**Report of the Annual BFHI Action Plan** (2015 plans onwards)

***To be returned to the BFHI Coordinator by February 12th***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hospital Name:** |  | | | **Contact Person Phone:** |  |
| **Report Contact Person:** |  | | | **Contact Person Email:** |  |
| **Action Plan Title**: |  | | | | |
| **The overall Goal of this Action Plan was to** |  | | | | |
| **Action Plan Start Date**: |  | **Action Plan Finish Date**: |  | **Date Report of Plan sent** |  |

Brief answers are fine. Please type replies.

1. Was this action was carried out with the intended population and the stated objectives and tasks?  
    Yes No *(If no, state what was different from the Plan)*
2. Were the Targets stated in the Action Plan were met? Yes No   
   *(List targets and indicators)*
3. Were the Outcomes that were sought achieved? Yes No   
   *(How was this achievement determined?)*
4. Was there a specific survey, questionnaire, audit or other data collection method for this Action plan? Yes No *(If this hospital devised a tool, provide copy)*
5. What did those involved in this action think about it? Mothers, frontline staff, managers as relevant (*Outline how their views were established, and if the Action was not acceptable, why not)*
6. Were there any barriers in relation to equitable care: (providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status; were their some mothers/infants who could not access the services?)   
   Yes No *(If yes, explain barriers found)*
7. Were there any safety issues or adverse experiences reported? Yes No   
   *(If yes, explain)*
8. Did this action contribute to improved care for infants and their mothers? Yes No *(If no, explain)*
9. Was this action an effective and appropriate use of resources: staff time, financial, other? Yes No *(If no, explain)*
10. **What factors helped** the Action Plan being able to carry out its tasks and achieve its targets?

Management priority **□** Adequate resources **□**

Effective project leader **□** Communication **□**

Dedicated project time **□** Consultation with stakeholders **□**

Active project group **□** In-house expertise **□**

Training/skills provided **□** Other (please specify) **□**

*Additional comments about what helped:*

1. **What factors hindered** the Action Plan being able to carry out its tasks and achieve its targets?

Low management priority □ Inadequate resources □

Ineffective project leader □ Poor communication □

No dedicated project time □ Limited consultation □

Inactive project group □ Insufficient expertise □

Lack of training/skills available □ Other (please specify) □

*Additional comments about what hindered:*

1. Will this Action (the new practice) continue? Continue: Yes No *(If yes, give further details)*

In order to continue this action/practice as routine care what change

* Has already been put in place?
* Still needs to be put in place?
* Occurred/will occur different from what was carried out in the Action Plan?

1. Did this action improve links with other services and programmes? Yes No   
   *(If yes, explain how links improved)*
2. Was the process, outcomes and evaluation of this Action Plan shared through:

* Presentation to hospital committee
* Report to hospital managers
* BFHI Link newsletter
* Presentation at event outside hospital (conference, publication)
* Media release
* Other

1. Was this action reported as evidence of implementing National Standards for Safer Better Healthcare? Yes No. *If yes, what number standard was it reported under?*

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