

**National Department of Health** 

# INTEGRATED SUPERVISORY CHECKLIST AND USER GUIDE FOR LEVEL 1-4 FACILITIES

**IMPACT HEALTH PROJECT** 



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# Acronyms

AIDS	Acquired Immune - deficiency Syndrome
BMU	Base Management Unit
DD	Dangerous Drugs
DOTS	Direct Observe Treatment Service
EMOC	Emergency Obstetric Care
EPI	Expanded Program on Immunisation
HF	Health Facility
HIV	Human Infectious Virus
HMIS	Health Management Information System
LLG	Local Level Government
MUAC	Mid- Upper Arm Circumference
NHSS	National Health Service Standards
NTP	National Tuberculosis Plan
PDCO	Provincial Disease Control Officer
РНА	Provincial Health Authority
РТСТ	Parent to Child Transmission
STD	Sexually Transmitted Diseases
ТВ	Tuberculosis
TT	Tetanus Toxoid
VHA	Village Health Assistance
VVM	Vaccine Vial Management

## IMPACT HEALTH PROJECT

## Integrated Supervisory Checklist and User Guide

#### I.Introduction

IMPACT Health is a US\$ 30 million project (World Bank IDA-18 credit) over a period of 6 years (2020 – 2026) which will accelerate progress towards Universal Health Coverage. The Project underscores the importance of strengthening frontline service delivery quality and utilization using existing government systems. IMPACT Health will strengthen Primary Health Care in the rural and remote communities in PNG and provides tools and financing to Provincial Health Authorities to strengthen service delivery and capacity. The project introduces a system of Performance Based Financing, known as Disbursement Linked Indicators (DLIs)<sup>1</sup>, that will help align incentives between the different levels of care (national, provincial and facility levels).

## Rationale for using Integrated Supervision Checklist

Supportive supervision assessments are not a new concept, but the practice of implementing it routinely, challenge of complex supervision tools and lack of financial resources has hindered rollout systematically in the past. The introduction of this simplified Integrated Facility Supervision Checklist is not intended as a disciplinary tool, but rather a user-friendly tool to build a routine culture of service delivery improvement and good quality of care. The rollout will focus on service improvement using a model that engages and builds ownership among the health facility staff and the strengthening of the district level stakeholders to provide assessments and supportive supervision to help health facilities progress and improve their quality scores year over year. PHAs will have an important role to maintain quality control to ensure assessments are done correctly and processes are integral. NDOH will provide the capacity building and training needs to ensure successful implementation of the Integrated Supervision Checklist in the provinces and supports PHAs to provide trainings and coaching based on the gaps identified.

#### 1. Purpose of the Integrated Supervision Checklist

The Integrated Supervision Checklist for Level 1 to Level 4 health facilities aims to provide the Provincial Health Authorities and Districts the tool(s) and training required to support routinely improving the service delivery quality of Level 2 to Level 4 facilities (public and church providers). The improvements in service quality will catalyse uptake in the usage of service delivery and improve health outcomes. The routine implementation of the Integrated Supervision Checklist will lead to increased transparency and accountability on the delivery of care by facility and identify challenges and bottlenecks where enhancements are needed.

#### Scope of the Integrated Supervision Checklist

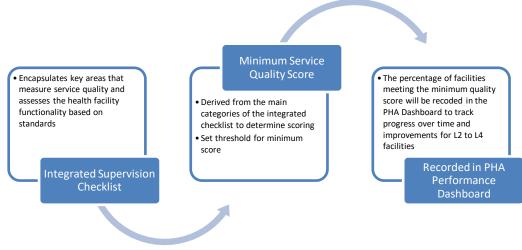
The Integrated Facility Supervision Checklist consists of various topics focused on the critical areas for quality control including planning and management, human resource, outreach, support and supervision, health information, drugs and essential management, maternal and child health services, communicable diseases prevention and control, inpatient care clinical governance and infection prevention and control. Gender, disability and inclusion of marginalized key population groups are also cross cutting issues in all the areas. The Integrated Facility Supervision Checklist is a living document that can be refined and reviewed based on the leanings from implementation.

<sup>&</sup>lt;sup>1</sup>Performance-based financing under Component 2 of IMPACT Health. Achievement of pre-set targets linked with specific funding.

#### Use of results from Integrated Supervision Checklist

Based on the Integrated Supervision Checklist results, a minimum service quality score will be calculated. The diagram below outlines how the Integrated Supervision Checklists calculates the Minimum Service Quality Score. The passing score for health facilities will be 60%. This means that across all the various topics in the Integrated Facility Supervision Checklist the total quality score should be over 60% for a health facilities will be measured over time as well as the percentage of health facilities that have at least the minimum service quality score. The Minimum Service Quality Score will be reported into the Provincial Health Authority Dashboard (DLI 7/P-DLI 3) to support with transparent reporting and monitoring.

There is a longer-term objective of digitizing the Integrated Facility Supervision Checklist to automate the scoring but also help to help track the performance of facilities over time, bring reminders to key areas and actions to bring improvement, facilitate access to aids, etc. Until such time as the Supervision Checklist can be digitized, the process would be paper based and the analysis of the score and issues will be done manually.



#### Roles and Responsibilities of NDOH and PHAs

The National Department of Health will play the role of oversight and regulatory function, capacity building and training, and will continue to support PHAs with the implementation and guiding improvements in identified gaps from the Integrated Facility Supervision Checklist. Training and capacity building will be incorporated to ensure the readiness of Provincial Health Authorities to rollout and implement the Integrated Facility Supervision Checklist. This will include simple guides and job aides for a training of trainer model, an accreditation for trainers to maintain quality level and integral processes and simple guides to support with coaching and facility improvement including clinical up skilling.

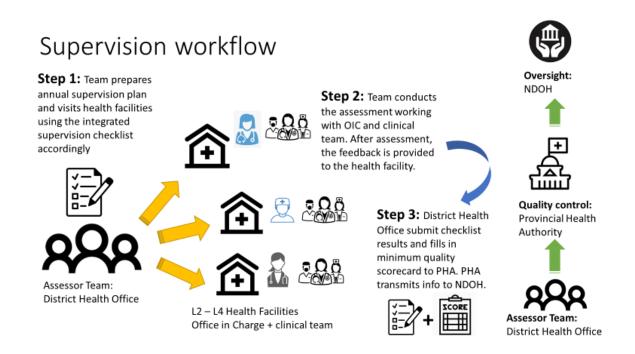
The Provincial Health Authority will be responsible for quality control for the supportive supervision assessments being conducted and ensure high levels of integrity to ensure scores are accurate and reflect the true picture of the facility. PHAs will also support with supportive supervision, collecting and reporting scores to NDOH and working with district health offices to improve health facility quality performance.

#### Users of the Integrated Supervision Checklist

The primary users of the checklist are the assessor teams from the District Health Office level. District Health Office will form assessor team(s) comprising at least 2 members per team. The assessor team members should have relevant technical background and skill set for the topics being assessed. In addition, they should have received prior necessary training and capacity building in the use of the

integrated supervision checklist. Each assessor team should aim for gender parity among its members to the best extent possible.

The assessor teams are to evaluate each L2, L3 and L4 facilities under the administration of the District Health Office **at least twice a year (every 6 months)**, using the checklist, to assess the quality and compliance of the health facilities to the standards. The office in charge (OIC) and clinical team at the L2-4 health facilities will act as key interlocutors on the side of health facility during the supervision visit and they will provide necessary information, demonstration and collaboration to the assessor team.



# II.Explanation for the Sections in the Integrated Supervision Checklist

The information to be collected through interview, observation and checking of relevant records/registers/documents at the Level 2-4 facilities during each supervision visit is organized under thematic sections. Items (measurement indicators) under each section aspires to reflect the health inputs, services and quality standards criteria as recommended in the National Health Services Standards (NHSS) 2<sup>nd</sup> Edition. The National Health Services Standards require that a health facility provides the specified package of Promotive, preventive, curative and referral health services and there are adequate essential supplies and good planning, management, information and supervision arrangements.

#### III.Directions for using the Integrated Supervision Checklist

#### Information Collection:

The required information is collected by

- interviewing and asking specific questions to relevant at the assessed facility,
- checking the records, registers and relevant manuals or guidelines (including electronic and hard copies as relevant),
- directly observing the physical infrastructure, facilities, equipment, drugs and supplies, and
- directly observing the services being given to the service users at the facility.

The assessor team should address specific questions to the relevant staff at the facility. In the summary table 1 below, there is recommendation for which sections are to be asked/done with which staff from the facility.

Filling the Checklist:

The checklist consists of three main columns, from left to right – (i) Measurement Indicators, (ii) Answers (Yes, Partly, No) and (iii) Means of Verification.

'Measurement Indicators' column has 13 sections (from I to XIII). Each section has items requiring answering either Yes/Partly/No or yes/No. There are a total of 161 items under 13 sections.

"Answers" column has three options to choose from. Please note that 'Yes', 'Partly' and 'No' labels do not indicate whether the interview or verification was carried out. These represent affirmative or negative response to each item (question or observation). Explanation of what a Yes/Partly/No answer means for each item is described in the master checklist (Annex page 10).

"Means of Verification" describes the main methods and sources for data collection. For example, Interview, Observation, Records/registers (preferably by name).

When an item requires more than one means of verification – i.e., interview (asking question to the facility staff) and checking of the records or registers; interview and checking of facility; all three means - the finding from the records/registers should be taken as more definitive and final than the answer from the interview. If the records/registers do not confirm what the facility staff answers, the assessor should record the answer to the item as 'No'. For example, facility staff may inform that condoms (female and male) are available at the facility without clients having to ask for it, but upon checking of the records/registers (e.g., stock/bin cards) and checking of the public locations in facility where condoms are supposed to be freely available do not indicate that condoms were provided, then answer to the item shall be recorded as "No'.

	Section Heading	Facility staff
Ι	Leadership and Management	OIC
II	Workforce	OIC
	Outreach	FHC
IV	Supportive Supervision	OIC
V	Health Information	OIC
VI	Essential Drugs & Supplies Management	OIC-Pharmacy
VII	Availability & Quality of Maternal & Reproductive Health Services	DHIO
VIII	Health Facility: Infrastructure, Equipment, IEC.	FHC
IX	Child Health Services: IMCI	FHC
Х	Child Health Services: EPI	FHC

Table1. Summary of the Contents in Integrated Supervision Checklist

XI	Communicable Diseases Prevention and Control	DDCO
XII	Infection Prevention and Control	IPC Officer
XIII	Inpatient Care -Clinical Governance	OIC Clinical

# **IV.Scoring**

All the sections are used for scoring. An item with a "Yes" gets two points, a "Partly" gets one point, and a "No" gets zero point. Each section, based on the total number of items/indicators being assessed, will have its maximum possible score. For example, under section I – Planning and Management, there are 9 items, and therefore, maximum possible score for section I will be 18. For all sections I-XIII, there are altogether 161 items to be scored, and therefore, the maximum possible score is 322. After the assessment, points from all items under all sections are added up and measured against the maximum possible score (322).

	Section Heading	No. of Items	Max. Possible Score
1	Leadership and Management	9	18
İI –	Workforce	12	24
	Outreach	12	24
IV	Supportive Supervision	5	10
V	Health Information	13	26
VI	Essential Drugs & Supplies Management	11	22
VII	Availability & Quality of Maternal &	14	28
	Reproductive Health Services		
VIII	Health Facility: Infrastructure, Equipment, IEC.	11	22
IX	Child Health Services: IMCI	14	28
Х	Child Health Services: EPI	22	44
XI	Communicable Diseases Prevention and	16	32
	Control		
XII	Infection Prevention and Control	14	30
XIII	Inpatient Care -Clinical Governance	8	16
	TOTAL	161	324

Table 2. Number of Items/Indicators and Maximum Scores per Section

Total score for each section (I-XIII) regarding all the items is recorded for the semester under consideration (Table 3 below). The scores of all the sections are to be added to arrive at the total score.

Therefore, individual score for each section (I to XIII) and the total score would be available for each semester of the year to see the trends over time. Minimum passing score for assessed health facility is currently set at 60%. To consider as passed, a facility has to achieve at least 60% in each section being assessed (I – XIII), not just at the total score level. A facility cannot be considered as meeting minimum score if scoring in one section falls short of 60%.

Sections	1 <sup>st</sup> Semester (DD/MM/YYYY)			emester M/YYYY)
	Number	Percent	Number	Percent
I - Leadership and Management				
II - Workforce				
III - Outreach				
IV - Supportive Supervision				
V - Health Information				
VI - Essential Drugs & Supplies				
Management				
VII - Availability & Quality of Maternal &				
Reproductive Health Services				
VIII - Health Facility: Infrastructure,				
Equipment, IEC.				
IX - Child Health Services: IMCI				
X - Child Health Services: EPI				
XI - Communicable Diseases Prevention and				
Control				
XII - Infection Prevention and Control				
XIII - Inpatient Care Clinical Governance				
TOTAL SCORE ACHIEVED				

Table 3. Scoring Results from the Integrated Supervision Visits in a Fiscal Year

# Interpretation of the Scores

The scores are important measure of the status of implementation and performance of health facility in compliance with the National Health Services Standards. Adherence to the national standards indicates the level of service quality that the users/clients receive at a health facility.

Therefore, the higher the score under each section, the better the quality of services being delivered at the health facility. Tracking the trend of the scores helps to monitor the performance of the facility and for health facility, DHO and PHA to make plans to sustain the high level or further improve the services, whichever the case may be. The results will use color coding to monitor it progress status.

# V. Concluding the visit

Following the completion of the assessment, the assessing team, OIC and clinical team of the facility should sit together to discuss the preliminary findings.

At the end of the assessment visit, the assessors will sign the checklist with their names, positions and duty station. Then, OIC of the health facility will countersign the checklist with his/her name, signature and designation. The assessors' team will express appreciation to the OIC and clinical team at the facility for their collaboration.

The results/scores from all the health facilities will be conveyed to the district management for records and necessary supportive actions. The Minimum Service Quality Score will be reported into the Provincial Health Authority Dashboard (DLI 7/P-DLI 3) to support with transparent reporting and monitoring.

All follow up visits should be rescheduled by the PHA to improve areas that needs support.

# ANNEX: INTEGRATED SUPERVISION CHECKLIST

## **LEVEL 1-4 HEALTH FACILITY**

Province:	District:	
PHA:	LLG:	
Name of Facility:	Catchment Population:	
Facility Level: (4/3/2/1)	Other Agency:	
Agency Type (Govt/Church):	Remarks:	
Date of visit (dd-mm-yyyy):		

# Officer In-Charge (OIC) of facility

Title:	Full name:	
Designation:	Profession:	
Signature:		

#### Assessment Team:

ASSESSOR	1	ASSESSOR	2
Title & Full name:		Title & Full name:	
Position:		Position:	
Duty Station:		Duty Station:	
Signature:	ure: Signature:		
ASSESSOR	3	ASSESSOR	4
Title & Full name:		Title & Full name:	
Position:		Position:	

Duty Station:	Duty Station:	
Signature:	Signature:	

	Measurement Indicators	Answer	nswer Total Score		Means of Verification	
		Yes (2)	Part (1)	No (0)		
Ι.	Leadership and Management					
1	<ul> <li>Have you heard of or seen National Health Plan 2021-2030?</li> <li>Yes = Staff have heard of NHP 2021-2030 and there is a (printed/electronic) copy available at facility.</li> <li>Part = Staff have heard of NHP 2021-2030 but there is no copy available at facility.</li> <li>No = Staff have neither heard nor seen the NHP 2021-2030.</li> </ul>				Interview, exhibits of NHP, copies of materials, Documents	
2	<ul> <li>Have you heard of or seen National Health Services Standards (NHSS) 2021-2030?</li> <li>Yes = Staff have heard of NHSS2021-2030and there is a (printed/electronic) copy available at facility.</li> <li>Part = Staff have heard of NHSS2021-2030 but there is no copy available at facility.</li> <li>No = Staff have neither heard nor seen the NHSS2021-2030.</li> </ul>				Interview, exhibits of NHP, copies of materials	
3	<ul> <li>Have you heard of or seen Annual PHA Health Plan (Annual Implementation Plan/Corporate Plan/Provincial Health Service Improvement Plan)?</li> <li>Yes = Staff have heard of Annual PHA Health Plan and there is a (printed/electronic) copy available at facility.</li> <li>Part = Staff have heard of Annual PHA Health Plan but there is no copy available at facility.</li> <li>No = Staff have neither heard of nor seen the Annual PHA Health Plan.</li> </ul>				Interview, exhibits of planning documents, copies of materials	
4	<ul> <li>Have you seen or heard of the Annual District Health Plan?</li> <li>Yes = Staff have heard of Annual District Health Plan and there is a (printed/electronic) copy available at facility.</li> <li>Part = Staff have heard of Annual District Health Plan but there is no copy available at facility.</li> <li>No = Staff have neither heard of nor seen the Annual District Health Plan.</li> </ul>				Interview, exhibits of planning documents, copies of materials	
5	<ul> <li>Are you involved in development of Annual facility Health Plans or AIP for your Facility?</li> <li>Yes = All staff (OIC and Clinical Team) are involved in development of Annual Health Plans.</li> <li>Part = Some staff are involved in development of Annual Health Plans.</li> <li>No = Staff are not involved in development of Annual Health Plans.</li> </ul>				Interview, exhibits of planning documents, copies of materials	

8	Do you have Standard Treatment Manuals and Guidelines (O&G, Paediatric, Surgery, Adult Treatment Guideline)?		
8	Do you have Standard Treatment Manuals and Guidelines (O&G, Paediatric, Surgery, Adult		action plans Interview, Exhibits
	Treatment Guideline)?		of NDOH Policy
	• Yes = All prescribed standard treatment manuals and guidelines are available in to-		and treatment
	date version (either printed or electronic copy).		protocol guideline,
	• Part = Some of the prescribed standard treatment manuals and guidelines are		Standard
	available in to-date versions; All standard treatment manuals and guidelines are		treatment books,
	available but not all of them are in to-date version.		etc
	No = None of the standard treatment manuals and guidelines are available.	 	
9	Have you heard of or seen national policies/strategies related to gender and gender-based		Interview, Gender
	violence (e.g., national gender policy and plan on HIV/AIDS, national STI and HIV strategy,		Policy Documents,
	national strategy to prevent and respond to GBV, etc.)?		Copies of protocol
			Gender base
	• Yes = Staff have heard of some policies/strategies and there is/are		violence strategies
	(printed/electronic) copies available at facility.		referral
	• Part = Staff have heard of some but there are no copies available at facility.		
	• No = Staff have neither heard nor seen any of these policies/strategies.		
	Total Score – Leadership and Management	_/18	
II.	Workforce		

1	Is this facility manned by appropriately trained and certified staff according to the NHSS	Interview
	role delineation?	
	Yes = Appropriate trained staff are manning the facility in line with NHSS role delineation	
	Part = Health professional manning the facility but not in line with NHSS role delineation	
	No= No health professional staff manning the facility	
2	Are there trained midwives?	Interview
	• Yes = Trained midwife at the facility	
	<ul> <li>Part = Attained certificate from workshops such as EMOC/upskilling of CHW</li> </ul>	
	• No = No midwives	
3	Are staff job descriptions available for all cadre of staff at the facility?	Documents,
	<ul> <li>Yes = All staff are aware and have copies of job descriptions</li> </ul>	Interview
	<ul> <li>Part = Are aware but do not have copies of job descriptions</li> </ul>	
	<ul> <li>No = Not are aware and do not have copies of job descriptions</li> </ul>	
4	Are staff appraisals done six monthly and recorded?	Interview, Records
	<ul> <li>Yes = All staff receive six monthly appraisals, and are recorded.</li> </ul>	
	<ul> <li>Part = Appraisals done but not on six monthly bases.</li> </ul>	
	<ul> <li>No = There is no appraisal carried out at the facility.</li> </ul>	
5	Roster is available and up to date.	Records
	• Yes = Roster is available and up to date.	
	<ul> <li>Part = Roster is available, but it is not up to date.</li> </ul>	
	No = Roster is not available.	
6	Is there any staff in your facility that received training on NHSS?	Interview
	• Yes = At least one staff has received training on NHSS and that staff is currently	
	working at the facility.	
	• Part = At least one staff has received training on NHSS but staff not working the	
	facility anymore.	
	<ul> <li>No = None of the staff has received training on NHSS.</li> </ul>	
7	Is there any in-service registry/record available at the facility?	Records
	<ul> <li>Yes = In-service registry/record is kept up to date and complete.</li> </ul>	
	• Part = In-service register/record is present, but information is not up to date and/or	
	complete.	
	<ul> <li>No = There is no in-service registry or record in place.</li> </ul>	

8	Is there any evidence of HR structure available in the facility?		Records
	• Yes = HR structure is available, and the organogram is displayed at the facility.		
	• Part = HR structure is available, but not organogram is not displayed at the facility.		
	• No = HR structure is not available.		
9	Is there any specialized health worker with recommended skills present at the facility?		Interview, Records
	• Yes = At least one specialist health workers with recommended skills is available		
	and providing clinical services		
	• Part = At least one specialist health workers with recommended skills is available		
	but not providing clinical services		
	• No = No specialist health worker with recommended skills available at the facility		
10	Are staff wearing uniforms or have Identification Cards (ID) in display/possession?		Observation
	• Yes = Yes, all Staff wearing uniforms or have IDs		
	• Part = Some staff wearing uniforms or have IDs		
	• No = No Staff wearing uniforms or have IDs		
11	The facility has access to a trained counsellor or emergency/first aid responder to referral		Interview
	to gender-based violence.		
	• Yes = Facility has access to trained counsellor.		
	• No = Facility does not have a trained staff.		
	NA= Not Applicable to that facility		
12	Health workforce data (staff and volunteers) is available in gender disaggregated format.		Record
	• Yes = Health workforce data is available in gender disaggregated format.		
	• No = Health workforce data is available not gender disaggregated.		
	Total Score – Workforce	/24	
III.	Outreach		
1	Does your facility do Integrated Maternal and child health outreach?		Interview, Records
	Yes= Regular outreach to clinic sites done as planned.		
	Part=Program available and but not all clinics sites are visited regularly.		
	No= Program available but no visits done.		
	NA=Not applicable that facility.		
2	How often does the local community health committee meets?		Interview, Records
	• Yes = Local community health committee meets regularly.		
	• Part = Local community health committee meet irregularly.		

	<ul> <li>No = Local community health committee has not met in the last 12 months.</li> <li>NA=Not applicable to this facility.</li> </ul>	
3	<ul> <li>Does any health facility staff participate in local health meetings in the last 6 months?</li> <li>Yes = Facility health staff participate regularly in local health meetings.</li> <li>Part = Facility health staff sometimes participate in local health meetings.</li> <li>No = Facility health staff does not participate in local health meetings.</li> </ul>	Interview, Records
4	<ul> <li>Does local health committee support the facility in any ways?</li> <li>Yes = Committee is very supportive</li> <li>Part = Committee is established but is not supportive</li> <li>No = No local health committee established.</li> </ul>	Interview
5	<ul> <li>Does health facility support the VHAs?</li> <li>Yes = HF supports the VHAs</li> <li>No =No support to the VHAs</li> <li>NA=Not applicable (There is no VHA established)</li> </ul>	Interview, Records
6	<ul> <li>Does ward member notify health facility promptly about health-related events such as outbreaks, in the last 6 months?</li> <li>Yes = Ward member always informs the facility staff promptly.</li> <li>Part = Ward member sometimes informs the facility staff.</li> <li>No = Ward member does not communicate at all.</li> </ul>	Interview
7	<ul> <li>Does the local community support the referral pathway?</li> <li>Yes = Local community provides practical and material support (e.g., transportation, security, administrative, etc.) for the referral pathway.</li> <li>No = Local community does not provide any support for the referral pathway.</li> </ul>	
8	<ul> <li>Is there any evidence of catchment-based health information is collected, collated and reviewed by health facility staff?</li> <li>Yes = Catchment based health information is available, complete and up to date.</li> <li>Part = Catchment based health information is available but it is incomplete/outdated.</li> <li>No = Catchment based health information is not available.</li> </ul>	Records, Interview
9	<ul> <li>The Local Community participates in the provision of security for the health facility.</li> <li>Yes = Local community participates to provide security for facility.</li> <li>Part = Local community participates sometimes to provide security for the facility.</li> </ul>	

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	No = Local community participates does not participate.		
10	<ul> <li>Are community DOTS being implemented with involvement of VHA in the last 6 months?</li> <li>Yes = All assigned VHAs are actively involved in the implementation of community DOTS.</li> <li>Part =Only few or some VHAs are involved in the implementation of community DOTS but not all.</li> <li>No = There is no VHA involvement in the community DOTS.</li> <li>NA = Not applicable to this facility</li> </ul>		Interview, Records
11	<ul> <li>Are there any School Health outreach programs?</li> <li>Yes = There is a programs and records of outreach visits/report.</li> <li>Part = There is a program but no records of outreach visits/report.</li> <li>No = There is no program.</li> <li>NA= Not applicable to this facility</li> </ul>		Records, Interview
12	<ul> <li>Does the facility adopt the "Healthy Island Concept"?</li> <li>Yes = Healthy Island Concept in place and appointed officer is responsible.</li> <li>Part = Healthy Island Concept in-place but there is no assigned officer responsible.</li> <li>No = Healthy Island Concept not established</li> </ul>		Interview, Records
	Total Score - Outreach	_/24	
IV.	Supportive Supervision		
1	<ul> <li>Did the health facility receive any form of supervisory visits by the PHA or higher-level facility as per schedules?</li> <li>Yes =There is a schedule at the facility and documents sighted (visitors book)</li> <li>Part = There is a schedule but no evidence of visit</li> <li>No = There is NO schedule</li> </ul>		Records, Interview
2	<ul> <li>Did the facility receive supervisory feedback/report for the last supervisory visit?</li> <li>Yes = Facility received written supervisory feedback report within 15 working days after the supervision visit.</li> <li>Part = Facility received written supervisory feedback but with a delay.</li> <li>No = Facility did not receive supervisory feedback report.</li> </ul>		Records, Interview
3	<ul> <li>Is there any regular follow up and support of implementation of agreed actions visiting counterparts?</li> <li>Yes = There is evidence of implementation of agreed actions</li> </ul>		Interview, Records

	• No = There is NO evidence of implementation of agreed action.		
4	Is the supervisory visitor's book signed and up to date?		Interview, Records
	<ul> <li>Yes = Facility keeps an updated supervisory visitor's book and visitors did sign.</li> </ul>		
	• Part = Facility has a supervisory visitor's book, but not consistently updated with no		
	signatures of visitors.		
	<ul> <li>No = Facility has no supervisory visitor's book.</li> </ul>		
5	Does the facility have a copy of the integrated supervisory checklist?		Interview, Records
	<ul> <li>Yes = Facility is aware of checklist and copy is available</li> </ul>		
	<ul> <li>Part = Facility is aware of checklist but no copy available.</li> </ul>		
	<ul> <li>No = Facility is unaware of the checklist.</li> </ul>		
	Total Score – Supportive Supervision	/10	
<b>V</b> .	Health Information		
1	Does the facility have a sketch map of the catchment area being displayed?		Observation
	<ul> <li>Yes =Sketch map is on display and it is of good quality and to-date.</li> </ul>		
	<ul> <li>Part =Sketch map is on display but it is of poor quality and/or outdated.</li> </ul>		
	No =Sketch map is not on display.		
2	Is there evidence of outreach locations for the facility being displayed?		Observation
	<ul> <li>Yes= Outreach locations for the facility are displayed in an organized format.</li> </ul>		
	<ul> <li>Part= Outreach locations for the facility are displayed but not in organized format.</li> </ul>		
	<ul> <li>No= Outreach locations for the facility are not displayed.</li> </ul>		
3	Are there any available evidence of the catchment population data for the facility		Records/Interview
	organized into key parameters (no. of household, population disaggregated by sex and age		
	group, Religion)?		
	<ul> <li>Yes = Catchment population data is available, complete and up to date.</li> </ul>		
	<ul> <li>Part = Catchment population data is available but it is missing some details and/or</li> </ul>		
	it is not up to date.		
	<ul> <li>No = Catchment population data is not available.</li> </ul>		
4	Are there any available evidence of the number (list) of villages/wards with key health		Observation,
	information served by the facility?		Records
	<ul> <li>Yes = List of villages/wards is documented and displayed.</li> </ul>		
	<ul> <li>Part = List of villages/wards is documented but not displayed.</li> </ul>		
	<ul> <li>No = List of villages/wards is not documented.</li> </ul>		

5	Does the facility estimate the annual expected number of children under 1-year (0-11) months it serves?	Registry/Records
	• Yes = It has done annual estimation and recorded the expected number.	
	• Part = It has done estimation but not regularly/annually and has recorded expected	
	number.	
	<ul> <li>No = It has not done any estimation of expected number.</li> </ul>	
6	Does the facility estimate the annual expected number of children under 5 years (0-59 months) it serves?	Registry/Records
	• Yes = It has done annual estimation and recorded the expected number.	
	<ul> <li>Part = It has done estimation but not regularly/annually and has recorded expected number.</li> </ul>	
	<ul> <li>No = It has not done any estimation of expected number.</li> </ul>	
7	Does the facility estimate the annual expected number of women of childbearing age (15-	Registry/Records
'	44 years) it serves?	Registry/Records
	<ul> <li>Yes = It has done annual estimation and recorded the expected number.</li> </ul>	
	• Part = It has done estimation but not regularly/annually and has recorded expected	
	number.	
	• No = It has not done any estimation of expected number.	
8	Does facility staff meet to review HMIS reports for identify problems identification and	Interview, Records
	plans actions to be taken?	
	• Yes = There is a schedule meeting and evidence of meeting	
	Part = There is a schedule meeting but No evidence of meeting	
	No = There is no schedule meeting	
9	Does the facility staff take the necessary action on problems identified through HMIS reviews?	Interview, Records
	<ul> <li>Yes = Staff have taken all/most necessary actions on problem identified at last HMIS review.</li> </ul>	
	<ul> <li>Part = Staff have taken some necessary actions on problems identified at last HMIS review.</li> </ul>	
	<ul> <li>No = Staff have not yet taken any action on problems identified at last HMIS review.</li> </ul>	

10	Is there evidence of a wall chart to monitor progress in immunizations of children under		Observation
	the age of one year?		
	• Yes = A wall chart is available and up to date.		
	<ul> <li>Part = A wall chart is available but not up to date.</li> </ul>		
	No = A wall chart is not available.		
11	Is there evidence of an out-of-stock report for drugs and other medical supplies?		Records
	<ul> <li>Yes = Out of stock report is available, complete and up to date.</li> </ul>		
	<ul> <li>Part = Out of stock report is available but needs improvement in</li> </ul>		
	completeness/timeliness.		
	No = There is no out of stock report.		
12	Is there any evidence of information on communicable diseases surveillance being		Observation,
	displayed/available for inspection?		Records/Registry
	• Yes = CD surveillance data is available and displayed at the facility.		
	<ul> <li>Part = CD surveillance data is available but not displayed.</li> </ul>		
	<ul> <li>No = CD surveillance data is not available.</li> </ul>		
13	Does the facility have available disaggregated data (gender, age) on all programs/services		Records/Registry,
	offered?		Interview
	<ul> <li>Yes = Facility collects disaggregated data for all programme/services (outreach &amp; facility)</li> </ul>		
	• Part = Facility collects disaggregated data for some programme/services.		
	• No = Facility does not collect disaggregated data.		
	Total Score – Health Information	_/26	
VI.	Essential Drugs and Supplies Management		
1	Does this facility use Stock/ bin cards use to monitor essential drugs and supplies?		Records
	• Yes = Stock/bin cards are used		
	<ul> <li>No = Stock/bin cards are not used.</li> </ul>		
	NA=Not applicable to this facility.		
2	Are the stock/bin cards maintained and up to date?		
	<ul> <li>Yes = Stock/bin cards are maintained up to date for all essential medicines and supplies.</li> </ul>		
	<ul> <li>Part = Stock/bin cards are maintained up to date for some (not all) essential</li> </ul>		
	medicines and supplies.		

	<ul> <li>No = Stock/bin cards are not maintained.</li> </ul>	
3	Is there any general cover staff been trained in calculating the minimum drug stock	Interview, Records
	requirements based on caseload in this facility?	
	• Yes = (Relevant) Staff have received training and is/are present at the duty station.	
	• Part = (Relevant) Staff have received training but is/are away from the duty station.	
	<ul> <li>No = No staff have received training.</li> </ul>	
	NA = Not applicable to this facility.	
4	Does the pharmacist or health provider clearly explain the dosage, use and side effects of	Observation
	medicines prescribed to clients/patients?	
	• Yes = Pharmacist or health provider clearly explains about dosage, use and side	
	effects.	
	• Part = Pharmacist or health provider explains some (not all) aspects of dosage, use	
	and side effects.	
	• No = Pharmacist or health provider does not explain anything about dosage, use	
	and side effects.	
5	Is there evidence of drugs store properly being maintained?	Observation
	<ul> <li>Yes = All areas/shelves in the store are clean and orderly.</li> </ul>	
	<ul> <li>Part =Some areas/shelves of the store are clean and orderly.</li> </ul>	
	<ul> <li>No =Store is disorganized and not maintained in a clean state.</li> </ul>	
6	Is there evidence of essential medicines being stored in order of expiry date (First expire,	Observation
	first out)?	
	<ul> <li>Yes = All essential medicines are stored in order of expiry date.</li> </ul>	
	• Part = Many (but not all) essential medicines are stored in order of expiry date.	
	No = Essential medicines are not stored in order of expiry date.	
7	Are there any expired stocks on shelves in the dispensary?	Observation
	<ul> <li>Yes = No expired stocks are found on shelves in the dispensary.</li> </ul>	
	<ul> <li>No = Expired stock is found on the shelves in the dispensary.</li> </ul>	
8	Did the facility experience any drug stock outs of the following items in the last month?	Interview, Stock
	(ORS; Vitamin A; Zinc sulphate; Ferrous sulphate; antibiotics (Amoxyl); Artesunate	cards/registry
	suppositories)?	
	<ul> <li>Yes = None of the drugs mentioned above have stock outs in last month.</li> </ul>	
	• Part = A few (1-2) of the drugs mentioned above have stock outs in last month.	

	• No = Many of the drugs (>2) mentioned above have stock outs in last month.		
9	<ul> <li>Did the facility have a 100% drug kit information booklet available?</li> <li>Yes = The drug kit information booklet is available at the facility.</li> <li>No = The drug kit information booklet is not available at the facility.</li> </ul>		Check/see the booklet.
10	<ul> <li>Is there dangerous drug (DD) locker in the pharmacy unit or facility?</li> <li>Yes = The facility has a dangerous drug locker, which is locked and key is kept safely with a designated staff.</li> <li>Part = The facility has a dangerous drug locker but it is not locked properly and/or key is easily available.</li> <li>No = The facility has no dangerous drug locker.</li> <li>NA=Not applicable to this facility</li> </ul>		Observation
11	<ul> <li>Is there evidence of records of DD being updated?</li> <li>Yes = The facility keeps DD records and it is complete and updated.</li> <li>Part = The facility keeps DD records but it is not complete/updated.</li> <li>No = The facility does not have DD records.</li> <li>NA=Not applicable to this facility</li> </ul>		Records
	Total Score – Essential Drugs and Supplies Management	_/22	
VII.	Availability and quality of Maternal & Reproductive Health Services		
1	<ul> <li>Does your facility provide PTCT services?</li> <li>Yes = PTCT services are available without any interruption at the facility in the last 3 month(s).</li> <li>Part = PTCT services are available but with interruption on a few/some days in the last 3 month(s).</li> <li>No = PTCT services are not available at all or most of the time.</li> <li>NA=Not applicable to this facility</li> </ul>		Records, Interview
2	<ul> <li>Does your facility offer modern family methods?</li> <li>Yes = Facility offers modern family planning services/contraceptives without interruption in last 3 month(s).</li> <li>Part = Facility offers some modern family planning services/contraceptives with a few/some interruptions in last 3 month(s).</li> </ul>		Records, Interview

	NA=Not applicable to this facility	
3	<ul> <li>Does your facility have an approved Births registry book?</li> <li>Yes = All (100%) births taking place at the facility in are officially registered.</li> <li>Part= Births registered in unofficial registry book</li> <li>No = No records of births registrations</li> <li>NA=Not applicable to this facility</li> </ul>	Records, Interview
4	<ul> <li>Does your facility register Maternal death audits?</li> <li>Yes = Maternal deaths are recorded and audited</li> <li>Part = Maternal deaths are recorded but not audited</li> <li>No = Maternal death audits are not conducted and reported.</li> <li>NA=No maternal deaths / Not applicable to this facility</li> </ul>	Records/Registry No maternal death=NA
5	<ul> <li>Does the health worker check and recorded the weight of the client?</li> <li>Yes = Health worker checked the body weight of the client and recorded.</li> <li>Part = Health worker checked the body weight of the client but did not record it.</li> <li>No = Health worker did not check the body weight of the client.</li> <li>NA=Not applicable to this facility</li> </ul>	Observation
6	<ul> <li>Has the client's blood pressure and temperature been checked and recorded?</li> <li>Yes = Health worker checked properly and recorded the blood pressure and temperature of client.</li> <li>Part = Health worker did check and but did not record (BP/Temperature)</li> <li>No = Health worker did not check either BP or temperature.</li> <li>NA=Not applicable to this facility</li> </ul>	Observation
7	<ul> <li>Does health worker check the antenatal mother for signs of edema on face and legs?</li> <li>Yes = Health worker checked properly for signs of oedema and recorded the findings.</li> <li>Part = Health worker did not properly check for signs of oedema.</li> <li>No = Health worker did not check for signs of oedema.</li> <li>NA=Not applicable to this facility</li> </ul>	Observation
8	<ul> <li>Does health worker ask for and checks previous TT vaccination record if multi-para?</li> <li>Yes = Health worker asked and checked TT vaccination record.</li> <li>Part: Health worker asked but did not check TT vaccination record.</li> </ul>	Observation

	<ul> <li>No = Health worker did not ask and did not check TT vaccination record.</li> <li>NA=Not applicable to this facility.</li> </ul>	
9	<ul> <li>Does health worker discuss the importance of exclusive breast feeding (EBF) of baby during the first six months with antenatal and post-natal client?</li> <li>Yes = Health worker discussed with client about EBF, covering all key/important facts.</li> <li>No = Health worker did not discuss with client about the importance of EBF.</li> <li>NA=Not applicable to this facility.</li> </ul>	Observation
10	<ul> <li>Does health worker provide client (Antenatal mother) with fefol and fansidar where appropriate?</li> <li>Yes = Health workers explained importance of taking fefol and fansidar.</li> <li>No = Health worker did not explain importance of taking fefol and fansidar.</li> <li>NA=Not applicable to this facility</li> </ul>	Observation
11	<ul> <li>Does health worker discuss family planning with antenatal and post-natal clients?</li> <li>Yes = Health worker discussed family planning with all (appropriate) clients.</li> <li>Part = Health worker discussed family planning but not with all (appropriate) clients.</li> <li>No = Health workers did not discuss family planning with any client.</li> <li>NA=Not applicable to this facility</li> </ul>	Observation
12	<ul> <li>Does health worker use soap and water for hand washing at beginning and end of consultation/physical examination (PE)?</li> <li>Yes = Health worker washed hands using soap and water both at beginning and end of PE.</li> <li>Part = Health worker washed hands using soap and water but only one time (beginning or end of PE).</li> <li>No = Health worker did not wash hands either at beginning or end of PE.</li> </ul>	Observation
13	<ul> <li>Does health worker end consultation by confirming the next appointment time?</li> <li>Yes = Health worker confirmed next appointment date at the end of consultation.</li> <li>No = Health worker did not confirm next appointment date at the end of consultation.</li> </ul>	Observation
14	Does the facility have a partograph is available and health workers use the partogram to monitor pregnant women during labor?	Records, Observation

	<ul> <li>Yes = Partograph is available and health workers use it appropriately to monitor the progress of labour.</li> <li>Part = Partograph is available but health workers do not use it for every labour, or they use it incorrectly.</li> <li>No = Partograph is not available or used.</li> <li>NA=Not applicable to this facility</li> </ul>		
	Total Score – Maternal and Reproductive Health Services	/28	
VIII	Health Facility: Infrastructure, Equipment, IEC		
1	Does this Facility have in place modifications to improve disability access such as ramps, rails, wheelchair access at entry/exit, waiting area, examination room, in patient ward, toilets, bathrooms and others?		Observation
	<ul> <li>Yes = Facility has put in place disability access in all relevant locations.</li> <li>Part = Facility has put in place disability access in some locations.</li> <li>No = Facility has no disability access features.</li> </ul>		
2	<ul> <li>Does the facility have an examination room is well screened/enclosed for patient privacy?</li> <li>Yes = Examination room is well screened/enclosed for privacy.</li> <li>Part = Examination room is screened/enclosed but it needs improvement to assure privacy.</li> <li>No = Examination room has no screening or not enclosed.</li> </ul>		Observation
3	<ul> <li>Is there a functional adult weighing scale in the facility?</li> <li>Yes = There is adult weighing scale and it is functional (accurate reading).</li> <li>No = There is no functional weighing scale.</li> </ul>		Observation
4	<ul> <li>Is there a functional height measuring tool for adults in the facility?</li> <li>Yes = There is functional health measuring tool for adults.</li> <li>No = There is no functional height measuring tool for adult.</li> </ul>		Observation
5	<ul> <li>Is there a functional blood pressure machine is available in the facility?</li> <li>Yes = There is a functional blood pressure machine.</li> <li>No = There is no functional blood pressure machine.</li> </ul>		Observation
6	<ul> <li>Is there a functional fetoscope is available in the facility?</li> <li>Yes = There is a functional fetoscope.</li> <li>No = There is no functional fetoscope.</li> </ul>		Observation

7	<ul> <li>Does the facility have at least 2 delivery sets (incl. all items as per in the standard set) available?</li> <li>Yes = There are at least 2 delivery sets (including all items in a standard set) available and functional.</li> <li>Part = There are two delivery sets but a few items are either missing or broken.</li> <li>No = There is only one delivery set or no set.</li> <li>NA=Not applicable to this facility</li> </ul>		Observation
8	<ul> <li>Is the delivery room being clean and organized?</li> <li>Yes = Delivery room is clean and organized.</li> <li>No = Delivery room needs cleanliness and organization.</li> <li>NA=Not applicable to this facility</li> </ul>		Observation
9	<ul> <li>Does the facility have a delivery bed is available with clean linen?</li> <li>Yes = There is a delivery bed with clean linen.</li> <li>Part= There is a dirty delivery bed and linen.</li> <li>No = There is no delivery bed</li> <li>NA=Not applicable to this facility</li> </ul>		Observation
10	<ul> <li>Does the facility promote the IEC materials in local language on various priority health issues/diseases (CD, NCDs, RMNCAH, etc.) that are available freely at public areas in the facility?</li> <li>Yes = Various IEC materials are available in local language.</li> <li>Part= Various IEC materials are available in Pidgin/English language</li> <li>No = IEC materials are not available</li> </ul>		Observation
11	<ul> <li>Does the facility have IEC materials and information on referral organizations for gender-based violence is available for clients?</li> <li>Yes = IEC material and referral information for GBV is available.</li> <li>No = IEC material and referral information for GBV is not available.</li> </ul>		Observation, Interview
IX	Total Score – Health Facility Infrastructure & Equipment, IEC Child Health Services: IMCI	/22	
1	<ul> <li>Did facility staffs receive training on IMCI or relevant case management training within the last two years?</li> <li>Yes = All staff have received IMCI or relevant case management training.</li> </ul>		Interview, Records

	• Part = Some staff have received IMCI or relevant case management training.	
	<ul> <li>No = No staff has received IMCI or relevant case management training.</li> </ul>	
2	Does the facility have Paediatric Standard Treatment Guidelines (printed and/or electronic) available?	Documents
	• Yes = Paediatric Standard Treatment Guideline are available in the facility.	
	• No = Paediatric Standard Treatment Guideline are not available in the facility.	
3	Does health worker ask mother with child under the age of five years for the clinic book	Observation,
	and check vaccination record?	Records
	• Yes = Health worker asked and checked the record.	
	• Part= Health worker asked for the clinic book but did not record.	
	<ul> <li>No = Health worker did not ask and check the record.</li> </ul>	
4	Does health worker weigh the sick child?	Observation
	<ul> <li>Yes = Health worker weighed the sick child and records the weight</li> </ul>	
	<ul> <li>Part= Health worker weighed the sick child but did not record the weight</li> </ul>	
	<ul> <li>No = Health worker did not weigh the sick child.</li> </ul>	
5	Does health worker record the weight of the child on the growth monitoring card?	Observation
	• Yes = Health worker plots the weight of the child.	
	• No = Health worker did not plot the weight of the child.	
6	Does health worker take the child's temperature?	Observation
	<ul> <li>Yes = Health worker took the temperature and recorded</li> </ul>	
	<ul> <li>Part=Health worker took the temperature and did not record</li> </ul>	
	• No = Health worker did not take the temperature of the child.	
7	Does health worker ask if the child has diarrhoea?	Observation
	• Yes = Health worker asked the mother/caregiver if the child has diarrhoea.	
	• No = Health worker did not ask the mother/caregiver if the child has diarrhoea.	
8	Does health worker ask if the child was able to drink or breast feed?	Observation
	• Yes = Health worker asked the mother/caregiver if the child was able to drink or	
	breast feed.	
	• No = Health worker did not ask the mother/caregiver if the child was able to drink	
	or breast feed.	
9	Is there is a functional paediatric weighing scale in the facility	Observation
	• Yes = Facility has a functional paediatric weighing scale.	

	• No = Facility does not have a functional paediatric weighing scale.		
10	<ul> <li>Does health worker ask if the child has fit (Starry eyes, tightening of limbs)?</li> <li>Yes = Health worker asked the mother/caregiver if the child has any fit.</li> <li>No = Health worker did not ask the mother/caregiver if the child has any fit.</li> </ul>		Observation
11	<ul> <li>Does health worker ask if the child has a cough or difficulty in breathing?</li> <li>Yes = Health worker asked the mother/caregiver about cough or difficulty in breathing.</li> <li>No = Health worker did not ask the mother/caregiver about cough or difficulty in breathing.</li> </ul>		Observation
12	<ul> <li>Does health worker ask if the child has been having a fever.</li> <li>Yes = Health worker asked the mother/caregiver about child having a fever.</li> <li>No = Health worker did not ask the mother/caregiver about child having a fever.</li> </ul>		Observation
13	<ul> <li>Does health worker measure the mid-upper-arm circumference (MUAC) of the child.</li> <li>Yes = Health worker took MUAC measurement correctly.</li> <li>Part = Health worker did not take MUAC correctly</li> <li>No = Health worker did not measure MUAC.</li> </ul>		Observation
14	<ul> <li>Does health worker checks for dehydration in the eyes and mouth (sunken eyes &amp; dry mouth).</li> <li>Yes = Health worker checked for dehydration,</li> <li>No = Health worker did not check for dehydration.</li> </ul>		Observation
	Total Score – Child Health Services: IMCI	_/28	
X	Child Health Services: EPI		
1	<ul> <li>Do staff providing EPI services have received any EPI training within the last two years?</li> <li>Yes = All staff providing EPI services have received training.</li> <li>Part = Some staff providing EPI services have received training.</li> <li>No = No staff providing EPI services have received training</li> </ul>		Interview, Records
2	<ul> <li>Does this facility provide immunization services on daily basis?</li> <li>Yes = Facility provides immunization services every day.</li> <li>No = Facility does not provide immunization services every day.</li> </ul>		Interview, Records
3	Does health worker ensure all immunization injections are conducted using auto disabling syringes?		Interview

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	• Yes = Staff always use auto disabling syringes.	
	<ul> <li>Part =Staff use auto disabling syringes sometimes.</li> </ul>	
	No = Staff do not use auto disabling syringes.	
4	Is there any sharps container/box is available and used correctly at this facility?	Observation
	<ul> <li>Yes = Sharps container/box is available and used correctly.</li> </ul>	
	Part = Improvised or incorrectly used of sharps container/box.	
	<ul> <li>No = Sharps container/box is not available at the facility.</li> </ul>	
	Observation of staff administering immunization services (at least 2 procedural cases to be observed):	
5	Does health worker check the vaccine vial to monitor status of the vaccine before	Observation
	reconstituting the vaccine?	
	<ul> <li>Yes = Health worker checked the vial before reconstituting.</li> </ul>	
	<ul> <li>No = Health worker did not check the vial before reconstituting.</li> </ul>	
6	Does health worker weigh the under5-year-old child (or referred for weighing)?	Observation
	• Yes = Health worker weighed the under 5-year-old child or referred for weighing.	
	<ul> <li>No = Health worker did not weigh the child or refer for weighing.</li> </ul>	
7	Does health worker inject the child using an auto-disable syringe?	Observation
	<ul> <li>Yes = Health worker used auto disabling syringe to inject the child.</li> </ul>	
	<ul> <li>No = Health worker did not use auto disabling syringe to inject the child.</li> </ul>	
8	Does health worker dispose the syringe in the sharp's container/ box?	Observation
	<ul> <li>Yes = Health worker used the sharps container/box.</li> </ul>	
	<ul> <li>No = Health worker did not use sharps container/box.</li> </ul>	
9	Does health worker dispose the syringe without recapping it?	Observation
	<ul> <li>Yes = Health worker did not recap the syringe before disposing.</li> </ul>	
	<ul> <li>No = Health worker recapped the syringe before disposing.</li> </ul>	
10	Does health worker complete the relevant tally sheet(s)?	Observation
	<ul> <li>Yes = Health worker completed the relevant tally sheet(s).</li> </ul>	
	<ul> <li>No = Health worker did not complete the relevant tally sheet(s).</li> </ul>	
11	Does health worker explain the potential side effects of the vaccine given?	Observation
	<ul> <li>Yes = Health worker explained to mother/caregiver potential side effects of the</li> </ul>	
	vaccine.	

	• No = Health worker did not explain to mother/caregiver potential side effects of the vaccine.	
12	<ul> <li>Does health worker counsels the mother about Tetanus Toxoid immunization?</li> <li>Yes = Health worker counseled mother about TT immunization.</li> <li>No = Health worker did not counsel mother about TT immunization.</li> </ul>	Observation
13	<ul> <li>Does health worker use a new syringe and needle for immunization?</li> <li>Yes = Health worker used a new syringe and needle for immunization.</li> <li>No = Health worker did not use a new syringe and needle for immunization.</li> </ul>	Observation
14	<ul> <li>Does health worker explain the need for the client to return for the next EPI visit?</li> <li>Yes = Health worker explained to mother/caregiver for the importance of returning for next EPI visit.</li> <li>No = Health worker did not explain to mother/caregiver for the importance of returning for next EPI visit.</li> </ul>	Observation
	Observation of the facility:	Observation
15	<ul> <li>Are the tally sheets are filed and kept properly?</li> <li>Yes = Tally sheets are filed and kept properly.</li> <li>No = Tall sheets are not filed and kept properly.</li> </ul>	Observation
16	<ul> <li>Is the EPI refrigerator in good condition?</li> <li>Yes = The EPI refrigerator is in good working condition and functioning well 24/7.</li> <li>No = The EPI refrigerator is not functioning 24/7.</li> </ul>	Observation
17	<ul> <li>Is the temperature monitoring chart in place and visible?</li> <li>Yes = Temperature monitoring chart is in place, visible, and recorded properly and timely.</li> <li>No = Temperature monitoring chart is not in place or visible.</li> </ul>	Observation & record
18	<ul> <li>Are vaccines properly arranged in the refrigerator and vaccine carriers?</li> <li>Yes = Vaccines are arranged properly in the refrigerator and vaccine carriers.</li> <li>No = Vaccines are not arranged properly in the refrigerator and vaccine carriers.</li> </ul>	Observation
19	<ul> <li>Is there a functioning thermometer for the EPI refrigerator?</li> <li>Yes = A functioning thermometer is available for the EPI refrigerator.</li> <li>No = A functioning thermometer is not available for the EPI refrigerator.</li> </ul>	Observation
20	Are all vaccine vials indicating as no VVM changes (all are good)? • Yes = All vaccine vials indicate no VVM changes.	Observation

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	No = No vaccine vials indicate VVM changes.		
21	<ul> <li>Is there a stock control card for vaccines present and up to date?</li> <li>Yes =Vaccine stock control card is available and reflects the correct amount of vaccines.</li> <li>Partly = Stock control card is available, but records do not reflect the correct amounts in stock.</li> <li>No = There is no vaccine stock control card.</li> </ul>		Observation
22	Is there any vaccine in the refrigerator that is expired?  • Yes = There are no expired vaccines in the refrigerator.  • No =There are expired vaccines in the refrigerator.  Total Score – Child Health Services: EPI	/44	Observation
XI	Communicable Diseases Prevention and Control	_/44	
	STD/HIVAIDS		
1	<ul> <li>Are there condoms (female and male) are readily available in public areas at this facility?</li> <li>Yes = Condoms (both female and male) are freely available in public areas at facility.</li> <li>Partly = Clients have to ask for the condoms</li> <li>No = There are no condoms available at this facility.</li> </ul>		Observation
2	<ul> <li>Does this facility provide ART for persons living with HIV/AIDS?</li> <li>Yes = Facility provides ART.</li> <li>No = Facility does not provide ART.</li> <li>NA=Not applicable to this facility</li> </ul>		Interview, Records
3	<ul> <li>Is HIV counseling and Testing services being available at this facility?</li> <li>Yes = Facility offers HIV counseling and testing services.</li> <li>Part = Facility offers HIV counseling but no testing services.</li> <li>No = Facility does not offer either HIV counseling or testing services.</li> <li>NA=Not applicable to this facility</li> </ul>		Interview, Records
	Malaria Prevention and Control		
4	<ul> <li>Does the facility have a malaria epidemic monitoring charts – surveillance charts?</li> <li>Yes = Malaria epidemic monitoring/surveillance charts are available, and information is up to date.</li> </ul>		Observation

	• Part = Malaria epidemic monitoring/surveillance charts are available, but information is not up to date.	
	No = Malaria epidemic monitoring/surveillance charts are not available at facility.	
5	Are there any Malaria treatment guidelines for combination therapy available in this facility?	Documents
	<ul> <li>Yes = Treatment guidelines for combination therapy are available (printed/electronic).</li> </ul>	
	• No = Treatment guidelines for combination therapy are not available.	
6	Did all staff receive training on the new treatment regime for malaria combination therapy?	Interview, Records
	• Yes = All of the staff providing malaria treatment services have received training.	
	• Part = Some of the staff providing malaria treatment services have received training.	
	• No =None of the staff providing malaria treatment services have received training.	
7	Is there any evidence in the past month that this facility has not experienced any stock out	Interview, Stock
	of malaria treatment?	book/Register
	• Yes = There has been no stock out of malaria treatment in last month.	
	• No = There has been stock out of malaria treatment in last month.	
8	Did all the staff receive training on the use of rapid diagnostic test for malaria?	Interview, Records
	• Yes = All relevant staff have received training in use of RDT for malaria.	
	• Part = Some relevant staff have received training in use of RDT for malaria.	
	• No = No relevant staff have received training in use of RDT for malaria.	
9	Does the facility have rapid diagnostic test kit or microscope available?	Observation
	• Yes = Facility has RDT kit or Microscope available as per the standards set for level	
	of facility. (In facility with microscope, technician/trained staff is available to use	
	microscope?)	
	• No = Facility has neither RDT kit nor microscope.	
	NA=Not applicable to this facility	
	TB Prevention and Control	
10	Are sputum samples of all presumptive pulmonary TB seen or referred for smear	Records/Registry
	microscopy/GeneXpert?	
	• Yes = Sputum samples from all presumptive pulmonary TB are seen or referred.	
	• No = Not all presumptive pulmonary TB are seen or referred.	

11	Does the facility use the Fixed –Dose Combinations drug regime for TB?	Records/Registry
	• Yes = Facility uses fixed dose combination drug regime for TB.	
	• No = Facility does not use fixed dose combination drug regime for TB.	
12	Is the treatment for TB supervised either by the health care worker or treatment supporter	Interview,
	daily?	Records/Registry
	• Yes = Patient treatment card been marked.	
	No= Patient treatment card not marked.	
13	Is the Buffer stock for TB drugs available (100% for 1st line drugs, 20% for 2nd line and	Stock, Records
	pediatric drugs, refer to back up TB drugs) in the facility?	
	• Yes = Buffer stock for all TB drugs is available in the recommended quantity.	
	• Part = Buffer stock for some, but not all, TB drugs are available in the	
	recommended quantity.	
	• No = Buffer stocks for all TB drugs are not available in the recommended quantity.	
14	Are all source documents for TB recording and reporting (presumptive TB register, TB	Records, Registers,
	register, treatment cards, laboratory results, BMU reports), up to date and complete and	Documents
	made available?	
	<ul> <li>Yes= All source documents are available, up to date and complete.</li> </ul>	
	Part= All source documents are available but not all of them are complete or up to	
	date.	
	No= Only some of source documents are available.	
15	Does the health facility receive feedback from NTP unit or PDCO/TB coordinator within last	Document
	one year on their BMU (Basic Management Unit) TB report?	
	<ul> <li>Yes = Facility received feedback on its BMU report from NTP unit or PDCO/TB</li> </ul>	
	coordinator in the last year.	
	• No = Facility did not receive feedback on its BMU report from NTP unit or PDCO/TB	
	coordinator in the last year.	
16	Are sputum samples of previously treated cases sent for GeneXpert examination?	Records/Registry,
	• Yes = All sputum samples of previously treated cases are sent for GeneXpert	Interview
	examination.	
	• Part = Some, not all, sputum samples of previously treated cases are sent for	
	GeneXpert examination.	

	• No = Sputum samples of previously treated cases are not sent for GeneXpert		
	examination. Total Score – Communicable Diseases	/32	
XII	Infection Prevention and Control		
1	<ul> <li>Is the Infection control committee in place and operational (regular meetings with actions and follow up etc.)?</li> <li>Yes = Infection control committee is in place, and it is fully operational.</li> <li>Part = Infection control committee is in place but not fully operational.</li> <li>No = Infection control committee.</li> </ul>		Records, Interview
2	<ul> <li>Is there a written Infection Prevention &amp; Control Policy and guidelines at the facility?</li> <li>Yes = Facility has IPC Policy and guidelines.</li> <li>No = Facility has NO IPC Policy and guidelines.</li> </ul>		Documents
3	<ul> <li>Is there a soap and water available for hand washing (at designated wash basins/areas).?</li> <li>Yes = Soap and water in sufficient amount are available for hand washing.</li> <li>Part = Soap and water in limited amount are available for hand washing.</li> <li>No = Soap and water are not available for hand washing.</li> </ul>		Observation
4	<ul> <li>Is there any evidence of disinfectants available and are used?</li> <li>Yes = Disinfectants are available and used.</li> <li>Part = Disinfectants are available but not used.</li> <li>No = Disinfectants are not available.</li> </ul>		Observation
5	<ul> <li>Are all Instruments sterilized in line with Infection Prevention &amp; Control Policy and guidelines?</li> <li>Yes = Instruments are sterilized in line with the guidelines/protocol and register/book is kept up to date.</li> <li>No = Instruments are not sterilized in line with the guidelines/protocol and/or register/book is not kept up to date.</li> </ul>		Observation, Interview
6	<ul> <li>Is there evidence of sterile gloves available in the facility and used.</li> <li>Yes = Sterile gloves are available and used.</li> <li>No = Sterile gloves are not available.</li> </ul>		Observation, Stock book
7	<ul> <li>Sharps disposal containers are available and correctly used.</li> <li>Yes = Sharps disposal containers are available and correctly used.</li> <li>No = Sharps disposal containers are not available.</li> </ul>		Observation

8	<ul> <li>Are there any waste bins available in ALL treatment areas (General Waste and Medical Waste)?</li> <li>Yes =Waste bins are available in ALL treatment areas, segregated for general waste and medical waste.</li> <li>Part = Waste bins are available in ALL treatment areas, but they are not segregated for general waste and medical waste.</li> <li>No = Waste bins are not available in ALL treatment areas.</li> </ul>	Observation
9	<ul> <li>Is the facility clean and well organized –clean walls, windows, surfaces (e.g., tables, desks, beds), ceilings and floors, and clean linen is available?</li> <li>Yes = Facility is clean and well organized in all aspects.</li> <li>Part = Facility is clean and organized but needs improvement in a few/some areas.</li> <li>No = Facility is neither clean nor well organized.</li> </ul>	Observation
10	<ul> <li>Is safe waste medical waste removed regularly, segregated and disposed safely in accordance with the standards guidelines/protocols?</li> <li>Yes = Waste is disposed safely in line with established protocols for different types of waste.</li> <li>No = Waste disposal is not in line with the protocols.</li> </ul>	Observation
11	<ul> <li>Are the facility toilets and bathrooms clean, with running water/sufficient quantity of water in container, doors lockable from inside, well lighted, gender segregated (male, female, and where relevant – transgender toilets), disability access, and with menstrual hygiene supplies available in female toilets?</li> <li>Yes = Toilets and bathrooms in the facility meet all the criteria.</li> <li>Part = Toilets and bathrooms in the facility meet some, but not all, the criteria.</li> <li>No = Toilets and bathrooms in the facility do not meet any of the criteria or meet only very few of the criteria.</li> </ul>	Observation
12	<ul> <li>Are there sinks with running water in treatment, delivery rooms and other appropriate areas?</li> <li>Yes = Sinks with running water/sufficient quantity of water in container are available in all the areas mentioned.</li> <li>Part = Some of the areas do not have sinks or they have sinks but no running water/insufficient quantity of water in container.</li> <li>No = No sinks with running water/sufficient quantity of water in any of the areas.</li> </ul>	Observation

13	<ul> <li>Does facility have PPEs (Mask, Gowns, gloves,) readily available and sufficient?</li> <li>Yes = PPE (as per defined standards) is readily available and sufficient.</li> <li>Part = PPE (as per defined standards) is available but not sufficient.</li> <li>No = There is no PPE.</li> </ul>		Observation, Interview
14	<ul> <li>Is there an Incinerator for the facility and functioning as per guideline/protocol?</li> <li>Yes = Facility has an incinerator or other method which is functional and operated in line with the guideline/protocol at the facility.</li> <li>Part = Facility has an incinerator, but it is not fully functional.</li> <li>No = Facility has no incinerator.</li> </ul>		Observation
15	<ul> <li>Is there a fenced waste disposal pit available and functioning as per guideline/protocol?</li> <li>Yes = Facility has a fence or other method which is functional and operated in line with the guideline/protocol at the facility.</li> <li>Part = Facility has an incinerator, but it is not fully functional.</li> <li>No = Facility has no fenced waste disposal pit</li> </ul>		
	Total Score – Infection Prevention and Control	_/30	
XIII	Patient Care (Clinical Governance)		
1	<ul> <li>Mattresses are made available for all patients.</li> <li>Yes = Mattresses, clean and in reasonably good condition and are available</li> <li>Part = Mattresses are available for all patients but not in good condition.</li> <li>No = Mattresses not available.</li> </ul>		Observation
2	<ul> <li>Bed/Mosquito nets are made available for all patients.</li> <li>Yes = Bed nets are available for all patients.</li> <li>Part = Bed nets are available for some patients.</li> <li>No = Bed nets are not available.</li> </ul>		Observation
3	<ul> <li>Does this facility have a critical incident register for recording patient injuries in the last three months?</li> <li>Yes = The facility has a critical incident register and monitored</li> <li>Part= The facility has a critical incident register and not monitored</li> <li>No = There is no critical incident register</li> </ul>		Records, Interview
4	<ul> <li>Did this health facility records/reports any adverse drug reactions in the last three months?</li> <li>Yes = There is an ADR register and monitored.</li> </ul>		Records, Interview

	No =There is no ADR register.		
5	<ul> <li>Did this facility records/reports any unexpected deaths in the last three months?</li> <li>Yes= There is records of unexpected deaths and monitored.</li> <li>Part= There is records of unexpected deaths and NOT monitored.</li> <li>No = No reports of unexpected deaths</li> </ul>		Records
6	<ul> <li>Did this facility have records/reports acquired infection within the facility?</li> <li>Yes = There is a register of health care associated infections and its monitored</li> <li>Part=There is a register of health care associated infections and it's not monitored</li> <li>No = There is a NO register of health care associated infections and its monitored.</li> </ul>		Interview, Records
7	<ul> <li>Does facility ensure safe drinking water available for each patient for medication?</li> <li>Yes = Safe drinking water is available for every patient at all time.</li> <li>Partly = Safe drinking water is available for some patients/at sometimes</li> <li>No = Safe drinking water is not available for patients at any time.</li> </ul>		Observation
8	<ul> <li>Did the facility record all pregnancy complications in the last three months?</li> <li>Yes = Facility recorded on all pregnancy complications.</li> <li>No = Facility does not record pregnancy complications.</li> <li>NA=Not applicable to this facility</li> </ul>		Records
	Total Score – Patient Care Clinical Governance	/16	

Actual score	=
Maximum score	= 324
Total score	=
Percentage	=