			

Part 2 – Clinical Intervention Context – Intervention 1

This section should be completed for a specific clinical intervention for a given clinical area (e.g. EMOTIVE for PPH). Please make sure you are specifically thinking about the use of the **SPECIFIC CLINICAL INTERVENTION** for the **SPECIFIC CLINICAL AREA** when answering the questions.

This section can be repeated for multiple clinical intervention.

CLINICAL INTERVENTION	<i>e.g. E-MOTIVE bundle</i>
CLINICAL AREA	<i>e.g. Post-partum haemorrhage</i>

		Yes	No
B2-0	Do all healthcare providers/skilled birth attendants at the facility routinely use the clinical intervention when pregnancy complications occur? <i>If no, how is the pregnancy complication usually managed in the facility and which healthcare providers are involved?</i>		

	Guidelines	Yes	No	N/A
B2-1	Does the facility have in place clinical guideline(s) for the specified pregnancy complication? <i>If yes, provide details on whether these are national or regional guidelines or facility specific guidelines.</i>			
B2-2	If there is a clinical guideline, does the guideline include the use of the specified clinical intervention drug?			
B2-3	If there is a clinical guideline, facility for the specified obstetric emergency, do staff refer to it and follow it? <i>If no, what are the preferred alternatives?</i>			
B2-4	Does this facility have protocols or job aids in place for administering the clinical intervention drug? <i>If yes, please request to cite a copy and confirm if a copy has been cited</i>			
B2-5	If there is a protocol, is there a process to assess compliance to the protocol and provide feedback to healthcare workers? <i>If yes, provide details below (include any processes to collect data on compliance and any improvements recorded)</i>			
B2-6	Is there a clear referral policy in place in relation to the clinical intervention in case of further complication?			

	<i>If yes, typically, when do you make the decision to refer patients with this complication and who makes the decision?</i>			
	Resources	Yes	No	N/A
B2-7	Does the facility possess all the necessary diagnostic and laboratory equipment to correctly identify risk of this pregnancy complication?			
B2-8	Is there an adequate and reliable supply of the clinical intervention drug(s) into the facility? E.g. the drug(s) are always available when needed and there have been no stockouts in the last 6 months or more <i>If no, please provide information on the challenges, any stock outs and frequency.</i>			
B2-9	If available at the facility, is the clinical intervention drug(s) reliably available at the point of need? e.g. the skilled birth attendant is able to access the drug easily and quickly at any stage <i>If no, what are the barriers?</i>			
B2-10	In your professional opinion, can the quality of the clinical intervention drug(s) be guaranteed?			
B2-11	Is the clinical intervention drug(s) available to patients at no cost? <i>If no, what do patients have to pay out-of-pocket for the clinical intervention?</i>			
B2-12	Does the facility have all other resources (including emergency management kits, equipment for post intervention monitoring and/or drugs to prevent intervention side-effects) needed and accessible for health care providers to carry out the clinical intervention? <i>If no, list missing resources.</i>			
B2-13	If emergency management kits are available, are these checked, updated and replenished regularly?			
	Attitudes and behaviour	Yes	No	N/A
B2-14	Have all skilled birth attendants been trained to be able to identify the pregnancy complication?			

B2-15	Have all relevant staff had training on administering the specified clinical intervention? <i>If yes, provide details below. If no, which staff of this facility would you recommend or nominate for attending further training on managing the pregnancy complication?</i>			
B2-16	Are all cadres of healthcare providers at the facility and (if relevant) in ambulances considered suitable to give the clinical intervention if they undertake required training? <i>If no, which healthcare providers would not be able to and why.</i>			
B2-17	Do all cadres of healthcare providers at the facility feel comfortable and confident to use the clinical intervention? <i>If no, list all reasons for hesitancy e.g. prefer another intervention, fear of adverse events, unsure/perceived difficulty of administration method and dosage, need to monitor women after administration, only higher cadre of providers may provide it, lack of first-hand experience using it etc.</i>			
B2-18	Are clinical simulations of this pregnancy complication carried out at the facility as part of on-going training? <i>This may only be relevant for emergency interventions. If clinical simulations are not relevant for the clinical area, please answer N/A.</i>			
B2-19	Does the facility measure key performance indicators [§] around the pregnancy complications for audit and feedback?			
B2-20	Is there a staff member that is considered to be a champion** in this obstetric emergency and the clinical intervention?			
B2-21	[Space for any other barrier – add as appropriate] <i>e.g. For PPH only: Does the facility use calibrated drapes or any other method to objectively measure the volume of blood loss after vaginal deliveries? e.g. For anaemia: Is the FIGO Nutrition Checklist or an alternative Nutrition checklist used as standard practice at the facility within antenatal care provision?</i>			

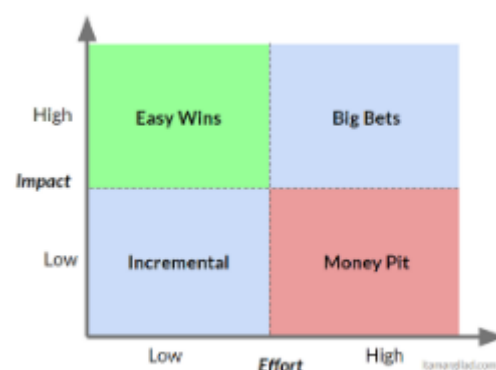
§ E.g. coverage (proportion of target population who receive clinical intervention)

** A champion is someone who promotes clinical best practice to improve the quality of patient care among their colleagues within health care settings.

Prioritisation exercise guide [HEALTH FACILITY]

Please note the exercise below is a simple guide to start discussions around priorities, and does not need to be adhered to strictly, if at all. If there are other preferred methods or techniques to consider priorities, please use them.

- Review the responses above and mark barriers accordingly with “X” in the column titled <Barrier>. Leave rows which are not barriers blank.
- For each barrier, consider the likely **impact** of removing the barrier on implementing best practice clinical interventions and grade as low (“L”) or high (“H”), and the likely **effort** required to remove the barrier (including resources, time, and complexity) and grade as low (“L”) or high (“H”) in the column <Impact/Effort>. Add any small notes if you wish.
 - A low impact, low effort barrier to be labelled “L/L”
 - A high impact, low effort barrier to be labelled “H/L”
 - A low impact, high effort barrier to be labelled “L/H”
 - A high impact, high effort barrier to be labelled “H/H”
- This exercise will highlight which barriers to prioritise and consider prioritising to tackle in the following cycle.
 - L/L barriers should be considered for prioritisation as completing these tasks will yield incremental changes.
 - H/L barriers should be prioritised for action as these will be easy wins with high impact.
 - L/H barriers should be avoided.
 - H/H barriers should be considered for prioritisation. It will likely be a major activity, therefore assess further whether they are feasible for completion within the scope of the project.
- (Optional) colour code the table to help visualise the barriers.
- Mark barriers which will be prioritised for action with “X” in the column titled <Priority>.
- Consider activities for priority barriers to develop action plans.



For example:

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
HEALTH FACILITY LEVEL				
MNH OVERVIEW				
B1-1	Reliable supply of clean, running water	X	H/L	X
B1-2	Reliable electricity supply	X	H/L	X
B1-3	Reliable cold chain equipment	X	H/H	

INTERVENTION CONTEXT				
At the health facility level				
B2-1	Clinical guideline in place for the pregnancy complication			
B2-2	Guideline includes clinical intervention drug(s)	X	H/L	X

Prioritisation template – Health facility level

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
HEALTHCARE CONTEXT				
At the health facility level				
B1-1	Reliable supply of clean, running water			
B1-2	Reliable electricity supply			
B1-3	Reliable cold chain equipment			
B1-4	Dedicated delivery room			
B1-5	Designated room for obstetric emergencies			
B1-6	Blood bank			
B1-7	Robust financial management mechanism			
B1-8	Annual budget			
B1-9	Dedicated maternal care budget			
B1-10	No out-of-pocket payment for maternal care			
B1-11	For PUBLIC health facilities only: Reliable centralised procurement for supplies from the government			
B1-12	Effective, reliable procurement process at the facility			
B1-13	Adequate number of health care staff / skilled birth attendants			
B1-14	Full-time doctor, nurse or midwife designated to oversee provision of maternal and newborn care			
B1-15	Ongoing health worker training for maternal and newborn health			
B1-16	Training and education on medication safety			
B1-17	Hospital training plan for new protocols, checklists or guidelines			
B1-18	Coordination mechanisms for service delivery with other health facilities			
B1-19	System to keep comprehensive records of maternity cases			

		Barrier (X)	Impact / Effort (L/L, H/L, L/H, H/H)	Priority (X)
INTERVENTION CONTEXT				
At the health facility level				
B2-1	Clinical guideline in place for the pregnancy complication			
B2-2	Guideline includes clinical intervention drug(s)			
B2-3	Guideline is followed by staff			
B2-4	Protocol or job aids for the clinical intervention			
B2-5	Process to assess compliance to protocol			
B2-6	Referral policy in case of further complication			
B2-7	Necessary diagnostic and laboratory equipment to identify risk of pregnancy complication			
B2-8	Reliable supply of the clinical intervention drug			
B2-9	Clinical intervention drug(s) reliably available at point of need			
B2-10	Quality clinical intervention drug(s)			
B2-11	Clinical intervention drug(s) available to patients at no cost			
B2-12	Other equipment to carry out clinical intervention			
B2-13	Emergency management kits are checked, updated and replenished regularly			
B2-14	All skilled birth attendants trained to identify pregnancy complication			
B2-15	All staff have been trained to use the clinical intervention			
B2-16	All cadres considered suitable to use the clinical intervention			
B2-17	All staff are comfortable and confident in using the clinical intervention			
B2-18	Clinical simulations of pregnancy complication carried out			
B2-19	Monitoring of key performance indicators for audit and feedback			
B2-20	Champion for the obstetric emergency and intervention			
B2-21	Any other: _____			