

Thurston S, Chakraborty NM, Hayes B, Mackay A, Moon P. Establishing and scaling-up clinical social franchise networks: lessons learned from Marie Stopes International and Population Services International. Glob Health Sci Pract. <http://dx.doi.org/10.9745/GHSP-D-15-00057> (Supplementary material)

Illustrative List of Items on MSI's Quality Technical Assistance (QTA) Audit Checklist

In order to ensure consistent and transparent evaluation, the QTA visit relies heavily on a 'QTA checklist' – an Excel tool – which has evolved over recent years. The checklist is a means to structure the visit and identifies key clinical standards for the social franchise across different areas of service delivery. The visit should sample each of the core services provided by the programme. In addition to the QTA checklist, the assessor will have access to a series of documents to support the technical assistance. This will include the MSI clinical standards manual, previous QTA scores and narrative reports, and incident or enforcement notice documents when applicable. Once individual scores have been entered against all criteria the QTA checklist automatically aggregates scores in order to generate an overall QTA score as well as provide a breakdown of scores against each service delivery area. The key clinical standards assessed in the QTA with corresponding example indicators are included in the table below with an illustrative indicator.

Clinical Standard Assessed	Example Indicator
Accountability/leadership	Social franchising manager has visited any service delivery channel within the last quarter (Ascertain what was achieved during the visit? ask for a trip report - verbal/written with observations with respect to quality, PD recommendations and progress on these?)
Supportive supervision	There is evidence that service providers receive supportive supervision that is distinct from internal audit at least twice a year.
Incident management	Are all incidents being investigated appropriately based on risk rating?
Human resources	Team members have received formal induction training including related to MSI clinical policies and have access to service-specific training according to identified training needs (Staff records/ training lists, content of induction, does it include clinical standards for clinical staff? etc)
Client focused care	Clients given time to ask questions and receive explanations that they understand
Counselling	Staff provides comprehensive information on the risks and benefits of any service provided, and in a way that can be easily understood by a client.
Family planning (see sub indicators in table below)	Staff are trained in effective counselling and information provision, with a focus on family planning methods
Sexually transmitted infections	Four Cs Included - Counselling for prevention, Compliance, Condom Demonstration and Supply, Contact Tracing
Tubal Ligation	Each tube is correctly identified by visualising the fimbrial ends prior to ligation

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Infection prevention	Instrument processing/cleaning: Decontaminated items are rinsed, and hollow instruments flushed, with clean water prior to cleaning
Medical emergency management	Procedures and related governance: All drugs must be kept in their original packaging as dispensed or purchased OR kept safely and free from breakdown in clearly marked separate boxes/packages/containers with contents, dosage and expiry dates clearly visible.
Supplies management	All franchise SRH products are stored off the ground, kept in a cool, unexposed storage area, securely away from access by the public. The area is clean and there are no signs of infestation

Family planning Sub-indicators (Each sub-indicator is assessed for every method of voluntary FP as appropriate)	Example indicator for various voluntary methods of FP (indicators vary by method)
Having the right equipment	(POPs): Checks expiry date and integrity of packaging of supplied Progesterone only Pills
Identifying a suitable client	(IUD): Confirms it is safe for the woman to use an IUD by confirming client: <ul style="list-style-type: none"> - Is not pregnant - Has not had a baby in the last 4 weeks - Does not have or is unlikely to have a genital or pelvic infection - Does not have vaginal bleeding - Does not have / has not had a female genital cancer - (if HIV positive) is on ARV therapy In addition for clients being offered the IUS <ul style="list-style-type: none"> - Does not have, or has not had, breast cancer - Does not have, or has not had, a blood clot - Does not have or has not had liver disease or liver cancer
Inserting the implant or IUD	Implant: Handles and inserts implant correctly (appropriate infection prevention measures taken, trocar inserted at 20-30° angle, tents skin, smooth insertion and withdrawal of trocar)
Removing the implant or IUD	IUD: Conducts pelvic examination appropriately and inserts speculum correctly
Completing the consultation	Implant: Completes documentation <ul style="list-style-type: none"> - Date of the implant insertion - Type of implant used, its batch number, expiry date, which arm

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	<ul style="list-style-type: none"> - If applicable record card completed and given to patient
Follow up	<p>Injection: Describes or carries out consultation and follow up injection:</p> <ul style="list-style-type: none"> - Reviews clinical history to ensure no new medical contraindications - Discusses risk of reduced bone mass density - Confirms unbroken contraceptive protection depending on injection type - Repeats 'Administering the injection' as per above if required