Essential Services for Health in Ethiopia

GUIDELINES FOR SUPPORTIVE SUPERVISION IN THE HEALTH SECTOR

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PREFACE

This "Guidelines for Supportive Supervision in the Health Sector" is a major component of Health Systems Performance Improvement interventions package of Essential Services for Health in Ethiopia (ESHE Project). This package consists of Management performance and service Delivery Standards, Training Materials in supportive Supervision Model, Integrated Supervisory checklists, Guidelines for performance review Meetings, Training Materials and Reference Guidelines for Health Management Information System (HMIS) data use for decision-making (HMIS/DDM).

The National Health Policy stipulates that Ministry of Health shoulders the government's commitment in providing quality Basic Health Services. In providing basic health services, supervision is a key component of the strategy that the MoH uses, among others. Management performance standards and supportive supervision package are derived from the stated mandate of the Ministry of Health and its structures to fulfill the stated goals and commitments of the government of Ethiopia for improved Health of its population.

Supervision of health services and programs is not a new phenomenon for health system in Ethiopia. However, the existing supervisory practices have been ineffective in improving performance of staff to be supervised. Researches and practical applications of supportive supervision model around the world revealed that the later approach is superior to the existing practices and improves Health Systems performance tremendously. Therefore, this guideline is developed to facilitate implementation of integrated supportive supervision in the health system.

The Guidelines cover the main levels of health services delivery chain i.e. Health Center, Health Posts, hospitals, Woreda and zonal health departments/offices. The following major issues are addressed in thin guideline document: rationale and underlying principles of supportive supervision, steps and processes of conducting of supportive supervision, institutional or structural levels and responsibilities for supportive supervision, performance Standards for health post, health center, Woreda Health Office (WorHO), Zonal Health Department/Office and Regional Bureau , and integrated supervisory checklists (ISCLs) to health post, health center, Woreda Health Office (WorHO), Zonal Health Department/Office.

The guideline has been developed in collaboration with and based on rich experiences and inputs from Oromia, Southern Nations, Nationalities and Peoples (SNNP) and Amhara Regions with aim of providing a reference manual for the levels implementing supportive supervision for improving quality and coverage of health services and programs: the levels from Regional Health Bureau to health facilities. Reviewing existing practices, wide and extensive consultations with various technical programs, participants of supervisory course (training), regional Health Bureau managers and experts, national staff of ESHE project and international technical experts were the milestones in the process. Moreover, draft guidelines have been utilized by various supervisory levels of the health system that provided valuable inputs for revision and finalization of the document.

Finally, we hope this guideline apply to all levels of the health services delivery and management chains and should become an effective tool for ensuring adherence to performance standards and improving quality of services provided on the continuous and sustainable bases.

CHAPTER 1: INTRODUCTION

1.1. What is Supervision?

Every staff member in an organization has responsibility for supervision. We should all 'supervise' our own work and try to make sure that we are doing what is expected of us in the correct way. Within the Government health services, we all have a responsibility for 'supervising' the work that we do as teams, looking for ways to improve out team's performance and to ensure that our team is giving the best possible service to the public. Some of you may be directly responsible for supervising the work of others; you may be the Head of an office or health facility and are therefore responsible for ensuring that this office or facility is performing as well as possible. Or, as a member of a Woreda Health Office, for example, you are responsible for supervising the work of the health facilities within your Woreda.

Supervision is *the process of guiding, helping and encouraging staff to improve their performance so that they meet the defined standards of their organization.*

The important factors in this definition are as follows:

1. Supervision is a *"process"*. It is not a one-time event, but is a connected series of events over a period of time.

2. Supervision involves *"guiding, helping and encouraging staff"*. This recognizes that the only way of improving staff performance over the long term is to promote in them the wish to perform well (the motivation to perform well) and to give them guidance and help to perform well.

3. Supervision involves helping staff to improve their performance *"so that they meet the defined standards of their employer."* There are standards for service delivery, such as the EPI guidelines .There are also standards for managers at each level. These standards define *how* work is to be done and *when* it should be done.

1.2. Historical Problems with Supervision in the Ministry of Health

Baseline surveys conducted in the SNNP, Oromia and Amhara during 2004 revealed several shortcomings with supervision at that time. These findings were confirmed by participant surveys conducted during supervision trainings in each of the three regions. The problems identified were as follows:

- Supervision was generally not planned and supervisory visit schedules were not communicated to the organizations to be supervised.
- Supervision was generally vertical. For example, an MCH Coordinator would only review MCH issues; an HIV/AIDS Coordinator would only review HIV/AIDS issues, etc.

- There was little or no sharing of the findings of supervision with other program supervisors after a field visit.
- Supervision findings were often not documented and there was often no written feedback given to the facilities that had been supervised.
- Supervision tended to be focused on fault finding and criticism, rather than on support.
- The facility being supervised was rarely involved in deciding necessary follow-up actions. This affected the motivation of those supervised for implementation of the actions.

1.3. Evolution of Supervision in the Health System

Views about effective supervision, like other areas of management, have changed over the years. Traditionally, supervision was seen as an inspection of what a supervisee was doing and it was carried out by a "designated supervisor", usually a senior staff member working at a higher level of the health system.

In traditional supervision, a supervisor came in and went out quickly, and talked at the staff being supervised rather than talked with them. Under this approach, supervision focused on auditing to identify what had not been accomplished. This type of supervision was criticized for lacking a number of essential elements that would help staff at the supervisee level to improve their performance, and experience showed that traditional supervision had little positive impact on sustainable improvement in the performance of health workers.

In contrast, supportive supervision (or facilitative supervision) emphasizes mentoring, joint problem solving and two-way communication between supervisors and those being supervised. Key differences between traditional and supportive supervision are summarized in the table below.

Table 1: Comparison of Traditional and Supportive Supervision

Action	Traditional supervision	Supportive Supervision
Who does supervision?	▪ External supervisors designated by the management structure	▪ External supervisors designated by the management structure ▪ Staff from other facilities (peer reviews) ▪ Colleagues from the same facility ▪ Staff through self-assessment ▪ Community Health Committee
When does supervision happen?	▪ During periodic visits by external supervisors	▪ Continuously: during routine work ▪ During team meetings ▪ Confirmation visits by external supervisor
How do supervisors	▪ Little or no preparation	▪ Supervisors review previous supervisory reports

prepare?		- Supervisors review reported achievements - Supervisors decide before the supervision visit on what they need to focus on
What happens during supervision?	- Inspection of facility - Review of records & supplies - Focus on fault finding - Little feedback or discussion of supervisor observations - Supervisors make most decisions	- Observation of performance and comparison to standards - Immediate feedback from supervisor - Joint problem solving on possible solutions to performance problems - Provision of technical updates and guidance - On-the-job training where necessary - Use of data to help identify opportunities for improvement - Follow up on the previously identified problems
What happens after supervision?	No or irregular follow up	- Actions and discussions are recorded; - Ongoing monitoring of weak areas and improvements - Follow up on prior visits and problems

Adapted from "Guidelines for Implementing Supportive Supervision. PATH 2003

1.4. Purpose of these Guidelines

This Guide is intended to assist both supervisors and staff to understand the purpose of supervision and to provide simple guidelines for how to make supervision as effective as possible.

It is organized to provide step-by-step guidance for how to prepare for, conduct, report on, and then follow-up supervision. It contains all the supervisory tools developed for use by government health offices and facilities, together with guidance on how to use these tools. Finally, it contains copies of all the Management Standards.

CHAPTER 2: SUPERVISION IN THE MINISTRY OF HEALTH

2.1. The Supervision System in the Ministry of Heath

The framework for the supervision system in the MOH is shown in Figure 1.

Figure 1: Framework for the MOH Supervision System

Inputs	Process	Outcomes
■ Supervisors ■ Supervisees ■ Vehicles/fuel ■ Drivers ■ Guidelines ■ Instruments/ Checklists ■ Stationary ■ Travel allowances	■ Planning/scheduling ■ Communications of schedule ■ Budgeting ■ Preparations ■ Supervision visit: - Direct observation of care - Interviews - Inspection of facility - Feedback - Problem-solving - Coaching (on the job training) - Joint problem solving ■ Reporting ■ Follow up	**Direct Outcomes** ■ Improved health worker skills ■ Improved compliance with standards (clinical and management performance standards) ■ Improved efficiency of care ■ Improved health worker motivation/satisfaction **Indirect Outcomes** ■ Improved patient safety ■ Improved patients' satisfaction with care ■ Increased utilization of health services

The National Health Policy stipulates a four tier health service delivery system with decentralized governance. This results in the supervisory structure as shown in Figure 2.

Figure 2: Supervisory Structure and levels in the Ministry
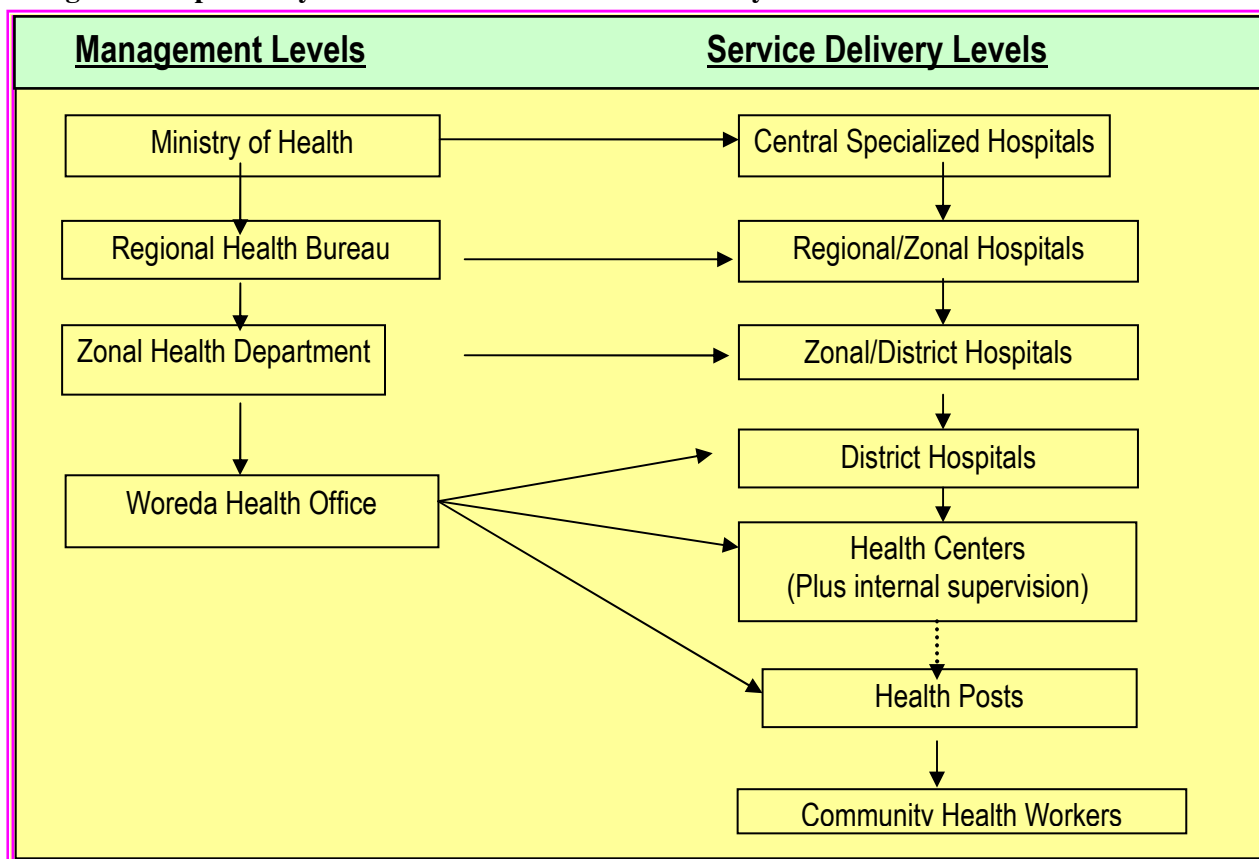
Figure 2 indicates that, down to the Woreda Health Office, each level is directly responsible for supervision of the level directly below. "Supervision" means the regular visiting, performance monitoring and support of a facility. Outside of regular supervision, a higher level always has the right to visit a facility to confirm the supervisory reports they are receiving, but this is a sporadic check – not regular supervision.

Despite the structure shown in Figure 2, there are at present different interpretations of the supervisory responsibilities of the Woreda Health Office. In some regions, the Woreda Health Office has responsibility for supervision of health posts; in others, the Woreda Health Office and the health centers share responsibility for the supervision of the health posts. As the number of health posts increases, it is clear that health centers will have to contribute to the task of health post supervision and support.

In relation to hospitals, Figure 2 indicates that both the Regional Health Bureaus and the Zonal Health Departments are responsible for the supervision of Zonal Hospitals. This is

due to the fact that where a Zonal Hospital treats patients from outside its Zone, the Regional Health Bureau takes responsibility for its supervision. Similarly, where a District Hospital serves patients from outside the Woreda, the Zonal Health Department will take responsibility for its supervision.

2.2. Types of Supervision

Generally, supportive supervision takes one of the three forms: integrated supportive supervision focused technical supervision[1] and emergency technical support (supervision).

Integrated Supportive Supervision

Integrated supportive supervision is the periodic assessment of **all** the activities for which a particular facility is responsible. Whilst not all activities can be supervised at one time, in the course of one year, every activity should have been supervised at least once.

Integrated supervision is most effectively carried out by a multi-disciplinary team which has expertise in clinical, public health, administration and finance. Integrated supervision allows for the sharing of scarce resources (e.g. vehicles) to support a wide range of activities. It also enables the different supervisors themselves to develop a broad understanding of all the different programs and to be able to offer integrated guidance.

During an integrated supervision visit, problems may be found that cannot be dealt with during the current visit. This may be due to inadequate time, lack of the necessary expertise or lack of the necessary equipment or tools required to deal with the problem. In these cases, the supervision team will need to report back to their management committee and seek the necessary experts or specialists to return to the facility to provide technical support.

Program-Specific (Technical) Supportive Supervision

Specific programs may require that supervision specific to their program be carried out. For example, the communicable disease control officer at a Woreda Health Office may be required to conduct supervision of the health facilities in the Woreda to follow up on malaria activities specifically. In other instances, as described above, a need for program specific technical support may be identified during an integrated supervision visit to a facility. In these cases, one or more specialists in the program in question can be sent to supervise program implementation and to offer expert guidance. Program specific supervision may also be provided in response to a request from the facility itself.

Program-specific technical supervision can provide needed specialist support, however its use should be carefully controlled since there is the danger that supervision reverts to parallel, non-integrated efforts which lead to duplication of effort and waste of scarce resources.
Emergency Technical Support

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[1] Adapted from Ministry of Health/ the Republic of Uganda (2000): <u>National Supervision Guidelines for Health Services</u> Department of Quality assurance

Supervisors may be required to provide support in the case of emergencies such as an outbreak or any disaster.

2.3. Key Elements of Effective Supervision

For a supervision system to be effective, there are a number of elements that need to be present, as summarized below.

1. **Management Commitment:** Managers must be committed to supervision. If managers do not demonstrate that they believe that supervision is important and are committed to ensuring that it is carried out as intended, and then staff will recognize this and will not take supervision seriously.

2. **Standards of Performance:** There must be documented and well known standards of expected performance (The standards are the baseline against which to measure actual performance).

3. **Planning for Supervision:** Advance planning is needed before supervision is done to allow for proper preparation and to ensure that all key individuals are present and well informed.

4. **Preparation for Supervision:** Careful preparation needs to be carried out by both supervisors and supervisees before supervision takes place.

5. **Stakeholder Involvement:** Supervision should involve as many of the key members of staff at the facility or office being supervised, preferably in the same room together to ensure wide involvement, good understanding of the issues being discussed and commitment to the results.

6. **Supervisory tools:** Use of a supervisory tool such as a checklist helps to ensure that all key areas are covered. It also provides a record of the findings (for both sides).

7. **Documentation of Supervisory Findings:** The results of the supervision and agreements reached on what both the supervisors and the staff should do in the future to improve performance should be documented so that everyone remembers what actions have been agreed and progress can be reviewed during the next supervision.

8. **Preparation of an Action Plan:** A key part of supervision is the agreement of the supervisors and supervisees to a follow-up action plan which lays out how the issues identified during the supervision are to be addressed by both parties.

9. **Sharing of Supervision Findings:** The results of the supervision should be shared with all key officers from the office that conducted the supervision and from the site which was supervised. This helps to ensure that all staff are aware of the results and of the actions that need to be taken.

10. **Self Assessment:** Improved performance can only be sustained when sites take responsibility themselves for their own performance. Using the same tools as used by their external supervisors, individual sites should conduct self-assessments to determine the extent to which they are achieving the expected standards of performance.

CHAPTER 3: SUPERVISION OF MANAGEMENT LEVELS

3.1. Introduction

As shown in Figure 2, the term "Management level" includes the Ministry of Health (MoH), Regional Health Bureaus (RHBs), Zonal Health Departments/Offices (ZHDs) and Woreda Health Offices (WorHOs). These Guidelines focus on supervision below the Ministry of Health.

3.2. Objectives

The objectives for the supervision of management levels are:

- To ensure that MoH/RHB policies and guidelines have been disseminated to the Zonal Departments and Woreda Health Offices and are incorporated into health plans at each level.
- To confirm and support compliance with the health system management and service delivery standards
- To support the formulation and implementation of relevant local policies and strategies for disease prevention and health promotion.
- To review the general state of health services coverage and quality and to assist in the formulation of plans and strategies for improvement.
- To promote effective coordination and collaboration between governments, private and non-governmental health care providers.
- Through guidance and support, to build local capacity for health services management, including providing a role model for supportive supervision.

3.3. The Schedule for Supervision

Integrated supportive supervision should be conducted every three months (quarterly) from RHB ➔ ZHD/O and ZHD/O ➔ WorHO.

Integrated supportive supervision should be conducted by a multi-disciplinary team of technical and administration (management) staff.. Each supportive supervision visit may last for up to one day.

3.4. Implementation Steps

STEP 1: PLANNING

Each management level should develop an annual plan and budget for its supervision of the lower levels for which they are responsible. This planning should cover both integrated and technical supervision requirements. This supervision schedule should be

communicated to the level below so that it can take this into consideration when developing its own work plan.

STEP 2: PREPARING FOR SUPERVISION

Supervisor Preparation

For supervision to be properly targeted at areas of need, supervisors should prepare for supervision by:

- Reviewing HMIS reports of the office to be supervised for the last 6 months and compare achievements with its annual targets to identify any performance gaps which will need to be followed up during the supervision visit.

- Checking with other departments to see if there are other issues that they would like to have followed up during the supervision.

- Reviewing the completed supervisory checklist from the last supervisory visit together with the feedback report sent back to the office and the agreed follow up Action Plan.

- Based on the review of the items above, the supervisory team should agree on the priority areas that should be followed up during the planned supervision.

- The supervisory team should make the following arrangements in advance of the supervision:
  - ➢ Ensure that they have sufficient copies of the Integrated Supervisory Checklists for the office and health facilities they are going to visit for each member of the supervisory team, plus some spare copies for the office or health facility to be visited.
  - ➢ The necessary transport should be organized.
  - ➢ If any allowances are due to the officers who will conduct the supervision, the necessary arrangements need to be made for them to receive these allowances.

Supervisee Preparation

The staff of the office to be supervised should also prepare for the planned supervision visit by:

- Reviewing their HMIS reports for the current year, the progress achieved towards their annual service delivery targets, and the actions they have taken when performance has been faltering.

- Reviewing the previous supervisory report and associated action plan which were completed during the previous supervision visit.

- Checking on whether they have completed the items that were documented in the last action plan.

- Conducting a self-assessment if this has not been done since the last supervisory visit and taking any necessary actions to tackle deficiencies identified. (See box below)

- Make arrangements to ensure that all key officers will be present for the supervisory visit.

Figure 3: Self Assessment

Self assessment is where the staff of a particular institution carry out their own assessment of their performance and the status of their facility and decide themselves on the actions that they need to take to make improvements. Involving health workers at all levels in the supervisory process will ensure that the process becomes more participative, thus promoting health worker commitment to quality improvement. It is expected that at a minimum each office and health facility should have conducted a self-assessment at least one week before a supervisory visit from the level above is to be done.

In conducting a self assessment, the office or health facility team should do the following:

a) Use the Integrated Supervisory Checklist to assess current performance status with the involvement of as many staff as possible.

b) Review the report and the associated follow-up action plan of the previous supervisory visit to check whether the agreed action points have been carried out by both the level above and the facility itself, and to identify those that still need to be acted upon.

c) Review the annual plan to identify level of implementation against what should have been implemented.

d) Prepare a summary report of findings indicating where the office or health facility is doing well, what constraints have been experienced during the period under review and where there is need for improvement and further support.

STEP 3: CONDUCTING SUPPORTIVE SUPERVISION

Effective Behaviors for Encouraging Performance Improvement

Figure 4: Appropriate Behaviors for Supervision

- Supervision should always be facilitative, not fault-finding.
- Always praise work well done before raising problems.
- If you see a problem, check to see if the supervisee sees the same problem. If he does not, this gives the supervisor one "clue" as to what is causing the poor performance.
- Where there is a problem, analyze the problem with the supervisee to gain a good understanding of what has been causing the problem, otherwise you could try the wrong solution.
- Once you believe that you know the causes of the problem, try to get the supervisee to suggest possible solutions, since a person is more likely to accept ideas that they have thought of themselves.

Behaviors that are helpful in gaining the commitment of those being supervised to make efforts to improve their performance are given in

the box alongside.

STEP 4: STARTING THE SUPERVISION

The supervisory team should arrive at the office to be supervised as scheduled and on time. The visit should start with introductions, including descriptions of each person's position and responsibilities.

The supervisory team should explain the objectives of the visit and agree how the supervision will proceed. The time required for interviews, record review, discussion and action planning should be set at this stage.

The supervisors should ensure that the supervisees have a copy of the ISCL and then both teams should complete the identification section of the checklist.

Figure 5: Starting the Supervision

1. Supervisors & supervisees to introduce themselves and their responsibilities.
2. Review objectives of the visit.
3. Agree a plan for the visit's activities.
4. Ensure everyone has a copy of the ISCL.
5. Complete the identification section of the ISCL.

STEP 5: FOLLOW-UP OF ISSUES FROM PREVIOUS SUPERVISION

There should be a joint review of the findings of the last supervisory visit and the resulting Action Plan that was developed so that the supervisees can explain the actions they have taken. If the facility being supervised has conducted a self-assessment since the last supervisory visit, then the results of this assessment and the actions taken should also be reviewed.

STEP 6: REVIEW OF PROGRESS IN PLAN IMPLEMENTATION

Both teams should spend a little time reviewing the progress of the Zone or the Woreda against the targets set in their annual plan. This will provide the supervisory team with the overall performance of the office being supervised.

STEP 7: INTERVIEWS AND RECORD REVIEWS

This stage involves the completion of the ISCL and should last about 2 ½ hours.

All questions on the checklist should be completed and the supervisors should make notes in the comments column to ensure that the reasons for the assessments made can be referenced in the future. Both supervisor and supervisee should complete the checklist

Before making a judgment on each item on the checklist, the supervisor should verify the situation by reviewing relevant records or documents.

If a scored ISCL is being used, at the end of completing each section of the checklist, the supervisor should add up the total scores assigned and calculate the percentage performance achievement.

STEP 8: PROBLEM-SOLVING AND ACTION PLANNNING

This stage usually takes between 2 – 3 hours as it involves a lot of discussion and consensus building.

- The supervisor/s and the supervisee should jointly identify problems.
- They should prioritize problems by using the criteria of **magnitude** of the problem, the **impact** of the problem on health services, the **feasibility** of solving the problem, and the **resource** needed to solve the problem.
- They should jointly analyze priority problems to determine the underlying causes (see the box below for an example). If this is not done, then the wrong solution may be identified to solve a problem.
- They should jointly identify appropriate solutions to the problems, remembering that both the supervisors and the supervisees may need to contribute to the solution.

Figure 6: Example of Problem Analysis

Problem	But Why? Underlying Cause	But Why? Underlying Cause	Appropriate Solutions
HC staff are not supervising the nearby health posts	Supervision of HPs is not seen as a priority by the Head of the HC	The Head has not been briefed on the HC responsibilities for supervision.	The WorHO should brief all HC heads on their supervision responsibilities.
		HC staff have not been trained in supervision.	The WorHO to ask the Zonal HD to do training.
	Little transport available at the HC for supervision	Supervision is not seen as a priority for use of the motorbike.	The WorHO should brief all HC heads on their supervision responsibilities.
	Low budget for paying allowances	The HC did not plan or budget for supervision.	The HC must plan & budget for supervision next year.

Once all priority problems have been analyzed, the supervisor/s and supervisees should jointly complete a follow-up action plan, detailing who is going to do what and by when in order to fix the problems identified. Each party should prepare a copy of the action plan, both copies should be signed by each team and each team will keep a copy as a record for future reference.

STEP 9: RECORDING AND REPORTING THE SUPERVISORY FINDINGS

Supervisor Level

As part of the supervision process, the supervisors should be giving immediate feedback to the staff of the facility as well as helping the facility to develop a follow-up action plan to address any shortcomings that are identified. In addition, the supervisors should enter a brief summary of their findings and recommendations into the "Supervision Report Book" at the facility (see *Annex 6.1. for the format for this book*).

Within 3 days of completing a supervisory visit, the supervisor/s should complete a short report of the findings of the supervision. This report should highlight any special achievements and/or problems found and a copy of the agreed follow-up action plan should be attached..

This report should be sent to the facility that was supervised as documentary feedback. The report should also be presented at the next management meeting so that all officers at the supervisory level are given feedback on the findings and agreed follow-up actions.

Supervisee Level

The site that has been supervised should ensure that the supervisors write a brief summary of their findings and recommendations in the facility's "Supervision Report Book".

In addition, the completed ISCL and the associated follow-up action plan should be filed at the facility for future reference.

Members of the facility management committee and other staff who were not able to present during the supervision should be briefed on the findings and the agreed follow-up action plan so that all members are made aware of what needs to be done.

STEP 10: FOLLOW UP AFTER SUPPORTIVE SUPERVISION

The follow-up action plan agreed during the supervision will contain actions that the supervisee level and, perhaps, the supervisory level, have agreed to implement. After the supervision, both levels should ensure that they review the action plan to ensure that all their obligations are fulfilled.

Following supervision is may be identified that some actions need to be taken at the supervisory level. The supervisory level should decide up on the frequency of follow up between the next formal supervision. On the other hand, supervisee level should share supervisory findings at its levels and determine to do a self assessment, using the ISCL, so that they could monitor and improve their own performance.

CHAPTER 4: SUPERVISION OF SERVICE DELIVERY LEVELS

4.1. Introduction

Figure 2 shows that service delivery levels in the Ministry of Health include hospitals, health centers, health posts and communities.

Supervision of service delivery levels is particularly important because this is where services are provided to the public and the Ministry of Health has a responsibility to ensure that these services are of acceptable quality. In addition, where health facilities are in remote locations, the contact between the supervisors and service providers is particularly important for staff encouragement and motivation.

These Guidelines focus on the supervision of the primary health care units supervised by the Woreda Health Offices.

4.2. Objectives

The aim of supervision at this level is to promote compliance with service delivery standards and guidelines among health care providers and hence improvements in the quality of health care provided.

The objectives of supervision to service delivery levels are as follows:

- To confirm and support compliance with the health system management and service delivery standards.
- To assist staff to provide improved health promotive and preventive services
- To review the general state of health services coverage and quality and to assist in the formulation of plans and strategies for improvement.
- Through guidance, support and on-the-job training, to build local capacity for self-assessment of service quality, problem-solving, solution-finding and solution implementation aimed at improving the quality of preventive, promotive and curative service provision.

4.3. The Schedule for Supervision

Integrated supportive supervision should be conducted every three months (quarterly) to each of the health centers and health posts in the Woreda. Depending on local decisions, responsibility for the supervision of the health posts may be shared between the Woreda Health Office and nearby health centers. Woreda Health Offices should take advantage of required visits to health facilities for matters other than supervision to conduct supervision.

Ideally, integrated supportive supervision should be conducted by a multi-disciplinary team of technical and administration (management) staff. Each supportive supervision visit to a health center may take 6 - 8 hours and each supportive supervision visit to a health post 2 – 4 hours.

4.4. Implementation Steps

STEP 1: PLANNING FOR SUPERVISION

The Woreda Health Office should develop an annual plan and budget for its supervision of its health centers and health posts. This planning should cover both integrated and technical supervision requirements. This supervision schedule should be communicated to the health facilities so that they can take this into consideration when developing their own work plans. If health centers are given responsibility for the supervision of nearby health posts, then the health centers themselves need to develop an annual; plan and budget for the supervision of the health posts it is responsible for.

STEP 2: PREPARING FOR SUPERVISION

Supervisor Preparation

For supervision to be properly targeted at areas of need, supervisors should prepare for supervision by:

- Reviewing HMIS reports of the facility to be supervised for the last 6 months and compare achievements with its annual targets to identify any performance gaps which will need to be followed up during the supervision visit. The team can review this with members of the HMIS review team/committee.
- Checking with other departments or units at the WorHO to see if there are issues that they would like to have followed up during the supervision.
- Reviewing the completed supervisory checklist from the last supervisory visit together with the feedback report sent back to the facility and the agreed follow up Action Plan.
- Based on the review of the items above, the supervisory team should agree on the priority areas that should be followed up during the planned supervision.
- The supervisory team should make the following arrangements in advance of the supervision:
  - ➢ Ensure that they have sufficient copies of the Integrated Supervisory Checklists for the health facilities they are going to visit for each member of the supervisory team, plus some spare copies for the health facility staff..
  - ➢ The necessary transport should be organized.
  - ➢ If any allowances are due to the officers who will conduct the supervision, the necessary arrangements need to be made for them to receive these allowances.

Supervisee Preparation

The staff of the facility to be supervised should also prepare for the planned supervision visit by:

- Reviewing their HMIS reports for the current year, the progress achieved towards their annual service delivery targets, and the actions they have taken when performance has been faltering.

- Reviewing the previous supervisory report and associated action plan which were completed during the previous supervision visit.

- Checking on whether they have completed the items that were documented in the last action plan.

- Conducting a self-assessment if this has not been done since the last supervisory visit and taking any necessary actions to tackle deficiencies identified. (See box below)

- Make arrangements to ensure that all key officers will be present for the supervisory visit.

Figure 7: Self Assessment at Health Facilities

Self assessment is where the staff of a particular institution carry out their own assessment of their performance and the status of their facility and decide themselves on the actions that they need to take to make improvements. Involving health workers at all levels in the supervisory process will ensure that the process becomes more participative, thus promoting health worker commitment to quality improvement. It is expected that at a minimum each office and health facility should have conducted a self-assessment at least one week before a supervisory visit from the level above is to be done.

In conducting a self assessment, the office or health facility team should do the following:

a) Use the Integrated Supervisory Checklist to assess current performance status with the involvement of as many staff as possible.

b) Review the report and the associated follow-up action plan of the previous supervisory visit to check whether the agreed action points have been carried out by both the level above and the facility itself, and to identify those that still need to be acted upon.

c) Review the annual plan to identify level of implementation against what should have been implemented.

d) Prepare a summary report of findings indicating where the office or health facility is doing well, what constraints have been experienced during the period under review and where there is need for improvement and further support.

STEP 3: CONDUCTING SUPPORTIVE SUPERVISION

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Figure 8: Appropriate Behaviors for Supervision

> - Supervision should always be facilitative, not fault-finding.
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> - Once you believe that you know the causes of the problem, try to get the supervisee to suggest possible solutions, since a person is more likely to accept ideas that they have thought of themselves.

Behaviors that are helpful in gaining the commitment of those being supervised to make efforts to improve their performance are given in the box alongside.

STEP 4: STARTING THE SUPERVISION

The supervisory team should arrive at the office to be supervised as scheduled and on time. The visit should start with introductions, including descriptions of each person's position and responsibilities.

Figure 9: Starting the Supervision

The supervisory team should explain the objectives of the visit and agree how the supervision will proceed. The time required for interviews, record review, discussion and action planning should be set at this stage.

> 1. Supervisors & supervisees to introduce themselves and their responsibilities.
> 2. Review objectives of the visit.
> 3. Agree a plan for the visit's activities.
> 4. Ensure everyone has a copy of the ISCL.
> 5. Complete the identification section of the ISCL.

The supervisors should ensure that the supervisees have a copy of the ISCL and then both teams should complete the identification section of the checklist.

STEP 5: FOLLOW-UP OF ISSUES FROM PREVIOUS SUPERVISION

There should be a joint review of the findings of the last supervisory visit and the resulting Action Plan that was developed so that the supervisees can explain the actions they have taken If the facility being supervised has conducted a self-assessment since the last supervisory visit, then the results of this assessment and the actions taken should also be reviewed.

STEP 6: REVIEW OF PROGRESS IN PLAN IMPLEMENTATION

Both teams should spend a little time reviewing the progress of the health facility against the targets set in their annual plan. This will provide the supervisory team with the overall performance of the office being supervised.

STEP 7: INTERVIEWS AND RECORD REVIEWS

This stage involves the completion of the ISCL and should last about 2 ½ hours.

All questions on the checklist should be completed and the supervisors should make notes in the comments column to ensure that the reasons for the assessments made can be referenced in the future. Both supervisor and supervisee should complete the checklist

Before making a judgment on each item on the checklist, the supervisor should verify the situation by reviewing relevant records or documents.

If a scored ISCL is being used, at the end of completing each section of the checklist, the supervisor should add up the total scores assigned and calculate the percentage performance achievement.

STEP 8: OBSERVATION OF SERVICE DELIVERY

This stage consists of observation of actual services provided at the health center to assess whether the service delivery staff are following the service delivery standards. The ISCLs provide guidance for what the supervisors should observe. If more than one clinical supervisor is present, the supervisory team can split up so that different members can focus on different service delivery areas. In observing service delivery, the supervisor should:

- Introduce themselves to the patient selected for observation, explaining why they wish to observe the service provider and asking the patient's consent to the observation.
- Observe client diagnosis, treatment and counselling to confirm that these are being done in line with service delivery standards.
- Ask questions to gather all relevant information about the area they are reviewing to understand why certain things are or are not being done correctly.
- Where the service provider is seen to have missed an important element or is seen to be giving incorrect information or treatment to the patient, the supervisor should intervene and demonstrate the correct procedure so that the patient receives a quality service. After the patient has left the room, the supervisor should then review what happened with the service provider and confirm that the service provider understands what they should have done.

It is particularly important for supervisors to observe service delivery for sick children to confirm that the IMNCI algorithms are being correctly applied. Where observations are not

possible due to lack of patients or for other reasons, the supervisor should conduct a review of a sample of past cases from the IMNCI register, following the guidelines in the ISCL.

STEP 9: PROBLEM-SOLVING AND ACTION PLANNNING

This stage usually takes between 2 – 3 hours as it involves a lot of discussion and consensus building.

- The supervisor/s and the supervisee should jointly identify problems.
- They should prioritize problems by using the criteria of **magnitude** of the problem, the **impact** of the problem on health services, the **feasibility** of solving the problem**,** and the **resource** needed to solve the problem.
- They should jointly analyze priority problems to determine the underlying causes (see the box below for an example). If this is not done, then the wrong solution may be identified to solve a problem.
- They should jointly identify appropriate solutions to the problems, remembering that both the supervisors and the supervisees may need to contribute to the solution.

Figure 10: Example of Problem Analysis for Health Facilities

Problem	But Why? Underlying Cause	But Why? Underlying Cause	Appropriate Solutions
The HC is failing to achieve its DPT3 target	Lack of transport for outreach	One of the HC motorbikes needs repair	The Head of the HC needs to inform the WorHO of the problems & ask them to advocate for funds with the Woreda Council
	Shortage of funds to purchase fuel	Delay in release of allocated budget	
	EPI focal person has been away from the HC on training	The Head of the HC has not deployed other staff to cover outreach duties	The HC Head to ensure that staff absences are covered by the assignment of duties to alternative staff.

Once all priority problems have been analyzed, the supervisor/s and supervisees should jointly complete a follow-up action plan, detailing who is going to do what and by when in order to fix the problems identified. Each party should prepare a copy of the action plan, both copies should be signed by each team and each team will keep a copy as a record for future reference.

STEP 10: RECORDING AND REPORTING THE SUPERVISORY FINDINGS

Supervisor Level

As part of the supervision process, the supervisors should be giving immediate feedback to the staff of the facility as well as helping the facility to develop a follow-up action plan to

address any shortcomings that are identified. In addition, the supervisors should enter a brief summary of their findings and recommendations into the "Supervision Report Book" at the facility (see *Annex 6.1. for the format for this book*).

Within 3 days of completing a supervisory visit, the supervisor/s should complete a short report of the findings of the supervision. This report should highlight any special achievements and/or problems found and a copy of the agreed follow-up action plan should be attached.

This report should be sent to the facility that was supervised as documentary feedback. The report should also be presented at the next management meeting so that all officers at the supervisory level are given feedback on the findings and agreed follow-up actions.

Supervisee Level

The site that has been supervised should ensure that the supervisors write a brief summary of their findings and recommendations in the facility's "Supervision Report Book".

In addition, the completed ISCL and the associated follow-up action plan should be filed at the facility for future reference.

Members of the facility management committee and other staff who were not able to present during the supervision should be briefed on the findings and the agreed follow-up action plan so that all members are made aware of what needs to be done.

STEP 11: FOLLOW UP AFTER SUPPORTIVE SUPERVISION

The follow-up action plan agreed during the supervision will contain actions that the supervisee level and, perhaps, the supervisory level, have agreed to implement. After the supervision, both levels should ensure that they review the action plan to ensure that all their obligations are fulfilled.

CHAPTER 5: TOOLS FOR SUPERVISION

5.1. STANDARDS OF PERFORMANCE

Supervision means checking whether staff are complying with the expected standards of performance and providing guidance, support and encouragement to help them to comply with these standards.

In the health system, service delivery standards have been developed for most programs offered by the Ministry of Health. These standards may be called "treatment guidelines", but they all specify, what a service provider should do, how they should do it, and when they should do it. These service delivery standards should be available at all levels of the MOH and are too numerous and large to reproduce in these Guidelines.

In addition to service delivery standards, the Regional Health Bureaus have management standards, which define the management responsibilities of each level in the health system, from health post to Regional Health Bureau. Like the service delivery standards, the management standards represent what should be done and how it should be done. Supervision is the process of assessing whether these things are being done and how and providing guidance and assistance if they are not being done or not being done correctly.

Copies of the Management Standards for each level of the health system are provided in *Annex 6.3.*

5.2. INTEGRATED SUPERVISORY CHECKLISTS

The Integrated Supervisory Checklists (ISCLs) have been developed to help guide supervisors as they do supervision to ensure that all key issues are reviewed and that nothing is forgotten. The ISCLs have been developed based on the expected standards of performance for both service delivery and management tasks.

The advantages of using checklists during supervision are as follows:

- They provide a standardized approach to what is reviewed during supervision.
- They help supervisors to cover all key issues and not to forget anything.
- They provide a means of documenting supervisory findings in a simple manner that can be referred to in the future to remind managers/supervisors of what was found and to provide a record which enables performance changes over time to be tracked.
- They provide a basis for identifying needs for follow-up by both the supervisory and supervisee levels.
- They provide a reference which facilitates the sharing of information about supervisory findings both at the supervisor and the supervisee levels.

- The associated follow-up action plan forms attached to the ISCLs provide a simple tool to record agreements reached between the supervisors and the supervisees on what will be done to effect improvements.

Guiding Principles

To maximize the advantages of each visit, certain guiding principles were applied to the design of the ISCLs for each level: These are:

- **Simplicity**: While one cannot expect an MCH Coordinator to be an expert in HIV/AIDS, drug management, or engineering, the ISCLs provide simple guidance that can be used by an individual who is not necessarily an expert in the area. It is expected that supervisors will cover **all** the questions of the checklist, rather than concentrating only on their particular areas of interest.

- **Exploration.** The primary purpose of supervision is not to collect information that is not used to solve problems. Therefore, each question on the ISCLs is aimed at understanding what is happening, what activities are or are not implemented well, what actions are or are not being taken and identifying the areas where help may be needed. Therefore the supervisors are expected to explore the answers given or the items observed with the supervisee until the supervisor is clear about what is happening and why.

- **Minimizing the data collected.** Supervisors are often seek to gather as much information as possible since this increases their confidence that they are not omitting something that might be relevant in the future. However, this increases the time spent on information collection and reduces the time that can be spent on problem solving and action planning. The ISCLs do not include questions (items) which ask for information that is already known at the supervisory level or information that is already routinely collected. Instead, each supervisory visit is expected to be preceded by careful review of routine reports (HMIS data) so that time during supervision is not wasted.

- **Action-oriented.** The ISCLs tries to be action-oriented, but the supervisors themselves should always apply this principle as they gather information during supervision. For example, the question concerning the management committee should be phrased as "does the management committee have regular meetings?" rather than "does the ZHO have a management committee?"
Similarly, the question concerning the plans should be phrased as "have you implemented your plan?" rather than "Is there a plan?"

- **Verification.** The ISCLs require that supervisors always seek to verify or confirm the answers given. For example, if the answer to the question "do you maintain wall charts on your coverage achievements?" is yes, then the supervisors should go and look at the wall charts.

- **System-focus**. The ISCL questions are intended to help the supervisors to focus on whether there are systems in place and whether these systems are being followed. This

applies particularly to logistics management – the availability of drugs, and to financial management.

Framework for the ISCLs

Each ISCL follows the same framework, although the sequence of the issues covered is different, depending on whether the site being supervised is an office or a health facility.

The areas covered for each type of facility are shown in Table 3.

Table 2: Areas Covered in the ISCLs

Management Levels RHB → ZHD & ZHD → WorHO	Service Delivery Levels WorHO → HC & WorHO or HC → HP
1. Identification section	1. Identification section
2. Key Issues for follow up (from previous supervision or Departments/Units)	2. Key Issues for follow up (from previous supervision or Departments/Units)
3. Guidance on how to use the ISCL	3. Guidance on how to use the ISCL
4. Management Areas	4. Program Areas
5. Program Areas	5. Management Areas
6. Health facility construction	6. Follow-up Action Plan
7. Follow-up Action Plan	7. In-Service Training Inventory
8. In-Service Training Inventory	

Guidance on Each Section of the ISCL

Section One: Identification

Section 1 is the part where the supervisor should enter information to identify the facility being supervised, who is conducting the supervision, the date of the supervision and the individuals from the site being supervised who participated in the supervision.

Additional information such as number of Woredas, health facilities or target population can be included during the first visit of the fiscal year.

Section 2: Follow up Issues

This section deals with key issues for follow up from the last supervisory visit. This should be completed by the supervisory team during their preparation for supervision.

Section 3: Guidance on How to Use the ISCL

This section does not require any action by the supervisor. It provides guidance on how to proceed with completing the checklist.

Section 4 or 5: Management Areas

This section covers management team functions, supervision activities, HMIS activities, human resource management, civil service reform, financial management and logistics management.

Properly functioning HMIS and supervisory systems are the most important elements to be reviewed under "Key Management Areas". A functioning information system is essential for the effective management. The supervisory team should concentrates on an assessment of the proper use of the health facility registers, correct completion of the monthly reports; correct graphing of important data and the use of data for health service planning and monitoring. The supportive supervision system is the key element for promoting achievement of targets and the provision of good quality services to the community.

Figure 11: Management Areas in the ISCLs

Section 4 or 5: Program Areas

Figure 12: Program Areas in the ISCLs

Program Coverage: During the course of supervisory visits, in-depth reviews of all important health programs should be conducted. Key program for review include EPI, IMNCI, maternal and perinatal care, family planning, TB, STD, chronic diseases including AIDS, and the essential drug program. The HMIS at the supervisee level should be reviewed and noted by the supervisory team in preparation for supervision and. areas of concern identified.

Quality of services provided: The correct application of standard treatment guidelines is of great importance to ensure high quality care. Supervisors will observe providers on the correct use of standard assessment, diagnosis and treatment guidelines while the staffs are providing actual services. Supervisors give feedback on findings of their observation reinforcing correct practices and ensuring adherence to established Standards.

Important items included in this section depend on the level to be supervised. General Service delivery and quality of care are addressed in detail for facilities. Oversight of delivery and quality of health programs through supervision and monitoring of progress as well as providing necessary technical support are the responsibilities of the management levels. i.e. the Zonal Health Departments and the Woreda Health Offices.

Section 6: Health Facility Construction

This section is intended to ensure follow up by supervisee levels to health facility construction projects.

In-Service Training Inventory

This supervisor/s should ask the facility being supervised about the number of staff who have received training in the period since the last supervision, providing details of the content of the training and the gender of the individuals trained.

Details of the Follow-up Action Plan are given in Section 5.3.

5.3. Action Plan Form

Each supervisory visit should be ended by the completion of the follow-up action plan. The supervisor should consider the problems or deficiencies found during the supervision and, together with the supervisees, should identify those problems which should be given priority for corrective action.

Then, for each of the priority problems, the supervisor and supervisees should jointly agree the actions that need to be taken, who will take them and by when they will be done. This form should be signed by both the supervisor and the supervisees.

Chapter 6: Supplementary Documents

Annex 6.1: Supervisory Findings Reporting Formats
Annex 6.2: Integrated Supervisory checklists
Annex 6.3: Management Performance Standards

Annex 6.1: Supervisory Findings Reporting Formats

Date	
Supervisors	
Supervisee (s)	

POSITIVE FINDINGS (Also acknowledge actions taken following the last supervision recommendations)
WEAKNESSES (GAPS OBSERVED)
Recommendations/Actions to be taken

(Source: Department of Quality Assurance, Ministry of Health—Uganda; Bibligraphy#5)

Annex 6.2: Integrated Supervisory Checklists

CHECKLIST FOR INTEGRATED SUPPORTIVE SUPERVISIONTON
To
Health Post

Section 1: Identification

Zone _____ Woreda _____ Name of Health

Post_____

Name of the nearest HC_____ Catchment's Pop. _____ No of Household _____

Date (last Visit) _____Level of last visit (RHB/ZHO/WorHO/HC)_____

Date (Current Visit) _____ Current Supervisory Level (RHB/ZHO/WorHO/HC)_____

Supervisors [Visitors]		Supervisees [Persons Contacted]	
Nam	Responsibility	Name	Responsibility

Section 2: Follow-up Issues

1. Key Issues from the last visit by the WorHO or Health Center

_____

_____

_____

_____

_____

2. Key elements under review during this supervisory visit - Check the elements are under review during this supervisory visit:

1. EPI   _____
2. Maternal Health_____
3. Malaria Prevention and Control   _____
4. STI and HIV/AIDS   _____
5. Community and House Hold activities_____
6. Management Activities _____
7. Supervision activities   _____
8. Data Recording and Reporting (HMIS)_____
9. Essential supplies   _____
10. Other areas _____
11. All Areas   _____

3. Guidance

1. Checklist Objectives: The integrated checklist provides Woreda Health Offices (WorHOs) with a standard, summarized tool for effective and quick assessment of Health Post performance. Its main objective is to guide and document supportive supervision with the aim of improving the quality of health services.

2. Who should use this checklist: This checklist is intended to be used by the WorHOs/ or Health Center during quarterly supportive supervision to health post and by health post for self-assessment. However, any level or persons involved in integrated supervision can use the tool.

3. Whom to interview and/or observe: Interview the Health Extension Workers according to the sections set out in the checklist. While interviewing, verify the responses by reviewing the documents &/or records**.**

4. How to complete the checklist:

    A. Review the checklist before each supervisory visit

    B. Either prior to your visit or at the beginning of the supervisory visit, ask the health extension worker to make the following documents available for review

▪ IMCI Chart Booklet	▪ Management standards, if any
▪ IMNCI Registration Book	▪ Supervisory Schedule
▪ Laminated Record form ▪ CDD/ORT Treatment Chart	▪ Copy of the completed ISCL from the previous supervision visit
▪ EPI Registration Book	▪ Copy of the HP ISCL (not completed)
▪ Maternal Health Service registration book	▪ Monitoring Charts
▪ Malaria case management guide	▪ HMIS minimum standards worksheets

    C. Begin the supervision visit by introducing the objectives of supervision to the health extension worker.

    D. Circle the appropriate columns of the checklists.

        Scoring is done based on scores of 2, 1 or 0.

        0 score represents a **"NO"** response or addresses the criteria listed below the question

        1 score represents a **"PARTLY"** response or addresses the criteria listed below the question

        2 score represents a **"YES"** response or addresses the criteria listed below the question.

    E. Where space for comments is provided, fill in any information that describes the situation, problems or issues related to the question.

    F. Note: All questions are always <u>applicable</u>. No question should ever be marked NA (not applicable). The question is either "yes", "partly" or "no". Questions are designed to reflect ideal standards. If a system is not yet in place then the score should be "0", regardless of the control of the office over the implementation of this system.

    G. After completing the checklist, review the form to make sure that all questions have been answered and information filled in.

Section 1: program Activities

1.1. EPI Program

1	Health Post EPI Programs: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview under 5 coordinator/health Worker to complete items #1.1-1.4				
1.1	Is immunization provided daily?	2		0	If yes, how long ago? _____
1.2.	Do you have adequate stock of Immunization Diploma?	2		0	
1.3	Do you provide Immunization Diploma to mothers whose children had completed their vaccination in < 1 year?(Comment on the availability of Immunization Diploma)	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				

	Health Post EPI Programs: Service Delivery Observation	Yes	Partly	No	Comment
1.4	Is each injection carried out with AD Syringes?	2		0	
1.5	Is safety box being used?	2		0	
1.6	Is Vit. A supplementation integrated with the routine EPI?	2		0	
1.7	Does the Health extension Worker (HEW) always weigh and plot <3 child?	2		0	
1.8	Are health education given provided to mothers or care takers?	2		0	
1.9	Are health counseling provided to mothers or care takers?	2		0	
1.10	If client is pregnant, are they consulted for antenatal and immunization services? (?ENA)	2		0	
1.11	Does the HEW explain when to return for a next EPI visit?	2		0	
1.12	Does the HEW explain about possible reaction concerning immunizations	2		0	
1.13	Does the HEW pass information concerning 5 key EPI messages?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				

	Health Post: Facility Observation	Yes	Partly	No	Comment
1.14	Is monthly EPI Monitoring Chart updated? Check and comment]	2		0	
1.15	Is there functional Outreach program?	2		0	
1.16	Is Tally Sheet being used? Check and comment]	2		0	
1.17	Is there checklist for immunization session?	2		0	
1.18	Is there responsible person for cold chain system?(Only 1 or 2 staff at HP level)				
1.19	Is there functional Refrigerator?	2		0	[Check and comment]
1.20	Is Temperature "monitoring chart' exists and being	2		0	[Check and comment]

	used?				
1.21	Are vaccines placed in appropriate compartments?	**2**		**0**	[Check and comment]
1.22	Is expired vaccine present?	**2**		**0**	[Check and comment]
1.23	Is functional dial thermometer available?	**2**		**0**	[Check and comment]
1.23	Is vaccine stock control card present?	**2**		**0**	[Check and comment]
S	Add all the 2 responses together and enter the total in the space provided.				

1	**Total Score EPI Program**	
S1	Add the total scores for the interview, service delivery observation and facility observation and enter the result in the space provided →	
S2	Divide the total above by 46 and enter the result in the far right column.	**/46**
S3	Multiply the result of S2 by 100. This is the percentage Enter the percentage result in the space provided →	**X 100**

With S3 result: _____%

1.2. Maternal Health services

2	**Health Post: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
I	**Instructions:** Please interview the Health Extension Worker for items #2.1- 2.5				
2.1	Do you provide Antenatal Care services?	**2**		**0**	If yes, how long ago? _____
2.2.	Do you provide Delivery services?	**2**		**0**	
2.3	Do you provide postnatal care service (at HP or at home)?	**2**		**0**	
2.4	Do you provide family planning services?	**2**		**0**	
2.5	Do you provide TT immunization services?	**2**		**0**	
S	Add all the 2 responses together and enter the total in the space provided.				

	Health Post: Delivery Observation	**Yes**	**Partly**	**No**	**Comment**
2.6	Sufficient and well screened examination room?	**2**		**0**	
2.7	Does Health Worker check height & weight, blood pressure, temperature, etc.?	**2**		**0**	
2.8	Is there a working adult and baby /table top or hanging/ scale?	**2**		**0**	
2.9	Check ante-natal register to determine if risk factor is identified?	**2**		**0**	
2.10	Does Health Worker ask for vaccination card to check for TT immunization status?	**2**		**0**	
2.11	Does Health Worker explain the importance of additional nutrition during pregnancy and exclusive breastfeeding first 6 months?	**2**		**0**	
2.12	Does Health Worker advise mother on delivery and post natal options?	**2**		**0**	
2.13	Are micronutrients provided (iron supplements, folic acid) for pregnant women?	**2**		**0**	
2.14	Does Health Worker discuss FP with appropriate clients?	**2**		**0**	

		Yes	Partly	No	Comment
2.15	Does Health Worker use soap and water for washing hands during examination?	2		0	
2.16	Is delivery room clean?	2		0	
2.17	Does Health Worker always end consultation by confirming next appointment?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				

	Health Post: Facility Observation	Yes	Partly	No	Comment
2.18	Does the health post have weight scale?	2		0	
2.19	Does the health post have adequate stock of FP supply?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				

1	**Total Score for Maternal Health**		
S1	Add the total scores for the interview, service delivery observation and facility observation and enter the result in the space provided →		
S2	Divide the total above by 38 and enter the result in the far right column.	**/38**	
S3	Multiply the result of S2 by 100. This is the percentage Enter the percentage result in the space provided →	**X 100**	_____%

1.**3. Malaria Prevention and Control**

3	**Health Post Malaria P&C: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
I	**Instructions:** Please interview to the Health Extension Worker to complete items #3.1- 3.6				
3.1	Do you have weekly malaria epidemic monitoring charts?	2		0	If yes, how long ago? _____
3.2.	Did you mobilize the community for environment management (cleaning) for malaria prevention?	2		0	
3.3	Do you promote the use of Insecticides Treated Nets (ITNs) use? Number of Households who own and use ITN in the Kebele? _____	2		0	
3.4	Do you receive regular reports (weekly) from village malaria control workers/ CHP? (CHWs)	2		0	
3.5	Did you conduct supervision to assist malaria village workers/CHP last month? If no, write brief explanation	2		0	
3.6	Any challenges and suggestion on effective malaria control activities:	**Problem:** **Suggestions:**			
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 10 and multiply the result by 100. This gives a percentage score	/10		_____%	

1.4. STI & HIV/AIDS

4	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview the HEWs to complete items # 4.1-4.3				
4.1	Number of IEC sessions/meetings community-based HIV/ AIDS prevention activities? (Schools, churches/mosques, focus groups etc).	2		0	If yes, how long ago? _____
4.2.	Number of condom distributed last month	2		0	
4.3	Number of clients/HIV/AIDS cases received Home Based Care?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 6 and multiply the result by 100. This gives a percentage score		/6		_____%

1.5. Household and Community Activities

5	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview to the Health Extension Worker to complete items #5.1- 5.9				
5.1	Do you have community awareness raising activities on personal hygiene and environmental sanitation?	2		0	If yes, how long ago? _____
5.2.	Number of households who have and use latrine in your kebele?	2		0	
5.3	Number of households having pits for dry Waste disposal/burning?	2		0	
5.4	Number of households having well ventilated (houses having windows) living houses	2		0	
5.5	Number of households that have separate houses for domestic animals	2		0	
	Source of water for the community?[List sources] 1. 2. 3.	Information only			
5.6	Does the Health Post have functioning incinerator?	2		0	
5.7	Do you have follow-up mechanisms of traditional healers	2		0	
5.8	Is there any surveillance system on communicable diseases? Check and comment.	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 14 and multiply the result by 100. This gives a percentage score		/16		_____%

Section 2: *Management* **and Supervision**

2.1. Management Activities

6	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment

6	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview to the Health Extension Worker to complete items #5.1- 5.9				
6.1	Do you have management standards for the Health Post?	2		0	If yes, how long ago? _____
62.	Do you perform according to management standards?	2		0	
6.3	Do you have the monthly plan of activity? See plan for the last 3 months	2		0	
6.4	Does the Health Post review its Performance with Kebele council and community health workers? Frequency of review meeting:	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 8 and multiply the result by 100. This gives a percentage score		/8		_____%

2.2. Supervision Activities

7	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview to the Health Extension Worker to complete items #7.1- 7.9				
7.1	Health Post received supervisory visits during last quarter? If yes Specify from whom? RHB/ZHO/WorHO/HC/Others	2		0	If yes, how long ago? _____
7.2.	Was action taken on the decision made?	2		0	
7.3	Do you know the supervisory schedules from the Health Center?	2		0	
7.4	Do you have a copy of the Integrated supervisory checklists for the Health Post? (Check the copy)	2		0	
7.5	If yes, did you use it to assess your progress in performance during the last quarter?	2		0	
7.6	Did you receive feedback on the supervisory findings?	2		0	
7.7	Do you have supervisory Visitors book?	2		0	
7.8	If yes, do you use it?(Check whether it is up-to-date)	2		0	
7.9	Do you have planned to visit Community Health Workers (CHWs)?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 18 and multiply the result by 100. This gives a percentage score		/18		_____%

2.3. Data Recording and Reporting (HMIS)

8	Health Post: Health Extension Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview to the Health Extension Worker to complete items #8.1- 8.4				

8	**Health Post: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
8.1	Does the Health Post have the "kebele profile"?	2		0	If yes, how long ago? _____
8.2.	Does the Health Post keep daily records of activities? [Is it up-to-date? Comment]	2		0	
8.3	Do you regularly (Monthly) report you activities and achievements to the Kebele Council, WorHO and Health Center?	2		0	
8.4	Do you have a sufficient amount of reporting formats at your Health Post?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 18 and multiply the result by 100. This gives a percentage score		**/8**		_____%

2.4. Essential supplies

9	**Health Post: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
I	**Instructions:** Please interview to the Health Extension Worker to complete items #9.1- 9.6				
9.1	Are you making regular monthly request of essential supplies for the Health posts?	2		0	If yes, how long ago? _____
9.2.	**Vaccines**: Was there any vaccine and AD syringes supply shortages during the last quarter?	2		0	
9.3	**Family Planning Supplies**: Was there any shortage in family planning supplies in the last three months?	2		0	
9.4	**Vitamin A**: Is sufficient amount of Vitamin A Capsules available in stock?	2		0	
9.5	**ORS**: Do you have sufficient stocks of ORS?	2		0	
9.6	**Family Health Cards:** Do you have sufficient stock?	2		0	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 18 and multiply the result by 100. This gives a percentage score		**/12**		_____%

2.5. Other Cross-cutting issues

10	**Health Post: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
I	**Instructions:** Please interview to the Health Extension Worker to complete items #9.1- 9.6				
10.1	Do you provide IEC in your Health Post?	2		0	If yes, how long ago? _____
10.2.	Do you have adequate IEC materials in major program areas?	2		0	
10.3	Do you have and provide Family Health Cards (FHC) for mothers with under 1 year of age children?	2		0	

10	**Health Post: Health Extension Worker Interview**	**Yes**	**Partly**	**No**	**Comment**
10.4	Do you have adequate service delivery standards (technical guides) in your Health Post?	**2**	░░░	**0**	
10.5	Is there electric power supply?	**2**	░░░	**0**	
10.6	Is there clean water?	**2**	░░░	**0**	
S	Add all the 2 responses together and enter the total in the space provided.				
S2	Divide the total score by 18 and multiply the result by 100. This gives a percentage score		***/12***		_____%

Major Supervisory Findings and Agreed Action Plan

Name of the Health Facility_____ Date Supervised_____ Name of Woreda _____

#	Key Area	Current Score	Findings for Action/ Problems/	Agreed measures for action	By when? (Specific date)	Who (responsible)? (WorHO/ZHO/RHB)	Target Score (expected Improvement in next quarter)

SUPERVISORS/VISTORS				SUPERVISEES/PERSONS CONTACTED			
Name	Job Position	Date	Signature	Name	Job Position	Date	Signature

INTEGRATED SUPPORTIVE SUPERVISION CHECKLIST
To
HEALTH CENTER

Section 1: Identification
Name of Health Centre_____ **Name of the Woreda**_____

Date of last supervision _____ **Date of current supervision visit)**___

Is this a routine supervision by the WorHO?   Yes   No

If no, what level is conducting this supervision? (RHB/ZHO/Other) _____
Names and responsibilities of supervisory team members:
(1) _____ **(2)** _____
(3) _____ **(4)** _____

Person(s) contacted at the Health Facility:

Name	Title	Responsibility

Section 2: Follow-up Issues

1. Key Issues from the last visit by the WorHO

_____

_____

_____

_____

2. Key elements under review during this supervisory visit - Check the elements are
under review during this supervisory visit

12. Under 5 Clinic_____   21. Supervision Issues   _____
13. EPI   _____   22. HMIS _____
14. Maternal Health   _____   23. Human Resources Management
15. Outreach Activities   _____   24. Civil Service Reform Program
16. Malaria Prevention and Control   25. Financial Management   _
17. TB, Leprosy and Blindness   __   26. Logistics and Supply
18. STI and HIV/AIDS   _____   Management
19. Sanitation, Laboratory and IEC   27. All Areas   _____
20. Management Team Activities_

Guidance

1. Checklist Objectives: The integrated checklist provides Woreda Health Offices (WorHOs) with a standard, summarized tool for effective and quick assessment of Health Centre of performance. Its main objective is to guide and document supportive supervision with the aim of improving the quality of health services.

2. Who should use this checklist: This checklist is intended to be used by the WorHOs during quarterly supportive supervision to the health centres and by health centres for self-assessment. However, any level or persons involved in integrated supervision can use the tool.

3. Whom to interview and/or observe: Interview the Health Center Management Team and other appropriate staff according to the sections set out in the checklist. While interviewing, verify the responses by reviewing the documents &/or records.

4. How to complete the checklist:

A. Review the checklist before each supervisory visit

B. Either prior to your visit or at the beginning of the supervisory visit, ask the health center staff to make the following documents available for review

▪ IMCI Chart Booklet	▪ Supervisory Schedule
▪ CDD/ORT Treatment Chart	▪ Copy of the completed ISCL from the previous supervision visit
▪ EPI Registration Book	▪ Copy of the HC ISCL (not completed)
▪ Maternal Health Service registration book	▪ HMIS Team meeting booklet/minutes, if any
▪ Malaria case management guide	▪ HMIS minimum standards worksheets
▪ Weekly Malaria epidemic monitoring charts for the 4 weeks prior to the supervision visit	▪ In-service training inventory
▪ Laboratory registration books	▪ Records of receipts
▪ Management standards, if any	▪ Pharmacy stock cards
▪ Minutes of management committee meetings	▪

C. Begin the supervision visit by introducing the objectives of supervision to the health center staff or management team.

D. Circle the appropriate columns of the checklists.

Scoring is done based on scores of 0, 1 and 2.

0 score represents a **"NO"** response or addresses the criteria listed below the question
1 score represents a **"PARTLY"** response or addresses the criteria listed below the question
2 score represents a **"YES"** response or addresses the criteria listed below the question.

E. Where space for comments is provided, fill in any information that describes the situation, problems or issues related to the question.

F. Note: All questions are always <u>applicable</u>. No question should ever be marked NA (not applicable). The question is either "yes", "partly" or "no". Questions are designed to reflect ideal standards. If a system is not yet in place then the score should be "0", regardless of the control of the office over the implementation of this system. For example, if IMNCI training is not yet provided in the Woreda, the score is "0" as the expectation is that all health facilities will provide IMNCI services in the future. The goal is to strive for the highest standard possible.

G. After completing the checklist, review the form to make sure that all questions have been answered and information filled in.

Section 3: Key Program Areas

1	Under 5 Manager/health Worker Interview	Yes	Partly	No	Comment
I	**Instructions:** Please interview under 5 coordinator/health Worker to complete items #1.1-1.4				
1.1	**Have you ever been trained in IMNCI case management?**	**2**		**0**	If yes, how long ago? _____
1.2	**Is IMNCI chart booklet (IMCI algorithm) used by staff working in Under 5 clinic in your health facility?** "Yes"= all staff, always use it "Partly"= only some staff regularly use it "No"= Chart booklet not systematically used by staff or not available	**2**	**1**	**0**	
1.3	**Is CDD/ORT treatment chart used by staff working in Under 5 clinic in your health facility?** "Yes"= all staff always use it "Partly"= only some staff systematically follow it "No"= Chart is not available or not systematically used by staff	**2**	**1**	**0**	
1.4	**Is a child with diarrhoea always directed to the ORT corner?** "Yes"= all children with diarrhoea always directed to ORT corner "Partly"= only some of children "No"= not systematically used by staff	**2**	**1**	**0**	
S	Add all the 2 and 1 responses together and enter the total in the space provided.				

1	Under 5 Service Delivery Observation	Observation 1		Observation 2		Observation 3	
I	**Instructions:** Please observe 2-3 cases while services are being provided. Use the items #1.5-1.17 as guide to what to observe	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
1.5	Did the provider ask the mother with <5 child for the vaccination card?	**2**	**0**	**2**	**0**	**2**	**0**
1.6	Did the Health worker weigh sick child?	**2**	**0**	**2**	**0**	**2**	**0**
1.7	Did the Health worker plot child's weight against growth monitoring (GM) card?	**2**	**0**	**2**	**0**	**2**	**0**
1.8	Did the Health Worker ask if child is able to drink or breastfeed?	**2**	**0**	**2**	**0**	**2**	**0**
1.9	Did the Health Worker ask if child has vomiting or diarrhoea?	**2**	**0**	**2**	**0**	**2**	**0**
1.10	Did the Health Worker ask if child has convulsions?	**2**	**0**	**2**	**0**	**2**	**0**
1.11	Did the Health Worker ask if child has a cough?	**2**	**0**	**2**	**0**	**2**	**0**
1.12	Did the Health Worker ask if child has difficulty breathing?	**2**	**0**	**2**	**0**	**2**	**0**
1.13	Did the health worker check for visible signs of severe malnutrition?	**2**	**0**	**2**	**0**	**2**	**0**
1.14	Did the Health Worker explain when to return for a follow-up visit?	**2**	**0**	**2**	**0**	**2**	**0**

1.15	Did the Worker feel child for fever or take temperature?	2	0	2	0	2	0
1.16	Did the Health Worker pinch skin of the child's abdomen?	2	0	2	0	2	0
1.17	Did the Health Worker use the IMCI Chart Booklet or wall chart?	2	0	2	0	2	0
S	Add all the 2 responses together and enter the total in the space provided for each observation.						
S	Add the totals for observations 1, 2 and 3 and enter the total score in the space provided						

1	Under 5 Facility Observation/Record Review	Yes	No	Comments
I	**Instructions:** To answer the following questions, review the facility equipment, room or record book in question (visit the ORT corner and physically check for the items listed).			
1.18	Is there an ORT corner at the clinic? (if "no" circle 0 for questions 1.19-1.23 and continue to question 1.24)	2	0	
1.19	Is the ORT corner appropriately located?	2	0	
1.20	Does the ORT corner have adequate space?	2	0	
1.21	Does the ORT corner have sufficient furniture?	2	0	
1.22	Are there enough ORT sets?	2	0	
1.23	Is there weighing scale in the ORT corner or under 5 clinic area?	2	0	
1.24	Are IEC materials on diarrhea management available?	2	0	
S	Add all the 2 responses together and enter the total in the space provided.			

1	Total Score Under 5 Clinic				
S1	Add the total scores for the under 5 clinic interview, service delivery observation and facility observation and enter the result in the space provided →				
S2	Divide the total above by 48 if there was 1 observation, by 74 if there were 2 observations and by 100 if 3 observations were conducted. Enter the result in the far right column.	/48	/74	/100	
S3	Multiply the result of S2 by 100. This is the percentage score for the under 5 clinic. Enter the percentage result in the space provided →	X 100			_____%

2	EPI Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the health worker providing EPI at the time of visit for items #2.1-2.8				
	Have all health workers offering EPI services	2		0	

2	EPI Interview	Yes	Partly	No	Comments
	received EPI training? "Yes" = all trained, "No" = only some or none trained		▨		
2.1	**Is immunization provided daily?** "Yes" = always, "No" = not regularly or never on a daily basis	**2**	▨	**0**	
2.2	**Is each injection carried out with auto disabling (AD) Syringes?** "Yes" = always, "Partly" = sometimes or not completely accurately, "No" = never	**2**	**1**	**0**	
2.3	**Is safety box being used?** "Yes" = always, "Partly" = sometimes, "No" = never	**2**	**1**	**0**	
2.4	**Do all health workers know not to recap syringes/needles and are they adhering to this standard?** "Yes" = all know and all are adhering, "Partly" = only some have been informed/trained and/or not all are adhering to the standard, "No" = few know or have been trained, recapping is often practiced	**2**	**1**	**0**	
2.5	**Is an Immunization Diploma available in your health Centre?**	**2**	▨	**0**	
2.6	**Is immunization diploma provided to mothers whose children have completed their vaccination in < 1 year?** "Yes" = to all infants, "Partly" = Only some infants, "No" = none	**2**	**1**	**0**	
2.7	**Is health education provided to all care takers attending the clinic?** "Yes" = always, "Partly" = sometimes, "No" = never	**2**	**1**	**0**	
2.8	**Is counselling provided to mothers with sick or malnourished children?** "Yes" = always, "Partly" = sometimes, "No" = never	**2**	**1**	**0**	
S	Add all the 2 and 1 responses together and enter the total in the space provided.				

2	EPI Service Delivery Observation	Observation 1		Observation 2		Observation 3	
I	**Instructions: O**bserve 2-3 cases while services are being provided. Use the items 2.9-2.19 as guide to what to observe	▨	▨	▨	▨	▨	▨
2.9	Did the Health Worker weigh <5 child or refer to area w/scale?	**2**	**0**	**2**	**0**	**2**	**0**
2.10	Did the health worker carry out the injection with an auto disabling (AD) Syringe?	**2**	**0**	**2**	**0**	**2**	**0**
2.11	Did the health worker dispose of the syringe in the safety box?	**2**	**0**	**2**	**0**	**2**	**0**
2.12	Did the health worker check the VVM status of the vaccine before reconstituting the vaccine?	**2**	**0**	**2**	**0**	**2**	**0**
2.13	Did the health worker dispose of the syringe or needle without recapping?	**2**	**0**	**2**	**0**	**2**	**0**
2.14	Did the health worker complete the EPI registration	**2**	**0**	**2**	**0**	**2**	**0**

	book?						
2.15	Did the health worker use the tally sheet?	**2**	**0**	**2**	**0**	**2**	**0**
2.16	Did the health worker explain the possible side-effects of vaccine given?	**2**	**0**	**2**	**0**	**2**	**0**
2.17	Did health worker explain when the client should to return for a next EPI visit?	**2**	**0**	**2**	**0**	**2**	**0**
2.18	Did the health worker counsel mothers about TT immunization?	**2**	**0**	**2**	**0**	**2**	**0**
2.19	If client is pregnant mother, did the health worker ask whether she started ante-natal follow up?	Informational only, comment here:					
S	Add all the 2 responses together and enter the total in the space provided for each observation.						
S	Add the totals for observations 1, 2 and 3						

2	**EPI Facility Observation/Record Review**	**Yes**	**No**	**Comments**
I	**Instructions:** To answer the following questions, review the facility equipment, room or record book in question (for example, look in the safety box, open the record book and examine a selection of records, sort through the vaccines in the refrigerator).			
2.20	Did the health worker open new syringe and need for immunization?	**2**	**0**	
2.21	Does the safety box contain ONLY used syringes and needles? (if other items, such as paper, gloves etc are in the box circle "0")	**2**	**0**	
2.22	Is the safety box 2/3 or less than 2/3 full?	**2**	**0**	
2.23	Is EPI registration book properly filled?	**2**	**0**	
2.24	Are used tally sheets filed (kept) properly?	**2**	**0**	
	Check the EPI cold chain system for the following:			
2.25	The refrigerator is clean and kept properly	**2**	**0**	
2.26	The temperature "monitoring chart' exists and is visible?	**2**	**0**	
2.27	All vaccines present in the refrigerator are good (not expired)?	**2**	**0**	
2.28	There is functional thermometer for the refrigerator?	**2**	**0**	
2.29	Is a vaccine stock control card present?	**2**	**0**	
2.30	Are vaccine appropriately arranged?	**2**	**0**	
2.31	Is any vaccine with VVM changes?	**2**	**0**	
S	Add all the 2 responses together and enter the total in the space provided.			

2	**Total Score EPI**		
S1	Add the total scores for EPI interview, service delivery observation, and facility observation and		

S2	Divide the total above by 58 if there was 1 observation, by 76 if there were 2 observations and by 94 if 3 observations were conducted. Enter the result in the far right column.	/60	/80	/100	
	enter the result in the space provided →				
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	X 100			_____%

3	Maternal Health Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the manager or health worker providing EPI at the time of visit for items #3.1-3.3				
3.1	**All staff providing maternal health services receive training in ANC, PNC or PMTCT?** "Yes"= all received training in all areas, "Partly" = only some received training in all areas or all only in some areas, "No" = no staff received training.	2	1	0	
3.2	**Are Maternal Health Services integrated?** "Yes" = all services, "Partly" = only some services, "No" = no services integrated	2	1	0	Check sample cases on service registration book
3.3	**Do you have Family Health Cards (FHC) and provide them to community health promoters?**	Informational Describe:			
S	Add all the 2 and 1 responses together and enter the total in the space provided				

3	Maternal Health Service Delivery Observation	Observation 1		Observation 2		Observation 3	
I	**Instructions:** Observe 2-3 cases while services are being provided. Use the items as guide to what to observe						
3.4	Did the health worker check the client's height and weight?	2	0	2	0	2	0
3.5	Did the health worker check the client's blood pressure?	2	0	2	0	2	0
3.6	Did the health worker take the client's temperature?	2	0	2	0	2	0
3.7	Did the health worker check the client for Oedema of the face and/or legs?	2	0	2	0	2	0
3.8	Did the health worker check the ante-natal client register to determine if risk factor is identified?	2	0	2	0	2	0
3.9	Did the health worker ask the client for TT vaccination card?	2	0	2	0	2	0
3.10	Did the health worker explain the importance of additional nutrition during pregnancy?	2	0	2	0	2	0
3.11	Did the health worker explain the importance of exclusive breastfeeding for the child during the first 6 months?	2	0	2	0	2	0
3.12	Did the health worker advise mother on delivery and postnatal options?	2	0	2	0	2	0
3.13	Did the health worker provide the client with micronutrients (iron supplements and folic acid)?	2	0	2	0	2	0

3.14	Did the health worker use soap and water to wash hands either at the beginning or the end of the consultation (or between consultations)?	2	0	2	0	2	0
3.15	Did the health worker end the consultation by confirming next appointment?	2	0	2	0	2	0
S	Add all the 2 responses together and enter the total in the space provided for each observation.						
S	Add the totals for observations 1, 2 and 3						

3	Maternal Health Facility Observation/Record Review	Yes	No	Comments
I	**Instructions:** To answer the following questions, review the facility equipment, room or record book in question (for example, look in the examination room, step on the scale, test out the BP machine).			
3.16	Is the examination room well screened?	2	0	
3.17	Is there a functional adult weight scale for maternal health services?	2	0	
3.18	Is there a functional height scale for maternal health services?	2	0	
3.19	Is there a functional BP apparatus for maternal health services?	2	0	
3.20	Are at least 3 delivery sets available <u>and</u> accessible?	2	0	
3.21	Is delivery room clean?	2	0	
S	Add all the 2 responses together and enter the total in the space provided.			

3	Total Score Maternal Health			
S1	Add the total scores for Maternal Health interview, service delivery observation, and facility observation and enter the result in the space provided →			
S2	Divide the total above by 40 if there was 1 observation, by 64 if there were 2 observations and by 88 if 3 observations were conducted. Enter the result in the far right column.	/40	/64	/88	
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	**X 100**		_____%

4	Outreach Activities Interview	Yes	Partly	No	Comments
I	**Instructions: Interview the health worker providing EPI at the time of visit for items #**				
4.1	**Does the Health center have regular outreach activities?** "Yes" = regularly activities at the outreach sites exists, " "No" = has no outreach activities or very irregular	2		0	

		Yes	Partly	No	Comments
4.2	**Does your facility provide child growth monitoring services through outreach activities?** "Yes" = regularly available at all outreach sites, "Partly" = only sometimes available or only at some sites, "No" = not available	**2**	**1**	**0**	
4.3	**Does your facility provide Vitamin A counselling and provision through outreach activities?** "Yes" = regularly available at all outreach sites, "Partly" = only sometimes available or only at some sites, "No" = not available	**2**	**1**	**0**	
4.4	**Does your facility provide ante-natal care services through outreach activities?** "Yes" = regularly available at all outreach sites, "Partly" = only sometimes available or only at some sites, "No" = not available	**2**	**1**	**0**	
4.5	**Does your facility provide post-natal care services through outreach activities?** "Yes" = regularly available at all outreach sites, "Partly" = only sometimes available or only at some sites, "No" = not available	**2**	**1**	**0**	
4.6	"Yes" = regularly available at all outreach sites, "Partly" = only sometimes available or only at some sites, "No" = not available	**2**	**1**	**0**	
4.7	**Is there community mobilization before and during outreach activities?** "Yes" = always, "Partly" = sometimes or not completely well/don't get a lot of people, "no" = do not mobilize community before or during outreach activities.	**2**	**1**	**0**	
4.8	**Do Community-Based Health Agents participate in community mobilization?** "Yes" = always, "Partly" = sometimes or not very effectively, "No" = do not use the community-based health agents for mobilization.	**2**	**1**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 16 and multiply by 100 to get the percentage score for outreach activities	**/16**	**X**	**100**	_____%

5	**Malaria Prevention and Control Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Interview the health worker providing malaria at the time of visit for items 4.1-4.4.	░░░	░░░	░░░	░░░
5.1	**Did you receive training in malaria prevention and control?**	**2**	░░░	**0**	
5.2	**Did you have adequate stocks of all Antimalarial drugs in the last quarter?** "Yes" = had ample amounts of all needed Antimalarial drugs, "Partly" = experienced shortages in some drugs but no stock outs "No" = experienced shortages of all anti-malarial drugs or a stock out of one or more Antimalarial drugs.	**2**	**1**	**0**	
53	**Do you promote the use of Insecticides Treated Nets (ITNs) in health education sessions?** "Yes," = promoted in all ways consistently, "Partly"= not always done consistently, "No," = does not promote the use of ITNs.	**2**	**1**	**0**	

5	Malaria Prevention and Control Interview	Yes	Partly	No	Comments
S	Add all the 2 and 1 responses together and enter the total in the space provided				

5	Malaria Prevention and Control Facility Observation/Record Review	Yes	Partly	No	Comments
I	**Instructions:** To answer the following questions, review the facility equipment, room or record book in question				
5.4	Is the Malaria case management guide accessible to all providers in the health center?	2	0		
5.5	Is a malaria treatment flow chart posted?	2	0		
5.6	Are weekly malaria epidemic monitoring charts available and up to date? (ask to see charts from the last 4 weeks)	2	0		
S	Add all the 2 responses together and enter the total in the space provided				

5	Total Score Malaria Prevention and Control				
S1	Add the total scores for Malaria Prevention and Control interview and facility observation/record review and enter the result in the space provided →				
S2	Divide the total above by 12. Enter the result in the far right column.		12		
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	X 100			_____%

6	Communicable Diseases Prevention and Control Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the health worker providing TB, leprosy and blindness prevention and control services at the time of visit for items				
6.1	**Are TB, Leprosy and blindness prevention programs integrated into your health services?** "Yes" = integrated into services and information consistently provided, "Partly" = an implementation plan exists but information is not consistently provided "No" = not integrated	2	1	0	
6.2	**Are there adequate TB/Leprosy drugs and laboratory supplies?** "Yes" = HC has all drugs and supplies needed and does not experience shortages or stock outs, "Partly" = HC experiences shortages of some drugs from time to time and/or has limited supplies, "No" HC has regular shortages or stock outs of some or all drugs and inadequate laboratory supplies.	2	1	0	
6.3	Is laboratory quality control for AFB done regularly?	2		0	
6.4	**Are there a TB/Leprosy defaulter tracing and handling mechanisms?**	2		0	

6	**Communicable Diseases Prevention and Control Interview**	**Yes**	**Partly**	**No**	**Comments**
	"Yes"= both exist, "No"= only one or none exist				
6.5	**Is primary eye care services provided in your facility?** "Yes" = services consistently available, "Partly" = services sporadically available, "No" = no eye care services	**2**	**1**	**0**	
6.6	**Is sufficient stock of primary eye care drugs available in the facility?** "Yes" = all drugs are available and no shortages have been experienced, "Partly" = Occasional shortages of some drugs experienced, "No" = an inadequate assortment of drugs or regular shortages or stock outs.	**2**	**1**	**0**	
6.7	**Are appropriate field registration books being used?** "Yes"= always "No"= sometimes or never	**2**		**0**	
6.8	**Are counselling and case management services for sexually transmitted infections (STI) provided in your health center?** "Yes" = counselling and case management provided on a regular basis and all register books and forms are up-to-date "Partly" = counselling provided but no case management or counselling and case management sporadic, "No" = no counselling or case management	**2**	**1**	**0**	
6.9	**Is Voluntary Counselling and Testing (VCT) available in your health centre?**	**2**		**0**	
6.10	**Are VCT services provided daily?**	**2**		**0**	
6.11	**Is Prevention of Mother to Child transmission (PMTCT) services available in your health center?**	**2**		**0**	
6.12	**Are ARVs available for HIV/AIDS patients who need them?**	**2**		**0**	
6.13	**Are community-based HIV/ AIDS prevention activities (Schools, churches/mosques, focus groups etc) promoted by the health center?** "Yes" = yes HC promotes HIV prevention activities at least once a month, "Partly" = community-base HIV prevention activities are done infrequently, "No" = No community-based HIV/AIDS prevention activities	**2**	**1**	**0**	
6.14	**Is condom use included into IEC sessions of the health center?**	**2**	**1**	**0**	
6.15	**Are there areas in the health center open for access to condoms?** "Yes" = there are points distribution "No" = HC does not such points/areas	**2**		**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Score: Divide the total in S1 by 14 and multiply by 100 to get the percentage score for TB, Leprosy & Blindness Prevention and Control	**/30**	**X**	**100=**	_____%

7	**Environmental Health and Sanitation Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Interview the environmental Health professional in the health center				
7.1	**Do you have plan for inspection catering establishments?**	**2**		**0**	
7.2	**Do you have an environmental health inspection plan?**	**2**		**0**	

7	**Environmental Health and Sanitation Interview**	Yes	Partly	No	Comments
7.3	**Did the health Center achieve its Inspection plan target?**	**2**		**0**	
7.4	**Do you have an infection prevention team that meets monthly?** "Yes" = have team and team meets every month, "Partly" = there is a team but the team does not meet every month but at least every quarter, "no" = do not have a team or the team meets very less than 4 times per year	**2**		**0**	
7.5	**Are there "adequate" materials and supplies for cleaning?** "Yes"=always , "partly"= only sometimes, "No"= not at all, these days	**2**		**0**	
7.6	**Are there enough cleaning staff?**	**2**		**0**	
7.7	Is the Health Center delegated to supervise Health Post?	**2**		**0**	
7.8	**Does Health Center have plan to supervise Health posts?**	**2**		**0**	
7.9	Does the health Center have a functioning incinerator?	**2**		**0**	
7.10	Does the health Center have a functioning placenta pit?	**2**		**0**	
7.11	What are major problems related to environmental sanitation in your Health Center?	Information only			
7.12	What plans do you have to overcome these major environmental sanitation problems?	Information only			
S	Add all the 2 responses together and enter the total in the space provided.				

7	**Environmental Health and Sanitation Interview Observation/Record Review**	Yes	No	Comments
I	**Instructions:** To answer the following questions, review the facility equipment, room and Health Facility Compound			
7.13	Are the rooms of the HC clean?	**2**	**0**	
7.14	Are the floors swept?	**2**	**0**	
7.15	Is trash put in trash boxes (not left out)?	**2**	**0**	
7.16	Are linen materials in use clean?	**2**	**0**	
7.17	Is the ground around health center and staff houses free from waste materials?	**2**	**0**	
7.18	Are toilet facilities (for staff & patients) clean?	**2**	**0**	
7.19	Does the health center have a functioning incinerator?	**2**	**0**	
7.20	Does the health center have placenta pit in use?	**2**	**0**	
S	Add all the 2 responses together and enter the total in the space provided.			
S1	Add the total scores for environmental health and sanitation interview and facility observation/record			

	review and enter the result in the space provided →				
S2	Score: Divide the total in S1 by 30 and multiply by 100 to get the percentage score for TB, Leprosy & Blindness Prevention and Control	/30	X	100=	_____%

8	Laboratory and IEC Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the health worker providing STI and HIV/AIDS services at the time of visit for items 8.1-8.18				
8.1	**Does the laboratory unit of HC functional?** "Yes"=always, "partly"=only sometimes (sometimes closed), "No"= not functional	2	1	0	
8.2	**Are laboratory supplies regular?** Yes"= always, , "No"= shortages or stock outs occur	2		0	
8.3	**Are all laboratory tests recorded in proper registration books?** "Yes"= all tests always registered, "partly"= not all registered, "No"= no systematic registration	2	1	0	
8.4	**Are there regular IEC sessions in the HC**? "Yes" = consistently, "Partly" = sporadically, "No" = no IEC provided.	2	1	0	
8.5	**Do you have adequate IEC materials in major program areas?** "Yes" = materials available for all major program areas, "Partly" = materials available for some program areas "No"= no IEC materials are available for major program areas.	2	1	0	
S	Add all the 2 and 1 responses together and enter the total in the space provided				

8	Laboratory and IEC Facility Observation/Record Review	Yes	No	Comments
I	**Instructions:** To answer the following questions, review the facility equipment, room or record book in question (for example, look in the examination room, step on the scale, test out the BP machine).			
8.6	Are laboratory registration books kept properly?	2	0	
8.7	Are posters posted in proper places in the health center?	2	0	
8.8	Are IEC materials stored properly (not dispersed on the floor or placed outside open for sunlight and/rain?	2	0	
S	Add all the 2 responses together and enter the total in the space provided.			

8	Total Score Laboratory and IEC			
S1	Add the total scores for Sanitation, Logistics, Supplies, Laboratory and IEC interview, and facility observation and enter the result in the space provided →			
S2	Divide the total above by 40. Enter the result in the far right column.	/16		
S3	Multiply the result of S2 by 100. This is the	X 100		_____%

	percentage score for EPI. Enter the percentage result in the space provided →		

Section 4: Key Management Areas

9	Management Team Activities Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the manager at the time of visit for items 9.1-9.6				
9.1	**Are management standards for Health Center being used (referred to)?** "Yes" = Management standards available and followed, "Partly" = management standards are incomplete or are not consistently followed, "No" = no management standards exist.	**2**	**1**	**0**	
9.2	**Does the Management committee have regular Meetings?** "Yes" = management committee meets at least once per month, "Partly" = management committee meets every quarter, "No" = the committee meets less than quarterly or not at all.	**2**	**1**	**0**	If yes, How often? _____ Date of last meeting? _____
9.3	**Are minutes Management committee Meetings recorded and kept? (ask to see the minutes)** "Yes" = Minutes regularly taken and are available for review, "Partly" = Minutes sporadically taken, "No"= minutes not taken or not available for review.	**2**	**1**	**0**	
9.4	**Are Management committee decisions communicated to the staff?** "Yes" = Management decisions communicated to all staff on a monthly basis, "Partly" = management decisions sometimes communicated; "No" management decisions are not communicated to staff.	**2**	**1**	**0**	
9.5	**Was monthly review meetings held in the last quarter?** "Yes" = meetings conducted every month in the last quarter (3 times), "Partly" = meetings conducted only 1 or 2 times, "No"= no staff meetings conducted in the last quarter.	**2**	**1**	**0**	
9.6	**Are actions decided during the review meeting being implemented?** "Yes" = meetings specifically discuss problems and actions for addressing problems are agreed upon, "Partly" = only sometimes actions are discussed and decided upon, "No"= No meetings held with staff or meetings held but staff are not involved in the discussion of issues/problems or development of actions/solutions.	**2**	**1**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 12 and multiply by 100 to get the percentage score for Management Team Activities	**/12**	**X**	**100**	_____%

10	Supervision Issues Interview	Yes	Partly	No	Comments
I	**Instructions**: Interview the manager at the time of visit for items 10.1-10.7				
10.1	**Is there supervisory schedule from WorHO known by the HC? (if yes, check for the copy)** "Yes" = the copy of supervisor schedule available, "Partly"= the HC knows the schedule, but doesn't have a copy; "No"= the health center staff do not know the	**2**	**1**	**0**	

10	**Supervision Issues Interview**	**Yes**	**Partly**	**No**	**Comments**
	WorHO supervisory schedule				
10.2	**Do you have a copy of completed ISCLs from supervisory visit in the last quarter?**	**2**	▨	**0**	
10.3	**Was written feedback on the supervisory findings provided for the last visit?** (ask to see) "Yes" = written feedback provided and available, "Partly" = provided but not available, "No"= no written feedback provided.	**2**	**1**	**0**	
10.4	**Is follow-up & support provided from the WorHO to ensure implementation of the agreed actions?** "Yes" = regular follow-up is being provided; "Partly" = follow-up provided, but not regular; "No" = follow-up not provided.	**2**	**1**	**0**	
10.5	**Do you have supervisory Visitors book? (ask to see)** "Yes" = book exists and is available, "Partly"= book exists but no entry recorded; "No"= book is not available.	**2**	**1**	**0**	
10.6	**Do you have a copy of the "Integrated Supervisory Checklists to Health Centres"? (ask to see)** "Yes" = HC has copies, "No" = HC does not have copies or copies are not available.	**2**	**1**	**0**	
10.7	**If yes, is the checklist being used for self assessment?**	Informational Only, comment here:			
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 12 and multiply by 100 to get the percentage score for Management Team Activities	**/12**	**X**	**100**	_____%

11	**HMIS Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Interview the manager at the time of visit for items 11.1-11.4	▨	▨	▨	▨
11.1	**Do you have an HMIS Review team?** (ask the Head to list the members of the review team) "Yes" = HMIS review team exists and Head able to list the members, "No" review team does not exist or membership is undefined/unclear.	**2**	▨	**0**	
11.2	**Does the team meet regularly and discuss the HMIS in your health center?** "Yes" = team meets either monthly, regularly; "Partly" = team meets only twice in a quarter; "No" = team had no regular meeting in the last quarter	**2**	**1**	**0**	
11.3	**Do you take action on the problems identified by HMIS review team?** (ask to see the last revision) "Yes" = actions are routinely taken based on the HMIS review team suggestions; "Partly" = actions are not taken consistently; "No"= no actions are ever been take	**2**	**1**	**0**	
11.4	**Does the HMIS review team have a book of meeting minutes?** (ask to see the book) "Yes" = minute book exists and is up-to-date, "Partly" = minute book exists but is not up-to-date, "No" = no minute book exists or book is not available.	**2**	**1**	**0**	
S	Add all the 2 and 1 responses together and enter the total in the space provided				

11	**HMIS Facility Observation/Record**	**Yes**	**No**	**Comments**

	Review			
I	**Instructions:** Review HMIS documents to answer questions 11.5-11.14			
	Check for the availability of the following wall charts :			
11.5	Is there a wall chart of the Catchment Population Profile for the HC?	**2**	**0**	
11.6	Is there a wall chart of the top causes of morbidity (males and females)?	**2**	**0**	
11.7	Is there a wall chart of the top causes of morbidity in children under 5 years of age?	**2**	**0**	
11.8	Is there a wall chart of the staffing profile for the health center?	**2**	**0**	
11.9	Is there a wall chart of outreach locations for the health center?	**2**	**0**	
11.10	Is there a wall chart summarizing the monthly plan-performance monitoring?	**2**	**0**	
11.11	Is there a wall chart for EPI Monitoring of children under 1year age?	**2**	**0**	
	Check for the availability of the following worksheets:			
11.12	Minimum standard worksheet: routine reports submission check?	**2**	**0**	Check a copy of the report.
11.13	Minimum standard worksheet: out of stock report	**2**	**0**	
11.14	Minimum standard worksheet: communicable disease surveillance	**2**	**0**	
S	Add all the 2 responses together and enter the total in the space provided			

11	**Total Score HMIS**		
S1	Add the total scores for HMIS interview, and facility observation and enter the result in the space provided →		
S2	Divide the total above by 28. Enter the result in the far right column.	**/28**	
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	**X 100**	_____%

12	**Human Resources Management Interview**	Yes	Partly	No	Comments
I	**Instructions**: Interview the manager at the time of visit for items 12.1-12.6				
12.1	**Is the training health workers receive always related to the skills needed for the health worker to provide services in his/her assigned work unit?** "Yes" = always, "Partly" = Not necessarily (as required only) "No" = rarely	**2**	**1**	**0**	
12.2	**Is in-service training inventory for staff available?** (If yes, check the registry) "Yes" = registry kept, available and up-to-date, "Partly" = registry kept and available but not up-to-date, "No" = no registry or registry not available	**2**	**1**	**0**	

12	**Human Resources Management Interview**	**Yes**	**Partly**	**No**	**Comments**
12.3	Are you implementing ROPPA?	**2**		**0**	
12.4	Do you have a Strategic Plan?	**2**		**0**	
12.5	Did you develop a Result-Oriented Performance Plan?	**2**		**0**	
12.6	In the last six months, have you appraised the staff against the Result-Oriented Performance plan	**2**		**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 12 and multiply by 100 to get the percentage score for Human Resources Management	**/12**	**X**	**100**	_____%

13	**Civil Services Reform Program Components**	**Yes**	**No**	**Comments**
I	Instructions: Interview relevant HC staff for items 13.1-13.11			
13.1	Are any preconditions to access services put in place accessible to clients? (if no preconditions exist circle 2)	**2**	**0**	
13.2	Have you started doing Business Process Re-engineering (BPR)	**2**	**0**	
13.3	Is the Health Center identifying sign board posted at the entrance?	**2**	**0**	
13.4	Is there an information desk at the health center?	**2**	**0**	
13.5	Information on types of services and their location is clearly displayed in the compound?	**2**	**0**	
13.6	Is each unit/room clearly labelled for service users?	**2**	**0**	
13.7	Are all staff wearing badges indicating: name, profession and responsibility?	**2**	**0**	
	Are any of the following systems for receiving clients' complaints available:			
13.9	Are formats available and accessible in each office for collecting client's suggestion on the service delivery	**2**	**0**	
13.10	Record books or suggestion boxes for clients to give comments are available at key service provision units?	**2**	**0**	
13.11	Are record books or suggestion boxes for clients to give comments updated? (See a sample Box or Book)	**2**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.			
S2	Divide the total in S1 by 20 and multiply by 100 to get the percentage score for Access and Information	**/20**	**X**	**100**	_____%

14	**Financial Management Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Interview the manager at the time of visit for items 14.1-14.7				
14.1	**Are service charges and exempted services displayed for clients to see?** "Yes" = Displayed and visible to all clients, "No" = not	**2**	**1**	**0**	

14	Financial Management Interview	Yes	Partly	No	Comments
	displayed or not easily visible to all clients.				
14.2	**Are fees collected by receipts issued by the Bureau of Finance/Regional Health Bureau? (ask to see records)** "Yes" = fees always collected with receipts issued by BoF, "Partly" = fees collected but not consistently with receipts from BoF, "No" =fees collected by using any available receipts.	**2**	**1**	**0**	
14.3	**Do you follow the HCF reform guidelines for managing revenue?**	**2**	/////	**0**	
14.4	**Do you report the amounts of revenue collected *monthly* to the Woreda Finance Office?** "Yes" = monthly reports submitted, "No" monthly reports not submitted or revenues not collected.	**2**	/////	**0**	
14.5	If you do not retain revenue as per the HCF reform/ proclamation, do you remit cash collected to the Woreda Finance Office?	Informational Only, comment here:			
14.6	**Do you know the share of non-salary recurrent expenditure compared to the total expenditure for the Health Center? (ask to see)** "Yes" = budget exists and the amount is known by HC admin. staff; "Partly" = budget exists but exact amount not known; "No" = not known	**2**	**1**	**0**	
14.7	Do you know the proportion of clients/patients served on free basis/beneficiaries of the fee waiver system?	Informational Only, comment here:			
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 10 and multiply by 100 to get the percentage score for Financial Management	**/10**	**X**	**100**	_____%

15	Logistics and Supplies Management Interview	Yes	No	Comments
I	**Instructions:** Ask the manager or pharmacist questions 15.1-15.3:	/////	/////	/////
15.1	Do you have a system for logistics and medical supplies?	2	0	
15.2	If yes, are you following it? (If no to question 15.1, circle 0)	2	0	
15.3	Are stock/cards being used in the HC?	2	0	To check (see Q15.6)
S	Add all the 2 responses together and enter the total in the space provided.			

15	Logistics and Supply Management Service Delivery Observation	Observation 1		Observation 2		Observation 3	
I	**Instructions:** Observe 2-3 cases of the pharmacist dispensing medication to clients.	Yes	No	Yes	No	Yes	No
15.4	Pharmacist/dispenser ensures that client understands proper dosage and use before leaving health facility?	2	0	2	0	2	0
S	Add all the 2 responses together and enter the total in the space provided.						

15	Logistics and Supplies Management Facility Observation/Record Review	Yes	No	Comments

15.5	Is the drug store properly ventilated?	**2**	**0**	
15.6	Essential drugs are stored in order of expiry date (FEFO order)?	**2**	**0**	
15.7	Are stock/bin cards maintained?	**2**	**0**	
S	Add all the 2 responses together and enter the total in the space provided.			

15	**Total Score Logistics and Supply Management**					
S1	Add the total scores for Logistics and Supply Management interview, service delivery observation, and facility observation/record review and enter the result in the space provided →					
S2	Divide the total above by 14 if one observation was conducted, by 16 if 2 observations were conducted and by 18 if 3 observations were conducted. Enter the result in the far right column.	**/14**	**/16**	**/18**		
S3	Multiply the result of S2 by 100. This is the percentage score for Logistics and Supply Management. Enter the percentage result in the space provided →	**X 100**				_____%

Findings and Agreed Action Plan

Name of the Health Facility_____ Date Supervised_____ Name of Woreda _____

#	Key Area	Current Score	Findings for Action/ Problems/	Agreed measures for action	By when? (Specific date)	Who (responsible)? (WorHO/ZHO/RHB)	Target Score (expected Improvement in next quarter)

Supervisors: 1. _____   _____   _____

2. _____   _____   _____

Supervisees: 1._____   _____   _____

2._____   _____   _____

Name   Job Position   Date & Signature

Annex 1: In-service Training Inventory Format

Theme of Training: _____

#	Specific areas addressed[2] in the training	Duration of training	Participants			(Training) Organized by
			M	F	Total	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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[2] Specific areas:(1) Management areas: Supervision, HMIS, Human Resources Management, Drugs and supplies management, Human resources Management etc (2) Clinical Area: EPI, IMCI, Nutrition, etc

CHECKLIST FOR INTEGRATED SUPPORTIVE SUPERVISION
TO
WOREDA HEALTH OFFICE

Section 1: Identification

Name of the Woreda Health Office_____ Date _____

Is this supervision visit being conducted by the Zonal Health Desk/Office?   Yes   No

If no, which level/office is conducting this supervision visit? _____

What was the date of the last supervision visit by the ZHD/O? _____

Names of supervision team members: (1) _____ (2) _____

(3)_____ (4) _____

Person(s) contacted at the Woreda Health Office:

Name	Title	Responsibility

Section 2: Follow-up

1. Key issues from the last supervisory visit by the Zonal Health Desk/Office:

_____
_____
_____
_____

2. Key Elements Under Review during this Supervisory Visit - Check the elements are under review

during this supervisory visit:

1. Management Team Activities   ____
2. Supervision   ____

3. HMIS   ____
4. Human Resources Management and Civil Service Reform   ____
5. Financial Management   _____
6. Logistics and Supply Management___
7. EPI Programs   ____

8. Maternal and Reproductive Health
9. Services ____
10. Outreach Issues
11. Communicable Disease Control
12. Malaria Control
13. Environmental Health and Health Extension Program
14. Construction Projects   ____
15. All Areas   __

Guidance

1. Checklist Objectives: The integrated checklist provides the ZHD/O or RHB with a standard, summarized tool that can be used for effective and quick assessments of WorHO performance. Its main objective is to guide and document supportive supervision with the aim of improving the quality of health service delivery and management.

2. Who should use this checklist: This checklist is intended to be used by Zonal Health Desk/Office during quarterly supportive supervision to the ZHD/O.

3. Who to interview and/or observe: Interview the WorHO management team and other appropriate staff according to the sections set out in the checklist. While interviewing, verify responses by reviewing the documents &/or records in question**.**

4. How to complete the checklist:

A. Review the checklist before each supervisory visit

B. Either prior to your visit or at the beginning of the supervisory visit, ask the health center staff to make the following documents available for review:

▪ Minutes of Management Committee Meetings	▪ HMIS Review team minute book
▪ Management Performance Standards	▪ Minimum Standards Worksheet – from HMIS Training
▪ Health Sector Strategic Plan	▪ Human resources information
▪ Annual Plan	▪ In-service training inventory
▪ Completed ISCL from the last Supervisory Visit	▪ Malaria epidemic monitoring charts
▪ Supervisory Visit Book	

C. Begin the supervision visit by introducing the objectives of supervision to the WorHO staff.

D. Circle the appropriate columns of the checklists.
   Scoring is done based on scores of 0, 1 and 2.

   0   score represents a **"NO"** response or addresses the criteria listed below the question
   1   score represents a **"PARTLY"** response or addresses the criteria listed below the question
   2   score represents a **"YES"** response or addresses the criteria listed below the question.

E. Where space for comments is provided, fill in any information that describes the situation, problems or issues related to the question.

F. Note: All questions are always applicable. No question should ever be marked NA (not applicable). The question is either "yes", "partly" or "no". Questions are designed to reflect ideal standards. If a system is not yet in place then the score should be "0", regardless of the control of the office over the implementation of this system. For example, if IMNCI training is not yet provided in the woreda, the score is "0" as the expectation is that all health facilities will provide IMNCI services in the future. The goal is to strive for the highest standard possible.

G. After completing the checklist, review the form to make sure that all questions have been answered and information filled in.

Section 3: Key Management Areas

1	Management Team Activities Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 1.1-1.13	/////	/////	/////	/////
1.1	**Does the Management committee have meetings on a monthly basis?** "Yes"= Management committee meets at least once per month, "Partly" = Management committee does not meet monthly, but meets at least quarterly, "No"= No management committee meetings exist, or the committee meets less than 4 times per year.	**2**	**1**	**0**	If yes, How often? _____ What was the date of last meeting? _____
1.2	**Are the management meetings minuted?** (ask to see the minutes) "Yes"= Minutes are regularly taken and are available for review "Partly"=Minutes sporadically taken and are available, "No"=Minutes are not taken, not available, or meetings do not take place	**2**	**1**	**0**	
1.3	**Are management committee decisions communicated to all staff?** "Yes"= Management committee decisions communicated to all staff regularly/ Monthly, "Partly"= Management committee decisions are communicated to some staff or only sometimes communicated, "No"= Management decisions are not communicated to staff	**2**	**1**	**0**	
1.4	**Do you have "Management Performance Standards for the WorHO"?** (if yes, ask to see a copy of the standards) "Yes" = has copy readily available "No" = does not have standards or cannot provide a copy	**2**	/////	**0**	
1.5	**Do you follow/use management standards to guide routine management activities?** "Yes", = always "Partly" = sometimes "No"= never	**2**	**1**	**0**	
1.6	**Do you have the health sector strategic plan?** (if yes, ask to see the plan and review it for completeness) "Yes"= Available and complete, "Partly" = available but not complete, "No" = no plan or plan not available	**2**	**1**	**0**	
1.7	**Does the WorHO have annual plan document?** (if yes, ask to see the plan and review it) "Yes" = Available and complete, "Partly" = available but not complete, "No" = no plan or plan not available	**2**	**1**	**0**	
1.8	**Did all health facilities participate in the WorHO annual planning?** "Yes"= All WorHOs participated, "Partly"= only some WorHOs participated; "No" = WorHOs not participated at all or there was no annual planning meeting.	**2**	**1**	**0**	
1.9	**Did the WorHO conduct review meetings with all health facilities in the previous**	**2**	/////	**0**	

1	Management Team Activities Interview	Yes	Partly	No	Comments
	quarter?				
1.10	**Did the key health partners (NGOs and private sector) participate in your review meetings?** "Yes"= All key health partners were involved "Partly"= Some key partners were involved, "No"= key partners were not involved	**2**	**1**	**0**	
1.11	**Were findings of the recent supportive supervision reported during the last review meeting?**	**2**		**0**	
1.12	**Was an action plan developed to address identified problems at the end of the last review meeting?**	**2**		**0**	
1.13	**Are you implementing the action plan developed during the review meeting?** "Yes" = action plan is being implemented "Partly"=some of the decisions made/action plan are being implemented, "No" = the plan is not being implemented or no action plan was developed	**2**	**1**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 26 and multiply by 100 to get the percentage score for Management Team Activities	**/26**	**X**	**100**	_____%

2	Supervision Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 2.1-2.13				
2.1	**Do you know the annual supervisory schedule of the Zone to your Woreda?**	**2**		**0**	
2.2	**Did you receive supervisory visits in the previous quarter?** (If yes, check to see a copy of completed ISCL from the last visit)	**2**		**0**	
2.3	**Were the supervisory findings and agreed upon action plan discussed in the Management Committee meetings following the visit?**	**2**		**0**	
2.4	**Can you show me a copy of the completed Integrated Supervisory Checklist from the Zone's last visit to your WorHO**	**2**		**0**	Look at the checklist, note its date and if it is complete
2.5	**Do you have Supervisory Visit Book?** (if yes, ask to see the supervisory visitors book) Yes" = book exists and is available, "No"= No book or book is not available.	**2**		**0**	Is any entry of supervisory findings made in the book?

2	Supervision Interview	Yes	Partly	No	Comments
2.6	**Did you use the ISCL as a self-assessment tool in the last quarter?**	**2**		**0**	
2.7	**Has the Woreda developed and communicated annual schedules for supervision to health centres?**	**2**		**0**	
2.8	**Have all health centres been notified in writing of the annual supervision schedule of the Woreda?**	**2**		**0**	
2.9	**What percentage of health centres and health posts did the WorHO make supervisory visits to in the previous quarter?** "Yes"= All HC and HP; " Partly"= Some HC and HP; "No"= No HF and HPs visited	**2**	**1**	**0**	Note the number of HCs and HPs visited in the previous quarter HC_____ HP_____
2.10	**Did you use the "Integrated Supervisory checklists for health centres and health posts" during the visits?** "Yes"= ISCLs were used at all HC and HP, "Partly" = ISCLs were used at some HCs and HPs "No"= ISCLs were not used at any HCs or HPs supervised	**2**	**1**	**0**	
2.11	**During the visits, did you observe 1-3 cases of EPI, under-five sick baby clinic and maternal health services while provided (case observation)** "Yes" = in all facilities observations were made in all areas, "Partly" = in some facilities observations were made or observations made of only some services, "no" = no observations were conducted	**2**	**1**	**0**	
2.12	**Did WorHO supervisors provide feedback to the visited HCs and HPs?** (if yes, ask to see a copy of the feedback) "Yes"= feedback provided to all HCs and HPs visited; "Partly" = Feedback provided to some HC and HPs, "No"= feedback provided very inconsistently or not at all.	**2**	**1**	**0**	Oral _____ Written_____ Both_____
2.13	**Did you make follow-up visits to the health facilities supervised before the next scheduled quarterly supervision to ensure implementation of agreed actions?** "Yes"= follow-up provided to all health facilities, "Partly" = follow-up provided to some health facilities "No"= follow-up not provided to health facilities or done only very rarely	**2**	**1**	**0**	
2.14	**Are the supervisory findings from HCs discussed in your Management Committee meeting?** "Yes"= findings for all supervision visits	**2**	**1**	**0**	

2	Supervision Interview	Yes	Partly	No	Comments
	discussed in all meetings "Partly"= findings for some supervision visits discussed or only discussed in some meetings "No"= findings of supervision visits not discussed				
2.15	**Are private & NGO facilities in the Woreda supervised according to the operational agreements?**	**2**		**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 30 and multiply by 100 to get the percentage score for Supervision	**/30**	**X**	**100**	_____%

3.	HMIS Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the Woreda Health Office management team to address questions 3.1 to 3.4				
3.1	**Do you have a HMIS review team?**	**2**		**0**	
3.2	**Does the HMIS review team conduct regular monthly HMIS review meetings?**	**2**		**0**	
3.3	**Do you have an HMIS review team minute book?** (if yes, see to check) " Yes"= book kept and available "Partly" = book kept, available, but incomplete, "No"= not kept or not available	**2**	**1**	**0**	
3.4	**Does the management committee take appropriate actions to improve performance based on the HMIS review?** "Yes"= always, actions taken "Partly"= actions taken, but not monthly. "No"= no actions taken	**2**	**1**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided→				

3.	HMIS Records Observation	Yes	Partly	No	Comments
I	**Instructions:** Ask to see, or be shown, the charts and worksheets noted below. Examine them to see if they are both accurate (the right charts/sheets) and up-to-date. Then complete the responses to questions 3.5 to 3.15.				
	Yes = the charts are displayed on the wall and worksheets are available, <u>and</u> all are up-to-date.				
3.5	**Is there a wall chart for: Catchment population profile?**	**2**		**0**	
3.6	**Is there a wall chart for: Top ten causes of morbidity (Males & Females)?**	**2**		**0**	
3.7	**Is there a wall chart for: Top ten causes of morbidity in children under 5 years of age?**	**2**		**0**	
3.8	**Is there a wall chart for: Staffing profile?**	**2**		**0**	
3.9	**Is there a wall chart for: Outreach locations?**	**2**		**0**	

		Yes		No	
3.10	**Is there a wall chart for: Quarterly plan-performance monitoring?**	**2**		**0**	
3.11	**Is there a wall chart for: EPI monitoring for children under 1 year of age?**	**2**		**0**	
3.12	**Is there a worksheet for: Routine reports submission check?**	**2**		**0**	
3.13	**Is there a worksheet for: Out of stock report?**	**2**		**0**	
3.14	**Is there a worksheet for: Communicable disease surveillance?**	**2**		**0**	
3.15	**Is there a worksheet for: Annual plan-performance monitoring charts?**	**2**		**0**	
S1	Add all the 2 responses together and enter the total in the space provided→				

3.	Total Score HMIS			
S1	Add the total scores for HMIS interview and observation and enter the result in the space provided →			
S2	Divide the total above by 30 Enter the result in the far right column.	**/30**		
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	**X 100**		_____%

4	**Human Resources Management and Civil Services Reform Program Interview**	Yes	Partly	No	**Comments**
I	**Instructions:** Interview the Woreda Health Office management team to address questions 4.1-4.6				
4.1	**Does the WORHO keep information on human resources in the woredas and Health facilities that is up dated quarterly?** "Yes"= WorHO keeps updated human resources information ; "Partly"= WorHO keeps human resources information, but it is not updated; "No"= No regular human resources information kept	**2**	**1**	**0**	(ask to see the information and check that it is up-to-date)
4.2	**Does the WorHO keep in-service training inventory for the woreda and health facilities by Themes and Gender*?** (If yes, ask to see the inventory) "Yes"= WorHO keep training inventory; "Partly"= WorHO Keeps inventory but not complete; "No"= No inventory is kept at the WorHO	**2**	**1**	**0**	*The Format is annexed in the service training inventory forms.
4.3	**Are you implementing Result-Oriented Performance Planning and Appraisal (ROPPA)?**	**2**		**0**	
4.4	**Did you develop Result-Oriented Performance Plan for individual workers?**	**2**		**0**	
4.5	**Have you started appraising/evaluating your staff/health workers with Result-Oriented Performance plan?**	**2**		**0**	

	Do you make follow up visits and provide support for health centres implementing ROPPA?	**2**		**0**	
4.6					
S1	Add all the 2 and 1 responses together and enter the total in the space provided→				

4.	**Human Resources Management and Civil Services Reform Program Facility/Record Observation**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Observe the service delivery reform sub-program of the civil services reform program and the ZHO office and records for questions 4.7-4.15:				
4.7	**Is the name of woreda posted on a sign board at the entrance?**	**2**		**0**	
4.8	**Is there an information desk?**	**2**		**0**	
4.9	**Is information on types of services and their location is clearly displayed in the compound?**	**2**		**0**	
4.10	**Is each unit/room clearly labelled for service users?**	**2**		**0**	
4.11	**Are service provision standards available in different units of the WorHO** (you may need to ask one of the WorHO managers to show you the standards)?	**2**		**0**	
4.12	**Are all staff wearing badges listing their: name, profession and responsibility.**	**2**		**0**	
4.13	**Are formats available and accessible in each office for collecting clients' suggestion on the service delivery**	**2**		**0**	
4.14	**Are record books for clients to give comment or suggestion boxes are available at key service provision units?**	**2**		**0**	(See a sample Box or Book)
4.15	**Were suggestions provided by clients (in suggestion boxes, record book or formats) collected and processed in the previous quarter?**	**2**		**0**	
S1	Add all the 2 responses together and enter the total in the space provided→				

4	**Total Score Human Resources Management and Civil Services Reform Program**				
S1	Add the total scores for HRM and Civil Services Reform Prog. interview and observation and enter the result in the space provided→				
S2	Divide the total above by 30. Enter the result in the far right column.		**/30**		
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →		**X 100**		_____%

5	**Financial Management Interview**	**Yes**	**Partly**	**No**	**Comments**

	Interview the Woreda Health Office management team to address questions 5.1-5.11.				
I					
5.1	**Are you implementing Health Care financing directives?**	**2**		**0**	
5.2	**Have Health facilities in your woreda started retaining revenue generated in accordance with HCF proclamation and directives?**	**2**		**0**	
5.3	**Are HFs regularly reporting the amounts collected monthly to the Woreda Finance Office?** "Yes" = both financial records and receipts available for each month of the last quarter; "partly" = incomplete records or receipts, or not all months represented for every facility, "No" = no records or receipts	**2**	**1**	**0**	
5.4	**Did you provide financial records and receipts to the health centres &/ district hospital?**	**2**		**0**	
5.5	**Has the WorHO followed-up the allocation of the necessary budget by the Woreda administration to reimburse the costs of the fee waiver beneficiaries?**	**2**		**0**	
5.6	**Has WorHO followed-up reimbursement of the costs of fee waiver requested by the health centers and district hospitals?**	**2**		**0**	
5.7	**Did you receive financial reports from health facilities &/or hospitals in the last quarter?** "Yes"= received from all "Partly"= from some "No"= from none	**2**	**1**	**0**	
5.8	**Did you compile financial reports and submit to the Woreda Council and ZHD/O in the last quarter?** "Yes" = compiled and submitted, "Partly" = compiled but not yet submitted; "No" = neither compiled nor submitted.	**2**	**1**	**0**	
5.9	**Do you keep and update the inventory of assets in the WorHO? (if yes, ask to see the inventory)**	**2**		**0**	
5.10	**What budget and financial problems is the WorHO currently facing?** (informational only; no scores apply)				
5.11	**Describe how these budget problems are affecting service delivery and what you are doing to address these problems.**(informational only; no scores apply)				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 18 and multiply by 100 to get the percentage score for Financial Management	**/18**	**X**	**100**	_____%

6	Logistics and Supplies Management Observation Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the Woreda Health Office management team to address questions 6.1-6.7				
6.1	**Does the WorHO have a logistics and medical supplies system[3] that is operational and routinely monitored?** "Yes" = system exists and is being followed, "No" = no system exists or system is not being followed	2		0	
6.2	**Are stock &/ or bin cards used in your health facilities** (check ISCLs of lower levels for this information)? Yes = are used regularly by all WorHOs and HFs, Partly = used by some WorHOs and HF regularly or by all sometimes, No = stock cards not used at all or very rarely used.	2	1	0	
6.3	**Do you receive and compile quarterly reports on drugs and medical supplies from health facilities?** "Yes" = the WorHO receives regular reports from HFs and compiles them quarterly, "No" WorHO does not or only occasionally receives reports from HFs, or reports are received but not compiled.	2		0	
6.4	**Is a minimum stock level (at least 3 months stock) kept for essential drugs and supplies?**	2		0	
6.5	**Has your stock of all drugs remained above the minimum level (no stock outs or shortages) in the last three months?** "Yes" = no stock out or supply problem, "No" = Stock out and/or supply problem	2		0	
6.6	**If "no" to the above question, which supplies fell below the minimum level?**	Informational Only, no scores apply			
	▪ Vaccines	Yes		No	
	▪ Family Planning Supplies	Yes		No	
	▪ Essential Drugs (antibiotics)	Yes		No	
	▪ Antimalarial Drigs	Yes		No	
	▪ DDT and Spray Pumps	Yes		No	
	▪ Vitamin A	Yes		No	
	▪ Anti-TB drugs	Yes		No	
	▪ ART	Yes		No	
6.7	**What was/were the main reason for the shortage or stockout?**	Informational Only, no scores apply			
	▪ Supplier out of stock	Yes		No	
	▪ Budget shortage for medical supplies	Yes		No	
	▪ Transportation problems for distributing supplies to health facilities	Yes		No	
	▪ Health facilities are not using stock/bin cards and did not maintain minimum stock	Yes		No	

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[3] "Logistic and supplies system" stands for system of acquiring, storing and using drugs and medical supplies. This includes systems for the purchase, storage, dispensary, use of Bin/stock card, and managing and implementing the concept of "Minimum stock level" for ordering,

		Yes	Partly	No	Comments
	levels				
	▪ Health facilities are not giving timely reports on consumption and requirements	**Yes**		**No**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 10 and multiply by 100 to get the percentage score for Logistics and Supplies Management	**/10**	**X**	**100**	_____%

Section 4: Key Program Areas

7.	**EPI Programs**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions:** Interview the ZHO management team to complete items 7.1-7.10				
7.1	**Has DPT3 coverage improved since the previous quarter?**	**2**		**0**	
7.2	**Has the DPT1-DPT3 drop out rate reduced since the previous quarter?**	**2**		**0**	
7.3	**Was your DPT1-DPT3 drop out rate <10% in the last quarter?**	**2**		**0**	
7.4	**Has Measles vaccine coverage improved since the previous quarter?**	**2**		**0**	
7.5	**Has the number of fully immunized children improved since the previous quarter?**	**2**		**0**	
7.6	**Has the cold chain monitoring done by health facilities improved since the previous quarter?**	**2**		**0**	
7.7	**Has the regularity of outreach activities improved since the previous quarter?**	**2**		**0**	
7.8	**Use HMIS chart: Is your DPT3 cumulative coverage at or above the target (80%) for the last quarter?**	**2**		**0**	
7.9	**Are you taking actions to improve the quality of EPI services?** Yes = comprehensive actions, Partly = some actions or some problems being addressed but not comprehensive, No = no actions are being taken to improve EPI	**2**	**1**	**0**	
7.10	**If yes or partly, please note what actions you are taking by checking off the relevant items below:**	Informational only; circle all that apply:			
	▪ Frequent supportive supervision visits to HFs that included with observation of EPI service delivery and feedback to?	**Yes**		**No**	
	▪ Encouraging health facilities to assign EPI focal person?	**Yes**		**No**	
	▪ Improving health workers-client communications by providing on the job support to health workers?	**Yes**		**No**	
	▪ Improving EPI supplies for health facilities?	**Yes**		**No**	

7.	EPI Programs	Yes	Partly	No	Comments
	▪ Improving frequency and quality[4] of outreach sessions?	Yes		No	
	▪ Providing logistics and transport support to HFs to enable them keeping continuity of outreach schedules?	Yes		No	
	▪ Active defaulter tracing by the community?	Yes		No	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 18 and multiply by 100 to get the percentage score for EPI Programs	/18	X	100	_____%

8.	Maternal and Reproductive Health Services Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 8.1 and 8.4				
8.1	**Has antenatal coverage improved compared to the preceding quarter?**	2		0	
8.2	**Has postnatal care improved compared with the preceding quarter?**	2		0	
8.3	**Has institutional delivery coverage improved compared with the preceding quarter?**	2		0	
8.4	**Has cumulative family planning coverage improved compared with the preceding quarter?**	2		0	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Maternal and Reproductive Health Services	/8	X	100	_____%

9.	Outreach Issues Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WoHO management team to complete items 9.1 and 9.2. This information is not scored.				
9.1	**Is there a document or wall chart showing the number and location of WorHOs and outreach sites in the Zone ?** (check to see the document or the wall chart)	2		0	
9.2	**What Services being integrated with EPI outreach?** Circle all that apply				
	GM (Growth Monitoring)	Yes	No		
	Vitamin A counselling and provision	Yes	No		
	Family planning	Yes	No		
	Ante-natal Care	Yes	No		

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[4] Quality of outreach schedule includes: Having annual schedule for outreach, advance communications of respective outreach dates at least a month prior to the actual date and confirming with the community, Health workers use community members (CHWs, CHPs, Kebele Cabinet etc) for community mobilization at the outreach sites, etc

	Post-natal Care	**Yes**		**No**	
	Health Education	**Yes**		**No**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Outreach Issues	**/2**	**X**	**100**	_____%

10.	**Communicable Diseases Control Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions:** Interview the WorHO management team to complete items 10.1-10.11				
10.1	**Is syndromic management of sexually transmitted infections (STI) implemented in health Center/s in your Woreda?**	**2**		**0**	
10.2	**Are Voluntary Counseling and Testing (VCT) services for HIV/AIDS available in your Woreda?**	**2**		**0**	
10.3	**Are PMTCT services for HIV/AIDS available in your Woreda?**	**2**		**0**	
10.4	**Are Antiretroviral Treatment (ART) services for HIV/AIDS available in your Woreda?**	**2**		**0**	
10.5	Are TB, Leprosy and blindness prevention programs integrated into health services in your Woreda? "Yes"= all three are integrated "Partly"= Only some of the stated services or not completely integrated "No"= no service integration	2	1	0	
10.6	**Are TB registration books maintained in all health facilities in the Woreda?** "Yes"=all health facilities keep TB registers; "Partly"= Only some of the health facilities keep TB registers; "No"= no facilities keep TB registers	**2**	**1**	**0**	
10.7	**Did all the health facilities in the Woreda have an adequate supply (no stock outs) of TB/Leprosy drugs and laboratory supplies in the last quarter?** "Yes" = no stock outs experienced "No"= stock outs experienced at one or more WorHO or health facility	2		0	
10.8	**Was laboratory quality control for AFB conducted in the previous quarter?**	2		1	
10.9	**Do you have strong TB/Leprosy defaulter tracing and handling mechanisms in place?** "Yes"= in place and strong "Partly"= in place but not strong "No"= No systematic defaulter tracing mechanisms	2	1	0	
10.10	**Are primary eye care services provided in your health centers?** "Yes"= Available in all, "Partly" =available in some, "No"= Not available	2	1	0	
10.11	**Does the WorHO do regular quarterly follow up to ensure AFB is being done as per the guidelines in the health centers?** "Yes"= on regular basis "Partly"= not regular	2	1	0	

	"No"= No follow up				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 22 and multiply by 100 to get the percentage score for Communicable Disease Control	/22	X	100	_____%

11.	Malaria Control Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WorHO management team to complete items 11.1-11.4 (note, this section should only be skipped if the Woreda has no malarious areas at all)				
11.1	**Do you maintain malaria epidemic monitoring charts?** (Check to see the chart updated)	2		0	
11.2	**Do you have malaria epidemic preparedness plan?**	2		0	
11.3	**Do you promote the use of Insecticides Treated Nets (ITNs)?**	2		0	
11.4	**Did the number of Malaria cases in this quarter decline compared to the number of malaria cases in the same quarter of the previous year?**	2		0	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Malaria Control	/8	X	100	_____%

12.	Environmental Health and Health Services Extension Program Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WorHO management team to complete items 12.1-12.10				
12.1	**Does the WorHO have plan for inspection hotels and other institutions**	2		0	
12.2	**Did the Office achieve its Inspection plan target so far?**	2	1	0	
12.3	**Does the WorHO ensure infection prevention activities in the health facilities?**	2	1	0	
12.4	**Does the WorHO have plan for achieving Universal health service coverage in EFY 2000?**	2		0	
12.5	**Are adequate Health posts under construction this year to meet the target of universal coverage?**	2		0	
12.6	**How many health posts are functional in your Woreda?**	Information only			
12.7	**Are all functional health posts staffed with HEWs?**	2	1	0	How many health extension workers do you have in the district? --------
12.9	**Does the WorHO provide regular quarterly supervision and support to health extension**	2	1	0	

	workers?				
12.10	**What challenges are there in your Woreda for implementing HEP?**	Information only			
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 4 and multiply by 100 to get the percentage score for Construction Projects	**/14**	**X**	**100**	_____%

13	Construction Projects Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WorHO management team to complete items 12.1-12.3				
13.1	**Do you have any ongoing or new construction project for the year?**	**2**		**0**	
13.2	**Do you conduct project supervision & monitoring on a monthly basis?** "Yes" = conducted on a monthly bases, "no" = not conducted or not conducted at least once a month	**2**		**0**	
13.3	**What challenges/concerns do you have in implementing/monitoring the construction project?**				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 4 and multiply by 100 to get the percentage score for Construction Projects	**/4**	**X**	**100**	_____%

Additional Comments & Suggestions:

Findings and Agreed Action Plan

Name of the Woreda_____   Date Supervised_____

#	Key Area	Current Score	Findings for Action/ Problems/	Agreed measures for action	By when? (Specific date)	Who (responsible)? (WorHO/ZHO/RHB)	Target Score (expected Improvement in next quarter)

Supervisors: 1) _____   _____   _____

2) _____   _____   _____

Supervisees: 1) _____   _____   _____ _____

2) _____   _____   _____

Name   Job Position   Signature & Date

Annex 1: In-service Training Inventory Format

Theme of Training: _____

#	Specific areas addressed[5] in the training	Duration of training	Participants			(Training) Organized by
			M	F	Total	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

_____

[5] Specific areas:(1) Management areas: Supervision, HMIS, Human Resources Management, Drugs and supplies management, Human resources Management etc (2) Clinical Area: EPI, IMCI, Nutrition, etc

CHECKLIST FOR INTEGRATED SUPPORTIVE SUPERVISION
To

ZONAL HEALTH DEPARTMENTS/OFFICES

Section 1: Identification

Name of the Zonal Health Department_____ Date _____

Is this supervision visit being conducted by the RHB?Yes   No

If no, which level/office is conducting this supervision visit? _____

What was the date of the last supervision visit by the RHB? _____

Names of supervision team members: (1) _____ _____ (2) _____

(3)_____ (4) _____

Person(s) contacted at the Zonal Health Department:

Name	Title	Responsibility

Section 2: Follow-up

1. Key issues from the last supervisory visit by the Regional Health Bureau:

_____
_____
_____
_____

2. Key Elements Under Review during this Supervisory Visit - Check the elements are under review

during this supervisory visit:

1. Management Team Activities   ____
2. Supervision ____
3. HMIS   ____
4. Human Resources Management and Civil Service Reform   ____
5. Financial Management   ____
6. Logistics and Supply Management ____
7. EPI Programs   ____
8. Maternal and Reproductive Health

9. Services ____
10. Outreach Issues____
11. Communicable Disease Control ___
12. Malaria Control ____
13. Environmental Health and Health ____
14. Extension Program ____
15. Construction Projects ____
16. All Areas   ____

Guidance

1. Checklist Objectives: The integrated checklist provides the RHB with a standard, summarized tool that can be used for effective and quick assessments of ZHD/Os performance. Its main objective is to guide and document supportive supervision with the aim of improving the quality of health service delivery and management.

2. Who should use this checklist: This checklist is intended to be used by Regional Health Bureau (RHB) during quarterly supportive supervision to the ZHD/O.

3. Who to interview and/or observe: Interview the ZHD/O management team and other appropriate staff according to the sections set out in the checklist. While interviewing, verify responses by reviewing the documents &/or records in question**.**

4. How to complete the checklist:

A. Review the checklist before each supervisory visit

B. Either prior to your visit or at the beginning of the supervisory visit, ask the health center staff to make the following documents available for review:

- Minutes of Management Committee Meetings
- Management Performance Standards
- Health Sector Strategic Plan
- Annual Plan
- Completed ISCL from the last Supervisory Visit

- Supervisory Visit Book
- HMIS Review team minute book
- Minimum Standards Worksheet – from HMIS Training
- Human resources information
- In-service training inventory
- Malaria epidemic monitoring charts

C. Begin the supervision visit by introducing the objectives of supervision to the ZHD/O staff.

D. Circle the appropriate columns of the checklists.
Scoring is done based on scores of 0, 1 and 2.

0	score represents a **"NO"** response or addresses the criteria listed below the question
1	score represents a **"PARTLY"** response or addresses the criteria listed below the question
2	score represents a **"YES"** response or addresses the criteria listed below the question.

E. Where space for comments is provided, fill in any information that describes the situation, problems or issues related to the question.

F. Note: All questions are always <u>applicable</u>. No question should ever be marked NA (not applicable). The question is either "yes", "partly" or "no". Questions are designed to reflect ideal standards. If a system is not yet in place then the score should be "0", regardless of the control of the office over the implementation of this system. For example, if IMNCI training is not yet provided in the Woreda, the score is "0" as the expectation is that all health facilities will provide IMNCI services in the future. The goal is to strive for the highest standard possible.

G. After completing the checklist, review the form to make sure that all questions have been answered and information filled in.

Section3: Key Management Areas

1	**Management Team Activities Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions:** Interview the ZHO management team to complete items 1.1-1.13				
1.1	**Does the Management committee have meetings on a monthly basis?** "Yes"= Management committee meets at least once per month, "Partly" = Management committee does not meet monthly, but meets at least quarterly, "No"= No management committee meetings exist, or the committee meets less than 4 times per year.	**2**	**1**	**0**	If yes, How often? _____ What was the date of last meeting? _____
1.2	**Are the management meetings minuted?** (ask to see the minutes) "Yes"= Minutes are regularly taken and are available for review "Partly"=Minutes sporadically taken and are available, "No"=Minutes are not taken, not available, or meetings do not take place	**2**	**1**	**0**	
1.3	**Are management committee decisions communicated to all staff?** "Yes"= Management committee decisions communicated to all staff regularly/ Monthly, "Partly"= Management committee decisions are communicated to some staff or only sometimes communicated, "No"= Management decisions are not communicated to staff	**2**	**1**	**0**	
1.4	**Do you have "Management Performance Standards for the ZHD/Os"?** (if yes, ask to see a copy of the standards) "Yes" = has copy readily available "No" = does not have standards or cannot provide a copy	**2**		**0**	
1.5	**Do you follow/use management standards to guide routine management activities?** "Yes", = always "Partly" = sometimes "No"= never	**2**	**1**	**0**	
1.6	**Do you have the health sector strategic plan?** (if yes, ask to see the plan and review it for completeness) "Yes"= Available and complete, "Partly" = available but not complete, "No" = no plan or plan not available	**2**	**1**	**0**	
1.7	**Does the ZHD/O have annual plan document?** (if yes, ask to see the plan and review it) "Yes" = Available and complete, "Partly" = available but not complete, "No" = no plan or plan not available	**2**	**1**	**0**	
1.8	**Did all Woreda Health Offices participate in the ZHO annual planning?** "Yes"= All WorHOs participated, "Partly"= only some WorHOs participated; "No" = WorHOs not participated at all or there was no annual planning meeting.	**2**	**1**	**0**	
1.9	**Did the ZHD/O conduct review meetings with**	**2**		**0**	

1	Management Team Activities Interview	Yes	Partly	No	Comments
	all WorHOs in the previous quarter?				
1.10	**Did the key health partners (NGOs and private sector) participate in your review meetings?** "Yes"= All key health partners were involved "Partly"= Some key partners were involved, "No"= key partners were not involved	**2**	**1**	**0**	
1.11	**Were findings of the recent supportive supervision reported during the last review meeting?**	**2**		**0**	
1.12	**Was an action plan developed to address identified problems at the end of the last review meeting?**	**2**		**0**	
1.13	**Are you implementing the action plan developed during the review meeting?** "Yes" = action plan is being implemented "Partly"=some of the decisions made/action plan are being implemented, "No" = the plan is not being implemented or no action plan was developed	**2**	**1**	**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 26 and multiply by 100 to get the percentage score for Management Team Activities	**/26**	**X**	**100**	_____%

2	Supervision Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 2.1-2.13				
2.1	**Do you know the annual supervisory schedule of the RHB to your ZHD?**	**2**		**0**	
2,2	**Did you receive supervisory visits in the last quarter?** (If yes, check to see a copy of completed ISCL from the last visit)	**2**		**0**	
2.3	**Were the supervisory findings and agreed upon action plan discussed in the Management Committee meetings following the visit?**	**2**		**0**	
2.4	**Do you have a copy of completed Integrated Supervisory Checklist to the ZHD?**	**2**		**0**	
2.5	**Did you use the ISCL form as a self-assessment tool in the previous quarter?**	**2**		**0**	
2.6	**Do you have Supervisory Visit Book?** (if yes, ask to see the supervisory visitors book) Yes" = book exists and is available, "No"= No book or book is not available.	**2**		**0**	Is any entry of supervisory findings made in the book?
2.7	**Has the ZHO developed and communicated annual schedules for supervision to WorHOs?**	**2**		**0**	
2.8	**Has the ZHO made supervisory visit to all the WorHOs and "sample" health facilities (HCs &HPs)?**	**2**	**1**	**0**	

2	Supervision Interview	Yes	Partly	No	Comments
	"Yes"= All WorHO and sample HFs; " Partly"= Some WorHOs visited and some sample HFs ; "No"= No WorHO visited and/or no sample HFs visited				
2.9	**Did you use the "Integrated Supervisory checklists for Woreda Health Offices" during the visit?** "Yes"= ISCLs were used at all WorHOs, "Partly" = ISCLs were used at some WorHOs "No"= ISCLs were not used at any WorHOs supervised	2	1	0	
2.10	**Was feedback provided to the WorHOs visited?** (if yes, ask to see a copy of the feedback) "Yes"= feedback provided to all WorHOs visited; "Partly" = Feedback provided to some Woredas "No"= feedback provided very inconsistently or not at all.	2	1	0	Oral _____ Written_____ __ Both_____ __
2.11	**Was there any follow up and support to the WorHOs supervised before the next quarterly supervision?** (to ensure implementation of the agreed actions) "Yes"= in all health facilities or all the visits "No"= occasionally/not consistently or not at all	2		0	
2.12	**Are the supervisory findings at the WorHOs and sample HFs discussed in your Management Committee meeting?** "Yes"= findings for all supervision visits discussed in all meetings "Partly"= findings for some supervision visits discussed or only discussed in some meetings "No"= findings of supervision visits not discussed	2	1	0	
2.13	**Are private & NGO facilities in the Zone supervised according to the operational agreements?**	2		0	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 26 and multiply by 100 to get the percentage score for Supervision	/26	X	100	_____%

3.	HMIS Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the Zonal Health Office management team to address questions 3.1 to 3.4				
3.1	**Do you have a HMIS review team?**	2		0	
3.2	**Does the HMIS review team conduct regular monthly HMIS review meetings?**	2		0	
3.3	**Does the HMIS review team keep a minute book?** (if yes, see to check) " Yes"= book kept and available "Partly" = book kept, available, but incomplete, "No"= not kept or not available	2	1	0	
3.4	**Does the management committee take appropriate actions to improve performance based on the HMIS review?**	2	1	0	

3.	HMIS Interview	Yes	Partly	No	Comments
	"Yes"= always, actions taken "Partly"= actions taken, but not monthly. "No"= no actions taken				
S1	Add all the 2 and 1 responses together and enter the total in the space provided→				

3.	HMIS Records Observation	Yes	Partly	No	Comments
I	**Instructions:** Ask to see, or be shown, the charts and worksheets noted below. Examine them to see if they are both accurate (the right charts/sheets) and up-to-date. Then complete the responses to questions 3.5 to 3.15.				
	Check for the availability of the following wall charts (displayed on the wall) and worksheets. Yes = the charts are displayed on the wall and worksheets are available, <u>and</u> all are up-to-date.				
3.5	**Catchment population profile?**	2		0	
3.6	**Top ten causes of morbidity (Males & Females)?**	2		0	
3.7	**Top ten causes of morbidity in children under 5 years of age?**	2		0	
3.8	**Staffing profile?**	2		0	
3.9	**Outreach locations?**	2		0	
3.10	**Quarterly plan-performance monitoring?**	2		0	
3.11	**EPI monitoring for children less than 1 year of age?**	2		0	
3.12	**Routine reports submission check (with copies of reports)?**	2		0	
3.13	**Out of stock report?**	2		0	
3.14	**Communicable disease surveillance?**	2		0	
3.15	**Annual plan-performance monitoring charts?**	2		0	
S1	Add all the 2 responses together and enter the total in the space provided→				

3.	Total Score HMIS				
S1	Add the total scores for HMIS interview and observation and enter the result in the space provided →				
S2	Divide the total above by 30 Enter the result in the far right column.		**/30**		
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →		**X 100**		_____%

4	Human Resources Management and Civil Services Reform Program Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the Zonal Health Office				

		Yes	Partly	No	
	management team to address questions 4.1-4.6				
4.1	**Does the ZHD/O keep information on human resources in the Zone, Woredas and Health facilities that is up dated quarterly?** "Yes"= ZHD/O keeps updated human resources information ; "Partly"= ZHD/O keeps human resources information, but it is not updated; "No"= No regular human resources information kept	**2**	**1**	**0**	(ask to see the information and check that it is up-to-date)
4.2	**Does the ZHD/O keep in-service training inventory for the zone, Woreda and health facilities by Themes and Gender*?** (If yes, ask to see the inventory) "Yes"= ZHD/O keep training inventory; "Partly"= ZHD/O Keeps inventory but not complete; "No"= No inventory is kept at the ZHD/O	**2**	**1**	**0**	*The Format is annexed in the service training inventory forms.
4.3	**Are you implementing Result-Oriented Performance Planning and Appraisal (ROPPA)?**	**2**		**0**	
4.4	**Did you develop Result-Oriented Performance Plan for individual workers?**	**2**		**0**	
4.5	**Have you started appraising/evaluating your staff/health workers with Result-Oriented Performance plan?**	**2**		**0**	
4.6	**Do you make follow up visits and provide support for health centers implementing ROPPA?**	**2**		**0**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided→				

4.	**Human Resources Management and Civil Services Reform Program Facility/Record Observation**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions**: Observe the service delivery reform sub-program of the civil services reform program and the ZHO office and records for questions 4.7-4.15:				
4.7	**Is the name of ZHD posted on a sign board at the entrance?**	**2**		**0**	
4.8	**Is there an information desk?**	**2**		**0**	
4.9	**Information on types of services and their location is clearly displayed in the compound?**	**2**		**0**	
4.10	**Is each unit/room clearly labelled for service users?**	**2**		**0**	
4.11	**Are service provision standards available in different units of the ZHD?**	**2**		**0**	
4.12	**Are staff wearing badges labeling them (Name, profession and responsibility)**	**2**		**0**	
4.13	**Are formats available and accessible in each office for collecting client's suggestion on the service delivery**	**2**		**0**	
4.14	**Are record books for Clients to give comment or suggestion boxes are available at key**	**2**		**0**	(See a sample Box or Book)

			Yes	Partly	No	Comments
		service provision units?				
4.15		Were suggestions provided by clients (in suggestion boxes, record book or formats) collected and processed in the previous quarter?	2		0	
S1		Add all the 2 responses together and enter the total in the space provided→				

4	Total Score Human Resources Management and Civil Services Reform Program			
S1	Add the total scores for HRM and Civil Services Reform Prog. interview and observation and enter the result in the space provided→			
S2	Divide the total above by 30. Enter the result in the far right column.	/30		
S3	Multiply the result of S2 by 100. This is the percentage score for EPI. Enter the percentage result in the space provided →	X 100		_____%

5	Financial Management Interview	Yes	Partly	No	Comments
I	Interview the Zonal Health Office management team to address questions 5.1-5.9.				
5.1	Are you implementing Health Care financing directives?	2		0	
5.2	Have Health Centers & hospitals in your zone started retaining revenue generated in accordance with HCF proclamation and directives?	2		0	
5.3	Are HFs regularly reporting the amounts collected *monthly* to the Woreda Finance Office?	2		0	
5.4	Did you provide financial records and receipts to the WorHOs, health centers &/ hospital(s)? "Yes" = both financial records and receipts available for each month of the last quarter; "partly" = incomplete records or receipts, or not all months represented for every facility, "No" = no records or receipts	2	1	0	
5.5	Did you receive financial reports from WorHOs, health facilities &/or hospitals in the last quarter? "Yes"= received from all "Partly"= from some "No"= from none	2	1	0	
5.6	Did you compile financial reports and submit to the Zonal Council and Regional Health Bureau in the last quarter? "Yes" = compiled and submitted, "Partly" = compiled but not yet submitted; "No" = neither compiled nor submitted.	2	1	0	

		Yes	Partly	No	Comments
5.7	**Have you settled funds in a timely manner?** "Yes" funds for all programs have been settled in a timely manner, "Partly" = funds for one or more programs have not been settled on time but at least some are; "No" = no funds are not routinely settled in a timely manner.	**2**	**1**	**0**	
5.8	**What budget and financial problems are the ZHO is currently facing?** (informational only; no scores apply)				
5.9	**Describe how these budget problems are affecting service delivery and what you are doing to address these problems**.(informational only; no scores apply)				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 14 and multiply by 100 to get the percentage score for Financial Management	**/14**	**X**	**100**	_____%

6	**Logistics and Supplies Management Observation Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions:** Interview the Zonal Health Office management team to address questions 6.1-6.7				
6.1	**Does the ZHD/O have a logistics and medical supplies system[6] that is operational and followed?** "Yes" = system exists and is being followed, "No" = no system exists or system is not being followed	**2**		**0**	
6.2	**Are stock &/ or bin cards used in your WorHOs and HFs** (check ISCLs of lower levels for this information)? Yes = are used regularly by all WorHOs and HFs, Partly = used by some WorHOs and HF regularly or by all sometimes, No = stock cards not used at all or very rarely used.	**2**	**1**	**0**	
6.3	**Do you receive and compiled quarterly reports on drugs and medical supplies from the WorHOs?** "Yes"= the WorHO receives regular reports from HFs and compile quarterly; "No"= WorHO do not or occasionally receive reports from HFs.	**2**		**0**	
6.4	**Is minimum stock level (at least 3 months stock) kept for essential drugs and supplies in the WorHOs and HFs in the zone?**	**2**		**0**	
6.5	**Did all the WorHOs and HFs in the Zone have basic supplies (NO STOCKOUTS) of all drugs during the last quarter?** "yes" = no stock outs, "No" = stock outs	**2**		**0**	

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[6] "Logistic and supplies system" stands for system of acquiring, storing and using drugs and medical supplies. This includes systems for the purchase, storage, dispensary, use of Bin/stock card, and managing and implementing the concept of "Minimum stock level" for ordering,

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6.6	If stock outs were reported from WorHOs and/or HFs in the last quarter, what drugs ran out?	Informational Only, no scores apply		
	▪ Vaccines	Yes	No	
	▪ Family Planning Supplies	Yes	No	
	▪ Essential Drugs (antibiotics)	Yes	No	
	▪ Antimalarial Drugs	Yes	No	
	▪ DDT and Spray Pumps	Yes	No	
	▪ Vitamin A	Yes	No	
	▪ Anti-TB drugs	Yes	No	
	▪ ART	Yes	No	
6.7	If you have faced stock out, what was/were the main reason?	Informational Only, no scores apply		
	▪ Stock out of supplies at the suppliers	Yes	No	
	▪ Budget shortage for medical supplies	Yes	No	
	▪ Transportation problems for distributing supplies to health facilities	Yes	No	
	▪ Health facilities are not using stock/bin cards and did not maintain minimum stock levels	Yes	No	
	▪ Health facilities are not giving timely reports on consumption and requirements	Yes	No	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.			
S2	Divide the total in S1 by 10 and multiply by 100 to get the percentage score for Logistics and Supplies Management	/10	X	100	_____%

Section 4: Key Program Areas

7.	EPI Programs	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 7.1-7.10				
7.1	**Has DPT3 coverage improved since the previous quarter?**	2		0	
7.2	**Has the DPT1-DPT3 drop out rate reduced since the previous quarter?**	2		0	
7.3	**Was your DPT1-DPT3 drop out rate <10% in the last quarter?**	2		0	
7.4	**Has Measles vaccine coverage improved since the previous quarter?**	2		0	
7.5	**Has the number of fully immunized children improved since the previous quarter?**	2		0	
7.6	**Has the cold chain monitoring done by health facilities improved since the previous quarter?**	2		0	
7.7	**Has the regularity of outreach activities improved since the previous quarter?**	2		0	
7.8	**Use HMIS chart: Is your DPT3 cumulative coverage at or above the target (80%) for the**	2		0	

7.	EPI Programs	Yes	Partly	No	Comments
	last quarter?		▨		
7.9	**Are you taking actions to improve the quality of EPI services?** Yes = comprehensive actions, Partly = some actions or some problems being addressed but not comprehensive, No = no actions are being taken to improve EPI	**2**	**1**	**0**	
	If yes or partly, please note what actions you are taking by checking off the relevant items below:	Informational only; circle all that apply:			
	▪ Frequent supportive supervision visits to HFs that included with observation of EPI service delivery and feedback to?	**Yes**	▨	**No**	
	▪ Encouraging health facilities to assign EPI focal person?	**Yes**	▨	**No**	
7.10	▪ Improving health workers-client communications by providing on the job support to health workers?	**Yes**	▨	**No**	
	▪ Improving EPI supplies for health facilities?	**Yes**	▨	**No**	
	▪ Improving frequency and quality[7] of outreach sessions?	**Yes**	▨	**No**	
	▪ Providing logistics and transport support to HFs to enable them keeping continuity of outreach schedules?	**Yes**	▨	**No**	
	▪ Active defaulter tracing by the community?	**Yes**	▨	**No**	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 18 and multiply by 100 to get the percentage score for EPI Programs	**/18**	**X**	**100**	_____%

8.	**Maternal and Reproductive Health Services Interview**	Yes	Partly	No	Comments
I	**Instructions:** Interview the ZHO management team to complete items 8.1 and 8.4	▨	▨	▨	▨
8.1	**Has antenatal coverage improved compared to the preceding quarter?**	**2**	▨	**0**	
8.2	**Has postnatal care improved compared with the preceding quarter?**	**2**	▨	**0**	
8.3	**Has institutional delivery coverage improved compared with the preceding quarter?**	**2**	▨	**0**	
8.4	**Has cumulative family planning coverage improved compared with the preceding quarter?**	**2**	▨	**0**	
S1	Add all the 2 and 1 responses together and enter				

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[7] Quality of outreach schedule includes: Having annual schedule for outreach, advance communications of respective outreach dates at least a month prior to the actual date and confirming with the community, Health workers use community members (CHWs, CHPs, Kebele Cabinet etc) for community mobilization at the outreach sites, etc

		Yes	Partly	No	Comments
	the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Maternal and Reproductive Health Services	/8	X	100	_____%

9.	Outreach Issues Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WorHO management team to complete items 9.1 and 9.2. This information is not scored.				
9.1	**Is there a document or wall chart showing the number and location of WorHOs and outreach sites in the Zone ?** (check to see the document or the wall chart)	2		0	
	What Services being integrated with EPI outreach? Circle all that apply				
	GM (Growth Monitoring)	Yes		No	
	Vitamin A counseling and provision	Yes		No	
9.2	Family planning	Yes		No	
	Ante-natal Care	Yes		No	
	Post-natal Care	Yes		No	
	Health Education	Yes		No	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Outreach Issues	/2	X	100	_____%

10.	Communicable Diseases Control Interview	Yes	Partly	No	Comments
I	**Instructions:** Interview the WorHO management team to complete items 10.1-10.11				
10.1	**Is syndromic management of sexually transmitted infections (STI) implemented in health Center/s in your Zone?**	2		0	
10.2	**Are Voluntary Counseling and Testing (VCT) services for HIV/AIDS available in your Zone?**	2		0	
10.3	**Are PMTCT services for HIV/AIDS available in your Zone?**	2		0	
10.4	**Are Antiretroviral Treatment (ART) services for HIV/AIDS available in your Zone?**	2		0	
10.5	**Are TB, Leprosy and blindness prevention programs integrated into health services in your Zone?** "Yes"= all three are integrated "Partly"= Only some of the stated services or not completely integrated "No"= no service integration	2	1	0	
10.6	**Are TB registration books maintained in all**	2	1	0	

	health facilities in the Zone? "Yes"=all health facilities keep TB registers; "Partly"= Only some of the health facilities keep TB registers; "No"= no facilities keep TB registers				
10.7	Did all the WorHOs and facilities in the Zone have an adequate supply (no stock outs) of TB/Leprosy drugs and laboratory supplies in the last quarter? "Yes" = no stock outs experienced "No"= stock outs experienced at one or more WorHO or health facility	2	////	0	
10.8	Was laboratory quality control for AFB conducted in the previous quarter?	2	////	1	
10.9	Do you have strong TB/Leprosy defaulter tracing and handling mechanisms in place? "Yes"= in place and strong "Partly"= in place but not strong "No"= No systematic defaulter tracing mechanisms	2	1	0	
10.10	Are primary eye care services provided in your health centers? "Yes"= Available in all, "Partly" =available in some, "No"= Not available	2	1	0	
10.11	Does the ZHO do regular quarterly follow up to ensure AFB is being done as per the guidelines in the health centers? "Yes"= on regular basis "Partly"= not regular "No"= No follow up	2	1	0	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 22 and multiply by 100 to get the percentage score for Communicable Disease Control	/22	X	100	_____%

11.	Malaria Control Interview	Yes	Partly	No	Comments
I	Instructions: Interview the ZHD/O management team to complete items 11.1-11.4	////	////	////	////
11.1	Do you maintain malaria epidemic monitoring charts? (Check to see the chart updated)	2		0	
11.2	Do you have malaria epidemic preparedness plan?	2		0	
11.3	Do you promote the use of Insecticides Treated Nets (ITNs)?	2		0	
11.4	Did the number of Malaria cases in this quarter decline compared to the number of malaria cases in the same quarter of the previous year?	2		0	
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 8 and multiply by 100 to get the percentage score for Malaria Control	/8	X	100	_____%

12.	Environmental Health and Health	Yes	Partly	No	Comments

	Services Extension Program				
I	**Instructions:** Interview the WorHO management team to complete items 12.1-12.6				
12.1	**Does the zone have plan for achieving Universal health service coverage in EFY 2000?**	**2**	//////	**0**	
12.2	**Are adequate Health posts under construction this year to meet the target of universal coverage?**	**2**	**1**	**0**	
12.3	**How many health posts are functional in your zone?**	Information only			
12.4	**Is all functional health posts staffed with HEWs?**	**2**	//////	**0**	
12.5	**Does the zone ensure regular quarterly supervision and support to health extension workers in all Woredas?**	Information only			
12.6	**What challenges are there in your Woreda for implementing HEP?**				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 4 and multiply by 100 to get the percentage score for Construction Projects	**/8**	**X**	**100**	_____%

13.	**Construction Projects Interview**	**Yes**	**Partly**	**No**	**Comments**
I	**Instructions:** Interview the ZHO management team to complete items 13.1-13.3	//////	//////	//////	//////
13.1	**Do you have any ongoing or new construction project for the year?**	**2**	//////	**0**	
13.2	**Do you conduct project supervision & monitoring on a monthly basis?** "Yes" = conducted on a monthly bases, "No" = not conducted or not conducted at least once a month	**2**	//////	**0**	
13.3	**What challenges/concerns do you have in implementing/monitoring the construction project?**				
S1	Add all the 2 and 1 responses together and enter the total in the space provided.				
S2	Divide the total in S1 by 4 and multiply by 100 to get the percentage score for Construction Projects	**/4**	**X**	**100**	_____%

Findings and Agreed Action Plan

Name of the Zone_____   Date Supervised_____

#	Key Area	Current Score	Findings for Action/ Problems/	Agreed measures for action	By when? (Specific date)	Who (responsible)? (WorHO/ZHO/RHB)	Target Score (expected Improvement in next quarter)

Name   Job Position   Signature & Date

Supervisors: 1) _____   _____   _____

2) _____   _____   _____

Supervisees: 1) _____   _____   _____

2) _____   _____   _____

Annex 1: In-service Training Inventory Format

Theme of Training: _____

# Specific areas addressed[8] in the training	Duration of training	Participants			(Training) Organized by
		M	F	Total	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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[8] Specific areas:(1) Management areas: Supervision, HMIS, Human Resources Management, Drugs and supplies management, Human resources Management etc (2) Clinical Area: EPI, IMCI, Nutrition, etc

Annex 6.3: Management Standards

Management Performance Standards

For

**The Regional Health Bureau
Zone Health Desks
Woreda Health Offices
Health Centers
Health Posts**

**Addis Ababa
Ethiopia
July 2007**

Areas of Responsibilities and Performance Standards for Each Management Level

6.3.1. Regional Health Bureau

Management Area	Performance Standard
Top Management Oversight	1. The RHB will develop and disseminate a long-term shared vision for improved health outcomes and for equity of access to quality health care. 2. The RHB will maintain effective and ongoing communication with the Regional State Council, MoH, ZHD/Os, Hospitals, Health Science colleges, City administrations and other government sectors; and WorHOs as needed. 3. The Top Management Committee of the RHB will ensure that standards and procedures under the civil service reform program are being followed. 4. The Top Management Committee of the RHB will hold a minimum of one meeting every two week, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Department and service heads. 5. The Top Management Committee of the RHB will ensure that all necessary proposals for funding, within the framework of the strategic Plan, are prepared, approved and submitted to the appropriate donor agencies. 6. Develop and monitor quality standards for training and service delivery
Planning, Monitoring & Evaluation	1. The RHB will lead work on the development of Regional strategic planning documents within the stated guidelines and deadlines; and distribute to all levels for their comments and inputs. 2. The RHB will produce an annual plan which details the activities that will be conducted during the year to achieve the goals defined in the Strategic Plan. 3. The RHB will conduct review meetings every 6 months with ZHD/Os, relevant government bureaus, Health Partners (including NGOs) and the Regional State council. The RM should be conducted after ZHD/Os finalize RMs with their WorHOs. 4. The RHB HMIS Team will meet at least once a month to review the reported HMIS indicators and to determine necessary actions. 5. Regional Health Bureau Departments will prepare quarterly reports on their progress in their plan for the current year and submit these to the RHB Top Management Committee. The Management Committee will then give feedback to each Department on their performance prior to making adjustments to the annual plan.

	6. The RHB Top Management Committee will produce an annual schedule for the monitoring of partner (including NGO) activities within the region, annual field reviews of these activities following receipt of the partner's annual report. These activities will be conducted in coordination with the appropriate ZHD/Os. Following field review, meeting will then be held with the partners once a quarter to discuss and agree upon required changes in partner activities. 7. The RHB will set priorities and organize the necessary resources for conducting and communication of findings of operational research aimed at improving health service delivery.
Technical Support to ZHOs & Hospitals	1. The RHB Top Management Committee will produce annual plan and schedule biannual integrated supervisory visits to be made to each ZHD/Os including selected WorHOs and health facilities in the Zone. Besides, supervision should be made to Zonal and Regional hospitals, Regional Laboratories and Health Science Colleges. Schedule of supervisory visits should be communicated at least two months prior to the actual supervision. This schedule will be distributed to all RHB Departments and ZHD/Os. 2. Regional Health Bureau officers doing the supervision of a ZHD/Os will submit a report of their visit (a completed supervisory checklist and a signed follow-up action plan) to the RHB Top Management Committee within 5 days of completing their supervisory visit and provide feedback with in 2 weeks. 3. This report will be reviewed by the RHB Top Management Committee and necessary follow-up actions by each Department agreed, including whether there is need to re-visit the ZHD/Os before the next official supervision visit to check if actions agreed during the supervision have been implemented. 4. Feed back to supervised institutions provided immediately following reporting to the RHB management team. 5. The RHB will ensure that each health facility is properly performing its responsibilities on the basis of the health policy, strategy, program and set standards of the government. 6. The RHB will ensure that all its health facilities receive the necessary human resource, material and finances to meet obligations and standards. 7. The RHB will ensure that the operations of all the Hospital Boards are performed according to the regulations of the Regional Government and its Hospital Boards receive the necessary administrative and technical support
Human Resources	1. The Top Management Committee will ensure that each Head of Department prepares an annual result-oriented performance plan for each of his staff members and discusses and agrees this plan with the staff member. The Committee will also ensure that Heads of the Departments conduct review of progress against the

	individual performance plan and a formal appraisal of the year's performance twice a year, December and June.
	2. The RHB will ensure that there are clear and documented guidelines for all aspects of personnel management, including transfers, performance appraisals, etc. and that these guidelines are available in each ZHD/Os and WorHO in the region and are understood by all staff, supervisors and managers.
	3. The RHB will propose a set of "incentive packages" designed to improve staff distribution and retention in the region. This package will cover issues of salary, housing within the health facilities, transfers and other benefits which influence the ability to retain staff in the most remote and difficult locations. The RHB will also monitor the implementation of such packages to ensure fair management.
	4. The RHB will regularly review and make adjustments to the regional staffing standards for health facilities to ensure that these remain appropriate for the current conditions and will ensure that these staffing standards are disseminated to all ZHD/Os, hospitals, WorHOs and health centers.
	5. The RHB will request at least annual reports from each ZHD/Os on the staff currently employed in each health facility and the gaps in comparison with the staff they should have in line with the regional staffing standards. The RHB will use these reports to determine priorities for the deployment of new graduates that become available and to determine where redeployment of staff should be considered to promote equity.
	6. The RHB will use the annual report of staffing gaps to prepare projections of pre- service training requirements and to determine intakes (for each cadre) to the regional health training institutions.
	7. The RHB will promote the development of an annual performance improvement plan for service delivery in the region, which will include mechanisms for promoting learning among its service providers, including in-service training on performance improvement.
Logistics and Supplies Management	1. The RHB will develop and distribute standards and guidelines for implementation of efficient logistics management system at all levels of health system.
	2. The RHB will maintain records of all essential drugs and medical supplies it holds in stock, consumption levels, the amounts of each item requested by the ZHD/Os and the amounts actually distributed, by date. A report of this data will be submitted to the RHB Top Management Committee every quarter.
	3. The RHB, in collaboration with ZHD/Os and partners, will ensure appropriate and adequate warehousing for drugs and medical supplies in the region.

Logistics and Supplies Management	4. The RHB will maintain records of all requests from the ZHD/Os for medical equipment, contraceptives, vaccines, emergency drug supplies and other items procured through International Competitive Bidding or National Competitive Bidding. Records will also include details of all items distributed, by date.
	5. The RHB will assist the ZHD/Os and WorHOs to develop & maintain an inventory of major equipment and vehicles. This inventory will be updated through routine reports and when supervisory visits are made.
	6. The RHB will take the lead in ensuring that national building standards and designs, modified to suit local conditions, are appropriately implemented in the region and that new construction proposals are reviewed to improve access to services.
	7. The RHB will develop and disseminate a regional preventive maintenance policy and guidelines for all vehicles, medical equipment and health facilities in the region and will monitor its implementation.
	8. Based on records of equipment in disrepair received from the ZHD/Os, the RHB will develop an annual maintenance plan to meet needs.
Epidemic Preparedness and Support	1. The RHB will prepare and widely disseminate to all levels management guidelines and standards for use in all WorHOs, and ZHD/Os in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. These guidelines will cover: stocks of drugs and medical supplies that should be held in preparation for an epidemic; the definition of an epidemic; specific responsibilities in the case of an epidemic; how and to whom epidemics should be reported.
	2. In the case of an epidemic within the region, the RHB Top Management Committee will regularly review developments, ensuring that an early plan is developed on how to respond if the epidemic is escalating to new areas.
	3. RHB will work with the Disaster Prevention and Preparedness Commission (DPPC) if the need arises.
Financial Management	1. The RHB will ensure that hospitals and health centers submit monthly revenue collection and utilization reports to both the RHB and to the Regional Finance and Economic Development Bureau.
	2. The RHB will provide technical support to ZHD/Os, WorHOs, hospitals and Health center to ensure implementation of Health Care Financing reform activities.
	3. The RHB will also provide technical support to ZHD/Os, WorHOs, hospitals and Health center so that hospitals and health centers prepare and submit activity and financial reports through their Hospital Board or their Health Centre Management Committee to the RHB and to the Regional Finance and Economic Development

	Coordination Bureau.
	4. The RHB will provide technical support to implement the proclamation of the government relating to health service delivery and administration is working properly.
	5. The RHB will provide technical support to implement the proclamation of health service delivery and administration is working properly.

Management Area	Performance Standard
Top management oversight	1. The ZHD/Os will disseminate a shared, long-term shared vision for improved health outcomes and for equity of access to quality health care. 2. The Management Committee will ensure that standards and procedures under the civil service reform program are being followed. 3. The ZHD/Os will adopt and disseminate health guidelines for their WorHOs. 4. The ZHD/Os will hold a minimum of one Management Committee meeting every other week, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Unit Heads. 5. The ZHD/Os will maintain effective and ongoing communication with the Zonal Administration Office.
Planning, Monitoring & Evaluation	a. The ZHD/Os will conduct review meetings every 3 months with their WorHOs to review their performance as reflected in their annual plan and to disseminate important information. b. The ZHD/Os will produce its annual plan by the end of June each year and negotiate its approval by the Zonal Administration Office and RHB. c. The Zone's HMIS team will review the HMIS submissions from their Woredas each month and determine necessary actions to be taken to encourage improved results. d. Each ZHD/Os will compile the information and update the profiles for all of its Woredas each year. The Zonal Health Office will prepare quarterly reports on their progress against their annual plan. e. The ZHD/Os will provide the RHB with experts/staff to work with in conducting annual field reviews of partner (including NGO) activities within the Zone and will discuss and agree required changes in partner activities with the relevant partner/s and the RHB.
Technical Support to Woreda Health Offices and hospitals	1. The ZHD/Os will produce an annual schedule of integrated supervisory visits to be made to each WorHO. This schedule will ensure a minimum of one visit to each WorHO every 3 months and will give details of WorHO will conduct the supervision and the dates on which it will take place. This schedule will be distributed to all the WorHOs.
Management Area	2. The Officers conducting the supervision of a WorHO will submit a report (a completed supervisory checklist and a signed follow-up action plan) to the Management Committee within 2 days of completing their supervisory visit. This report will be reviewed by

	the Management Committee and necessary follow-up actions by each Unit agreed, including whether there is need to re-visit the WorHO to check whether performance has improved.
	3. All requests for technical support from the WorHOs will be considered according to their urgency before regular, next fortnightly meeting of the Zone Management Committee & decisions taken on how the necessary support should be provided.
	4. The ZHD/Os will ensure that the Zonal hospital is properly performing its responsibilities on the basis of the health policy, strategy and program of the government.
	5. The ZHD/Os will ensure that its Hospital Boards receive the necessary administrative and technical support. It also will ensure that the operations of all the Hospital Boards are performed according to the regulations of the Regional Government.
	6. The ZHD/Os will ensure that it receives the necessary human resource, material and finances to meet obligations and standards.
Human Resources	1. The ZHD/Os Head will ensure that each Unit Head prepares an annual result- oriented performance plan for each staff member and discusses and agrees this plan with the staff member has an annual discussed & agreed result oriented performance plan. The ZHD/Os Head will also ensure that Team Leaders conduct a review of progress against the individual performance plan and a formal appraisal of the performance every 6 months by the end of December and June each year.
	2. The ZHD/Os will review all requests for additional staff coming from WorHOs each year, reviewing these requests against their inventory of existing staff and against the regional staffing standards. Where appropriate, the ZHD/Os will submit special requests to the RHB.
	3. The ZHD/Os will compile annual staffing pattern in each hospitals, WorHOs and other health facilities, make comparison against the regional staffing standards to identify the gap, and submit the annual reports to the RHB on the staff currently employed. The RHB use the report to determine priorities for the deployment of new graduates that become available and to determine where redeployment of staff should be considered to promote equity.
Logistical Support to WorHOs and Zonal Hospitals	1. The ZHD/Os will maintain records of all drugs and medical supplies it holds in stock, the amounts of each item requested by the health facilities and the amounts actually distributed, by date. A report of this data will be submitted to the Zone's Management Committee every quarter for review.
	2. The ZHD/Os will maintain an inventory of all items of equipment and vehicles by health facility and WorHO. This inventory to be updated each time a supervisory visit is made to a WorHO. The inventory will include details of maintenance needs. The full

	inventory should be submitted at least annually to the RHB.
Epidemic Preparedness and Support during Epidemics	1. The ZHD/Os will ensure that all WorHOs are familiar with the contents of the regional guidelines and standards in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. 2. ` In the case of an epidemic in the Zone, the Management Committee will regularly review developments, ensuring that requests for emergency support (in the form of transport, drugs, staff and supplies) are dealt with promptly and efficiently and that the RHB is kept informed of all developments.
Financial Management	1. The ZHD/Os will ensure that each WorHO is properly performing its responsibilities on the basis of financial rules and regulations.

Management Area	Performance Standard
Management oversight	1. The WorHO will disseminate a shared, long-term shared vision for improved health outcomes and for equity of access to quality health care.
	2. The Management Committee will ensure that standards and procedures under the civil service reform program are being followed.
	3. The WorHO will ensure that all health guidelines provided to them are distributed to their health facilities in accordance with the RHB and ZHD/Os instructions.
	4. The WorHO will maintain effective and ongoing communication with the Woreda Administration Office.
	5. The WorHOs will hold a minimum of one Management Committee meeting every month, with agenda agreed beforehand and minutes produced within 2 days and circulated to all Unit Heads.
	6. WorHO will collaborate with other sectors (education and Agriculture), NGOs operating in the area
Planning, Monitoring and Evaluation	1. WorHO will prepare strategic and annual work plan based on priorities and opportunities within the local and regional context
	2. WorHO will prepare monthly reports on their progress against their annual plan targets and activities; and will submit these reports to their zone
	3. The WorHO will conduct review meetings with their health facilities every 3 months to review their performance as reflected in their health indicators and to disseminate important information.
	4. The WorHO will 6 monthly compile the Woreda health profile information and submit to the ZHD/Os.
	5. The HMIS Team/WorHO Management Committee will meet monthly to review the Woredas health information and to make decisions on the actions that need to be taken to improve performance.
Supervision of Health Facilities	1. The WorHO Management Committee will produce an annual schedule for quarterly integrated supervisory visits to health facilities (Health Centers and Health Posts). The schedule will give details of who will conduct the supervision (2 technical team members) and the dates on which it will take place. This schedule advance communicated to all health facilities so that all relevant staff will be present during the visit.
	2. Officers conducting the supervision of health facilities will submit a written report of their visit (a completed supervisory checklist and a signed follow-up action plan) to the WorHO Management Committee within 2 days of completing their supervisory visit. This

	report will be reviewed by the Management Committee and necessary follow-up actions decided including need to re-visit the health centre before next regular supervision.
Human Resources	1. The Head of the WorHO will ensure that each Department Head prepares an annual result-oriented performance plan for each staff member and discusses & agrees this plan with the staff member. The Head of the WorHO will also ensure that Department Heads conduct a review of progress against the individual performance plan and a formal appraisal of performance every 6 months by the end of December and June each year. 2. The WorHO will maintain 6 monthly inventories of all professional health staff working in each health facility in the Woreda; together with details of the staff they should meet the regional staffing standards. 3. Each year the WorHO will formulate its request for additional health staff, based on the workload of each health facility & upon staff losses. Feedback on these requests will be provided at least annually. 4. The WorHO Management Committee will decide how to deploy any new health staff assigned to them by the ZHD/Os, based on the priority of the staff needs they sent to the ZHD/Os, and will update their staff inventory accordingly. 5. WorHO should arrange orientations for newly deployed staff. WorHO should also make available job descriptions at the WorHO
Human Resources	1. The Head of the WorHO will ensure that each Department Head prepares an annual result-oriented performance plan for each staff member and discusses & agrees this plan with the staff member. The Head of the WorHO will also ensure that Department Heads conduct a review of progress against the individual performance plan and a formal appraisal of performance every 6 months by the end of December and June each year. 2. The WorHO will maintain 6 monthly inventories of all professional health staff working in each health facility in the Woreda against regional staffing standards. 3. Each year, the WorHO will formulate its request for additional health staff, based on the workload and staff losses of each health facility. Feedback on these requests will be provided at least annually by the RHB or ZHD/O. 4. The WorHO Management Committee will decide how to deploy any new health staff assigned to them by the (RHB or) ZHD/Os, based on the priority of the staff needs they sent to the ZHD/Os, and will update their staff inventory accordingly. 5. WorHO should arrange orientations for newly deployed staff. WorHO should also make available job descriptions at the WorHO
Logistics Support to	1. The WorHO will maintain an inventory of drugs and medical supplies by health facility. This inventory will be updated at least

Health Facilities	biannually (every 6 months) .The inventory will include details of maintenance needs. The full inventory should be submitted at least annually to the ZHD/Os. 2. Receives request and provides drugs and other medical supplies to health facilities at least quarterly
Epidemic Preparedness and Support during Epidemics	1. The WorHO will establish, or reinforce (strengthen) Epidemic Response Committee in line with the Federal guidelines. 2. The WorHO will ensure that all health facilities are familiar with the contents of the regional guidelines and standards in relation to what to do to prepare for an epidemic and what to do if an epidemic occurs. The WorHO will also ensure that all health facilities have prepared the essential stocks of drugs and supplies in case there is an epidemic. 3. In the case of an epidemic within the Woreda, the Management Committee will regularly review developments as reported by the Epidemic Response Committee, ensuring that their ZHD/Os is kept informed at all times.
Finance	1. The WorHO will ensure that all necessary financial reports are produced and submitted on time according to the Woreda Council and ZHD/Os specifications 2. The WorHO will ensure that all their health centers are charging fees at the levels set by the RHB or Health Facilities Management committee (where applicable). Patients paying fees are given a receipt with serial number issued by or bought from the Finance and Economic development Coordinating Bureau. 3. The WorHO will ensure that all their health centers are reporting the *revenue* they collect on a *quarterly* basis to the Finance and Economic Development Coordinating Committee and that these *revenues* are placed in an account (Account A) different from the block grant budget (budget apportioned from the Regional Government) account. 4. The WorHO will ensure that all their health centers are using their retained revenues in accordance with their approved annual plan ---- for service expansion and quality improvements. 5. WorHO should be prepared for annual auditing and arrange for auditing health facilities. 6. WorHO should timely utilize and settle financial supports from donors (e.g. UNICEF, WHO etc)

6.3.4. Health Centres

Management Area	Performance Standard
General Management	1. The health centre will disseminate the Region's long-term, shared vision for improved health outcomes and equity of access to quality health care. 2. The health centre will ensure the provision of the minimum package of health services both by the health centre and satellite HPs. 3. Health center will implement Civil Services Reform program (CSRP); 4. The health centre will establish a joint Health Centre – Community Committee which will meet every quarter to review progress. 5. The Management Committee will ensure that the necessary health guidelines are available in the relevant departments and are accessible to all staff. 6. The health centre will hold a Management Committee meeting minimum every 2 weeks
Planning and Monitoring	1. The health centre will adopt the WorHO strategic plan and prepare an annual plan, within the framework of Regional priorities, opportunities and constraints. 2. Health Center will keep records/registration books for major activities of HC (EPI, FP, Delivery, ANC and U5 clinic, Laboratory, TB/L etc) 3. The health centre will establish an HMIS Review Team. This team will meet monthly to review their HMIS indicators and agree on appropriate actions. The HMIS Review Team will report their findings to the Management Committee (where applicable) each month. 4. The health centre will conduct review meetings with all staff and relevant stakeholders[9] every months to review their performance as reflected in their health indicators and to disseminate important information. 5. The health center will prepare and submit weekly and monthly reports on their activities and achievements to the WorHOs
Oversight of the Quality of Service Delivery	1. Each Unit Head is responsible for monitoring the quality of service provided by the staff of their department against the approved standards. To do this, they will regularly observe their staff as they provide services to clients (at least once in a quarter), check whether what is done is according to the guidelines, and give feedback to correct performance if necessary.
Management Area	2. The Health center will establish a system for morning meeting and

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[9] Refer to the Review Meeting Guidelines document

	case reports to learn to improve quality of services
	3. The Management Committee will ensure that the health centre provides the necessary information to its clients, according to civil services reform guidelines, to enable them to understand the services the health centre offers and where they need to go. Signs will be posted to direct clients to the departments and other necessary services. The night duty roster for the health centre staff should be prepared and posted where clients can see it.
	4. The unit heads will create mechanism and forums to involve the community in service delivery and quality of care. The committee establishes system to receive complaints, comments and suggestions from the service users and community at large.
	5. The Management Committee will allocate responsibilities to staff members to ensure that at the start of each working day the client consultation rooms are prepared with the necessary equipment and supplies to enable the service providers to start work without delays and interruptions.
	6. If delegated by the WorHO, the health centre Management Committee will produce an annual schedule of integrated supervisory visits to be made to each health post for which the health centre is responsible. This schedule will ensure a minimum of one visit to each health post every 3 months and will specify the dates on which this supervision will be done. This schedule will be distributed to all the health posts so that the health post staffs know in advance when they should be present at the health post to meet with the supervisors
Oversight of the Quality of Service Delivery continued	4. Health centre staff who conducts supervision of a health post will submit a written report of their visit (a completed supervisory checklist and a signed follow- up action plan) to the Management Committee within 2 days of completing their supervisory visit. This report will be reviewed by the Management Committee and necessary follow-up actions agreed, including whether there is need to re-visit the health post before 3 months to check whether the problems have been resolved.

Human Resources	1. The Health Centre Head will ensure that each Department Head prepares an annual result-oriented performance plan for each staff member and discusses and agrees this plan with the staff member. The Health Centre Head will also ensure that Department Heads conduct a review of progress against the individual performance plan and a formal appraisal of performance every 6 months by the end of December and June each year. Best performing staff member (s) should be awarded.
	2. The Management Committee will decide on how to deploy any additional staff assigned to them, based on the priority of the staff needs they submitted to the WorHO and will update their staff inventory accordingly.
	3. The management committee will ensure availability and access to job descriptions for health workers
	4. Health Center management will collaborate with the WorHOs to give its staff access to in-service training.
Logistics Management	1. The health centre will maintain an updated stock record of all equipment (both medical and non-medical), essential drugs, vehicles, and motorbikes in the facility and will ensure appropriate storage of these items.
	2. The health centre will prepare a quarterly report of their consumption of drugs and supplies and their current stock balances and will submit this report, together with their request for additional supplies, to the WorHO.
	3. The health centre will prepare a maintenance plan for vehicles and motorbikes allocated to them and include this plan in their annual plan and budget.
Epidemic Preparedness and Support during Epidemics	1. The Management Committee will ensure that all Departments are familiar with the contents of the regional guidelines and standards for what to do to prepare for an epidemic and what to do if an epidemic occurs.
	2. The management Committee will ensure that they have prepared the essential stocks of drugs and medical supplies as well as nutritional (therapeutic feeding) supplies in case there is an epidemic.
	3. In the case of an epidemic within the catchment area of the health centre, the Management Committee will monitor developments and will keep their Woreda Health Office informed regularly.
Finance	1. The Management Committee will ensure that the fees charged are those set by the Regional Health Bureau.
	2. The Management Committee will ensure that all patients paying fees are issued receipt with serial numbers (bought/received from Office of Finance and Economic Development –OFED at Woreda level)

	3. The Management Committee will ensure that all retained revenues (collected through user fees and other sources) are in accordance with the government procedures and they report the amounts collected *quarterly* to the Finance and Economic Development Office.
	4. The Management Committee will ensure that all retained fee revenues are put in a separate account (Account A) opened for the health facility---distinct from the Block Grant budget apportioned from the RHB.
	5. The Management Committee will ensure utilization of revenue generated in accordance with the ratified health centre plan, in line with the directives issued by the RHB relating to required standards, and that expenses are recorded under the appropriate code of expenditure.

6.3.5. *Health Posts*

Management Area	Performance Standard
General Management	1. Each health post will disseminate the Region's long-term, shared vision for improved health outcomes and for equity of access to quality health care.
	2. The health post will ensure the provision of the minimum package of health services expected of the health post level
	3. Each week, the two health extension workers will meet together to review their progress against their plan, to discuss any problems faced, agree on solutions/actions and to make amendments to their plan. Notes of the meeting will be held on file.
	4. The health extension workers will report on their activities and progress to meetings of the Kebele Council.
Planning and Monitoring	1. The Health Extension worker/s will conduct a census of the kebele when they first arrive. The census will cover the number of households, the resident population by gender and age, the number of pregnant women, the number of children under 1 and under 5 years, the number of homes with/without latrine, the services (schools, markets and churches/mosques), the community health workers in the kebele.
	2. The health extension workers will update the information collected during the baseline survey continuously as new information becomes available through their activities including birth and death registry.
	3. Each health post will develop annual plan of activities including household visits for minimum and maximum health extension package[10].
	4. The Health Extension Workers will report on their achievements against their work plan to their health centre supervisor during their monthly meeting.
Record Keeping and Reporting	1. The health extension workers will maintain records, in their daily registration book and according to RHB guidelines, of the activities they have carried out and the number of clients served.
	2. The Health Extension workers, as members of the Kebele Council, will report to the Council on their activities, achievements and problems.
	3. The Health Extension workers should review their activities and their progress with community-based leaders and organizations in their kebele and collect and compile reports from CHWs in their kebeles.

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[10] For " minimum and maximum health packages" see implementation manual for HSEP

	4. The Health Extension workers will produce and submit monthly using reporting formats. Monthly report must be submitted to the responsible health centre and one copy to the Woreda Health Office. The third copy will be kept at the HP.
Follow up, Mentoring and support	1. The health extension worker is responsible to make follow up and support of the community health workers and health promoters in their kebele. Each community health Worker should be visited at least once each month.
	2. During this visit, the health extension worker should ask them what they have managed to do and what problems they may have faced. Wherever possible, the health extension worker should try to provide assistance to solve the problems faced and generally provide encouragement and positive feedback.
Human Resources	Each health post will decide on the need for additional community health promoters and CHWs to be trained to replace those that may cease to give service or for other reasons and will report this need to their supervisor at the health centre.
Logistics Management	1. The health extension worker will maintain a stock record for all items that they hold in the health post and distribute to clients. This record will cover the opening balance of each item provided by the health centre, details of items given out by date and to Whom, a weekly balance of stocks remaining.
	2. The health extension worker should carry its stock balance/stocks distributed record to the health centre when they go to meet with their supervisor. Based on their stock balances, the health centre will issue them with new stocks and enter this on their stock record sheet.

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