

**THE UNITED REPUBLIC OF TANZANIA**



**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,  
GENDER, ELDERLY AND CHILDREN**

**REPRODUCTIVE, MATERNAL, NEW BORN, CHILD AND  
ADOLESCENT HEALTH INTEGRATED SUPPORTIVE SUPERVISION  
IMPLEMENTATION GUIDE**

**Reproductive and Child Health Section**  
*October 2018*

# THE UNITED REPUBLIC OF TANZANIA



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### REPRODUCTIVE, MATERNAL, NEW BORN, CHILD AND ADOLESCENT HEALTH INTEGRATED SUPPORTIVE SUPERVISION IMPLEMENTATION GUIDE, 2018

Reproductive and Child Health Section

*October 2018*

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## ABBREVIATIONS

AEFI	Adverse Event Following Immunization
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune -Deficiency Syndrome
AMO	Assistant Medical Officer
ANC	Ante Natal Care
APCU	Acute Paediatric Care Unit
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
ASRH	Adolescent Sexual Reproductive Health
BCC	Behaviour Change Communication
BCG	Bacille Calmette Guerin
BP	Blood Pressure
CBDs	Community Based Distributors
CCHP	Comprehensive Council Health Plan
CHF	Community Health Fund
CHMT	Council Health Management Team
COC	Combined Oral Contraceptive
cPAC	Comprehensive Post Abortion Care
CPT	Cotrimoxazole Preventive Therapy
CSSD	Central Sterilization Supplies Department
DBS	Dried Blood Spot
DHIS	District Health Information System
DHS	District Health Secretary
DNA-PCR	Deoxyribonucleic Acid Polymerase Chain Reaction
DPT-HB	Diphtheria Pertusis Tetanus Hepatitis B
DPT-Hb-Hib <sub>3</sub>	DPT-Hepatitis B-Haemophilus influenza type b
DRCH Co	District Reproductive and Child Health Coordinator
DTC	Diarrhoea Treatment Corner
ECPs	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
EmONC	Emergency Obstetric and New-born Care

EPI	Expanded Program on Immunization
FDC	Fixed Dose Combination
FEFO	Ferrous Folic
FP	Family Planning
GBV	Gender Based Violence
HBC	Home Based Care
HF <sub>s</sub>	Health Facilities
HIV	Human Immunodeficiency Virus
HLD	High Level Disinfection
HMIS	Health Management Information System
HMT	Hospital Management Team
HPV	Human Papilloma Virus
I/C	In-charge
IEC	Information Education Communication
ILS	Integrated Logistics System
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
IPD	In Patient Department
IPV	Inactivated Polio Vaccine
ISSIG	Integrated Supportive Supervision Implementation Guide
IUCD	Intra Uterine Contraceptive Device
IVD	Immunization and Vaccines Development
KMC	Kangaroo Mother Care
LAM	Lactation Amenorrhea Method
LEEP	Loop Electro-Surgical Excision Procedure
LLITNs	Long Lasting Insecticide Treated Nets
MEC	Medical Eligibility Criteria
MgSO <sub>4</sub>	Magnesium Sulphate
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Tanzania
MMR	Maternal Mortality Rate
MNCAH	Maternal, New-born, Child and Adolescent Health
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children



MoHSW	Ministry of Health and Social Welfare
MPDSR	Maternal and Perinatal Death Surveillance and Response
mRDT	Malaria Rapid Diagnostic Test
MTCT	Mother to Child Transmission
MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
MUAC	Mid Upper Arm Circumference
MVA	Manual Vacuum Aspirator
NNT	Neonatal Tetanus
NS	Normal Saline
NSAIDs	Non-Steroidal Anti Inflammatory Drugs
NVP	Nevirapine
OPD	Out Patient Department
OPV	Oral Polio Vaccine
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PNC	Post natal Care
POP	Progesterone Only Pills
QIT	Quality Improvement Team
RL	Ringers Lactate
RMNCAH	Reproductive Maternal New-born Child Health
SBCC	Social Behaviour Change Communication
SOP	Standard Operating Procedure
TFR	Total Fertility Rate
VAC	Violence Against Children
VIA	Visual Inspection with Acetic Acid
VSC	Voluntary Surgical Contraception
WIT	Workplace Improvement Team

## FOREWORD

The Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) Integrated Supportive Supervision implementation guide (RMNCAH ISSIG) is designed to integrate supportive supervision conducted by Reproductive and Child Health Section and RMNCAH stakeholders in order to get rid of fragmented efforts in the supervision process. Lessons learnt from the situational analysis revealed that supervision was conducted based on number of visits rather than the quality of health services delivered.

Recent studies on RMNCAH Services revealed that there is a slow pace of integrating RMNCAH service components. From these observed deficiencies, which continue to undermine quality of care, it is necessary for RCHS to come up with a comprehensive and integrated supportive supervision strategy.

Thus, integrated supportive supervision implementation guide has been prepared for the purpose of putting in place a more comprehensive mechanism for promoting and sustaining supervision for quality RMNCAH service provision that focuses on the provider expectations, and client service satisfaction.

The implementation guide is centred on supportive supervision, which focuses on problem solving, strengthening communications, facilitating team work and support to service providers in implementing, monitoring and improving their own performance.

With this new strategy, the implementation guide is expected to assist health managers at all levels in overseeing efficient and effective implementation and monitoring of the National Health Policy and Health Sector Strategic Plan IV objectives. Supervisors and providers should therefore be conversant with the details of all RMNCAH guidelines and standards, so as to acquire necessary skills before engaging in supportive supervision.

The supervisory implementation guide is meant to be used at all levels of service delivery and learning institutions as a reference material for improving performance and quality of services.

Supervisors and Health Service Providers at different levels of service provision are urged to use this implementation guide to assist them to design and implement their supportive supervision activities effectively.

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**Dr. Mpoki M. Ulisubisya**

**PERMANENT SECRETARY (HEALTH)**

## ACKNOWLEDGEMENT

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) would like to express sincere gratitude to all stakeholders and committed individuals who worked with the Reproductive and Child Health Section to develop and finalize the Reproductive, Maternal, New-born, Child and Adolescent Health Integrated Supportive Supervision Implementation Guide (RMNCAH -ISSIG) and its associated checklists. The completion of this document is a result of extensive consultations and collaboration with RMNCAH stakeholders including development partners and individuals under the guidance of the Assistant Director, Reproductive and Child Health Services (AD-RCHS).

The Ministry acknowledges UNICEF and WHO for the financial support that facilitated the development of this RMNCAH Integrated Supervision Implementation Guide.

Moreover, special thanks is extended to Management and Health Service Providers of nine health facilities drawn from Tanga, Dodoma and Pwani Regions that were involved in the pre-test of this RMNCAH integrated in supportive supervision checklists

I would also like to recognize contributions of all individuals who at one point or another participated towards the development of this guide.

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**Prof. Muhammad B. Kambi**  
**CHIEF MEDICAL OFFICER**

## DEFINITION OF TERMS

### Mentoring

A process conducted by a person (the mentor(s) or team for another person or group [the mentee(s)] in order to help that other person or group do a job more effectively. A mentor should be experienced, knowledgeable and skilled in the area of his/her expertise that can pass on valuable skills, knowledge and insights to mentee to help develop their professional career.

### Clinical mentoring

A System of practical training and consultation, that fosters professional ongoing development to yield sustainable high quality clinical outcome. (WHO, 2006)

### Coaching:

Training approach seeking to achieve continuous improvement in performance, through motivation, modelling, practice, constructive feedback, and gradual transfer of skills. It allows staff to learn on job and immediately apply what they are learning and how well it works.

### Skilled health personnel:

This is an individual who has been educated and trained with proficiency in the skills needed to provide health services.

### Supervision:

A management function planned and carried out in order to guide, support and assist health service providers in carrying out their assigned tasks. It involves on job transfer of knowledge and skills between the supervisor and the supervisee through opening of administrative and technical communication channel.

### Supportive supervision:

A process which promotes quality outcomes by strengthening communication, identifying and solving problems, facilitating team work providing leadership and support ,to empower health providers to monitor and improve their performance. *It incorporates self-assessment, peer assessment and includes community input.*

### Integrated Supportive Supervision

Integrated supportive supervision is the periodic assessment of all activities for which a particular facility is responsible. Is effectively carried out by multi-disciplinary teams which have expertise in clinical practice, public health, administration and finance. It allows for the sharing of scarce resources (e.g. vehicles) to support a wide range of activities. It also enables the different supervisors to develop a broad understanding of all the different programs and to be able to offer integrated guidance.

## **Verification**

Checking that a product, service, or system meets requirements and specifications and that it fulfils its intended purpose.

## **Reproductive, Maternal, New-born, Child and Adolescent Health Services:**

This includes services provided to women, men, children, adolescent boys and girls throughout the life cycle.

## **Direct client care**

This is the care provided personally by a staff member to a client. It may involve any aspects of the health care, including treatments, counselling, health education, and administration of medication.

## **Primary Health Care**

Refers to essential health care that is based on scientifically sound and socially acceptable methods and technology, which make universal health care accessible to all individuals and families in a community (WHO, 1978)

## **Implementing Partners**

An associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in-line with the larger organization's goal and objectives (UN General Assembly Resolution, Dec 2016). In Tanzania there are various Implementing partners complimenting the government's efforts in implementing various health interventions including RMNCAH services.

## **Feedback**

It is a process in which the effect or output of an action is returned to health service provider of facility to improve the quality of RMNCAH service provision.

## OVERVIEW OF THE INTEGRATED SUPPORTIVE SUPERVISION IMPLEMENTATION GUIDE

The RMNCAH Integrated Supportive Supervision Implementation Guide has been developed in-line with the National Supportive Supervision Guidelines for Quality Health Care Services of 2017. This guide intends to enable supervisors at different levels to provide standardized supportive supervision in RMNCAH services at National, Regional, District and Health facility levels.

### Users of the Guide

This Reproductive, Maternal, New-born, Child and Adolescent Health Integrated Supervision Implementation Guide (RMNCAH –ISSIG) is intended to be used by supervisors and health care providers at all levels of service delivery including implementing partners.

### Structure of the RMNCAH -ISSIG

The guide has two parts.

#### **Part I:**

This part contains information for assisting health facility, HSPs and supervisors in the implementation of supportive supervision activities. It describes: the purpose; objectives; team composition, requirements and approaches; levels of supervision; and process of conducting supportive supervision. In addition, it narrates on components and use of checklists.

Health Management Teams and RMNCAH supervisors are urged to comprehend the details of this section in order to acquire the necessary competencies before conducting any supervision activity.

#### **Part II:**

This part contains checklists to guide the RMNCAH-ISS teams during the preparation and implementation of the supportive supervision. These checklists have been designed based on the requirements of supportive supervision in the three levels of health service delivery, namely; dispensary, Health Centre and Hospital. The RMNCAH ISS teams are expected to go through the information thoroughly and use the checklists as a guide to conduct supportive supervision.

It is important to note that:

- **Every RMNCAH-ISS visit targets to attain specified objectives and expected outputs.**
- **The checklists in this document are purposely included to ensure consistency, standardization and wide coverage of RMNCAH services to be supervised.**
- **The checklists also provide an opportunity for quality improvement in health facilities.**

## Conducting RMNCAH-ISS

The RMNCAH-ISS will be conducted bi-annually at national level, quarterly at regional and council level.

- For routine supportive supervisions, the full checklists will be used.
- For special supportive supervision, a part of the checklist will be used.
- Collected information to be used for improvement of RMNCAH services must be analysed and reported for action at all levels (provide feedback information and develop an action plan).

## **1.0 BACKGROUND**

Tanzania is committed to improve reproductive, maternal, new-born, child and adolescent health services in line with Sustainable Development Goals 2, 3, & 5 of 2016 – 2030 (UN, 2016), National Strategy for Growth and Reduction of Poverty (NSGRP II) of 2010 - 2025 and National Health Policy 2017. To make these commitments implementable, the country went further by putting in place National Road Map Strategic Plan to Improve Reproductive, Maternal, New-born, Child and Adolescent Health of 2016-2020 (One Plan II).

The Reproductive and Child Health Section (RCHS) is mandated by the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) to coordinate interventions which focus on improving reproductive health of adult men and women, young adults, adolescents, and children. In meeting this goal the section works towards accelerating reduction of maternal, new born and child morbidity and mortality in Tanzania. This included increasing the accessibility of quality Reproductive, Maternal, New born, Child and Adolescent Health (RMNCAH) service.

## **1.1 SITUATIONAL ANALYSIS**

Tanzania has a population of 54.2 million people (NBS, 2018) with a Total Fertility Rate (TFR) of 5.2 (TDHS2015-16, 2016) and Contraceptive Prevalence Rate of 32% and unmet need of 22% (TDHS2015-16, 2016). Maternal Mortality Ratio is 556 per 100,000 live births (TDHS2015-16, 2016), which remain to be unacceptably high. The Perinatal Mortality Rate is 39 per 1000 pregnancies (TDHS2015-16, 2016), Infant Mortality Rate is 43.0 per 1000 live births and Under Five Mortality Rate is 67 per 1000 live births (TDHS2015-16, 2016). Likewise, the percentage of teenage pregnancy (women aged 15 – 19) is increasing from 23% in TDHS 2010 to 27% in TDHS 2015/16 (32% in rural areas) while only 30% of service delivery points in the country meet the national standards for Adolescent Friend Sexual and Reproductive Health Services (AFSRHS) (MoHCDGEC, 2018; TDHS2015-16, 2016)

In order to address this situation and improve quality of services, among other initiatives, RCHS spearheaded the development of standardized, integrated supportive supervision implementation guide, which will be used for cost effective monitoring of services. Likewise, this allows mentorship and performance improvement of service providers. The integrated supervisory implementation guide was developed through participation of multidisciplinary professionals and other stakeholders.



## **2.1 INTRODUCTION**

RMNCAH Integrated Supportive Supervision Implementation Guide (ISSIG) is a comprehensive implementation guide for supportive supervision of RMNCAH services. It is consistent with, and builds on the National Supportive Supervision Guidelines for Quality Health services and stands to be reviewed from time to time according to the developing needs. The implementation guide is meant to assess the level of performance and monitor the quality of RMNCAH services and inform areas for improvement.

## **2.2 PURPOSE OF THE IMPLEMENTATION GUIDE**

The RMNCAH-ISSIG is targeted to be used by health managers, health workers, trainers, supervisors and other stakeholders at all levels of RMNCAH service delivery to provide standardized supportive supervision in RMNCAH services at Dispensaries, Health Centres and Hospitals.

## **2.3 OBJECTIVES OF THE SUPERVISORY IMPLEMENTATION GUIDE**

### **2.3.1 Broad objective**

To guide an integrated supportive supervision in provision of quality RMNCAH services in the country in line with the National Supportive Supervision Guideline for Quality Health Services.

### **2.3.2 Specific objectives:**

1. To enable managers, supervisors and health service providers identify and address performance gaps observed during supportive supervision.
2. To achieve uniformity countrywide in measuring performance and reporting through use of Integrated RMNCAH checklists.
3. To assess health service providers' compliance to ethics, guidelines, standards and procedures for quality RMNCAH services at all facility levels.
4. To advise health facility management on support systems for effective provision of quality RMNCAH services.
5. To advise health service providers on provision of quality RMNCAH services.

## **2.4 COMPONENTS OF THE RMNCAH-ISSIG**

The RMNCAH-ISSIG has two parts: the narrative and checklists. The narrative guides RMNCAH providers and supervisors on the implementation of supervisory activities. The checklists are categorized according to levels of health facility namely Hospital, Health Centre and Dispensary. The checklists have twenty seven (27) standards, each with several indicator questions as summarized below:-

**Table 1: ISSIG SUMMARY INDICATOR QUESTIONS PER ASSESSMENT AREA**

SN	Standards	Number of indicator questions per standard		
		Level 3 (Hospital)	Level 2 (Health Centre)	Level 1 (Dispensary)
1	Human Resource	4	4	4
2	Guidelines and Standard Operating Procedures	3	3	3
3	Male involvement	6	6	6
4	Facility Infrastructure; Buildings, water supply, drainage and sanitation, energy and fire protection	12	12	12
5	OPD Equipment, Medicine and supplies and Diarrhoea Treatment	6	6	8
6	Infection Prevention and Control Measures (IPC )	8	8	8
7	Central Sterilization Supplies Department	2	2	2
8	Ante Natal Care	10	10	10
9	Ante Natal Ward/Corner	9	6	4
10	Labour Ward /Delivery room	18	23	12
11	Operating Theatre	6	6	0
12	Post natal	16	15	15
13	Family Planning	20	17	11
14	Adolescents sexual Reproductive Services	3	3	4
15	Reproductive Health Cancer Screening	10	10	5
16	GBV and VAC - One Stop centre	14	14	17
17	New-born and Child Health	7	7	4
18	Under five children	14	14	16
19	Gynaecology ward	14	13	0
20	Laboratory Services	8	7	7
21	Mortuary Services	3	3	0
22	Pharmaceutical Services/Medical Store	3	4	3
23	General Facility Store	3	3	0
24	Laundry Services	3	3	3
25	X-ray Services	3	3	0
26	Referral System	6	6	6
27	Health Management Information System (HMIS) (MTUHA)	9	9	9
<b>TOTAL</b>		<b>220</b>	<b>209</b>	<b>164</b>

### **3.1 TEAM COMPOSITION**

The supervision team will comprise of members from different RCHS programs, RHMT, CHMT, HMT, QIT, IPs and WITs and will differ according to level of facility. Number of supervisors in RMNCAH ISS team should range from 2 to 6 depending on the facility level and range of RMNCAH services provided.

### **3.2 REQUIREMENTS AND APPROACHES**

The RMNCAH ISS implementation guide utilizes the Standard Based Management and Recognition (SBMR) approach, which aims to improve performance of service providers, and thus strengthen the overall quality of health services.

#### **3.2.1 Supervisors are required to;**

- Be conversant and oriented on all RMNCAH Guidelines, as well as be provided with relevant guidelines and SOPs during supervision.
- Be objective and respectful during the supportive supervision.
- Able to identify areas that need mentorship.
- Able to evaluate performance
- Able to provide feedback to respective authorities.

#### **3.2.2 Supportive supervision will be done using mixed methods; including:**

1. Direct structured observation,
2. Review of documents.
3. Health service providers' interviews.
4. Demonstrations.
5. Client exit interviews.

### **3.3 WHEN USING DIRECT STRUCTURED OBSERVATION**

- Use the assessment implementation checklist to guide the observation.
- Do not provide feedback during the assessment.

### **3.4 DOCUMENT REVIEW FROM PREVIOUS SUPPORTIVE SUPERVISION VISITS AT FACILITY LEVEL**

- Identify correct sources of information (e.g. administrative forms, observation forms, clinical records,).
- Ask questions to health service providers and managers to complement and/or clarify information.

### 3.5 FOR INTERVIEWS OR OBSERVING CLINICAL SIMULATIONS

- Identify the health service provider carrying out the procedure.
- Use the assessment checklist.
- Probe to get precise information; do not assume responses.
- Ask the health service provider, facility administrator, in charge or any other responsible facility staff to show documents, equipment, or materials as appropriate and demonstrate clinical procedures as per National guidelines and protocols.

#### **4.0 LEVELS OF SUPERVISION**

Supervision will be undertaken at three levels namely: National, Regional, and District (including the community).

#### **4.1 NATIONAL LEVEL**

Representatives from all RCHS programs; Zonal, Regional and District Reproductive and Child Health Coordinators will compose the national RMNCAH-ISS team. Health facilities to be supervised will be sampled from all levels of health service delivery system and will include hospitals, health centres and dispensaries. Duration of national level RMNCAH-ISS will be fourteen days per region and will be conducted twice a year.

#### **4.2 REGIONAL LEVEL**

Regional Health Management Teams (RHMTs) will conduct RMNCAH-ISS to all health facilities in the region (including the regional hospital) regardless of ownership. The supervisory team will comprise RHMT inclusive of co-opted members (RRCH-Co must be a member) they will team up with supervisors from the district and implementing partner(s). Supervision will be conducted quarterly and the duration will not be less than five days per district. In each district, the district hospital should be supervised plus another 9 -10 facilities selected randomly.

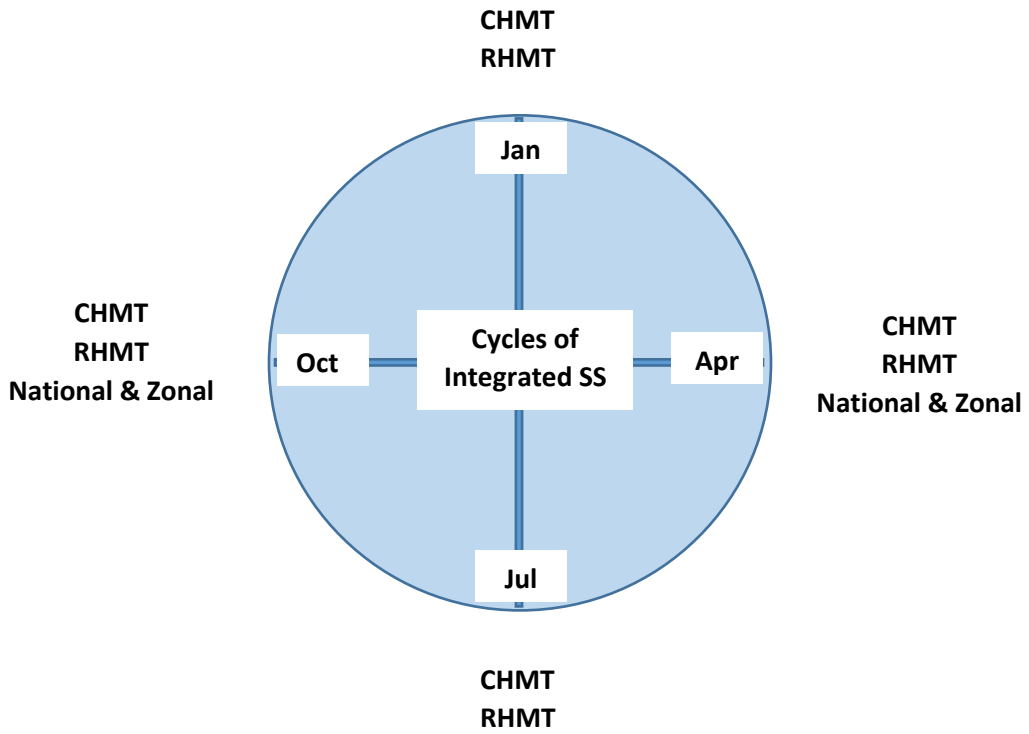
#### **4.3 DISTRICT LEVEL**

Council Health Management Teams (CHMTs) will conduct RMNCAH-ISS quarterly to all health facilities at the district level regardless of ownership. The supervisory team will comprise CHMT inclusive of co-opted members (DRCH-Co must be a member) and implementing partner(s) and the duration will not be less than ten days per quarter. In each quarter the district hospital should be supervised plus other 19 - 20 facilities selected randomly.

#### **4.4. COMMUNITY LEVEL**

The In-charge of the health facility (Health centre / dispensary) will conduct supervision to Community Health Workers (CHWs) and the Village Health Committee/Primary Health Care Committee. Supervision will be conducted quarterly and the duration will be one day per village.

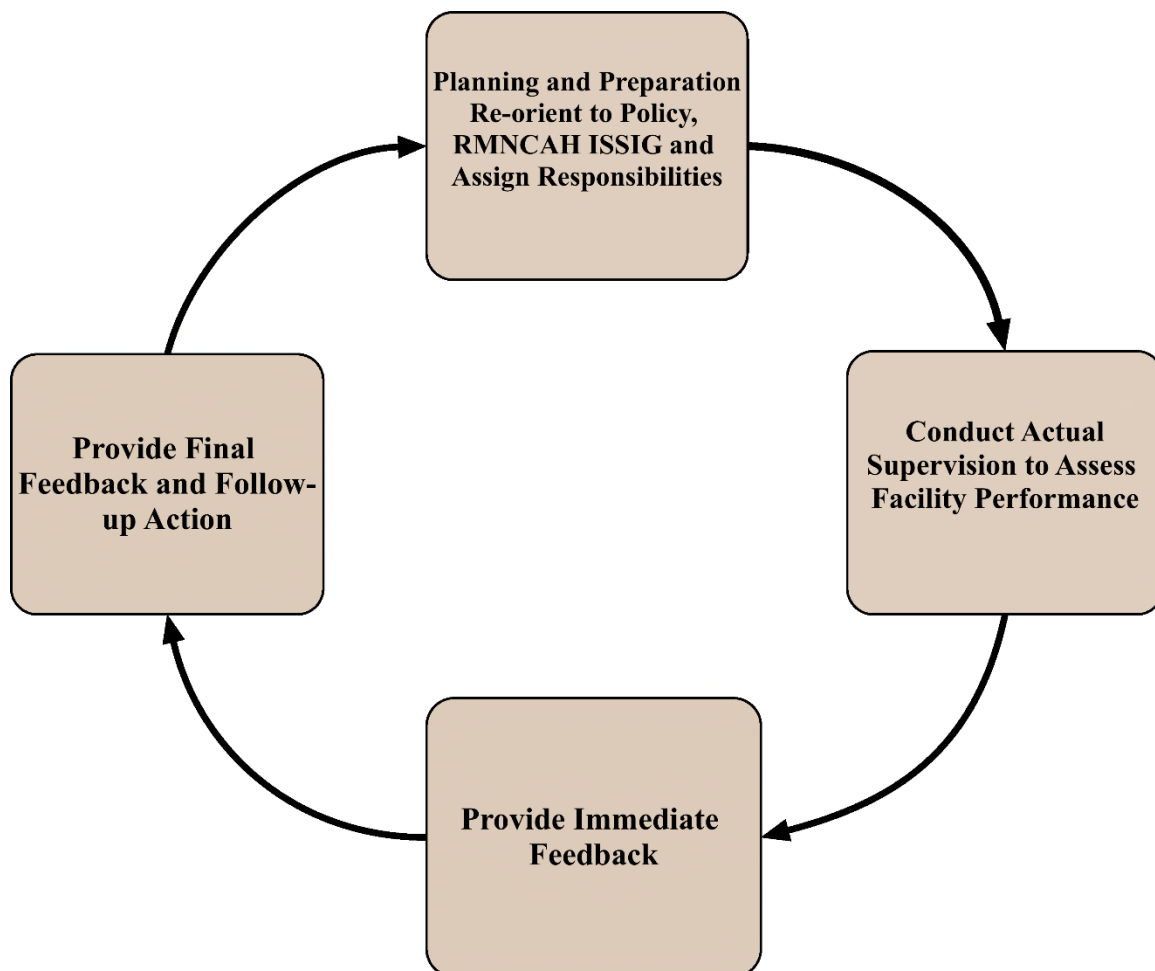
**FIGURE 1: CYCLES OF RMNCAH-ISS**



**5.0 THE PROCESS**

The process of supervision involves: planning, actual supervision, feedback and report writing. RMNCAH supportive supervision must be reflected in annual health plans at each level.

Respective authorities should be reminded of the upcoming planned or informed of special supportive supervision preferably two weeks before commencement of the activity.

**FIGURE 2: SUMMARY OF RMNCAH-ISS PROCESS**

## 5.1 PLANNING FOR SUPPORTIVE SUPERVISION

The supportive supervision team leader should organize the following activities:-

- Identify team members.
- Request permission for team members to participate in the supervision in accordance with government procedures.
- Ensure that regional, district and other relevant administrative authorities are officially notified of the supervisory activity.
- Review the previous supportive supervision reports, take note of important issues in the action plans for follow up.
- Organize relevant documents essential for the integrated supportive supervision (RMNCAH –ISSIG, note book etc.).
- Arrange for reliable transport and other logistical issues.

The supervision team will meet at least a day prior to the commencement of health facility integrated supportive supervision to discuss the schedule, orient each other on the checklists, assign responsibilities and finalize logistics. It is advised to communicate changes to all concerned whenever they occur. Courtesy calls must always be made to regional, district and other relevant authorities prior to any facility visit and feedback must be provided to all levels at the end of supervision.

**Note:**

1. Supportive Supervision should be participatory.
2. Respect should be observed throughout the process.

### 5.1.1 Duration of the Supervision Visits

It is recommended that the duration of supervision visits should be as follows:

- i. National, Consultant and Specialized Hospitals: 2 days
- ii. Regional Referral and District Hospitals: 1 day
- iii. Health Centre and Dispensary: ½ - 1 day

## 5.2 ACTUAL SUPERVISION

The supervisory team should:

- Get to the facility on time.
- Pay courtesy call (introduce supervisory team members and share objectives of the supervision visit).
- Review previous supervision report; assess level of implementation of agreed tasks together with the facility management team.



- Provide feedback in relation to implementation of previous tasks.
- Assess facility performance according to appropriate ISS checklist, identify areas of improvement and provide support accordingly.
  - Establish if there is any alarming problem that needs immediate attention and agree on corrective measures.
  - In the absence of the client(s), interview the health service provider to establish level of knowledge and skills for a given task.
  - Demonstrate correct way of performing problem tasks (if you have up to date knowledge and skills) and ask health service provider(s) for return demonstration. Make correction as need arises.
- Involve the health service provider during the process of filling the checklist when rating and scoring each indicator question for the assessed area.

### **5.3 FEEDBACK.**

The feedback should be given at two different levels; immediate (on the spot) to the health service providers and the facility management before leaving the facility and final feedback which is in the form of a written report.

#### **5.3.1 Immediate Feedback**

Give immediate feedback to the health service provider and facility management team, highlight key findings both positive and negatives. Agree on ways of improving the situation (demonstrations/return demonstration, link with mentors etc.).

##### **i. Health Service Provider(s)**

- The supervisor(s) meets with the health service provider(s) to discuss supervision findings from the respective service areas.
- Ensure privacy and maintain confidentiality during the feedback.
- Encourage the health service provider(s) to point out their strengths and weaknesses using the supervisor's checklist.
- Praise the health service provider(s) for tasks done well.
- Discuss with health service provider(s) on feasible solutions of identified challenges.

##### **ii. Facility Management Team**

The supervisors meet with the respective health facility management team to discuss findings from the respective areas.

- Praise the facility management team for tasks done well.
- Provide feedback to the facility management team on identified areas that need improvement.
- Discuss on feasible solutions of identified challenges.

- Work together with the facility management team to develop action plan to address identified challenges.

The supervision team should work together (after consolidation of the findings obtained from different service areas) to complete the “Summary Form for Recording Findings and Provision of Feedback” (annex II form), which presents the immediate feedback into: the strengths, best practices, challenges, and the agreed action plan (specifies: tasks, responsible person and the time frame). It is important to prioritize areas, which need immediate attention and those, which can be attended later.

The RMNCAH supervisory team should document key observed findings/areas that need improvement and the agreed solutions in supervisory visit table number 2 of MTUHA book No. 2 for review during subsequent visits.

**NOTE:**

- i. A copy of the Annex II form should be left at the supervised facility for agreed follow-up actions and continuous improvement.
- ii. Each facility should have a file for keeping supervision feedback reports (Annex II forms).

### **5.3.2 Final feedback and follow-up actions**

- A detailed integrated supportive supervision report should be prepared and circulated to relevant stakeholders at national, respective regions and councils to inform them about the quality of health services, best practices, and challenges observed in the supervised health facilities. Councils should make sure that they send extracts of the report to respective facilities that were supervised.
- In the next supervisory visit, supervisors should make a follow-up on status of implementation of previous action plans.

### Format of the Detailed RMNCAH - ISS Report

The contents of the report shall include:

- Title
- Table of contents
- Acknowledgement
- Acronyms
- Executive summary
- Introduction
- Objectives
- Status of implementation of previous action plan
- Supervision findings and observations
- Conclusions and recommendations
- Appendices
- References

### 5.4 IMPLEMENTATION OF ACTION PLAN FROM PREVIOUS RMNCAH ISS VISIT

- Review the Action Plan developed during previous RMNCAH-ISS visit.
- The supervisory team will discuss with health service providers and facility management on the implementation status of the agreed action plan.
- Discuss on the challenges encountered and way forward.
- Document the progress made accordingly.

**NOTE:**

This section does not apply, if the facility is receiving an RMNCAH-ISS visit for the first time.

### 5.5 FORMAT OF THE ACTION PLAN TABLE

**Table 2: ACTION PLAN**

CHALLENGE/ISSUE	ACTION POINT	RESPONSIBLE	TIMELINE	IMPLEMENTATION STATUS

### **6.1 KNOWLEDGE AND SKILLS**

An effective and functional integrated supportive supervision system requires supervisors who are selected based on set criteria; oriented on the RMNCAH ISSIG; provided the support and necessary resources. In addition all potential supervisors should meet the following selection criteria;

- Familiar with RMNCAH guidelines and protocols.
- Able to address both administrative and technical issues and needs in health programmes.
- Committed, responsible and have strong interpersonal skills.
- Able to train, impart skills (mentor), and motivate others.
- Able to communicate effectively at all levels.
- Able to offer empathy and support.
- Flexible, respectful and unbiased.
- Able to demonstrate a positive attitude and facilitate team work.
- Good writing skills

### **6.2 CORE COMPETENCIES OF SUPERVISORS**

RMNCAH supervisors should have the following core competencies:

- Conceptual skills: supervisors should be able to listen, probe and analyse situations, problems and formulate solutions.
- Ability to inspire others, establish and maintain trust, and promote teamwork spirit.
- Adequate knowledge of the work being supervised with relevant technical skills.
- Sufficient influence in the system, decision making and actions.
- Ability to train or convey information to others and learn from them.
- Desire to empower others and provide opportunities for advancement.
- Health system concept, supportive supervision and monitoring knowledge.
- Understand the roles and responsibilities of both supervisors and health service providers.
- Able to provide and receive constructive feedback.

The members of the RMNCAH ISS team should be aware that; Supportive Supervision must be participatory and facilitative. The integrated supportive supervision should focus on promoting quality outcomes by strengthening communication, identifying and solving problems, facilitating team work and providing leadership and support to empower health service providers to monitor and improve their own performance(MoHCDGEC-NACP, 2017).

There are three checklists, one for each health facility level (i.e. hospital, health centre and dispensary) to guide supervisors on areas of focus during supportive supervision. The checklists can also assist health service providers to design/develop local supervision checklists and/or self–assessment tools to address observed performance gaps. *The checklists assess 27 Standards of care, which have different number of indicator questions based on the level of the facility.*

### 7.1 STRUCTURE OF THE RMNCAH-ISS FACILITY CHECKLISTS

The checklists are arranged in a table format with seven columns, containing the following information:

**Column 1: Standard:** Indicates the key area that is a focus of assessment.

**Column 2: No:** Serial number of the indicator questions for each assessment area in chronological order.

**Column 3: Indicator question:** Contains questions which need to be asked and/or observed during a supervisory visit in relation to a standard.

**Column 4: Verification criteria:** Statements representing best practices or ideal situations which are used to rate the facility on the corresponding indicator question. It is a yardstick to measure the performance of health service providers against an indicator and assessment area.

**Column 5: Rating:** The facility is rated Yes/No/NA on each indicator question based on the supervisor’s assessment of its verification criteria.

**Column 6: Remarks:** The supervisor will use this column to note down any deviation from the verification criteria or best practice observed.

**Column 7: Score:** The supervisor fills the score (0 or 1) for each indicator question.

### 7.2 SCORING OF THE RMNCAH ISS ASSESSMENT AREAS

Observations made for each standard must be recorded immediately. The RMNCAH ISSIG scoring system consists of three scores that are: “0”, “1” or “NA”. This scoring system is at two levels; the individual indicator question and the overall standard assessment area.

The scores are described as below in relation to indicator questions and/or for each standard assessed:

- ❖ Indicator Questions

- **An indicator question scores “0”** - when any of verification criteria for indicator question were not met (“No”)
- **An indicator question scores “1”** - when all verification criteria for indicator question were met (“Yes”).
- **An indicator question scores “NA”**- when criteria does not exist or services are not provided at that level.

❖ Standard.

- **The assessed standard shall score “0”** if any of its indicator questions score “0”.
- **The assessed standard shall score “1”** if all of its indicator questions score “1”.

NOTE:

After scoring standard areas and indicator questions, each facility will be graded depending on the total score achieved

## REFERENCES:

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## ANNEXES

### ANNEX 1: RMNCAH-ISSG HEALTH FACILITY PROFILE FORM

#### INTERGRATED SUPPORTIVE SUPERVISION GUIDE FOR REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENTS HEALTH SERVICES

#### HEALTH FACILITY PROFILE

<b>PART ONE: GENERAL INFORMATION</b>	
Region:	District:
Name of Health Facility:	
Level of Facility: Hospital/Health Centre/Dispensary:	
Facility Code Number:	
Type of Facility Ownership(GOVT, FBO, Parastatal, Private, NGO):	
Registration number:	*Business License number:
Date of visit:	
Date of last supervision visit:	
Name of service provider supervised(facility in charge);	
Designation:	
Contact address:	Mobile number:
Names of supervisors:	
<b>PART TWO: ANNUAL FEE PAYABLE</b>	
*Last date of annual fee payment:	
*Amount paid (Tshs):	
( <i>*Applies to <b>Private Health Facilities</b> Only</i> )	
<b>PART THREE: BASIC HEALTH FACILITY STATISTICS</b>	
1) Facility Bed Capacity:	
2) Bed Occupancy Rate:	
3) Average Inpatient Admission:	



4) Average Length of Stay:
5) Catchment Population:
6) Annual Antenatal Attendance:
7) Total Annual Deliveries:
8) Total Annual Live Births:
9) Total Annual Deaths:
10)Annual Maternal Deaths:
11)Annual number of Abortions:
12)Annual Neonatal Deaths:
13)Annual Infant Deaths:
14)Annual Under five Deaths:
15)Top ten conditions;
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

**PART FOUR: POPULATION**

TOTAL:
0 – 1 years:
0 - 5 years:
0 - 15 years:
10 – 24 years:
15 – 49 years:
60 years and above:

**PART FIVE: PHYSICAL ENVIRONMENT OF HEALTH FACILITY (Summary)  
(Yes/No)**

Are there facilities in place that ensure and enhance delivery of proper RMNCAH services?

- 1) Is there reliable safe water source?
- 2) Is there reliable source of energy supply including during emergencies? (Source is either national grid, generator, solar)?
- 3) Is there a functioning incinerator?
- 4) Does the facility have the following equipment in good working order?
  - a) Telephone
  - b) Fax
  - c) Internet connection
  - d) Computer
  - e) Radio call
  - f) Others (Mention)
- 5) Does the health facility have an ambulance which is in good running order?
- 6) Does the health facility have a functional referral system within and outside the health facility
- 7) Are the boundaries of the health facility Fenced or is there a perimeter wall?
- 8) Are there staff houses within the facility vicinity enough for all professional staff?
- 9) Does the health facility have recent manning level?
- 10) Partners supporting RMNCAH Services in the Region/District/ Facility
  - 
  - 
  -

**ANNEX 2: SUMMARY FORM FOR RECORDING FINDINGS AND PROVISION OF FEEDBACK AFTER THE SUPERVISION VISIT TO THE FACILITY (HOSPITAL, HEALTH CENTER AND DISPENSARY)**

<b>A: HOSPITAL</b>			
Name of the Facility:			
Ownership:	Government [ ], Faith-based [ ], NGO [ ], Private [ ]		
Region:			
Council:			
Date of visit (dd/mm/yyyy)			
Supervisors:	<b>Name</b>	<b>Designation</b>	<b>Organization</b>
Health service provider(s):	<b>Name</b>	<b>Designation</b>	<b>Organization</b>
Objectives:			
Methods used:			

<b>1. SUMMARY OF STRENGTHS</b>	
<b>STANDARD</b>	<b>SCORE (1=Yes, 0=No, NA=NA)</b>
Human Resources	
Guidelines and Standard Operating Procedures	
Male involvement	
Infrastructure	
OPD & Triaging	
IPC Measures	
Central Sterilization Supplies Department	
ANC	
ANC Ward	
Labour Ward	
PNC	
FP	
ARH	
RHca	
GBV	
NCH	
Under five Children Services	
Obstetrics and Gynaecology Ward	
Laboratory	
Mortuary Services	
Pharmaceutical Services	
General Store (Hospital, Health Centre, Dispensary)	
Laundry	
X-Ray	
Referral System	
Management Information System (HMIS)	

**Best Practices**

**2. SUMMARY OF CHALLENGES AND ACTION PLAN**

<b>Standard</b>	<b>Challenges/ Issues</b>	<b>Action Points</b>	<b>Responsi bility</b>	<b>Timeline</b>
Human Resources				
Guidelines and Standard Operating Procedures				
Male involvement				
Infrastructure				
OPD & Triaging				
IPC Measures				
Central Sterilization Supplies Department				
ANC				
ANC Ward				
Labour Ward				
PNC				
FP				
ARH				
RHca				
NCH				
Under five Services				
Obstetrics and Gynaecology Ward				
Laboratory Services				
Mortuary				
Pharmaceutical Services				
General Store (hospital, Health Centre, Dispensary)				

Laundry				
X-Ray Services				
Referral System				
Management Information System (HMIS)				
<b><u>Summary of Challenges</u></b>				

<b>B: HEALTH CENTRE</b>			
Name of the Facility:			
Ownership:	Government [ ], Faith-based [ ], NGO [ ], Private [ ]		
Region:			
Council:			
Date of visit (dd/mm/yyyy)	...../...../.....		
Supervisors:	<b>Name</b>	<b>Designation</b>	<b>Organization</b>
Health service provider(s):	<b>Name</b>	<b>Designation</b>	<b>Organization</b>


Objectives:

Methods used:

### 1. SUMMARY OF STRENGTHS

STANDARD	SCORE (1=Yes, 0=No, NA=NA)
Human Resources	
Guidelines and Standard Operating Procedures	
Male involvement	
Infrastructure	
OPD & Triaging	
IPC Measures	
Central Sterilization Supplies Department	
ANC	
ANC Ward	
Labour Ward	
PNC	
FP	
ARH	
RHca	
GBV	
NCH	
Under five Children Services	
Obstetrics and Gynaecology Ward	
Laboratory	
Mortuary Services	

Pharmaceutical Services	
General Store (Hospital, Health Centre, Dispensary)	
Laundry	
X-Ray	
Referral System	
Management Information System (HMIS)	

**Best Practices**


**2. SUMMARY OF CHALLENGES AND ACTION PLAN**

Standard	Challenges/ Issues	Action Points	Responsibility	Timeline
Human Resources				
Guidelines and Standard Operating Procedures				
Male involvement				
Infrastructure				
OPD & Triaging				
IPC Measures				
Central Sterilization Supplies Department				
ANC				
ANC Ward				
Labour Ward				
PNC				
FP				
ARH				
RHca				
NCH				



Under five Services				
Obstetrics and Gynaecology Ward				
Laboratory Services				
Mortuary				
Pharmaceutical Services				
General Store (hospital, Health Centre, Dispensary)				
Laundry				
X-Ray Services				
Referral System				
Management Information System (HMIS)				
<b><u>Summary of Challenges</u></b>				

<b>C: DISPENSARY</b>			
Name of the Facility:			
Ownership:	Government [ ], Faith-based [ ], NGO [ ], Private [ ]		
Region:			
Council:			
Date of visit: (dd/mm/yyyy)			
Supervisors:	<b>Name</b>	<b>Designation</b>	<b>Organization</b>

Health service provider(s):	<b>Name</b>	<b>Designation</b>	<b>Organization</b>

Objectives:

Methods used:

### 1. SUMMARY OF STRENGTHS

STANDARD	SCORE
Human Resources	
Infrastructure	
OPD & Triaging	
IPC Measures	
Sterilization Supplies Area/Room	
ANC	
ANC Ward	
Labour Ward	
Post Natal Room	
Family Planning	
ARH	
RHca	
GBV	
New-born Child Health	
Under five Child Health Services	
Obstetrics and Gynaecology Ward	
Laboratory & Mortuary Services	
Pharmaceutical Services	
Medicine Store/ Dispensing Unit	

Laundry	
Referral System	
Management Information System (HMIS)	

**Best Practices**

**2. SUMMARY OF CHALLENGES AND ACTION PLAN**

STANDARD	CHALLENGES/ ISSUES	ACTION POINTS	RESPONSIBILITY	TIMELINE
Human Resources				
Infrastructure				
OPD & Triaging				
IPC Measures				
Sterilization Area/Room				
ANC				
ANC Ward				
Labour Ward				
Post Natal Care Room				
FP				
ARH				
RHca				
New-born Child Health				
Under five Children Services				
Laboratory Services				
Medical Store/ Dispensing Unit				
Laundry				
Referral System				
Management Information System (HMIS)				

<b><u>Summary of Challenges</u></b>

## ANNEX 3: HMIS FACILITY DATA

SECTION	INFORMATION	TOTAL FOR THE LAST 3 MONTHS AGAINST ATTENDEES
ANTE NATAL CLINIC	Check if for the past 3 months the following was done;	
	- FeFol supplementation was given to every pregnant mother (against attendees)	
	- Pregnant women attending ANC were screened for syphilis (against attendees)	
	- Pregnant women attending ANC were tested for albumin (against attendees)	
	- IPT for malaria (against attendees)	
	- Pregnant women attending ANC were tested for Hb level (against attendees)	
	- ANC counselling and HIV testing performed (against eligible attendees)	
	- For the past 3-months pregnant mothers received SP as per IPT guideline (against attendees)	
	- LLITNs were issued to pregnant women and children under five years (against attendees)	
	- Pregnant women were getting TT as per National guideline (against eligible attendees)	
	- Pregnant women received ART as per PMTCT guideline (against women identified HIV positive)	
- Male partners/spouses referred to CTC after HIV diagnosis (against males identified HIV positive)		
FAMILY PLANNING	New acceptors in FP	
	- Injectable- Depo provera	
	- IUCD- copper-T 380A	
	- Implanon	
	- Jadelle	
	- Oral Contraceptive Pills	
	- ECP	
	- Condoms (Male)	
	- Condoms (Female)	
	- Fertility awareness	
	- LAM (Lactation Amenorrhea Method)	
	- Minlap/Vasectomy	
Check availability of SBCC (IEC) materials;	(Yes/No)	

		- Posters	
		- Leaflets	
		- Booklets	
		- Toolkits	
POSTNATAL	Number of clients counselled on the following:		
		- Postnatal Visit within 24 hours	
		- Postnatal visits after 7 days	
		- Postnatal visits after 28 days	
		- Postnatal visits after 42 days	
	Number of Post-Partum mothers who received Family Planning for the past 3 months.		
	Number of partners who received FP methods for the last 3 months.		
HMIS	Observe the 3-month trends of the following:		
		- Stillbirths	
		- Early neonatal death	
		- Maternal Death	
VITAL REGISTRATION		Births	
		Deaths	

## ANNEX 4: FACILITY ASSESSMENT CHECKLISTS: HOSPITAL

STANDARD	No.	INDICATOR QUESTION	VERIFICATION CRITERIA	RATING	REMARKS	SCORE
<b>1:HUMAN RESOURCE</b>						
Appropriate number of service providers with required qualification, skills and job satisfied available?	1	Are there appropriate number of service providers with required qualification and skills?	Actual number of service providers available and required according to manning level <b>[198-310 for District Hospitals,473- 679 for Refferal Hospitals] ref to Human Resources Staffing level for MoHSW 2013-2018</b> (Check with the Human Resource/Health secretary)			
	2	Are the available skilled staff equitably distributed according to their expertise within the facility service area?	Available skilled service providers equitably distributed according to their expertise within the facility service area (Check with <i>the human resource/administrator</i> )			
	3	Does each service provider have a job description?	Specific job description for each service provider are available and accessible			
	4	Are service providers satisfied in their job?	Discuss with at least 3 service providers to determine their source of job satisfaction e.g.			
			On job training			
			Training/professional development			
			Appraisal			

			Provision of time for breast feeding (2hours for six months after maternity leave)			
			Provision of extra-duty allowances and on- call allowances			
			Provision of paternity leave (not less than three days)			
			Provision of uniform allowances			
			Performance feedback			
			Supportive supervision			
			Conducive working environment			
			Availability of changing rooms and toilets			
			Adequate equipment and supplies			
			Support with Residence			
			Transport support			

**2: GUIDELINES AND STANDARD OPERATING PROCEDURES**

National RMNCH Guidelines and related	1	Are there appropriate guidelines and SOPS in the facility	RMNCAH and related guidelines and SOPs are available and accessible in the facility			
---------------------------------------	---	---	---	--	--	--



SOP,S for Health Care Services in Tanzania are available and accessible.	2	Are the Guidelines and SOP equitably distributed and accessible in the section/department/ward	Related Guidelines and SOP are available in the section/department/ward ( go through the distribution list)			
	3	Are the guidelines and SOP adhered to	Verify by observing at least two procedures or interview health providers if they adhere to guidelines and standards set.			
<b>3:MALE INVOLVEMENT AND PARTICIPATION IN RMNCH SERVICES</b>						
RMNCH services offered are friendly to male.	1	Are the health facility have service providers oriented on male-friendly health services?	The health facility has at least 2 health care providers oriented on male involvement in RMNCAH			
			Support staff (receptionists, drivers, security staff, electricians etc.) are aware of services provided to male			
Demand generated for males support and utilization of RMNCH Services	2	Are there IEC/SBCC materials for male involvement and participation in RMNCH services?	Displayed signs/posters indicating services offered to male clients available in the facility			
			Relevant essential IEC/SBCC materials for male involvement are offered in the facility			
	3	Do service providers observe male rights during RMNCAH service provision?	Assess service providers during service provision and observe if they observe :			
			Welcoming and greeting protocols			
			Observing Confidentiality			
Observing privacy						

			interactive discussion			
	4	Are there plans to capture and address issues/feedback of male involvement from the clients?	Plans and reports of exit interview conducted to address male issues available			
			Feedback forms and or suggestion box available			
			Implementation/improvement plan to address issues/feedback related to male Involvement in RMNCAH available and updated			
	5	Is there a linkage between community and the facility to promote male involvement in RMNCAH services?	A supervisor for community health workers at the health facility available			
			Community health workers are involved in delivery of health education on male involvement in RMNCAH services			
			Available and active Male motivators (peer educators, male champions who are supporting health facilities to sensitize on male involvement in RMNCAH			
			Forms and reports on male involvement in RMNCAH integration at the Community available.			
Health Information Management	6	Do HMIS registers, Tally sheet and monthly summary forms capturing male	Available Daily register and tally sheet captures number of male involved in RMNCAH services			

system		involvement in RMNCAH services	Available and accessible Monthly report forms correctly filled to capture the number of males engaged in RMNCAH services			
			Numbers from daily register and tally sheets reflect the numbers in monthly report available			
			Available and accessible Monthly report on the number of male engaged in RMNCAH submitted to DRCHCO on time			

#### 4:FACILITY INFRASTRUCTURE

Facility Infrastructure is appropriate for effective provision of health services	Facility Building structures				
	1	Are the buildings in good state of repair?	Observe if the buildings are:		
			Constructed with permanent building materials		
			In good state of repair		
			Intact walls, floor and ceilings,		
			Doors and windows in good state		
			<b><i>in all service delivery areas of the Hospital i.e.</i></b>		
			OPD		
			Gynaecological ward		
			Paediatric ward		

			ANC for District Hospital			
			Antenatal ward			
			Maternity waiting area			
			Labour ward,			
			Theatre			
			Neonatal ward/			
			Intensive Care Unit			
			Postnatal ward			
			Pharmacy store and dispensing area			
			Sterilization department			
			Laundry			
			Laboratory			
			X-Ray department			
			Mortuary			
			Facility store			
	2	Is there an updated signboard at the facility environment?	Updated Signboard and directional board throughout the facility.			
	3	Does facility infrastructure support disabled clients?	The infrastructure supports disabled clients (Sliding surface steps) in all service delivery areas mentioned no			

			1 above			
	4	Is there adequate lighting and ventilation (both natural and artificial)?	Lighting and through ventilation are adequate. ( <i>Observe and ask providers</i> )			
	5	Do the service areas have adequate space?	Adequate working space service area with no overcrowding of patients			
			Adequate number of service delivery rooms including clinician consultation rooms and nurses station available			
	6	Is there adequate furniture to accommodate all clients waiting for services?	Check if there are enough chairs /benches/slabs			
			Check if the place is sheltered against rain/sun			
	7	Is there adequate audio and visual privacy?	Rooms with doors to prevent client from being seen or heard while meeting with health provider			
			Areas are sectioned off by curtains/screens depending on type of services			
	8	Are the service areas clean?	Service areas are clean, free of dust, trash, cobwebs, solid materials			
			Appropriate colour coded and labelled waste bins with liners and lids available. (Yellow, Red and Blue/Black) are utilized according to IPC Guidelines			

		Room are free from bats and other animals			
Drainage system and sanitation					
10	Does the facility have a functional drainage system and sanitation facilities according to IPC guidelines?	Functioning toilets separate for males and females as per National IPC Guidelines available			
		Functional hand washing facilities (running water and liquid soap, alcohol hand rub and tissues) available			
		Cleaning materials available (mope broom, duster, bucket, squeezer, disinfectant, brush, detergent, dustbin etc.)			
		Available functional sluice room according to IPC guidelines			
		Drainage system in good state of repair and functioning (no overflow and no leakage)			
Energy supply					
11	Is there reliable source of energy supply including during emergencies?	Available reliable energy supply (source is either; National grid, Generator, Solar			
		Working standby Generator for emergencies available			
Fire protective /fighting equipment					

	12	Is there functioning fire protective /fighting equipment system?	Available and functioning fire protective/fighting equipment, easily accessible and known to all staff			
			Emergency assembling area available known and accessible by all staff			
			Service provider trained on fire protection/fighting			
			Available means of communication and emergency preparedness for fire protection/fighting			
			Availability of preventive maintenance plan			

**5:OPD EQUIPMENT, MEDICINE AND SUPPLIES AND DIARRHEA TREATMENT**

The Facility provides appropriate emergency RCH services at OPD	Emergency Room, Medicine, equipment and supplies					
	1	Does the facility has an emergency room?	Available and functional emergency room at OPD			
	2	Are there emergency medicine, equipment and supplies?	The following essential equipment & emergency medicines available:			
			Functional Blood pressure machines			
			stethoscope			
			Weighing machine			
		Clinical Thermometer				

			Wheelchair and stretcher			
			Glucometer			
			Haemoque machine			
			Albumin sticks			
			Drip stand			
			Urinal bags			
			Catheters			
			Cannula different g 8,14,16,20 and 22			
			Oxygen and delivery apparatus (incl. oxygen concentrators)			
			Glucose 10%			
			Diazepam 10mg inj			
			Phernobarbitone 100mg Inj			
			Magnesium Sulphate 50% Inj			
			Oxytocin 10 IU/ml or Ergometrin 0.5mg/ml Inj			
			Ringer's lactate			
			Normal saline 0.9%			
			Salbutamol Nebulizer 2.5mg/ml			



			Adrenaline 1mg/ml			
			Hydrocortisone 100mg inj			
			Bags and mask of adults & different paediatric sizes			
			Pulse oxymeter			
			Suction machines and suction tubes of different sizes			
			Paediatric & Adult NGT			
			Paediatric & Adult needles and syringes			
			Paediatric & Adult Cannula			
			Emergency Contraception Pills			
			Post Exposure Prophylaxis Medicine according to PEP guidelines			
			Surgical Gloves			
			Gauze			
			Cotton Wool			
			Syringes			
			Emergency Delivery pack			
			Antiseptic, Disinfectant			

Diarrhoea Treatment Corner to under-fives (DTC)					
3	Is there a functional Diarrhoea Treatment Corner according to guidelines?	Available and functioning DTC			
		Available trained personnel on DTC			
		Equipped with table for preparation of ORS solution			
		Availability of diarrhoea management chart			
		Cupboard, bench/chair for clients available			
		ORS			
		ORS/Zinc co packed			
		Available Cups (6), Spoons (6)			
		Available Bottles/ container with safe and clean water			
		Proper hand washing facilities ( running water and liquid soap, alcohol hand rub) available			
		Available Disinfectants			
		DTC register available and properly filled			
Triaging					
4	Are children & adults assessed for emergency	Presence of an emergency area/room			

		care?	Observe if children & adults are assessed for severity/ priority need (triaged) immediately on arrival ( at least during high patient load periods)			
			Verify through observation and exit interview to at least 3 clients/patients if they do not wait (for registration, payments, their turn) before a first assessment is done and action taken			
			Available wall chart or job aid for identifying children & adults by severity of condition is located in the emergency area			
	5	Are service provider in the OPD trained on emergency case management?	Verify through observation/ or questioning if service provider doing triage are trained in the guidelines			
			Verify through observation/ or questioning if Service provider are skilled in the management of common emergency conditions (air way obstruction, severe bleeding, shock, severe dehydration, convulsion, coma etc.)			
			Observe if treatment is started without delay according to guidelines (i.e. Referral care manual for children)			
	6	Is the emergency area/room equipped for Paediatric &	Verify through observation / or questioning whether essential			

		Adult resuscitation for managing emergency conditions?	emergency equipment & supplies are readily available and functional (refer OPD equipment & supplies)			
<b>6:INFECTION PREVENTION AND CONTROL MEASURES (IPC )</b>						
The provider provides appropriate infection prevention and control (IPC) services as per national IPC guidelines	1	Is the general cleanliness of the facility properly maintained?	The general cleanliness of external and internal environment of the facility according to the IPC guidelines			
	2	Does the facility have National IPC Guideline	Available, accessible and updated National IPC Guidelines			
	3	Is hand washing procedures applied properly?	Observe two health care providers to verify if they properly practice hand hygiene procedures according to the IPC guidelines			
			Observe if hand washing SOP is displayed at every point of hand wash			
	4	Do the health providers utilize personal protective equipment properly	Ask and observe if service providers apply personal protective equipment according to the IPC guidelines			
	5	Do the health providers apply the laid down procedure of handling sharp equipment	Ask and observe if the process of disposal of sharps is done according to the IPC guide (proper use of safety boxes)			
6	Are waste disposal procedures done appropriately?	Ask and observe if final disposal of medical waste is done from collection, segregation, storage transportation and final disposal (according to the IPC guidelines)				

	7	Is there adequate equipment and supplies for IPC in all sections in the service area according to National IPC Guidelines?	Ask and observe if there are adequate IPC equipment and supplies for :			
			<b>Hand hygiene:</b>			
			Running water			
			Tissue papers			
			Sterile napkins			
			Liquid soap			
			Alcohol hand rub			
			<b>Decontamination and sterilization:</b>			
			Water			
			Soap			
			three buckets for Chlorine, soapy water and clean water			
			Autoclave			
			Soft brush			
			Drums (different sizes)			
			clean, dry, dust free storage area			
<b>Personal protective gears</b>						
Clinical coat/laboratory coats						

		Gloves (Examination, Surgical and heavy duty)			
		Mask			
		gown			
		Apron			
		Goggles			
		Boots			
		Cap			
		<b>Waste Disposal</b>			
		Colour coded bins and bin liners			
		Safety boxes,			
		Waste storage room/ bay/area			
		Incinerator			
		Placenta pit			
	Post Exposure Prophylaxis (PEP)				
	8	Are healthcare providers aware of PEP Policy guidelines?	Discuss with at least two healthcare providers if they know PEP guidelines		
			Available and utilized PEP Policy guideline.		
			Check availability of PEP register		

7:CENTRAL STERILIZATION SUPPLIES DEPARTMENT						
Central Sterilization Supplies Department services are provided according to IPC	1	Is there a functioning Central Sterilization Supply Department (CSSD)?	Central sterilization supply department (CSSD) available according to IPC guideline			
			Ask and observe for Availability of functional Autoclaves and/or Dry Heat Oven machines			
			If there is no CSSD, check and verify for presence and functioning of Autoclaves and/or Dry Heat Oven machines			
	2	Are service providers trained on managing CSSD?	The list of instrument is packed, labelled and processed according to the specific procedure as per guidelines.	Available service providers at least 4 trained on management of CSSD		
8:ANTENATAL CARE AT DISTRICT HOSPITAL						
The health service provider provides appropriate Ante Natal Clinic services as per ANC	ANC clinic setting					
	1	Does the clinic arrangement provide privacy during service delivery?	Check if the consultation room has screens, closing door and curtains to provide privacy during service delivery.			
	2	Does the clinic maintain hand	Check availability of clean running water, functional taps, alcohol hand			

guideline		hygiene protocol?	rub and liquid soap			
	3	Does the clinic has enough benches for the waiting clients?	Check availability of adequate number of benches against number of clients/ availability of enough sitting facilities			
	4	Is the consultation room well equipped?	Check if there are:			
			3 chairs; 1for the clinician,1 client.1 for partner/ companion,			
			1 table for writing, Examination bed with step ladder and screen			
			Appropriate dust bins according to IPC standards in each room			
	5	Are the Health service providers adequate per client load?	Verify if service providers available are adequate per client load (at the time of supportive supervision) 4-6 Health service providers.			
	6	Are the health service providers skilled?	Verify through discussion if there are trained health service providers at ANC			
			Observe at least 2 health service providers when performing physical examination to a pregnant woman to verify if they conduct as per guideline			
	7	Does the ANC has an earmarked emergency care treatment point?	Check if there is an earmarked emergency care treatment point with a bed, drip stand and trolley			



	8	Does the emergency trolley have necessary supplies?	Check and verify for the presence of injection Magnesium Sulphate protocol:			
			- Injection Magnesium Sulphate 50%			
			- Lignocaine 2%			
			- Cannula gauge 16/18			
			- Injection Hydralazine 25mg/ml			
			- Ringer's Lactate Solution/ Normal Saline 0.9%			
			10cc and 20cc syringes			
			Giving set			
			Catheter			
			Urinal bag			
			BP machine			
			stethoscope			
			Water for injection			
			Resuscitation gadgets i.e. adult ambu bag, airway, mask and oxygen			
Necessary equipment for ANC service						
	9	Are the essential equipment	Check the availability of :			

		and supplies available and functional?	ANC card past 3-months			
			HIV Exposed infant -Card for the past 3- months			
			Availability of the HIV infected Clients Appointment register			
			Availability of a register for tracking clients with missed appointments			
			Stethoscope			
			BP Machine			
			Pinard Stethoscope (foetoscope)			
			Electronic foetal detector			
			Weighing scale			
			Clinical Thermometer			
			Pregnancy wheel			
			Glucometer with strips			
			Syringes 2,5,10, and 20 cc			
			Urinal bags			
			Water for injection			
Clean and safe drinking water						
Cups						

		Plaster			
		Albumin strips			
		Drip stand			
		Tape measure			
		Haemoque machine ,Haemoque cuvette			
		Check availability of rapid test for HIV			
		Check availability of rapid test for Syphilis			
		Check availability of rapid test for Malaria			
Quality of ANC Service provided					
10	Are the following services (Syphilis, Anaemia, Urine check, Tetanus toxoid, Malaria, HIV testing PMTC and emergency delivery) provided in the ANC according to guidelines	Check in relevant registers if for the past 3 months the following was done ;			
		Fefol supplementation was given to every pregnant women			
		Pregnant women attending ANC were screened for syphilis			
		Pregnant women attending ANC were tested for albumin			
		IPT for malaria			

			Pregnant women attending ANC were tested for Hb level			
			ANC counselling and HIV testing was performed			
			For the past 3-months pregnant women received SP as per iPTP guideline			
			For the past 3-months LLITN were issued to pregnant women			
			For the past 3- months pregnant women were getting TT as per National guideline			
			<b>PMTCT</b>			
			Check if PMTCT Guidelines available			
			Check if CTC1 and CTC2 Cards are available			
			Check if ART register and Facility HIV&AIDS quarterly reporting forms are available			
			For the past 3-months pregnant women received ART as per PMTCT guideline			
			From each monthly cohort Check how many came for follow-up visits, Count the number of mothers in the monthly cohort initiated two full months ago, from the date of the			

			visit( Use MC cohort Register)			
			Check if male partners referred to CTC after diagnosis			
			Availability of two delivery kits			
<b>9:ANTENATAL WARD</b>						
Quality of care in antenatal ward provided according to the National Policy Guidelines for Reproductive and Child Health Services	1	Does the ANC ward has running water supply?	Check if the ward is provided with clean running water, functional tap and liquid soap			
	2	Does the consultation room contain enough chairs, tables and examination bed?	Check if there is:			
			3 chairs; 1 for the health service provider,1 client.1 for partner/companion,			
			1 table and Examination bed with step ladder and screen			
			Appropriate dust bins according to IPC standards in each room			
	3	Does the ward has enough beds in comparison with the size of the room and clients?	Check if the number of beds is adequate with number of clients/size of room			
4	Are the health service provider adequate per client load?	Check if number of health service provider is adequate to the clients found at the time of supportive supervision				
5	Are the health service provider skilled?	Check the number of skilled health service providers in the ward				

			Observe at least two health service providers providing service in the ward if they adhere to guidelines and standards			
	6	Are the essential equipment & supplies available and functional?	Check if the following equipment and supplies are available and functional:			
			Stethoscope			
			Sphygmomanometer			
			Pinard stethoscope (foetoscope)			
			Electronic foetal detector( Doppler machine)			
			Cusco speculum (small, medium and large size), Sims speculum			
			Weighing scale			
			Syphilis reagents			
			Clinical Thermometer			
			mRDT			
			Albumin strips			
			Emergency trolley as in ANC no 8			
			Haemoglobin and Cuvette			
			Check the presence of delivery kit			
			Blood giving sets, fluid giving sets,			

		cannula gauge 16/18			
		Adult/new-born ambu bag and mask			
		HIV reagent and ARVs medicines (Currently Recommended as per Guidelines)			
	7	Are there enough bed-sheets and Mackintosh?	Check availability of 6-8 white bed sheets per bed and 2 Mackintosh cover per bed		
	8	Does the ward provide quality services?	Check the presence of top 10 diagnosis case management protocols		
			Check the availability of case files		
			Check in the files if there is regular consultation of clinical service provider		
			Check if treatment chart follows prescription		
			Check if observation chart is correctly recorded		
			Check if the patient is registered in the admission book		
			Check the availability of partograph forms		
			Check if partograph is correctly filled		
	9	Are there emergency equipment, medicine and	Check the availability of a tray for emergency equipment, medicine and		

		supplies?	supplies containing:			
			- Injection Mg SO4 50%			
			- Injection lignocaine 2%			
			- IV hydralazine 25mg/ml			
			- Oxytocin 10 IU/ml			
			- Delivery kit/pack			
			-Cannula g 16&18			
			-EDTA tubes and Vacutainer needles			
			Plaster			
			- Syringe of different sizes 2cc,5cc,10cc and 20cc			
			- IV Ringer's Lactate/Normal saline 0.9%			
			-Surgical , Gynaecological and clean gloves			
			-Giving set			
			-Water for injection			
			-Catheters and urinal bags			
<b>10 :LABOUR WARD</b>						
	Infrastructure supporting labour service					



Quality of care in Labour ward provided according to the National Policy Guidelines for Reproductive and Child Health Service	1	Is the labour ward in good state?	Check if walls, floor and supporting amenities are in a good state			
			Check availability of admission area			
			If the room is available check:			
			If is well ventilated with adequate light			
			If has 1 table, 3 chairs, examination bed with step ladder and screen			
			<b>In the labour ward check:</b>			
			Check if is well ventilated with adequate light			
			There is partition to bring privacy			
			The ward is spacious to allow the mother to ambulate			
			The ward allows for partner /accompanying person to assist the pregnant woman			
	2	Does the ward provides for hand hygiene and sanitation protocols	Check if the ward is provided with clean running water, functional tap, liquid soap and alcohol hand rub			
			Check the presence of sanitation system according to IPC guidelines			
			Check functioning toilet with hand washing facility			

		Check at the sluice room if there is adequate space and flashing system to allow cleaning of equipment			
		Check the presence of a changing room with toilets and hand hygiene facilities			
		Observe if each room has partition made of a wall/hardboard or Curtains to maintain privacy			
		Check if the delivery bed is convertible to gynaecological beds			
	4	Are the health service provider adequate per client load?	Check if number of health service provider is adequate against clients found at the time of supportive supervision (at least 1 provider for 4 clients)		
	5	Are the health service provider skilled?	Observe at least two health service providers while providing services to see if they adhere to guidelines and standards		
Essential equipment and supplies for labour ward					
	6	Are there emergency equipment, medicines and supplies?	Check the availability of:		
			Delivery and Episiotomy kit		
			Suturing tray		
			Sutures chromic catgut 2.0		
			Surgical , Gynaecological and clean		

			gloves			
			4 drapers per woman			
			Blood giving sets			
			Buckets for decontamination as per IPC guidelines			
			Safety box			
			Screen			
			Fluid giving sets			
			Cannula gauge 16/18			
			Adult/new-born ambu bag and mask			
			Penguin sucker			
			Suction machine			
			Oxygen apparatus			
			Resuscitation table			
			Vacuum extractor			
			Misoprostol			
			Injection Oxytocin 10IU/ml			
			Injection Ergometrine 0.5mg			
			Injection Ampicillin 500mg			

			Injection Ceftriaxone 1g			
			Vitamin K 10mg inj			
			Injection 10% glucose			
			Adrenaline 1mg/ml			
			Hydrocortisone 100mg inj			
			Injection Gentamycin 80mg			
			Tetracycline eye ointment			
			Injection Metronidazole 500mg			
			ARV for (mother and baby)			
			HIV test kits			
	7	Are the essential equipment available and functional?	Check the if the following equipment are available and functional:			
			Stethoscope			
			Sphygmomanometer			
			Pinard stethoscope (foetoscope) or electronic foetal heart sound detector (Doplar)			
			Cuscos speculum (small, medium and large size) and sims speculum			
			Sponge holding, Long artery and non- toothed dissecting forceps			

		Weighing scale			
		Delivery bed with step ladder			
		Wall clock			
		Clinical thermometer			
Quality Services in the Labour Ward					
8	Are there enough bed sheets and Mackintosh?	Check the presence of 6-8 white bed sheets and 2 Mackintosh cover per bed			
9	Does the labour has adequate supply of partograph as per MOH recommendation?	Check availability of adequate partograph forms.			
10	Does the ward has adequate delivery kit?	Check availability of delivery kits (at least 30 kits in hospitals/ 3 kits per bed)			
11	Does the service provider adhere to labour ward management protocols?	Check for the presence of protocols: AMTSL			
		Management of haemorrhage			
		Pre-Eclampsia/Eclampsia			
		Sepsis			
		Obstructed labour			
		Anaemia			
		Management of HIV			

		Assess at least 3 filled partographs if are filled correctly			
		proper history taking			
		physical examinations,			
		vaginal examination,			
12	Are EmONC signal functions provided in 24 hours in 7 days in the labour ward?	Check if Signal functions are provided in 24 hours in 7 days:  Check for:			
	Do health care provider administer parenteral antibiotics	<b>Check if parenteral antibiotics (Ampicillin, Gentamycin and metronidazole) are available</b>  <b>Check availability of skilled personnel to administer parenteral antibiotics according to guideline.</b>  Verify if in the last 3-months there was at least one case of puerperal sepsis managed			
	Do health care provider administer uterotonic drugs (parenteral oxytocin, misoprostol)	<b>Check availability of uterotonic drugs (e.g. parenteral oxytocin, misoprostol and Ergometrine)</b>  Check availability of skilled personnel to administer parenteral oxytocin, misoprostol and Ergometrine according to guideline.			
	Do health provider administer	<b>Check availability of parenteral anticonvulsants (e.g.</b>			

		parenteral anticonvulsant (e.g. Magnesium sulphate)	<p><b>magnesium sulphate)</b> Check availability of skilled personnel to prepare and administer Magnesium Sulphate according to guideline.</p> <p>Verify if in the last 3-months there was at least one case of Pre Eclampsia/Eclampsia managed.</p>			
			<p><b>Check availability of calcium gluconate.</b></p>			
			<p>Check availability of skilled personnel to administer calcium gluconate according to guideline.</p>			
			<p>Verify if in the last 3-months if there was at least one case of magnesium toxicity managed.</p>			
		Do health provider perform Manual removal of retained products of conception?	<p>Check availability of skilled personnel able to perform removal of retained products (Manual Vacuum aspiration)</p> <p>Verify if in the last 3-months there was at least one case of Manual removal of retained products.</p>			
	13	Do health providers Perform assisted vacuum delivery?	<p>Check availability of skilled personnel able to perform vacuum extraction</p>			
			<p>Verify if in the last 3-months there was at least one case of vacuum extraction</p>			

			Check availability of gynaecological gloves			
			Check availability of skilled personnel to perform manual removal of placenta			
			Verify if in the last 3-months if there was at least one case of manual removal of placenta. (HMIS Book 12)			
	15	Is resuscitation of the new-born performed according to standard	Observe or Ask the service provider to demonstrate resuscitation skills using the mannequin			
	16	Do health service providers provide immediate essential care of the new-born according to the guidelines?	Verify if in the last 3-months if there were cases of resuscitated babies (HMIS Book 12)			
Observe or interview if the provider: Places the baby on mother's abdomen; 'skin to skin'						
Dries the baby						
Wraps the baby in dry linen						
Ties and cut the cord						
Weigh the baby						
Assists the mother to put baby on breast within one hour						
Apply eye prophylaxis						



	17	Does the Hospital perform major obstetric surgical interventions?	Check if the hospital has at least 2 trained anaesthetists			
			Check availability of recommended anaesthetic drugs for spinal anaesthesia			
			Check if the hospital use spinal anaesthesia to perform most of Caesarean Section (CS) unless indicated otherwise			
			Check if the hospital has a service provider able to perform CS and Subtotal hysterectomy			
			Check if there are standby blood units			
	18	Is there a guiding document for Maternal and Perinatal Death <b>Surveillance and Response</b> (MPDSR)?	<p>Check if MPDSR guideline is available and utilized</p> <p>Check for the availability of MPDSR meeting minutes.</p>			

### 11: OPERATING THEATRE

	1	Is theatre infrastructure in good quality?	Check availability of changing room, sluice room, tea room, packing room, walls, floor and supporting amenities adhering to IPC guidelines			
	2	Is theatre having boundary lines separating outside environment and clean/sterile zone?	Check if there are partition /information lines drawn on the floor of the theatre and swinging doors (Door that return to a close position			

			automatically)			
	3	Is there a clear theatre flow pattern?	<p>Check if the following rooms are available and labelled:</p> <p>Reception, changing room, sluice room, scrubbing room, Anaesthetic room, Operating room, Recovery room, office room, Room for theatre instruments and linen preparation.</p>			
	4	Does theatre has trained service provider?	Check the presence of at least 2 trained anaesthetists			
			Check the presence of at least 2 trained theatre nurses			
	5	Does the theatre follow IPC measures?	<p>Check the availability of hand washing hygiene: running water soap, alcohol and appropriate PPE</p> <p>Check for displayed hand washing SOP</p>			
			Check if sluice room is available and functional			
			<p>Check if drainage and waste disposal follows IPC recommendation</p> <p>Check if windows are well covered as per Theatre IPC recommendations.</p>			
	6	Are there essential	Check if the following equipment's			

		equipment, supplies and medicines?	are functional:			
			Appropriate lamps installed in operating room			
			Oxygen apparatus			
			Appropriate operating table			
			Drip stand(s)			
			Anaesthetic machine			
			Resuscitation table and its equipment			
			BP machine			
			Autoclave			
			Surgical sets			
			Operating table			
			Laryngoscopes,			
			Ambu bags and mask of different sizes,			
			Suction tubes and machine,			
			I/V Fluids NS/RL			
			Anaesthetic agents			
			Bupivacaine (Macaine) for spinal anaesthesia			

			Spinal needles			
			Diathermy machine			
			Endoscope			
			Theatre stretchers			

**12:POSTNATAL WARD**

Quality Postnatal Care provided according to guidelines	Ward infrastructure					
	1	Is the PNC Ward infrastructure in good quality?	Check if floors and walls are in a good state of repair			
			Check if the rooms are well ventilated with adequate light			
			Check if there is Presence of changing room			
			Check if there is the Sluice room is available and functional			
			Check for availability of tea room for staff			
			Check if there is partition to bring privacy			
			Check if the ward is spacious to allow the mother to ambulate			
	2	Does the consultation room contain enough chairs, tables and examination bed?	Check if there are 3 chairs, 1 table, 1 examination bed and screen			

	3	Does the PNC ward / room maintains hand hygiene protocols	Check if the ward is provided with clean running water, functional tap, liquid soap alcohol hand rub and hand washing SOP			
Essential equipment and supplies in the Post Natal Ward						
	4	Essential equipment and supplies for Postnatal ward available and functional	Check and verify if essential supplies and equipment necessary for normal vaginal delivery are available			
			Check the availability and functionality of the following equipment and supplies:			
			Gynaecological bed(s)			
			Stethoscopes			
			Sphygmomanometer			
			Cusco speculum (small, medium and large size) and Sims speculum			
			Clinical thermometer			
			Blood giving sets, fluid giving sets, cannula gauge 16/18			
			Weighing scale			
			Family planning commodities and job aids			
			Tape measure for baby and mother			
			IPC equipment			

		Adult ambu bag and mask			
		New-born ambu bag and mask			
Quality of Service provided in Postnatal Ward					
5	Does the ward has enough beds in comparison with the size of the room and clients?	Check if the Number of beds is equivalent to number of clients/size of room			
6	Are there enough bed sheets and Mackintosh?	Check for the presence of white 6 - 8 bed sheets and 2 Mackintosh to cover per bed			
7	Are the service provider providing adequate service per client load?	Check the number of health service provider if adequate for number of patients found at the time of supportive supervision			
8	Are the service provided by skilled personnel?	Check and observe at least two skilled service provider providing services if they adhere to guidelines			
9	Does the service provider provide post delivery service for 24 hours?	Check the presence of maternal protocols for:			
		a) Haemorrhage			
		b) Severe pre Eclampsia/Eclampsia			
		c) Sepsis			
		Check for the presence of new-born protocols:			
		a) Neonatal cord care			

			b) Cord Bleeding			
			c) Temperature monitoring			
			d) Feeding			
			e) Convulsions			
			Check observation chart for Vital signs, (PR, BP, RR &Temp) for 24 hours both new-born and mother			
			Check if there is monitoring of vaginal discharge & involution of the uterus			
			Check if client are instructed to massage uterus, empty the bladder frequently			
			Check if partner/companion is involved in clients care			
	10	Is the postnatal ward prepared for Managing emergencies?	Check by observation and questioning if:			
			the patient has been provided with routine FEFOL			
			the patient has been provided with routine Vitamin A			
			Check presence of emergency medicines, equipment and supplies:			
			Injection MgSO4			

			Injection Lignocaine			
			IV Hydralazine inj			
			Antibiotics			
			- Gentamycin 80mg inj			
			- injection Ampicillin/Ceftriaxone			
			- Metronidazole 500mg inj			
			- IV Ringer's Lactate/Normal saline 0.9%			
			- Cannulae gauge 16/18 and infusion set			
			- Oxytocin 10 IU or Ergometrine 0.5mg inj, Misoprostol			
			- Ambu bag & mask			
	11	Does the health facility provide new-born resuscitation?	Check for:			
			Availability and functionality of ambu bags and mask size 0 & 1,			
			Availability and functionality of suction apparatus			
			Overhead heat source			
			available resuscitation table			
			Availability of mannequin to train resuscitation of new-born			



			All health care provider trained on new-born resuscitation			
			Observe at least two providers performing new-born resuscitation according to HBB guideline.			
			Check if the mother and partner/companion are informed of the babies condition during resuscitation			
			Written guideline for resuscitation and care of the new-born are available			
	12	Does the health facility has functional Kangaroo Mother Care for low birth weight babies and Preterm Babies?	Check for the availability of :			
			KMC room with at least 10 beds designated for KMC services			
			Check the presence of KMC register			
			At least 2 health service providers if are trained on KMC			
			Observe at least two providers providing KMC according to National guideline			
			Check if the mother and partner/companion are involved in KMC			
			Check for availability and accessibility of KMC guideline			

			Check if service provider are skilled in managing the following conditions: ( <i>Observe 3 case managed and review patient case notes. If there are no cases, interview service provider</i> )			
			severe bacterial infections,			
			local infection,			
			jaundice,			
			feeding problems			
	14	Was the baby started on daily Nevirapine (NVP) syrup or Duo-prophylaxis for high risk HIV exposed infants to prevent HIV transmission during breastfeeding?	Check if HIV exposed child was immediately started on NVP syrup (check for possible Change of ARV regimen) or duo-prophylaxis for high risk HIV exposed infants (HMIS Book 12 and the HIV Exposed Infant Card)			
	15	The service providers are trained in managing postnatal care to HIV Positive mothers after delivery and their HIV exposed infants	Check if HIV + delivered mothers are counselled on Postpartum care, follow up, adherence to ART (CTC2 card and ART register), infant feeding options, HIV Early Infant Diagnosis (HEID), cotrimoxazole preventive therapy and infant follow up			
			HIV +Breast feeding mothers are initiated on ART, counselled on Postpartum care, follow up and adherence to ART			

	16	Does the service provider provide counselling during discharge?	Check if clients are counselled on the following:			
			Personal Hygiene			
			Nutrition (Use of FEFOL for 3 months, Vitamin A, Breast feeding)			
			Family Planning			
			Postnatal Visit within 48 hrs., 3 to 7 days, 8 to 28 days and 29 to 42 days			
			Danger sign for mother and new-born			
			Vaccination schedule (BCG, POLIO/IPV)			
			Vital registration of death and birth			
			Exercises and rest			
			Malaria prevention			

**13:FAMILY PLANNING FOR DISTRICT HOSPITAL**

Enabling environment necessary for effective provision of Quality Family Planning (FP)	1	Are there specific rooms for providing Family Planning services?	Check the availability of area/room for:			
			Waiting and Health education			
			Counselling and physical examination			

services as per guidelines			IUCD/Implants insertion and removal			
	2	Do the service areas have adequate space, Privacy and lighting for physical examination and IUCD insertion and removal?	Check if there is adequate working space with privacy and lighting for conducting physical examination, IUCD/Implants insertion / removal			
	3	Are minlap and vasectomy performed in the facility?	Check if Minlap and Vasectomy are performed in the minor theatre)			
	4	Which cadre do perform Minlap	Check if the cadre performing minlap are AMO,MD and Gynaecologist)			
	5	Do the facility prepare necessary equipment, medicines & supplies for emergency handling?	Check if emergence equipment, medicine and supplies available			
	6	Is the FP room well equipped?	Check if there are:			
			Screen			
			Cupboard for storage of contraceptives			
			Shelves for storage cards			
			Appropriate dust bins according to IPC standards in each room			
3 chairs						
1 table						
Examination bed with step ladder						

	7	Does the FP room maintain hand hygiene protocols	Check if the room is provided with clean running water, functional tap, liquid soap, alcohol hand rub and appropriate PPE			
	8	Are there adequate number of trained personnel on FP?	Check if:			
			there are adequate health service providers providing Family Planning Services (5-8)			
			If at least 5-8 health service provider trained on various type of Family Planning Services:			
			If at least 5 trained on Short acting methods			
			If at least 5 trained on Long term methods (IUCD and Implant)			
			If at least 3 trained on Permanent methods (Vasectomy and Minlap)			
			If at least 5 trained on Contraceptives Technology Updates			
			If at least 5 trained on FP/HIV integration			
			If at least 5 trained in Vasectomy Counsellor			
			If at least 2 trained on Preceptorship			

	9	Are there adequate equipment and supplies for FP service provision?	Check availability of the following equipment and supplies:			
			- Boots			
			- Mask			
			- Apron			
			- Lamps			
			- Dustbin			
			- Cotton wool			
			- Gauze			
			- Safety box			
			- Gloves ( sterile & clean)			
			- Cheatle forceps and container			
			- Functioning sterilizer			
			- Examination couch			
			- Trolley			
			- Penile, uterine, breast and pelvic model.			
At least 3 drums						
At least 6 IUCD kits with tenaculum						
Speculums (at least 6)						

			Kidney dish			
			Galliport			
			Sponge holding forceps			
			Instrument tray			
			Scissors			
			Uterine sound			
			Surgical and clean gloves			
			At least six Implants kits with Iodine solution			
			Lignocaine			
			Syringe			
			Cotton wool			
			Examination lamp/torch			
			At least six Minlap / Vasectomy kits with the following items:			
			- Bab cock			
			- Stitch scissor			
			- Needle holder			
			- BP handle			
			- Artery forceps			

			- Dissecting scissors			
			- Dissecting forceps			
			- Sutures			
			- Abdominal retractor			
			- Sponge holding forceps			
			- Kidney dish			
			- Galliport			
			- Surgical blade			
			- Towel clip			
			- Tubal hook			
			- Towels			
			- Gowns			
			- Penile, uterine, breast and pelvic model.			
			At least 3 drums			
	10	What type of Family Planning methods are available?	Check availability of FP method:			
			Mix (Pills- COC, POP and ECPs);			
			Injectable- Depo provera			
			IUCD- copper-T 380A;			



			Implants (Implanon/ Jadele )			
			Condoms (Female)			
			Condoms (Male)			
			Cyclebeards			
	11	What type of SBCC (IEC) materials on Family Planning are available?	Check availability of SBCC (IEC) materials (Posters, leaflets, booklets, toolkits)			
	12	Is Contraceptive being issued according to FEFO basis?	Check if physical counting is done in monthly bases by going through ledger and bin cards.			
	13	Are there adequate guidelines and protocols for FP service provision?	Check if the following FP guidelines, standards and tools are available:			
			- Procedure Manual			
			- MTUHA book #8			
			- MTUHA book #4			
			- RCH card #5			
			- R&R forms			
			- FP job aids /SOPs (MEC wheel)			
	14	Were FP Clients counselled for HIV in the last three month?	Check if FP clients were counselled for HIV and registered in MTUHA Book 8 + summary forms for the last 3 months			

	15	Were FP Clients who are breast feeding and tested HIV + initiated on ART in the past 3 months?	Check the number of clients Initiated in the ART registers and summary forms MTUHA Book 8 for the last three months			
	16	Were FP Clients tested HIV + referred to CTC in the last three month?	Check if HIV+ FP clients referred to CTC were registered in MTUHA Book 8 + summary forms for the last 3 months			
	17	Were Post-Partum mothers and partners counselled for FP	Check if Post-partum mothers and their partners were counselled for FP AND were informed of wide range of approved contraceptive methods			
	18	What was the number of new and revisit FP clients in the last three months	Check for monthly client load in FP registers and summary forms to determine increase of new acceptors by type of methods for the last 3 months:			
- Depo provera						
- IUCD						
- Implanon						
- Jadelle						
- Oral Contraceptives						
- Emergence Contraceptive Pills.						
- Condoms Male						

			- Condoms Female			
			- Fertility awareness			
			Cycle beads			
			- LAM (Lactation Amenorrhea Method)			
			Minlap/Vasectomy			
	19	Do health service providers adhere to FP standards performance procedures as per FP SOP (FP Procedure manual and integration of RMNCH and other services)?	Observe practical performance to at least 2 providers to ascertain providers' competence in performing the following FP procedures or conduct interviews and clients exit interviews:  Decontaminating used instruments according to SOP.			
			Conducting FP health education sessions			
			Counselling clients for informed choice / counselling high risk			
			Clients to make FP/RH decision			
			Taking clients' history			
			Performing physical examination			
			Insertion / removal of IUCD			
			Insertion/ removal of Implanon			

			Insertion/removal of Jadelle			
			FP record keeping including timely filling of R&R			
			Performing minilap / vasectomy			
			Testing for HIV			
			Giving users' instructions			
			Condom promotion			
			Counselling on fertility awareness			
			Managing side effects / complications by using SOAP approach			
	20	Do health service providers give adequate and accurate information about different types of contraception methods and use Medical Eligibility Criteria (MEC) in providing services?	Observe whether the provider discuss about method of choice of family planning:			
			Advantages and disadvantages,			
			Common side effects of each method			
			Effectiveness			
			Check if MEC chart/Wheel is available			
<b>14: ADOLESCENT FRIENDLY REPRODUCTIVE HEALTH SERVICES</b>						
Provision of Adolescent	1	Does the facility provide	Check for sectional signboard showing AFRH services offered			

Friendly Reproductive Health services is according to standards.		AYFRH services?	available			
			Information posters displayed on the notice board			
	2	Does the facility have a conducive environment to provide AFRH services?	Check for the availability of conducive consultation room for AFRH services( including working room, enough benches/chairs)			
			Check for privacy ensured (audio/visual)			
			Check for convenient time allocated for the services			
			Check for availability of AFRH IEC/BCC materials for boys and girls			
			Check for availability and utilization of AFRH job aids and standards			
	3	Does the HF have trained service providers on AFRH Services?	Check if at least 2 health care providers trained on AFRH Services ( note the number)			
			Observe how the service provider interacts with adolescents.			
			Check if service provider observes the rights of the adolescent client			
			Observe at least 2 providers registering clients for			
- FP including emergency						

			contraception			
			- cPAC			
			- Condom provision			
			- STI management			
			- HIV Counselling & Testing			
			-Mental health care			
			- Substance use management			

## 15:REPRODUCTIVE CANCERS

Cervical and breast cancer screening are provided according to National guideline and SOP	Infrastructure					
	1	Does the room has facility for hand washing?	Check if the room is provided with clean running water,/ functional tap and liquid soap and alcohol hand rub and Available hand washing SOP			
	2	Is the consultation room well equipped?	Check if there are:			
			3 chairs			
			1 table			
			Examination bed with step ladder			
			Screen for privacy			
Appropriate dust bins according to IPC standards in each room						

	3	Is the waiting area conducive for the clients?	number of benches/chairs against number of clients			
			, Availability of IEC/BCC materials either visual or Audio for men and women			
	4	Does the room has essential equipment and supplies to perform cervical cancer screening by using visual inspection with acetic acid?	<b>Medical equipment and supplies</b>			
			Check for the availability and functionality of the following:			
			Gynaecological bed			
			Torch			
			Trolley			
			Cuscos speculum (small, medium and large size)			
			Bamboo stick			
			5% Acetic acid (white American garden)			
			autoclave			
			Gauze			
			Cryo tip			
			Cryotherapy machine			
Gloves						
Jick//Chlorine solution						

			Stop Watch			
			Cotton Wool			
			Spirit 70-90 %			
			Glycerine			
			2 tanks of Carbon dioxide cylinders			
	5	Does the unit has cervical cancer guideline/SOPs?	Check for the availability and accessibility of the guideline and SOP			
	6	Are the health service providers trained on cervical cancer screening?	Check for the availability of at least 2 health service providers trained on cervical cancer screening			
	7	Do health service providers have skills to conduct cervical cancer screening and interpret VIA findings?	Observe at least 2 service providers if they conduct cervical cancer screening as per standards			
	8	Does the facility provide Cryotherapy service?	Check if there are clients records in register and monthly summary forms			
	9	Does the facility provide Loop Electro-surgical Excision Procedure (LEEP)?	Review records in register and monthly summary forms for clients who received LEEP treatment			
	10	Does the facility manage clients/patients suspicious for cancer?	Observe if service providers has capacity to perform histopathology ( Check Client record)			



			Check if Histopathology results are received within two weeks from the nearest referral facility.			
			Check Records showing referrals of clients with suspect cervical cancer for the past three months available			
			Check if Partners/spouses/companion are involved in client care in all stages.			
<b>16:GBV AND VAC - ONE STOP CENTRE (OSC)</b>						
Provision of comprehensive GBV and VAC services as stipulated in the Guideline for integration and operationalization of OSC in Health facilities.	1	Is the OSC located within the facility points of entry ( e.g. OPD or Causality)	The OSC is located in the Health Facility. OSC services located at point of entry (OPD, Casualty)			
	2	Is the infrastructure conducive for GBV and VAC service provision?	The infrastructure adhered to guiding principles of care for GBV and VAC survivors			
	3	Does the facility have child-friendly environment?	Pictures, dolls, balls, swings, colours and pencils available.			
	4	Are the required number and cadre of service providers available at the OSC?	Required cadres and number (at least 1 police, 1 lawyer,1 Nurse, 1 doctor/clinician and SWO) of service providers at the OSC are availability			
	5	Have the service providers received relevant sector training for caring of GBV and VAC survivors?	At least 5 providers have received a relevant Sector training for caring of GBV and VAC Survivors.			
	6	Have the service providers received a cross sector-orientation training on OSC	At least 5 service providers have received a cross- Sector orientation			

		guideline.	training on OSC guideline			
	7	Is there a guideline for integration and operationalization of OSC in health facility?	Available guideline for integration and operationalization of OSC in Health facility.			
	8	Are relevant sectoral working tools (Forms and Registers) available at the OSC?	Available relevant sectoral working tools at the OSC  (See annexed list of relevant Sectoral working tools)			
	9	Is there a relevant sector guideline and SOP for every Staff working in One Stop Centre (OSC)?	Available relevant sector guideline			
	10	Are there meetings held periodically to strengthen service provision at the OSC?	Available minutes of meeting conducted			
	11	Is the OSC accessible to survivors on twenty four hours basis	Verify through OSC Coordinator/Management if reports are accessible on twenty four hrs. basis			
	12	Is there a Directory with a list and Contacts of Service providers/institutions providing GBV and VAC services within the region?	Presence of a directory with a list and contacts of Service providers/institutions providing GBV and VAC Services within the region.			
	13	Do the service providers provide services to GBV and VAC survivors	Check in the relevant registers/document if the service providers provides the following Services :			

			- Referral			
			- Psychosocial care and support			
			- STI management			
			- Collection of forensic evidence			
			- Injuries management			
			- Provision of Emergence Contraceptive Pills			
			- Protection and Security			
			- Court Representations			
			- Follow up care			
			- Crime Scene Investigations			
			- Arrest of the perpetrator			
			- Interrogation			
	14	Is there a sectoral specific M & E system which is operational and effective in place?	Verify by checking the sectoral specific system if it is working effectively. Check for;			
			Timeliness in reporting,			
			Completeness and Accuracy			
<b>17:NEWBORN AND CHILD HEALTH</b>						
Facility provides quality New- born and Child	1	Are the New-born/Children kept in the separate ward in District/Regional/Tertiary	Ward facilitates the stay of New- born/children and mothers/ (Bed allows the baby to stay with the			

Health services		hospitals?	mother/ washing facilities, baby mother friendly area)			
			New-born/Children are kept in a separate ward or separate area of a ward			
			There is separate ward/areas for:			
			Infectious diseases			
			Intensive care-Acute Paediatric Care (APCU)			
			Malnourished children			
			Children with diarrhoea			
			Paediatric surgical cases			
			Neonatal cases			
			Most seriously ill New-born babies are cared for in a section where they receive closest attention			
			Ward facilitates the stay of New-born babies/children and mothers			
			Bed allows the New-born baby to stay with the mother,( baby mother friendly care)			
2	Are there adequate and updated treatment guidelines?	Available, updated and well utilized paediatric related national guidelines by paediatric service provider both at OPD and IPD				

	3	Are there essential equipment and supplies?	The following essential equipment and supplies are available and functional:			
			Heat source			
			Oxygen (Oxygen cylinder/oxygen concentrator/central supply, flow-meters Equipment for its administration)			
			Paediatric bag and mask			
			Suction machine and tubes			
			Paediatric nasal gastric tube			
			Paediatric needles & syringes			
			Paediatric cannulas			
			Catheters			
			Chest tubes			
			Nebulizer machines			
			Paediatric weighing scale			
			Paediatric BP machine			
			Phototherapy machines			
			Calibrated feeding cups			
Pulse oxymeter						

			Infusion pump			
			Cardiac Fibrillator			
			HIV test kits			
			DBS test kit			
			Haemocure			
			Glucometer			
			Reagents			
	4	Are essential medicines available for clients in the ward?	Check availability of essential medicine:			
			Normal Saline 0.9% IV			
			Ringer's lactate IV			
			Diazepam 10mg Injectable			
			Phenobarbital 100mg inj			
			Ampicillin 500mg inj/Amoxicillin 250mg tablets			
			Ceftriaxone 250mg inj			
			Chloramphenicol 500mg inj			
			Ciprofloxacin 250mg tablets			
			Gentamicin 80mg inj			
			Cotrimoxazole 250mg/5ml syrup			

		(ORS-Zinc Co-pack)			
		Artemether 20mg/Lumefantrine 120mg			
		Artesunate 60mg inj			
		Quinine 600mg inj			
		Sulphadoxine/Pyrimethamine tablets			
		Mebendazole 100mg tablets			
		Paracetamol syrup/tablets			
		Paediatric ARV'S			
		Erythromycin syrup/ tablets			
		Ferrous sulphate 200mg tablets			
		Folic acid 5mg tablets			
		Nystatin 100,000IU/ml in 30ml			
		Salbutamol Nebulizer 2.5mg/ml			
		Salbutamol 4mg tablets			
		Fluconazole IV infusion 2mg/ml			
			Ketoconazole	(is it an essential medicine)	
		Vitamin A			
		Vitamin K 10mg inj			

		F75, F100, and Resomal			
		5% , 10% Dextrose			
Management of common childhood illnesses					
5	Are service providers trained (skilled) in managing common childhood illnesses? (pneumonia, Diarrhoea, fever, Anaemia, Malnutrition, HIV/AIDS)	Check if service providers are skilled in Managing: (as per IMCI guidelines) ;			
		Pneumonia,			
		Diarrhoea,			
		Fever			
		Anaemia			
		Malnutrition			
		HIV/AIDS			
		Observe at least 3 cases managed and review patient case notes. If there is no cases, interview service provider			
6	Does the ward conduct regular mortality meetings to review paediatric deaths?	Check the minutes of paediatric mortality review meetings			
7	Is the counselling, discharge and follow up done correctly?	Observe if the provider adheres to counselling procedure during discharge covering essential topics according to standards			
		Observe if father and mother are involved in counselling during			



			discharge			
			Observe if father and mother are involved during exit interview			
			Check monthly summary records showing number of clients received care in last 3- months			
<b>18:UNDERFIVE CHILDREN</b>						
Facility provides Quality services to under five Children	1	Are there adequate service provider trained to provide child growth monitoring?	Adequate number of skilled service provider trained on child growth monitoring			
	2	Are there adequate essential equipment and supplies?	Check the availability and functionality of the following equipment and supplies:			
			Examination couch			
			Torch			
			Otoscope			
			Universal weighing scales for children and mother			
			Child health booklets for a boy and girl			
			Measuring length/height boards			
			MUAC Tape			
			Stethoscopes			

		Thermometers			
		Oxygen and delivery apparatus (incl. oxygen concentrators)			
		Spatula			
<b>Immunization and Vaccine Development Services</b>					
3	Are there available service provider trained on Immunization services?	Adequate Number of skilled service provider trained on Immunization services (at least 2 health service providers)			
4	Is the vaccine storage and management done according to IVD guidelines?	Observe if vaccine refrigerator is maintained with temperature between 2 <sup>0</sup> C to 8 <sup>0</sup> C			
		The refrigerator temperature chart is filled in twice daily for the past 3 months			
		Availability and functioning of vaccine monitoring tools:			
		a) Freeze tag			
		b) Fridge tag			
		c) Thermometer			
		d) Vaccine Vial Monitor			
		Vaccines are well arranged in the refrigerator according to IVD Guidelines			

	5	Are there enough stock of vaccines, vitamin A diluents and syringes?	Check MTUHA Ledger books number 4 if there is any stock out in the past 12 months, indicating type and days of stock out			
			Polio, IPV			
			BCG			
			TT			
			PENTA (DPT-HB-Hib)			
			PCV 13			
			Rota			
			MR i.e. (Measles Rubella)			
			HPV			
			MR diluents			
			BCG diluents			
			Vitamin A 100,000IU			
			Vitamin A 200,000IU			
			AD Syringes according to IVD Guideline			
			Observe source of power			
Electricity						
Solar Power						

			Standby Generator			
	6	Is there reliable source of power for refrigerator	Availability of regular supply of LP Gas for the past 3 months			
	7	Is the immunization coverage and Vitamin A for the facility in good trend?	Current level of immunization coverage for DPT-HB-Hib3 and MR Observed			
			Routine Vitamin A coverage at 6 months provided			
			Vitamin A coverage among 12-59 age group in the most recent twice yearly event observed			
			Number of unvaccinated children calculated (compare with MTUHA Book No. 7)			
	8	Is there an active disease surveillance for measles, AFP and NNT? Outreach/mobile services?	Check for active search surveillance of the following disease( MTUHA book # 5 and admission book)s:			
			Measles			
			Acute flaccid paralysis AFP			
			Adverse Event following Immunization			
			Neonatal Tetanus-NNT			
			Check availability of standard case definition and the service provider understanding			

	9	Is the facility having the plan for outreach and mobile services?	There is the plan for outreach/mobile services				
			the plan is implemented				
	Diarrhoea Treatment Corner to under-fives (DTC)						
	10	Is there a functional Diarrhoea Treatment Corner?	Check availability of functioning DTC:				
			Equipped with table for preparation of ORS solution				
			Cupboard, bench/chair				
			ORS-Zinc Co-pack				
			Hand washing facilities ( running water and liquid soap) as per IPC Guidelines and hand washing SOP available				
			DTC register available and properly filled ( MTUHA NO. 9)				
	Care to HIV exposed infants						
	11	Are HIV exposed infants followed up properly?	Available HIV exposed infant cards				
	12	Are Dry Blood Spot (DBS) samples collected for Early infant Diagnosis?	DBS samples properly collected, stored, labelled and transported from district level to Zonal lab for DNA-PCR test				
HIV test results given to mother/father/care taker within one month from the date of DBS sample							

			collection			
	13	Are HIV exposed infants given daily NVP syrup to prevent MTCT and CPT given to prevent opportunistic Infections?	HIV exposed infants given and maintained and daily NVP syrup to prevent MTCT and Cotrimoxazole syrup given to prevent OIs (Check the MC Cohort register)			
	14	Are HIV + infants initiated on ART or linked to CTC?	HIV + infants initiated on ART or referred to CTC (Check the MC Cohort register) available and updated			
<b>19:OBSTETRICS AND GYNAECOLOGY WARD</b>						
Facility provides Quality care in obstetrics gynaecological ward	1	Does the consultation room contain enough chairs, tables and examination bed?	Available 3 chairs (1 for clinician, 1 for client, 1 for nurse), 1 table, 1 examination bed, step ladder and screen			
	2	Does the ward has enough beds in comparison with the size of the room and clients?	Available beds against number of clients: ( 1 bed per client)			
	3	Are the service provider providing service adequate per client load?	Observe/interview health providers to see whether is attending more than the recommended number of clients per day			
	4	Are the service provider providing service skilled?	Adequate number of service provider found at the time of supportive supervision/Ratio according to standards			
			Adequate number of skilled service provider providing services			

	5	Are the essential equipment available and functional?	Check for :			
			Stethoscope			
			Sphygmomanometer			
			Pinard stethoscope (foetoscope)			
			Speculum			
			Electronic foetal detector( Doplar machine)			
			Weighing scale			
			Clinical thermometer			
			Haemoque machine			
	6	Are there enough bed sheets, Insecticides treated net (ITN) and Mackintosh?	At least 6-8 bed sheets per bed, ITN and 2 mackintosh			
	7	Is the ward prepared to conduct emergency delivery?	At least 2 delivery kits available			
	8	Does the ward has resuscitation equipment and supplies?	Check for :			
			new-born ambu bag & mask			
New-born resuscitation table						
adult ambu bag & mask						
Airway						
		Injection hydralazine				

			Injection MgSO4			
			Ringer Lactate (RL)/Normal Saline(NS)			
			Water for injections			
			Lignocaine			
			Syringes 5cc,10cc, 20cc			
			penguin sucker			
			Cannula gauge 16/18, 21			
cPAC services						
9	Is the cPAC service integrated in this ward?		cPAC room available			
10	Are the cPAC equipment and supplies available?		Gynaecological bed available and covered with bed sheet and Mackintosh			
			MVA set clean and sterile (at least 2-sets)			
			Sponge holding forceps			
			Cuscos speculum (at least 3-different; sizes-small-medium-large)			
			Tenaculum			
			Overhead spotlight			
			Sterile gloves			



			Cheatle Forceps and container			
			NSAID analgesics			
			Drip stand, in RL/NS, cannula gauge 16/18, Oxytocin and Ergometrine			
			Equipment trolley			
			Sterile drapers			
			Family planning method mix			
			Decontamination facilities according to National IPC Guideline			
	11	How many cPAC clients are counselled for FP in the last 3 months?	cPAC clients counselled for FP are registered as per guidelines			
	12	How many cPAC clients received FP methods by type of method in the last 3 months?	cPAC clients received FP services are registered as per guidelines			
	13	Is the service provider in the ward adhering to elements of quality of care?	Top ten diagnosis case management protocols available			
Case files available						
Regular ward round for the patients is conducted						
Treatment chart is followed as per prescription						
Observation chart is correctly						

			recorded			
			patient are properly registered in admission book			
			Neonatal Tetanus-NNT register available			
			Check availability of standard case definition			
			Check the service providers understanding of case definition			
	14	Is the facility having the plan for outreach and mobile services?	Available plan for outreach/mobile services			
			Check if the plan is implemented			

## 20:LABORATORY SERVICES

	1	Are quality of RMNCAH services observed in the medical laboratory services?	Reproductive Maternal New-born Child and Adolescent Health ( RMNCAH) related services are provided in the medical laboratory according to laid down guidelines and standards			
			Available internal control records, and internal quality control used in all tests			
	2	Are the service providers providing service skilled and adequate per MNCAH client load?	Adequate number of service providers found at the time of supportive supervision in relation to workload			

			Available skilled service providers providing MNCAH related Laboratory services.			
	3	Is there established turnaround time for all laboratory results?	Written turnaround time in all MNCAH related service areas (wards and clinics) available			
	4	Is the quality of documentation in medical laboratory and mortuary maintained according to medical laboratory guidelines?	Availability medical laboratory records on MNCAH services clients/patients (this includes medical laboratory registers, books and forms)			
Maternal and Perinatal register available and utilized						
Available Quarterly and Annual reports.						
	5	Do copy of patient's results retained?	Patient's results are retained and accessible			
	6	Is confidentiality of RMNCAH clients and patients maintained	Observe for privacy during lab procedures			
			Evidence of controlled access to certain records			
	7	Are the essential equipment and supplies available functional and well utilized?	Check the availability and functionality of the following equipment and supplies:			
			Refrigerators			
			Haemoque and cuvette			

			Urine reagents( albumin and sugar)			
			HIV test kits			
			Syphilis Test Kits			
			DBS kits			
			CD4 machine			
			Biochemistry (Reagents and machines)			
			Malaria Rapid Diagnostic Tests(MRDT)/BS			
			Blood grouping and Rhesus Factor			
			I/V Drips, drip sets and blood giving sets			
	8	Do the procedures for ordering, receiving and issuing medical equipment and supplies adhere to national guidelines?	Proper Utilization of forms for ordering, receiving and issuing of equipment and supplies adheres to national guideline ( <i>R&amp;R, Store requisition and issue note</i> ).			

## 21: MORTUARY SERVICES

Quality of MNCAH mortuary services are available and provided according to the	1	Is the mortuary supplied with enough equipment and supplies for related services according to standards	There are enough			
			Disinfectants			
			Autopsy preservatives			
			Post Mortem kit			

needs and to the laid down <b>guidelines</b> and standards			Effective working refrigerators			
			Slab			
	2	Do mortuary attendants provide RMNCAH related services according to laid down procedures	Mortuary attendants adhere to IPC guidelines			
			Proper utilization of PPE			
			Attends regular medical check-up			
			Documents the proper data records			
3	Do mortuary register important RMNCAH Data as per guidelines	The mortuary registers properly recorded				

## 22 :PHARMACEUTICAL SERVICES

Essential Medicines equipment and Medical supplies are managed according to the laid down guidelines and procedure	1	Does the health facility has skilled service provider to manage pharmaceutical products, supplies and medicines	Ask hospital manager the presence of skilled service provider for managing pharmaceutical products, supplies and medicines			
	2	Is there any stock out for RMNCAH commodities?	Check for availability of RMNCAH commodities /Implants in the pharmacy			
			Emergency contraceptives			
			Oxytocin 10IU/ml inj			
			Misoprostol 200mcg tablets			
			Magnesium sulphate 50% inj			

			Injection Ampicillin 500mg			
			Injection Ceftriaxone 1g			
			Injection Gentamycin 80mg			
			Antenatal Corticosteroid (ACS)			
			Chlorhexidine gluconate (disinfectant)			
			Resuscitation equipment			
			Amoxicillin 250mg tablets/capsule			
			I/V Drips, drip sets and blood giving sets			
			Oral Rehydration salts (ORS)			
			ORS-Zinc co pack			
			IUCD copper T			
			Cycle beads			
			Male condom			
			Female condom			
			Implants			
			COCS and POPS pills			
			Depo provera injection			
			Ergometrine injection			

			FEFOL			
			Mebendazole			
			Vitamin A			
			Antimalarial			
			Review documents and enquire if any stock out for the last three months			
			Check the minutes and decisions of Hospital Management Team meeting for planning and budgeting of RMNCAH related medicines and supplies			
	3	Do the procedures for ordering, receiving, storage and issuing medicines and medical supplies adhere to national guidelines?	Presence of relevant document used for ordering, receiving, issuing and verifying RMNCAH related medicines, medical supplies and finances ( <i>MSD sales Invoices, Statement of account, Copy of ordered medicines, delivery note, claims forms etc.</i> ).			
			Check presence of temperature control equipment (Air Conditioner, Refrigerators, wall thermometer)			
			Check availability of shelves and pallets with enough space			
			Check if the utilization of forms for ordering receiving and issuing of medicines and supplies adhere to			

			national guidelines (R&R, Store Requisition and Issue Notes)			
<b>23:GENERAL FACILITY STORE</b>						
Essential Medical equipment and supplies for RMNCAH are managed according to the laid down guidelines and procedure	1	Does the health facility has skilled service provider to manage equipment and supplies for MNCAH services?	Ask hospital manager the presence of skilled service provider for managing pharmaceutical products, supplies and medicines			
	2	Is there any stock out for MNCH commodities?	Check for availability of MNCAH equipment and supplies			
			FP commodities			
			Bed sheets, draw sheets, mackintosh			
			Towels			
			PPE (Gloves, Boots, masks, Aprons)			
			Safety boxes			
			Waste bins			
			Resuscitation equipment			
			Liquid Soap for hand hygiene, detergents			
			Decontamination buckets			
Stationeries, (maternal and Neonatal cards, registers, HMIS books, partograph, Tally sheets, Birth and						



			death registers)			
			Catheters			
			Computer			
			Diagnostic equipment and supplies			
			Utensils			
	3	Do the procedures for ordering, receiving storage and issuing medical equipment and supplies adhere to national guidelines?	Check if the utilization of forms for ordering, receiving, storage and issuing of equipment and supplies adheres to national guideline ( <i>R&amp;R, Store requisition and issue note</i> ).			
			Bin card available and utilized			
<b>24:LAUNDRY SERVICES</b>						
The facility provides quality laundry services	1	Does the facility has functional laundry services?	Available laundry building according to IPC guidelines.			
			Check if there is water supply			
			Functional drainage systems			
			Check if there is adequate space for drying/hanging clothes, natural and artificial lighting			
	2	Is the laundry equipped with appropriate equipment and supplies according to the IPC standard?	The laundry is appropriately equipped according to IPC standards:			
		- Functional laundry machines				

			- Driers			
			- Appropriate Personal Protective Equipment			
			- Detergents, disinfectants and antiseptics			
	3	Do laundry attendants provide laundry services according to the National IPC guidelines?	Observe and verify if the Laundry attendants adhere to IPC guidelines such as hand washing practices, wearing PPE, and the proper data records			

### 25:X-RAY SERVICES

X-Ray and Ultrasound services available in the facility	1	Is there adequate working equipment	Availability of adequate and functioning equipment for ultrasound, x-ray investigations and filming process			
	2	Are RMNCAH related ultrasound provided according to the need	RMNCAH related X-rays and ultrasound are provided 24 hrs. and emergency services within 30 minutes of request ,( working schedule displayed in an easily accessed area)			
	3	Is there proper documentation of RMNCAH related results in the department	Availability of updated examination books and reports of RMNCAH related examinations.			

### 26:REFERRAL SYSTEM

Facility provides of Quality	1	Does the facility has a functional ambulance?	Availability of functional ambulance.			
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Referral services for RMNCAH cases according to referral system	2	Is there a communication system at all levels?	Availability of functional mobile phone			
	3	Are there emergency medicine, equipment and supplies in the ambulance?	Availability of the following essential equipment, medicine and supplies			
			White bed sheets			
			Mackintosh			
			Delivery kit			
			Foot pump sucker			
			Fluid giving sets			
			Cannula gauge 16/18			
			Adult/new-born ambu bag and mask			
			Thermometer			
			Water for injection			
			Syringes			
			Injection Oxytocin 10IU or Ergometrine 0.5mg/ml			
			Lignocaine 2%			
			Normal Saline 0.9% IV			
Ringer Lactate						
Plaster and swabs						

			Diazepam 10mg injection			
			Ampicillin 500mg injection			
			Magnesium Sulphate 50%			
			5%, 10% dextrose			
			Salbutamol Nebulizer 2.5mg/ml			
			Adrenaline injection 1mg/ml inj			
			Hydrocortisone 100mg injection			
			Penguin sucker			
			Surgical gloves			
			PPE			
			Antiseptic and Disinfectant			
			Safety box			
			IPC equipment			
			Tetracycline eye ointment			
			Stethoscopes			
			Sphygmomanometer			
			Foetoscope			
	4	Is there a Trained staff in CEmONC?	At least 2 staff trained in CEmONC			

	5	Are supporting staff oriented on emergence preparedness?	At least 2 supporting staff oriented on emergence preparedness			
	6	Does referral system exist?	Availability of referral forms			
			Availability of referral records in HMIS register no. 12			
			Verify if in the last 3 months there were referral cases			
		Check records for feedback reports of referrals				
<b>27:HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) (MTUHA)</b>						
Health facility has HMIS tools for capturing service provision data to facilitate planning, monitoring and evaluation of health intervention	1	Are OPD cards/files and IPD cards available at medical records department?	Presence of OPD cards or files and IPD files at the medical records department/unit			
	2	What tools does health facility use to document OPD, In-Patients, RMNCH and Laboratory Services?	Presence of tools for documenting OPD, In-Patients, RMNCH and Laboratory (e.g. HMIS Tools, electronic e.g. DHIS 2,)			
	3	Are all HMIS registers, Tally Sheet and monthly summary forms for RMNCH service available?	Availability of all HMIS registers, Tally sheets, Monthly Summary forms and client cards			
		4	Are all HMIS registers, Tally Sheet and monthly summary forms for RMNCH service are correctly filled?	Verify whether the following are correctly filled and compiled according to HMIS guidelines for the past three months:		
			a) HMIS Register			

			b) Tally Sheet			
			c) Monthly summary forms			
			d) HMIS book 2			
	5	Are HMIS monthly summary forms timely filled (by 7th day of the next month)?	HMIS monthly summary report timely filled (check date of filling on the copy of the form)			
	6	Are RMNCH related performance outputs recorded in HMIS book 2?	RMNCH related performance outputs recorded in HMIS book 2 for the past three months			
	7	Are service providers trained on HMIS?	Check number of service providers trained on HMIS For Hospitals 20 and above staff			
	8	Does the facility use disaggregated HMIS Data for planning and decision making?	Minutes of Hospital Management Team meetings to determine if health data are used for decision making, planning and resource allocation are available			
In charge and Health Service providers from their specific departments/ service area/facility (e.g. labour ward, ANC) can interpret and use data for decision making						
Check if targets and key indicators are well known by all health service providers Check for the availability of data management and visualization (graphs, charts etc.)						
			Minutes of MPDSR meeting for the			

			last 3 months are available			
	9	Does Health facility conduct Maternal and Perinatal Death Surveillance and Response (MPDSR)	The trends of the following are available:			
			Stillbirths			
			Early neonatal death			
			Maternal Death			
			Available key intervention which resulted from MDSR			

**ANNEX 5: FACILITY ASSESSMENT CHECKLISTS: HEALTH CENTER**

STANDARD	NO	INDICATOR QUESTION	VERIFICATION CRITERIA	RATING	REMARKS	SCORE



**ANNEX 6: FACILITY ASSESSMENT CHECKLISTS: DISPENSARY**

<b>STANDARD</b>	<b>NO</b>	<b>INDICATOR QUESTION</b>	<b>VERIFICATION CRITERIA</b>	<b>RATING</b>	<b>REMARKS</b>	<b>SCORE</b>

## ANNEX 7: LIST OF CONTRIBUTORS