

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

NATIONAL SUPPORT SUPERVISION GUIDELINES FOR HEALTH SERVICES

September 3, 2020

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ACRONYMS

CHW	Community Health Worker
CHEWs	Community Health Extension Workers
CHSD	Community Health Service Department
CSOs	Civil Society Organization
DGHS	Director General Health Services
DHMT	District Health Management Team
DHOs	District Health Officers
DHT	District Health Team
GSPR	Governance Standards and Policy Regulation
HDP	Health Development Partner
HFQAP	Health Facility Quality of Care Assessment Program
HMIS	Health Management Information System
HPC	Health Professional Council
HSD	Health Sub District
HSDP	Health Sector Development Plan
HUMC	Health Unit Management Committee
IPs	Implementing Partners
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non-Government Organization
NDA	National Drug Authority
NSG	National Supervision Guidelines
PFP	Private-For-Profit
PHC	Primary Health Care
PNFP	Private-Not-For-Profit
QIF&SP	Quality Improvement Framework & Strategic Plan
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SCAPP	Standards Compliance Accreditation and Patient Protection
SMT	Senior Management Team
TWG	Technical Working Group
UHSS	Uganda Health Systems Strengthening Activity
USAID	United States Agency for International Development
VHTs	Village Health Teams
WHO	World Health Organization

FOREWORD

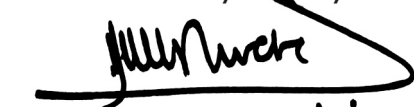
The Uganda's Health Sector has pronounced its major policy and strategic direction in the National Development Plan (NDP) and Health Sector Development Plan (HSDP) of 2020/21-2024/25. The two documents were developed in the framework of the National Constitution of the Republic of Uganda 1995, and the Local Government Act (LG) Act 1997 which lay out the mandate of the different stakeholders, particularly the Ministry of Health (MoH), the Regional Referral Hospitals (RRHs) and the District Local Governments (DLG). The HSDP will be operationalized through the existing government structures and mechanisms that use joint approaches and tools for supervision and mentorship. The health development and implementing partners (IPs) are therefore expected to work within the government framework to ensure functional supervision and mentorship mechanisms.

There is greater advocacy for improving the quality of health service delivery in Uganda and supervision is one of the key approaches to achieve this. Supervision helps to promote quality at all levels of the health system by strengthening relationships within the system and focusing on identification of gaps and designing interventions to address the gaps, as well as helping and motivating individuals to enhance their skills and performance. However, the current supervision approach which is based on the teams from the center to supervise the districts has not been able to address the persistent gaps in the quality of health care.

The revised support supervision guidelines are aligned to the comprehensive support supervision strategy 2019 which was designed to step-up efforts to support supervision at all levels of health care through improved planning, coordination and resourcing to enhance the effectiveness and efficiency of support supervision. The guidelines will focus more effort to the Community Health Services Departments at the RRHs to coordinate technical support supervision of the districts and the lower level health facilities. Further, the guidelines will focus on compliance with the expected service standards; progress towards attainment of the set targets and recognition and reward of those meeting the targets; prioritizing and addressing gaps on site and improving documentation and follow-up of actions. The guidelines should therefore be made available to all the various stakeholders and ensure their utilization at all levels of service delivery. They should be used to build a system for regular, scheduled and targeted support supervision with an integrated recognition and reward system that can collectively contribute to improved health service delivery.

I wish to express my appreciation to all the institutions and individuals that contributed to the development of the revised support supervision guidelines. It is my sincere hope that the various stakeholders, support agencies and health service providers will use the new guidelines to improve the effectiveness and efficiency of support supervision and subsequently improve the quality of health services in the country.

For God and my country



Dr. Henry G. Mwébesa

Director General Health Services

MINISTRY OF HEALTH

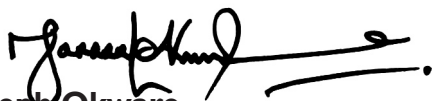
ACKNOWLEDGMENT

The revised national supervision guidelines (NSG) and tools were developed through a consultative and participatory process involving all key stakeholders. A steering committee chaired by the Director of Health Services, Governance and Regulation was constituted to provide an oversight role in the revision of the guidelines. Series of stakeholder meetings to review and update the guidelines were held.

The MoH, through the Governance and Regulation Department acknowledges all individuals and institutions that supported the revision of the NSG. We are grateful for the support provided by the health development partners, IPs RRHs and DLGs in the revision of the NSG.

Special recognition is made of the agencies that provided financial and technical support for revision of the NSG, including the Centers for Disease Control and Prevention (CDC), United States Government through United States Agency for International Development (USAID) and Uganda Health System Strengthening (UHSS) Activity. In addition, the technical support extended through the IPs is highly acknowledged. Special thanks to all the dedicated and committed individuals who contributed to the revision of the NSG.

Special appreciation is made of the invaluable input from the Steering Committee and the technical working groups (TWG) constituted within the Governance and Regulation Directorate to support the revision of the NSG.



Dr. Joseph Okware

Director Health Services, Governance and Regulation
MINISTRY OF HEALTH

I.0 INTRODUCTION AND BACKGROUND

I.1 Introduction

The goal of the National Health Policy (NHP) is to “attain a good standard of health for all people in order to promote a healthy and productive life”. The key priority areas of the NHP are (i) strengthening health systems in line with decentralization; (ii) reconceptualizing and organizing supervision and monitoring of health systems at all levels; (iii) establishing a functional integration within the public and private sector; and (iv) addressing the human resource crisis. To achieve these, the MoH developed series of 5-year Health Sector Strategic and Investment Plans (HSSIP) I, II and III in 2000, 2005 and 2010 and Health Sector Development Plans (HSDP) in 2015 and 2020. The overall purpose of HSDP I 2015/16-2019/20¹ is to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life”. The new HSDP II 2020/21-2024/25² also builds on the achievements of the HSDP I and embraces the unmet goal of “accelerate movement towards UHC. The aim is to ensure that all people receive essential and good quality health services they need without suffering financial hardship.

In addition to the NHP and HSDP, the current Health Sector Quality Improvement Framework and Strategic Plan (QIF&SP) 2015/16-2019/20 aims at ensuring that all people accessing health care services attain the best possible health outcomes and improved acceptability and satisfaction. In order to achieve equitable, safe and sustainable health services, these policy documents and plans underscore strengthening health systems through improving the following: governance, leadership and partnerships; service delivery systems; health information systems; financing; supply chain; health workforce; and infrastructure. The policies and plans further recognize supervision and mentorship as critical aspects of the health system which are required to improve the quality of health services.

I.1.1 Support supervision for health services

Support supervision is defined as:

“A process of guiding, helping, and teaching health providers at their place of work how to perform their work better, using joint problem solving with emphasis on a two-way communication between supervisor and supervisee as solutions are sought for identified challenges”

The goal of support supervision is to improve the quality of health services. MoH adapted three types of supervision: **integrated**, **technical** and **emergency** support supervision.

¹ Health Sector Development Plan (HSDP) I, 2015/16-2019/20, MoH

² Health Sector Development Plan (HSDP) II, 2020/21-2024/25, MoH (Draft)

The Integrated support supervision aims at covering a comprehensive range of services by multidisciplinary team, using an integrated checklist. This form of supervision is considered cost-effective since it offers an opportunity to cover a wide range of services with shared resources. On the other hand, technical support supervision focuses on addressing a specific technical area or specialized service. Emergency supervision targets a specific emergency problem such as an epidemic or an outbreak.

The levels of supervision draw on the health care system in the country which is governed on a two-tier system. The national and RRHs fall under the Ministry of Health (MoH). The running of general hospitals (GHs) and health centers (HCs) is decentralized to the districts. The district health care system uses a numerical ladder to designate the size and function of a health facility in the following manner: the health center (HCII) level, parish level, HC III at sub-county level and HCs IV and GH at county and district level, respectively. The community health workers (CHWs) operate at HC I and are responsible for preventive efforts at village level, community mobilization, management of uncomplicated childhood diseases and recommending those with danger signs for referrals. Teams from MoH, are mandated to carry out support supervision to the national and RRHs, districts and GHs. The districts are responsible for supervising the lower level health facilities (HCs IV, III, II) and the CHWs. This support supervision structure has not been able to address the persistent gaps in quality of healthcare in the country.

A situation analysis of the supervision and monitoring system in the country (2016) identified several challenges related to inadequate institutional, human and financial resources to facilitate effective support supervision. The lack of a comprehensive support supervision strategy and guidelines, the unprecedented increase in the number administrative units, inadequate human resource capacity in terms of numbers and skills, insufficient logistical support and lack of recognition or reward system are highlighted as some of the factors underpinning the current support supervision approach³. In addition, mobilizing and coordinating the center teams to move together for integrated support supervision was often quite difficult. Further, there was weak reporting and follow-up of recommendations from supervision teams, inadequate documentation of the outcomes of the supervisions conducted, and lack of accountability for support supervision. As such, health service quality in the country is generally perceived as poor.

Surveys conducted in both public and private health facilities have demonstrated low levels of client satisfaction⁴. A recent national client satisfaction survey showed that very few clients (25%) were satisfied with the quality of health services and client expectations were not met in close to 90% of the districts in the country⁵. The report showed that client dissatisfaction with health services was highest among those attending care at public health facilities (80%) and in RRHs (84%) and lowest at private health service providers' (PHP) 63% health facilities and specialized clinics (62%). In these surveys, the low client satisfaction is attributable to deficiencies in provision of dependable services, courtesy and willingness of service providers to help clients and provide prompt services, poor appearance of the physical facilities, malfunctioning equipment and inadequate medicines and supplies. Some of these factors are amenable to support supervision and mentorship.

³ Draft National Support Supervision Guidelines and Tools for Health Services, MoH, 2016

⁴ Client Satisfaction with Services in Uganda's Public Health Facilities, World Health Organization (WHO), 2014

⁵ National client satisfaction survey with health services in Uganda, MoH, 2017

There has been greater advocacy for improving the quality of health service delivery in the country. In this endeavor, new strategies such as policy reviews, health sector reforms, changes in service delivery standards and development of quality improvement (QI) initiatives for national rollout have been undertaken. In addition, there have been several advances in the health care system including changes in the management of some communicable diseases of public health significance such as HIV/AIDS, malaria and tuberculosis (TB); introduction of new vaccines such as the pneumococcal conjugate vaccine (PCV), new diagnostic equipment such as gene-expert machines and creation of new levels of service delivery such as the community hospital and the community health extension workers (CHEWs), among others. These changes necessitated revision of the first edition of the NSG to make them responsive to the current health service's needs.

1.1.2 Review Process of the NSG

The review process was participatory and involved various stakeholders including the MoH Standards Compliance Accreditation and Patient Protection (SCAPP) senior technical persons from other MoH departments, hospital directors, District Health Officers (DHOs), health development partners (HDPs), IPs, Makerere University School of Public Health and clinicians from selected health facilities, among others. The review was informed by a situation analysis of the supervision, monitoring and inspection system which was conducted by an independent consultant. A series of meetings were held to review and enrich the guidelines. The final draft of the guidelines was presented to the Governance Supervision and Regulation TWG, Senior Management Committee and MoH top management staff.

Objectives of the NSG

The main objective of the NSG is to provide guidance to stakeholders at all levels of the health sector on how to conduct effective and sustainable support supervision in order to provide quality health service delivery in Uganda. The specific objectives are:

1. To strengthen coordination and harmonization of support supervision in the health sector.
2. To define the support supervision roles and responsibilities at all levels of the health sector.
3. To improve planning and implementation of support supervision in the health sector.
4. To strengthen inspection and compliance to policies, standards and regulations at all levels of health care service delivery.
5. To enhance utilization of support supervision data for evidence-based decision making at all levels of health care service delivery.

Users of the guidelines

The guidelines serve as a reference document for any support supervision at the national and sub-national levels including: (i) MoH headquarters and central level institutions; (ii) Public and Private health facilities at all levels; (iii) DLGs (district health team (DHT), district health management team (DHMT), health sub districts (HSDs) and urban authorities including

Kampala City Council Authority; (iv) HDPs and IPs (v) Medical Bureaus and Civil Society Organizations and (vi) CHEWs, Village Health Teams (VHTs).

2.0 THE SUPPORT SUPERVISION SYSTEM

An effective support supervision system is premised on the “systems model” which comprises of (i) inputs, (i) process, (ii) outputs and (iv) outcomes.

The key support supervision inputs are described as the three main “**Rs**”: **R**ight supervisors (a core set of supervisors, well trained on support supervision techniques and with updated information and skills on various issues); **R**ight tools (availability of training materials and job aids to update skills of health workers during supervision visits and checklists and forms for recording recommendations and follow-up) and **R**ight resources (sufficient vehicles, per diems, time allocated for supervision and follow-up). The processes include problem identification, planning, preparation for field work, conducting supportive supervision, facilitating skills building, giving constructive feedback, compiling a report, providing feedback and transition and integration. The key supervision immediate outputs include skilled, knowledgeable and motivated health workers, as well as streamlined roles and responsibilities. The outcomes include improved communication between the health workers and the supervisors, improved work environment, improved compliance with standards and improved effectiveness and efficiency of care (Figure 1).

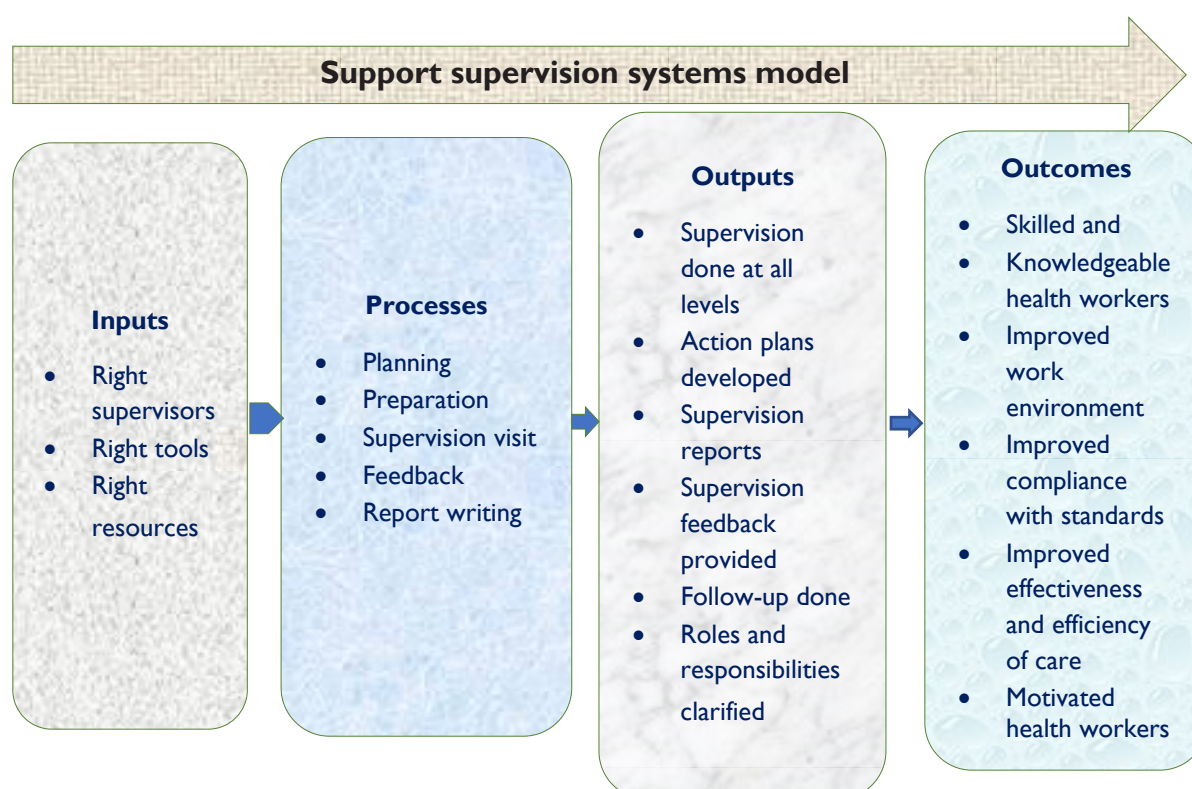
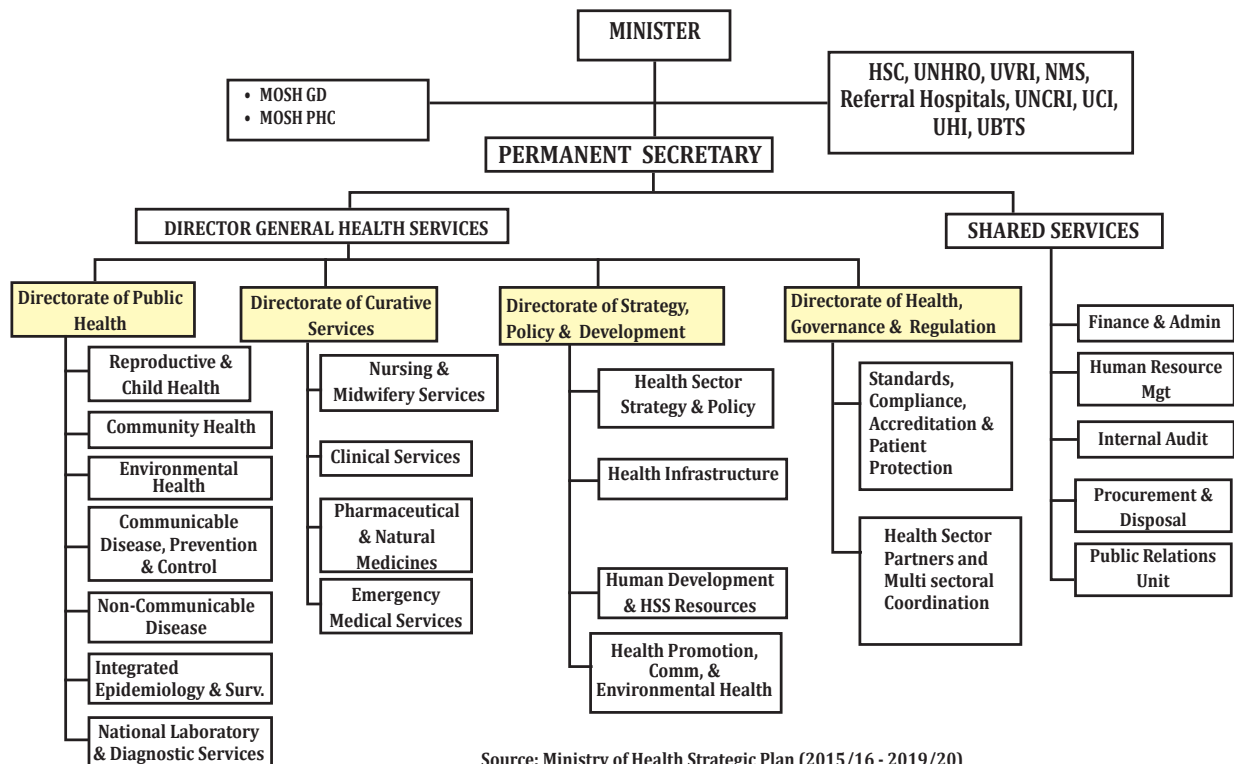


Figure 1. Support supervision systems model

Supervision of health services will take place within the framework of the macro-organizational structure of the MoH which follows an established chain of command (Figure 2).



Source: Ministry of Health Strategic Plan (2015/16 - 2019/20)

Figure 2. MoH macro structure

3.0 APPROACHES AND MANAGEMENT STRUCTURES FOR SUPERVISION

The approach, organization and management of the support supervision function are described below.

3.1 Support supervision approaches

In line with the support supervision strategy, the health sector should adopt approaches that will enhance effectiveness and efficiency of support supervision. Presently, there are two types of support supervision; internal and external. Supervision is referred to as external if the supervisors are from outside the institution and internal if the supervisors are from the same institution. In the latter, supervision is from top downwards in terms of technical and seniority hierarchy. The external supervision approaches include **integrated, technical and emergency supervision**. Emergency support supervision is categorized as integrated and technical support supervision since it provides support for specific emergency problems.

3.1.1 Integrated support supervision

Integrated support supervision aims to cover a comprehensive range of services. The process requires a multidisciplinary team that uses an integrated checklist. The team should possess a mix of skills commensurate with the task at hand. The objectives of integrated support supervision include:

- To support compliance with the standards and guidelines as per the mandate of the entity being supervised.
- To assess the extent to which the set service delivery targets are attained.
- To support the supervisees to interpret and implement relevant policies, guidelines, standards, plans and strategies necessary for quality service delivery.
- To work with the supervisee to identify, prioritize and solve problems on site as much as possible thereby building capacity for better service delivery.
- To support documentation, reporting and locally based use of data with an intention of attaining quality service delivery through continuous quality improvement (CQI) approaches.

3.1.2 Technical support supervision

Technical support supervision provides technical support in a specific specialty area. Technical supervision should be planned for or may respond to a request by an integrated supervision team, supervisees or the institution. Objectives of technical support supervision include:

- To enhance the workers' technical competences in the specific program or service.
- To support the supervisees and institutions to comply with specific technical policies, standards and guidelines.
- Identify and document good practices and challenges with an intention of influencing technical planning, policies and standards.

These guidelines place emphasis on technical support supervision as the main supervision approach to be adopted rather than integrated support supervision.

This is because technical support supervision involves identifying or equipping a relatively smaller team of technical staff with the relevant skills-set, the right tools, and resources.

On the other hand, integrated support supervision requires a bigger multi-disciplinary team which may be difficult to mobilize, coordinate and facilitate. Thus, for the health sector to enhance effectiveness and efficiency of support supervision, the technical support supervision approach should be adopted with a major focus on:

- Identifying the skill gaps among the technical staff at all levels
- Equipping the technical staff with the relevant skills-set
- Motivating and retaining technical staff at all levels of health care
- Facilitating the technical teams with the right tools' resources

3.1.3 Emergency support supervision

This category of supervision is provided in response to a specific emergency/problem such as outbreak of an epidemic, disaster or a strike. Emergency support supervision is important as it encourages critical interventions or responses. For example, this type of supervision enabled a rapid response to Ebola and Marburg epidemics; which earned Uganda international recognition thus the MoH was selected by the World Health Organization (WHO) to support other countries such as Liberia and Congo Democratic Republic of Congo (DRC) in the fight against the Ebola outbreak in 2012. It is important to note that emergency supervision is categorized under integrated and technical support supervision.

Internal supervision

This is the supervision that is done by supervisors based within the facility, or hospital. It is carried out by the in-charge and heads of sections in the facility. The supervisors ensure that standards and guidelines of care are conveyed to the providers and that they are complied to.

3.2 Organizational and management structure

The organizational and management structure for support supervision follows the national, regional and district levels of health care system.

At all these levels, support supervision is both internal and external.

The organizational and management structure for support supervision is summarized in Figure 3.

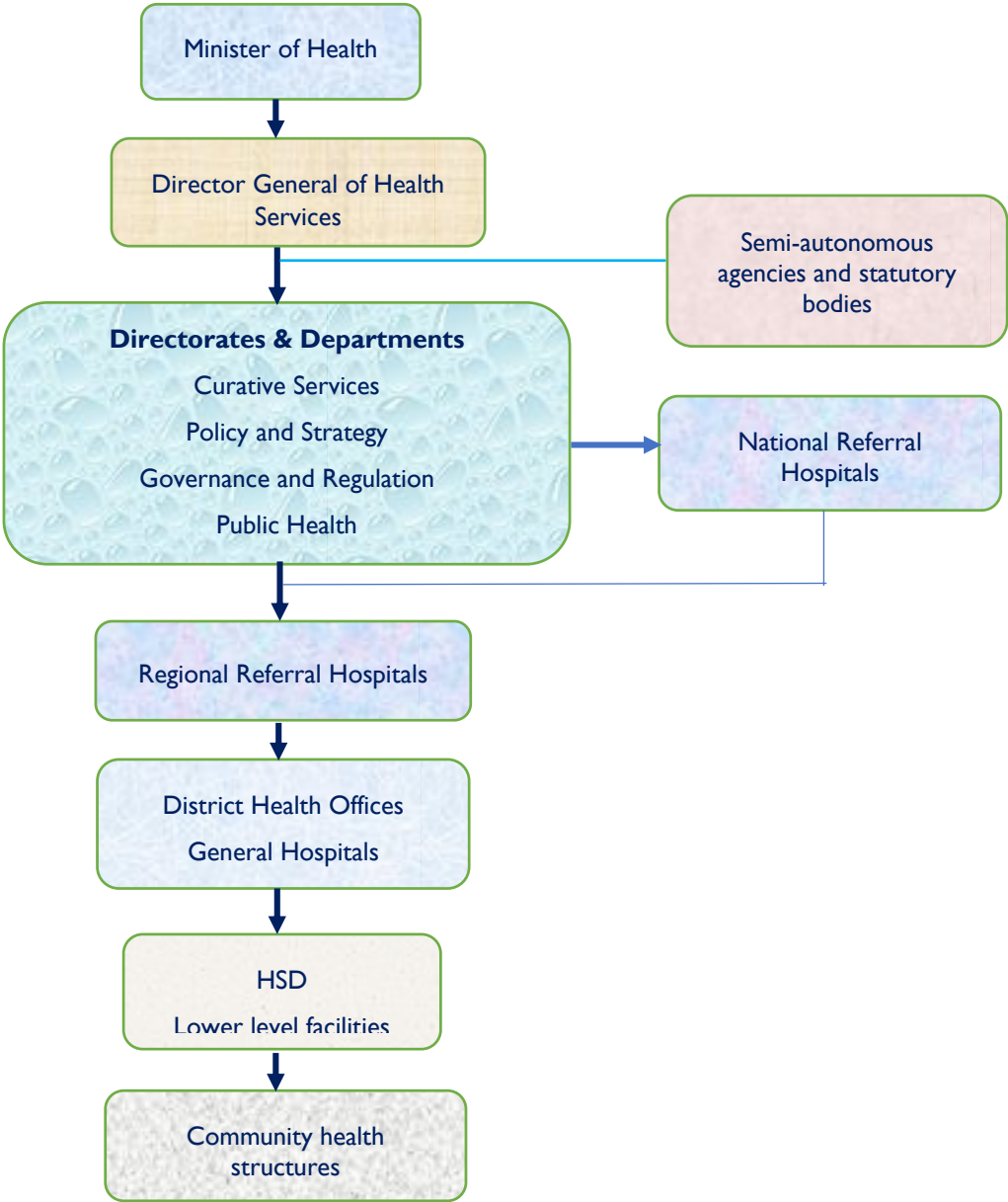


Figure 3. Support supervision organizational structure

4.0 SUPPORT SUPERVISION PROCESS

The support supervision process comprises of four key steps: (i) Setting up a support supervision system, (ii) Planning regular support supervision visits, (iii) conducting a supervisory visit and (iv) follow-up activities (Figure 4)

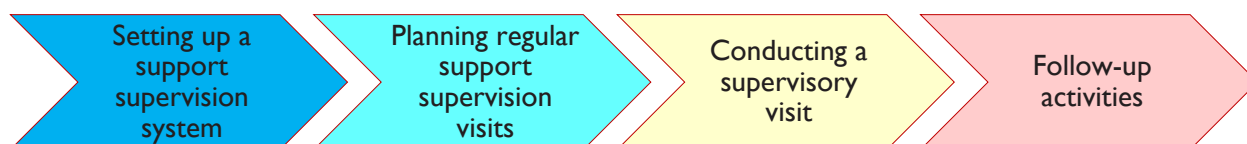


Figure 4. Key steps of a support supervision process

4.1 Setting up a support supervision system

There are three main “**Rs**” that are critical for an effective support supervision system and these include:

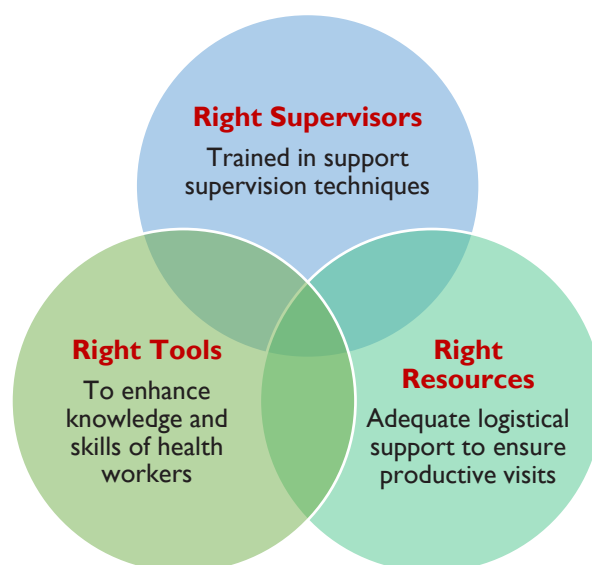


Figure 5. The three “**Rs**” for a support supervision system

- **Right supervisors:** a core set of supervisors who are well trained in support supervision. techniques and are updated with information and skills on various issues.
- **Right tools:** availability of materials, job aids and checklists.
- **Right resources:** Transport, funds, time allocated for supervision and follow-up.

4.1.1 Right supervisors

Establishing a core team of supervisors to provide support supervision is key. It is important to ensure that the supervisors are familiar with the programs being implemented, have an in-depth understanding of the health system and are familiar with the respective national guidelines and standard operating procedures. In addition, the supervisors should be able to apply systems thinking, define the roles, responsibilities and expectation of all staff.

They should be able to address both the administrative and programmatic needs related to program implementation and should be committed to the concept of QI. It is also important that the supervisors are trained and informed about the support supervision guidelines, techniques and participatory approaches such as joint problem identification and solving, two-way communication and coaching and mentorship, among others. In addition, a good supervisor should have the following key attributes (i) ability to listen, probe and analyze situations, (ii) ability to solve problems and propose solutions, (iii) ability to capacitate; teach, coach and mentor, (iv) ability to motivate (v) committed, devoted and invested⁶. Identifying the training needs of the supervisors and providing refresher training is a critical step in ensuring effective support supervision.

4.1.2 Right tools

It is important to have the right tools available to assist supervisors and to standardize the supervision system. These tools include:

- i. **Supervision guide / checklists:** The guide encompasses what should be done during a support supervision visit, including checklists which contains priority issues that must be observed and recorded by the supervisor(s). The guide should be context specific and therefore may vary from time to time.
- ii. **Learning materials:** The materials should be specific to the skills that need to be improved. They are used for training during support supervision, continuous learning and for reference.
- iii. **Job aids:** These are needed for reference and continuous learning.
- iv. **Previous supervision reports:** These act as reference documents and help to inform the agenda for the subsequent supervision visits.
- v. **Performance data:** These include Health Management Information System (HMIS) data, Health Facility Quality of Care Assessment Program (HFQAP) data and other assessment/survey data and research.
- vi. Relevant policies, guidelines and standards (complete as above by explain what this entails).

4.1.3 Right resources

Establishing a support supervision system requires adequate resources including (i) funds, (ii) vehicles, (iii) materials and (iv) time.

4.2 Planning regular support supervision visits

Planning for support supervision visits should be an integral part of the annual or quarterly work planning exercises. The support supervision plan should indicate; **where** to conduct the visits, **when** and **what** objectives **are** to be achieved during the visit.

Where to conduct the visits: Priority institutions, regions, districts and facilities to be supervised should be decided based on plan, demand and data.

When to conduct the visits: The support supervision schedule should be feasible and allow ample time to supervise the site appropriately. The schedules should be communicated to the supervisors and supervisees at least two weeks in advance, save for emergency situations.

⁶ NASTAD-Toolkit for Support Supervision, 2016

What to supervise during the visit: These will be informed by the support supervision guides or checklists.

The selection of priority areas for supervision will be based on identified problems, previous support supervision reports and data.

4.3 Conducting a supervisory visit

Every support supervision visit should be preceded by an entry meeting of supervisors and supervisees which should spell out the process to be followed throughout the visit. It is important that the supervisors get to the site on time. The progress in implementation of the previous action plans should be the basis of the issues to be discussed during the entry meetings of the subsequent supervision visits. During the visit, the supervisors should conduct the following main steps: (i) assess the current situation, (ii) problem solving and feedback; (iii) on-job training or skills building and (iv) documentation of the supervision results.

4.3.1 Assess the current situation

Supervisors should assess the current situation in the areas of interest using several methods including; a check list, reviewing records, reviewing recommendations from past visits, observing the institution health facility environment, listening to the health workers and interviewing clients and community members, where necessary.

4.3.2 Problem solving and feedback

Step 1: Problem identification: Describe the problem and its impact: Focus on systems and processes underlying the problem, discuss the impact of the problem and tackle one problem at a time.

Step 2: Discuss the causes of the problem with the staff: don't directly attack or blame individuals identify the causes of the problem and prioritize action for the causes that can be addressed.

Step 3: Guide the institution to implement solutions: Solutions that need urgent attention should be implemented immediately: The solutions to be implemented should reach a common awareness among all relevant stakeholders. Develop an implementation plan that details what, how, who and when.

Step 4. Feedback and follow-up:

4.3.3 On-job training or skills building

There are six main steps when teaching a skill: (i) explain the skill or activity to be learned, (ii) demonstrate the skill, (iii) participants practice the demonstrated skill or activity, (iv) review the practice session and give constructive feedback, (v) practice the skill with a client and (vi) evaluate the participants ability to perform the skill according to the standardized procedure.

4.3.4 Documentation of supervision findings

Support supervision record book: The supervisor should complete a support supervision records-book at each supervisory site. This should record the visit date, main observations, support given, agreed upon follow-up actions and recommendations.

Support supervision report: The supervisor should prepare a report detailing the (i) supervisors, (ii) supervisees, (iii) reasons for the visit (background, objectives), (iv) key findings, (v) actions and (vi) recommendations.

4.3.5 Dissemination of the supervision findings:

- At the national level: The supervision findings should be shared with members of the Senior Management Committee (SMC), Division of Health Information (DHI) and all relevant departments.
- At the regional level: The findings should be shared with the hospital director, heads of departments, hospital management committee (HMC) and regional IPs.
- At the district level: The findings should be shared with members of the DHT and DHMT.
- At health facility level: The findings should be shared with all the health facility staff and Health Unit Management Committee (HUMC).

4.4 Follow-up activities

Support supervision should have proactive follow-up. Supervisors should develop a follow-up plan to ensure that the action plans are implemented accordingly. Follow-up can be either through follow-up visits, meetings, email or telephone calls. Follow up should be focused on the agreed action plan. The supervisors should take it upon themselves to ensure that those supposed to take action are duly informed and, where need be, reminded. This will necessitate the supervisors to regularly check whether the recommended actions are taken up, and in a timely manner.

5.0 LEVELS OF SUPPORT SUPERVISION

Table I shows the responsible institutions for support supervision at the various levels: national, regional, district, health facility and community. It is important to note that all the three types of supervision approaches (integrated, technical, and emergency) will be employed as appropriate.

Table I. Team composition for support supervision by management level, supervision approach and frequency

Level	Responsible institution	Supervision approach			Frequency
		Integrated	Technical	Emergency	
National regional hospital (NRH)	MoH	√			Twice a year
			√		Quarterly
				√	As need arises
RRH	MoH + NRH	√			Twice a year
			√		Quarterly
				√	As need arises
DHT General Hosp HC IV	RRH + MoH	√			Twice a year
			√		Quarterly
				√	As need arises
HSD General Hosp	DHT	√			Quarterly
			√		Quarterly
				√	As need arises
HC III + II	HSD	√			Quarterly
			√		Quarterly
				√	As need arises
Community	Unit in the locality	√			Quarterly
			√		Quarterly
				√	As need arises

Selected members of the MoH Senior Management Team (SMT) from the Directorates of Curative Services and Public Health will be responsible for supervising the NRHs. Similarly, selected members of the MoH SMT from the Directorates of Curative Services, Public Health and Governance and Regulation will be responsible for supervising the RRHs.

Members from the Community Health Services Departments (CHSDs) of the RRHs and the regional partners such as the regional IPs will be responsible for supervising the districts (DHOs and general hospitals). The DHT members will supervise the HSDs. The HSD teams and selected members of the DHT will supervise both the public and private lower level health facilities (HC IIIs and IIs). Staff from HC IIIs will supervise the community health workers within their catchment area.

5.1 Support supervision roles and responsibilities

The MoH has the overall responsibility of developing and disseminating the support supervision guidelines.

The support supervision roles and responsibilities for the various levels of the health care system are outlined below:

5.1.1 Director General of Health Services

The Director General of Health Services (DGHS) is responsible for supervising the four Directorates of Clinical Services and Community Health; Policy and Strategy; Governance and Regulation; and Community Health. The office of the DGHS is also responsible for supervising the semi-autonomous agencies and statutory bodies.

5.1.2 Directors of Health Services

The Directorate of Governance and Regulation will be responsible for coordinating the national level support supervision activities, defining and disseminating the health service delivery standards, supervision guidelines and tools, building capacity of the various levels in support supervision and compiling and disseminating national level support supervision reports. All the four Directors of Health Services (Clinical Services and Community Health, Policy and Strategy, Governance and Regulation and Community Health) will be responsible for supervising the Departments within their Directorates. In addition, selected members from the four Directorates and their respective departments will be responsible for supervising the National and Regional Referral Hospitals.

5.1.3 Regional Referral Hospitals

The RRHs, specifically the CHSD will hold the prime responsibility of supervising the DHTs and general hospitals within their region of Jurisdiction. The other regional support arrangements such as the regional TB/Leprosy supervisors, regional Health Development Partners (HDPs) and IPs will be integrated into the RRH-CHSD programme. The key roles and responsibilities of the RRH-CHSD support supervision team will include:

- Supporting the development and implementation of the annual operational plans of the districts and general hospitals in the region.
- Providing technical support supervision to the districts and general hospitals with in their catchment areas.
- Coordinating quarterly regional performance review meetings for all key stakeholders in the region.

Currently, there are 17 health regions in the country. Table 2 shows the present health regions and their respective catchment districts.

Table 2. Health regions and their catchment districts

No	Health Region/Zone	Catchment districts
1.	Arua	Adjumani, Arua, Arua city, Koboko, Madi-Okollo, Maracha, Moyo, Nebbi, Obongi, Pakwach, Yumbe, Zombo,
2.	Gulu	Agago, Amuru, Gulu City, Gulu, Kitgum, Kwania, Lamwo, Nwoya, Pader.
3.	Lira	Alebtong, Amolatar, Apac, Dokolo, Kole, Lira city, Lira, Otuke, Oyam.
4.	Soroti	Amuria, Bukedea, Kaberamaido, KalakiKapelebyong, Katakwi, Kumi, Ngora, Serere, Soroti.
5.	Moroto	Moroto, Kotido, Napak, Kaabong, Abim, Nakapiripirit, Amudat, Nabilatuk, Karenga.
6.	Mbale	Mbale, Mbale City, Bududa, Sironko, Manafwa, Bulambuli, 7) Budaka, Pallisa, Kapchorwa, Kween, Bukwo, Tororo, Butaleja, Busia, Kibuku.
7.	Jinja	Bugiri, Bugweri Buyende, Iganga, Jinja City, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo, Namutumba.
8.	China Uganda Friendship Hospital (CUFH) (Naguru)	Buikwe, Central Division, Kayunga, Mukono, Nakawa Division.
9.	Entebbe	Butambala, Gomba, Mpigi, Wakiso.
10.	Kiruddu	Buvuma, Makindye Division, Rubaga Division.
11.	Kawempe	Kawempe Division, Luwero, Nakaseke, Nakasongola.
12.	Mubende	Kagadi, Kakumiro, Kassanda, Kibaale, Kyegegwa, Mityana, Mubende.
13.	Masaka	Bukomansimbi, Kalangala, Kalungu, Kyotera, Lwengo, Lyantonde, Masaka City, Masaka, Rakai, Sembabule.
14.	Mbarara	Buhweju, Bushenyi, Ibanda, Isingiro, Kazo, Kiruhura, Mbarara City, Mbarara, Mitooma, Ntungamo, Rubirizi, Rwampara Sheema.
15.	Kabale	Kabale, Kanungu, Kisoro, Rubanda, Rukiga, Rukungiri.
16.	Hoima	Buliisa, Hoima, Kiboga, Kikuube, Kiryandongo, Kyankwanzi, Masindi.
17.	Kabarole	Bundibugyo, Bunyangabu, Fort Portal City, Kabarole, Kamwenge, Kasese, Kitagwenda, Kyenjojo, Ntoroko.

Mbale, Jinja and Naguru health regions have expansive catchment areas. To enhance access and effectiveness health services, it is recommended that the structure should be revised by expanding the regions with very few catchment districts and reducing those with many catchment districts.

5.1.4 Districts and General Hospitals

The DHTs and general hospitals (GHs) will be responsible for supervision and mentorship of both the public and private HSDs in the district. In addition, selected members DHT members will join the HSD teams to supervise the lower level health facilities. The key roles of the DHT and GHs will include (i) development of annual operational plans, (ii) conducting technical support supervision, (iii) monitoring delivery of health services and (iv) coordinating district quarterly performance review meetings.

5.1.5 Health sub districts

The HSDs will be responsible for supervising both the public and private HC IIIs in the district. The HSD teams will be responsible for: (i) development of annual operational plans for the HSD, (ii) conducting technical support supervision, (iii) monitoring delivery of health services and (iv) coordinating HSD quarterly performance review meetings.

5.1.6 Health Center IIIs

HC IIIs will be responsible for supervising HC IIs and community health workers (CHWs). An HSD member will be co-opted by the HC IIIs to supervise and mentor HC IIs and CHWs. They will be responsible for developing health facility operational plans and conducting technical support supervision for the lower level health service delivery structures, including the community health structures. At the community level, focus will be placed on CHW coverage and training, logistics and supplies, reporting, supervision, performance review meetings and participation in village committee meetings.

5.2 Other support supervision stakeholders

Statutory bodies

Statutory bodies comprising of the Health Professional Councils (HPCs) and other specialized bodies such as National Drug Authority (NDA), Uganda National Health Research Organization (UNHRO) and Health Service Commission (HSC) are expected to retain their support supervision functions as stipulated in their Acts. HPCs will be responsible for the regulation of professional standards, ethics and code of conduct as provided for by the relevant Acts review and accredit medical education, both pre-service and continuing professional development (CPD). Other specialized bodies such as NDA whose mission is to ensure that the population accesses quality, safe efficacious human and veterinary medicines and other healthcare products through their regulation and control, will continue to carry out assessments and supervision.

Implementing Partners (IPs)

The IPs in collaboration with MoH, and the different supervisory will continue to provide financial and TA to support the supervision of activities at the regional, district, health facility and community levels. Joint planning, through the supervisory bodies of the health system will be reinforced by a code of conduct for all partners (sector wide approaches).

Private – not for- profit (PNFP) Medical Bureaus

The PNFP Medical Bureaus (the Uganda Catholic and Uganda Protestant Medical Bureaus) in partnership with MoH, will facilitate and support the support supervision processes in their respective institutions. Coordination and joint planning for support supervision at all levels will be undertaken within the framework of the National Policy of Public Private Partnerships for Health (MoH 2012) to avoid duplication.

Civil Society Organizations (CSOs)

The participation of the CSOs, in support supervision processes at the level where they exist will include active participation in supervision visits as need arises, mobilizing communities for health interventions, advocacy for investment in health and monitoring accountability for resource use.

Professional associations (self-regulation)

These will provide opportunity for self-regulation of members, peer support and recognition of good performance, occasioning continuous professional development and participation in various support supervision activities.

The platform for carrying out these roles is further enshrined in their representation in the governance, management and statutory structures/bodies in the health sector.

External support supervision entities in the health sector

The focus of the NSG is to promote internal self-propelling mechanisms for QI and motivation for improved quality of care and better health sector performance. The external support supervision entities, such as the Office of the President, the Office of the Prime Minister, Ministry of Finance Planning and Economic Development, Ministry of Public Service, Ministry of Local Government, and a number of other Ministries Departments and Agencies will continue to bear their individual prerogatives, but be encouraged to harmonize and integrate their operations with the support supervision work plans in the health sector.

5.3 Resource envelope for support supervision

The financing of support supervision shall come from a number of sources including: a) Government of Uganda (GoU), development partners, private sector, CSOs/non-government organization and community.

Government

The GoU will be the primary source of finance for support supervision. The funding will be provided through the recurrent budget as elaborated in the mid-term expenditure framework (MTEF). It is envisaged that the MoH will lobby government to increase the budget of the MoH by an amount in the range of UGX. 22,995,500,000; which is the annual cost of implementing the support supervision strategy. It is also presumed that the funds shall be “**ring-fenced**” to support supervision activities. Ring-fencing the budget line for support supervision is important because previously, the budget for support supervision was ‘submerged’ within “internal travel” expenses which reflected that support supervision was lowest in priority.

This is because internal travel is regarded as lowest in priorities in most budgets and is most targeted areas in instances of budget cuts. This has often led to shortage of funds for support supervision.

Development partners

Funding from development partners is captured in the MTEF. However, currently most funding from development partners is largely off-budget and project based. The implication here is that project funding provides little room for maneuver in accessing such funds for improving support supervision unless it is a priority of such project funding.

NGOs Private Health Providers

NGOs receive funding from various sources (development partners/government/bilateral agencies) to carry out their planned healthcare related activities. Some of the PNFP health facilities will be co-opted to carry out support supervision in their areas of jurisdiction.

Community

The delivery of healthcare is built on community structures and these are available through the country. They include local council administrative structures which fortunately wield significant power and authority in the local communities. It is from these administrative structures that HUMICs are constituted. These committees are fundamental in monitoring construction of health infrastructure, surveillance over essential medicines and supplies and general performance of health workers at their facilities. It is envisaged that this strategy will substantially rely on the active role of the community in supervising the lower health facilities.

6.0 LINKAGE BETWEEN SUPERVISION AND QUALITY IMPROVEMENT

Quality improvement (QI) and support supervision are synergistic in that the latter identifies existing gaps in the implementation of QI implementation and strengthens its continuity and sustainability, whereas the former assists in addressing the challenges and gaps identified during support supervision. The NSG will complement other interventions aimed at enhancing the quality of services. All institutions will be required to have mechanisms of QI approaches or ways of improving quality to ensure continued improvement in the delivery of quality services.

Pre-supervision preparation should be made to adequately guide the teams. During supervision visits, checks shall be done to establish strengths and gaps in QI initiatives at different levels of health service delivery. Use of QI guiding documents such as the health sector QIF&SP and the HFQAP will be checked to ascertain initiation, continuity and sustainability of quality assurance (QA) and improvement interventions. Specifically, districts and health facilities should be checked if QI and the HFQAP are being implemented.

Evidence of QI projects and indicator selection and monitoring shall be assessed as well. Existence and functionality of QI Committees and Teams at the regions, districts, and health facilities as stipulated in the QIF&SP shall be checked. Feedback on the identified gaps should be provided to the supervisees and action plan should be jointly generated based on the identified gaps and strength.

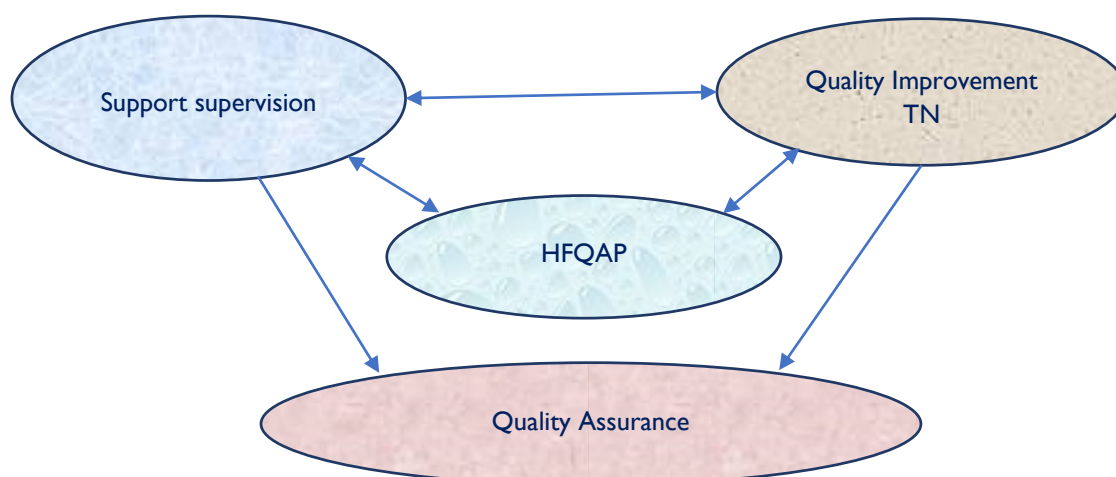


Figure 6. Illustration of linkages between support supervision, QA and QI

7.0 OPERATIONALIZATION OF THE SUPERVISION GUIDELINES

The operationalization of the national supervision guidelines will involve the following key activities: (i) dissemination of the NSG and tools; (ii) building capacity for regional and district teams and (iii) development of support supervision work plans at all levels of the health system.

7.1 Dissemination of the NSG

Deliberate efforts will be made to ensure that dissemination and distribution of the NSG is done within year 1 after the finalization and approval of the guidelines:

- Dissemination will start with a national launch of the guidelines and tools.
- A clear dissemination plan of NSG with specific timelines will be developed:
 - National level (MoH, HDPs, Semi-autonomous institutions) : MoH.
 - Regional and district level (RRHs, DHTs, GHs, IPs): MoH.
 - Health facility level (HSDs and lower level facilities): DHT and IPs.
- Adequate copies of the guidelines will be printed and distributed to all the targeted users.
- Sub-national dissemination will be done through regional and district orientation meetings.

7.2 Capacity building in support supervision skills

- In collaboration with key stakeholders, MoH (SCAPP department) will develop a national support supervision training program.
- A training of trainers (ToT) will be undertaken at national and subnational level. The training will target the teams responsible for support supervision at the various levels of health care. The trained staff at the sub-national level will cascade training to the lower level health facility staff.
- The capacity of the CHSDs of the RRHs will be strengthened to enable them to coordinate and provide technical support supervision to the districts. This will include re-structuring the CHSD to improve human resources with skills in leadership and governance to coordinate and plan for support supervision, providing technical support in key MoH policies and guidelines, including the NSG and support to develop region-wide support supervision work plans, among others.

7.3 Development of support supervision work plans

During the trainings at the various levels of the health care system, work plans for support supervision shall be developed. Each level will develop and integrate a support supervision work plan in their annual or quarterly work plans. A deliberate allocation of funds will be done to support supervision activities at all levels according to the developed work plans. The respective supervising teams will be responsible for monitoring implementation of the work plans during regular support supervision visits.

8.0 MONITORING AND EVALUATION OF SUPERVISION

The monitoring and evaluation (M&E) system for support supervision will comprise of four key elements: planning, (ii) data gathering, (iii) critical reflection and (iv) information dissemination.

Planning: This will involve identifying key elements for M&E and the corresponding indicators which will be used to effectively track and guide support supervision implementation, improve efficiency and effectiveness of programs and provide accountability of support supervision at all levels. Specifically, planning will include:

- Outlining indicators that will be used to measure progress of support supervision.
- Describing a plan for support supervision data management including methods for data collection, tools, analysis and information sharing.
- Documentation of successful interventions, best practices, challenges and constraints in support supervision.

Data gathering: The key data collection elements for M&E are outlined below:

Monitoring: The following constitute the key aspects of monitoring support supervision.

- Inputs and their efficient and effective use during support supervision.
- Support supervision processes implemented vis-à-vis the planned activities and timelines.
- Level of involvement of stakeholders, partners and collaborating institutions as planned.

The indicators for monitoring inputs processes, outputs and outcomes of support supervision have been developed. Support supervision will utilize both electronic and paper-based source documents.

Evaluation: This will include determining whether support supervision is bringing about the desired change. Programmatic success (relevance, effectiveness and efficiency) will be analyzed using data collected through supervision visits data and feedback from various stakeholders including the health workers, patients and community members.

The identified best practices and lessons learned during support supervision will form a basis for recommendations and scale-up. Some of the key outcome indicators include:

- Change in knowledge and skills of the health workers.
- Improvement in compliance with the clinical standards.
- Change in the quality of health care services over time.
- Change in the health worker motivation or satisfaction.

Baseline and follow-up assessments such as client and health worker satisfaction surveys, the HFQAP assessment and the health system performance progression model assessment, will be conducted to obtain data for some of the indicators. The data sources for M&E will include support supervision reports, health facility records and reports and district reports. Support supervision data will be collected using standardized tools (Chapter 9.0).

The data will be aggregated, analyzed and shared periodically with all stakeholders at the various levels of the health care system. A harmonized national support supervision database that includes a robust dashboard with drill down capabilities up to health facility level will be developed to increase visibility, access to for prompt decision-making.

Critical reflection: At all levels, quarterly meetings will be held to review progress of support supervision implementation, including adherence to the guidelines. These meetings should be integrated into the existing quarterly performance review meetings at all levels of the health sector.

Information dissemination: Support supervision data will be aggregated, analysed and shared periodically with all key stakeholders at the various levels of the health care system. A harmonized national support supervision database including a robust dashboard with drill-down capabilities up to health facility level will be developed to increase visibility and access to data in real time for prompt decision-making, based on the findings.

Table 3 below provides a summary of the performance indicators under each objective of the national supervision guidelines (NSG).

Table 3 Performance indicators and targets

Performance Indicator	Data Source	Data collection		Targets (%) [2020/21-2024/25]				
		Frequency	Responsible	Yr1	Yr2	Yr3	Yr4	Yr5
Objective 1: To strengthen coordination and harmonization of support supervision in the health sector								
Existence of a comprehensive national support supervision strategy	MoH	N/A	MoH					
Existence of national support supervision guidelines	MoH	N/A	MoH					
Support supervision integrated in annual work plans and budgets	MoH	N/A	MoH					
Objective 2: To define the support supervision roles and responsibilities at all levels of the health system								
Support supervision roles and responsibilities are well stipulated in the guidelines.	SS Reports	Quarterly	MoH/RRH/DHT	75	95	100	100	100
Percent of institutions whose members perform their supervision roles and responsibilities according to guidelines	SS Reports	Quarterly	MoH/RRH/DHT	75	95	100	100	100
Objective 3: To improve planning and implementation of the support supervision in the health sector.								
Percent of institutions with support supervision work plans and budgets	SS Reports SS Database	Quarterly	MoH/RRH/DHT	75	95	100	100	100
Percent of institutions with support supervision work plans integrated into the annual/quarterly work plans	SS Reports SS Database	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions conducting support supervision according to plan/schedule	SS Reports SS Database	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions with documented achievements	SS Reports SS Database	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Objective 4: To strengthen inspection and compliance to policies, standards and regulation								
Percent of institutions trained in policies, standards and regulations	SS Reports SS Database	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions with the required copies of policies, standards and regulations	SS Reports SS Database	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions providing services according to policies, standards and regulation	SS reports HFQAP	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of health facilities rated as HFQAP star II and above	HFQAP database	Annual	MoH/RRH/DHT	50	75	95	100	100
Objective 5: To enhance utilization of support supervision data for decision-making at all levels of health care service delivery								
Percent of institutions/facilities with action plans arising from support supervision	SS reports	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions/facilities implementing at least 75% of their actions plans	SS reports	Quarterly	MoH/RRH/DHT	50	75	95	100	100
Percent of institutions implementing recommendations arising from support supervision	SS reports	Quarterly	MoH/RRH/DHT	50	75	95	100	100

9.0 SUPPORT SUPERVISION TOOLS

The support supervision tools are structured according to the six-health system strengthening components: (i) leadership and governance, (ii) human resources for health, (iii) health financing, (iv) service delivery, (v) supply chain management and (vi) health information systems. Each level of health service delivery has a separate support supervision tool.

9.1. Annex 1: National referral hospital supervision tool

NATIONAL REGIONAL REFERRAL HOSPITAL SUPERVISION TOOL		
A. FACILITY IDENTIFICATION		
1.	Name of health facility	
2.	Sub region	
3.	District	
4.	Ownership	Government/Public1
		NGO.....2
		Other (Specify).....3
5.	Location (urban/rural)	Urban.....1
		Rural.....2

B. GENERAL INFORMATION			
Facility Number			
1.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
1.1	The facility has organizational vision, mission statement and core values.		
1.2	The facility has a client charter and Health workers rights.		
1.3	Does the facility have a client charter key messages in the commonly used language displayed?		
1.4	Did the facility hold monthly general staff meetings for the previous month? (Review minutes of previous month)		
1.5	The facility holds Management /Departmental meetings		
1.6	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
1.7	Does the health facility have the current catchment map and population displayed		
1.8	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
1.9	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
1.10	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
1.11	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
1.12	Does the facility have VHTs attached to it?		
1.13	Do the VHTs submit monthly reports to the facility		
1.14	The VHTs hold quarterly meetings with the health facility staff		

2.0 HUMAN RESOURCES FOR HEALTH

(To be adjusted according to the Specific Hospital staff Structure)

2.1	Staff availability according the recommended structure for HC IVs		
	Cadre	Recommended	Available
	Consultants Doctors		
	Hospital Director	1	
	Sen Con. Medicine,	1	
	Sen Con. paediatrician	1	
	Sen Con. Obs/Gyn	1	
	Sen Con. Surgery	1	
	Consultant Psychiatry	1	
	Consultant Ophthalmology	1	
	Consultant Orthopaedic	1	
	Consultant Anaesthesia	1	
	Consultant ENT	1	
	Consultant public Health	1	
	Consultant Pathology	1	
	Consultant Surgeon	1	
	Consultant Paediatrician	1	
	Consultant Medicine	1	
	Consultant Obs/Gynae	1	
	Medical Officers Special Grade		
	Medical Officer SG Radiologist	1	
	Medical Officer SG Ophthalmologist	1	
	Medical Officer SG Community	1	
	Medical Officer SG OBS-GYN	1	
	Medical Officer SG -Surgery	1	
	Medical Officer SG Paediatrics	1	
	Medical Officer SG Internal Medicine	2	
	Medical Officer SG Public Health	1	
	Medical Officer SG Psychiatry	1	
	Medical Officer SG Anaesthesia	1	
Medical Officer SG Orthopaedics	1		
Medical Officer	10		
Dental staff			
Sen. Dental Surgeon	1		
Dental Surgeon	1		
Dental officers	6		
Pharmacy staff			
Pharmacists	2		
Dispenser	7		

2.0 HUMAN RESOURCES FOR HEALTH			
(To be adjusted according to the Specific Hospital staff Structure)			
		Recommended	Available
	Nursing staff		
	Principal Nursing Officer	2	
	Senior Nursing Officer	14	
	Nursing Officer - Nursing	54	
	Nursing Officer - Psychiatry	2	
	Enrolled Psychiatric Nurse	2	
	Enrolled Midwife	20	
	Enrolled Nurse	40	
	Allied Health professionals		
	Principal Clinical Officer	1	
	Senior Clinical Officer	3	
	Clinical Officer	16	
	CO Audiology	1	
	CO Dermatology	1	
	Principal Anaesthetic officer	1	
	Sen Anaesthetic officer	4	
	Anaesthetic officer	3	
	Ophthalmic Clinical Officer	4	
	Psychiatric Clinical Officer	3	
	Radiographer	6	
	Physiotherapy staff	4	
	Occupational therapy staff	4	
	Orthopaedic Officers	7	
	Orthopaedic Technicians	5	
	Theatre staff	4	
	Laboratory staff	14	
	Other Professional staff		
	Medical social worker	3	
	Nutritionist	3	
	Finance &Administrative Staff	42	
	Procurement staff	3	
	Engineering Staff	5	
	Support Staff	75	
	Total	402	
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%..... 1 50-75%.....2 >75%.....3	

2.0 HUMAN RESOURCES FOR HEALTH			
(To be adjusted according to the Specific Hospital staff Structure)			
		Yes	Yes
2.3	The facility follows a plan / schedule for Continuing Professional Development		
2.4	The facility has arrival and departure register/ Biometric-Automated Attendance Analyzer (AAA) machine.		
2.5	The facility has an up to date (electronic / manual) Human Resource Information data base		
2.6	There is a qualified health worker available 24 hours a day, 7 days a week		
2.7	There is staff (at least for nurse, midwife, CO, MO, Anaesthetist) housing near the health facility		
2.8	All staff have up-to-date written job descriptions		
2.9	All staff are allocated to positions according to their training and experience		
2.10	Does the facility follow a systematic appraisal of staff?		
2.11	Staff Performance planning is conducted at the beginning of the FY		
2.12	There is record of filled staff appraisal forms at the health facility		
2.13	Does the health facility have an up-to-date training database for the staff?		
2.14	Does the health facility have a system to publically acknowledge performance and sanction poor performance		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	The facility has prescribed procedures for procurement implemented.		
3.8	All goods and services are procured as per the approved work plans.		
3.9	Expenditure of the PHC capital development fund in the previous FY	<50%..... 1 50-75%..... 2 >75%..... 3	
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:	Available	Not available
		√ if available and x if Not	
	OPD Register		
	Immunisation (Child) Register		
	Integrated ANC register		
	Integrated maternity register		
	Integrated PNC register		
	Integrated family planning register		
	Adolescent/Youth Friendly services Linkage Register		
	Integrated nutrition register		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	Laboratory (Laboratory Specimen Reception Register)		
	HIV exposed infant register		
	TB (Health Unit TB Register)		
	ART (ART Register)		
	In patient (Inpatient Register)		
	Theatre (Operating Theatre Register)		
4.3	The health facility has the following HMIS forms in use:		
	Medical form 5		
	Mother passports		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	TD Cards		
	Partographs		
	ART cards		
	HMIS 105		
	HMIS 106A		
	HMIS 108		
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level		
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.		
4.7	The facility has staffs trained in international classification of diseases (ICD) and birth outcomes.		
4.8	The ICD coding is done (OPD, Maternity or Inpatient) register		
4.9	The health facility has staff trained in Death and birth Registration system and linked to Civil Vital Registration Statistics system (CVRS)		
4.10	Is CVRS done? Check for availability of the following forms		
	In patient discharge form		
	Birth Registration form		
	Death notification forms		
4.11	The facility has key performance indicators and set targets for the following:		
	OPD utilization		
	DPT3-HiB-HepB under one year		
	Measles Rubella Vaccination		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	ANC coverage		
	Deliveries		
4.12	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.13	The key performance indicators and targets are graphed and displayed in the relevant work areas		
4.14	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.15	The health facility uses data for planning and resource allocation for each FY		
4.16	The health facility has a functional computer for data management and reporting		
4.17	The health facility has internet connectivity to support reporting		
4.18	The facility uses electronic medical records (EMR) for patient-level data capture		
4.19	The facility has a designated records officer for data management and reporting		
4.20	The facility consistently reports through DHIS		
4:21	The health facility performs Integrated Disease Surveillance (IDSR):		
	The facility has the current Technical Guidelines on Integrated Disease Surveillance (IDSR).		
	The Health facility has an IDSR Focal Person and a Response team.		
	At least one health worker received in service training on Epidemic and Disaster Preparedness and Response (EDPR) in the last 2 years		
4.22	The Health facility has treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera)		
4.23	Availability of Integrated Disease Surveillance (IDSR) Forms		
	HMIS 033b Form available		
	Case notification Forms available		
	HMIS reports 033b are compiled and submitted every Monday of the week.		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
5.1	Does the facility have a functional supply-chain management system?		
	The health facility has an annual medicines and health supplies procurement plan		
	The facility places timely orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		
5.2	Availability of EMHS tools at the health facility		
	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Anti-TB supplies		
	HIV treatment supplies (ART & Test Kits)		
	RH supplies		
	Nutrition supplies		
	Ordering forms		
	Dispensing logs		
	Stock cards		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
5.3	Does the facility have proper space for storage of medicines and health supplies?		
	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		
	Store has a thermometer and temperature chart filled		
	The room has designated space for storing away expired medicines.		
	Controlled substances e.g. morphine (Tab / Inj), pethidine and other narcotic drugs are kept separate in a double locked storage space.		
5.4	Does the facility have a proper cold chain for vaccines?		
	There is a functional EPI refrigerator at the facility		
	There is a filled and functional standby gas cylinder		
	The temperature monitoring chart is fixed on the refrigerator		
	There is a thermometer placed in the refrigerator.		
	The temperatures are monitored twice daily, seven days per wee		
	The vaccine carriers and ice packs available and in good condition		
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Not available
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		
	Pneumococcal Conjugate Vaccine		
	Tracer ANC medicines		
	Folic acid and Iron		
	Mebendazole		
	Sulphadoxine / Pyrimethamine		
	Tracer STI medicines services		
	Condoms		
	Metronidazole		
	Doxycycline		
	I.V Ceftriaxone		
	Cefixime		
	Tracer malaria medicines.		
	First line antimalarials – Artemether Lumefantrine or Artemether Amodia-quine		
	Sulphadoxine / Pyrimethamine		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Not available
Artesunate inj		
Rectal Artesunate		
Tracer commodities for Nutrition Management		
Ready to Use Therapeutic Food (RUTF)=Plumpynut		
fortified blended foods,		
Micronutrient powders,		
F75		
F100,		
Tracer medicines and commodities for HIV/AIDS care		
Nevirapine syrup		
Co-trimoxazole (960mg)		
Co-trimoxazole suspension (pead)		
Male condoms		
ü First line ARVS (adults) <ul style="list-style-type: none"> • (TDF,3TC, DTG) • (ABC,3TC) (TDF, 3TC, EFV 400mg)		
First line ARVS (Pead) <ul style="list-style-type: none"> • (ABC,3TC, 120/60mg) • (ABC,3TC, LPv) for children under 3 years 		
Anti-fungal (fluconazole)		
Tracer medicines for TB Care:		
INH / H = Isoniazid		
R = Rifampicin		
Z = Pyrizinamide		
E = Ethambutol		
Isoniazid (INH) tabs,		
Pyridoxine		
RHZE		
(75/150/275/400mg)		
RH (150/75mg)		
Paediatric TB Drugs		
RHZ pediatric tablet (60/30/150mg)		
RH pediatric tablet (60/30mg)		
Tracer medicines and commodities for NCDs		
a) Seizures		
Diazepam Inj.		
Carbamazepine		
Phenytoin		
Chronic Obstructive Pulmonary Disease (COPD)		
Corticosteroids e.g Prednisolone, Hydrocortisone		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Not available
	Epinephrine Inj.		
	Oxygen		
	Salbutamol Inhaler		
	Beclomethasone Inhaler		
	Diabetes		
	Metformin		
	Glibenclamide		
	I/V glucose / Dextrose		
	Insulin injectable		
	Bendroflumethiazide		
	Hypertension		
	Beta blockers e.g. Atenolol or propranolol		
	ACE Inhibitors e.g. Captopril or lisinopril.		
	Calcium channel blocker e.g. nifedipine		
	Angiotensin II receptor antagonist e.g. losartan		
	Tracer FP commodities		
	Oral contraceptive pills		
	Injectable contraceptives		
	Condoms		
	Intrauterine contraceptive device (IUCD)		
	Cycle beads for standard days method		
	Emergency contraceptive pills		
5.6	Availability of basic obstetric care commodities		
	Medicines and supplies		
	Parenteral (IV or IM) oxytocin		
	Parenteral (IV or IM) Diazepam		
	Parenteral (IV or IM) Antibiotic		
	Magnesium sulphate		
	Corticosteroids (Dexamethasone)		
	Chlorhexidine for cord care		
	IV Normal saline		
	Infusion sets		
	Examination gloves		
	Surgical gloves		
	Partographs		
	Commodities for the newborn		
	Vitamin K		
	Tetracycline eye ointment		
	Diazepam Rectal		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Not available
	Amoxicillin suspension		
	Gentamicin Injection		
	Ampicillin injection		
	Tracer medicines/commodities for child health		
	Mebendazole/Albendazole		
	Vitamin A		
	ORS		
	Zinc tablets		
	Cotrimoxazole syrup/suspension/tab		
	Amoxicillin syrup/suspension/tab		
	Paracetamol syrup/suspension/tab		
5.7	Availability of current medicines, health supplies documents		
	Essential Medicines, vaccines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Uganda Clinical Guidelines		
	Drug Redistribution Guidelines		
	Adverse Drug Reaction (ADR) and Adverse Events Following Immunization Forms (AEFI)		
5.8	Availability of services for cEmOC		
	Assisted vaginal delivery		
	Manual removal of placenta		
	Removal of retained products after delivery		
	Neonatal resuscitation		
	Caesarean section		
	Blood transfusion		
	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)		
	National guidelines for cEmOC		
5.9	Availability of basic equipment for cEmOC	Available	Functional
	Examination light		
	Delivery pack		
	Cord clamp		
	Episiotomy scissors		
	Scissors or blade to cut cord		
	Suture material with needle		
	Needle holder		
	Suction apparatus (mucus extractor)		
	Manual vacuum extractor		
	Vacuum aspirator or D&C kit		
	Neonatal bag and mask		
	Incubator		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

Availability of basic surgery commodities.		Yes	No
		Y if Yes and N if No	
Lidocaine (1% or 2% inj.)			
Skin disinfectant			
Sutures			
Ketamine (Inj.)			
Oxygen			
Scapel handle and blade			
Availability of Comprehensive surgery commodities			
Blood			
Diazepam Inj.			
Epinephrine Inj.			
Atropine Inj.			
Oxygen			
Lidocaine Inj.			
Bupivacaine Inj.			
Ephedrine Inj.			
Halothane			
Thiopental powder			
Suxamethonium			
Health Infrastructure			
Health facility well labelled with signage to direct patients, visitors and clients			
The health facility is fenced off, compound well maintained			
Compound is clean and free of litter			
The waiting area, both inside and outside the facility has adequate seats for patients			
Does the facility provide inpatient care			
Does the facility have inpatient beds for admitting patients?			
How many functional beds does the health facility have for /inpatients			
How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?			
How many functional delivery beds does the health facility have?			
Transport for emergencies			
Does the facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from this facility?			
Is fuel for the ambulance or other emergency vehicle available today?			
Power supply			
Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other) ?			
What is the facility's main source of power?	Central (National grid)1 Generator.....2 Solar system.....3 Other (specify).....4		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
	If the facility has a generator, is it functional?		
	Is there fuel or a charged battery available today		
	If the facility has a solar system, is it functional?		
5.7	Availability of general equipment	Available	Not available
		√ if Yes and x if No	
	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Ultra sound scan		
	X-ray unit		
	Oxygen concentrators		
	Oxygen cylinders		
	Otoscope		
	Fetoscope		
	Sterilization equipment		
	Neonatal ambubag and mask		
	Adult ambubag and mask		
	Operating table		
	Aneasthesia equipment		
	Suction apparatus		
	Retractor		
	Blood refrigerator (Blood bank)		
	Needle Holders		
	Surgical Scissors		
	Scalpel handle and blade		
5.8	Availability of a functional laboratory		
	Does the facility have a functional laboratory? (if No go to next question.....)		
	Availability of laboratory equipment and supplies		
	Laboratory equipment	Available	Functional
		√ if Yes and x if No	
	Haemoglobinometer		
	Glucometer		
	Microscope, Binocular		
	Differential counter		
	Refrigerator		
	Centrifuge		
	Refrigerator, Blood bank		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
CD4/CD8 Counter			
Colorimeter			
Electrophoresis analyzer			
Colorimeter/ Automatic Biochemistry Analyzer			
Electrophoresis analyser			
Incubator culture			
Laboratory services		Available	Not available
		√ if available, x not available	
Malaria rapid diagnostic test (RDT)			
HIV rapid test kits			
<ul style="list-style-type: none"> • Determine 			
<ul style="list-style-type: none"> • SD Bioline 			
<ul style="list-style-type: none"> • Statpack 			
β-HCG strips			
Urine dipstick-Protein			
Urine dipstick-glucose			
TB microscopy (ZN Stain)			
Syphilis (TPHA) test			
Gram stain			
ABO Blood grouping			
Blood cross matching			
CD4 or viral load			
Complete blood count			
Availability of functional Laboratory referral mechanism?			
List of Laboratories where samples are referred is available			
List of types of samples referred is available			
Register for samples referred is available			
Results are sent back to the facility			
Availability of Radiology and imaging equipment			
Ultrasound scanner			
X-ray Unit			
Fluoroscope			
Barium swallow/meal			

6.0 SERVICE DELIVERY (To be adjusted according to the speciality of the hospital)		
6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES		
Does the health facility have a functional health education program in RMNCAH?		
Availability of IEC materials in the following service areas		
ANC and PNC		
Anatomical models (Pelvis & penis dildo)		
Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)		
Family planning flipcharts or cue cards		
Immunization/young child clinic		
Infant and Young Child Feeding and Counseling flipcharts or cue cards		
Sample foods or demonstration gardens		
Observation of the posters at RMNCAH clinics on notice boards		
Family Planning		
STD/HIV/AIDS/EID/PMTCT		
Breast feeding		
Malaria		
Child health diseases e.g. diarrhoea, cough		
Infant and Young Child nutrition		
Maternal & Newborn Health		
Immunization		
Hand washing		
Timetable for health education showing days, time, topics, place and the persons responsible		
Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics		
HIV/AIDS/PMTCT		
Maternal and Newborn danger signs		
Birth and emergency preparedness plan		
Maternal Nutrition		
Infant and Young Child feeding		
Immunization		
Family planning		
Does the facility have at least one staff trained in the RMNCAH services		
Does the health facility have the current guidelines and standards required for RMNACH?		
	Available	Not available
	√ if available, x not available	
Sexual & Reproductive Health and Rights (SRHR) guidelines		
Uganda clinical guidelines (include IMNCI guidelines)		
HIV/AIDS counseling and testing guidelines		
PMTCT guidelines		
Infant and Young Child Feeding guidelines		

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
Does the health facility have a system for Maternal and Perinatal Death Reviews (MPDR)?			
	MPDR guidelines available		
	MPDR Notification forms available		
	MPD notification done in 24 hours (Notification is through the DHO to MoH - Resource Centre)		
	MPDR committee in place		
	MPDR conducted for all maternal and perinatal deaths in the previous 3 months		
	MPDR reports submitted to the district by the 7th day of the subsequent month		
6.2 ANC SERVICES			
Are the following ANC services provided to pregnant women?			
		Yes	No
		Y if Yes and N if No	
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		
Prevention of mother to child transmission of HIV (PMTCT) services			
	There are national guidelines for PMTCT available in this facility		
	There are guidelines for infant and young child feeding counselling available in this facility		
	Provide HIV counselling and testing services to pregnant women for PMTCT		
	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT		
	Provide ART to HIV positive pregnant women for PMTCT		
	Provide ARV prophylaxis to new borns of HIV positive pregnant women for PMTCT		
	Provide infant and young child feeding counselling for PMTCT		
	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT		
	Provide family planning counselling to HIV positive pregnant women for PMTCT		
	Are there any provider(s) of PMTCT services received who received training in PMTCT in the last two years?		
	Is the PMTCT service area a private room/area with auditory and visual privacy?		

6.3 WATER, SANITATION AND HYGIENE (WASH)			
	Main source of water at the facility	Piped into facility	1
		Public tap/standpipe	2
		Tube well/borehole	3
		Protected dug well	4
		Unprotected dug well.....	5
		Protected spring	6
		Unprotected spring	7
		Rainwater collection.....	8
		Tanker truck.....	9
		Other (specify).....	10
	Are there toilet facilities at the health facility	Yes	No
	Flush toilet		
	VIP		
	Pit latrine with slab		
	Pit latrine without slab		
	Composting toilet		
	No toilet facility		
	The facility has separate toilet facilities for men and for women		
	The facility has separate bathrooms for men and for women		
	The facility has a hand washing apparatus/facility		
	The hand washing facility has soap and water		
6.4 HEALTH CARE WASTE MANAGEMENT			
	How does the health facility dispose waste?		
	The facility has a functional burn incinerator		
	Open burning		
	Dump without burning		
	Remove offsite		
	Facility has sharp containers		
7.0 INFECTION PREVENTION AND CONTROL (IPC)		Yes	NO
	Current guidelines on Infection Prevention and Control available		
	Current guidelines on safe injection practices available		
7.1	Availability of IPC supplies and equipment's		
	Disinfectant solutions/liquids		
	Soap		
	Buckets for disinfection		
	Autoclave, oven or chemical sterilant available		
KEY OBSERVATIONS			

9.2 Annex 2: Regional referral hospital supervision tool

REGIONAL REFERRAL HOSPITAL SUPPORT SUPERVISION TOOL		
A. FACILITY IDENTIFICATION		
	Name of health facility	
	Region	
	District	
	Ownership	Government/Public1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
	Location (urban/rural)	Urban.....1 Rural.....2

B. GENERAL INFORMATION			
Facility Number			
I.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
I.1	The facility has organizational vision, mission statement and core values.		
I.2	The facility has a client charter and Health workers rights.		
I.3	Does the facility have a client charter key messages in the commonly used language displayed?		
I.4	Did the facility hold monthly general staff meetings for the previous month? (Review minutes of previous month)		
I.5	The facility holds Management /Departmental meetings		
I.6	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
I.7	Does the health facility have the current catchment map and population displayed		
I.8	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
I.9	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
I.10	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
I.11	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
I.12	Does the facility have VHTs attached to it?		
I.13	Do the VHTs submit monthly reports to the facility		
I.14	The VHTs hold quarterly meetings with the health facility staff		

2.0 HUMAN RESOURCES FOR HEALTH

2.1 Staff availability according the recommended structure for HC IVs			
	Cadre	Recommended	Available
	Consultants Doctors		
	Hospital Director	1	
	Sen Con. Medicine,	1	
	Sen Con. paediatrician	1	
	Sen Con. Obs/Gyn	1	
	Sen Con. Surgery	1	
	Consultant Psychiatry	1	
	Consultant Ophthalmology	1	
	Consultant Orthopaedic	1	
	Consultant Anaesthesia	1	
	Consultant ENT	1	
	Consultant public Health	1	
	Consultant Pathology	1	
	Consultant Surgeon	1	
	Consultant Paediatrician	1	
	Consultant Medicine	1	
	Consultant Obs/Gynae	1	
	Medical Officers Special Grade		
	Medical Officer SG Radiologist	1	
	Medical Officer SG Ophthalmologist	1	
	Medical Officer SG Community	1	
	Medical Officer SG OBS-GYN	1	
	Medical Officer SG -Surgery	1	
	Medical Officer SG Paediatrics	1	
	Medical Officer SG Intenal Medicine	2	
	Medical Officer SG Public Health	1	
	Medical Officer SG Psychiatry	1	
	Medical Officer SG Anaesthesia	1	
	Medical Officer SG Orthopaedics	1	
	Medical Officer	10	
	Dental staff		
	Sen. Dental Surgeon	1	
	Dental Surgeon	1	
	Dental officers	6	
	Pharmacy staff		
	Pharmacists	2	
	Dispenser	7	
	Nursing staff		
	Principal Nursing Officer	2	

2.0 HUMAN RESOURCES FOR HEALTH			
		Recommended	Available
	Senior Nursing Officer	14	
	Nursing Officer - Nursing	54	
	Nursing Officer - Psychiatry	2	
	Enrolled Psychiatric Nurse	2	
	Enrolled Midwife	20	
	Enrolled Nurse	40	
	Allied Health professionals		
	Principal Clinical Officer	1	
	Senior Clinical Officer	3	
	Clinical Officer	16	
	CO Audiology	1	
	CO Dermatology	1	
	Principal Anaesthetic officer	1	
	Sen Anaesthetic officer	4	
	Anaesthetic officer	3	
	Ophthalmic Clinical Officer	4	
	Psychiatric Clinical Officer	3	
	Radiographer	6	
	Physiotherapy staff	4	
	Occupational therapy staff	4	
	Orthopedic Officers	7	
	Orthopaedic Technicians	5	
	Theatre staff	4	
	Laboratory staff	14	
	Other Professional staff		
	Medical social worker	3	
	Nutritionist	3	
	Finance & Administrative Staff	42	
	Procurement staff	3	
	Engineering Staff	5	
	Support Staff	75	
	Total	402	
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%..... 1	
		50-75%..... 2	
		>75%..... 3	
		Yes	No
	Y if Yes and N if No		
2.3	The facility follows a plan / schedule for Continuing Professional Development		

2.0 HUMAN RESOURCES FOR HEALTH			
		Yes	No
2.4	The facility has arrival and departure register/ Biometric-Automated Attendance Analyzer (AAA) machine.		
2.5	The facility has an up to date (electronic / manual) Human Resource Information data base		
2.6	There is a qualified health worker available 24 hours a day, 7 days a week		
2.7	There is staff (at least for nurse, midwife, CO, MO, Anaesthetist) housing near the health facility		
2.8	All staff have up-to-date written job descriptions		
2.9	All staff are allocated to positions according to their training and experience		
2.10	Does the facility follow a systematic appraisal of staff?		
2.11	Staff Performance planning is conducted at the beginning of the FY		
2.12	There is record of filled staff appraisal forms at the health facility		
2.13	Does the health facility have an up-to-date training database for the staff?		
2.14	Does the health facility have a system to publicly acknowledge performance and sanction poor performance		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	The facility has prescribed procedures for procurement implemented.		
3.8	All goods and services are procured as per the approved work plans.		
3.9	Expenditure of the PHC capital development fund in the previous FY	<50%.....1 50-75%.....2 >75%.....3	
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:		
		Available	Not available
		√ if available and x if Not	
	OPD Register		
	Immunization (Child) Register		
	Integrated ANC register		
	Integrated maternity register		
	Integrated PNC register		
	Integrated family planning register		
	Adolescent/Youth Friendly services Linkage Register		
	Integrated nutrition register		
Laboratory (Laboratory Specimen Reception Register)			

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	HIV exposed infant register		
	TB (Health Unit TB Register)		
	ART (ART Register)		
	In patient (Inpatient Register)		
	Theatre (Operating Theatre Register)		
4.3	The health facility has the following HMIS forms in use:		
	Medical form 5		
	Mother passports		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	Tetanus Toxoid Cards		
	Partographs		
	ART cards		
	HMIS 105		
HMIS 106A			
HMIS 108			
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level	Yes.....1 No.....2	
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.	Yes.....1 No.....2	
4.7	The facility has staffs trained in international classification of diseases (ICD) and birth outcomes.	Yes.....1 No.....2	
4.8	The ICD coding is done (OPD, Maternity or Inpatient) register	Yes.....1 No.....2	
4.9	The health facility has staff trained in Death and birth Registration system and linked to Civil Vital Registration Statistics system (CVRS)		
4.10	Is CVRS done? Check for availability of the following forms		
	In patient discharge form		
	Birth Registration form		
	Death notification forms		
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.11	The facility has key performance indicators and set targets for the following:		
		Available	Not available
		√ if available and x if Not	
	OPD utilization		
	DPT3-HiB-HepB under one year		
	Measles Rubella Vaccination		
	ANC coverage		
Deliveries			

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Yes	No
		Y if Yes and N if No	
4.12	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.13	The key performance indicators and targets are graphed and displayed in the relevant work areas		
4.14	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.15	The health facility uses data for planning and resource allocation for each FY		
4.16	The health facility has a functional computer for data management and reporting		
4.17	The health facility has internet connectivity to support reporting		
4.18	The facility uses electronic medical records (EMR) for patient-level data capture		
4.19	The facility has a designated records officer for data management and reporting		
4.20	The facility consistently reports through DHIS		
	The health facility performs Integrated Disease Surveillance (IDSR):		
4.21	The facility has the current Technical Guidelines on Integrated Disease Surveillance (IDSR).		
	The Health facility has an IDSR Focal Person and a Response team.		
	At least one health worker received in service training on Epidemic and Disaster Preparedness and Response (EDPR) in the last 2 years		
4.22	The Health facility has treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera)		
	Availability of Integrated Disease Surveillance (IDSR) Forms		
4.23	HMIS 033b Form available		
	Case notification Forms available		
	HMIS reports 033b are compiled and submitted every Monday of the week.		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Does the facility have a functional supply-chain management system?		
5.1	The health facility has an annual medicines and health supplies procurement plan		
	The facility places timely orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		
	Availability of EMHS tools at the health facility		
5.2	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Anti-TB supplies		
	HIV treatment supplies (ART & Test Kits)		
	RH supplies		
	Nutrition supplies		
	Ordering forms		
	Dispensing logs		
	Stock cards		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
5.3	Does the facility have proper space for storage of medicines and health supplies?		
	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		
	Store has a thermometer and temperature chart filled		
	The room has designated space for storing away expired medicines.		
	Controlled substances e.g. morphine (Tab/Inj), pethidine and other narcotic drugs are kept separate in a double locked storage space.		
	5.4	Does the facility have a proper cold chain for vaccines?	
There is a functional EPI refrigerator at the facility			
There is a filled and functional standby gas cylinder			
The temperature monitoring chart is fixed on the refrigerator			
There is a thermometer placed in the refrigerator.			
The temperatures are monitored twice daily, seven days per week			
The vaccine carriers and ice packs available and in good condition			
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Not available
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		
	Pneumococcal Conjugate Vaccine		
	Tracer ANC medicines		
	Folic acid and Iron		
	Mebendazole		
	Sulphadoxine / Pyrimethamine		
	Tracer STI medicines services		
	Condoms		
	Metronidazole		
	Doxycycline		
	I.V Ceftriaxone		
	Cefixime		
	Tracer malaria medicines.		
	First line antimalarials – Artemether Lumefantrine or Artemether Amodia-quine		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Not available
Sulphadoxine / Pyrimethamine		
Artesunate inj		
Rectal Artesunate		
Tracer commodities for Nutrition Management		
Ready to Use Therapeutic Food (RUTF)=Plumpynut		
fortified blended foods,		
Micronutrient powders,		
F75		
F100,		
Tracer medicines and commodities for HIV/AIDS care		
Nevirapine syrup		
Co-trimoxazole (960mg)		
Co-trimoxazole suspension (pead)		
Male condoms		
ü First line ARVS (adults) <ul style="list-style-type: none"> • (TDF,3TC, DTG) • (ABC,3TC) (TDF, 3TC, EFV 400mg)		
First line ARVS (Pead) <ul style="list-style-type: none"> • (ABC,3TC, 120/60mg) • (ABC,3TC, LPv) for children under 3 years 		
Anti-fungal (fluconazole)		
Tracer medicines for TB Care: INH / H = Isoniazid R = Rifampicin Z = Pyrizinamide E = Ethambutol		
Isoniazid (INH) tabs,		
Pyridoxine		
RHZE (75/150/275/400mg)		
RH (150/75mg)		
Paediatric TB Drugs		
RHZ paediatric tablet (60/30/150mg)		
RH paediatric tablet (60/30mg)		
Tracer medicines and commodities for NCDs		
a) Seizures		
Diazepam Inj.		
Carbamazepine		
Phenytoin		
Chronic Obstructive Pulmonary Disease (COPD)		
Corticosteroids e.g Prednisolone, Hydrocortisone		
Epinephrine Inj.		
Oxygen		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Not available
	Salbutamol Inhaler		
	Beclomethasone Inhaler		
	Diabetes		
	Metformin		
	Glibenclamide		
	I/V glucose / Dextrose		
	Insulin injectable		
	Bendroflumethiazide		
	Hypertension		
	Beta blockers e.g. Atenolol or propranolol		
	ACE Inhibitors e.g. Captopril or lisinopril.		
	Calcium channel blocker e.g. nifedipine		
	Angiotensin II receptor antagonist e.g. losartan		
	Tracer FP commodities		
	Oral contraceptive pills		
	Injectable contraceptives		
	Condoms		
	Intrauterine contraceptive device (IUCD)		
	Cycle beads for standard days method		
	Emergency contraceptive pills		
5.6	Availability of basic obstetric care commodities		
	Medicines and supplies		
	Parenteral (IV or IM) oxytocin		
	Parenteral (IV or IM) Diazepam		
	Parenteral (IV or IM) Antibiotic		
	Magnesium sulphate		
	Corticosteroids (Dexamethasone)		
	Chlorhexidine for cord care		
	IV Normal saline		
	Infusion sets		
	Examination gloves		
	Surgical gloves		
	Partographs		
	Commodities for the new born		
	Vitamin K		
	Tetracycline eye ointment		
	Diazepam Rectal		
	Amoxicillin suspension		
	Gentamicin Injection		
	Ampicillin injection		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Not available
	Tracer medicines/commodities for child health		
	Mebendazole/Albendazole		
	Vitamin A		
	ORS		
	Zinc tablets		
	Cotrimoxazole syrup/suspension/tab		
	Amoxicillin syrup/suspension/tab		
	Paracetamol syrup/suspension/tab		
	Availability of current medicines, health supplies documents		
	Essential Medicines, vaccines and Health Supplies List		
	Laboratory Reagents and supplies list		
5.7	Uganda Clinical Guidelines		
	Drug Redistribution Guidelines		
	Adverse Drug Reaction (ADR) and Adverse Events Following Immunization Forms (AEFI)		
	Availability of services for cEmOC		
	Assisted vaginal delivery		
	Manual removal of placenta		
	Removal of retained products after delivery		
5.8	Neonatal resuscitation		
	Caesarean section		
	Blood transfusion		
	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)		
	National guidelines for cEmOC		
	Availability of basic equipment for cEmOC	Available	Functional
	Examination light		
	Delivery pack		
	Cord clamp		
	Episiotomy scissors		
	Scissors or blade to cut cord		
5.9	Suture material with needle		
	Needle holder		
	Suction apparatus (mucus extractor)		
	Manual vacuum extractor		
	Vacuum aspirator or D&C kit		
	Neonatal bag and mask		
	Incubator		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

Availability of basic surgery commodities.		Yes	No
		Y if Yes and N if No	
Lidocaine (1% or 2% inj.)			
Skin disinfectant			
Sutures			
Ketamine (Inj.)			
Oxygen			
Scapel handle and blade			
Availability of Comprehensive surgery commodities			
Blood			
Diazepam Inj.			
Epinephrine Inj.			
Atropine Inj.			
Oxygen			
Lidocaine Inj.			
Bupivacaine Inj.			
Ephedrine Inj.			
Halothane			
Thiopental powder			
Suxamethonium			
Health Infrastructure			
Health facility well labelled with signage to direct patients, visitors and clients			
The health facility is fenced off, compound well maintained			
Compound is clean and free of litter			
The waiting area, both inside and outside the facility has adequate seats for patients			
Does the facility provide inpatient care			
Does the facility have inpatient beds for admitting patients?			
How many functional beds does the health facility have for /inpatients			
How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?			
How many functional delivery beds does the health facility have?			
Transport for emergencies			
Does the facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from this facility?			
Is fuel for the ambulance or other emergency vehicle available today?			
Power supply			
Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other) ?			
What is the facility's main source of power?	Central (National grid).....1 Generator.....2 Solar system.....3 Other (specify).....4		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
	If the facility has a generator, is it functional?		
	Is there fuel or a charged battery available today		
	If the facility has a solar system, is it functional?		
5.7	Availability of general equipment	Available	Functional
		√ if Yes and x if No	
	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Ultra sound scan		
	X-ray unit		
	Oxygen concentrators		
	Oxygen cylinders		
	Otoscope		
	Fetoscope		
	Sterilization equipment		
	Neonatal ambubag and mask		
	Adult ambubag and mask		
	Operating table		
	Aneasthesia equipment		
	Suction apparatus		
	Retractor		
Blood refrigerator (Blood bank)			
Needle Holders			
Surgical Scissors			
Scalpel handle and blade			
5.8	Availability of a functional laboratory		
	Does the facility have a functional laboratory	Yes.....1	
	(if No go to next question.....)	No.....2	
	Availability of laboratory equipment and supplies		
	Laboratory equipment		
	Haemoglobinometer		
	Glucometer		
	Microscope, Binocular		
	Differential counter		
	Refrigerator		
	Centrifuge		
	Refrigerator, Blood bank		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
	CD4/CD8 Counter		
	Colorimeter		
	Electrophoresis analyzer		
	Colorimeter/ Automatic Biochemistry Analyzer		
	Electrophoresis analyser		
	Incubator culture		
	Laboratory services	Available	Not available
		√ if available, x not available	
	Malaria rapid diagnostic test (RDT)		
	HIV rapid test kits		
	• Determine		
	• SD Bioline		
	• Statpack		
	β-HCG strips		
	Urine dipstick-Protein		
	Urine dipstick-glucose		
	TB microscopy (ZN Stain)		
	Syphilis (TPHA) test		
	Gram stain		
	ABO Blood grouping		
	Blood cross matching		
	CD4 or viral load		
	Complete blood count		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Availability of functional Laboratory referral mechanism?		
	List of Laboratories where samples are referred is available		
	List of types of samples referred is available		
	Register for samples referred is available		
	Results are sent back to the facility		
	Availability of Radiology and imaging equipment		
	Ultrasound scanner		
	X-ray Unit		
	Fluoroscope		
	Barium swallow/meal		

6.0 SERVICE DELIVERY

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES

Does the health facility have a functional health education program in RMNCAH?		
Availability of IEC materials in the following service areas		
ANC and PNC	Available	Not available
Anatomical models (Pelvis & penis dildo)		
Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)		
Family planning flipcharts or cue cards		
Immunization/young child clinic		
Infant and Young Child Feeding and Counseling flipcharts or cue cards		
Sample foods or demonstration gardens		
Observation of the posters at RMNCAH clinics on notice boards		
Family Planning		
STD/HIV/AIDS/EID/PMTCT		
Breast feeding		
Malaria		
Child health diseases e.g. diarrhoea, cough		
Infant and Young Child nutrition		
Maternal & Newborn Health		
Immunization		
Hand washing		
Timetable for health education showing days, time, topics, place and the persons responsible		
Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics		
HIV/AIDS/PMTCT		
Maternal and Newborn danger signs		
Birth and emergency preparedness plan		
Maternal Nutrition		
Infant and Young Child feeding		
Immunization		
Family planning		
Does the facility have at least one staff trained in the RMNCAH services	Yes.....1	No.....2
Does the health facility have the current guidelines and standards required for RMNACH?		
Sexual & Reproductive Health and Rights (SRHR) guidelines		
Uganda clinical guidelines (include IMNCl guidelines)		
HIV/AIDS counseling and testing guidelines		
PMTCT guidelines		

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Infant and Young Child Feeding guidelines		
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
Does the health facility have a system for Maternal and Perinatal Death Reviews (MPDR)?			
	MPDR guidelines available		
	MPDR Notification forms available		
	MPD notification done in 24 hours (Notification is through the DHO to MoH - Resource Centre)		
	MPDR committee in place		
	MPDR conducted for all maternal and perinatal deaths in the previous 3 months		
	MPDR reports submitted to the district by the 7th day of the subsequent month		
6.2 ANC SERVICES			
Are the following ANC services provided to pregnant women?			
		Yes	No
		Y if Yes and N if No	
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		
Prevention of mother to child transmission of HIV (PMTCT) services			
	There are national guidelines for PMTCT available in this facility		
	There are guidelines for infant and young child feeding counselling available in this facility		
	Provide HIV counselling and testing services to pregnant women for PMTCT		
	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT		
	Provide ART to HIV positive pregnant women for PMTCT		
	Provide ARV prophylaxis to newborns of HIV positive pregnant women for PMTCT		
	Provide infant and young child feeding counselling for PMTCT		
	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT		
	Provide family planning counselling to HIV positive pregnant women for PMTCT		
	Are there any provider(s) of PMTCT services received who received training in PMTCT in the last two years?		
	Is the PMTCT service area a private room/area with auditory and visual privacy?		

6.3 WATER, SANITATION AND HYGIENE (WASH)			
		Yes	No
Main source of water at the facility	Piped into facility	1	1
	Public tap/standpipe	2	3
	Tube well/borehole	3	4
	Protected dug well	4	5
	Unprotected dug well.....	5	6
	Protected spring	6	7
	Unprotected spring	7	8
	Rainwater collection.....	8	9
	Tanker truck.....	9	10
	Other (specify).....	10	11
Are there toilet facilities at the health facility			
Flush toilet			
VIP			
Pit latrine with slab			
Pit latrine without slab			
Composting toilet			
The facility has separate toilet facilities for men and for women			
The facility has separate bathrooms for men and for women			
The facility has a hand washing apparatus/facility			
The hand washing facility has soap and water			
6.4 HEALTH CARE WASTE MANAGEMENT			
How does the health facility dispose waste?			
The facility has a functional burn incinerator			
Open burning			
Dump without burning			
Remove offsite			
Facility has sharp containers			
7.0 INFECTION PREVENTION AND CONTROL (IPC)			
Current guidelines on Infection Prevention and Control available			
Current guidelines on safe injection practices available			
7.1 Availability of IPC supplies and equipment's			
Disinfectant solutions/liquids			
Soap			
Buckets for disinfection			
Autoclave, oven or chemical sterilant available			
SUPERVISOR KEY OBSERVATIONS			

9.3. Annex 3: District supervision tool

DISTRICT SUPPORT SUPERVISION ASSESSMENT TOOL		
DISTRICT IDENTIFICATION		
	Name of District	
	Region	
	District code/Number	
	District Health Officer contacts	
	Name	
	Telephone	
	Email	

A: LEADERSHIP AND GOVERNANCE			
A1. DHT functionality		Yes	No
Does the DHT have the following core members		Y if Yes, N if No	
	District Health Officer (DHO)		
	Assistant DHO in-charge of Maternal and Child Health		
	Assistant DHO in-charge of Environmental Health		
	District Health Educator (DHE)		
	Biostatistician		
	Senior Environmental Health Officer		
	Cold Chain Technician		
	Stores Assistant (Assistant Inventory Officer)		
DHT Composition		<50%.....1	
		50-75%.....2	
		>75%.....3	
All DHT members have clearly defined (written) roles and responsibilities (JDs)			
All the DHT members perform their assigned roles and responsibilities			
DHT members meet on a monthly basis			
Quarterly district performance review meetings are held			
DHT member is represented in monthly District Technical Planning meetings			
DHT member is represented in quarterly Sectoral Committee Meetings.			
A2: Does the district have the following key policies and guidelines in place?			
	The National Development Plan		
	The National Health Policy		
	The Health Sector Development Plan		
	The District One Health Plan		
	District HIV/AIDS Strategic Plan		
	The PHC Policy		
	The National Supervision Guidelines		
	The National Supervision Strategy		
	Performance Management Implementation Guidelines		
	Technical Implementation Policies (Any)		

A: LEADERSHIP AND GOVERNANCE			
A3: District planning and budgeting		Yes	No
	Planning follows the District planning cycle		
	District planning is data-driven		
	The district has a one health plan		
	Bottle Neck Analysis (BNA) Approach is used in planning		
A4: Stakeholder coordination			
	All key stakeholders in the district are known/mapped		
	All stakeholders are involved in the planning process		
	All stakeholders attend quarterly coordination meetings		
	All stakeholders have a contribution in the district one health plan		
A5: Performance management			
	There are clear performance targets for DHT members		
	Annual performance assessment is done		
	Routine monitoring of DHT performance is done		
	Staff performance improvement plans are developed		
A6: Support supervision			
	The district has a support supervision work plan		
	The district has copies of the support supervision tools		
	Support supervision is demand or data-driven		
	Support supervision takes place on a quarterly basis		
	The identified gaps during support supervision are well documented and followed-up		
B: ACCESS TO HEALTH SERVICES			
B1	There is at least one HC II per parish in the district		
B2	There is at least one HC III per sub county.		
B3	There is at least one HC IV which provides CEmOC per county		
B4	There is at least one general hospital which provides CEmOC services in the district		
C: HEALTH INFORMATION SYSTEMS			
C1	All health facilities report through the National HMIS system (DHIS2)		
C2	All health facilities submit monthly reports (HMIS 105) in time		
C3	All health facilities submit complete reports (HMIS 105) to the district		
C4	All health facilities submit quarterly HMIS 097 (VHT/ICCM) report to the district		
C5	The district generates aggregated report based on key indicators monthly		
C6	Data is reviewed during quarterly performance review meetings		
C7	Data is visually displayed on notice boards		
C8	Data is used to inform areas for improvement		
C9	All health facilities consistently report through mTrac		

D: HEALTH WORK FORCE		Yes	No
D1	There is an iHRIS focal person at the district		
D2	The iHRIS database at the district is functional		
D3	The iHRIS database at the district is up-to-date		
D4	iHRIS data is used for HR planning for the district		
D5	Overall health facility staffing level in the district	<50%.....1 50-75%.....2 >75%.....3	
D6	There are at least 2 CHWs per village in the district		
D7	All the CHWs are trained		
D8	The CHWs submit monthly reports to the health facilities		
D9	The CHWs hold quarterly meetings		
E: HEALTH FINANCING			
E1	PHC funds are allocated according to the level of care		
E2	Key donor partners have their budgets integrated into the district budget		
E3	PHC quarterly releases are displayed on noticeboards at the district		
E4	PHC quarterly releases are received in time		
E5	Percent of PHC (capital development) budget spent in the last FY	<50%.....1 50-75%.....2 >75%.....3	
F: SERVICE DELIVERY			
F1	Percent of clients satisfied with health services in the district	<50%.....1 50-75%.....2 >75%.....3	
F2	Percent of health facilities with HFQAP star rating of 3 or higher	<50%.....1 50-75%.....2 >75%.....3	
F3	Percent of health facilities in the district with QI projects	<50%.....1 50-75%.....2 >75%.....3	
F4	Immunization coverage for DPT-HepB+HiB ₃ in the district	<50%.....1 50-75%.....2 >75%.....3	
F5	Percent of pregnant women who attend fourth ANC visit (ANC4)	<50%.....1 50-75%.....2 >75%.....3	
F: SERVICE DELIVERY			
F6	Percent of pregnant women who deliver from health facilities	<50%.....1 50-75%.....2 >75%.....3	
F7	Percent of HIV positive individuals who are linked to care	<50%.....1 50-75%.....2 >75%.....3	
F8	Percent of ART patients who are retained in care (12 months)	<50%.....1 50-75%.....2 >75%.....3	

9.4. Annex 4: General hospital supervision tool

GENERAL HOSPITAL SUPPORT SUPERVISION TOOL		
FACILITY IDENTIFICATION		
	Name of health facility	
	Sub region	
	District	
	Ownership	Government/Public 1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
	Location (urban/rural)	Urban..... 1 Rural.....2

B. GENERAL INFORMATION			
Facility Number			
I.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
I.1	The facility has organizational vision, mission statement and core values.		
I.2	The facility has a client charter and Health workers rights.		
I.3	Does the facility have a client charter key messages in the commonly used language displayed?		
I.4	Did the facility hold monthly general staff meetings for the previous month? (Review minutes of previous month)		
I.5	The facility holds Management /Departmental meetings		
I.6	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
I.7	Does the health facility have the current catchment map and population displayed		
I.8	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
I.9	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
I.10	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
I.11	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
I.12	Does the facility have VHTs attached to it?		
I.13	Do the VHTs submit monthly reports to the facility		
I.14	The VHTs hold quarterly meetings with the health facility staff		

2.0 HUMAN RESOURCES FOR HEALTH

Staff availability according the recommended structure for HC IVs			
	Cadre	Recommended	Available
2.1	Medical Officers	11	
	Principal Medical Officer	1	
	Senior Medical Officer	1	
	Medical Officer SG Community	1	
	Medical Officer SG OBS-GYN	1	
	Medical Officer SG -Surgery	1	
	Medical Officer SG Paediatrics	1	
	Medical Officer SG Internal Medicine	1	
	Medical Officer	4	
	Dental Officer	4	
	Dental Surgeon	1	
	Public Dental Officers	2	
	Dental Assistant	1	
	Pharmacist	3	
	Pharmacist	1	
	Dispenser	2	
	Nursing	116	
	Principal Nursing Officer	1	
	Senior Nursing Officer	5	
	Public Health Nurse	1	
	Nursing Officer - Nursing	17	
	Nursing Officer - Psychiatry	1	
	Nursing Officer - Midwifery	3	
	Enrolled Psychiatric Nurse	2	
	Enrolled Midwife	25	
	Enrolled Nurse	46	
	Nursing Assistant	15	
	Allied Health professionals	28	
	Senior Medical Clinical Officer	1	
	Health educator	1	
	Senior Laboratory Technologist	1	
	Anaesthetic officer	3	
	Ophthalmic Clinical Officer	1	
	Psychiatric Clinical Officer	1	
Medical Clinical Officer	5		
Medical Laboratory Technician	2		
Assistant Health Educator	1		
Health Inspector	1		
Assistant Entomological Officer	1		

2.0 HUMAN RESOURCES FOR HEALTH			
		Recommended	Available
	Radiographer	2	
	Physiotherapist	1	
	Occupational therapist	1	
	Orthopaedic Officer	2	
	Theatre Assistant	2	
	Anaesthetic Assistant	2	
	Medical Laboratory Assistant	2	
	Laboratory Assistant	1	
	Anaesthetic attendant	2	
	Administrative Staff	15	
	Senior Hospital Administrator	1	
	Hospital Administrator	1	
	Personnel officer	1	
	Medical social worker	1	
	Nutritionist	1	
	Supplies officer	1	
	Senior Accountant Assistant	1	
	Stenographer	1	
	Office typist	1	
	Stores Assistant	2	
	Records Assistant	2	
	Accounts Assistant	2	
	Support Staff	13	
	Darkroom attendant	1	
	Mortuary Attendant	2	
	Driver	2	
	Cooks	3	
	Watchman	2	
	Artesian mate	3	
	Total	190	
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%.....1 50-75%.....2 >75%.....3	
		Yes	No
		Y if Yes and N if No	
2.3	The facility follows a plan / schedule for Continuing Professional Development		
2.4	The facility has arrival and departure register/ Biometric-Automated Attendance Analyzer (AAA) machine.		
2.5	The facility has an up to date (electronic / manual) Human Resource Information data base		
2.6	There is a qualified health worker available 24 hours a day, 7 days a week		

2.0 HUMAN RESOURCES FOR HEALTH			
		Recommended	Available
2.7	There is staff (at least for nurse, midwife, CO, MO, Anaesthetist) housing near the health facility		
2.8	All staff have up-to-date written job descriptions		
2.9	All staff are allocated to positions according to their training and experience		
2.10	Does the facility follow a systematic appraisal of staff?		
2.11	Staff Performance planning is conducted at the beginning of the FY		
2.12	There is record of filled staff appraisal forms at the health facility		
2.13	Does the health facility have an up-to-date training database for the staff?		
2.14	Does the health facility have a system to publicly acknowledge performance and sanction poor performance		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	The facility has prescribed procedures for procurement implemented.		
3.8	All goods and services are procured as per the approved work plans.		
3.9	Expenditure of the PHC capital development fund in the previous FY	<50%.....1 50-75%.....2 >75%.....3	
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:		
		Available	Not available
		√ if available and x if Not	
	OPD Register		
	Immunisation (Child) Register		
	Integrated ANC register		
	Integrated maternity register		
	Integrated PNC register		
	Integrated family planning register		
	Adolescent/Youth Friendly services Linkage Register		
	Integrated nutrition register		
	Laboratory (Laboratory Specimen Reception Register)		
	HIV exposed infant register		
	TB (Health Unit TB Register)		
	ART (ART Register)		
In patient (Inpatient Register)			
Theatre (Operating Theatre Register)			

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.3	The health facility has the following HMIS forms in use:		
		Available	Not available
		√ if available and x if Not	
	Medical form 5		
	Mother passports		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	Tetanus Toxoid Cards		
	Partographs		
	ART cards		
	HMIS 105		
	HMIS 106A		
	HMIS 108		
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level		
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.		
4.7	The facility has staffs trained in international classification of diseases (ICD) and birth outcomes.		
4.8	The ICD coding is done (OPD, Maternity or Inpatient) register		
4.9	The health facility has staff trained in Death and birth Registration system and linked to Civil Vital Registration Statistics system (CVRS)		
4.10	Is CVRS done? Check for availability of the following forms		
	In patient discharge form		
	Birth Registration form		
	Death notification forms		
4.11	The facility has key performance indicators and set targets for the following:		
	OPD utilization		
	DPT3-HiB-HepB under one year		
	Measles Rubella Vaccination		
	ANC coverage		
	Deliveries		
		Yes	No
	Y if Yes and N if No		
4.12	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.13	The key performance indicators and targets are graphed and displayed in the relevant work areas		
4.14	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.15	The health facility uses data for planning and resource allocation for each FY		
4.16	The health facility has a functional computer for data management and reporting		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Yes	No
4.17	The health facility has internet connectivity to support reporting		
4.18	The facility uses electronic medical records (EMR) for patient-level data capture		
4.19	The facility has a designated records officer for data management and reporting		
4.20	The facility consistently reports through DHIS		
The health facility performs Integrated Disease Surveillance (IDSR):			
4:21	The facility has the current Technical Guidelines on Integrated Disease Surveillance (IDSR).		
	The Health facility has an IDSR Focal Person and a Response team.		
	At least one health worker received in service training on Epidemic and Disaster Preparedness and Response (EDPR) in the last 2 years		
4.22	The Health facility has treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera)		
Availability of Integrated Disease Surveillance (IDSR) Forms			
4.23	HMIS 033b Form available		
	Case notification Forms available		
	HMIS reports 033b are compiled and submitted every Monday of the week.		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
Does the facility have a functional supply-chain management system?			
5.1	The health facility has an annual medicines and health supplies procurement plan		
	The facility places timely orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		
Availability of EMHS tools at the health facility			
5.2	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Anti-TB supplies		
	HIV treatment supplies (ART & Test Kits)		
	RH supplies		
	Nutrition supplies		
	Ordering forms		
	Dispensing logs		
	Stock cards		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
Does the facility have proper space for storage of medicines and health supplies?			
5.3	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
	Store has a thermometer and temperature chart filled		
	The room has designated space for storing away expired medicines.		
	Controlled substances e.g. morphine (Tab / Inj), pethidine and other narcotic drugs are kept separate in a double locked storage space.		
	Does the facility have a proper cold chain for vaccines?		
5.4	There is a functional EPI refrigerator at the facility		
	There is a filled and functional standby gas cylinder		
	The temperature monitoring chart is fixed on the refrigerator		
	There is a thermometer placed in the refrigerator.		
	The temperatures are monitored twice daily, seven days per wee		
	The vaccine carriers and ice packs available and in good condition		
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Updated vaccine control book
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		
	Pneumococcal Conjugate Vaccine		
	Tracer ANC medicines		
	Folic acid and Iron		
	Mebendazole		
	Sulphadoxine / Pyrimethamine		
	Tracer STI medicines services		
	Condoms		
	Metronidazole		
	Doxycycline		
	I.V Ceftriaxone		
	Cefixime		
	Tracer malaria medicines.		
	First line antimalarials – Artemether Lumefantrine or Artemether Amodia-quine		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Updated vaccine control book
Sulphadoxine / Pyrimethamine		
Artesunate inj		
Rectal Artesunate		
Tracer commodities for Nutrition Management		
Ready to Use Therapeutic Food (RUTF)=Plumpynut		
fortified blended foods,		
Micronutrient powders,		
F75		
F100,		
Tracer medicines and commodities for HIV/AIDS care		
Nevirapine syrup		
Co-trimoxazole (960mg)		
Co-trimoxazole suspension (pead)		
Male condoms		
ü First line ARVS (adults) <ul style="list-style-type: none"> • (TDF,3TC, DTG) • (ABC,3TC) (TDF, 3TC, EFV 400mg)		
First line ARVS (Pead) <ul style="list-style-type: none"> • (ABC,3TC, I20/60mg) • (ABC,3TC, LPv) for children under 3 years 		
Anti-fungal (fluconazole)		
Tracer medicines for TB Care:		
INH / H = Isoniazid		
R = Rifampicin		
Z = Pyrizinamide		
E = Ethambutol		
Isoniazid (INH) tabs,		
Pyridoxine		
RHZE (75/150/275/400mg)		
RH (150/75mg)		
Paediatric TB Drugs		
RHZ pediatric tablet (60/30/150mg)		
RH pediatric tablet (60/30mg)		
Tracer medicines and commodities for NCDs		
a) Seizures		
Diazepam Inj.		
Carbamazepine		
Phenytoin		
Chronic Obstructive Pulmonary Disease (COPD)		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT		
	Available	Updated vaccine control book
Corticosteroids e.g Prednisolone, Hydrocortisone		
Epinephrine Inj.		
Oxygen		
Salbutamol Inhaler		
Beclomethasone Inhaler		
Diabetes		
Metformin		
Glibenclamide		
I/V glucose / Dextrose		
Insulin injectable		
Bendroflumethiazide		
Hypertension		
Beta blockers e.g. Atenolol or propranolol		
ACE Inhibitors e.g. Captopril or lisinopril.		
Calcium channel blocker e.g. nifedipine		
Angiotensin II receptor antagonist e.g. losartan		
Tracer FP commodities	Available	Updated stock cards
	√ if Yes and x if No	
Oral contraceptive pills		
Injectable contraceptives		
Condoms		
Intrauterine contraceptive device (IUCD)		
Cycle beads for standard days method		
Emergency contraceptive pills		
5.6 Availability of basic obstetric care commodities		
Medicines and supplies		
Parenteral (IV or IM) oxytocin		
Parenteral (IV or IM) Diazepam		
Parenteral (IV or IM) Antibiotic		
Magnesium sulphate		
Corticosteroids (Dexamethasone)		
Chlorhexidine for cord care		
IV Normal saline		
Infusion sets		
Examination gloves		
Surgical gloves		
Partographs		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Updated stock cards
	Commodities for the new-born		
	Vitamin K		
	Tetracycline eye ointment		
	Diazepam Rectal		
	Amoxicillin suspension		
	Gentamicin Injection		
	Ampicillin injection		
	Tracer medicines/commodities for child health		
	Mebendazole/Albendazole		
	Vitamin A		
	ORS		
	Zinc tablets		
	Cotrimoxazole syrup/suspension/tab		
	Amoxicillin syrup/suspension/tab		
Paracetamol syrup/suspension/tab			
5.7	Availability of current medicines, health supplies documents		
	Essential Medicines, vaccines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Uganda Clinical Guidelines		
	Drug Redistribution Guidelines		
5.8	Availability of services for cEmOC	Available	Not available
		√ if Yes and x if No	
	Assisted vaginal delivery		
	Manual removal of placenta		
	Removal of retained products after delivery		
	Neonatal resuscitation		
	Caesarean section		
	Blood transfusion		
	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)		
	National guidelines for cEmOC		
5.9	Availability of basic equipment for cEmOC	Available	Functional
		√ if Yes and x if No	
	Examination light		
	Delivery pack		
	Cord clamp		
	Episiotomy scissors		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Updated stock cards
Scissors or blade to cut cord		
Suture material with needle		
Needle holder		
Suction apparatus (mucus extractor)		
Manual vacuum extractor		
Vacuum aspirator or D&C kit		
Neonatal bag and mask		
Incubator		
Availability of basic surgery commodities.		
Lidocaine (1% or 2% inj.)		
Skin disinfectant		
Sutures		
Ketamine (Inj.)		
Oxygen		
Scapel handle and blade		
Availability of Comprehensive surgery commodities		
Blood		
Diazepam Inj.		
Epinephrine Inj.		
Atropine Inj.		
Oxygen		
Lidocaine Inj.		
Bupivacaine Inj.		
Ephedrine Inj.		
Halothane		
Thiopental powder		
Suxamethonium		
Health Infrastructure		
Health facility well labelled with signage to direct patients, visitors and clients		
The health facility is fenced off, compound well maintained		
Compound is clean and free of litter		
The waiting area, both inside and outside the facility has adequate seats for patients		
Does the facility provide inpatient care		
Does the facility have inpatient beds for admitting patients?		
How many functional beds does the health facility have for /inpatients		
How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
	How many functional delivery beds does the health facility have?		
Transport for emergencies			
	Does the facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from this facility?		
	Is fuel for the ambulance or other emergency vehicle available today?		
Power supply			
	Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other) ?		
	What is the facility's main source of power?	Central (National grid)1 Generator.....2 Solar system.....3 Other (specify).....4	
	If the facility has a generator, is it functional?		
	Is there fuel or a charged battery available today		
	If the facility has a solar system, is it functional?		
5.7	Availability of general equipment	Available	Functional
		√ if Yes and x if No	
	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Ultra sound scan		
	X-ray unit		
	Oxygen concentrators		
	Oxygen cylinders		
	Otoscope		
	Fetoscope		
	Sterilization equipment		
	Neonatal ambubag and mask		
	Adult ambubag and mask		
	Operating table		
	Aneasthesia equipment		
	Suction apparatus		
	Retractor		
Blood refrigerator (Blood bank)			
Needle Holders			
Surgical Scissors			
Scalpel handle and blade			

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
5.8	Availability of a functional laboratory		
	Does the facility have a functional laboratory (if No go to next question.....)		
	Availability of laboratory equipment and supplies		
	Laboratory equipment		
	Haemoglobinometer		
	Glucometer		
	Microscope, Binocular		
	Differential counter		
	Refrigerator		
	Centrifuge		
	Refrigerator, Blood bank		
	CD4/CD8 Counter		
	Colorimeter		
	Electrophoresis analyzer		
	Colorimeter/ Automatic Biochemistry Analyzer		
	Electrophoresis analyser		
	Incubator culture		
	Laboratory services	Available	Not available
		√ if available, x not available	
	Malaria rapid diagnostic test (RDT)		
	HIV rapid test kits		
	• Determine		
	• SD Bioline		
	• Statpack		
	β-HCG strips		
	Urine dipstick-Protein		
	Urine dipstick-glucose		
	TB microscopy (ZN Stain)		
	Syphilis (TPHA) test		
	Gram stain		
	ABO Blood grouping		
	Blood cross matching		
	CD4 or viral load		
	Complete blood count		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Availability of functional Laboratory referral mechanism?	Available	Not available
		√ if available, x not available	
	List of Laboratories where samples are referred is available		
	List of types of samples referred is available		
	Register for samples referred is available		
	Results are sent back to the facility		
	Availability of Radiology and imaging equipment		
	Ultrasound scanner		
	X-ray Unit		
	Fluoroscope		
	Barium swallow/meal		
6.0 SERVICE DELIVERY			
6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
	Does the health facility have a functional health education program in RMNCAH?		
	Availability of IEC materials in the following service areas		
	ANC and PNC		
	Anatomical models (Pelvis & penis dildo)		
	Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)		
	Family planning flipcharts or cue cards		
	Immunization/young child clinic		
	Infant and Young Child Feeding and Counseling flipcharts or cue cards		
	Sample foods or demonstration gardens		
	Observation of the posters at RMNCAH clinics on notice boards		
	Family Planning		
	STD/HIV/AIDS/EID/PMTCT		
	Breast feeding		
	Malaria		
	Child health diseases e.g. diarrhoea, cough		
	Infant and Young Child nutrition		
	Maternal & Newborn Health		
	Immunization		
	Hand washing		
	Timetable for health education showing days, time, topics, place and the persons responsible		
	Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics		
	HIV/AIDS/PMTCT		
	Maternal and Newborn danger signs		
	Birth and emergency preparedness plan		
	Maternal Nutrition		
	Infant and Young Child feeding		

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Immunization		
	Family planning		
	Does the facility have at least one staff trained in the RMNCAH services		
Does the health facility have the current guidelines and standards required for RMNACH?			
	Sexual & Reproductive Health and Rights (SRHR) guidelines		
	Uganda clinical guidelines (include IMNCI guidelines)		
	HIV/AIDS counseling and testing guidelines		
	PMTCT guidelines		
	Infant and Young Child Feeding guidelines		
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
Does the health facility have a system for Maternal and Perinatal Death Reviews (MPDR)?			
	MPDR guidelines available		
	MPDR Notification forms available		
	MPD notification done in 24 hours (Notification is through the DHO to MoH - Resource Centre)		
	MPDR committee in place		
	MPDR conducted for all maternal and perinatal deaths in the previous 3 months		
	MPDR reports submitted to the district by the 7th day of the subsequent month		
6.2 ANC SERVICES			
Are the following ANC services provided to pregnant women?			
		Yes	No
Y if Yes and N if No			
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		
Prevention of mother to child transmission of HIV (PMTCT) services			
	There are national guidelines for PMTCT available in this facility		
	There are guidelines for infant and young child feeding counselling available in this facility		
	Provide HIV counselling and testing services to pregnant women for PMTCT		
	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT		
	Provide ART to HIV positive pregnant women for PMTCT		
	Provide ARV prophylaxis to new borns of HIV positive pregnant women for PMTCT		
	Provide infant and young child feeding counselling for PMTCT		
	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT		

6.2 ANC SERVICES																																	
		Yes	No																														
	Provide family planning counselling to HIV positive pregnant women for PMTCT																																
	Are there any provider(s) of PMTCT services received who received training in PMTCT in the last two years?																																
	Is the PMTCT service area a private room/area with auditory and visual privacy?																																
6.3 WATER, SANITATION AND HYGIENE (WASH)																																	
	Main source of water at the facility	<table border="1"> <tr> <td>Piped into facility</td> <td>1</td> <td>1</td> </tr> <tr> <td>Public tap/standpipe</td> <td>2</td> <td>3</td> </tr> <tr> <td>Tube well/borehole</td> <td>3</td> <td>4</td> </tr> <tr> <td>Protected dug well</td> <td>4</td> <td>5</td> </tr> <tr> <td>Unprotected dug well.....</td> <td>5</td> <td>6</td> </tr> <tr> <td>Protected spring</td> <td>6</td> <td>7</td> </tr> <tr> <td>Unprotected spring</td> <td>7</td> <td>8</td> </tr> <tr> <td>Rainwater collection.....</td> <td>8</td> <td>9</td> </tr> <tr> <td>Tanker truck.....</td> <td>9</td> <td>10</td> </tr> <tr> <td>Other (specify).....</td> <td>10</td> <td>11</td> </tr> </table>		Piped into facility	1	1	Public tap/standpipe	2	3	Tube well/borehole	3	4	Protected dug well	4	5	Unprotected dug well.....	5	6	Protected spring	6	7	Unprotected spring	7	8	Rainwater collection.....	8	9	Tanker truck.....	9	10	Other (specify).....	10	11
Piped into facility	1	1																															
Public tap/standpipe	2	3																															
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Unprotected dug well.....	5	6																															
Protected spring	6	7																															
Unprotected spring	7	8																															
Rainwater collection.....	8	9																															
Tanker truck.....	9	10																															
Other (specify).....	10	11																															
	Are there toilet facilities at the health facility																																
	Flush toilet																																
	VIP																																
	Pit latrine with slab																																
	Pit latrine without slab																																
	Composting toilet																																
	No toilet facility																																
	The facility has separate toilet facilities for men and for women																																
	The facility has separate bathrooms for men and for women																																
	The facility has a hand washing apparatus/facility																																
	The hand washing facility has soap and water																																
6.4 HEALTH CARE WASTE MANAGEMENT																																	
	How does the health facility dispose waste?																																
	The facility has a functional burn incinerator																																
	Open burning																																
	Dump without burning																																
	Remove offsite																																
	Facility has sharp containers																																

7.0 INFECTION PREVENTION AND CONTROL (IPC)		Yes	NO
		Y if Yes and N if No	
	Current guidelines on Infection Prevention and Control available		
	Current guidelines on safe injection practices available		
7.1	Availability of IPC supplies and equipment's		
	Disinfectant solutions/liquids		
	Soap		
	Buckets for disinfection		
	Autoclave, oven or chemical sterilant available		
KEY OBSERVATIONS			

9.5. Annex 5: HSD supervision tool

HSD SUPPORT SUPERVISION TOOL		
FACILITY IDENTIFICATION		
	Name of health facility	
	Sub region	
	District	
	Ownership	Government/Public1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
	Location (urban/rural)	Urban.....1 Rural.....2

B. GENERAL INFORMATION			
Facility Number			
1.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
I.1	Does the facility have a poster with a list of services visually displayed		
I.2	Does the facility have a client charter key messages in the commonly used language displayed?		
I.3	Did the facility hold monthly general staff meetings for the previous month? (Review minutes of previous month)		
I.4	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
I.5	Does the health facility have the current catchment map and population displayed		
I.6	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
I.7	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
I.8	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
I.9	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
I.10	Does the facility have VHTs attached to it?		
I.11	Do the VHTs submit monthly reports to the facility		
I.12	The VHTs hold quarterly meetings with the health facility staff		

2.0 HUMAN RESOURCES FOR HEALTH

2.0 HUMAN RESOURCES FOR HEALTH			
2.1	Staff availability according the recommended structure for HC IVs		
	Cadre	Recommended	Available
	Senior Medical Officer	1	
	Medical Officer	1	
	Senior Nursing Officer	1	
	Public Health Nurse	1	
	Nursing Officer - Nursing	1	
	Nursing Officer - Psychiatry	1	
	Ophthalmic Clinical Officer	1	
	Anaesthetic officer	1	
	Dispenser	1	
	Public Health Dental Assistant	1	
	Medical Clinical Officer	2	
	Medical Laboratory Technician	1	
	Assistant Health Educator	1	
	Health Inspector	2	
	Assistant Entomological Officer	1	
	Nursing Officer - Midwifery	1	
	Theatre Assistant	2	
	Anaesthetic Assistant	2	
	Medical Laboratory Assistant	2	
	Enrolled Nurse	3	
	Enrolled Nurse - Psychiatry	1	
	Enrolled Midwife	3	
	Health Assistant	1	
	Stores Assistant	1	
	Cold Chain Assistant	1	
	Office typist	1	
Account assistant	1		
Watchman	3		
Porter	3		
Driver	1		
Total		43	
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%.....1 50-75%.....2 >75%.....3	
		Yes	No
	Y if Yes and N if No		
2.3	The facility follows a plan / schedule for Continuing Professional Development		
2.4	The facility has arrival and departure register/ Biometric-Automated Attendance Analyzer (AAA) machine.		

2.0 HUMAN RESOURCES FOR HEALTH			
		Yes	No
2.5	The facility has an up to date (electronic / manual) Human Resource Information data base		
2.6	There is a qualified health worker available 24 hours a day, 7 days a week		
2.7	There is staff (at least for nurse, midwife, CO, MO, Anaesthetist) housing near the health facility		
2.8	All staff have up-to-date written job descriptions		
2.9	All staff are allocated to positions according to their training and experience		
2.10	Does the facility follow a systematic appraisal of staff?		
2.11	Staff Performance planning is conducted at the beginning of the FY		
2.12	There is record of filled staff appraisal forms at the health facility		
2.13	Does the health facility have an up-to-date training database for the staff?		
2.14	Does the health facility have a system to publically acknowledge performance and sanction poor performance		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	The facility has prescribed procedures for procurement implemented.		
3.8	All goods and services are procured as per the approved work plans.		
3.9	Expenditure of the PHC capital development fund in the previous FY	<50%.....1 50-75%.....2 >75%.....3	
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:		
		Available	Not available
		√ if available and x if Not	
	OPD Register		
	Immunisation (Child) Register		
	Integrated ANC register		
	Integrated maternity register		
	Integrated PNC register		
	Integrated family planning register		
	Adolescent/Youth Friendly services Linkage Register		
	Integrated nutrition register		
Laboratory (Laboratory Specimen Reception Register)			
	HIV exposed infant register		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	TB (Health Unit TB Register)		
	ART (ART Register)		
	In patient (Inpatient Register)		
	Theatre (Operating Theatre Register)		
4.3	The health facility has the following HMIS forms in use:		
	Medical form 5		
	Mother passports		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	Tetanus Toxoid Cards		
	Partographs		
	ART cards		
	HMIS 105		
	HMIS 106A		
	HMIS 108		
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level		
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.		
4.7	The facility has staffs trained in international classification of diseases (ICD) and birth outcomes.		
4.8	The ICD coding is done (OPD, Maternity or Inpatient) register		
4.9	The health facility has staff trained in Death and birth Registration system and linked to Civil Vital Registration Statistics system (CVRS		
4.10	Is CVRS done? Check for availability of the following forms		
	In patient discharge form		
	Birth Registration form		
	Death notification forms		
4.11	The facility has key performance indicators and set targets for the following:		
	OPD utilization		
	DPT3-HiB-HepB under one year		
	Measles Rubella Vaccination		
	ANC coverage		
	Deliveries		
		Yes	No
	Y if Yes and N if No		
4.12	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.13	The key performance indicators and targets are graphed and displayed in the relevant work areas		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Yes	No
4.14	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.15	The health facility uses data for planning and resource allocation for each FY		
4.16	The health facility has a functional computer for data management and reporting		
4.17	The health facility has internet connectivity to support reporting		
4.18	The facility uses electronic medical records (EMR) for patient-level data capture		
4.19	The facility has a designated records officer for data management and reporting		
4.20	The facility consistently reports through DHIS		
4.21	The health facility performs Integrated Disease Surveillance (IDSR):		
	The facility has the current Technical Guidelines on Integrated Disease Surveillance (IDSR).		
	The Health facility has an IDSR Focal Person and a Response team.		
	At least one health worker received in service training on Epidemic and Disaster Preparedness and Response (EDPR) in the last 2 years		
4.22	The Health facility has treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera)		
4.23	Availability of Integrated Disease Surveillance (IDSR) Forms		
	HMIS 033b Form available		
	Case notification Forms available		
	HMIS reports 033b are compiled and submitted every Monday of the week.		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Does the facility have a functional supply-chain management system?		
	The health facility has an annual medicines and health supplies procurement plan		
5.1	The facility places timely orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		
	Availability of EMHS tools at the health facility		
	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Anti-TB supplies		
	HIV treatment supplies (ART & Test Kits)		
5.2	RH supplies		
	Nutrition supplies		
	Ordering forms		
	Dispensing logs		
	Stock cards		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
5.3	Does the facility have proper space for storage of medicines and health supplies?		
	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		
	Store has a thermometer and temperature chart filled		
	The room has designated space for storing away expired medicines.		
	Controlled substances e.g. morphine (Tab / Inj), pethidine and other narcotic drugs are kept separate in a double locked storage space.		
5.4	Does the facility have a proper cold chain for vaccines?		
	There is a functional EPI refrigerator at the facility		
	There is a filled and functional standby gas cylinder		
	The temperature monitoring chart is fixed on the refrigerator		
	There is a thermometer placed in the refrigerator.		
	The temperatures are monitored twice daily, seven days per wee		
	The vaccine carriers and ice packs available and in good condition		
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Updated vaccine control book
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		
	Pneumococcal Conjugate Vaccine		
	Tracer ANC medicines		
	Folic acid and Iron		
	Mebendazole		
	Sulphadoxine / Pyrimethamine		
	Tracer STI medicines services		
	Condoms		
	Metronidazole		
	Doxycycline		
	I.V Ceftriaxone		
	Tracer malaria medicines.		
	First line antimalarials – Artemether Lumefantrine or Artemether Amodiaquine		
	Sulphadoxine / Pyrimethamine		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Updated vaccine control book
Artesunate inj		
Rectal Artesunate		
Tracer commodities for Nutrition Management		
Ready to Use Therapeutic Food (RUTF)=Plumpynut		
fortified blended foods,		
Micronutrient powders,		
F75		
F100,		
Tracer medicines and commodities for HIV/AIDS care		
Nevirapine syrup		
Co-trimoxazole (960mg)		
Co-trimoxazole suspension (pead)		
Male condoms		
ü First line ARVS (adults) <ul style="list-style-type: none"> • (TDF,3TC, DTG) • (ABC,3TC) (TDF, 3TC, EFV 400mg)		
First line ARVS (Pead) <ul style="list-style-type: none"> • (ABC,3TC, 120/60mg) • (ABC,3TC, LPv) for children under 3 years 		
Anti-fungal (fluconazole)		
Tracer medicines for TB Care :		
INH / H = Isoniazid		
R = Rifampicin		
Z = Pyrizinamide		
E = Ethambutol		
Isoniazid (INH) tabs,		
Pyridoxine		
RHZE (75/150/275/400mg)		
RH (150/75mg)		
Paediatric TB Drugs		
RHZ pediatric tablet (60/30/150mg)		
RH pediatric tablet (60/30mg)		
Tracer medicines and commodities for NCDs		
a) Seizures		
Diazepam Inj.		
Carbamazepine		
Phenytoin		
Chronic Obstructive Pulmonary Disease (COPD)		
Corticosteroids e.g Prednisolone, Hydrocortisone		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

		Available	Updated vaccine control book
	Epinephrine Inj.		
	Oxygen		
	Salbutamol Inhaler		
	Beclomethasone Inhaler		
	Diabetes		
	Metformin		
	Glibenclamide		
	IV glucose / Dextrose		
	Insulin injectable		
	Bendroflumethiazide		
	Hypertension		
	Beta blockers e.g. Atenolol or propranolol		
	ACE Inhibitors e.g. Captopril or lisinopril.		
	Calcium channel blocker e.g. nifedipine		
	Angiotensin II receptor antagonist e.g. losartan		
	Tracer FP commodities	Available	Updated stock cards
		√ if Yes and x if No	
	Oral contraceptive pills		
	Injectable contraceptives		
	Condoms		
	Intrauterine contraceptive device (IUCD)		
	Cycle beads for standard days method		
	Emergency contraceptive pills		
5.6	Availability of basic obstetric care commodities		
	Medicines and supplies		
	Parenteral (IV or IM) oxytocin		
	Parenteral (IV or IM) Diazepam		
	Parenteral (IV or IM) Antibiotic		
	Magnesium sulphate		
	Corticosteroids (Dexamethasone)		
	Chlorhexidine for cord care		
	IV Normal saline		
	Infusion sets		
	Examination gloves		
	Surgical gloves		
	Partographs		
	Commodities for the new-born		
	Vitamin K		
	Tetracycline eye ointment		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT				
		Available	Updated stock cards	
	Diazepam Rectal			
	Amoxicillin suspension			
	Gentamicin Injection			
	Ampicillin injection			
	Tracer medicines/commodities for child health			
	Mebendazole/Albendazole			
	Vitamin A			
	ORS			
	Zinc tablets			
	Cotrimoxazole syrup/suspension/tab			
	Amoxicillin syrup/suspension/tab			
	Paracetamol syrup/suspension/tab			
5.7	Availability of current medicines, health supplies documents			
	Essential Medicines, vaccines and Health Supplies List			
	Laboratory Reagents and supplies list			
	Uganda Clinical Guidelines			
	Drug Redistribution Guidelines			
	Adverse Drug Reaction (ADR) and Adverse Events Following Immunization Forms (AEFI)			
5.8	Availability of services for cEmOC	Available	Not available	
		√ if Yes and x if No		
	Assisted vaginal delivery			
	Manual removal of placenta			
	Removal of retained products after delivery			
	Neonatal resuscitation			
	Caesarean section			
	Blood transfusion			
	National guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC)			
National guidelines for cEmOC				
5.9	Availability of basic equipment for cEmOC	Available	Functional	
	Examination light			
	Delivery pack			
	Cord clamp			
	Episiotomy scissors			
	Scissors or blade to cut cord			
	Suture material with needle			
	Needle holder			
	Suction apparatus (mucus extractor)			
	Manual vacuum extractor			
	Vacuum aspirator or D&C kit			

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

	Available	Functional
Neonatal bag and mask		
Incubator		
Availability of basic surgery commodities.	Yes	No
	Y if Yes and N if No	
Lidocaine (1% or 2% inj.)		
Skin disinfectant		
Sutures		
Ketamine (Inj.)		
Oxygen		
Scapel handle and blade		
Availability of Comprehensive surgery commodities		
Blood		
Diazepam Inj.		
Epinephrine Inj.		
Atropine Inj.		
Oxygen		
Lidocaine Inj.		
Bupivacaine Inj.		
Ephedrine Inj.		
Halothane		
Thiopental powder		
Suxamethonium		
Does the facility provide inpatient care		
Does the facility have inpatient beds for admitting patients?		
How many functional beds does the health facility have for /inpatients		
How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?		
How many functional delivery beds does the health facility have?		
Transport for emergencies		
Does the facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from this facility?		
Is fuel for the ambulance or other emergency vehicle available today?		
	Yes	No
Power supply		
Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other) ?		
What is the facility's main source of power?	Central (National grid)1 Generator.....2 Solar system.....3 Other (specify).....4	
If the facility has a generator, is it functional?		
Is there fuel or a charged battery available today		
If the facility has a solar system, is it functional?		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Availability of general equipment	Available	Functional
		√ if Yes and x if No	
5.7	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Ultrasound scan		
	X-ray unit		
	Oxygen concentrators		
	Oxygen cylinders		
	Otoscope		
	Fetoscope		
	Sterilization equipment		
	Neonatal ambubag and mask		
	Adult ambubag and mask		
	Operating table		
	Aneasthesia equipment		
	Suction apparatus		
	Retractor		
	Blood refrigerator (Blood bank)		
Needle Holders			
Surgical Scissors			
Scalpel handle and blade			
5.8	Availability of a functional laboratory		
	Does the facility have a functional laboratory? (if No go to next question.....)		
	Availability of laboratory equipment and supplies		
	Laboratory equipment		
	Haemoglobinometer		
	Glucometer		
	Microscope, Binocular		
	Differential counter		
	Refrigerator		
	Centrifuge		
	Refrigerator, Blood bank		
	CD4/CD8 Counter		
	Biochemistry Analyzer		
	Laboratory services	Available	Not available
		√ if available, x not available	
	Malaria rapid diagnostic test (RDT)		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
HIV rapid test kits			
• Determine			
• SD Bioline			
• Statpack			
β-HCG strips			
Urine dipstick-Protein			
Urine dipstick-glucose			
TB microscopy (ZN Stain)			
Syphilis (TPHA) test			
Gram stain			
ABO Blood grouping			
Blood cross matching			
CD4 or viral load			
Complete blood count			
Availability of functional Laboratory referral mechanism?			
List of Laboratories where samples are referred is available			
List of types of samples referred is available			
Register for samples referred is available			
Results are sent back to the facility			
6.0 SERVICE DELIVERY			
6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
Does the health facility have a functional health education program in RMNCAH?			
Availability of IEC materials in the following service areas			
ANC and PNC		Available	Not available
√ if available, x not available			
Anatomical models (Pelvis & penis dildo)			
Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)			
Family planning flipcharts or cue cards			
Immunization/young child clinic			
Infant and Young Child Feeding and Counseling flipcharts or cue cards			
Sample foods or demonstration gardens			
Observation of the posters at RMNCAH clinics on notice boards			
Family Planning			
STD/HIV/AIDS/EID/PMTCT			
Breast feeding			
Malaria			
Child health diseases e.g. diarrhoea, cough			
Infant and Young Child nutrition			
Maternal & Newborn Health			

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Immunization		
	Hand washing		
	Timetable for health education showing days, time, topics, place and the persons responsible		
Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics			
	HIV/AIDS/PMTCT		
	Maternal and Newborn danger signs		
	Birth and emergency preparedness plan		
	Maternal Nutrition		
	Infant and Young Child feeding		
	Immunization		
	Family planning		
	Does the facility have at least one staff trained in the RMNCAH services		
Does the health facility have the current guidelines and standards required for RMNACH?			
	Sexual & Reproductive Health and Rights (SRHR) guidelines		
	Uganda clinical guidelines (include IMNCI guidelines)		
	HIV/AIDS counseling and testing guidelines		
	PMTCT guidelines		
	Infant and Young Child Feeding guidelines		
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
Does the health facility have a system for Maternal and Perinatal Death Reviews (MPDR)?			
	MPDR guidelines available		
	MPDR Notification forms available		
	MPD notification done in 24 hours (Notification is through the DHO to MoH - Resource Centre)		
	MPDR committee in place		
	MPDR conducted for all maternal and perinatal deaths in the previous 3 months		
	MPDR reports submitted to the district by the 7th day of the subsequent month		
6.2 ANC SERVICES			
Are the following ANC services provided to pregnant women?			
		Yes	No
		Y if Yes and N if No	
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		
6.2 ANC SERVICES			

		Yes	No																														
Prevention of mother to child transmission of HIV (PMTCT) services																																	
There are national guidelines for PMTCT available in this facility																																	
There are guidelines for infant and young child feeding counselling available in this facility																																	
Provide HIV counselling and testing services to pregnant women for PMTCT																																	
Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT																																	
Provide ART to HIV positive pregnant women for PMTCT																																	
Provide ARV prophylaxis to new borns of HIV positive pregnant women for PMTCT																																	
Provide infant and young child feeding counselling for PMTCT																																	
Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT																																	
Provide family planning counselling to HIV positive pregnant women for PMTCT																																	
Are there any provider(s) of PMTCT services received who received training in PMTCT in the last two years?																																	
Is the PMTCT service area a private room/area with auditory and visual privacy?																																	
6.3 WATER, SANITATION AND HYGIENE (WASH)																																	
Main source of water at the facility		<table border="1"> <tbody> <tr> <td>Piped into facility</td> <td>1</td> <td>1</td> </tr> <tr> <td>Public tap/standpipe</td> <td>2</td> <td>3</td> </tr> <tr> <td>Tube well/borehole</td> <td>3</td> <td>4</td> </tr> <tr> <td>Protected dug well</td> <td>4</td> <td>5</td> </tr> <tr> <td>Unprotected dug well.....</td> <td>5</td> <td>6</td> </tr> <tr> <td>Protected spring</td> <td>6</td> <td>7</td> </tr> <tr> <td>Unprotected spring</td> <td>7</td> <td>8</td> </tr> <tr> <td>Rainwater collection.....</td> <td>8</td> <td>9</td> </tr> <tr> <td>Tanker truck.....</td> <td>9</td> <td>10</td> </tr> <tr> <td>Other (specify).....</td> <td>10</td> <td>11</td> </tr> </tbody> </table>		Piped into facility	1	1	Public tap/standpipe	2	3	Tube well/borehole	3	4	Protected dug well	4	5	Unprotected dug well.....	5	6	Protected spring	6	7	Unprotected spring	7	8	Rainwater collection.....	8	9	Tanker truck.....	9	10	Other (specify).....	10	11
Piped into facility	1	1																															
Public tap/standpipe	2	3																															
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Protected spring	6	7																															
Unprotected spring	7	8																															
Rainwater collection.....	8	9																															
Tanker truck.....	9	10																															
Other (specify).....	10	11																															
Are there toilet facilities at the health facility		Yes	No																														
Flush toilet																																	
VIP																																	
Pit latrine with slab																																	
Pit latrine without slab																																	
Composting toilet																																	
No toilet facility																																	
The facility has separate toilet facilities for men and for women																																	
The facility has separate bathrooms for men and for women																																	
The facility has a hand washing apparatus/facility																																	
The hand washing facility has soap and water																																	
6.4 HEALTH CARE WASTE MANAGEMENT																																	

	How does the health facility dispose waste?		
	The facility has a functional burn incinerator		
	Open burning		
	Dump without burning		
	Remove offsite		
	Facility has sharp containers		
7.0 INFECTION PREVENTION AND CONTROL (IPC)			
	Current guidelines on Infection Prevention and Control available		
	Current guidelines on safe injection practices available		
7.1	Availability of IPC supplies and equipment's		
	Disinfectant solutions/liquids		
	Soap		
	Buckets for disinfection		
	Autoclave, oven or chemical sterilant available		
KEY OBSERVATIONS			

9.6. Annex 6: Health Center III supervision tool

HEALTH CENTER III SUPPORT SUPERVISION TOOL		
FACILITY IDENTIFICATION		
	Name of health facility	
	Sub region	
	District	
	Ownership	Government/Public1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
	Location (urban/rural)	Urban.....1 Rural.....2

B. GENERAL INFORMATION			
Facility Number			
I.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
1.1	Does the facility have a poster with a list of services visually displayed		
1.2	Does the facility have a client charter key messages in the commonly used language displayed?		
1.3	Did the facility hold monthly general staff meetings for the previous month? (Review minutes of previous month)		
1.4	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
1.5	Does the health facility have the current catchment map and population displayed		
1.6	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
1.7	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
1.8	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
1.9	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
1.10	Does the facility have VHTs attached to it?		
1.11	Do the VHTs submit monthly reports to the facility		
1.12	The VHTs hold quarterly meetings with the health facility staff		
2.0 HUMAN RESOURCES FOR HEALTH			
Staff availability according the recommended structure for HC IVs			
2.1	Cadre	Recommended	Available
	Senior Clinical Officer	1	
	Clinical Officer	1	
	Medical Laboratory Technician	1	
	Medical Laboratory Assistant	1	
	Enrolled Nurse	3	

2.0 HUMAN RESOURCES FOR HEALTH			
		Recommended	Available
	Health Information Assistant	1	
	Enrolled Midwife	2	
	Health Assistant	1	
	Nursing Assistant	3	
	Watchman	2	
	Porter	2	
	Total	18	
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%.....1 50-75%.....2 >75%.....3	
		Yes	No
	Y if Yes and N if No		
2.3	The facility follows a plan / schedule for Continuing Professional Development		
2.4	The facility has arrival and departure register/ Biometric-Automated Attendance Analyzer (AAA) machine.		
2.5	The facility has an up to date (electronic / manual) Human Resource Information data base		
2.6	There is a qualified health worker available 24 hours a day, 7 days a week		
2.7	There is staff (at least for nurse, midwife, CO, MO, Anaesthetist) housing near the health facility		
2.8	All staff have up-to-date written job descriptions		
2.9	All staff are allocated to positions according to their training and experience		
2.10	Does the facility follow a systematic appraisal of staff?		
2.11	Staff Performance planning is conducted at the beginning of the FY		
2.12	There is record of filled staff appraisal forms at the health facility		
2.13	Does the health facility have an up-to-date training database for the staff?		
2.14	Does the health facility have a system to publically acknowledge performance and sanction poor performance		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	The facility has prescribed procedures for procurement implemented.		
3.8	All goods and services are procured as per the approved work plans.		
3.9	Expenditure of the PHC capital development fund in the previous FY	<50%.....1 50-75%.....2 >75%.....3	

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:		
		Available	Not available
		√ if available and x if Not	
	OPD Register		
	Immunisation (Child) Register		
	Integrated ANC register		
	Integrated maternity register		
	Integrated PNC register		
	Integrated family planning register		
	Adolescent/Youth Friendly services Linkage Register		
	HIV exposed infant register		
	TB (Health Unit TB Register)		
	ART (ART Register)		
	In patient (Inpatient Register)		
4.3	The health facility has the following HMIS forms in use:		
	Medical form 5		
	Mother passports		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	Tetanus Toxoid Cards		
	Partographs		
	ART cards		
	HMIS 105		
	HMIS 106A		
HMIS 108			
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level		
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.		
4.7	The facility has staffs trained in international classification of diseases (ICD) and birth outcomes.		
4.8	The ICD coding is done (OPD, Maternity or Inpatient) register		
4.9	The health facility has staff trained in Death and birth Registration system and linked to Civil Vital Registration Statistics system (CVRS)		
4.10	Is CVRS done? Check for availability of the following forms		
	✓ In patient discharge form		
	✓ Birth Registration form		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	✓ Death notification forms		
The facility has key performance indicators and set targets for the following:			
4.11	OPD utilization		
	DPT3-HiB-HepB under one year		
	Measles Rubella Vaccination		
	ANC coverage		
	Deliveries		
			Yes
	Y if Yes and N if No		
4.12	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.13	The key performance indicators and targets are graphed and displayed in the relevant work areas		
4.14	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.15	The health facility uses data for planning and resource allocation for each FY		
4.16	The facility has a designated records officer for data management and reporting		
4.17	The facility consistently reports through DHIS		
The health facility performs Integrated Disease Surveillance (IDSR):			
4.18	The facility has the current Technical Guidelines on Integrated Disease Surveillance (IDSR).		
4.19	The Health facility has an IDSR Focal Person and a Response team.		
4.20	At least one health worker received in service training on Epidemic and Disaster Preparedness and Response (EDPR) in the last 2 years		
4.21	The Health facility has treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera)		
4.22	Availability of Integrated Disease Surveillance (IDSR) Forms		
	✓ HMIS 033b Form available		
	✓ Case notification Forms available		
	✓ HMIS reports 033b are compiled and submitted every Monday of the week.		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
Does the facility have a functional supply-chain management system?			
5.1	The health facility has an annual medicines and health supplies procurement plan		
	The facility places timely orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Yes	No
5.2	Availability of EMHS tools at the health facility		
	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
	Anti-TB supplies		
	HIV treatment supplies (ART & Test Kits)		
	RH supplies		
	Nutrition supplies		
	Ordering forms		
	Dispensing logs		
	Stock cards		
5.3	Does the facility have proper space for storage of medicines and health supplies?		
	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		
	Store has a thermometer and temperature chart filled		
The room has designated space for storing away expired medicines.			
5.4	Does the facility have a proper cold chain for vaccines?		
	There is a functional EPI refrigerator at the facility		
	There is a filled and functional standby gas cylinder		
	The temperature monitoring chart is fixed on the refrigerator		
	There is a thermometer placed in the refrigerator.		
	The temperatures are monitored twice daily, seven days per week		
	The vaccine carriers and ice packs available and in good condition		
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Updated vaccine control book
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		
	Pneumococcal Conjugate Vaccine		
	Tracer ANC medicines		
	Folic acid and Iron		
	Mebendazole		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Updated vaccine control book
	Sulphadoxine / Pyrimethamine		
	Tracer STI medicines services		
	Condoms		
	Metronidazole		
	Doxycycline		
	Tracer malaria medicines.		
	First line antimalarials – Artemether Lumefantrine or Artemether Amodiaquine		
	Sulphadoxine / Pyrimethamine		
	Artesunate inj.		
	Rectal Artesunate		
	Tracer commodities for Nutrition Management		
	Ready to Use Therapeutic Food (RUTF)=Plumpynut		
	fortified blended foods,		
	Micronutrient powders,		
	F75		
	F100,		
	Tracer medicines and commodities for HIV/AIDS care		
	Nevirapine syrup		
	Co-trimoxazole (960mg)		
	Co-trimoxazole suspension (pead)		
	Condoms		
	First line ARVS (adults) <ul style="list-style-type: none"> • (TDF,3TC, DTG) • (ABC,3TC) (TDF, 3TC, EFV 400mg)		
	First line ARVS (Pead) <ul style="list-style-type: none"> • (ABC,3TC, 120/60mg) • (ABC,3TC, LPv) for children under 3 years 		
	Anti-fungal (fluconazole)		
	Tracer medicines for TB Care:		
	INH / H = Isoniazid		
	R = Rifampicin		
	Z = Pyrizinamide		
	E = Ethambutol		
	Isoniazid (INH) tabs,		
	Pyridoxine		
	RHZE (75/150/275/400mg)		
	RH (150/75mg)		
	Paediatric TB Drugs		
	RHZ paediatric tablet (60/30/150mg)		
	RH paediatric tablet (60/30mg)		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Updated vaccine control book
	Tracer medicines and commodities for NCDs (Seizures)		
	Diazepam Inj.		
	Carbamazepine		
	Phenytoin		
	Tracer FP commodities		
	Oral contraceptive pills		
	Injectable contraceptives		
	Condoms		
	Intrauterine contraceptive device (IUCD)		
	Cycle beads for standard days method		
	Emergency contraceptive pills		
5.6	Availability of medicines, supplies and services for basic obstetric care		
	Medicines and supplies		
	Parenteral (IV or IM) oxytocin		
	Parenteral (IV or IM) Diazepam		
	Parenteral (IV or IM) Antibiotic		
	Magnesium sulphate		
	Corticosteroids (Dexamethasone)		
	Chlorhexidine for cord care		
	IV Normal saline		
	Infusion sets		
	Examination gloves		
	Surgical gloves		
	Partographs		
	Commodities for the new born		
	Vitamin K		
	Tetracycline eye ointment		
	Diazepam Rectal		
	Amoxicillin suspension		
	Gentamicin Injection		
	Ampicillin injection		
	Tracer medicines/commodities for child health		
	Mebendazole/Albendazole		
	Vitamin A		
	ORS		
	Zinc tablets		
	Cotrimoxazole syrup/suspension/tab		
	Amoxicillin syrup/suspension/tab		
	Paracetamol syrup/suspension/tab		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Availability of basic surgery commodities.	Yes	No
		Y if Yes and N if No	
	Lidocaine (1% or 2% inj.)		
	Skin disinfectant		
	Sutures		
	Scalpel handle and blade		
	Does the facility provide inpatient care		
	Does the facility have inpatient beds for admitting patients?		
	How many functional beds does the health facility have for /inpatients		
	How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?		
	How many functional delivery beds does the health facility have		
Power supply			
	Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other)?		
	What is the facility's main source of power?	Central (National grid)1 Generator.....2 Solar system.....3 Other (specify).....4	
	If the facility has a generator, is it functional?		
	Is there fuel or a charged battery available today		
	If the facility has a solar system, is it functional?		
5.7	Availability of general equipment	Available	Functional
		√ if Yes and x if No	
	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Length / Height meter		
	Fetoscope		
	Sterilization equipment		
	Neonatal ambubag and mask		
	Adult ambubag and mask		
	Scalpel handle and blade		
5.8 Availability of a functional laboratory			
	Does the facility have a functional laboratory? (if No go to next question.....)		
	Availability of laboratory equipment and supplies		
	Laboratory equipment		
	Haemoglobinometer		
	Glucometer		
	Microscope, Binocular		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
	Differential counter		
	Refrigerator		
	Centrifuge		
	Laboratory services	Available	Not available
		√ if available, x not available	
	Malaria rapid diagnostic test (RDT)		
	HIV rapid test kits		
	• Determine		
	• SD Bioline		
	• Statpack		
	β-HCG strips		
	Urine dipstick-Protein		
	Urine dipstick-glucose		
	TB microscopy (ZN Stain)		
	Syphilis (TPHA) test		
	CD4 or viral load		
5.9	Availability of functional Laboratory referral mechanism?		
	List of Laboratories where samples are referred is available		
	List of types of samples referred is available		
	Register for samples referred is available		
	Results are sent back to the facility		
6.0 SERVICE DELIVERY			
6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
	Does the health facility have a functional health education program in RMNCAH?		
	Availability of IEC materials in the following service areas		
	ANC and PNC		
	Anatomical models (Pelvis & penis dildo)		
	Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)		
	Family planning flipcharts or cue cards		
	Immunization/young child clinic		
	Infant and Young Child Feeding and Counseling flipcharts or cue cards		
	Sample foods or demonstration gardens		
	Observation of the posters at RMNCAH clinics on notice boards		
	Family Planning		
	STD/HIV/AIDS/EID/PMTCT		
	Breast feeding		
	Malaria		
	Child health diseases e.g. diarrhoea, cough		
	Infant and Young Child nutrition		

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Maternal & Newborn Health		
	Immunization		
	Hand washing		
	Time table for health education showing days, time, topics, place and the persons responsible		
	Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics		
	HIV/AIDS/PMTCT		
	Maternal and Newborn danger signs		
	Birth and emergency preparedness plan		
	Maternal Nutrition		
	Infant and Young Child feeding		
	Immunization		
	Family planning		
	Does the facility have at least one staff trained in the RMNCAH services		
	Does the health facility have the current guidelines and standards required for RMNACH?		
	Sexual & Reproductive Health and Rights (SRHR) guidelines		
	Uganda clinical guidelines (include IMNCI guidelines)		
	HIV/AIDS counseling and testing guidelines		
	PMTCT guidelines		
	Infant and Young Child Feeding guidelines		
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
	Does the health facility have a system for Maternal and Perinatal Death Reviews (MPDR)?		
	MPDR guidelines available		
	MPDR Notification forms available		
	MPD notification done in 24 hours (Notification is through the DHO to MoH - Resource Centre)		
	MPDR conducted for all maternal and perinatal deaths in the previous 3 months		
	MPDR reports submitted to the district by the 7th day of the subsequent month		
6.2 ANC SERVICES			
	Are the following ANC services provided to pregnant women?		
		Yes	No
		Y if Yes and N if No	
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		

6.2 ANC SERVICES		Yes	No
Prevention of mother to child transmission of HIV (PMTCT) services			
	There are national guidelines for PMTCT available in this facility		
	There are guidelines for infant and young child feeding counselling available in this facility		
	Provide HIV counselling and testing services to pregnant women for PMTCT		
	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT		
	Provide ART to HIV positive pregnant women for PMTCT		
	Provide ARV prophylaxis to new borns of HIV positive pregnant women for PMTCT		
	Provide infant and young child feeding counselling for PMTCT		
	Provide nutritional counselling for HIV positive pregnant women and their infants for PMTCT		
	Provide family planning counselling to HIV positive pregnant women for PMTCT		
	Are there any provider(s) of PMTCT services received who received training in PMTCT in the last two years?		
	Is the PMTCT service area a private room/area with auditory and visual privacy?		
6.3 WATER, SANITATION AND HYGIENE (WASH)			
	Main source of water at the facility	Piped into facility	1
		Public tap/standpipe	2
		Tube well/borehole	3
		Protected dug well	4
		Unprotected dug well.....	5
		Protected spring	6
		Unprotected spring	7
		Rainwater collection.....	8
		Tanker truck.....	9
		Other (specify).....	10
	Are there toilet facilities at the health facility		
	Flush toilet		
	VIP		
	Pit latrine with slab		
	Pit latrine without slab		
	Composting toilet		
6.3 WATER, SANITATION AND HYGIENE (WASH)			
	No toilet facility		
	The facility has separate toilet facilities for men and for women		
	The facility has separate bathrooms for men and for women		
	The facility has a hand washing apparatus/facility		
	The hand washing facility has soap and water		

6.4 HEALTH CARE WASTE MANAGEMENT			
	How does the health facility dispose waste?		
	The facility has a functional burn incinerator		
	Open burning		
	Dump without burning		
	Remove offsite		
	Facility has sharp containers		
7.0 INFECTION PREVENTION AND CONTROL (IPC)			
	Current guidelines on Infection Prevention and Control available		
	Current guidelines on safe injection practices available		
	Availability of IPC supplies and equipment's		
	Disinfectant solutions/liquids		
7.1	Soap		
	Buckets for disinfection		
	Autoclave, oven or chemical sterilant available		
KEY OBSERVATIONS			

9.7. Annex 7: Health Center II supervision tool

HEALTH CENTER II SUPPORT SUPERVISION TOOL		
FACILITY IDENTIFICATION		
	Name of health facility	
	Sub region	
	District	
	Ownership	Government/Public1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
	Location (urban/rural)	Urban.....1 Rural.....2

B. GENERAL INFORMATION			
Facility Number			
1.0 LEADERSHIP AND GOVERNANCE			
		Yes	No
		Y if Yes and N if Not	
1.1	Does the facility have a poster with a list of services visually displayed		
1.2	Does the facility have a client charter key messages in the commonly used language displayed?		
1.3	Did the facility hold monthly general staff meetings? (Review minutes of previous month)		
1.4	Did the health facility hold joint planning meetings as scheduled in the Health Planning Guidelines? (Review minutes of joint planning meetings)		
1.5	Does the health facility have the current catchment map and population displayed		
1.6	Does the health facility keep record of the support supervision findings? (Ask to see support supervision book)		
1.7	Does the health facility have a HUMC (Ask to see minutes of the HUMC meetings)		
1.8	Does the HUMC meet on a quarterly basis (Ask to see minutes of the HUMC meetings)		
1.9	Does the health facility promote partnership with community? (Health facility participates in community dialogues e.g. radio talk shows, and VHT meetings)		
1.10	Does the facility have VHTs attached to it?		
1.11	Do the VHTs submit monthly reports to the facility?		
2.0 HUMAN RESOURCES FOR HEALTH			
2.1	Staff availability according the recommended structure for HC IIs		
	Cadre	Recommended	Available
	Enrolled Nurse	1	
	Enrolled Midwife	1	
	Watchman	2	
	Porter	2	
	Health Assistant	2	
	Total	9	

2.0 HUMAN RESOURCES FOR HEALTH			
		Recommended	Available
2.2	The facility staffing levels according to the MoH recommended staffing requirements	<50%.....1 50-75%.....2 >75%.....3	
		Yes	No
	Y if Yes and N if No		
2.3	Do all members of staff have up-to-date written job schedules and deployed to positions according to their training and experience?		
2.4	Does the facility follow a plan / schedule for Continuing Professional Development (CPD)?		
2.5	Does the facility have an up to date training database/Register?		
2.6	The facility has an up to date (electronic / manual) Human Resource Information database		
2.7	There is a qualified health worker available 24 hours a day, 7 days a week		
2.8	There is staff (at least for nurse,) housing near the health facility		
2.9	All staff have up-to-date written job descriptions		
2.10	All staff are allocated to positions according to their training and experience		
2.11	Does the facility follow a systematic appraisal of staff?		
2.12	Staff Performance planning is conducted at the beginning of the FY		
2.13	There is record of filled staff appraisal forms at the health facility		
2.14	Does the health facility have an up-to-date training database for the staff?		
2.15	Are Staff routinely acknowledged for their good work by leadership.		
3.0 HEALTH FINANCING			
3.1	The health facility has guidelines for use of PHC funds? (ask to see a copy of the guidelines)		
3.2	The PHC quarterly releases are received in time		
3.3	The quarterly PHC releases are visually displayed on notice boards		
3.4	Expenditures are made in line with the approved work plans and budgets		
3.5	Monthly financial returns are compiled in time		
3.6	Quarterly financial returns are submitted in time		
3.7	Expenditure of the PHC capital development fund in the previous FY	<50%.....1 50-75%.....2 >75%.....3	
	The health facility has procurement processes consistent with statutory requirement and accepted standards?		
3.8	Prescribed procedures for procurement implemented.		
3.9	All goods and services are procured as per the approved work plans.		
4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
4.1	The health facility has a MoH HMIS manual		
4.2	The health facility has the following HMIS registers in use:		
		Available	Not available
		√ if available and x if Not	
	OPD Register		
	Integrated ANC register		
	Integrated maternity register		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Available	Not available
	Integrated PNC register		
	Integrated family planning register		
	Immunization (Child) register		
	Integrated nutrition register		
	Adolescent /youth Register		
The health facility has the following HMIS forms in use:			
4.3	Medical form 5		
	EPI tally sheets		
	Child health cards		
	HPV Cards		
	Tetanus Toxoid Cards		
	HMIS 105		
	HMIS 108		
4.4	Filled copies of HMIS reports (105&108) for the last three months are available at the facility (verify availability of the reports)		
4.5	The HMIS reports (105&108) are verified/checked by the in-charge before they are submitted to the next level		
4.6	The HMIS reports (105 & 108) are submitted in time: by the 7th of the subsequent month.		
The facility has key performance indicators and set targets for the following:			
4.7			
	OPD utilization		
	DPT3		
	Measles Rubella Vaccination		
	ANC coverage		
	IPT2		
	Deliveries		
	Malaria testing and incidence		
		Yes	No
	Y if Yes and N if No		
4.8	The health facility generates aggregated reports based on key performance indicators on a monthly basis		
4.9	The key performance indicators and targets are graphed and displayed in the relevant work areas		
4.10	The health facility holds quarterly review meetings to discuss performance against the set targets (ask to see minutes of the last quarterly review meeting)		
4.11	The health facility uses data for planning and resource allocation for each FY		
The health facility performs integrated disease surveillance:			
4:12	The facility has the current technical guidelines on integrated disease surveillance		
4:13	The health facility has case definitions for diseases		
4:14	The facility has treatment protocols for epidemic prone diseases (e.g. hemorrhagic fevers, cholera)		

4.0 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)			
		Yes	No
4:15	A system for reporting and tracking suspected outbreaks, events and rumours to the district is in place.		
	✓ HMIS Form 033b		
	✓ HMIS reports 033b are compiled and submitted every Monday of the week.		
	✓ Case notification Forms available		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Does the facility have a functional supply-chain management system?		
	The health facility has an annual medicines and health supplies procurement plan		
5.1	The facility places timely bimonthly orders for medicines and supplies		
	EMHS order and delivery schedule is available and displayed		
	Expired EMHS are identified, collected in a central place for disposal according to the MoH guidelines		
	Availability of EMHS tools at the health facility		
	Essential Medicines and Health Supplies List		
	Laboratory Reagents and supplies list		
5.2	Ordering forms		
	Dispensing logs		
	Stock cards		
	Does the facility have proper space for storage of medicines and health supplies?		
	The store is lockable and is separate from the dispensing area		
	The medicines are stored on shelves or in boxes according to types and date of manufacture		
	The store is well ventilated		
5.3	The store is well organized and tidy; shelves are dusted, floor is swept, and walls are clean		
	Shelves and boxes are raised off the floor, on pallets or on boards and bricks		
	Store has a thermometer and temperature chart filled		
	The room has designated space for storing away expired medicines.		
	Does the facility have a proper cold chain for vaccines?		
5.4	The vaccine carriers and ice packs available and in good condition		
5.5	Availability of vaccines, tracer medicines and health supplies		
	Vaccines	Available	Updated vaccine control book
		√ if Yes and x if No	
	BCG		
	Polio vaccine		
	DPT3-HiB-HepB vaccines		
	Measles vaccine		
	Tetanus Toxoid		
	HPV		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Tracer FP commodities	Available	Updated stock cards
		√ if Yes and x if No	
	Oral contraceptive pills		
	Combined injectable contraceptives		
	Condoms		
	Cycle beads for standard days method		
	Tracer commodities for Nutrition Management		
	✓ Ready to Use Therapeutic Food (RUTF)=Plumpynut		
	Tracer ANC medicines		
	✓ Folic acid and Iron		
	✓ Mebendazole		
	✓ Sulphadoxine / Pyrimethamine		
	Tracer medicines and commodities for STI services		
	✓ Metronidazole		
	✓ Doxycycline		
	Tracer medicines and commodities for malaria management		
	✓ First line antimalarials – Artemether Lumefantrine or Artemether Amodiaquine		
	✓ Sulphadoxine / Pyrimethamine		
5.6	Availability of medicines, supplies and services for Basic Obstetric Care		
	Medicines and supplies		
	Parenteral (IV or IM) oxytocin		
	Parenteral (IV or IM) Diazepam		
	Parenteral (IV or IM) Antibiotic		
	Magnesium sulphate		
	Corticosteroids (Dexamethasone)		
	Chlorhexidine for cord care		
	IV Normal saline		
	Infusion sets		
	Examination gloves		
	Surgical gloves		
	Partographs		
	Commodities for the new born		
	Vitamin K		
	Tetracycline eye ointment		
	Diazepam Rectal		
	Amoxicillin suspension		
	Tracer medicines/commodities for child health		
	Mebendazole/Albendazole		
	Vitamin A		
	ORS		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Updated stock cards
	Zinc tablets		
	Cotrimoxazole syrup/suspension/tab		
	Amoxicillin syrup/suspension/tab		
	Paracetamol syrup/suspension/tab		
	Tracer medicines and commodities for basic surgery	Available	Not available
		√ if Yes and x if No	
	Skin disinfectant		
	Lidocaine (1% or 2% inj.)		
	Sutures		
	Health Infrastructure	Yes	No
		Y if Yes and N if No	
	Does the facility provide inpatient care?		
	Does the facility have beds for overnight observation?		
	How many functional beds does the health facility have for overnight/ inpatients?		
	How many functional dedicated maternity beds does the health facility have (this does not include delivery beds)?		
	How many functional delivery beds does the health facility have		
	Transport for emergencies		
	Does the facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from this facility?		
	Is fuel for the ambulance or other emergency vehicle available today?		
	Power supply		
	Does the facility have electricity from any source (e.g. electricity grid, generator, solar, or other)?		
	What is the facility's main source of power?	Central (National grid)1 Generator.....2 Solar system.....3 Other (specify).....4	
	If the facility has a generator, is it functional?		
	Is there fuel or a charged battery available today?		
	If the facility has a solar system, is it functional?		
5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
	Availability of general equipment	Available	Functional
		√ if Yes and x if No	
5.7	Thermometer		
	Stethoscope		
	BP machine		
	Weighing scale, Adult		
	Weighing scale, Child		
	Length / Height meter		
	Laboratory services		

5.0 MEDICINES, SUPPLIES AND EQUIPMENT			
		Available	Functional
	Malaria rapid diagnostic test (RDT)		
	HIV rapid test kits		
	✓ Determine		
	✓ SD-Bioline		
	✓ Statpack		
6.0 SERVICE DELIVERY			
6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
	Does the health facility have a functional health education program in RMNCAH?		
	Availability of IEC materials in the following service areas		
	ANC and PNC		
	Anatomical models (Pelvis & penis dildo)		
	Brochure/leaflets (birth & emergency preparedness plan, maternal & newborn danger signs)		
	Family planning flipcharts or cue cards		
	Immunization/young child clinic		
	Infant and Young Child Feeding and Counseling flipcharts or cue cards		
	Sample foods or demonstration gardens		
	Observation of the posters at RMNCAH clinics on notice boards		
	Family Planning		
	STD/HIV/AIDS/EID/PMTCT		
	Breast feeding		
	Malaria prevention		
	Diarrhoea diseases		
	Infant and Young Child nutrition		
	Maternal & Newborn Health		
	Immunization		
	Hand washing		
	Timetable for health education showing days, time, topics, place and the persons responsible		
		Available	Not available
	Observe Health Education session in the RMNCAH clinic: Individual or group health education sessions conducted on the day of assessment covering at least 3 of the following topics		
	HIV/AIDS/PMTCT		
	Maternal and Newborn danger signs		
	Birth and emergency preparedness plan		
	Maternal Nutrition		
	Infant and Young Child feeding		
	Immunization		
	Family planning		
	Does the facility have at least one staff trained in the RMNCAH services		
	Does the health facility have the current guidelines and standards required for RMNACH?		

6.1 MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH SERVICES			
		Available	Not available
	Sexual & Reproductive Health and Rights (SRHR) guidelines		
	Uganda clinical guidelines (include IMNCl guidelines)		
	HIV/AIDS counseling and testing guidelines		
	PMTCT guidelines		
	Infant and Young Child Feeding guidelines		
	Integrated management of acute malnutrition guidelines		
	Immunization manual/guidelines		
	Adolescent Health Services guidelines		
6.2 ANC SERVICES			
Are the following ANC services provided to pregnant women?			
		Yes	No
		Y if Yes and N if No	
	Iron supplementation		
	Folic acid supplementation		
	Intermittent preventive treatment (IPT) for malaria		
	Tetanus toxoid vaccination		
	Monitoring for hypertensive disorder of pregnancy		
Prevention of mother to child transmission of HIV (PMTCT) services			
	There are national guidelines for PMTCT available in this facility		
	There are guidelines for infant and young child feeding counselling available in this facility		
	Provide HIV counselling and testing services to pregnant women for PMTCT		
	Provide HIV counselling and testing services to infants born to HIV positive pregnant women for PMTCT		
	Provide referral for ART clients		
6.3 WATER, SANITATION AND HYGIENE (WASH)			
	Main source of water at the facility	Piped into facility	1 1
		Public tap/standpipe	2 3
		Tube well/borehole	3 4
		Protected dug well	4 5
		Unprotected dug well.....	5 6
		Protected spring	6 7
		Unprotected spring	7 8
		Rainwater collection.....	8 9
		Tanker truck.....	9 10
		Other (specify).....	10 11
	Are there toilet facilities at the health facility		
	Flush toilet		
	VIP		
	Pit latrine with slab		
	Pit latrine without slab		
	Composting toilet		
	No toilet facility		

6.3 WATER, SANITATION AND HYGIENE (WASH)			
		Yes	No
	The facility has separate toilet facilities for men and for women		
	The facility has separate bathrooms for men and for women		
	The facility has a hand washing apparatus/facility		
	The hand washing facility has soap and water		
6.4 HEALTH CARE WASTE MANAGEMENT			
	How does the health facility dispose waste?		
	The facility has a functional burn incinerator		
	Open burning		
	Dump without burning		
	Remove offsite		
	Facility has sharp containers		
7.0	INFECTION PREVENTION AND CONTROL (IPC)		
	Current guidelines on Infection Prevention and Control available		
	Current guidelines on safe injection practices available		
	Availability of IPC supplies and equipment's		
7.1	Disinfectant solutions/liquids		
	Soap		
	Buckets for disinfection		
KEY OBSERVATIONS			

9.8. Annex 8: Community health worker supervision Tool

COMMUNITY HEALTH WORKER SUPPORT SUPERVISION TOOL		
IDENTIFICATION		
1.	Name of health facility to which the CHW is attached	
2.	Level of health facility	
3.	District	
4.	Ownership	Government/Public1 NGO/Not-For-Profit2 Private-For-Profit.....3 Mission/Faith-Based4 Other (Specify).....5
5.	Location (urban/rural)	Urban.....1 Rural.....2
6.	CHW village of residence	
7.	CHW village of operation	
8.	How were you selected to be a CHW?	By the community.....1 By Government.....2 By NGO/CBO.....3 Other (specify).....4
9.	For how long have worked as a CHW	Less than 6 months.....1 6 months-1 year.....2 1-2 years.....3 More than 2 years.....4
CHW Capacity		
10.	Do you know what you are expected to do as a CHW	Yes.....1 No.....2
11.	Please list all the key tasks you are responsible for as a CHW	
12.	Have you ever been trained to prepare you for the above roles?	Yes.....1 No.....2
13.	If yes, who trained you?	MoH.....1 Health facility staff.....2 NGO/CBO.....3 Other (specify).....4
14.	Since your initial training as a CHW, have you ever received any additional training?	Yes.....1 No.....2
15.	Please mention all the types of training you have ever received as a CHW	
Medical Supplies and Logistics		
16.	Do you have all the supplies and logistics that you need to do your work	Yes.....1 No.....2
17.	Which of the following supplies and logistics do you have?	

Medical Supplies and Logistics			
		Yes	No
	Condoms		
	Family Planning pills		
	Anti-malaria drugs		
	Drugs for diarrhoea		
	Drugs for cough		
	Mosquito nets		
	IEC materials		
	Registers		
18.	Have you any stock outs of the supplies you need in the past 3 months?	Yes.....1 No.....2	
19.	How often do you request for the supplies that you need?	Weekly.....1 Monthly.....2 Quarterly.....3 Other (specify).....4	
20.	How long does it take you to receive the supplies that you have ordered for	Less than a week.....1 1-2 weeks.....2 3-4 weeks.....3 More than 1 month.....4	
21.	How do you keep the supplies that you receive		
Performance Assessment			
22.	Have you been supervised in the last three months?	Yes.....1 No.....2	
23.	Who supervised you?	Health facility staff.....1 DHT member.....2 NGO/CBO staff.....3 Other (specify).....4	
24.	The last time you were supervised, what did your supervisor do?		
	Observation of service delivery		
	Coaching and skill development		
	Problem solving		
	Review of records		
	Checking on the supplies		
25.	Do you participate in any health facility meetings?	Yes.....1 No.....2	
26.	Do you participate in any community meetings?	Yes.....1 No.....2	
27.	Do you receive any support from the community you serve?	Yes.....1 No.....2	
28.	If yes, which form of support do you receive from your community?	Yes	No
	Financial support		
	In-kind gifts		
	Formal recognition/appreciation		

Referral system		
29.	Do you make referrals of patients you cannot manage	Yes.....1 No.....2
30.	Where do you refer such patients	Public health facility.....1 PNFP health facility.....2 PFP health facility.....3 Private clinic.....4 TBAs.....5
31.	How do you make the referrals?	Fill referral form.....1 Write in the book.....2 Other (specify).....3
32.	Do you have the MoH referral forms?	Yes.....1 No.....2
33.	Do you make any follow-up of the patients you refer	Yes.....1 No.....2
Health information system		
34.	Do you the CHW register	Yes.....1 No.....2
35.	Do you complete the register	Yes.....1 No.....2
36.	Do you submit quarterly report to your health facility	Yes.....1 No.....2
37.	Do you receive any feedback on the report you make?	Yes.....1 No.....2
Challenges		
38.	Please share any challenges you encounter in your work as a CHW	
39.	Please suggest ways how the challenges can be addressed	

