health
Department:
Health
PROVINCE OF KWAZULU-NATAL

INTERGRATED PHC SUPERVISORY TOOL

A. GENERAL SERVICES

B. PROGRAMME INDICATORS MONITORING

B.1.STRATEGIC HEALTH PROGRAMS

B.1.1. MATERNAL CHILD WOMEN'S AND NUTRITION (MCWN)

B.1.2. HAST PROGRAMME

B.2. OTHER HEALTH PROGRAMS

NB   All Tools in shaded cells are available in the Child Health Package and form part of the Child Health Dashboard

PHC facility name: _____

District Office_____Sub-district: _____

Date assessed Q1:	Date assessed Q2:	Date assessed Q3:	Date assessed Q4:
Team that did assessment: 1._____ 2._____ 3._____ 4._____	Team that did assessment: 1._____ 2._____ 3._____ 4._____	Team that did assessment: 1._____ 2._____ 3._____ 4._____	Team that did assessment: 1._____ 2._____ 3._____ 4._____
Report compiled by: Print: _____ Signature: _____	**Report compiled by**: Print: _____ Signature: _____	**Report compiled by**: Print: _____ Signature: _____	**Report compiled by**: Print: _____ Signature: _____
Report received by: Print: _____ Signature: _____	**Report received by:** Print: _____ Signature: _____	**Report received by:** Print: _____ Signature: _____	**Report received by:** Print: _____ Signature: _____

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
A. GENERAL SERVICES:		Y	N	Y	N	Y	N	Y	N	
A.1.ADMINISTRATION: Signage										
1. All way-finding signage in place	**Checklist**									
2. Display board reflecting the facility name, service hours, physical address, contact details and service package details is visible displayed at the entrance of the facility	**Checklist**									
3. The NO WEAPONS, NO SMOKING, NO ANIMALS (except for service animals), NO littering and NO HAWKERS sign is clearly sign posted at the entrance of the facility	**Checklist**									
4. Facility grounds clean, trimmed and well maintained	**OBS**									
5. The Vision, Mission and Values of the district must be visibly displayed	**OBS**									
6. Batho Pele, Patients' Rights wall charts 2. accessibly displayed	**OBS**									
7. PHC facility Catchment Map displayed	**OBS**									
8. Facility catchment population for the current FY displayed per category and known to nurses	**OBS**									
9. The facility organogram with the contact details of the manager is displayed on a central notice board	**OBS**									
10. All service areas within the facility are clearly signposted	**Checklist**									
A.2.STAFF DRESS CODE										
11. All staff members wear an identification tag	**Checklist**									
12. Staff compliance to dress code policy	**Checklist**									
A.3.STAFF DEVELOPMENT										
13. Skills Audit for current FY is conducted and submitted to sub district	**DOC**									
14. Training conducted as per skills audit need Training records reflect planned training is conducted as per the district training programme	**DOC**									
15. Percentage of staff completed 12 sessions on Adult Primary Care	**DOC**									
16. More than 80% of staff trained in IMCI (including 6 steps of initiation and 7 steps of follow up)	**Staff Database Child Health file**									
A.4.COMPLAINTS MANAGEMENT										
17. Complaints/compliments/suggestions boxes are visibly placed at main entrance/exit	**OBS**									
18. Official complaint/compliment/suggestion forms and pen are available	**OBS**									
19. A standardized poster describing the process to follow to lodge a complaint, give a compliment or suggestion is clearly sign posted next to the complaints/compliments/suggestions box	**OBS**									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
A.5.WAITING TIME MANAGEMENT										
20. Waiting times displayed per service area	**OBS**									
21. Patients are intermittently informed about delays	**OBS**									
A.6.INFECTION PREVENTION AND CONTROL										
22. Waste is properly segregated as per Waste management policy	**OBS**									
23. Sharps containers are disposed of when they reach the limit mark	**OBS**									
24. Sharps containers are placed on work surface or in wall mounted brackets	**OBS**									
25. All toilets have complete hand-washing facility (Soap dispenser with soap, toilet paper, hand-paper towel, functional bins with availability of running water	**OBS**									
26. All service areas kept clean	**OBS**									
27. Quarterly Hand Hygiene audit done	**DOC**									
A.7.RESCUCITATION ROOM AND EQUIPMENT										
28. Resuscitation room is equipped with functional, basic resuscitation equipment	**Tool 4 in CH File**									
29. Emergency trolley is restored daily or after each use	**Tool 4 in CH File**									
A.8.PHARMACEUITICAL SUPPLIES										
30. 90% of the medicines on the tracer medicine list are available	**Checklist Tool 1 in CH File**									
31. SVS reporting is completed weekly for all items	**OBS of reports on phone**									
A.10. CCMDD										
32. New Patient Registrations	**DOC**									
33. Total Patient Registrations (cumulative)	**DOC**									
34. Active Patients	**DOC**									
35. Total Dormant Patient	**DOC**									
36. Number of functional adherence clubs	**DOC**									
A.9.BULK SUPPLIES										
37. Basic medical supplies (consumables) are available	**Checklist**									
A.10.LABORATORY SERVICES										
38. Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook	**Checklist**									
39. Functional SMS printer available	**OBS**									
40. Laboratory results are received within specified turnaround times	**Checklist**									
41. Required specimen collection materials and stationery	**Checklist**									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
A.11.MONITORING AND EVALUATION OF PROGRAMMES										
42. There is an up-to-date facility Operational Plan with targets for the current FY	DOC									
43. There is a functional information Review committee	DOC									
44. Monthly performance is monitored against the facility targets and displayed	OBS									
45. Quarterly data monitoring against the Operational plan is conducted	DOC									
46. Quality improvement plans to address poor performance are developed and monitored	DOC									
47. Monthly data is signed off by facility manager before submission to the next level	DOC									
48. DHIMS and M&E SOP available	DOC									
49. HPRS registration against catchment population reached	DOC									
50. PSI's captured and correct process followed	DOC									
A.12.ACCESS TO ALLIED SERVICES										
51. Patients have access to a medical practitioner	DOC									
52. Patients have access to oral health services	DOC									
53. Patients have access to physiotherapy services	DOC									
54. Patients have access to dietetic services	DOC									
55. Patients have access to social work services	DOC									
56. Patients have access to ophthalmic service	DOC									
57. Patients have access to mental health services	DOC									
58. Facility have access to a pharmacist support	DOC									
A.13.INNOVATIONS AND BEST PRACTICES IMPLEMENTED										
59. Evidence that innovations and best practices implemented are documented	DOC									

ELEMENT ASSESSED	METHOD OF MEASURE	Q 1		Q 2		Q 3		Q 4		COMMENTS
		Y	N	Y	N	Y	N	Y	N	

B. PROGRAMME INDICATORS MONITORING

B.1.STRATEGIC HEALTH PROGRAMS

B.1.1. MATERNAL CHILD WOMEN'S AND NUTRITION (MCWN)

B.1.1.1. REPRODUCTIVE HEALTH

ELEMENT ASSESSED	METHOD OF MEASURE	Q1 Y	Q1 N	Q2 Y	Q2 N	Q3 Y	Q3 N	Q4 Y	Q4 N	COMMENTS
60. Contraceptive guideline available	DOC									
61. All methods of contraceptives available	Pharmacy stock cards									
62. Target of 2 Implanon per nurse per day achieved	Tick and DHIS									
63. Target of 1 IUCD insertion per nurse per day achieved	Tick and DHIS									
64. Facility monthly male condom distribution target achieved	Bin Card									
65. Facility monthly female condom distribution target achieved	Bin Card									
66. Couple Year Protection Rate target of 70% achieved	DHIS									

B.1.1.2. MATERNAL HEALTH

ELEMENT ASSESSED	METHOD OF MEASURE	Q1 Y	Q1 N	Q2 Y	Q2 N	Q3 Y	Q3 N	Q4 Y	Q4 N	COMMENTS
67. ANC offered daily	Tick register									
68. Maternal guideline available	DOC									
69. Evidence of clinical audits conducted for ANC clients as per BANC protocol (Review audit results and QIP)	Audit review									
70. Facility reached target of 66% ANC <20wks	DHIS									
71. Ante-Natal indicators monitored monthly (ANC <20wks, ANC retest, ANC HAART initiation)	Dashboard									

B.1.1.3. CERVICAL CANCER SCREENING

ELEMENT ASSESSED	METHOD OF MEASURE	Q1 Y	Q1 N	Q2 Y	Q2 N	Q3 Y	Q3 N	Q4 Y	Q4 N	COMMENTS
72. Evidence that DISCA tool is conducted at least quarterly	DISCA assessment report									
73. Target of 2 pap smear / nurse/day achieved	DHIS									
74. Cervical cancer screening results reflects good adequacy	PR									
75. Results are monitored and acted upon	PR									

B.1.1.4. EXPANDED PROGRAMME OF IMMUNISATION

ELEMENT ASSESSED	METHOD OF MEASURE	Q1 Y	Q1 N	Q2 Y	Q2 N	Q3 Y	Q3 N	Q4 Y	Q4 N	COMMENTS
76. Guidelines available • EPI guideline • Vaccinators manual • Cold Chain Manual • Surveillance Manual	DOC									
77. Adverse event following immunization monitored	DOC									
78. Check if vaccine conditions adequate and all vaccines available and viable (100%=Yes)	Tool 2 in CH File									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
B.1.1.5. INTEGRTED MANAGEMENT OF CHILDHOOD ILLNESSES										
79. Functional rehydration corner with register (100%=Yes)	**Tool 3 in CH File**									
80. IMCI Chart booklet available in all consulting rooms: • Acute Stream (Sick) • Preventative Stream (EPI) • Communicable Diseases (HIV/TB) (Yes = 100% of rooms have IMCI Chart Booklets)	**OBS**									
81. All children are triaged and rapid appraisal repeated hourly on back of IMCI form) (Review 5 Child Patient Health Records from queue Yes =100%)	**Triage & IMCI recording form**									
82. 2 Skills Assessments done per month: • Both assessments were done • Average score more than 80% and • None of audit scores were below 60% • All conditions met Yes = 1	**Tools 6a & 6b in CH file**									
83. Five Well Child Patient Health Record Audits were done during the quarter • All 5 audits were done • Average score more than 80% and • None of 5 audits scores were below 60% • All conditions met Yes = 1	**Tool 7 in CH file**									
84. Five Sick Child Patient Health Record Audits were done during the quarter • All 5 audits were done • Average score more than 80% and • None of 5 audits scores were below 60% • All conditions met Yes = 1	**Tool 8 in CH file**									
85. Five Road to Health Record Audits were done during the month • All 5 audits were done • Average score more than 80% and • None of 5 audits scores were below 60% • All conditions met Yes = 1	**Tool 9 in CH file**									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
B.1.1.5. INTEGRTED MANAGEMENT OF CHILDHOOD ILLNESSES continues										
86. Five HIV-Infected Child Patient Health Record Audits were done during the quarter (Yes=5) • All 5 audits were done • Average score more than 80% and • None of 5 audits scores were below 60% • All conditions met Yes = 1	**Tool 10 in CH file**									
87. Six Caregiver Interviews were done during the quarter • All 6 interviews were done • Average score more than 80% and • None of 5 audits scores were below 60% • All conditions met Yes = 1	**Tool 11a &11b in CH file**									
87. NHLS reports monitored and actioned: • NHLS VL monitored and actioned • NHLS PCR monitored and actioned • All conditions met Yes = 1	**Tool 12 in CH file**									
88. Monitoring and Evaluation: • Child health data elements verified monthly and • Indicators monitored and • Appropriate action plans identified for indicators in" red" and "yellow" • All conditions met Yes = 1	**Tool 13 & 14 in CH file**									
B.1.1.6. NUTRITION – PROGRAMME										
89. Infant and young child feeding guidelines available	**OBS**									
90. MAUC available where well and sick child visits happen and at vital station (Yes=100%)	**OBS**									
91. Supplementary feeding available (Enridged porridge and RUTF)	**OBS**									
92. Nutritional Supplement Audit Tool: • Achieved above 80%	**Tool 5 in CH file**									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
B.1.1.7. ADOLESCENT AND YOUTH FRIENDLY SERVICES (AYFS)										
93. AYFS guideline available	**DOC**									
94. Evidence that youth profile has been conducted, analyzed and used for planning youth interventions	**DOC**									
95. AYFS programme is functional (Through youth zone)	**Checklist**									
B.1.2. HAST PROGRAMME										
B.1.2.1 HIV TESTING SERVICES										
96. HIV Test kits available as per current testing Algorithm (Screening: Advance Quality and Confirmatory: ABON)	**Pharmacy Stock cards**									
97. HIV Testing Services Guideline available	**DOC**									
98. Provider Initiated counseling and Testing conducted and register signed	**HTS register**									
99. Evidence of Rapid Test Quality *monitoring i.e. (*IQC) conducted weekly and as per new test kit batch prior use.	**DOC**									
100. Evidence that facility conducts Proficiency testing Biannually	**PT report**									
101. Latest HST register available and captured on Tier.net	**OBS**									
102. Index contact tracing available and updated	**OBS**									
B.1.2.2. ART PROGRAMME										
103. Availability of UTT SOP 2016 with Algorithm	**DOC**									
104. Clinical stationery sections well completed	**PR**									
105. Monthly reports generated from Tier.net and signed off by OMN	**DOC**									
106. Monthly ART initiation target achieved	**DOC**									
107. Defaulter rate is < 5% of TROA	**PR**									
108. Viral Load completion at 6 months and 12months is 90%	**Tier.net**									
109. ART national consolidated guidelines (2020) is available										
110. HAST barometers to monitor and improve HAST performance are available and up to date	**OBS**									
111. Functionality of literacy classes	**OBS**									
112. Capturing of HTS, TB, ART and PrEP on Tier.net, modules active?	**TIER.NET**									
113. Call centers are functional	**DOC**									
114. Number of functional adherence clubs.	**DOC**									
B.1.2.3. MEDICAL MALE CIRCUMCISION										
115. MMC recruited and referred for circumcision 15 to 49 yrs.	**DOC**									
116. MMC adverse events reported	**DOC**									
117. MMC register available and up to date	**DOC**									

ELEMENT ASSESSED	METHOD OF MEASURE	DATE ASSESSED								COMMENTS
		Q 1		Q 2		Q 3		Q 4		
		Y	N	Y	N	Y	N	Y	N	
B.1.2.4. TB PROGRAMME										
118. National TB guideline available (Adult 2014 and Child 2015)	**DOC**									
119. Use Tier.net analysis for TB	**DOC**									
120. 90% of clients 5yrs and older screened for TB	**DHIS**									
121. 90% of clients with a positive TB results initiated on treatment	**Tier.net**									
122. 90% of clients on treatment with good outcomes (completion rate	**Tier.net**									
123. Turnaround times for sputum's is within 48hrs	**Case Identification Register**									
B.2. OTHER HEALTH PROGRAMS										
B.2.1. CDC – PROGRAMME										
124. SOP for notifiable medical conditions and output response	**DOC**									
125. Availability of reporting forms for notifiable conditions	**OBS CDC file**									
126. Evidence of weekly reporting on notifiable conditions including zero reporting	**DOC Review**									
127. SOP for notifiable medical conditions and output response	**DOC**									
B.2.2. NON-COMMUNICABLE PROGRAMME										
128. Evidence of screening for HPT Is available	**PR**									
129. Evidence of screening for Diabetes is available	**PR**									
130. Evidence screening for Mental Health is available	**Wed DHIS**									
131. 90%Clients screened for >40yrs Hypertension	**Wed DHIS**									
132. 90% clients screened for>40Yrs Diabetes	**Wed DHIS**									
133. 35% of clients seen screened for mental disorders	**Wed DHIS**									
134. Monthly HTS targets established and monitored using Barometer	**DOC**									
B.2.3. PHC WARD BASED OUTREACH SERVICES										
135. School Health Team (SHT) and Family Health Teams (FHT) I ternaries are signed by OMN	**DOC**									
136. There is a functional referral system between (SHT) and the facility	**DOC**									
137. There is a functional referral system between FHT and the facility	**DOC**									
138. Evidence that Outreach team data is captured	**Wed DHIS**									
139. Evidence of health issues discussed at Operation Sukuma Sakhe (OSS) meetings	**DOC**									
140. Weekly meeting with OM with minutes	**DOC**									