

To be completed quarterly in June, September, December and March by the M&E manager.

Record NA/NC/PC/C for each indicator for each assessed month and calculate score using tables below.

Year:	Unit:				
Not applicable (NA):	Does not apply to the unit or individual assessment or not observed.				
Non-Compliant (NC):	<50% Compliance				
Partially Compliant (PC):	50-79% Compliance				
Compliant (C):	80-100% Compliance				
NO.	INDICATOR	June	Sept	Dec	March
Audits					
1.	Clinical and record audits completed monthly in each unit				
2.	>70% average sustained				
3.	Every HIE case is audited				
4.	>70% average sustained				
5.	One neonatal infection control audit conducted monthly				
6.	>80% average sustained				
7.	One hand washing audit conducted monthly				
8.	>80% average sustained				
9.	Every staff member has skills assessed 6mthly				
10.	Action plans for all audits made and reviewed monthly				
11.	Results graphed monthly and displayed				
12.	Neonatal Dashboard presented monthly at Perinatal meeting				
13.	Neonatal Dashboard report submitted quarterly to District				
Data usage					
14.	HIE rate monitored				
15.	HIE rate decreasing				
16.	Nosocomial sepsis rate monitored				
17.	Nosocomial sepsis rate decreasing				
18.	PPIP programme on computer (software available)				
19.	Neonatal death audits entered on computer (software used)				
20.	PPIP data verified against DHIS data monthly				
21.	Auditing of perinatal deaths includes doctors and nurses				
22.	Death notification forms to facility management- within 24hrs				
23.	Deaths audited within 7 days				
24.	Consolidated death report submitted monthly to District				
25.	Causes of death identified				
26.	Avoidable factors identified				
27.	Preparatory meeting held monthly				
28.	Action plans made to address avoidable circumstances				
29.	Feedback on action plans monthly at perinatal meeting				
30.	PIPP data (deaths & avoidable factors) analyzed 6 mthly				
31.	PIPP data submitted monthly to district and province				
32.	10% reduction targets calculated for NMR, IHMR and a PCI ≤ 2				
33.	Downward trend in indicators				
34.	Targets reached (Annually in March)				
35.	Morbidity and mortality rates graphed and displayed				
Quality Improvement					
36.	Two documented neonatal QI projects annually				
37.	QIPs relate to avoidable factors /improving care and outcomes				
38.	On-going assessment 6 mthly of all Qi's				
39.	Multidisciplinary involvement				
40.	Sustained improvement				
Totals:		%	%	%	%

Month	Assessed By -Sign	Print	Desig.	Date	Feedback received by:
June					
September					
December					
March					

Scoring and feedback-In Discussion with the Unit:				
June Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 80 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
September Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 80 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
December Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 80 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				
March Scoring	NA=	NC=	PC=	C=
	NAx2=			Cx2=
	A: PC + (Cx2) =		B: 80 - (NAx2)=	
	A / B =		X 100 =	%
Gaps Identified:				
Action Plan:				