



## QUANTIFIED SUPERVISORY CHECKLIST 2011

### MINISTRY OF HEALTH REPUBLIC OF SOUTH SUDAN

Name of the Health Facility :		Address/Location				
Payam/ County /State:						
Type of health facility: PHCU/ PHCC/County Hospital/ State Hospital/ Teaching Hospital/ Other:						
Name of the in-charge and title:						
Supervisor's name and title:			Supported by NGO- Indicate name:			
Date of Supervision:	Visit Number: 1	Date of next visit (expected):				
Date of Supervision:	Visit Number: 2	Date of next visit (expected):				
Date of Supervision:	Visit Number: 3	Date of next visit (expected):				
Date of Supervision:	Visit Number: 4	Date of next visit (expected):				
Total population served by the HF (catchment area population) =						
<b>INFRASTRUCTURE</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1. Health Facility is clean (no litter, no medical waste, no cobwebs, floor is swept)		Yes/No	10%-0	10%-0	10%-0	10%-0
2. Health Facility has water to wash hands and soap		Yes/No	10%-0	10%-0	10%-0	10%-0
3. Health Facility has waste disposal system (bin, pit or incinerator) in use		Yes/No	10%-0	10%-0	10%-0	10%-0
4. Health facility has a functional vehicle (bicycle, motorbike, ambulance, car)		Yes/No	10%-0	10%-0	10%-0	10%-0
5. Health Facility has vehicle monitoring book properly completed		Yes/No	10%-0	10%-0	10%-0	10%-0
6. Health facility offers some privacy to patients (for instance, screen)		Yes/No	10%-0	10%-0	10%-0	10%-0
7. Health facility has a communication mean (radio, mobile phone, internet)		Yes/No	10%-0	10%-0	10%-0	10%-0
8. Health facility has a pit latrine clean with a cover		Yes/No	10%-0	10%-0	10%-0	10%-0
9. Health Facility has any power source (solar, generator, solar lamp)		Yes/No	10%-0	10%-0	10%-0	10%-0
10. Health Facility is a permanent structure		Yes/No	10%-0	10%-0	10%-0	10%-0
<b>Comments</b>		<b>TOTAL INFRASTRUCTURE</b>				
<b>EQUIPMENT</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1. Health facility has <b>functional</b> equipment (Examination table, Thermometer, Stethoscope, Weight scale for children, MUAC, Blood Pressure cuff and sphygmomanometer, gloves)		ALL 7 < 3	50% 25% 0%	50% 25% 0%	50% 25% 0%	50% 25% 0%
2. Health facility has <b>EPI equipment (vaccine carrier, thermometer, icepacks) and fridge (fixed EPI)</b>		YES/NO	15%-0	15%-0	15%-0	15%-0
3. Health facility has delivery couch (PHCU) or EmOC equipment (PHCC): couch, fetoscope, delivery kit, small surgery box, and baby manual resuscitation equipment.		YES/NO	15%-0	15%-0	15%-0	15%-0
4. Health facility has: (PHCC) microscope, slides, reagents for Blood and Sputum Smear, HB, Urine, feces examination; rapid tests for Malaria, HIV, and Syphilis. <b>PHCU has rapid tests for Malaria</b>		Yes/No	10%-0	10%-0	10%-0	10%-0
5. Health Facility has health education materials		Yes/No	10%-0	10%-0	10%-0	10%-0
<b>Comments</b>		<b>TOTAL EQUIPMENT</b>				
<b>HUMAN RESOURCES FOR HEALTH /MANAGEMENT</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1. Health facility has staff according to BPHS standards.		Yes/No	10%-0	10%-0	10%-0	10%-0

2.	The in charge can show a recent, correct staff roster with names of all staff.	Yes/No	10%-0	10%-0	10%-0	10%-0
3.	All staff members listed on the roster are present (or have justifiable absence) at the time of the visit	Yes/No	10%-0	10%-0	10%-0	10%-0
4.	All staff are in the payroll	Yes/No	10%-0	10%-0	10%-0	10%-0
		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
5.	Every staff member has a job description.	Yes/No	10%-0	10%-0	10%-0	10%-0
6.	Each staff member has met with their line manager for supervision at least once in the last calendar month and there is a record of the meeting.	Yes/No	10%-0	10%-0	10%-0	10%-0
7.	The facility manager conducts at least once a month meetings with all staff.	Yes/No	10%-0	10%-0	10%-0	10%-0
8.	The health facility has a training plan for the staff	Yes/No	10%-0	10%-0	10%-0	10%-0
9.	The health facility has a plan of action to improve issues identified during supervision visits.	Yes/No	10%-0	10%-0	10%-0	10%-0
10.	The health facility received its budget during the previous calendar month	Yes/No	10%-0	10%-0	10%-0	10%-0
<b>Comments:</b>		<b>TOTAL HR AND MANAGEMENT</b>				
<b>HMIS</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1.	Health Facility has GoSS Registers in use	Yes /No	20%-0	20%-0	20%-0	20%-0
2.	All the Registers are filled correctly	Yes /No	20%-0	20%-0	20%-0	20%-0
3.	IDSR 4 weekly reports for the previous month were sent to CHD.	Yes /No	20%-0	20%-0	20%-0	20%-0
4.	Three routine reports last 3 months were sent to CHD, two weeks after month ended.	Yes /No	20%-0	20%-0	20%-0	20%-0
5.	Facility manager has received performance written feedback from CHD	Yes /No	20%-0	20%-0	20%-0	20%-0
<b>Comments:</b>		<b>TOTAL HMIS</b>				
<b>PHARMACEUTICALS</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1.	Pharmacy or Cupboard for medicines is clean, ordered and can be locked.	Yes / No	20%-0	20%-0	20%-0	20%-0
2.	Medication is labeled correctly (each box has a label that corresponds to the content) and stock cards are properly filled.	Yes /No	20%-0	10%-0	10%-0	10%-0
3.	Pharmacist keeps records of requests and arrivals of medication, checks arrivals and takes monthly medication stock.	Yes /No	20%-0	10%-0	10%-0	10%-0
4.	Expired drugs are separated for disposal.	Yes /No	20%-0	10%-0	10%-0	10%-0
5.	Health Facility has essential medication at time of visit (ACT/ Amodiaquine for children and adults; Cotrimoxazole; Amoxicillin; Paracetamol; ORS; Vaccines – BCG, OPV, DPT, TT, Measles; Vitamin A 100,000 Units)	All 8 ≥ 4 <4	20% 10% 0%	20% 10% 0%	20% 10% 0%	20% 10% 0%
<b>Comments:</b>		<b>TOTAL PHARMA</b>				
<b>SERVICE PROVISION</b>		ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
1.	Health facility has: a. At least one copy of Prevention and Treatment Guidelines for PHCU/ PHCC and Hospitals, MOH-GOSS 2006. b. One copy of the IDSR guidelines	Yes/No	10%-0	10%-0	10%-0	10%-0
2.	Staff provides IMCI or Child Care in agreement with guidelines	Yes/No	10%-0	10%-0	10%-0	10%-0
3.	Staff knows how to diagnose and treat U5 common diseases: a. Malaria with ACT - Amodiaquine b. Presumed Pneumonia with Amoxicillin c. Diarrhea with ORS and medication as required	Yes/No	10%-0	10%-0	10%-0	10%-0
4.	Staff can diagnose and treat (or refer) Severe Malnutrition U5	Yes/No	10%-0	10%-0	10%-0	10%-0
5.	Staff can attend normal deliveries and know when and where to refer complicated deliveries	Yes/No	10%-0	10%-0	10%-0	10%-0

6. Health facility provides vaccination services	Yes/No	10%-0	10%-0	10%-0	10%-0
7. Staff provides ANC as per protocol	Yes/No	10%-0	10%-0	10%-0	10%-0
8. Health facility provides family planning services	Yes/No	10%-0	10%-0	10%-0	10%-0
9. Health facility provides HIV services (CT and/or PMTCT) OR staff know where to refer patients for CT or PMTCT	Yes/No	10%-0	10%-0	10%-0	10%-0
10. Health facility provides TB services (TB Management Unit) OR IF NO SERVICES staff has identified and referred suspected Tuberculosis	Yes/No	10%-0	10%-0	10%-0	10%-0
<b>Comments</b>	<b>TOTAL SERVICES PROVISION</b>				
<b>UTILIZATION OF HEALTH SERVICES</b>					
	ANSWER	VISIT 1	VISIT 2	VISIT 3	VISIT 4
All curative consultations increased (last 3 months)	Yes/No	20%-0	20%-0	20%-0	20%-0
ANC clients 1 <sup>st</sup> visit increased (last 3 months)	Yes/No	20%-0	20%-0	20%-0	20%-0
Family Planning new acceptors increased (last 3 months)	Yes/No	20%-0	20%-0	20%-0	20%-0
DPT3 in children under 1 increased (last 3 months)	Yes/No	20%-0	20%-0	20%-0	20%-0
Deliveries in health facility increased (last 3 months)	Yes/No	20%-0	20%-0	20%-0	20%-0
<b>Comments</b>	<b>TOTAL UTILIZATION</b>				
<b>SCORE</b>	<b>VISIT 1</b>	<b>VISIT 2</b>	<b>VISIT 3</b>	<b>VISIT 4</b>	
Infra-structure					
Equipment					
HRH and management					
HMIS					
Pharmacy					
Service Provision					
Demand for Services					
Total					
<b>ACHIEVEMENTS SINCE LAST VISIT</b>					
VISIT 1	VISIT 2	VISIT 3	VISIT 4		
<b>ISSUES IDENTIFIED BY CHD OFFICER TO THE ATTENTION OF THE HEALTH FACILITY STAFF</b>					
VISIT 1	VISIT 2	VISIT 3	VISIT 4		
<b>ISSUES IDENTIFIED BY HEALTH FACILITY STAFF TO THE ATTENTION OF THE CHD OFFICER</b>					
VISIT 1	VISIT 2	VISIT 3	VISIT 4		

<b>PLAN OF ACTION (IDENTIFY AND AGREE ON THREE ACTIONS TO IMPROVE FACILITY QUALITY OF CARE)</b>			
	<b>ACTION</b>	<b>BY WHOM</b>	<b>BY WHEN</b>
VISIT 1			
VISIT 2			
VISIT 3			
VISIT 4			

SIGNATURE SUPERVISOR

SIGNATURE OF IN CHARGE

**Visit 1**

**Visit 2**

**Visit 3**

**Visit 4**

**SUGGESTED REPORT FOR HEALTH CARE FACILITIES WALL**

Health Facility Name:		Name of the in Charge:		
YEAR :				
QUARTER (Date of Visit)				
Infrastructure Score				
Equipment Score				
HRH Score				
HMIS Score				
Pharmaceuticals Score				
Service Provision Score				
Services Demand Score				
Total Score				

**SUGGESTED GRAPH FOR HEALTH FACILITY WALL**

