Helping Mothers Survive Program Standards

Instructions

The purpose of this document is to provide entities with a core set of program standards for Helping Mothers Survive (HMS). These standards define what constitutes a highly effective HMS program. If your activities meet these standards, please use the form below to self-certify as an HMS program. Please submit the completed form to HMS@jhpiego.org; receipt of the submission will be confirmed within four weeks and your organization's HMS programs will be recognized on our website.

The standards are subdivided into seven essential domains:

1. Planning and Advocacy
2. Integration
3. Program Learning
4. Training
5. Ongoing Practice
6. Monitoring and Evaluation
7. Quality Improvement

The first column contains a complete list of standards organized by domain. Instances where standards apply to a specific HMS module (Bleeding after Birth [BAB], BAB+, Pre-eclampsia/Eclampsia [PE/E]) are noted. The middle column includes verification criteria for meeting a standard. In the final column, please indicate if your program meets the verification criteria by placing an **X** in the "Standard Met" column. If the standard is not related to the module being used OR if it is not applicable to your program, please mark N/A. If your program does not meet the standard verification criteria, but you believe it does meet the program standard, briefly explain in the "Other" box. Standards which are bold and italic are mandatory for HMS programs. **If your program meets all of the 14 bold/italic standards, you may self-certify as an HMS program.**

Name of Implementing Agency:
Contact (name/email):
Date:

	Program Standard	Standard Verification	Standard Met OR N/A?
1	**Planning and Advocacy**		
1.1	The program is run by or works closely with Ministry of Health (MOH) counterparts and other partners within relevant maternal, newborn, or reproductive health strategies (i.e., task sharing, training, supply chain, etc.)	***Program is implemented by or in close collaboration with MOH or relevant government training counterparts.***	
		HMS activities are reported regularly (monthly, quarterly or annually) to the MOH and other partners.	
		Program advocates for facility-based workforce development and conducts provider trainings at the facility level.	
		Program staff coordinate/collaborate with MOH staff to address gaps, build synergies, and avoid duplicated efforts and resources.	
		Other:	
1.2	Program works with MOH counterparts and other partners to advocate that national policies and service delivery guidelines are based on current evidence and reflect World Health Organization guidance.[1]	Advocates that all cadres of providers who conduct deliveries are authorized to: • Perform active management of the third state of labor (AMTSL) and administer uterotonic • Provide bimanual uterine compression *(BAB only)* and apply non-pneumatic anti-shock garment where available *(BAB+)*	
		Advocates that all skilled birth attendants are authorized to: *(BAB+ only)* • Provide manual removal of placenta • Conduct deep vaginal/cervical laceration repair • Insert intrauterine balloon tamponade	
		Advocates for proper storage of oxytocin *(BAB)*	
		Advocates that both oxytocin and misoprostol be included on the national essential drug list (EDL) *(BAB)*	

[1] Advocacy focus will depend on program and country context.

	Program Standard	Standard Verification	Standard Met OR N/A?
		Advocates for policy that ensures uterotonic use immediately after birth aiming for 100% coverage of all facility-based births *(BAB)*	
		Advocates for policy ensuring all facilities, regardless of level, that conduct births are stocked with and can initiate treatment with magnesium sulfate and antihypertensive *(PE/E only)*	
		Advocates that all cadres of providers who conduct deliveries are authorized to initiate magnesium sulfate and antihypertensive treatment *(PE/E only)*	
		Other:	
1.3	Program aligns with national policy and guidelines while maintaining technical content/ integrity of HMS materials.	If misoprostol is not on the EDL, the trainer omits (or discusses misoprostol but emphasizes it is not on EDL and should not be administered).	
		If policy says to transfer patient with retained placenta at 30 minutes (instead of an hour), language during training is adapted to reflect policy.	
		If scopes of practice for certain cadres do not authorize certain skills (i.e., manual removal of placenta or repair of cervical lacerations), training is conducted in alignment with those policies.	
		Other:	
2	**Integration**		
2.1	Program promotes HMS and newborn integration.	***Builds on Helping Babies Survive (HBS) where it exists OR other newborn care workforce development. If integrating with non-HBS newborn program, please describe below in "Other."***	
		Uses combined scenarios for training and practice where appropriate.	
		Other:	
2.2	Program promotes HMS integration with broader maternal and newborn health national program.	Integrates into existing MOH endorsed pre-service and in-service trainings such as BEmONC training and/or pre-service training.	
		Works through existing government-supported mechanisms to achieve national maternal health goals.	
		Other:	
2.3	Training is recognized by MOH or relevant government health	MOH staff are trainers and participants and involved in program planning or MOH submits a letter in support of the program.	

	Program Standard	Standard Verification	Standard Met OR N/A?
	training institution.	Training events include MOH logos on banners or certificates.	
		Other:	
3	**Program Learning**		
3.1	Program identifies program learning questions and shares learning questions and results.	Program has defined learning questions at the start of the program to inform national and global HMS programs and address national priorities, for example: "How do urban and rural health centers differ in terms of approaches to implementation?"	
		Lessons learned and results are documented against learning questions and shared with governmental reporting mechanisms and to inform national and global HMS programs.	
		Other:	
4	**Training**		
4.1	The program uses validated HMS training materials for training activities.	***Action Plan, Flipbook and Provider Guide are used during all training and reinforcement activities. (These can be downloaded at no cost through the HMS website and printed locally or purchased through Laerdal Global Health.)***	
		HMS knowledge tests and objective structured clinical examinations from the HMS website or the HMS Flipbook are used to assess learners.	
		Other:	
4.2	The program adheres to the principles of simulation-based training.	***Case studies, role plays and simulation are used for all trainings.***	
		Simulation techniques of supportive debrief and feedback are used during training.	
		Other:	
4.3	Trainers follow the HMS Trainer development pathway.	***100% of HMS Trainers and HMS Master Trainers participate in a Champion training, receive facilitation support, and are mentored during their first delivery of a Champion training.***	
		100% of individuals who become HMS Trainers or HMS Master Trainers are first deemed as qualified trainers by their host institution. Alternatively, for HMS Trainer status only, they may complete the online training prep course ModCAL.	
		Other:	
4.4	Program adheres to	***For HMS BAB and BAB+ ratio is 6:1 (trainees to simulators, trainees to trainers).***	

	Program Standard	Standard Verification	Standard Met OR N/A?
	recommended maximum ratio for trainees to trainers and trainers to simulators (as appropriate).	Other:	
4.5	Program trains a higher ratio of active clinicians compared to inactive or non-clinician advocates.	***At least 50% of trainees are active clinicians and have attended a birth within the last six months.***	
		At least 75% of trainings are held at the health facility level.	
		Other:	
4.6	Training data are shared with the HMS Secretariat for global tracking.	HMS training results are submitted to the HMS Secretariat website www.helpingmotherssurive.org within one month of training.	
		Results and lessons learned are shared with the HMS Secretariat.	
		Other:	
5	**Ongoing Practice**		
5.1	Program is designed and implemented with sufficient emphasis and resources to support training and low-dose, high-frequency practice after training.	***Simulation, drills, and case-based practice after training occur using HMS session plans or an adaptation of these that meets local needs.***	
		Simulators are used for ongoing practice *(BAB, BAB+).*	
		Program utilizes facility-based staff appointed as "Clinical Mentors" (or other locally appropriate term) to facilitate/promote facility-based practice.	
		Program reports results from practice sessions to national or global programs.	
		Other:	
6	**Monitoring and Evaluation**		
6.1	Assessment conducted to inform program design and planning.	Program conducts one rapid assessment of national policies, educational resources, and ongoing programs related to maternal health prior to launch of HMS program (see HMS Implementation Guidance for assistance www.helpingmotherssurvive.org).	
		Assessment covers key areas as outlined in HMS rapid assessment tool in Implementation Guide.	
		Assessment findings are documented.	
		Other:	

	Program Standard	Standard Verification	Standard Met OR N/A?
6.2	Program works with MOH and other partners to strengthen data quality.	Program advocates that the national health management information system (HMIS) adequately captures relevant maternal and neonatal health data (i.e., advocates for inclusion of AMTSL (uterotonic) in HMIS, etc.).	
		Program supports improved data collection, reporting and use at the facility (and at the district level, as appropriate).	
		Other:	
6.3	The program routinely uses and shares program data for decision-making.	Program works at the facility and district levels with facility and MOH staff to jointly use HMIS and supportive supervision data to make decisions about program implementation and for advocacy with stakeholders.	
		Other:	
6.4	Program collects data on core set of indicators.	Program collects and reports core set of indicators outlined in the HMS implementation guide.	
		Other:	
7	**Quality Improvement (QI)**		
7.1	Program applies QI approaches to ensure quality of care.	HMS is advocated as part of a MOH endorsed QI approach within existing systems and/or uses QI approaches with the HMS program to improve outcomes.	
		Conducts periodic supportive supervision visits (by or with designated supervisors in the MOH system) and uses findings to learn about facility improvement needs (e.g., for supervisor and health worker performance).	
		Reinforces existing or establishes service performance standards and helps facilities and health care providers develop and implement action plans to improve service delivery.	
		Other:	