

Implementation Guidance for Compassionate Care Intervention – Extended Post-Partum

Mwanza, Tanzania

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Introduction

Respectful care is essential to ensure the highest quality client centered maternal, newborn and child health care is provided. It should be provided to all women in a manner that maintains their dignity, privacy, and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support (WHO). Further, respectful care involves more than the absence of abuse and is emphasized in Tanzania by encouraging health care providers to care for women in a way that respects their rights as human beings. While it is commonly agreed that clients should be treated with dignity by the health system, mistreatment still occurs.

Compassion, an essential part of respectful care, is about fully seeing, listening to, and valuing both ourselves and others. The WHO Global Health Compassion Rounds Synthesis Report from 2022 highlights that compassion is necessary for patients, families, and caregivers alike as it enhances care, improves outcomes, and establishes trust. There is an abundance of evidence demonstrating that compassion has powerful benefits for clients and for the providers who care for them. For compassion to thrive, however, it must be embodied and embedded throughout all levels of the health system. It can involve spreading joy through supportive connections between people in the system and practicing small doable actions. Providers often need support, for example to overcome their own biases, and learn how to handle tough situations with empathy to ensure compassionate and respectful care.,

Breakthrough ACTION is interested in more intentionally addressing empathy and compassion within health facilities both for the benefit of providers themselves and those they provide MNCH services to. While a great deal of progress has been made in respectful maternity care, less has focused specifically on empathy and compassion during the postpartum period and beyond, yet these factors impact experience of care for all involved.

This document describes the intervention components to be tested in different health facilities to increase compassionate care during an extended postnatal period (1 year post birth). The primary focus is use of these intervention elements to improve health facility services including EPI, well visits, sick child visits, postpartum services, growth monitoring, etc .These different intervention activities are designed to be integrated into the already existing workflow of health facilities and will hopefully have a positive effect on other RMC services as well. They do not require in-depth training to launch and guide their applicability and take only a small amount of time to use during routine service delivery.

This document will walk through each component and describe how to implement them together as a package.

List of intervention components:

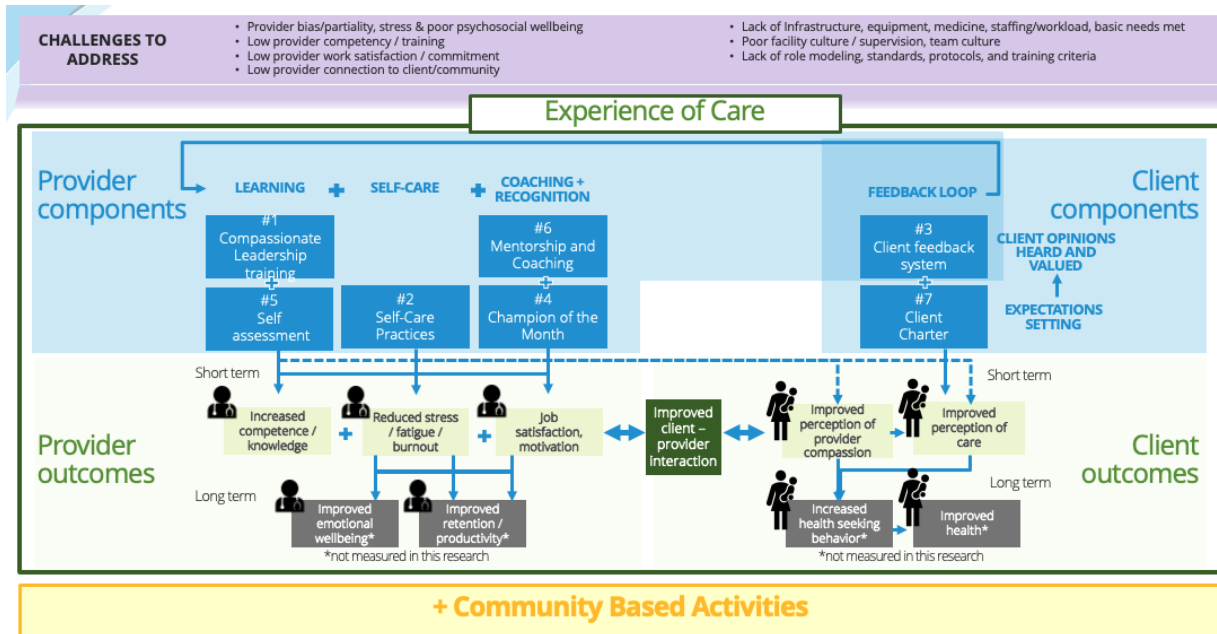
1. Compassionate Leadership Training
2. Self-care practices
3. Client feedback
4. Compassion Champion of the Month
5. Provider feedback
6. Mentorship and supervision
7. Client Charter

List of monitoring tools:

- Facility Monitoring Tool

Theory Of Change (TOC)

The theory of change below describes how the intervention package aims to achieve positive outcomes for both providers and postnatal clients and their children (up to 1 year).



The theory of change above guides the implementation of the intervention and connects the various intervention components to the outcomes we wish to achieve. The intervention will be evaluated to assess whether it has an effect on the outcomes of interest. Specifically, the research goal is to understand if this intervention can cultivate compassion and empathy within the health system and support health care worker wellbeing, which will then ideally lead to increases in client satisfaction and perceived quality of care. The objectives of this activity are to:

- Assess whether this multi-faceted intervention improves the experience of care during facility based maternal, infant, and childcare visits up to 12 months postpartum. Specifically:
 - a. Provider outcomes that include but are not limited to components of compassion, self-care and job satisfaction.
 - b. Client outcomes that include but are not limited to increased levels of satisfaction and positive experience of care.

Definition of terms

Experience of Care	The sum of all interactions that influences client (and provider) perceptions across the continuum of care ¹ . Experience of care is a critical component of the WHO Quality of Care framework and is defined in the framework as effective communication, respect and preservation of dignity, and emotional support. It may be positive or negative, person-centered or not. ²
Respectful Care	One component in the experience of care. Provision of equitable care maintaining all individuals' dignity, privacy, and confidentiality; ensuring that interactions with individuals or carers enhance informed decision-making, without inducement or coercion; respecting right to individual's liberty, autonomy and self-determination, promoting continuous support (as appropriate); being compassionate and responsive to their preferences, needs, and values; and being free from stigma, discrimination, mistreatment, harm and arbitrary detention. ³
Compassionate Care	Used interchangeably with / as a component under respectful care. Includes personalized care and communication and meaningful / empathetic connection between client and provider.
Empathy	Capability enabling individuals to understand and feel the emotional states of others, resulting in compassionate behavior. ⁴

¹ <https://www.theberylinsitute.org/page/DefiningPatientExp>

² Leveraged from the MKA convening Series on “*The Role of Social Accountability In Improving Respectful Care for RMNCAH*”

³ Leveraged from Respectful Maternity Care Charter by the White Ribbon Alliance

⁴ Riess H. The Science of Empathy. *Journal of Patient Experience*. June 2017:74-77. doi:10.1177/2374373517699267

Roles and Responsibilities

Position	Overall job duties	Role in the intervention
RMC Champion	Continue mentoring within their health facilities for continuous learning on site. Train all departments on respectful care.	Support staff in practicing compassion with each other and their clients. Raising issues that arise anonymously with management.
MNCH Mentor	Identified by the region and are Ministry staff who provide mentorship to staff in facilities monthly; travel around to facilities.	Participate in compassionate leadership training and incorporate compassionate care into their mentorship visits using the mentorship checklist.
Unit supervisors	Provide care and supervise others in that ward. Postnatal ward; NICU; pediatric (at hospital)	Participate in compassionate leadership training and incorporate compassionate care into their work and support the providers in their facility to do so.
Office In Charge	Oversees all clinical services and supervision of staff.	Participate in compassionate leadership training and incorporate compassionate care into their work: support providers in their facilities to practice it.
CPRC MNCH Technical Advisor	Oversee all MNCH and nutrition interventions at facilities. Conducts training/mentorship and coaching/supportive supervision at facilities.	Co-facilitate leadership training. Mentor the mentors and In Charges to practice compassionate care with each other and with postpartum women up to one year after birth.
Facility Owner	Ensure availability of services. Make decisions about hiring specialists. Hold the keys to the budgets, ability to influence what happens at the facility, important for continuity	Attend leadership training. Support the compassionate care intervention package recognizing its value to improve services as well as staff morale.
CSSC Rep	CSSC, as the umbrella body, brings all facilities together. CSSC serves a coordinating and troubleshooting role.	Support the compassionate care intervention package recognizing its value to improve services as well as staff morale.
CHMT	CHMT at district level has a district executive director who oversees all implementation. District commission oversees administration. CHMT oversees and monitors all health facilities in district, both public and private.	To be aware this happening in their health facilities and support the compassionate care intervention recognizing its value to improve services and staff moral with a keen eye to explore replication in public-sector sites based on the learning from the pilot.

RHMT	Same as above at regional level.	To be aware that it is happening in their health facilities and support the compassionate care intervention recognizing its value to improve services and staff moral with a keen eye to explore replication in public-sector sites based on the learning from the pilot.
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Implementation Overview of Intervention Components

1. Compassionate Leadership Training

Objective: To provide health facility leadership the capacity and skills to facilitate conversations and act on issues that arise in a compassionate way.

Overview: Supervisors, facility managers, RMC champions and mentors at each intervention facility will receive training to build a more compassionate environment, including how to have effective conversations and address challenges immediately.



Tools: Compassionate Leadership Training PowerPoint slide deck

Intended Participants:

1. In Charge
2. All facility staff (working with postnatal mothers and children up to 12 months after birth for the study purposes)
3. RMC Champions
4. MNCH mentors
5. Facility Owners
6. Council health management team representative
7. Regional health management team representative
8. Christian Social Services Commission representative
9. Ministry representative

Implementation Guidance:

1. Carry out logistical planning to host a 2-3 day onsite training at the facility.
2. Invite all facility staff and those listed above to participate in training.
3. Carry out the training, utilizing role plays from the PowerPoint slide deck.
4. Hand out all other tools to participants for use in their facility.

2. Self-care Practices

Objective: For providers to improve their mental health and help to prevent stress and burn out and to provide high quality care to others.

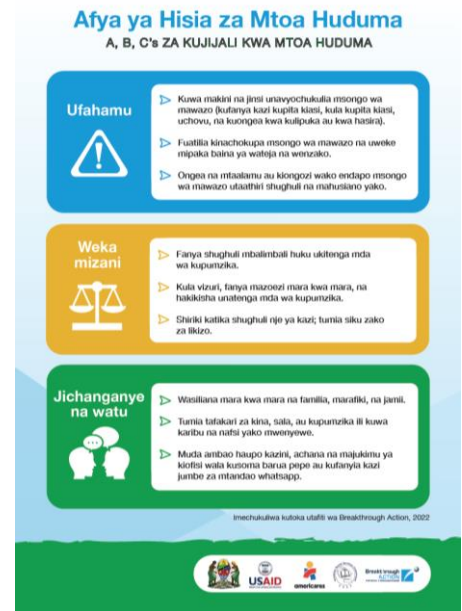
Overview: Practicing self-compassion is one of the best ways to improve one’s health, mood, sense of confidence, and ability to bounce back from traumatic events. Healthcare providers often work actively to treat others with compassion, but how often do they stop to think compassionately about themselves? Mindfulness can help providers treat themselves the way that they treat others who are in need.

Supervisors can build a culture of self-care by prioritizing mental health and encouraging rest/breaks to reduce burnout. This includes organized activities such as supervisor-led self-care and mindfulness routines, as well as changes in culture, such as encouraging breaks and time management.

Tools: Self-care/Breathing Techniques guide; Providers Emotional Wellness Poster

Implementation Guidance:

- As learned in the Compassionate leadership training, In Charge’s should encourage staff to take breaks and help manage their time so that staff are not staying late and continuing to work long hours. They may take that break in a quiet space or outdoor place so that they can decompress.
- Hang the Provider’s Emotional Wellness poster in the facility in a location that providers will frequently pass by and see as a reminder. In Charge’s should return to it from time to time in staff meetings when they are checking in with facility staff to remind them of the importance of self-care and compassion in the workplace as we continue to try to take care of ourselves, our fellow health workers, and our clients.
- Supervisors should share the different techniques learned in the compassionate leadership training on self-care with all staff. Introducing 2-3 each week and encouraging staff to practice them.
 - Week 1: Breathe to center, box breathing and breathing compassion
 - Week 2: Self-compassion antidote; Compassion break
 - Week 3: Supportive touch - Hand on Heart
 - Week 4: Changing critical self-talk
- Remind providers of these self-care tools at each meeting or get together and encourage them to practice them.



Nyenzo za Kujitunza

KUJIJALI MWENYEWWE

MBINU ZA KUPUMUA

Kupumua kunaweka kusaidia kushusha kiwango cha mapigo ya moyo na kukupa wakati wa kujipanga upya.

Pumua hadi kwenye kiini

Fanya hivi wakati wa shughuli za kawaida, kama vile kuosha mikono au wakati wa msongo kutokoa mifumo wako wa falamu.

- Pumua pumzi tatu kamili, na ndofu kuliko kawaida, ukilweka mawazo yako kwenye kila pumzi.
- Jaza kawaida mawazo kwenye pumzi inaokoa changamoto, hadi ikiwa wazi mawazo kwenye miguu yako iliyojikita kwenye ardi au uzito wako sagemu ufukata kwenye kiti.

Kupumua kwa boxi

Itumika wakati wa msongo wa mawazo.

- Vuta pumzi ndani na hesabu mpaka 4.
- Shikilia pumzi na hesabu mpaka 4.
- Toa pumzi nje na hesabu mpaka 4.
- Shikilia pumzi na hesabu mpaka 4.

Kupumua kwa huruma

Itumika unapojikika kutochewa kupata hisia au kuzidiwa na mwenzo.

- Weka mawazo yako kwenye pumzi ndofu/ miguu yako ardhini.
- Ione hisia kama misikimo ya mwili.
- Vuta pumzi ndani, pumua hisia nje kwenye eneo lenye usazi kutoka.
- Toa pumzi nje, pumua nje kwa msaidia kwako na kwa ajili ya wengine.

ONYESHA HURUMA NA KUJALI

Huruma na kujali sio tu kusaidia mtu kwa kuonyesha huruma, lakini pia yali anayipokea.

Kujali na kujizingatia kama namna ya kukabiliana na Msongo wa mawazo Kutumika unapochiwa msongo wa mawazo au kujikosea kukipitika.

- Tambua: "kwa haya ni mawazo."
- Chagua nje ya kujali na kujizingatia inayokufika kama vile (mikonzo juu ya kifua / tumbo / mikonzo).
- Kubali: "Kujambila kuwa, "Ninatarajia mawazo" kila mtu awazayo, "maachana na matokao yaliyo nje ya uwazi."



3. Client Feedback

Objective: To provide the opportunity for clients to share their experience, whether positive or negative and give them the power to advocate for the care they want to receive.

Overview: After each 0-12 month postpartum / child and maternal health visit (e.g. *EPI, well, sick, postpartum, growth monitoring*) clients will be asked to complete a feedback form with four simple questions asking about their interactions with the provider

Tools: Client feedback forms; client feedback instructional poster; client feedback submission box

Implementation Guidance:

1. Set up the client feedback collection box by gluing it together per the directions on the paper.
1. Hang the client feedback poster and box in a clearly visible space, but also one that is private and clients can feel comfortable placing their feedback.
2. Place the feedback box directly below the poster.
3. Ensure all providers have multiple copies of the client feedback form available at all times.
4. At the end of each visit e.g. *EPI, well, sick, postpartum, growth monitoring*), providers should not select which clients to give the form to but instead should hand a feedback form to each and every client with the providers name written on it and ask them to complete it based on the visit. It should be emphasized that all feedback is anonymous.
5. Providers should explain the four questions on the form and the different responses they can circle so that illiterate clients understand how to complete the form. The provider should take extra care for those clients who may not be able to read or write to ensure that low literate or disabled clients also have an equal opportunity to provide feedback. [Ask the clients to repeat it back, so it's clear they have understood.](#)
6. The provider should tell the client that once they have completed it they should drop it in the feedback box and tell the client where the box is located.
7. Clients can then fill out the form in privacy in the waiting room or wherever the box is kept so that the provider is not with them when they fill out the form. They should feel free to ask those they've come with, or others in the waiting room for clarity on the questions if they are illiterate and they feel comfortable doing so.
8. Use any health talks and health education sessions to explain the client charter and the feedback mechanism.

Tafadhali toa Maoni Yako!



Maelekezo

Kwenye kila mchoro/sentensi, zungushia jibu linaloolezea vyema maoni yako kuhusu huduma ambayo uliyokwisa kupewa kupewa. Asante kwa muda wako.

Mtoa huduma anaandika karatasi kabla ya kuikabidhi: _____



9. Each month the box should be emptied (sooner if it gets filled) and reviewed by the In-Charge with the Health Committee that includes a representative from the community. The first time it is opened, CPRC and the SHMT should be present to support use of the data and help the In Charge synthesize the feedback. Feedback should then be shared with each provider to emphasize what is working well and discuss ways to improve for the next month. The general feedback should also be shared during staff meetings, at a minimum monthly.

4. Compassion Champion of the Month



Objective: To recognize staff doing a good job.

Overview: Each intervention facility will hold a compassion competition to select the most compassionate staff member. Providers will be selected each month based on the input provided on the client feedback sheets.

Tools: Completed client feedback forms; certificate of achievement

Implementation Guidance:

1. After the client feedback has been reviewed when the box is opened (see above) the RMC champion or In Charge should tally the number of true (green faces), false (red faces) and yellow (neutral faces) that each provider received.
2. The provider who receives the most green faces will be awarded the compassionate champion of the month. If there are multiple providers tied, the tie breaker will be the provider who got the fewest number of red faces.
3. The winning provider should be presented with a certificate and a small token of appreciation (soap, sugar, pen, notebook).
4. In addition, depending on what is possible, the staff member can also be offered to take longer breaks, or leave early one day.

5. Provider Self-Assessment

Objective: For providers to reflect on the care they provide as well as give feedback to the facility leaders on things that may make their work environment better.

Overview: Providers will be asked to complete a self-assessment each month/3 months/6 months that examines compassionate care, self-care, and job satisfaction. There will also be room provided for feedback to be given to the facility.

Tools: Provider self-assessment form

Implementation Guidance:

- At the end of each month/3 months/6 months (depending on what is mutually agreed and needed) providers should be given a self-assessment form to complete. It may not be necessary after the first month or so to complete it as frequently.
- All forms should be turned in to the In Charge and reviewed with the individual provider to discuss progress and areas for continued growth. A concrete action plan to address any issues raised will be developed for each individual provider and considered for the facility.
- Review of this form should be seen as a time of self-reflection and an open place to share challenges or concerns, or successes from the previous month.
- Facility leadership should acknowledge and address publicly with all staff any feedback that is provided on the last section related to the facility operations.

Jina: _____ Tarehe: _____

Kituo: _____

Kila mhadumu wa afya anapaswa kujaza fomu hii kila mwezi na kutoa kwa Balozi wa RMC au Mfawidhi.

Utoaji wa huduma wenye huruma

	ALAMA 1 Mimi ni mgeni kwa hili	ALAMA 2 Nimejaribu	ALAMA 3 Ninafanya mazoezi	ALAMA 4 Nimefaulu
Nawaondolea wateja wangu wasiwasi na kuanzisha uhusiano wa uaminifu kwao.				
Ninawasiliza wateja wangu na kuwalelewa vizuri kwa kuwa viatu vyao.				
Sijahukumu kamwe hali ya mteja, hata kama inaenda kinyume na imani yangu binafsi.				
Ninaonyesha kujaji na ufadisi wakati mteja akielezea hali yake na mahitaji yake binafsi.				
Nawasaidia wateja kupata taarifa zote wanazohitaji kwa njia ya uwazi na isiyotulia upande wowote.				

Kujitunza

	ALAMA 1 Mimi ni mgeni kwa hili	ALAMA 2 Nimejaribu	ALAMA 3 Ninafanya mazoezi	ALAMA 4 Nimefaulu
Ninatimia boni la kupumulia ninapokuwa na msongo wa mawazo				
Ninapumikia mahali ambapo ninahisi ulufu				
Hukutana na mfunyakazi mwenzangu wa karibu mara kwa mara				
Nitambua ninapojikosa zaidi na kuchukua hatua ya kuacha				



6. Mentorship and Supervision

Objective: For healthcare workers at each facility to receive mentoring on how to provide compassionate care and mentoring to the In Charge to assist with implementation.

Overview MNCH mentors will follow the mentoring checklist to incorporate compassionate care into their mentorship visits and observe providers, providing them with tips to improve their compassionate care based on the checklist. Mentorship will also be done for the In Charge's in each health facility to help them to better support their staff in practicing compassion with one another and with their clients.

Tools: Mentorship Checklist

Implementation Guidance:

1. During visits to the health facilities, MNCH mentors will utilize the mentorship checklist as part of their coaching and observations.
2. To utilize the checklist, they should observe each provider with a client, and fill out the checklist form.
3. On the mentorship checklist, there are example behaviors listed under each larger category, a provider does not need to exhibit ALL of the behaviors listed but these are meant to be used to help assess.
4. At the top of the mentorship checklist is a 0-5 scale that can help to assess providers while doing the observation.
5. The provider only needs to be assessed once, each visit, unless the mentor feels it would be worthwhile to do more. A variety of services being delivered may include vaccination, postnatal care visits, and sick child visits that occur 0-12 months after birth.
6. After doing the assessment, the mentor should share the results with the provider and discuss with them any areas where they can continue to improve. This should be done with the In Charge present whenever possible to ensure that the In Charge is able to continue mentoring the provider in the areas they need to improve on when the mentor is not there. The In Charge should keep the observation forms so they use them for ongoing mentorship.

Compassionate Care Mentorship Checklist

Name of Facility: _____ Date: _____

Name of Mentor: _____

Name of Mentee: _____

Topic	Exhibits this behavior Y/N	Gaps to work on
Friendly to both fellow staff and clients <ul style="list-style-type: none"> • Greets everyone with a smile. • Asks how people are. • Is respectful to those they interact with. 		
Communicates effectively verbally and non-verbally <ul style="list-style-type: none"> • Gets their message across effectively while avoiding misunderstandings. • Their verbal, written and physical communication is in line with intentions. • They take the time to explain things clearly and answer questions in detail. 		
Uses touch and shakes hands when appropriate <ul style="list-style-type: none"> • Places a hand on client's shoulder for comfort, when appropriate. • Offers hand out to shake when greeting and meeting with people. 		
Shows genuine kindness to everyone <ul style="list-style-type: none"> • Shows interest in getting to know the client. • Puts the client at ease by being warm and friendly. 		
Uses clear, warm and empathetic language <ul style="list-style-type: none"> • Understand and address all the client's concerns. • Smiles at others and creates a warm environment. 		
Uses respectful and polite words <ul style="list-style-type: none"> • Says please routinely. • Says thank you whenever appropriate. • Says sorry when appropriate. 		
Uses active listening <ul style="list-style-type: none"> • Does not get distracted when listening to clients. 		

7. Client Charter

Objective: For clients to know and understand what their rights are.

Tools: Redesigned Client Charter Poster

Implementation Guidance:

1. Hang the client charter posters in a highly visible locations so that all clients are able to see it when in the health facility.



8. Facility Monitoring Tool

Objective: To assist with monitoring of the intervention and gain an understanding of how implementation is going.

Tools: Monthly Facility Monitoring Tool

Implementation Guidance:

This tool should be used during any in-person visit to one of the intervention facilities as well as during the biweekly check in calls with facilities.

- CPRC should go through this checklist with the In Charge.
- Questions are below with guidance provided for each one.

MONTHLY FACILITY VISIT REPORT and BIWEEKLY PHONE CALL TEMPLATE

Instructions: CPRC should use this form during each health facility visit and during biweekly phone calls to support each facility.

Date: _____

Facility visited/called: _____

Providers interacted with: _____

	Yes / No/NA	If yes, what worked well? What worked less well? If no, why?
1. Was a compassion champion of the month selected in the prior month?		
2. Is a client charter posted in a visible location in the facility?		
3. Do staff have a quiet place or outdoor space to take a break?		
4. Is the provider emotional wellness poster in a visible location for staff?		
5. Did the supervisor lead a self-care routine activity during the prior staff meeting?		
6. Were staff at this facility trained in compassionate leadership?		
7. Did the supervisor encourage staff to incorporate mindfulness and relaxation into their daily workday in the last month?		
8. Was the membership checklist completed in the prior month?		
9. Is a feedback box placed in a visible location for clients?		
10. Are pens available to provide feedback?		
11. Are all clients offered a feedback sheet by the provider following an appointment to drop into the feedback box?		
12. Did providers complete their self-assessment form last month?		
13. Do the providers think the intervention elements are working? Which do they feel are working and why, which are not and why?		

1. Was a compassion champion of the month selected in the prior month?	This should only be completed at the start of each month, reflecting back on the previous month. At all other times it can be reported as NA. If they have not selected a champion of the month for the previous month, explore the reasons why and check in again on the following call or visit.
2. Is the client charter posted in visible locations in the facility?	If visiting in person, look around and see if you can see the client charter without asking anyone. If not, ask if it is posted and why it is not in a more visible location. During phone calls ask them to share with you where it is hanging. If it is not posted, ask why, and request that they post it in a visible location.
3. Do staff have a quiet place or outdoor space to take a break?	This question only needs to be asked if the answer the previous check in was no. If visiting in person, ask if you can view the space, if on the call, ask if they've been able to establish as space, and if no, why not.
4. Is the provider emotional wellness poster in a visible location for staff?	If visiting in person, look around and see if you can see the Emotional Wellness poster without asking anyone. If not, ask if it is posted and why it is not in a more visible location where providers can view it. During phone calls ask them to share with you where it is hanging. If it is not posted, ask why, and request that they post it in a location visible to staff.
5. Does the supervisor routinely lead a self-care activity?	Should be asked during every check in, both in-person and by phone. If yes, ask which one and how it went, how it was received by staff. If no, ask why not and encourage them to do it next time.
6. Did the supervisor encourage staff to incorporate mindfulness and relaxation?	Should be asked during every check in, both in-person and by phone. If yes, ask how it was received by staff, did providers feel as though it was easy to add to their day? Did

	it help them reduce stress? If no, ask why not and encourage them to start doing it.
7. Was the mentorship checklist completed in the prior month?	To be asked once a month after mentorship visits, all other times can be marked as NA. If not completed, ask why not and what can be done to make sure it is used at the next mentorship visit.
8. Is a feedback box placed in a visible location for clients?	If visiting in person, look for the feedback box without asking anyone. If not, ask if it is available and why it is not in a more visible location where clients can easily access it. During phone calls ask them to share with you where it is located and if clients seem to be using it. If it is not available, ask why, and request that they ensure it is in a location easily accessible to clients
9. Are pens available to provide feedback?	If no, be sure to explore why not and come up with solutions for how they can be made available.
10. Are all clients (postpartum with child up to 12 months) offered a feedback sheet by the provider to drop into the feedback box?	If yes, ask about client's reactions to receiving the form. Are they completing it? If no, ask why not and explore together how they can improve on this and make sure all post-partum clients receive a feedback sheet after the visit.
11. Did providers complete their self-assessment form last month?	This question should only be completed at the start of each month, reflecting back on the previous month. At all other times it can be reported as NA. If providers did not complete their forms, explore the reasons why and check in again on the following call or visit. Also discuss if feedback has been given and issues addressed.
12. Do providers think the intervention is working? Why or why not?	Should be asked during every check in, both in-person and by phone. Record answers and probe as needed.
13. What suggestions do the providers have to improve the compassion intervention?	Should be asked during every check in, both in-person and by phone. Record answers and probe as needed.
14. Can the provider share a recent experience with a colleague in their health facility when practicing more compassion? What worked? What didn't? What would they do differently next time?	Should be asked during every check in, both in-person and by phone. Record answers and probe as needed.
15. Can the provider share a recent experience with a postpartum client (with child up to 12 months) when practicing more compassionate care? What worked? What didn't? What would they do differently next time?	Should be asked during every check in, both in-person and by phone. Record answers and probe as needed.

9. Visit Observation Assessment Form

Objective: To gain a better understanding of whether or not the intervention is being implemented as intended and if there are any changes that need to be made to the intervention.

Tools: Postpartum/Immunization/Child Health visit Observation form

Implementation Guidance:

This form should be used each month when conducting a health facility site.

Ask both the provider and client if you can quietly observe the visit and take notes. The observation should be with a client who is 0-12 months postpartum. Examples include a post-partum visit, well child check, immunizations, sick child visit, etc.

- Once permission is given, introduce yourself to the client and let them know that you are just there to observe and will otherwise not be part of the visit. Assure them that their information will remain confidential and you will not be writing down anything identifiable about them.
- Explain to both the client and the provider that you are there to help improve services and the client-provider interaction.
- Let the client know that if at any time they are uncomfortable with you there, they can ask you to leave.
- Once the visit begins, take notes as you observe.
- After the visit is done, complete the score sheet immediately, reflecting on your observations.
- The form should be completed using the following scale
 - 1 = poor – provider either does not do this at all or it is very low quality with serious issues or concerns
 - 2 = fair – the quality was below expectations with some issues or concerns but ones that could be easily remedied with some coaching.
 - 3 = adequate – provider is doing the actions but there may be minor issues or it is apparent that the provider is struggling to carry out the actions and having to think about doing it
 - 4 = good – provider carries out the action with ease and familiarity
 - 5 = Excellent – provider goes above and beyond to be compassionate with the client in all aspects of the interaction

POSTPARTUM/IMMUNIZATION/CHILD HEALTH OBSERVATION ASSESSMENT

Instructions: CPIC should use this form when conducting a health facility site visit monthly. The observation should be with a client who is 0-12 months postpartum. Examples include a post-partum visit, well child check, immunizations, sick child visit, etc.

Description of observation:

General feedback:

	Score 1-5 1=poor 5=excellent	Comments
1. Was the client treated in a friendly manner during the visit?		
2. Was the healthcare provider polite to the client?		
3. Were the client's questions answered politely?		
4. Did healthcare providers show concern and empathy?		
5. Did the healthcare provider introduce themselves to the client before any action or procedure?		
6. Did the healthcare providers address the client by name?		
7. Did the healthcare provider treat the client with a kind approach?		
8. Did the healthcare provider allow the client to ask questions?		
9. Was the client told that her personal and medical information will be kept safe and secure (only authorized health providers can access it)?		
10. Was the client treated with respect during the visit?		
11. Was the client's privacy maintained during the medical examinations?		
12. Did the healthcare providers speak to the client in a language that she could understand?		
13. Was service provision delayed due to the health facility challenges/mismanagement (e.g., interruptions in client flow; stock outs, too few staff, etc.)?		
14. Did the client experience disrespect at the hands of the healthcare provider?		