MaNHEP COACHING MATERIALS

A compilation of tools used by the Maternal and Newborn Health in Ethiopia Partnership for supporting activities at the community level

April 2013

Maternal and Newborn Health in Ethiopia Partnership (MaNHEP)

MaNHEP Coaching Materials

A compilation of tools used by the Maternal and Newborn Health in Ethiopia Partnership for supporting activities at the community level

Kim Ethier Stover, MA, University Research Co., LLC

Solomon Tesfaye, MD, MPh, University Research Co., LLC

Contributors

Lynn Sibley, Aynalem Hailemichael, Lamesgin Alamineh, Abebe Teshome,
Abebe Gebremariam, Sandy Buffington

Acknowledgements

Table of Contents

Acronymns

ANC	Antenatal care
AP	Action Period
CHDA	Community health development agent
CMNH	Community maternal and newborn health
HC	Health center
HEW	Health Extension Worker
HP	Health Post
LS	Learning Session
MaNHEP	Maternal and Newborn Health in Ethiopia Partnership
MNH	Maternal and Newborn Health
PDSA	Plan, Do, Study, Act cycle
PNC	Postnatal care
QI	Quality Improvement
QIT	Quality improvement team
TBA	Traditional Birth Attendant
vCHW	Voluntary Community Health Worker
WorHO	Woreda Health Office

Introduction

A key component of the Maternal and Newborn Health in Ethiopia Partnership (MaNHEP) approach was to build capacity for supporting quality improvement at the woreda (district) and health center levels. The woreda health office (WorHO) and health center staff were chosen based on their existing roles as supervisors to health posts (HP) and health extension workers (HEW) (see Appendix 1: Scope of work for coaches). Coaches' capacity was built over the course of a year and a half through classroom training, shadowing, on the job training and sessions to review progress and discuss challenges.

MaNHEP used various methods to develop capacity of key people in each woreda. First, the project used a train-the-trainer cascade to prepare coaches, HEWs and Guide Teams composed of community health development agents (CHDA) and traditional birth attendants (TBA) to facilitate and support Community Maternal and Newborn Health (CMNH) Family Meetings with pregnant women and their family caregivers. This training and the subsequent rollout of the CMNH Family Meetings provided the MNH content for improved care of mothers and babies.

Second, MaNHEP together with coaches, woreda and zonal leaders conducted orientation meetings for communities during which they were guided on how to form quality improvement (QI) teams (see Appendix 2: Scope of work for QI Teams). The project introduced coaches and QI teams to basic improvement skills at the first of five Learning Sessions (LS), beginning in December 2010. A Learning Session is a workshop designed to provide a platform for sharing between multiple QI teams working on a common improvement aim. LSs also include training on improvement and content as needed. The first 2-day LS format included presentations, discussions, small group exercises, and games focused on teamwork, aim-setting, understanding measurement, analyzing a system,

brainstorming changes and conducting the Plan-Do-Study-Act (PDSA) cycle.[1] The LS concluded with an additional half-day for coaches to discuss their roles and responsibilities and to develop their ability to facilitate QI team meetings. Specific topics included detailed discussions of indicators and monitoring, how to provide supportive coaching, review of improvement skills, and planning for a first coaching visit.

Coaches and team representatives subsequently convened for two days in regional LSs every 4 to 6 months to share their results and progress to date, discuss successful and unsuccessful change solutions, and develop plans for further new solutions or change ideas or to adopt or adapt from other kebeles. Targeted training on improvement concepts and clarifications around implementation of the CMNH package were also provided. As with the initial LS, coaches received an additional half-day on performance feedback and more advanced training on data analysis. Between the five regional LSs, the project facilitated woreda-level day-long LSs. These "mini" LS included more of the QI team members and allowed discussion of teams' progress and provided an opportunity for Woreda Administration and Woreda Health Office representatives to address and improve common issues within and across the woredas (e.g., with supply chain or staffing). At each LS and coaches' meeting, MaNHEP staff took the time to discuss what was going well, challenges and possible solutions, and feedback with the coaches as one method of enhancing their skills.

During the first year, from December 2010 to December 2011, the MaNHEP staff and QI coaches jointly conducted monthly coaching visits to support the QI teams in the time between LSs, referred to as an Action Period (AP). Coaching was integrated to review progress on improvement activities and implementation of the CMNH family meeting training cascade. The role of MaNHEP staff

---

1   Please see reference document "Quality Improvement Training for Teams and Coaches" for more details.

was to model the coaching process and assist the coaches by discussing the goals and approaches for these QI team meetings, supporting their conduct of the meetings, and debriefing the coaches on the focus areas for follow-up visits. After one year, as coaches became more confident, they functioned more independently, reporting back to MaNHEP staff to discuss progress, challenges, and to receive feedback. In most woredas, steering committees made up of coaches, woreda administration, health authorities and MaNHEP staff were set up to discuss overall progress, challenges and next steps on a monthly basis.

This reference document includes various tools which were provided by MaNHEP to coaches in order to support their activities. The documents, and in particular the coaching guides, were meant to be living documents which were constantly revised and modified to suit the needs of the coaches. The coaching guides reflect an evolution in both the coaches' capacity and teams' maturity. MaNHEP prepared these tools and revised them based on feedback from coaches. Early coaching guides are an extension of training for coaches, with explicit instructions of what should be discussed and possible prompting questions. As the guides develop, less detail and prompting is needed as coaches have gained this skill. Likewise, at the beginning all teams are in a similar place of forming and starting to conduct their first tests of changes. As time moves on, teams' progress differs requiring coaches to take more initiative to work with them based on their level of achievement and needs. The guides and other resources are meant to serve as an example of what was used, rather than a highly refined and edited document which should be taken as is. Any coaching guide needs to be tailored to fit the needs of a project and the specific implementation approach.

Overview of Tools

The descriptions below provide a brief overview of the tools found in this reference document. Any other training materials or documents referenced in the coaching guides can be found on the MaNHEP website www.manhep.org.

- **Coaching guide for AP1 Visit 1** – This guide was used during the shadow coaching visit in which coaches, MaNHEP staff and experts conducted the first coaching visit in each kebele together. The focus here was on team formation, review of improvement for new team members and starting to brainstorm first change ideas.

- **Coaching guide instructions for AP1 Visit 2** – This is a short instruction sheet to help coaches prepare for the first "solo" visit with in-country MaNHEP staff.

- **Coaching guide for AP1 Visits 2+** – The guide was revised after feedback from coaches during the first visit. It includes more detailed instructions for reviewing ideas tested, and developing and planning new change ideas for each improvement areas.

- **Coaching guide for AP2** – This guide started with discussion of stories about births, lives saved and deaths happened in the kebele in order to give participants a chance to share their news and give coaches a change to hear whether the CMNH skills were being implemented. The stories were followed by a brief review of ideas tested, support developing and planning new change ideas for each improvement areas. This guide is more generic as teams had started to diverge on their progress, with some needing more support for early improvement areas (such as pregnancy identification) or data collection and others moving ahead.

- **Coaching guide for AP3** – This guide was similar to the guide for AP2 but with more emphasis on the priority improvement areas for this activity period.

- **Coaching guide for AP4** – This guide starts with review of how the teams worked to permanently integrate their progress in the first two care steps with evidence of improvement into community activities. This was followed by a brief review of ideas tested, support developing and planning new change ideas for each improvement areas. There is also a section to check on the quality of self-reported data from teams.

- **Team maturity index** – Each coaching visit, coaches assigned teams a maturity score based on this index. This served the purpose of helping coaches analyze where teams were making progress and what areas needed to be focused on during the next visit. In addition, MaNHEP used these scores as an overall indicator for the project on the progress of field activities.

- **Monthly coaching summary report format** – This format was intended for coaches to summarize their experience across sites, usually at the woreda level. It served the purpose of synthesizing what we were seeing across sites. This helped MaNHEP staff set direction for future learning sessions, address any challenges that were common across sites and note patterns of success.

Coaching Guide: AP 1 – Visit 1

Site

Region _____

Woreda _____

Kebele _____

Date of Visit _____

I. Coaching team

No.	Name	Work place and Title	Signature
1			
2			
3			
4			

II. QI Team Members
Review of QI team membership

Who is included in the team?

No.	Name	Groups they are representing (Kebele administration, HEWs, Guide team, vCHWS, TBAs, Women association, Religious leaders, Elders, Mother in law, Pregnant Mother, Husband and others)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Who else needs to be included? Any suggestion (Name and representation):

No.	Name	Group representing
1		
2		
3		
4		

Select team leader and secretary (Name and representation):

	Name	Group representing
Team leader		
Secretary		

Frequency of meeting; if decided, how often? _____

III. Review Learning Session - 1 (LS -1)

Who is included in the team?

No.	Name	Group representing
1		
2		
3		

Debriefing about the LS -1

1. By team representative: points/issues talked

_____

_____

2. Additional points discussed by coaching team

    i.   Background about MaNHEP project [goal, objectives, approaches, activities and progress so far…]

    ii.   Who is involved at the community level? [QI team; guide team; vCHWs; TBAs; Birth team…]

    iii.   QI team: team composition; role and responsibilities [refer QI scope of work]

    iv.   Learning session and activity period; few information on collaborative (working on a same issues with other teams)

    v.   Improvement areas and measures defined at the learning session

vi. Pregnancy Identification [number of newly identified pregnant women by trimester]

vii. Pregnancy Registration [Percent of newly identified pregnant women registered at health post register]

viii. Labor/birth notification [Percent of deliveries where labor/birth notified to HEW]

ix. First PNC within two days by HEW [Percent who received first PNC within two days from the HEW]

IV. Review of Guide team training
Debriefing on content of guide team training and progress in identifying and organizing birth team and conducting meeting by:

1. Guide team members:

2. HEWs:

3. Coaches/trainers

V. PDSA cycle 1: Testing changes
a. Review higher level steps in process of MNH care

b. Indicate the steps/areas identified for the group to work on and discuss a few more details [flow chart for each steps identified for improvement]

c. Work out/discuss on the detail PDSA for each improvement areas in relation to what the representatives planned at the learning session

Improvement Area 1: Pregnancy Identification

What are we trying to accomplish? (Objective/aim):

What is the Measure?

What changes?

Change Idea 1:

Change Idea 2:

Plan for each change:

	Change Idea	
	Change Idea 1	Change Idea 2
How?		
Scale (whole kebele? Or...)		
What activities (Timing, who is responsible?		
What data to collect (who is responsible?		
When to review/study?		

Improvement Area 2: Pregnancy Registration

What are we trying to accomplish? (Objective/aim):

What is the Measure?

What changes?

Change Idea 1:

Change Idea 2:

Plan for each change:

	Change Idea	
	Change Idea 1	Change Idea 2
How?		
Scale (whole kebele? Or…)		
What activities (Timing, who is responsible?		
What data to collect (who is responsible?		
When to review/study?		

Improvement Area 3: Labor/Birth Notification

What are we trying to accomplish? (Objective/aim):

What is the Measure?

What changes?

Change Idea 1:

Change Idea 2:

Plan for each change:

	Change Idea	
	Change Idea 1	Change Idea 2
How?		
Scale (whole kebele? Or…)		
What activities (Timing, who is responsible?		
What data to collect (who is responsible?		
When to review/study?		

Improvement Area 4: PNC within two days by HEW

What are we trying to accomplish? (Objective/aim):

What is the Measure?

What changes?

Change Idea 1:

Change Idea 2:

Plan for each change:

	Change Idea	
	Change Idea 1	Change Idea 2
How?		
Scale (whole kebele? Or…)		
What activities (Timing, who is responsible?		
What data to collect (who is responsible?		
When to review/study?		

VI. Any Other comments:

_____

_____

_____

_____

Date for next meeting/review: _____

Coaching Guide Instructions – AP 1

The pages are set up as a generic review for ongoing changes and planning new changes. The same form can be used for any of the major steps in the care process. At a coaching visit, you should start with one area, such as pregnancy identification, go through a review of what they have done so far and then move on to planning next steps. Below please find a list of general steps that the coaching visit should follow.

- Coaches determine before the meeting who will lead each section. One person should be appointed to take notes, especially during the discussion reviewing past activities and planning new changes.

- Determine which care step you will address first. Circle the care step you will focus on first. For each care step, you should go through and discuss the following two tables. Completely discuss one care step, then move on to the next care step.

- Start with a brief review of what the objective is for that care step to keep everyone on track.

- Review current change idea being tested. Coaches should ask the teams to BREIFLY list each of the changes they are working on. We will then go through and discuss each change in detail separately. This should refer back to the previous plans made by the team. Remember that the team may develop and test new changes in between coaching visits so be sure to ask them for a list of all the changes they tested. Note briefly below all the changes tested. We should be encouraging them to test only one change idea at a time. Use the sections for "Change Idea 2" only if they insist on trying different things OR if you hear different changes being discussed at the same time. For instance "using women's groups and vCHWs" are two different changes – these involve different people and different approaches. This section is for noting briefly what they have already tried.

- Take the first change and go through the table called "Review Changes Tested". The questions in the first column are a guide for coaches to help get all relevant information from the teams to fully understand what they have done. Please feel free to probe further and, if necessary, use the back of the page for additional notes.

  - You should have the information on what they were planning in your notes from the last coaching visit. Please review this plan before hand to familiarize yourself with the kebele's activities. However, when you begin the discussion, please ask them to describe what they did. Do not start off by saying "did you do [fill in their information]"? Allowing them to tell you what they did, you will get more details. If you read them their plan and then ask "did you do this?", you will get yes/no answers and not as useful information.

  - For measurement, there are two parts to consider. The first is how the process of data collection went (who collected the data, were they able to do it, what were barriers and how were they overcome, etc.). The second is the actual numbers or % achieved and how this relates to their plans.

  - There is a sheet at the end of the coaching guide to fill in all of the indicator information for the current month. If the team has one or two months worth of data, you can work with them to develop their first graph.

  - For the "Act" section, if a QI team decides that they want to modify the change or try something new, then note that in this box briefly. Proceed to the following page to go through the planning table with the team for all the details of the new change.

– The "What is the current status?" is the brief descriptor which will be entered into the MaNHEP database of changes to show when changes started and stopped. A change will be noted as "started" once the team plans it with the coaches. For an ongoing change, use one of the following descriptions

  - Ongoing test – Team did not have enough time to determine whether this was a good/bad change so they will continue to test before deciding if it should be kept, changed or abandoned.
  - Implemented as permanent change – Team decided that this was a good change and have decided to keep this change in place.
  - Stopped – Team decided that this was a bad change & have stopped using it.

• Next coaches should move into the table for "Planning New Changes" and walk the team through planning the next changes. Before they plan specific details, there may need to be a short period of discussion to allow the QI team to develop new changes and decide which one to test.

  – Note that the first section "Change idea sources" will be used in the change tracking database to monitor spread. Please make a brief note of the change idea source (or sources) for each change. Use the categories provided so that they remain consistent.

• Once the first Care step has been fully reviewed (discuss the review tested changes and planning new changes tables), the coaches can move on and repeat the process for the next care step. Coaches should not try to work in depth on more than two (maximum) care steps per visit. Once a team has developed a fairly stable process for one care step, the coach can do a brief "check in" or review for that step, then move into in depth discussion of other areas. We are introducing a few steps at a time in order to pace teams and the work. The QI teams cannot focus on too many steps at once as it will be poorer quality work.

• At the end, the coaches should close by asking what the teams if they have any questions or need for assistance.

• Coaches should take a few minutes to discuss the following questions at the end of the coaching visit and note it in the extra sections:

  – How are the team dynamics? Is everyone participating equally and being heard? Is anyone dominating? How might we address this at the next visit?
  – How is the team's understanding of their assignment and tasks? Is there any just-in-time teaching we need to do at the next visit?
  – Were there any issues that were raised that need additional or outside assistance? How can we ensure they receive that help?
  – Are there any issues, problems, or successes that the Woreda office would be interested in? Is there something they can do to assist us? Is there something they would be particularly interested in knowing?
  – How is the team's interaction/coordination with the guide teams? How can we help them work better together?
    - Do they need refresher training or support in any area?

Coaching Guide: AP 1 – Visit 2

Kebele Name: _____

Woreda: _____

Region: _____

Date of Visit: _____

Objectives for Visit

- Review with teams progress on changes made following LS1
- Assist the team in reviewing the results of their change, including plotting first data, and considering next actions
- Support the team as they plan for their next change
- Prepare the team to present at LS2

Objectives for this specific site

[Coaches note any objectives specific to assisting this site based on the previous site visit.]

I. Coaches Visiting

No.	Name of Coach	Work place and Title	Signature
1			
2			
3			
4			

II. QI Team Members

Total number of QI team members' _____

Number of QI team members present in the meeting _____

List of QI team members present

No.	Name	Groups they are representing (Pregnant women, Husbands, Mother-in-law, Other family member, vCHW, TBA, Guide Team, HEW, Kebele Administration, Elder, women's association, Religious Leader, Other)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

III. Team Meeting and Other

A. Changes in Team Composition *[Coaches please note if any team members have joined or officially resigned from the team and the approximate date.]*

	Team Member Name	Change (New/Resign/Other)	Date
1			
2			
3			

B. Did they have meeting since their first meeting? _____   If yes; number of meetings _____

C. What did they accomplish in the last meeting?

IV. Testing Changes (Refer to the Instructions, Annex 1)

A. Testing Changes for Care Step: Pregnancy Identification

Review of Objective
Ask the team to review with you what the overall objective for that step is.

Review current change idea being tested
Coaches should review the change ideas being tested and note them below.

Notes:

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
What did you try? (Review the plan) • Describe what the team tried with some details on who was involved, what they were responsible for, what the timeframe was, what was the scale of the intervention		
What happened? • What were the teams observations during the test regarding what did or did not work? • Did everything go as planned? Why or why not?		
Barriers • What barriers or challenges did you encounter? How did you overcome them?		

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
Measure and Data Collection • What is your measure? • How did you do collecting the data? • Did you encounter any barriers? How did you overcome them?		
Results (Study) • What did you achieve this month? (Numbers and description/observations of teams) • Is this good/bad/OK? What do you think of these results? Are they enough?		
Act • Should you keep this change? Stop it? Change it? What would you recommend are next steps? *[Note to coaches: If they plan to do something new or different, then go to the next page to plan the new changes.]*		
What is the current status? (Use one of the following descriptions: Ongoing test, Implemented as permanent change, Stopped)		

Planning New Changes	Notes for Change Idea 1: *[New; previous idea continued; previous idea continued with modification]*	Notes for Change Idea 2: *[New; previous idea continued; previous idea continued with modification]*
Change Idea Source Please Circle one of the following:	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams
How will this change happen? • List all the steps involved in the process (all the activities).		
Scale • Will you implement the change in the whole kebele? A few sub-kebeles? A few gottes?		

Planning New Changes	Notes for Change Idea 1: *[New; previous idea continued; previous idea continued with modification]*	Notes for Change Idea 2: *[New; previous idea continued; previous idea continued with modification]*
What activities • Who is responsible for each step? • Do they know they are responsible for that step? How will we inform them? What information do they need to do that task/step? What information should they be collecting? When will they do this? What do they do next? Who do they tell? Who do they meet with? How often? What information is shared?		
Plan for Data Collection • What information do you need for your measure? Where will you get that information? • Who will record what you are planning? (Take notes/observations on what is happening) • Who will collect all the information and put it together? How will they do this? When? • Who will create the graph? • When will the team review it?		
Timing of the change • When will you start the change? • When will you review/study what has happened?		

B. Testing Changes for Care Step: Pregnancy Registration

Review of Objective
Ask the team to review with you what the overall objective for that step is.

Review current change idea being tested
Coaches should review the change ideas being tested and note them below.

Notes:

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
What did you try? (Review the plan) • Describe what the team tried with some details on who was involved, what they were responsible for, what the timeframe was, what was the scale of the intervention		

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
What happened? • What were the teams observations during the test regarding what did or did not work? • Did everything go as planned? Why or why not?		
Barriers • What barriers or challenges did you encounter? How did you overcome them?		
Measure and Data Collection • What is your measure? • How did you do collecting the data? • Did you encounter any barriers? How did you overcome them?		
Results (Study) • What did you achieve this month? (Numbers and description/observations of teams) • Is this good/bad/OK? What do you think of these results? Are they enough?		
Act • Should you keep this change? Stop it? Change it? What would you recommend are next steps? *[Note to coaches: If they plan to do something new or different, then go to the next page to plan the new changes.]*		
What is the current status? (Use one of the following descriptions: Ongoing test, Implemented as permanent change, Stopped)		

Planning New Changes	Notes for Change Idea 1: *[New; previous idea continued; previous idea continued with modification]*	Notes for Change Idea 2: *[New; previous idea continued; previous idea continued with modification]*
Change Idea Source Please Circle one of the following:	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams
How will this change happen? • List all the steps involved in the process (all the activities).		
Scale • Will you implement the change in the whole kebele? A few sub-kebeles? A few gottes?		
What activities • Who is responsible for each step? • Do they know they are responsible for that step? How will we inform them? What information do they need to do that task/step? What information should they be collecting? When will they do this? What do they do next? Who do they tell? Who do they meet with? How often? What information is shared?		
Plan for Data Collection • What information do you need for your measure? Where will you get that information? • Who will record what you are planning? (Take notes/observations on what is happening) • Who will collect all the information and put it together? How will they do this? When? • Who will create the graph? • When will the team review it?		
Timing of the change • When will you start the change? • When will you review/study what has happened?		

C. Testing Changes for Care Step: Labor/Birth Notification

Review of Objective
Ask the team to review with you what the overall objective for that step is.

Review current change idea being tested
Coaches should review the change ideas being tested and note them below.

Notes:

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
What did you try? (Review the plan) • Describe what the team tried with some details on who was involved, what they were responsible for, what the timeframe was, what was the scale of the intervention		
What happened? • What were the teams observations during the test regarding what did or did not work? • Did everything go as planned? Why or why not?		
Barriers • What barriers or challenges did you encounter? How did you overcome them?		
Measure and Data Collection • What is your measure? • How did you do collecting the data? • Did you encounter any barriers? How did you overcome them?		
Results (Study) • What did you achieve this month? (Numbers and description/observations of teams) • Is this good/bad/OK? What do you think of these results? Are they enough?		
Act • Should you keep this change? Stop it? Change it? What would you recommend are next steps? *[Note to coaches: If they plan to do something new or different, then go to the next page to plan the new changes.]*		

Review Tested Changes	Notes for Change Idea 1:	Notes for Change Idea 2:
What is the current status? (Use one of the following descriptions: Ongoing test, Implemented as permanent change, Stopped)		

Planning New Changes	Notes for Change Idea 1: *[New; previous idea continued; previous idea continued with modification]*	Notes for Change Idea 2: *[New; previous idea continued; previous idea continued with modification]*
Change Idea Source Please Circle one of the following:	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams	Community idea QI team idea Coach introduced from other sites Idea from outside or previous project LS from other teams
How will this change happen? • List all the steps involved in the process (all the activities).		
Scale • Will you implement the change in the whole kebele? A few sub-kebeles? A few gottes?		
What activities • Who is responsible for each step? • Do they know they are responsible for that step? How will we inform them? What information do they need to do that task/step? What information should they be collecting? When will they do this? What do they do next? Who do they tell? Who do they meet with? How often? What information is shared?		

Planning New Changes	Notes for Change Idea 1: *[New; previous idea continued; previous idea continued with modification]*	Notes for Change Idea 2: *[New; previous idea continued; previous idea continued with modification]*
Plan for Data Collection • What information do you need for your measure? Where will you get that information? • Who will record what you are planning? (Take notes/observations on what is happening) • Who will collect all the information and put it together? How will they do this? When? • Who will create the graph? • When will the team review it?		
Timing of the change • When will you start the change? • When will you review/study what has happened?		

Closing

A. *Ask the team if they have any question that they would like to ask you. Is there anything we can help them with on the next visit?*

B. *Have the team plan the next meeting of the QI team (without the coaches)*

C. *Discuss a timeframe for your next visit.*

D. *Thank and praise the team for their work. Give words of encouragement.*

Note what you observed as a coach about team interaction:

Note what you want to follow-up on during the next visit:

Other General Notes or Observations:

Coaching Guide: AP 2

Kebele Name: _____

Zone: _____

Woreda: _____

Date of Visit: _____

Objectives for Visit

[Coaches note any objectives specific to assisting this site based on the previous site visit.]

I. Coaches Visiting

No.	Name of Coach	Work place and Title	Signature
1			
2			
3			
4			
5			
6			

II. Changes in Team Composition

[Coaches please keep list of the team for the first time and support the team to keep list of meeting attendance in their QI record book in subsequent meetings. Please note if any team members have joined or resigned from the team and the date in the table below]

Are there changes in Team Composition? Yes/No If Yes, complete information below as appropriate.

	Name of NEW Team Member or Team Member with change in Status	Note all that apply if new Pregnant women, Husbands, Mother-in-law, Other family member, vCHW, TBA, Guide Team, Kebele Administration, Elder, women's association, Religious Leader, Other (specify)	New to Team? Start Date (Leave blank if not new)	Left Team? (Use one of these: Inactive; Resigned; Other)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

III. Negotiate Time and Agenda for Visit

A. While waiting for team members to arrive, familiarize yourself with the current data of the team. This will give the coaches an idea in advance how things are going.

B. Once the team is gathered and welcomes completed, ask the team how much time they have for the meeting and introduce the topics you would like to discuss:

- Hear a couple of stories of births from last month, especially if there are stories of women/babies saved.
- Quickly go through each care step to get an overview of what they are doing and what their results are.
- Discuss one or two care steps (or other issues such as data) that are priority or problem areas.
- Other topics they would like to discuss.

C. Negotiate with the team on how much time to spend on each area (suggested times below, but flexible). Ask if the team agrees that the coaches will track the time and limit conversations on each area so that they can finish the agenda in the allotted time. Note: While it is important to listen to stories, we have to be careful that these do not dominate the 2 hours of the coaching visit and do not allow time for discussion of other things.

IV. Birth Stories (20 minutes)

A. Review of Births from last Month

- How many births did you have last month? _____
- Choose 2 people to tell the story of what they did for that birth. [Rotate who tells the story at coaching visits.] These could be normal or problematic. Ask them to talk about all of the care steps and how they worked. Coaches should be listening for appropriate steps for CMNH Care to determine if there are any problems. Take a few notes below.

B. Specific question on mothers or babies saved [Only used in the event that there is a situation]

- How many mothers and babies had a problem last month that was solved by your new way of working? # _____ (include any mothers/babies noted in birth stories above plus any additional)
- Briefly describe what happened and how this is different from what the community did before. [Ask them about the different care steps, what is new, how they know their actions helped the mother.] Take a few notes on each mother, including name, approximate date and gott where this occurred.

C. Review of deaths this month [Only used in the event that there is death]

- How many deaths did you have this month? _____ Maternal death, _____ Stillbirths, _____ Neonate deaths
- Briefly describe the case, what happened, what you/family did and cause of death. Take a few notes, including name, approximate date and gott where this occurred.

V. Brief Review of All Care Steps (No more than 5 minutes per active step to begin with)
Note to coaches: Only focus on care steps that they are actively working on. Check data for all steps, but only go over changes if something is a newly introduced step or if an old step has problems that they are testing changes for. Focus the most attention on the priority areas (either focus for project or care step with least improvement). While taking notes, please write down any problems that you might want to return to in more depth.

A. Pregnancy Identification

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing, or stopped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

B. Registration/First ANC

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

C. Enrollment in CMNH Meeting

[You have been working on designing a process for organizing and conducting CMNH care. Once you have a design which you believe will work, we will monitor it to determine if it needs to be further improved or if it gets the results you wanted.]

a. How are you trying to enroll pregnant women to CMNH meeting? How do you know it worked?

b. How are you trying to organize family team for CMNH meeting? How do you know it worked?

c. How are you trying to organize CMNH meetings and ensure that pregnant women completed all the meetings before delivery? How do you know it worked?

d. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review related indicators and ask questions if necessary)*

e. [If testing changes], indicate which major step in the CMNH meeting? *(List all changes: new, ongoing or stopped. Note if a change is new and needs to be added to database.)*

Steps in CMNH meeting	Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

D. Notification of labor or birth within 48 hours

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

E. HEW Visit within 48hrs

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

VI. Discussion of One or Two Priority Areas (30 minutes)

A. What are your current priority issues? What do you think you are doing well in? What needs more work/improvement? Based on what?

B. Plan for priority care steps identified for next month [what change ideas will you test? Few key activities planned.]

Priority Care step team will be working in the next month?	Change Idea			Plan
	Change Idea	a. New b. Previous continued c. Previous modified	Source: [Community/ QI team, Coach, Leaning Session, other]	

VII. Data Collection

a. Data cross checked for consistencies? Y/N

If yes, describe issues of concern/follow up:

b. Data aggregated, indicator calculated? Y/N

If yes, indicate some of it:

c. Indicator plotted/prepared graph? Y/N

If yes, describe what the team observes:

VIII. Closing

A. Ask the team if they have any question that they would like to ask you. Is there anything we can help them with on the next visit?

B. Have the team plan the next meeting of the QI team (without the coaches)

C. Discuss a timeframe for your next visit.

D. Thank and praise the team for their work. Give words of encouragement.

   – Support/facilitation requested from QI/Guide team:

   – Date for next visit

IX. Coaches' post-visit discussion

A. Immediately following the visit, all of the coaches should briefly discuss:

- Note what you observed as a coach about team interaction
- Note what you want to follow-up on during the next visit

B. Give the team a maturity Score for this month _____

(See attachment for details, Annex 2)

Coaching Guide: AP 3

Kebele: _____

Woreda: _____

Zone: _____

Date of Visit: _____

Objectives for Visit

[Coaches note any objectives specific to assisting this site based on the previous site visit.]

I. Coaches Visiting

No.	Name of Coach	Work place and Title	Signature
1			
2			
3			

II. Changes in Team Composition

[Coaches please keep list of the team for the first time and support the team to keep list of meeting attendance in their QI record book in subsequent meetings. Please note if any team members have joined or resigned from the team and the date in the table below]

Are there changes in Team Composition? Yes/No If Yes, complete information below as appropriate.

	Name of NEW Team Member or Team Member with change in Status	Note all that apply if new Pregnant women, Husbands, Mother-in-law, Other family member, vCHW, TBA, Guide Team, Kebele Administration, Elder, women's association, Religious Leader, Other (specify)	New to Team? Start Date (Leave blank if not new)	Left Team? (Use one of these: Inactive; Resigned; Other)
1				
2				
3				

III. Birth Stories (20 minutes)

A. Review of Births from last Month

- How many births did you have last month? _____

- Choose 2 people to tell the story of what they did for that birth. [Rotate who tells the story at coaching visits.] These could be normal or problematic. Ask them to talk about all of the care steps and how they worked. Coaches should be listening for appropriate steps for CMNH Care to determine if there are any problems. Take a few notes below.

B. Specific question on mothers or babies saved [Only used in the event that there is a situation]

- How many mothers and babies had a problem last month that was solved by your new way of working? # _____ (include any mothers/babies noted in birth stories above plus any additional)

- Briefly describe what happened and how this is different from what the community did before. [Ask them about the different care steps, what is new, how they know their actions helped the mother.] Take a few notes on each mother, including name, approximate date and gott where this occurred.

C. Review of deaths this month [Only used in the event that there is death]

- How many deaths did you have this month? _____ Maternal death, _____ Stillbirths, _____ Neonate deaths

- Briefly describe the case, what happened, what you/family did and cause of death. Take a few notes, including name, approximate date and gott where this occurred.

V. Brief Review of All Care Steps (No more than 5 minutes per active step to begin with)

Note to coaches: Only focus on care steps that they are actively working on. Check data for all steps, but only go over changes if something is a newly introduced step or if an old step has problems that they are testing changes for. Focus the most attention on the priority areas (either focus for project or care step with least improvement). While taking notes, please write down any problems that you might want to return to in more depth.

A. Pregnancy Identification

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing, or stopped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

B. Registration/First ANC

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

C. CMNH Meeting

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Steps in CMNH meeting	Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

D. Notification of labor or birth within 48 hours

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

E. HEW Visit within 48hrs

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

V. Data Collection

a. Data cross checked for consistencies? Y/N

    If yes, describe issues of concern/follow up:

b. Data aggregated, indicator calculated? Y/N

    If yes, indicate some of it:

c. Indicator plotted/prepared graph? Y/N

    If yes, describe what the team observes:

VI. Closing

A. Ask the team if they have any question that they would like to ask you. Is there anything we can help them with on the next visit?

B. Have the team plan the next meeting of the QI team (without the coaches)

C. Discuss a timeframe for your next visit.

D. Thank and praise the team for their work. Give words of encouragement.

    – Support/facilitation requested from QI/Guide team:

    – Date for next visit

VII. Coaches' post-visit discussion

A. Immediately following the visit, all of the coaches should briefly discuss:

- Note what you observed as a coach about team interaction
- Note what you want to follow-up on during the next visit

B. Give the team a maturity Score for this month _____

Coaching Guide: AP 4

Kebele: _____

Woreda: _____

Zone: _____

Date of Visit: _____

I. Coaches Visiting

No.	Name of Coach	Work place and Title	Signature
1			
2			
3			

II. Attendance

A. Number attended the meeting _____

B. Number absent at the meeting _____

III. Birth Stories (20 minutes)

A. Review of Births from last Month

- How many births did you have last month? _____
- Choose 2 people to tell the story of what they did for that birth. [Rotate who tells the story at coaching visits.] These could be normal or problematic. Ask them to talk about all of the care steps and how they worked. Coaches should be listening for appropriate steps for CMNH Care to determine if there are any problems. Take a few notes below.

B. Review of deaths this month [Only used in the event that there is death]

- How many deaths did you have this month? _____ Maternal death, _____ Stillbirths, _____ Neonate deaths
- Briefly describe the case, what happened, what you/family did and cause of death. Take a few notes, including name, approximate date and gott where this occurred.

IV. Brief Review of All Care Steps (No more than 5 minutes per active step to begin with)
Note to coaches: Check data for all steps. Only focus the most attention on the priority areas. While taking notes, please write down any problems that you might want to return to in more depth.

A. Pregnancy Identification and Registration/First ANC

    a. How many pregnant mothers are identified last month? _____ *(Coaches briefly review chart and ask questions if necessary)*

    b. How many newly pregnant women received first ANC/registered last month? _____
    (Coaches briefly review chart and ask questions if necessary)

    c. What activities taken to implement or make changes in these care steps an integral part of the system?

Care Steps	Activities (actions-ideas) [Structure, responsibilities, forms, procedures, resources…]	Status
1. Pregnancy Identification		
2. Pregnancy Registration/First ANC		

B. CMNH Meeting

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Steps in CMNH meeting	Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

C. Notification of labor or birth within 48 hours

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

D. HEW Visit within 48hrs

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

E. Use of Misoprostol

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

F. Referral

- How many mothers and babies had problems perceived as complication of pregnancy and birth last month? _____
- How many mothers and babies with perceived complication were advised/send for referral to HC/Hospital last month? _____
- How many mothers and babies who advised/send for referral actually reached to referral facility last month? _____

    a. What are your results in this care step? Have you reached a point you are satisfied with? *(Coaches briefly review chart and ask questions if necessary)*

    b. [If testing changes] What did you do to achieve those results? *(List all changes: new, ongoing or stooped. Note if a change is new and needs to be added to database.)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

    c. What is your plan for next month, until next visit?

V. Data Quality

a. Report cross checked with records for data completeness? Y/N

 If yes, are all the data complete? Y/N

 If no, which service data are incomplete:

b. Report cross checked with records for data accuracy? Y/N

 If yes, are all the data accurate? Y/N

 If no, which service data are inaccurate:

c. What are your results in improving completeness and accuracy of data? Have you reached a point you are satisfied with? *(Coaches briefly review completeness and accuracy of data and ask questions if necessary)*

d. [If still testing changes] What did you do to achieve those results? *(List all changes: new, ongoing, stopped)*

Change Idea	Status: New, Ongoing, Stopped (if stopped, note why)	Source (if new): Community/QI team, Coach, Learning Session, Other	How they know it worked or not

VI. Closing

A. Ask the team if they have any question that they would like to ask you. Is there anything we can help them with on the next visit?

B. Have the team plan the next meeting of the QI team (without the coaches)

C. Discuss a timeframe for your next visit.

D. Thank and praise the team for their work. Give words of encouragement.

 – Support/facilitation requested from QI/Guide team:

 – Date for next visit

VII. Coaches' post-visit discussion

A. Immediately following the visit, all of the coaches should briefly discuss:

 • Note what you observed as a coach about team interaction
 • Note what you want to follow-up on during the next visit

B. Give the team a maturity Score for this month ⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯

QI Team Maturity Index[2]

Purpose:
To monitor progress in team maturity as they work through different stage of improvement and care steps.

Expectations:
- At the end of each visit coaches will discuss and provide a score for the team.
- Coaches will review the team score as they are planning for the next visit
- The team will progress to a stage of maturity, working independently, at some point in the project

Assessment/Description	Definition
1.0 **Forming Team**	• Team has been formed and oriented on aims, target population • Team has held discussions on a minimum of one care component
1.5 **Planning for the improvement has begun, but no changes**	• Team is actively meeting and discussing • Plans for testing changes have been made • No tests of changes has begun • Some baseline data may be collected
2.0 **Changes tested, but no improvement**	• Some changes are being tested in one or more care steps • Data on key measures is being collected, analyzed and reported • No improvement in measures
2.5 **Changes tested, initial improvement**	• Some changes are being tested in one or more care steps • Data on key measures is being collected, analyzed and reported • Some evidence of improvement from sites based on simple indicators or anecdotal evidence • May or may not be evidence of improvement in process measures (depending on sensitivity) • Starting to articulate changes and activities to coaches and at Learning Sessions
3.0 **Modest Improvement**	• Change ideas tested, successful change ideas implemented for at least one care step • Testing changes for at least two additional care steps begun • Data on key measures is being collected, analyzed and reported • Evidence of moderate improvement in process measures (two to three months of data showing improvement over baseline based on run chart) • Ability to articulate changes and activities effectively to coaches and at Learning Sessions

---

2   Adapted from the Institute for Healthcare Improvement's Breakthrough Collaborative Series

Assessment/Description	Definition
3.5 **Improvement**	• Change ideas tested, successful changes implemented for at least three care steps • Testing changes for all other care steps begun • Data on key measures is being collected, analyzed and reported • Team shows ability to prioritize and analyze further details of care steps which are not showing improvement • Evidence of improvement in process measures (three to five months of improvement in data over baseline based on run chart) • Evidence of care consistently provided in the home from birth to 48 hours (based on checklist indicators) • Observed assisting other kebele sites at woreda meetings and learning sessions
4.0 **Significant improvement**	• For all care steps, changes have been tested and implemented. • Data on key measures is being collected, analyzed and reported • Sustained improvement in process and outcome measures observable • Team prioritizes and analyzes further details of care steps which are not showing sustained improvement • Team requested to support other kebeles in implementing similar changes
4.5 **Sustainable improvement**	• Sustained improvement in at least 3 outcome and process measures for a minimum of 6 months • Involved in self-initiated or woreda-driven spread to a larger population, new kebeles, or different content areas observed
5.0 **Outstanding sustainable results**	• All care steps have been improved and changes implemented for entire kebele • All goals have been accomplished • Invited to participate in conceptualization and implementation of spread phase as an outstanding example and leader

Monthly Coaching Summary Report Format

Start/End Dates of Visits _____

Action Period _____ Visit # (1,2,3,4) _____

Woreda _____

MNH Specialist(s) _____

Please comment on the following areas in 1 -2 paragraphs. Overall report should not be longer than 2-3 pages. If there are problems, please make a few comments on your ideas for solving them.   Feel free to delete the instruction notes when you write the report.

I. Summary Comments on Changes and Results

[Please note any trends, problems, exceptional or creative changes and results that you saw during your round of visits for the process improvement and CMNH training aspects of the activities. This should not be a list of all changes, but rather an analysis of what you are finding across kebeles both good and bad.]

   A. Care Process Improvement

   B. CMNH Training

II. Noteworthy Kebeles

[Please note any kebeles which are doing a particularly good job in developing and implementing changes, collecting/ tracking/plotting data, organizing and conducting birth team meetings or working as a team. Please include a few details of what they are doing and why it is unique. We can find ways to highlight these kebeles and their good skills (use them as teaching examples) at the next learning session.]

III. Kebeles with Difficulties

[Please note any kebeles which seem to be having an especially difficult time in developing and implementing changes, collecting/tracking/plotting data, organizing and conducting birth team meetings, or working as a team. Please include a few details about the problem, how it might be solved, and who might be involved.]

IV.Data Collection

[Please note any trends, problems, or good approaches to data collection, plotting and analysis which you saw during your site visit. Are several sites having similar problems? Are there questions which you need assistance/guidance to answer? Are most teams collecting and plotting some data?]

V. Common problems, Questions, or Issues

[Please note any ideas, common problems across sites, questions, issues or areas that need clarity. Usually these are issues which the entire team needs to discuss and decide on a direction on. (A current example would be how we organize the work so MNH Specialists can visit each site only once per month.)]

VI. Assistance and Support

   a. Coaches and MNH Specialists *[Please note what areas you think need particular assistance and support including what support/information/additional training/political support do MNH Specialists need from the project staff (Alemu, Ayni, Solomon, Abebe, Lynn, Kim, Sandy, etc.).]*

   b. Health Center, Woreda, Zone, Regional Levels *[Please note any successes or problems that would be of interest to the different levels. Is there anything that we should ask them to assist in solving (usually for a problem common across sites)? What should they know about the project successes which will help them advocate for us?]*

VII. Other Observations, Comments, or Recommendations

[Please note any other observations, comments or recommendations which will be helpful for the team to know.]

Appendix 1. Scope of Work for Coaches

Expectations, Tasks and Profiles for Coaches

Expectations

- Visit kebele QI teams once per month; average visit to kebele QI teams may be 3 to 4 hours (including courtesy calls, etc.)
- Participate in and/or assist in the preparation of and conducting regional learning sessions
- Regular (monthly or quarterly?) meeting with all Woreda-level coaches and MaNHEP staff member to review progress of the woreda
- Actively engage and follow up in the review of promising practices and data/results

Coaching Visits

Tasks before the site visit

- Arrange any visits including coordinating schedule of coaches, preparation of letters, informing appropriate authorities as necessary
- Prepare any copies, tools, training materials/aids needed
- Meet with other coaches to:
  - Review the teams' progress to date
  - Set priorities for focus on for the visit based on the kebele QI team's needs
  - Determine roles and responsibilities of each coach for the visit

Tasks during site visit (Varies depending on stage of implementation; not every task needed at every visit)

- Courtesy calls as necessary
- Assist in team development, including determining team members, creating roles and responsibilities for teams, and team building throughout the process
- Guide/facilitate team in analyzing data and their current care practices and flow
- Guide/facilitate teams in developing priority problems for improvement and setting improvement aims
- Guide/facilitate teams in developing possible changes/interventions
- Guide/facilitate teams in creating plans for PDSA cycles (testing the changes/interventions)
- Teach or review QI concepts and tools as needed during visits
- Review progress in community level training of HBLSS (how many households reached? Where are they?)
- Observe performance of HEWs
- Review progress of CHBLSS training;
  - Attend CHBLSS training/community meeting to observe, reinforce some of the important actions and provide comments and feedback to trainers/facilitators
  - Talk to at least one birth team to see how the knowledge and skill is transferred and reinforce some of the important actions
- Visit mothers and newborns after birth to observe what has happened, check completed checklist

- Provide training/review/refresher training on clinical care package

- If possible, talk to those involved with one or two births during the past period to see how things were done and provide feedback as necessary to FLW team and/or QI team

- Review progress, successes and challenges for implementing changes

- Review and provide feedback on implementation of BCC activities

- Review data, assist in plotting on runcharts (or other graphic display) and analysis of the data (what does it mean? What should we do?)

- Collect and compile information from all interaction/activities at kebele level; Take notes using coaching tool on progress of teams including information on changes being tested, results of tests and data

- Score sites on the maturity scale

- Observe how the surveillance system is working

Tasks following site visit
- Woreda/Health Center Level
  - Properly document and report coaching visit by site
  - Pass on all notes on team progress, PDSA cycles, etc. and score of site to MaNHEP staff
  - Pass on any data collected during the site to MaNHEP staff
  - Retain copy of pertinent information from site visits, including data collected for woreda-level analysis of indicators
  - Follow-up on any woreda-level issues that arose including problem solving, resource (materials, TA, or financial) allocation, connections/networking to other programs, etc.

- MaNHEP Staff
  - Properly document and report coaching visit by site
  - Enter all information on changes tested and data collected into the data base
  - Work with the regional team to analyze and synthesize data on the regional level
  - Work with Woreda-level coaches to follow-up on issues arising during the site visit
  - Write-up (once per quarter) review of coaching skills for woreda-level coaches
  - Write-up any success stories or human interest stories heard during visits
  - Follow-up on progress, challenges, successes with Regional Team Manager, QI Advisor, Sr. QI Advisor, Deputy Director and PI

Requirements/Profile for Coaches

- Identified/assigned as coach for project kebeles by woreda and health center management [HEWs supervisor; HEP program coordinator, Nurse/midwife, other?]

- Interest in learning more about improving health care

- Staff committed to conduct regular visit, at least once per month, to assigned kebeles (3 to 6 days per month)

- Some authority/connection to authority to be able to provide assistance to kebeles or directly liaise with zonal, woreda and regional authorities

- (Some) Staff with knowledge of MNH and clinical skills, trained on CHBLSS and community based program orientation

- Staff who are able and willing to travel to rural kebeles

- Staff exposed to health extension program and working relationship with HEWs

- Trainers of HBLSS (at least some)

- Some supervisory/oversight role of kebeles and/or HEWs and FLW

- Possibly one person responsible for data at the woreda level

- Committed staff in supporting others and making changes

- Committed to stay in public facility, where they took assignment, for project life

- Good communication skills and interpersonal relationship

Appendix 2. Scope of Work for QI team

A quality improvement (QI) team will be established in each rural kebeles, one per health post catchment area.

Purpose:
- Ensure that all pregnant mother in their third trimester, family members and birth attendants (Birth team) are enrolled in the CMNH program
- Ensure that labor and births are notified and mothers and newborns received care in the first 48 hours after delivery
- Ensure that all MNH packages are delivered/practiced in all household with mothers and newborns during the time of birth to 48 hours after delivery
- Ensure that all supplies and materials required to deliver MNH care packages are available at a community/household level
- Ensure that mothers and newborns with complications are referred to next level of care

Responsibilities:
- Regularly review implementation of improved CMNH care for mothers and babies at kebele level
- Conduct regular meetings (recommended no less than twice per month), prepare meeting schedule for at least six month and share it with supervisors/coaches and MNH specialists. Make sure that the schedule is posted at the health center and health post level.
- Lead continuous quality improvement activity at kebele level:
    i. Review what is happening in their kebele; determine the areas in which care for mothers and babies around birth can be improved.
    ii. Identify and prioritize issues/problems in process of delivering/receiving CMNH care
    iii. Liaise with the community to understand what their views are on problems and potential solutions to getting CMNH care to mothers and babies reliably
    iv. Develop and test solutions to the problems; create work plans for implementing specific solutions to getting CMNH care to mothers and babies reliably
    v. Follow-up with community on what care being provided at the time of birth; provide guidance and instruction as necessary on CMNH practices
    vi. Collect data, monitor and review/analyze whether the solutions have improved getting CMNH care to mothers and babies; based on review, determine next steps or new solutions
    vii. Send representatives to "Learning Sessions" for training on quality improvement methodology and continuing CMNH, sharing the work of your kebele (especially results and data) and learning solutions from other kebeles

Members:
- Seven to ten members for each QI team
- Members should be those:
  i. Committed to improve MNH care services
  ii. Familiar with process of care ,experienced/involved in decision making about and receiving/ providing care for mothers and babies around the time of birth
  iii. With critical thinking in looking for problems and proposing solutions
  iv. Selected by the community
- Members of QI team should include a variety of people, such as:
  i. Representative of women groups, mother in laws, pregnant women and husbands of pregnant women
  ii. Representatives of religious and influential leaders and elders
  iii. Representatives from health committees or health section of kebele council
  iv. Representative of MNH guide team, volunteer community health workers (vCHW) and traditional birth attendants (TBAs)
  v. Health extension worker