

## Instructions for *Integrated CHSD / DEOH / NHPD Supervision Tool – Health Facility*

This document provides instructions for filling out the Integrated CHSD / DEOH / NHPD Supervision Tool – Health Facility. This document should be thoroughly reviewed before supervision begins, and should be kept with the person filling out the Integrated Supervision Tool throughout the visit in case they forget any instructions or do not know what to do during a particular section or situation.

Fill in the first section with all available data, including the county, health district, and facility you are in, and the date you are conducting supervision.

County	<input type="text"/>	H. District	<input type="text"/>	Health Facility	<input type="text"/>
Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>
CHSS ID	<input type="text"/>	CHSS	<input type="text"/>	Sex	<input type="radio"/> M <input type="radio"/> F
OIC	<input type="text"/>	Sex	<input type="radio"/> M <input type="radio"/> F	Data Collector Name	<input type="text"/>
Data Collector Position	<input type="text"/>				

Introduce yourself to the CHSS and OIC at the facility, and make sure you write down their names, ID numbers, and sex in this section. If there is more than one CHSS at the facility, speak with all CHSSs. Make sure you do not interview the CHSSs together, but sit with each of them separately, just you and the CHSS. Please fill out one form per CHSS. Do not forget to write down your own name and position.

## SECTION A

### 1. Community Engagement

*Ask the CHSS these questions.*

- Talk with the CHSS for answers to questions 1.1 – 1.3.
- For question 1.2, ask to see the documented meeting minutes.

### 2. Incentives

*Find a place to talk with the CHSS in private, just the two of you.*

- For these questions, make sure you are talking to the CHSS in private, just the two of you.
- Ask the CHA questions 2.1 – 2.3 directly. **Tell the CHSS that you will not tell any of their supervisors what their answers to these questions are, and ask them to please answer honestly. Make sure they know that there will be no repercussions for them and their job based on their answers to these questions.**

### 3. Supply Chain

- Ask the CHSS if there is a separate locked box or container in the facility where they keep the drugs and supplies to restock CHAs. Answers to questions in this section refer only to stocks inside this container, not stocks at the facility.
- Ask the CHSS to go get the CHA supply box stored in the facility, or go with the CHSS to where they keep the CHA supply box. Make sure all commodities listed on the form (3.2a – 3.2q) are in stock in the box. You do not need to count any of the items – just make sure there is at least one of each item listed. If there is at least one of the

item, fill in the Y bubble for that item. If there is zero of any item, that item should be considered out of stock. Fill in the N bubble for that item. For each item that is out of stock, ask the CHSS and OIC on what date they ran out of the item, and mark it in the boxes next to that item on the form. If the CHSS or OIC does not know the exact date, fill in the month and year only.

3.2) Does the CHA container have all of the following in stock? Fill in the appropriate bubble. A commodity is in stock if there is at least one of the items in the box (zero items = stock out).	If no, date when stocked out:		
3.2a) Microlut (OCP)	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2b) Microgynon (OCP)	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2c) Male condoms	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2d) Female condoms	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2e) Disposable gloves	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2f) ACT 25/67.5 mg tablet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2g) ACT 50/135 mg tablet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2h) Artesunate 100 mg suppository	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2i) Amoxicillin 250 mg dispersible tablet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2j) ORS 20.6/1L sachet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2k) Zinc sulfate 20 mg scored tablet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2l) Paracetamol 100 mg dispersible tablet	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2m) MUAC strap	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2n) Dispensing bags	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2o) Safety boxes	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2p) Functional ARI Timer	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:
3.2q) Rapid diagnostic test	<input type="radio"/> Y <input type="radio"/> N	Month:	Day: Year:

If there is 1 male condom in the box, or 5 male condoms in the box, or any number of male condoms other than 0, fill in this bubble.

If there are 0 male condoms in the box, fill in this bubble.

- Ask the CHSS if they have their CHSS Supervision CBIS form booklet and ensure that there are at least 3 blank forms at the back. If there are less than 3 blank forms, please write in the Notes section how many blank forms there are.

#### 4. Supervision

- For question 4.1, ask the CHSS if you can see their workplan for the month. If it is updated for the month, fill in the Y bubble, If it is not, fill in the N bubble.
- Question 4.2 refers to the CHSS's ability to conduct supervision. Ask the CHSS if there has ever been a time when they have not been able to conduct supervision as scheduled (twice per month). If there has been a time when they have not been able to conduct supervision, ask them why it happened, and fill in all the bubbles that apply under question 4.2b. For example, if a CHSS says they are not able to conduct supervision because their motorbike does not have fuel AND they are not able to ride their motorbike alone, fill in the bubbles as shown below:

4.2) Have you ever NOT been able to conduct supervision as scheduled?		<input checked="" type="radio"/> N
4.2b) If YES, please fill in the bubbles for ALL reasons that apply for not being able to conduct supervision as scheduled:		
<input type="radio"/> Not equipped with motorbike	<input type="radio"/> Motorbike not functioning	
<input checked="" type="radio"/> Unable to ride motorbike alone	<input checked="" type="radio"/> No fuel for motorbike	
<input type="radio"/> Communities are too far away	<input type="radio"/> Not enough forms	
<input type="radio"/> Too many CHAs	<input type="radio"/> OIC not available/CHSS needed at facility	
<input type="radio"/> CHSS health status	<input type="radio"/> Other (please write reasons in "Notes" section)	

- If the CHSS mentions that they are having motorbike problems (they are not equipped with a motorbike, their motorbike is not functioning, they are unable to ride their motorbike alone, and/or there is no fuel in the motorbike), ask them question 4.2c to understand how they are conducting supervision in the absence of adequate transportation.
- Ask the CHSS which days they have spent in the community and which days they have spent in the facility for the last four days and fill in the appropriate bubbles. For example, if the CHSS spent yesterday in the community, the day before that at the facility, the day before that in the community, and the two days before that in the facility, fill in the bubbles like this:

4.3) Ask the CHSS: Of the last 5 working days, which time did you spend in the community & which time in the facility? Please fill in one or more location.		Day 1	Day 2	Day 3	Day 4	Day 5
	Community	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Facility	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

If the CHSS did not work for one or more of the last five days, skip that day or days and fill in the bubble for the day or days before that. For example, if you are conducting supervision on a Monday, so yesterday was Sunday and the day before that was Saturday, so the CHSS did not work those days, fill in Day 1 using the CHSS's location last Friday, Day 2 using the CHSS's location last Thursday, Day 3 using the CHSS's location last Wednesday, Day 4 using the CHSS's location last Tuesday, and Day 5 using the CHSS's location last Monday.

- For question 4.4, find a place to talk privately with the OIC, just the two of you. Ask the OIC which of the past five days the CHSS spent in the community and which in the facility (the same five days as above). You should confirm with the OIC that the CHSS was in the community and the facility when they said they were, and fill in the bubbles accordingly. For example, if the OIC tells you that the CHSS was in the community yesterday, in the facility the day before that, in both the facility and the community the day before that, and in the facility the two days before that, fill in the bubbles like this:

4.4) Confirm with the OIC: Of the last 5 working days, which time did the CHSS spend in the community & which time in the facility? Please fill in one or more location.		Day 1	Day 2	Day 3	Day 4	Day 5
	Community	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Facility	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

## 5. Recruitment

Ask the OIC these questions.

- Ask the OIC questions 5.1 – 5.3.

## 6. Monitoring & Evaluation

- For question 6.1, ask the OIC if the Supervision Report forms have been submitted on time to the facility in the last 3 months, and fill in the appropriate bubble.

## SECTION B

### 1. Health Education & Outreach

- For this section, ask the OIC questions 1.1 – 1.8. Make sure you also observe the facility to answer questions 1.2 and 1.7. For question 1.8, ask the OIC to show you the available documents.

## Section C

### 1. Vector Control

- For this section, ask the OIC questions 1.1 – 1.3.

### 2. Sanitation & Waste Management

- Ask the OIC questions 2.1 – 2.9.
- Walk around and observe the facility to help you answer questions 2.1, 2.2, 2.3, 2.7, 2.8, and 2.9. Observe whether the facility separates and stores health care waste properly; whether the facility has a functional incinerator, hand washing stations, and gender-sensitive latrines; and if the sanitary condition of the community is satisfactory.

### 3. Health & Occupational Safety

- Ask the OIC questions 3.1 – 3.3.
- Observe whether PPE is used by workers.

### 4. Water Quality

- Ask the OIC questions 4.1 – 4.3.