



Integrated CHSD / DEOH / NHPD Supervision Tool - Health Facility

v.0.20

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"/>	Sex	<input type="radio"/> M <input type="radio"/> F	OIC	<input type="text"/>
CHSS	<input type="text"/>	Sex	<input type="radio"/> M <input type="radio"/> F	OIC	<input type="text"/>
Data Collector Name	<input type="text"/>	Data Collector Position	<input type="text"/>		
Supervision Start Time	<input type="text"/>	Supervision End Time	<input type="text"/>		

SECTION A

1. Community Engagement

Ask the CHSS these questions.

1.1) How many meetings with the HFDC and CHSSs have taken place in the last quarter?	<input type="text"/>
1.2) Are there documented meeting minutes for review?	<input type="radio"/> Y <input type="radio"/> N
1.3) Are stakeholders (educators, women's groups, town chiefs, youth groups, etc.) in your catchment aware of the Community Health Programs?	<input type="radio"/> Y <input type="radio"/> N

2. Incentives

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

2.1) In the last 4 weeks, did you receive the correct salary according to your contract?	<input type="radio"/> Y <input type="radio"/> N
2.2) In the last 4 weeks, did you receive your salary on time?	<input type="radio"/> Y <input type="radio"/> N
If NO to 2.1 or 2.2, why?:	
2.3) When did you receive your last payment?	Month: <input type="text"/>
	Day: <input type="text"/>
	Year: <input type="text"/>

3. Supply Chain

Conduct verification in facility. Answers in this section refer to **stock in CHA container & CHSS supplies only.**

3.1) Is there a separate locked box/container for CHA drugs and supplies?	<input type="radio"/> Y <input type="radio"/> N
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
3.2b) Microgynon (OCP)	<input type="radio"/> Y <input type="radio"/> N
3.2c) Male condoms	<input type="radio"/> Y <input type="radio"/> N
3.2d) Female condoms	<input type="radio"/> Y <input type="radio"/> N
3.2e) Disposable gloves	<input type="radio"/> Y <input type="radio"/> N

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:
3.3) Does CHSS have his/her CHSS Supervision CBIS form booklet with at least 3 blank forms? <input type="radio"/> Y <input type="radio"/> N				

4. Supervision

Ask the CHSS questions 4.1 - 4.3. For question 4.4, confirm with the OIC.

4.1) Do you have an updated workplan for the month?	<input type="radio"/> Y <input type="radio"/> N
4.2) Have you ever NOT been able to conduct supervision as scheduled?	<input type="radio"/> Y <input 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 type="radio"/> Unable to ride motorbike alone	<input 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"/> CHA(s) not available
<input type="radio"/> Other _____	

4.2c) If you have motorbike problems, how do you conduct supervision? _____

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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Recruitment

Ask the OIC these questions.

5.1) How many CHSSs are in your health facility's catchment?	
5.2) How many CHAs are in your facility's catchment?	

5.3) How many CHVs are in your facility's catchment?	TTMs:	Other:
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6. Monitoring & Evaluation

Ask the OIC this question.

6.1) Have the CHSS Supervision Report forms (Form 5.3) been submitted on time to the facility in the last 3 months?	Always <input type="radio"/>	Sometimes <input type="radio"/>	Rarely <input type="radio"/>
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SECTION B

1. Health Education & Outreach

Ask the OIC these questions, and observe the facility.

1.1) Are health talks conducted at this facility?					<input type="radio"/> Y	<input type="radio"/> N
1.1b) If YES, name 3 health topics that have been discussed in the past month?						
1.2) Is there a health talk plan (schedule) visible within the health facility?					<input type="radio"/> Y	<input type="radio"/> N
1.3) How do you determine the health topic?			<input type="radio"/> Health facility report	<input type="radio"/> Other		
1.3b) Other:						
1.4) Have you conducted a demonstration on any of the health topics for the past month?					<input type="radio"/> Y	<input type="radio"/> N
1.4b) If YES, name health topics demonstrated:						
1.5) On average, how many clients do you provide health talks to at the facility daily?	<input type="radio"/> 10 - 15	<input type="radio"/> 15 - 20	<input type="radio"/> 20 - 30	<input type="radio"/> Above 30		
1.6) Does the clinic staff conduct health talks at outreach in any of the catchment communities around this facility?					<input type="radio"/> Y	<input type="radio"/> N
1.6b) If YES, who?						
1.6c) If YES, how often?	<input type="radio"/> Once/week	<input type="radio"/> Once/2 weeks	<input type="radio"/> Once/month	<input type="radio"/> Once/3 months		
1.7) At this facility, are there visible IEC materials with the Healthy Life logo (posters, flyers, fact sheets)?					<input type="radio"/> Y	<input type="radio"/> N
1.8) Which of the following documents are available in your facility?						
<input type="radio"/> WASH & Environmental Health Package	<input type="radio"/> Community Health Policy	<input type="radio"/> Community Health Strategy	<input type="radio"/> National Health Promotion Policy	<input type="radio"/> Media Tool Kit	<input type="radio"/> National Health Communication Strategy	

SECTION C

1. Vector Control

Ask the OIC/EHT these questions at the health facility. Vector/vermin refer to insects or animals that carry germs.

1.1) Was there any vector/vermin mapping done in the last 3 months at the facility?	<input type="radio"/> Y	<input type="radio"/> N
1.1a) If YES, was the facility fumigated/sanitized/sprayed in the last 3 months?	<input type="radio"/> Y	<input type="radio"/> N

1.2) Have vermin/vectors been observed on facility wards &/or other areas in the last 3 months?	<input type="radio"/> Y	<input type="radio"/> N
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2. Sanitation & Waste Management

Ask the OIC/EHT these questions, and observe the health facility.

2.1) Is health care waste properly separated?	<input type="radio"/> Y	<input type="radio"/> N
2.2) Is health care waste properly stored?	<input type="radio"/> Y	<input type="radio"/> N
2.3) Is there a functional incinerator?	<input type="radio"/> Y	<input type="radio"/> N
2.4) Are facility staff trained in Infection Prevention and Control (IPC)?	<input type="radio"/> Y	<input type="radio"/> N
2.5) Does the facility have staff trained in dead body swabbing and swab collection?	<input type="radio"/> Y	<input type="radio"/> N
2.6) How many deaths were there in the facility in the last three months?		
2.7) Does the facility have hand washing stations?	<input type="radio"/> Y	<input type="radio"/> N
2.8) Are the latrines functional and gender sensitive?	<input type="radio"/> Y	<input type="radio"/> N
2.9) Is the sanitary condition of the facility satisfactory?	<input type="radio"/> Y	<input type="radio"/> N

3. Health & Occupational Safety

Ask the OIC these questions, and observe the health facility.

3.1) Is Personal Protection Equipment (PPE) used by workers?	<input type="radio"/> Y	<input type="radio"/> N
3.2) Are there medical examination records of staff?	<input type="radio"/> Y	<input type="radio"/> N
3.3) Are there records of workplace injuries or sicknesses?	<input type="radio"/> Y	<input type="radio"/> N

4. Water Quality

Ask the OIC/EHT these questions, and observe the health facility.

4.1) Does facility have access to safe drinking water sources?	<input type="radio"/> Y	<input type="radio"/> N
4.1b) Is the safe drinking water source acceptable to all facility members?	<input type="radio"/> Y	<input type="radio"/> N
4.1c) How many water points were analyzed in this facility?		
4.1d) Is the safe drinking water source available year-round?	<input type="radio"/> Y	<input type="radio"/> N
4.1e) Is the safe drinking water source well fenced and locked?	<input type="radio"/> Y	<input type="radio"/> N
4.2) Do staff have training in water quality analysis?	<input type="radio"/> Y	<input type="radio"/> N
4.2b) If YES, does facility have reagents and functional testing kits?	<input type="radio"/> Y	<input type="radio"/> N
4.3) Were water points disinfected in the last 3 months?	<input type="radio"/> Y	<input type="radio"/> N

Notes