

**Questionnaire**

**Maternal and Neonatal Program Effort Index (MNPI)**

COUNTRY:

RESPONDENT NAME:

POSITION:

TITLE:

DATE:

NUMBER OF YEARS RESPONDENT WORKED:

	In Maternal Health	In Neonatal Health
At national level.....	_____ (years)	_____ (years)
At provincial level.....	_____	_____
At district level.....	_____	_____
At community level.....	_____	_____

**THANK YOU FOR YOUR ASSISTANCE WITH THIS RESEARCH**

## Questionnaire

### Maternal and Neonatal Program Effort Index (MNPI)

This questionnaire measures maternal and neonatal program effort, which is the effort that programs have put into the reduction of maternal mortality/morbidity and related neonatal conditions. It concerns strength of effort for program inputs, not measures of outputs like maternal mortality rates or cases served. To keep the questionnaire short, only selected, representative functions are listed here.

Please rate most items from 0-5, where zero means the item is absent or extremely weak, and five means it is optimal. You can also think of each item as true or false – if it is fully true it receives a score of 5; if it is entirely false it receives a score of zero. Intermediate situations receive scores in between zero and five. Rate the item for the present, and also for three years ago. A few items ask for your estimate of the percentage of the population with access to services.

The first three parts pertain to the following:

1. Maternal Mortality and Morbidity, focused on treatment of serious pregnancy complications, and access to services.
2. Maternal Health, focused on more general maternal services.
3. Delivery and Neonatal Care, focused on items of immediate interest to mother and infant.

Those are followed by general supporting functions: policies, resources, training and supervision, service availability, public information and education, and monitoring and research.

## **Explanation of Terms for the MNPI**

Several types of facilities are mentioned repeatedly in this questionnaire. Country situations differ, but here is generally what is meant by each facility type.

Central Hospital	Provides all levels of obstetric care.
District Hospital	Provides all levels of obstetric care, with trained staff including some doctors who can perform Cesarean sections. Beds, anesthesia, sterile equipment, and supplies of drugs should be available.
Health Center	Provides all essential and most emergency obstetric care. Midwives and nurses provide most of the care. Beds, anesthesia, sterile equipment and supplies of drugs should be available.
Health Post	Provides some essential obstetric care and limited emergency care. Staffed by midwives or other birth attendants. Sterile equipment and some drug supplies should be available.
Home	Births may be attended by a traditional birth attendant or a trained health worker who carries some drug supplies for limited management of emergency cases. Referrals may be made to a higher level within the health system.

## QUESTIONNAIRE

SCORE EACH ITEM FROM 0 TO 5 WHERE 0 REPRESENTS NON-EXISTENT OR VERY WEAK EFFORT AND 5 REPRESENTS EXTREMELY STRONG EFFORT.

### MATERNAL MORTALITY AND MORBIDITY

Please indicate the degree to which each statement is true or false, using “0” to indicate “completely false,” and 5 to indicate “completely true,” and the numbers between to indicate partially true or false. (For example, a score of 2 on the first item below would mean that some progress has been made for health center treatment of hemorrhage cases but that the situation is still far from satisfactory.)

#### All health centers have trained staff, in place, who can provide obstetric care:

1. Manage postpartum hemorrhage cases						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Administer antibiotics intravenously						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
3. Perform manual removal of retained placenta						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Perform vacuum aspiration of the uterus, using MVA (manual vacuum aspiration) or an electric suction device						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Use a partograph to determine when to refer						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
6. Have transportation arrangements to quickly move a woman with obstructed labor to a district hospital						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
7. Have adequate antibiotic supplies on hand (sufficient supplies of the correct types)						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5



## MATERNAL HEALTH

Please indicate the degree to which each statement is true or false, using “0” to indicate “completely false,” and 5 to indicate “completely true,” and the numbers between to indicate partially true or false. (For example, a score of 2 on the first item below would mean that some progress has been made systematically checking for anemia but that the situation is still far from satisfactory.)

### At antenatal visits, all pregnant women:

1. Receive iron folate tablets for anemia  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Are both examined for hypertension, and treated as needed  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
3. Are both examined for syphilis, and treated as needed  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Receive needed tetanus injection(s)  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Are informed about danger signs of obstetric and newborn complications and are assisted in planning for any emergency  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
6. Are offered voluntary counseling and testing for HIV  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## DELIVERY AND NEONATAL CARE

Please indicate the degree to which each statement is true or false, using “0” to indicate “completely false,” and 5 to indicate “completely true,” and the numbers between to indicate partially true or false. (For example, a score of 2 on the first item below would mean that some progress has been made for all deliveries but that the situation is still far from satisfactory.)

**Note:** These items refer to all deliveries throughout the country, not just those seen in facilities.

### At delivery, all pregnant women:

1. Are seen by a professionally trained attendant (either at home or in a facility)  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Have their labor monitored  

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. Are checked for signs of hypertension, anemia, or infection						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Are able to receive emergency obstetric care as needed						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Are provided an appointment for a check-up within 48 hours of delivery						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
6. Are encouraged to immediately start breastfeeding their newborn						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
7. Are counseled on umbilical cord care						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

**For newborn care, all infants whether delivered at home or in a facility:**

1. Have their mouth and nasal passageways cleared						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Are dried and kept warm immediately after birth						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
3. Receive prophylactic treatment for their eyes.						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Have their umbilical cord cut with a clean blade						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Receive a DPT injection at 3 months						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
6. Are scheduled for subsequent immunizations						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## **For Provision of Family Planning**

### **All health centers:**

1. Routinely offer family planning after abortion cases						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Routinely offer family planning at postpartum visits						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
3. Have contraceptive pill supplies regularly in stock						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Have progestin-only pill supplies for breast-feeding women						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Have trained staff, in place, who can insert intra-uterine devices						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## **For Provision of Family Planning**

### **All first referral facilities- district hospitals:**

1. Routinely offer family planning after abortion cases						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
2. Routinely offer family planning at postpartum visits						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
3. Have contraceptive pill supplies regularly in stock						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
4. Have trained staff, in place, who can insert intra-uterine devices						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
5. Can offer sterilization to female clients						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5
6. Can offer sterilization to male clients						
<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## GENERAL SUPPORTING FUNCTIONS

Please indicate the degree to which each statement is true or false, using “0” to indicate “completely false,” and 5 to indicate “completely true,” and the numbers between to indicate partially true or false. (For example, a score of 2 on the first item below would mean that policies are only partly adequate.)

### **POLICIES TOWARD SAFE PREGNANCY AND DELIVERY**

1. Ministry of Health policies toward pregnancy and delivery services are adequate

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

2. Policies are developed through adequate consultation with interested parties such as other ministries, NGOs, private practitioners, women’s groups

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. Policies are reasonable and fair concerning which personnel can provide maternal health services (e.g. trained midwives can perform a wide range of medical procedures)

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

4. A favorable policy exists toward the treatment of complications of abortions, including complications seen from illegal abortions

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

5. Policies are vigorously implemented through regular high-level reviews and updated action plans

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

6. The director of services for maternal health is placed at a high administrative level

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

7. High officials in the government, including the Ministry of Health, issue frequent statements to the press and public to support improvements for safe pregnancy and delivery

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## RESOURCES

1. The government budget for safe pregnancy, delivery, and postpartum care (for facilities, personnel, supplies, etc.) is adequate for the needs, whether from the Ministry of Health, provincial government or donor support

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

2. All services and drugs are provided free to all clients

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. The private sector (doctors, midwives, clinics, maternity homes) is active and covers a substantial share of pregnancy and delivery cases

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## INFORMATION, EDUCATION, COMMUNICATION

1. The national program uses the mass media to educate the public about symptoms of pregnancy complications and safe places for childbirth

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

2. Also, the national program uses the mass media to educate the public about harmful home practices for pregnancy care, delivery, and postpartum care (home remedies and birthing customs, etc.)

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. Community-level organizations take part in systematic programs to educate the public about safe pregnancy and delivery

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

4. The Ministry of Health supplies adequate educational materials (posters, pamphlets, etc.) to delivery facilities to instruct clients about safe practices

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## TRAINING ARRANGEMENTS

1. Medical curricula include hands-on clinical training in obstetric care, including management of several deliveries

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

- 2a. All midwives and nurses in health centers have received refresher training for safe pregnancy and delivery care within the last 5 years

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

2b. Doctors in health centers have received refresher training for safe pregnancy and delivery care within the last 5 years

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. Newly hired midwives and nurses for health centers receive training for safe pregnancy and delivery care within the first 6 months

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

4. Newly hired doctors receive special in-service training for normal deliveries

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

## MONITORING, EVALUATION, RESEARCH

1. A routine statistical system (using facility-based information) provides good periodic information on supplies, personnel, deliveries, Cesarean sections, and cases of complications

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

2. Staff at the national level regularly monitor and analyze results from the routine statistics (above)

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

3. Recent surveys provide data on maternal events (pregnancies, deliveries, attendants and sites for deliveries, estimates of maternal deaths, etc.)

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

4. An updated listing exists of facilities that can treat obstetric emergencies

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

5. Ministry administrators systematically use statistical information for decisions and reconsideration of strategies for reducing maternal mortality

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5

6. Each hospital follows a regular procedure to review and learn from every case of a maternal death in the facility

<i>Present effort</i>	0	1	2	3	4	5
<i>Effort 3 years ago</i>	0	1	2	3	4	5