CLINICAL SERVICES TECHNICAL SUPPORT SUPERVISION/MENTORSHIP

NUMAT

SUPERVISION CHECKLIST (HEALTH FACILITY)

DISTRICT: _____ **Health Facility** _____ **Type of Facility:** ☐ Gov; ☐ PNFP **Facility Level** ☐ Hospital; ☐ HC IV; ☐ HC III	**IMPLEMENTING STAFF IN THE FACILITY** **NAME** **DESIGNATION** 1) ..... 2)..... 3)..... 4)..... 5)..... 6)..... 7)	**DATE OF VISIT:** ..... **NAMES OF SUPERVISORY TEAM:** **NAME** **DESIGNATION** 1) ..... 2)..... 3)..... 4).....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	In-charge and Care teams	❑ Explain the main objectives of the visit ❑ Call for the lead persons in the HIV-specific service s; e.g. HCT, PMTCT, ART, LAB, TB , FP etc (note areas not represented) ❑ Review action points / plans agreed on in the last visit and recap on them.(Always move with reports from the last visits for follow up) ❑ Ascertain which points were acted upon and any challenges met. ❑ Establish availability of new National HIV/AIDS Treatment and Care and PMTCT Guidelines policy. ❑ Allow the staffs go to their respective areas of work then follow to observe and provide specific support based on identified gaps.	....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	CARE/ART Services	❑ Assess knowledge and implementation of new guidelines ❑ Review criteria for initiation of both adults and children ❑ Assess evidence of adherence counseling (initiation, Monitoring and follow-up) ❑ Assess mechanism of establishing missed appointment (Daily attendance & dairies) ❑ Establish availability and utilization of clinical equipments (Weighing scale, Bp machine, stethoscopes, stadiometer, MUAC tape, thermometers etc) ❑ Assess CD4 tests availability, utilization, mechanism of appointment and criteria for selection. ❑ Check for availability and utilization of job aids including **Paediatric dosing charts** ❑ Establish completeness and accuracy of Pre-ART, ART and EOC reports, and clients treatment cards ❑ Assess for linkage of HIV/AIDS care to various service points (OPD, Maternity, FP, TB clinics, ANC,PNC, EID care point, etc) ❑ Establish the roles of community volunteers (NSAs, VHTs etc) in strengthening community linkage for HIV care ❑ Ask about positive prevention counseling [safer sex, condoms, disclosure, positive living, family planning] ❑ Observe case management and reinforce skills of clinicians **if** on a clinic day	....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	PMTCT Services	❑ Routine HCT in the facility, specifically in ANC. ❑ Assessment of HIV-positive pregnant women by WHO Clinical Staging and CD4 ❑ ARVs Prophylaxis for HIV-positive pregnant women ❑ HAART for Pregnant and post-natal women ❑ Establishment of an EID Care Point in the facility ❑ Presence and use of the new PMTCT-EID Guidelines and tools (ANC-PNC Register, Maternity Register, Exposed Infant Register, and Clinical Charts) ❑ Testing of Exposed Infants (DNA PCR) ❑ Referrals of Exposed Infants to EID care Point and the rest of HIV-positive clients to ART Clinic.	....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	Laboratory Services	❑ Implementation of Safety/infection control measures: • Disinfection **YES/NO** • Use of protective wear **YES/NO** • Waste segregation **YES/NO** • Final waste disposal **YES/NO** ❑ Use of SOPs in test performance ❑ Implementation of Quality assurance quality control measures • Internal quality control **YES/NO** • External quality control **YES/NO** ❑ Completeness and accuracy of laboratory records • Equipment inventory **YES/NO** • Laboratory registers **YES/NO** • Stock cards **YES/NO**	....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	TB Services	❑ Availability of Health unit TB register ❑ Availability of anti TB drugs at the facility, if **No** Establish whether the last cycle facility report and request for TB drugs (FRRD) was submitted to the district. ❑ Establish whether community sensitization on TB is done ❑ Establish whether TB infection control is practiced within the facility ❑ Establish evidence of support/linkages to community health workers to health facilities	....

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	Supply Chain/ Logistics Services	**Ordering/reporting** ❑ Check (physical) the last two copies of orders (EOCR, PMTCT, LAB) and discuss any non/late submissions ❑ Check the availability of recent version of ordering tools ❑ Navigate how new patients are reported for supplies ❑ Ask and discuss practical challenges faced in ordering/reporting (EOCR, PMTCT, LAB) ❑ Ask if feed back was given and actions taken **Storage** ❑ Check (physical) store structure (strength, security, space) ❑ Check for storage accessories (shelves/cupboards, pallets) and if there is any medicines directly on the floor. ❑ Check the functionality of fridge for cold chain products like kaletra. ❑ Comment on the orderliness and organization of the store.	....

		Stock management ❑ Check if all items managed have stock cards and all stock transactions entered ❑ Check if the stock cards are updated (figures same as physical stock on hand) ❑ Ask if stock outs were experienced, if so which products, cause, how it was handled and prevention strategy. ❑ Ask/check how expired drugs are handled **Dispensing** ❑ Establish if pill count is done and adherence counseling done when required ❑ Check the availability and proper use of dispensing tools like log, trays, envelops, dosing guides especially for children. ❑ Dispensing space and waiting furniture	………………………………………………………………

Program Area	Stage/Service	Issues to consider	NOTES AND REMARKS BY SUPERVISOR
	M&E	❑ Availability of PMTCT Monthly Report Booklet ❑ Tabulated data and/or graphs showing Unit's recent (≤ 6 months) performance (on OPD cases, immunization, maternal health, HIV, malaria etc.) displayed on the walls ❑ Involvement of the record assistant in the compilation of the following reports; Þ HMIS 105 **YES/NO** Þ PMTCT Monthly Report **YES/NO** Þ Laboratory Monthly Report **YES/NO** Þ ART Quarterly Report (only applicable to ART sites) **YES/NO**	………………………………………………………………