

THE UNITED REPUBLIC OF TANZANIA



**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN**

HEALTH QUALITY ASSURANCE DIVISION

**NATIONAL SUPPORTIVE SUPERVISION GUIDELINES FOR QUALITY HEALTH
SERVICES**

JANUARY 2017

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QUALITY IMPROVEMENT SERIES

1. The Tanzania National Health and Social Welfare Policy (1990 and reviewed 2007)
2. National Norms, Guidelines and Standards on Cross Cutting Issues for Health Care Practice in Tanzania (2002)
3. Tanzania Quality Improvement Framework, MoHSW (2004, reprint 2009, and 2nd edition 2011)
4. National Infection Prevention and Control Guidelines for Healthcare Services in Tanzania, MoHSW (2004)
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15. National Recognition Guidelines for Healthcare Quality Improvement Programs, MOHSW (2014)
16. National Phlebotomy Guidelines for quality and safe healthcare services (2014)
17. Star Rating Tools for Dispensaries, Health Centres and Level I Hospital (2014)
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FOREWORD

Strong national health systems form the heart of global health system and have been necessary in achievement of the Millennium Development Goals (MDGs)-2015, and are also critical in achieving the success of MDGs, i.e. the Sustainable Development Goals (SDGs)-2016-2030. It is mandatory to ensure that there is an effective system for management of human resources for proper functioning of a national health system and subsystems. Supportive supervision is central to this in that it helps to ensure that health service providers (HSPs) have the necessary resources and they receive feedback on their performance. As a tool, supportive supervision provides a link between service delivery in health facilities and management teams at all levels of services management through actions to ensure that HSP carry out their work effectively and supporting them to improve their competencies.

The previous National Supportive Supervision Guidelines (NSSG-2010) emphasized on a process of problem solving, two way communication, and teamwork and quality improvement. This indicated our attention to the importance of supportive supervision as a tool for advancing achievement of health sector objectives. This national commitment, coupled with the clear health management structures at all levels through the decentralized health system, has made implementation of supportive supervision possible.

In our country's decentralized health system, management of health services at regional level is under the Regional Health Management Team (RHMT). The RHMTs are charged with ten (10) functions, among which include: "conducting supportive supervision to Council Health Management Teams (CHMTs); coordination of Health, Community Development, Gender, Elderly and Children services in the region; and ensuring provision of quality health services in all Councils". The management of health services at the council level is under the Council Health Management Team (CHMT). The CHMTs are charged with fourteen (14) functions, among which include: implementation and evaluation of health services in the Council; supportive supervision of health services including outreach and mobile clinics services; ensuring that health facilities provide services according to national guidelines and standard operating procedures; ensuring that HSPs provide services according to professional standards and code of conduct; and that all health facilities in the Council implement their activities according to annual health facility plans. At health facility level, there is a Health Facility Management Team that is responsible for planning, monitoring and reporting of implementation of facility annual health plan as well as conducting supportive supervision on both technical and managerial aspects in the whole facility and in the community. Members of CHMTs use a number of tools to monitor implementation of health programmes and provision of health services.

Despite the successes seen so far in the implementation of supportive supervision at all levels, there are still challenges and shortcomings, particularly related to effective integration and implementation. This has been the basis for review of the NSSG-2010 to address the challenges experienced as well as accommodating new developments in the health sector.


Supportive supervision emphasizes a paradigm shift from a culture of "inspection and blame" to one of "support, shared responsibility and problem solving", which when properly institutionalized, supportive supervision engenders a mind-set where teams of HSPs identify their own challenges and achieve results with support from their

supervisors.

I am pleased to learn from supportive supervision reports and published studies that “CHMTs’ attitudes on supportive supervision clearly suggest a paradigm of teaching (the HRH paper on perception of supervisors), problem solving and quality improvement of health services”. Also, literature on supportive supervision has shown that its implementation has beneficial effects in several aspects of health services delivery including improved medicines availability; improved indicators on immunization programme; improved practice and knowledge of HSPs; rapid expansion of family planning services; improved outputs of the health system through motivation and job satisfaction of primary health facility, HSPs; and ensuring that quality assurance processes are sustainable.

The NSSG (2016) is organized into three parts. Part one contains six sections as follows: section-1 is on introduction highlighting on quality improvement approaches currently being implemented in the country and objectives of the guidelines; section-2 contains definitions of terms; section-3 describes how to set up a supportive supervision system; section-4 elaborates on how to supervise; section-5 details on supportive supervision report; and section-6 provide guides to generic checklists. Part two describes the establishment and operationalization of Mentoring System at all levels of service delivery. Part three contains the nitty-gritty of supportive supervision checklist. Areas covered are: infrastructure; Infection Prevention and Control; management; resources (human, financial and materials); Health Management Information System; Social Welfare; Casualty and Out-Patient Department; Wards; Theatre and; Reproductive, Maternal, Neonatal, and Child Health; Pharmaceutical Services; Medical Laboratory Services; Medical Radiology and Imaging Services; Support Services (laundry, kitchen, mortuary, treatment and final disposal of waste); Communicable Diseases; Non-Communicable Diseases; Super-specialized services, Emergency and Critical Care services; and Rehabilitation Medicine. The NSSG-2017 provides a generic checklist and a narrative of how-to supervise. It is important for all Management Teams at all levels including Zonal and National Level Hospital Management Teams to adapt the generic checklist to suit their situation and use it consistently to strengthen the quality of supportive supervision both internal and external at all levels. It also contains list of appendices that are important for references during Supportive Supervision.

The Ministry will continue to explore and strengthen innovative ways of improving supportive supervision through use of electronic devices. I urge all stakeholders, members of Management Teams, and HSPs at all levels to use these National Guidelines consistently in order to improve and sustain implementation of Supportive Supervision.


Dr. Mpoki M. Ulisubisya
Permanent Secretary

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Prof. Muhammad Bakari Kambi
Chief Medical Officer

USERS OF THESE NATIONAL GUIDELINES

These national guidelines are intended to be used by health facilities, health services management teams at all levels of the health service delivery, HSPs, social workers, and tutors in health and social welfare training institutions.

THE NATIONAL GUIDELINES STRUCTURE

Part I contains information for assisting health facility, HSPs and supervisors in the implementation of supportive supervision activities. Issues concerning clients rights and staff needs, levels of supervision, duration and frequency, setting up supportive supervision, how to supervise and report writing are discussed. Management Teams are urged to comprehend the details of this section in order to acquire the necessary competencies before conducting any supportive supervision activity.

Part II describes the establishment and operationalization of Mentoring System at all levels of service delivery.

Part III consists of Generic Tools to guide the Supportive Supervision Teams during preparation for supportive supervision. Supportive Supervision Teams are expected to go through the information thoroughly and use the Generic Tools as a guide to develop their own Supportive Supervision Checklists or Self-Assessment Tools.

It is important to note that every supportive supervision visit is different in terms of objectives and expected outputs. The Generic Tool Guide in this document is purposely included to bring consistency and to ensure wide coverage of areas to be supervised. The Generic Tool also provides an opportunity for standardization, quality improvement and comparison among health facilities.

NEW ISSUES IN THESE NATIONAL GUIDELINES

- Elaboration has been made on the relationship between supportive supervision and other related functions such as assessment, inspection, auditing and mentoring.
- Establishment and implementation of mentoring system at all levels of service delivery.
- Widening the scope of SS to incorporate other components of the health sector such as social welfare issues, private sector and super-specialties.
- Widening areas for supportive supervision to include supportive supervision of health training institutions, social welfare centres, communities and Civil Society Organizations (CSOs).
- Capacity building for supportive supervision: need for training supervisors on the various skills (competencies) required for effective supportive supervision.
- Use of electronic devices for data collection and transfer.
- Elaboration made on the relationship between Joint SS and Technical SS
- The need to incorporate best practice from the field, e.g., medicines and finance audit; documenting critical incidences; etc.
- Emphasis on assessing and ensuring clients and providers' rights. Also included are templates for interviewing patients and providers so as to elicit level of satisfaction.

ABBREVIATIONS

AIDS	-	Acquired Immuno -Deficiency Syndrome
AMTSL	-	Active Management of Third Stage of Labour
AMO	-	Assistant Medical Officer
ANC	-	Ante Natal Care
APHFTA	-	Association of Private Health Facilities in Tanzania
ARI	-	Acute Respiratory Infection
ASRH	-	Adolescent Sexual Reproductive Health
ARV	-	Antiretro Viral
ART	-	Antiretroviral Therapy
BCC	-	Behavioral Change and Communication
BCG	-	Bacille Calmette Guerin
B/P	-	Blood Pressure
BRN – SRA	-	Big Results Now - Star Rating Assessment
BRN – SRT	-	Big Results Now - Star Rating Tool
CBDs	-	Community Based Distributors
CBO	-	Community Bases Organizations
CCHP	-	Comprehensive Council Health Plan
CHAI	-	Clinton Health Access Initiative Inc.
CHF	-	Community Health Fund
CHOP	-	Comprehensive Hospital Operation Plan
CHMT	-	Council Health Management Team
CHSB	-	Council Health Services Board
COPD	-	Chronic Obstructive Pulmonary Diseases
CMO	-	Chief Medical Officer
CNO	-	Chief Nursing Officer
CPD	-	Continuing Professional Development
CSSC	-	Christian Social Service Commission
CSSD	-	Central Sterile Supplies Department
CSO	-	Civil Society Organizations
DANIDA	-	Danish International Development Agency
DAHRM	-	Director of Administration and Human Resource Management
DDA	-	Dangerous Drugs Act
DHS	-	District Health Secretary
DRCH Co	-	District Reproductive and Child Health Coordinator
DMO	-	District Medical Officer
DNO	-	District Nursing Officer
DOT	-	Direct Observed Treatment
DOTS	-	Direct Observed Treatment Short Course
DPP	-	Director of Policy and Planning
DPT-HB	-	Diphtheria Pertussis Tetanus Hepatitis B
EDD	-	Expected Date of Delivery
EmOC	-	Emergency Obstetric Care
EQUIP	-	Expanded Quality Management Using Information Power
FBO	-	Faith Based Organization
EHCIPZ-Tz	-	Essential Health Care Intervention Package Tanzania
FGC	-	Facility Governing Committee
FLHFs	-	Front Line Health Facilities
FEFO	-	First Expiry First Out
FIFO	-	First In First Out
FP	-	Family Planning
GIZ	-	The German Organization for International Cooperation
HBC	-	Home Based Care

HCDS	-	Health Care Delivery System
HCWM	-	Health Care Waste Management
HSPs	-	Health Service Providers
HFGC	-	Health Facility Governing Committee
HF	-	Health Facilities
HLD	-	High Level Disinfection
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
HMT	-	Hospital Management Team
HSIQAS	-	Health Service Inspectorate and Quality Assurance Section
HSPS	-	Health Sector Program Support
HSDS	-	Health Services Delivery System
HSR	-	Health Sector Reform
ICT	-	Information Communication and Technology
I/C	-	In-charge
IHI	-	Ifakara Health Institute
IMC	-	Integrated Management Cascade
IEC	-	Information Education Communication
IMCI	-	Integrated Management of Childhood Illness
IMR	-	Infant Mortality Rate
IPC	-	Infection Prevention and Control
IPD	-	In Patient Department
IPT	-	Intermittent Presumptive Treatment
ILS	-	Integrated Logistics System
ITNs	-	Insecticide Treated Nets
IVD	-	Immunization Vaccine Development
JICA	-	Japan International Cooperation Agency
KCMC	-	Kilimanjaro Christian Medical Centre
LGA	-	Local Government Authority
LNMP	-	Last Normal Menstrual Period
M&E	-	Monitoring and Evaluation
MEC	-	Medical Eligibility Criteria
MMR	-	Maternal Mortality Rate
MoHCDGEC	-	Ministry of Health, Community Development, Gender, Elderly and Children
MOI	-	Muhimbili Orthopaedic Institute
MO I/c	-	Medical Officer In-charge
MUHAS	-	Muhimbili University of Health and Allied Sciences
MSD	-	Medical Stores Department
MTC	-	Medical Therapeutic Committee
MTUHA	-	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
NACP	-	National AIDS Control Program
NCDs	-	Non-Communicable Diseases
NDHPGs	-	National District Health Planning Guidelines
NEDLIT	-	National Essential Drug List Tanzania
NEHCIP-Tz	-	National Essential Health Care Intervention Package – Tanzania
NHLQATC	-	National Health Laboratory Quality Assurance and Training Centre
NGOs	-	Non-Government Organizations
NHIF	-	National Health Insurance Fund
NORAD	-	Norwegian Agency for Development
NSSF-SHIB	-	National Social Security Fund - Social Health Insurance Benefit
NSSG	-	National Supportive Supervision Guidelines

NQIF	-	National Quality Improvement Forum
ORCI	-	Ocean Road Cancer Institute
OPD	-	Out Patient Department
OPRAS	-	Open Performance Appraisal and Review System
OT	-	Operating Theatre
PAI	-	PharmAccess International
P4P	-	Pay for Performance
PHAB	-	Private Hospitals Advisory Board
PPE	-	Personal Protective Equipment
PHC	-	Primary Health Care
PHO	-	Principal Health Officer
PMTCT	-	Prevention of Mother to Child Transmission of HIV
PO-RALG	-	President's Office - Regional Administration and Local Government
PS	-	Permanent Secretary
PSU	-	Pharmaceutical Services Unit
QAU	-	Quality Assurance Unit
QI	-	Quality Improvement
QIP	-	Quality Improvement Plan
QIT	-	Quality Improvement Team
RBF	-	Result Based Financing
RCH	-	Reproductive and Child Health
RHMT	-	Regional Health Management Team
RPR	-	Rapid Plasma Reagin
SBMR	-	Standard Based Management and Recognition
SDG	-	Sustainable Development Goals
SS	-	Supportive Supervision
SLMTA	-	Strengthen Laboratory Management Towards Accreditation
STI	-	Sexually Transmitted Infections
SWCA	-	Step Wise Certification towards Accreditation
SWOC	-	Strengths, Weaknesses, Opportunities and Challenges
TAEC	-	Tanzania Atomic Energy Commission
TB	-	Tuberculosis
TBAs	-	Traditional Birth Attendants
TGPSH	-	Tanzania German Program to Support Health
TMIS	-	Transport Management Information System
TT	-	Tetanus Toxoid
TWG	-	Technical Working Group
USG	-	United State Government
VCT	-	Voluntary Counseling and Testing
VHC	-	Village Health Committee
WIT	-	Work Improvement Team
WHO	-	World Health Organization

PART I

SECTION 1: INTRODUCTION

1.1 Background

During the period from 2010 to 2015 a number of initiatives took place in the country that have warranted a review of the supportive supervision guidelines in order to accommodate the changes. Implementation of supportive supervision in health sector has been inadequate due to barriers such as funding to support implementation, multiple or narrow focused supervision visits, ineffective supervision by RHMT/CHMTs, multiple tools and inadequate follow up measures on the gaps identified. Also, mentoring and coaching were mostly implemented in HIV/AIDS services leaving other services without a systematic mentoring system¹. Also, the need to review the 2010 Supportive Supervision Guidelines was found necessary so as to accommodate new quality improvement issues and initiatives.

This review was also instigated by the need to incorporate into these national guidelines the experiences accrued by supervisors in the course of implementing the 2010 guidelines. In addition to several noted achievements, the following challenges were observed in the course of implementing the guidelines:

- **Funding for QI** – To date many quality improvement initiatives are still implemented as projects, through donor funding. This has implications on the sustainability of the initiatives. The MoHCDGEC has directed the RHMTs, CHMTs and HFs to incorporate QI in their annual plans in order to ensure uninterrupted funding.
- **Coordination** – There is lack of coordination in the implementation of most QI initiatives, partly due to donor dependency. As a consequence of piecemeal implementation there is duplication of supervision efforts in some geographical areas and severe gaps in others. In the efforts to address this challenge, the MoHCDGEC introduced a TWG for Quality Management to assist in the coordination and harmonization of QI activities including supervision.
- **Inadequate functionality of QITs and WITs in health facilities**—Many health facilities have introduced QITs and WITs. However, many of these teams are non-functional. Consequently, most QI activities, including internal and peer supportive supervision are not conducted. In order to address this challenge the PO-RALG in collaboration with MoHCDGEC has introduced QI Focal Persons at Council and Regional levels to plan and coordinate the implementation of QI activities in their respective areas; support QITs/WITs and HSPs practices through Supportive Supervision and On-Job-Training.
- **QI reporting not yet systematized** – QI reports do not flow in a timely manner hence a supervisor at higher level misses the opportunity to respond to observations made during the supportive supervision visits. The Health Services Inspectorate and Quality Assurance section (HSIQAS) in collaboration with the

¹ Bradley, S., Kamwendo, F., Masanja, H., et al. (2013). District health managers' perceptions of supervision in Malawi and Tanzania. *Human Resources for Health*; 11:43. Available from <http://www.human-resources-health.com/content/11/1/43> accessed on 19th September 2016; and Frumence, G., Nyamhanga, TM. and Mwangi, M. (2013). The Role of Council Health Management Team in the Improvement of Health Services Quality: The Case of Kinondoni and Ilala Municipalities in Dar es Salaam, Tanzania. *Tanzania Journal of Development Studies*; 13(1&2): 83-95

HMIS plans to introduce QI indicators in the routine data collection systems and also ensure access to HMIS data during supportive supervision.

- **Adherence to guidelines, protocols, standard operating procedures**, etc., is lacking among some of HSPs.

1.2 QUALITY IMPROVEMENT APPROACHES

1.2.1 Improvement Collaborative

An Improvement Collaborative is an organized effort of shared learning by a network of sites (or teams) to close the gap between desired and actual performance by testing and implementing changes within their local situations so as to develop a best practice model of health service delivery for a specific priority challenge. An Improvement Collaborative brings together groups of practitioners from different Health Facilities organizations to work in a structured way to improve one aspect of the quality of services. It involves a series of sessions to learn about best practice in the chosen areas, about quality improvement methods and change ideas, and to share their experiences of making changes in their own local settings. In Tanzania, the Improvement Collaborative approach has been applied in the areas of family planning since 2004 and HIV and AIDS services since 2008. The Improvement Collaborative uses a Quality Improvement Model that is composed of four steps namely; (i) Identification of the challenge (ii) Analysis of the challenge (iii) Development of the hypothesis; and (iv) Implementation. The first three steps are each supported by the following questions: (i) what are we trying to accomplish? (ii) How will we know that a change is an improvement? (iii) What changes can we make that will result in improvement? The fourth step is constituted by four sub steps that form the Plan, Do, Study and Act (PDSA) cycle.

1.2.2 Standard Based Management and Recognition (SBM-R) – applied in RMNCH Services and IPC

SBM-R is a methodology designed to assist HSPs to improve their performance and thus strengthen the overall quality of health services. The purpose of SBM-R is to provide a step-by-step process, with practical tools and ways to identify resources, for improving HSPs performance and the quality of health services while promoting compliance to evidence-based best practices through the nationally set HF service standards. The approach involves the following steps:

- Setting performance standards that are constructed around clearly defined service delivery processes or a specific content area;
- Implementing the standards in a streamlined and systematic way;
- Measuring progress to guide the improvement process toward these standards; and
- Rewarding achievement of standards through recognition mechanisms.

Data on SBM-R implementation in Reproductive, Maternal, Neonatal and Child Health Services as of June 2010, SBM-R had been applied in about 3,000 health facilities in all Tanzania districts. Sixty two percent (62%) of these HFs trained Focused Ante-Natal Care (FANC) providers. A number of Health Facilities have been recognized for achieving high standards in antenatal care provision. In addition, 12 regional hospitals have also started the Comprehensive Emergency Obstetric Neonatal Care (CEmONC) SBM-R process, and 55 health facilities (tertiary, secondary and some primary level) are implementing Infection Prevention and Control (IPC) SBM-R

process. All 5S-HFs are encouraged to conduct internal self-assessment and when their average score is above 70% they request for external verification and recognition. If the external verification results average is 80% and above the facility is recognized by awarding a trophy during National Quality Improvement Forum (NQIF).

1.2.3 5S-KAIZEN-TQM

5S-KAIZEN-TQM approach is problem-solving process to ensure productivity and improve quality of services. This approach was introduced in Tanzania in 2008 and Mbeya Consultant Referral Hospital was identified as a Center for Excellency. 5S-KAIZEN-TQM approach is taken to meet clients' satisfaction. After the achievement of creating well-organized workplace using 5S principles (namely sort, set, shine, standardize and sustain) as well as 5S tools, problems that affect clients' satisfaction and management of routine work are looked at with a view to find root cause solution that requires minimum resource input and improvement from systems perspective.² The 5S-KAIZEN-TQM monitoring and evaluation tools have been applied in 67 hospitals at tertiary, secondary and primary level in the country since 2007 with the support of Japan International Cooperation Agency (JICA); and its accompanying standards were finalized in November 2014. In 2007, the MoHCDGEC adopted 5S-KAIZEN-TQM concepts.

In 2009, the MoHSW developed guidelines "Implementation Guideline for 5S-KAIZEN-TQM Approaches in Tanzania". Advocacy posters of 5S activity were developed in both Kiswahili and English, and distributed to HFs. As of November 2014, a total of 67 hospitals were practicing the 5S-KAIZEN-TQM approaches in Tanzania including all National, Referral, Regional referral and several district hospitals. Factors for its successful implementation have been documented which include involvement and commitment of sections in-charges as well as availability and use of 5S guidelines.³ Also, as part of BRN initiative, 5S-KAIZEN-TQM is being implemented in primary healthcare facilities to ensure quality management of health commodities at facility level. Also, 5S-KAIZEN-TQM has been used to strengthen management and leadership capacity skills of CHMTs in coordinating, managing and implementing different initiatives in health care services.

1.2.4 Indicator Based Quality Management

Indicator Based Quality Management and Improvement (IBQMI) approach has been implemented in Lindi, Mbeya, Mtwara and Tanga regions since 2014 with support of GIZ through its Tanzania German Programme to Support Health (TGPSH). The approach has four components: Assessment of health facilities using a set of predetermined QI indicators; Coaching sessions in health facilities using coaches selected from regional and council level coupled with supportive supervision of coaches and peer to peer exchange between coaches; On-Job- Training (OJT) using existing knowledge and skills of hospital staff; and peer to peer learning between health facilities. These include- identification of best practices, guidance on

²URT MoHSW. (2013). Implementation guidelines for 5S-KAIZEN-TQM. Approaches in Tanzania: A foundation of all Quality Improvement Programmes. Available from http://www.tzdpq.or.tz/fileadmin/documents/dpq_internal/dpq_working_groups_clusters/cluster_2/health/Sub_Sector_Group/Quality_Assurance/09_Implementation_Guidelines_for_5S-KAIZEN-TQM_Approaches_in.pdf Accessed on 7th August 2015.

³ Ishijima, H., Eliakimu, E., Takahashi, S. and Miyamoto, N. (2014). Factors influencing national rollout of quality improvement approaches to public hospitals in Tanzania. *Clinical Governance: An International Journal*; 19(2):137-152 <http://www.emeraldinsight.com/doi/abs/10.1108/CGIJ-09-2013-0033> Access on 7th August 2015.

documentation of best practices, encouraging hospitals to organize peer visits, provide guiding questions for the visits and organizing experience sharing meeting for facilitators/assessors.

1.2.5 EQUIP approach

Expanded Quality Management Using Information Power (EQUIP) has been implemented in Mtwara region in the districts of Tandahimba as intervention district and Newala as comparison district. In Tandahimba, the following interventions were implemented: continuous household surveys, health facility censuses and Quality Management (QM) intervention supported by report cards using data generated by the continuous surveys; while Newala district received continuous household surveys and HF censuses only. The EQUIP approach has brought into Tanzanian health sector an innovation on QM which expanded to involve three levels namely, CHMT, Health Facility Management Team and users of services provided by the HF.⁴ The report of its implementation after two and a half years of intervention has shown the potential to improve the quality of RMNCH services and involvement of the community in managing quality of health services.⁵

1.2.6 Incentive Based Approaches – P4P and Results Based Financing.

Pay for Performance (P4P) is an intervention that is used to increase productivity of HSPs and influence positively the utilization of health service⁶. The MoHSW through Division of Policy and Planning (DPP), Clinton Health Access Initiatives Inc. (CHAI) and Ifakara Health Institute (IHI) implemented P4P in Pwani region from January 2011 to March 2013⁷. Its effectiveness was evaluated in terms of “quality, coverage, and cost of targeted maternal and new-born health facility services and selected non-targeted services at HFs” in order to inform possibility of rolling it Nationwide⁸. Report of evaluation indicated improvement in the indicators of RMNCH Services. Based on those lessons, an expanded scope of P4P called Results Based Financing (RBF) was designed.⁹ RBF refers to “an incentive approach to health systems strengthening that

⁴ Hanson,C., Waiswa,P., Marchant,T., et al.(2014). Expanded Quality Management Using Information Power (EQUIP): protocol for a quasi-experimental study to improve maternal and newborn health in Tanzania and Uganda
Implementation Science, 9:41 <http://www.implementationscience.com/content/9/1/41> Accessed on 7thAugust 2015

⁵ Marchant, T., Schellenberg, J., Peterson, S., et al. (2014). The use of continuous surveys to generate and continuously report high quality timely maternal and newborn health data at the district level in Tanzania and Uganda, *Implementation Science*, 9:112 doi: 10.1186/s13012-014-0112-1

⁶Ireland,M., Paulb, E., DujardinaB. Can performance-based financing be used to reform health systems in developing countries? *Bull World Health Organ.* 2011 Sep 1; 89(9): 695–698.doi: [10.2471/BLT.11.087379](https://doi.org/10.2471/BLT.11.087379)

⁷MoU between MoHSW, CHAI and IHI concerning collaboration on the implementation of P4P in Pwani Region of the United Republic of Tanzania. Available from
<http://www.norway.go.tz/pagefiles/253880/mou%20p4p.pdf> Accessed on 7th August 2015.

⁸ Borghi, J., Mayumana, I., Mashasi, I., et al. (2013). Protocol for the evaluation of a pay for performance programme in Pwani region in Tanzania: A controlled before and after study. *Implementation Science* 8:80 <http://www.implementationscience.com/content/8/1/80> Accessed on 7th August 2015.

⁹MoHCDGEC (2014). Results-based Financing for Health in Tanzania, Joint Health Sector Review (6th November 2014). Available from
http://www.tzdpq.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/JAHSR/JAHSR_2014/204_RBF_JHSR_November_2014_Kunduchi.ppt Accessed on 7th August 2015.

provides financial and non-financial rewards to HSPs, users, or administrators of services upon achieving a set of verified results.”¹⁰ Pre-pilot implementation by MoHCDGEC-DPP through RBF Unit with funding support from SDC, GIZ, USG and World Bank started in Shinyanga Region in April 2015. Implementation of RBF is planned to complement Big Result Now – Star Rating Assessment (BRN SRA) whereby readiness of health facilities to implement the approach will use Big Result Now – Star Rating Tool (BRN – SRT). The expected challenge is that RBF focuses in public health facilities hence leaving out the Private for Profit (PFP) sector.

1.2.7 Graded Improvements Towards Accreditation

1.2.7.1 Strengthen Laboratory Management Towards Accreditation (SLMTA)

Laboratory accreditation represents an effective strategy to ensure the improvement of the quality of laboratory services in order to fulfill the clients’ needs and improve the health services. In this context, the MoHCDGEC introduced in 2010 a gradual graded programme referred to as Strengthen Laboratory Management Towards Accreditation (SLMTA) as the initiative to reach laboratory accreditation on international standards.¹¹ The programme uses the International Standardization Organization (ISO) Standards 15189. The MoHCDGEC Division of Curative Services through the Diagnostic and Technical Services Section and National Health Laboratory Quality Assurance and Training Centre (NHLQATC) implements it with funding support from World Bank. Enrolment into SLMTA follows a yearlong cohort cycle. The results of its implementation for four (4) years have shown a remarkable improvement in scores for the participating laboratories.¹²

1.2.7.2 Step Wise Certification towards Accreditation - Using SafeCare Standards

Since 2011, MoHCDGEC in collaboration with PharmAccess International (PAI) started implementation of accreditation process for HFs, which covers the whole facility referred to as “Step Wise Certification towards Accreditation (SWCA)”. The process uses International SafeCare Standards¹³ for primary health facility, HFs, which are accredited by the International Society for Quality in Healthcare – ISQua. Several organizations are participating in implementation of SWCA through PAI, namely Association of Private Health Facilities in Tanzania (APHFTA), Tanzania Peoples’ Defense Force (TPDF), National Social Security Fund – Social Health Insurance Benefits (NSSF-SHIB), Christian Social Services Commission (CSSC), Kilimanjaro Native Cooperative Union (KNCU) and National Health Insurance Fund (NHIF) through agreement with Local Government Authorities (LGAs) to improve

¹⁰World Bank. (May 2015). Cost-Effectiveness Analysis of Results-Based Financing Programs: A Toolkit. On RBF Health Website <http://www.rbhealth.org/resource/cost-effectiveness-analysis-results-based-financing-programs-toolkit>. Accessed on 7th August 2015.

¹¹ MoHSW SLMTA Task Force. (2014) Call for application for the enrollment of laboratory to the cohort 4 SLMTA program <http://moh.go.tz/index.php/newsroom/272-call-for-application-for-the-enrollment-of-laboratory-to-the-cohort-4-slmta-program> Accessed on 7th August 2015.

¹² Andiric, L.R. and. Massambu C.G., (2015) Laboratory Quality Improvement in Tanzania. *Am J Clin Pathol*; 143:566-572 DOI: 10.1309/AJCPAB4A6WWPYIEN

¹³Guideline on how to use SafeCare standards in Tanzania context has been developed and it is accessible from http://www.tzdp.org.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Sub_Sector_Group/Quality_Assurance/13_SafeCare-Guideline-Signed-PDF.pdf Accessed on 4th August 2015

enrolment in Community Health Fund (CHF) through improvement of quality of services provided in HFs. The major challenges of SWCA are donor dependency as most of the funding comes from donors through PAI and that the database (AfriDB 2.0) ownership is by PAI based in Amsterdam-Netherlands.

1.2.7.3 BRN-Star Rating Assessment (using Star Rating Tool).

The Health sector was entered into the BRN programme in the financial year 2014/15. As part of the preparatory phase for entering into BRN, Senior Management of the Ministry convened for BRN mini Lab in August 2014 to deliberate on priorities of BRN health. Out of the mini lab, the following were identified as priorities for the health sector:

- Human resource for health distribution/redistribution;
- Health commodities; and
- Performance management of HFs and Individual HSPs.

This was followed by BRN health main lab from September 22nd to October 31st 2014 at Kunduchi Beach Hotel. The main lab involved all stakeholders in the health sector with the aim of discussing in details the prioritized issues so as to come up with an implementation plan. In the course of the lab another priority for the sector was added namely the RMNCH. Each priority area was given its target (referred to as True North in the lab) for the entire three years BRN implementation. For the performance management the “True North” was 80% of primary HFs which scored 0, 1 or 2 stars during baseline assessment to be rated 3 Stars and above by June 2018.¹⁴ A new tool called SRT was developed taking into account; country ownership of the tool and its database; situation in our HFs; incorporation of information from various guidelines and tools currently in use in the country. The SRT was field tested in Kisarawe and Mkuranga District Councils. The tool will be used to assess all primary HFs in the country. The big challenge with the BRN-SRA is donor dependency.

1.3 Approach to Guidelines Revision

Revision of these national guidelines involved stakeholders from the MoHCDGEC Departments, Sections and Units; Regional Secretariat and Local Government Authorities (LGAs); Non-Government Organizations (NGOs); Faith Based Organizations (FBOs) and PFP Sector. Stakeholders were called to two workshops. During the first workshop, participants deliberated on identification of areas that requires changes. Supportive Supervision guidelines and tools from various programs were used to inform the revision of these guidelines especially with regards to crosscutting areas such as management, infrastructure, commodities and IPC, etc. In the second workshop the participants compiled the comments and came up with the final document. Then, the final draft was shared with TWG-QM members and participants of workshops of HIV/AIDS Implementing Partners for comments. All their views were taken into account by the HSIQAS staff in the finalization process.

¹⁴URT-MoHSW/PDB. (2014). BRN Healthcare NKRA Lab: Lab Report – Part I. Available from http://www.tzdpq.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/health/Sub_Sector_Group/BRN_documents/Tanz_Healthcare_Lab_Report_Part_1_0212_RH_-_v21_Final_Lab_Report_.pdf Accessed on 7th August 2015.

1.4 Objectives of the National Supportive Supervision Guidelines

1.4.1 Main objective

To guide an integrated supportive supervision for provision of quality HF services in the country that is responsive to the Health Sector Strategic Plan IV – 2015/2020.

1.4.2 Specific objectives

The specific objectives are to:

1. Facilitate supervisors, HF and HSPs in identifying and addressing performance gaps;
2. Ensure uniformity in performance standards and reporting through the use of generic tool as a guide;
3. Guide development or adaptation of specific essential health intervention tool;
4. Promote and sustain supportive supervision for quality health facility service that responds to HSPs expectations and clients' satisfaction; and
5. Ensure compliance to norms, standards and procedures for quality health service at all levels.

SECTION 2: DEFINITION OF TERMS

2.1 Supportive supervision

Generally, supportive supervision is a management function planned and carried out in order to guide, support and assist HSPs in carrying out their assigned tasks. It involves on-job transfer of knowledge and skills between the supervisor and the supervisee through opening of administrative and technical communication channel. The aim of supportive supervision is to determine staff performance in relation to quality and standards so as to identify gaps and address them.

Also, Supportive supervision can be defined as a process, which promotes quality outcomes by strengthening communication, identifying and solving problems, facilitating teamwork, and providing leadership and support to empower HSPs to monitor and improve their own performance. It expands the scope of supportive supervision method by incorporating self-assessment, peer assessment as well as community input.

Unlike traditional supportive supervision (See Appendix II), supportive supervision has the following characteristics:

- Problem identification and solving, to improve quality and meet client needs
- Quality improvement and the attention shifts from individuals to teams and processes
- Empowering health providers to monitor and improve their own performance
- External supervisor acting as a facilitator, trainer and coach
- Participation of health providers in supervising themselves and one another
- Participatory decision making involving the whole team
- Peer assessment, self-assessment and community input consideration.

2.2 Joint Supportive Supervision

Joint Supportive Supervision is a process, which involves health managers as supervisors of the HSPs at various levels. The Managers are empowered with managerial skills and responsibilities for strengthening the health systems. The main objective during Joint SS visit is to facilitate improvement of health services in areas that are likely to impact on the health system in general. Such areas include management of HFs; management of resources; and health services delivery in general.

2.3 Technical Supportive Supervision

Technical SS is mainly focused in particular service areas e.g., Care and Treatment for HIV and AIDS services, diagnosis and treatment of tuberculosis, malaria etc. and involves professionals with technical expertise in that area whose objective is to improve provision of the services.

2.4 Supportive Supervision in relation to other forms of support

In the process of conducting supportive supervision, assessment of quality is done to determine the level of performance so as to guide efforts to attain the quality improvement during the respective visit and subsequent visits. Thus, quality assessment is a means rather than an end in itself. The challenge however, is when quality assessment becomes the primary objective of a supportive supervision visit with supervisors spending most of the time filling in the checklist and less time to discuss them and get a consensus on the way forward. This part defines two approaches that are related to supportive supervision namely **mentoring** and **coaching**.

2.4.1 Mentoring

Mentoring is a process of practical training and consultation that fosters on-going professional development to yield sustainable high-quality clinical services' outcomes. It is conducted by a person (mentor) or team (mentors) for another person (mentee) or group (mentees) in order to help that other person or group do a job more effectively. Mentoring can be done for all professions but when applied in the clinical setting to improve delivery of health care it is referred to as "clinical" mentoring in which the mentors need to be experienced, practicing clinicians in their own right, with strong teaching skills.

2.4.2 Coaching

This is a training approach that seeks to achieve continuous improvement in performance through motivation, modeling, practice, constructive feedback, and gradual transfer of skills. It allows staff to learn on the job and immediately apply what they are learning and see how well it works.

Coaching should be:

- Balanced (give-and-take, mutual questioning, sharing of ideas and information, not one-sided)
- Concrete (focused on objective aspects of performance)
- Respectful (using behaviors that convey that the other person is a valued and fully accepted counterpart)

Coaching involves the following five steps:

- Step 1: Motivation - gaining the staff's commitment to acquiring the new behavior
- Step 2: Modeling - competently demonstrating and explaining the new behavior, with the opportunity for the trainee to ask questions
- Step 3: Practice -giving trainees the opportunity to apply and to demonstrate their ability to perform the new behavior, under the supportive supervision of the trainer
- Step 4: Constructive feedback - having the trainer share his or her evaluation of the trainee in a concrete, respectful, two-way interchange of ideas
- Step 5: Skills transfer -transferring skills gradually as the trainer allows the trainee the opportunity to undertake and demonstrate an increasing number of the sub skills involved in the new behavior, after which the trainee becomes competent to carry out the new behavior without supportive supervision.

2.4.2.1 Advantages of coaching

- It allows staff to learn while on the job.
- It allows staff to immediately apply what they are learning and see how well it works.
- It promotes a positive working relationship with staff, who previously may have considered the supervisor a critic.
- It makes staff feel supported and important.

2.4.2.2 Coaching in relation to supportive supervision and mentoring

Coaching is a catalytic and supportive style of supervision and mentoring. Coaching aims to challenge the trainee or encourage the trainee to stretch his or her thinking about the practice. Both supervisors and mentors should have coaching skills.

SECTION 3: CLIENT RIGHTS AND STAFF NEEDS

The supportive supervisor focuses on the needs and rights of both the internal and external clients. Therefore:

- External Clients have the rights to:
 - Information
 - Timely access to services
 - Informed choice to services
 - Safe services
 - Privacy and confidentiality
 - Dignity, comfort, and expression of opinion
 - Continuity of care
- HF Internal clients have the following needs:
 - Supportive working environment (e.g. adequate supplies, equipment, infrastructure and support from supervisors, management and clients)
 - Information, training, and career development
 - Domestically competitive salaries
 - Motivation through involvement in decision making and recognition of performance

The supportive supervisor should keep in mind these rights and needs when assessing quality, identifying gaps/constraints and finding solution jointly with the supervisee. See template for conducting patients'/clients' and providers interviews (Appendix IV and V).

Exit interviews are conducted among patients / clients as they are coming out from the facility. Interviews are aimed at establishing the level of satisfaction with the services provided.

During supportive supervision, supervisors should also take time to establish whether client feedback help desks have been established in the facility and are functional. The desks should serve as service points where patients / clients can go and give immediate feedback about the services they received, register complaints and also obtain information on interesting matters. Supervisors should make efforts to meet with leadership of the respective areas and community representatives such as members of the Council Health Service Board (CHSB) and Health Facility Governing Committee (HFGC). Supervisors should establish whether the management of the respective area conducts meeting with health related Civil Society Organizations (CSOs), Community Based Organizations (CBOs) and NGOs to discuss quality of services. Supervisors should hold informal talks with members of the community, as individuals or in their groups, to recognize some of the issues that may not surface during formal discussions.

SECTION 4: LEVELS AND SCOPE OF SUPPORTIVE SUPERVISION

4.1 Levels Supportive Supervision

Supportive supervision roles will be undertaken at National, Regional, Council, primary health facilities (Health Centers, Dispensaries) and community levels.

These guidelines cater for the needs of all parties involved in healthcare delivery in the country including the public and private owned health facilities. Newly established Super Specialized Stand Alone Clinics shall be supervised by team/s that shall incorporate technical experts from tertiary level hospital and Medical Universities with expertise on relevant technical issues.

Disease specific programs and specialized service organizations will need to develop detailed tools to cover technical aspects that are not contained in these national guidelines. However, the supportive supervision outputs should be integrated with that from the Joint Supportive Supervision (See section 7: How to supervise). It is therefore recommended that these guidelines should be used as a main reference in the development of specific tools for respective levels. Whereas, these guidelines will serve the purpose of developing a tool for the Joint Supportive Supervision, specific disease/programme tools should be developed to cater for the detailed technical issues.

4.1.1 National level

Supervisors at the national level will have the major task of looking at how the health policy and policy guidelines are being translated into achievable objectives at all levels. National level supervisors will primarily be responsible for supportive supervision of the National, Referral and Specialized Hospitals, which are Kibong'oto TB Referral Hospital (on transition to infectious disease center), Muhimbili Orthopedic Institute (MOI), Ocean Road Cancer Institute (ORCI), Mirembe and Isanga Mental Institutes, private consultant hospitals at national level and referral hospitals at regional level. In addition, they will supervise RHMTs. The National level Supportive Supervision team/s may also visit selected CHMTs and primary health facilities irrespective of ownership in case a need arise. It should clearly be understood by supervisors that each level of supportive supervision is responsible for the level immediately below it. However, supervisors will need to visit a selected sample of the lower level to assess the effectiveness of supportive supervision conducted by their subordinates and also ascertain the quality of information received at higher level.

The National level supervisors are categorized into the following:

- **Policy Supervisors** – The supervisory team will consist of the Minister, Deputy Minister, Permanent Secretary (PS) and the Chief Medical Officer (CMO) of the Ministry of Health, Community Development, Gender, Elderly and Children. Other officers may be incorporated whenever necessary. Their main objective is to ascertain adherence of implementers to issues laid down in national policies, guidelines and standards.
- **Health Systems Supervisors** – The supervisory team will comprise of Directors, Section and Unit Staff from various Divisions, Sections and Units of the MoHCDGEC and may co-opt members from outside the Ministry including PO-RALG and other health related sectors. The objective is to supervise issues related to administration, leadership; resources including medicines, supplies and infrastructure; effective and efficiency in service provision; information systems and clients satisfaction.

- **Technical Supervisors:** Divisions and or Sections and Units (including Disease Specific Programmes) will conduct Technical Supportive Supervision to address technical issues in more details.

4.1.2 Regional level

At the Regional level, the RHMTs will be responsible for supportive supervision of MoHCDGEC services in their respective regions. The major task of the RHMTs will be to ensure that the health policy and guidelines formulated at national level are translated and disseminated. Furthermore, RHMTs should ensure that CHMTs implement those policies and guidelines.

RHMTs will also supervise the Regional Referral Hospitals, other Hospitals at Regional Level, all CHMTs and District Hospitals. In addition, the RHMTs will supervise selected health facilities and communities to verify information provided by the CHMTs that supervised the respective level. The RHMTs will also ensure collaboration with the private providers of health services and other health-related sectors within the region. The RHMTs shall involve relevant technical officers/professionals (from both Governance and Technical Committee) during supportive supervision as may be deemed necessary. Also, these may come from within the health sector such as regional hospitals, voluntary agency hospitals and private practice. Other related sectors such as agriculture, education and water may be co-opted as may be necessary.

4.1.3 Council level

The Council is the focal point for the implementation of the health policy, guidelines and interventions. Its major role is planning, implementing, supervising, monitoring and evaluating health service interventions' packages for quality improvement. At the council level, the supportive supervision team will be composed of the CHMT members (from both Governance and Technical Committee). It may co-opt members from the private providers of health services and other health related sectors within the council. A member from the community CHSB, HFGC, or Village/Mtaa Health Committee may be involved during supportive supervision. Members of Supportive Supervision team may be co-opted from within the health sector such as district hospitals, voluntary agencies and private practice or other health related sectors.

Essentially the Council Team will supervise all HFs irrespective of ownership. They may visit selected communities where verification of information is required including health related CSOs, FBOs, PFPs, community and home based services, social welfare institutions including orphanages, child remand and elderly homes.

4.1.4 Health Centre

The Health Centre Management Team will carry out internal supportive supervision of health activities in their HFs and catchment dispensaries, both public and private.

Through the Integrated Management Cascade (IMC), the health centres will supervise dispensaries and the latter will supervise CHWs providing health service to their respective catchment areas including Home-Based Care services. Potential supervisors should be selected from the HF level for training on supportive supervision. Co-opting HF level supervisors, from time to time, in the Council teams will facilitate on-the-job training that will help supervisee to acquire hands-on skills.

The cascade approach will enhance coverage and continuity of supportive supervision to all HFs in the council. It also facilitates participation in self and peer supportive supervision, empowerment to monitor and improve self-performance. The Health Centre Supportive supervision team will comprise of members of the health

management team and social workers at Ward level. The team will supervise communities including CHWs and CSOs. For details on how to conduct such supportive supervisions consult the current Operational Manual of IMC.

4.1.5 Dispensary level

In hard to reach areas and where capacity exists in nearby dispensary, HSPs and Social Workers will be facilitated to carry out supportive supervision of health related activities in the dispensary and the communities. The dispensary in collaboration with CHWs and private HSPs including CSOs should ensure that health activities conducted at community and household levels like community and home based services, water supply, sanitation, RMNCH are correctly performed.

4.1.6 Community level

The structure for strengthening SS at community level is essential in order to achieve the HSSP-IV of “reducing household with quality health care” as shown in figure 1. CHW is supposed to supervise households and reports findings to Hamlet leader and Village Health Committee (VHC). At household CHW will supervise to ensure availability and use of sanitation facilities, proper waste management and transport to transient storage site, water treatment and storage, and discuss about home-based care (HBC) services with head of household. Health worker from nearby dispensary is supposed to supervise CHW on quarterly basis or as need arises. The areas to be supervised will include availability of Standard Operating Procedures (SOPs), equipment and supplies, guidelines for various community-based services, referral system and community linkages. Peer Supportive Supervision among CHWs is also encouraged to facilitate sharing of experience and best practices.

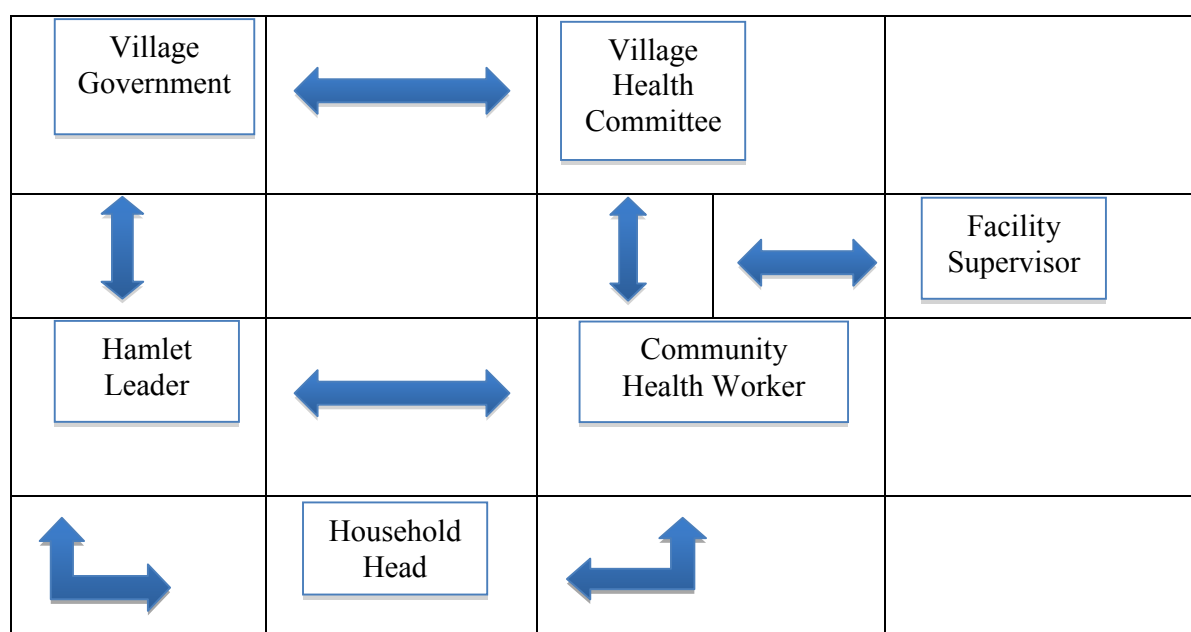


Figure 1: Supportive Supervision Structure at Community level

Note: It is the responsibility of the CHMTs to ensure that health facilities are enabled and have adequate resources for supportive supervision at the community level.

4.2 Scope of Supportive Supervision

4.2.1 Areas of supportive supervision

One needs to look at inputs, processes and outputs within the health facility service system which when co-coordinated effectively, will lead to quality improvement in promotive, preventive, curative, palliative and rehabilitative services.

During supportive supervision the areas to be supervised include:

- **Infrastructure:** state of buildings, working space and surroundings, power supply, water supply, sanitation and health facility waste management. These guidelines underscores the need for harmonized standards on infrastructure, based on Basic Standards for Health and Social Welfare Facilities and training institutions. Supervisors will need to be oriented on these standards and apply them as references during supportive supervision.
- **Resources:** Human, materials, finances and time.
- **Management:** Leadership, planning, organizing, i.e., maintains discipline, providing financial as well as non-financial incentives, monitoring and evaluation.
- **Service delivery:** Professional conduct and ethics, service standards, referral system, emergency preparedness and communication. In this version of guidelines more emphasis is put on comprehensive IPC and the Basic Standards for Health and Social Welfare Facilities.
- **Support functions:** ICT and Continuing education, documentation, health systems research, Health Management Information System (HMIS), Integrated Logistics System (ILS), inventory management and Transport Management Information System (TMIS). These Guidelines emphasizes on availability and quality of the Health Management Information System (HMIS) data. In addition, emphasis is put on use of HMIS data in both public and private HFs. Capacity strengthening will be needed by service providers to enable them improve data quality and capability to use it to improve quality of services provided.
- **Results:** Community involvement, clients' satisfaction, utilization and achievement of performance targets. These guidelines emphasizes on the need for standardized mechanisms for assessing clients' satisfaction to include patients, relatives and staff. Management at various levels is encouraged to introduce, in addition to suggestion boxes and exit interviews, complaint handling offices and community engagement meetings (See Appendix IV and V).

SECTION 5: DURATION AND FREQUENCY OF SUPPORTIVE SUPERVISION

5.1 Duration of Supportive Supervision

The duration and frequency of each visit should correspond to objectives of each level of the supportive supervision, expected workload, accessibility and expected output. In general, for effective supportive supervision, a minimum of two days should be spent for National referral, specialized and Zonal consultant hospitals; one day for super specialized stand-alone clinics and regional/council hospital; and not more than two PHC facilities, i.e., health centres and dispensaries should be visited per day.

5.2 Frequency of Supportive Supervision

The frequency of the visits should be as follows:

- The Health Quality Assurance Division through Health Services Inspectorate and Quality Assurance Section (HSIQAS) Office shall co-ordinate general supervisory visits at the national level. A team from the National level shall supervise national referral hospitals, specialized hospitals, consultant private hospitals, super specialized stand-alone clinics and regional referral hospitals at least twice in a year.
- The RHMT shall supervise the regional referral hospital, hospitals at regional level, CHMTs level I hospitals and specialized clinics and selected primary health facilities (both public and private) at least quarterly.
- The CHMT shall supervise level I hospitals at council level, health centers and all dispensaries at least once every quarter. Facilities that have more problems need to be visited more frequently, that is, more than once a quarter.
- The health centre supervisors shall supervise each dispensary in its catchment area at least once every quarter. Dispensaries may be supervised more than once per quarter if necessary.
- The dispensary supervisors shall supervise community based health-care services (provided by CHWs) once every quarter. If necessary, more frequent supportive supervisions shall be done.

SECTION 6: SETTING UP A SUPPORTIVE SUPERVISION SYSTEM

Effective implementation of supportive supervision requires systematic preparation that includes forming the supportive supervision team with relevant core competencies, training and orientation of the team to roles and responsibilities as well as determining necessary resources required to implement a supportive supervision.

6.1 Selection Criteria for Supervisors

In order to develop an effective and functional supportive supervision system, supervisors should be selected based on the following set criteria:

- Familiar and up-to-date with supportive supervision areas
- Familiar with essential health services interventions packages (refer to revised Comprehensive Council Health Plan (CCHP) guidelines)
- Familiar with quality improvement concept and health system
- Able to address both administrative and technical issues in health services
- Committed, responsible, able to communicate and have good interpersonal communication skills
- Able to offer support in relation to various challenges arising out of the working situation and resolve conflict.
- Flexible, respectful and hard working
- Able to demonstrate a positive attitude and facilitate team work

6.2 Core Competencies of Supervisors

Supervisors should have the following core competencies:

- Listening skills, ability to probe, analyse and formulate solutions.
- Ability to inspire others, establish and maintain trust, and promote teamwork spirit
- Adequate knowledge of what is being supervised.
- Openness to new ideas
- Ability to conduct coaching and learn from others.
- Ability to conduct supportive supervision and monitoring
- Ability to provide and receive feedbacks after each visit
- Ability to write and share supportive supervision reports timely

6.3 Training of Supervisors

Orientation and training of supervisors should include the following modules:

- Health sector reforms and health systems.
- Promoting partnership in the health system.
- Management of health service resources.
- Planning of Health, Community Development, Gender, Elderly and Children services (at respective levels).
- Monitoring and evaluation.
- Quality improvement in Health, Community Development, Gender, Elderly and Children services.
- Multi-sectoral disease control at various levels.
- Management and technical services.
- Coaching skills.
- Supportive supervision of health services.
- Communication skills.
- Routine data system - collection, analysis and use.

The orientation and training of supervisors should also include the following topics:

- A review of the basic purpose of conducting supportive supervision.
- Review of relevant guidelines, policies and standards.

- Descriptions of specific, key areas to be supervised.
- A description of the various forms, charts and registers used in various programmes.
- Effective communication and interpersonal skills.
- Roles and responsibilities of both supervisors as well as supervisees.
- How to use various tools for conducting supportive supervision.
- How to develop an action plan.
- How to review and assess actions taken from the previous supportive supervision visit.
- How to give and receive feedback.
- How to write summary reports.
- Accreditation systems and its applications.
- Monitoring and evaluation of supportive supervision.

6.4 Resources Needed

Various resources are needed in order to ensure that supportive supervision is effective. First, supportive supervision teams should prepare and communicate the supportive supervision plan and schedule of the visit. The plan and schedule should be shared in advance to the supervisees and health facility management to plan for the visit. The schedule should indicate the dates and sites to be visited. It should also be shared in advance with the transport officer and finance staff. Other required resources include:

- Reliable transport
- Adequate time for supervisor preparation before visit, travel, field visit, reporting and follow-up activities
- Allowances for the supervisors
- Stationeries
- Previous supportive supervision report, if available
- Tools for supportive supervision
- Report writing format
- Relevant references

SECTION 7: HOW TO SUPERVISE

Health facilities should be visited regularly and that both health facilities and the teams should be aware of the scheduling of the visits. Action plans should be jointly crafted at the end of each supervisory visit, and should be followed-up in the subsequent supervisory visits to ensure continuity and implementation of the recommendations. It is also important to create an environment that enables supervisors and supervisees to have opportunities to provide feedback on supportive supervision. Information and Communication Technology has been shown to improve effectiveness and efficiency of supportive supervision.

7.1 Types of supportive supervision

Supportive supervision is divided into different types depending on the purpose.

7.1.1 External Supportive supervision

This is a process used to oversee the operations and performance of individuals and facilities within a larger system such as a national, regional or district, health system. External supervisors [(National level, Regional level (RHMT) and Council level (CHMT)] re-orient to set national goals and standards, make site visits, jointly define performance expectations with supervisees, assess performance against the set standards, allocate resources within the system, facilitate supportive supervision to lower level of the system and follow up actions on performance gaps that require interventions within the same facility and/or from higher levels of the health system. External supportive supervision is recommended to be done at least on quarterly basis.

7.1.2 Internal Supportive supervision

This is a process which is particular to health/ social welfare facility or department of a health / social welfare facility that is used to oversee the performance of individuals and the quality of service delivery within their facility/department. Internal supervisors utilizes set standards to assess and monitor performance of the facility/department; supports and motivate providers with materials, training, and recognition; build teams and promote team-based approaches to problem solving; foster trust and open communication, collect and use data for decision making. Various tools are used to facilitate this process. Internal supportive supervision is recommended to be conducted at least once in a month.

Note: Internal supportive supervision and external supportive supervision complement each other. However, the frequency and duration may differ depending on various factors. Both approaches should in the long run, help to identify and address performance gaps so as to improve service provision.

7.1.3 Peer Supportive supervision

Peer supportive supervision is an approach by which HSPs look into the performance of their colleagues with the same professional qualification. This should happen on a voluntary basis and be initiated by the staff members themselves. It is the role of the supervisor to promote this type of supportive supervision to HSPs and to encourage them to apply it. This approach is very useful for different cadres of HSPs including supervisors at all levels. Peer supportive supervision can be conducted within the facility or between two facilities of the same level. Supervisors from other facility could be invited to have a collegial look into the performance of the other facility. Peer

supportive supervision has an additional value to internal supportive supervision in that it acts as an independent eye that scrutinizes issues more objectively. Since the relationship is collegial, supervisees are more receptive to challenges identified by their colleagues without hard feelings. In addition, peer supervisors might even suggest approaches to address challenges that they might have faced in their own work places. In fact, HSPs may solicit peer supportive supervision from colleagues who have been successful in addressing a particular challenge that the host facility is still grappling with.

7.1.4 Self Supportive supervision

This is the process by which individuals monitor and improve their own skills and performance. The process encompasses setting up clear performance expectations (including professional standards), assessing skills, measuring performance, eliciting customer feedback and monitoring health outcomes. This is a very promising way to encourage individual staff members to identify and correct weaknesses on their own. In this scenario, the supervisor can become a motivator for the HSPs, who can facilitate this process using technical and psychosocial skills. Experience shows that, self-supportive supervision can become an efficient compliment to any supportive supervision. Supervisors should encourage HSPs to do self-supportive supervision using adapted tools. The emphasis of self-supportive supervision should focus on identified performance gaps from previous supportive supervision visits.

7.1.5 Cascade Supportive Supervision

This supportive supervision involves giving power to the lower level facilities to supervise their respective lower facilities where by, health centres management team is empowered to oversee and supervise dispensaries in their catchment area. Similarly, HCWs at dispensary level are empowered to oversee and supervise CHWs in their catchment area.

NB: When the five types of supportive supervision explained above are used efficiently they guarantee adequate support and successes in accomplishing all core tasks of supportive supervision namely:

- Set objectives and standards;
- Monitor and assess performance;
- Identify problems, opportunities and provide immediate feedback; and
- Provide late feedback and follow up action.

7.2 Processes for Conducting Supportive Supervision

7.2.1 Stage I: Planning and preparation

Supportive supervision must be included in the annual health plans at each level and communicated to the HSPs to be supervised. It should start by going through the previous supportive supervision reports if available. Take note of important health issues, action points already known or reported if any.

In planning and preparation, the following are included:

- Review records such as progress reports or previous supportive supervision reports and/or data from the HMIS.
- Identify specific supportive supervision needs from the respective facilities.
- Set clearly defined objectives and standards.

- Prepare logistics, teams and other resources.
- Prepare supervisory tools.
- Schedule and communicate to the supervisee, administrative authorities and community where appropriate.

7.2.2 Stage II: Actual supportive supervision

At the actual supportive supervision stage, the supervisors should adhere to the adapted tools, assess the performance, identify needs and provide support. They should:

- Get to the facility on time
- Pay courtesy call to the relevant authorities (introduce yourself and your team, objectives, sites to be visited and de-briefing date)
- Introduce oneself and team, purpose of the visit and agree on how the supportive supervision will proceed
- Review previous supportive supervision report, assess level of implementation of agreed tasks
- Provide feedback in relation to the previous tasks if any
- Establish if there is any alarming problem that needs immediate attention and agree on corrective measures to be taken
- Observe HSPs perform tasks
- Note tasks done well and those areas which have problem in performing
- In the absence of an external client, interview the supervisee (internal client) to establish level of knowledge for a given task
- Demonstrate correct way of performing problem tasks (if you have up to date knowledge and skills) and ask supervisee for return demonstration. Make correction accordingly.

7.2.3 Stage III: Immediate feedback

The supervisor meets with the supervisee to discuss findings from the respective areas:

- Find an appropriate place with privacy for feedback
- Apply sandwich approach when giving a feedback, starting with positives, then areas for improvement and finish with positives (strengths)
- Encourage the supervisee to point out their strengths and weaknesses using the supervisors tool
- Praise the HSPs for tasks done well without going into specifics
- Ask for feedback from the management team (areas done well and those needing improvement, referring to the previous report)
- Stimulate HSPs to think on how to solve problems on their own.
- Prepare an action plan for the weaknesses observed during the supportive supervision

The supervisors meet with the respective Health Facility Management Team (HFMT) to discuss findings from the respective areas.

- Apply a sandwich approach
- Praise the HFMT for tasks done well without going into specifics
- Ask for feedback from HFMT (areas done well and those needing improvement referring to the previous supportive supervision report (internal/external))
- Discuss with them on problem areas

- Work out together on feasible solutions and agree on areas for improvement

Note: The responsibility of the supervisor is to guide the supervisee to identify gaps and work with him/her to find solutions.

The immediate report summarizes the strengths, major problems or weaknesses, the actions agreed (between the supervisor and health workers supervised) to show weaknesses, time frame, and responsible person to ensure that the problems are solved.

NB. Leave a copy of the immediate feedback report at the supervised facility. Each facility should have a file for keeping supportive supervision feedback reports. There will be a need to translate reports into Kiswahili to enable the majority of staff to fully understand the information and participate in the supportive supervision.

7.2.4 Stage IV: Final feedback and follow-up action

- Supportive supervision reports shall be circulated to relevant stakeholders at national, regional and respective councils. Councils should make sure that they send extracts of the reports to respective facilities that were supervised.
- Supervisory reports should be discussed in planned RHMT, CHMT and HFMT meetings. Recommendations and follow-up actions should be laid down in the minutes of meetings and be shared with relevant stakeholders.
- Responsible officers at national/ regional/ district/ facility levels to ensure actions are taken on identified problems; including informing other programmes and or officers likely to address the problems.

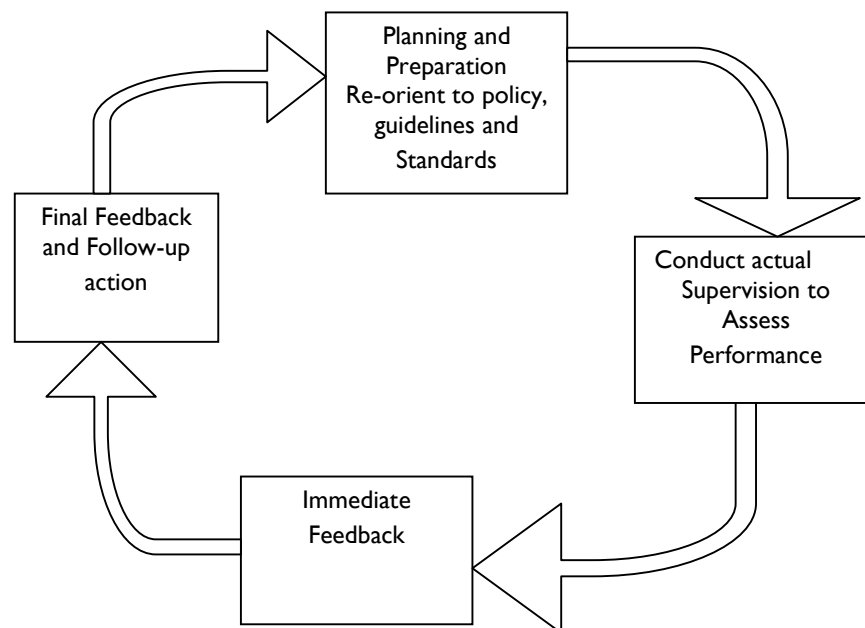


Figure 2: Summary of supportive supervision process (Source¹⁵)

7.3 Use of electronic devices in Supportive Supervision

Traditionally SS has been conducted using paper based tools which make data collection, reports compilation and immediate feedback difficult. Development in information technology such as use of electronic tools provides an opportunity to improve implementation of SS. A study has shown that the use of electronic tools will improve data accuracy, simplify data collection, reports handling, immediate feedback to facilities and other stakeholders¹⁶. Based on this evidence, MoHCDGEC will work with mHealth Implementers to develop electronic tools for data capture during supportive supervision. The tool will also facilitate data processing and reporting to the various stakeholders. Through the use of the electronic system, a database will be designed to act as a repository that will store data collected during supportive supervision.

7.4 Tips to Make Supportive Supervision Effective

Supportive supervision varies with context hence the need to align objectives of each supportive supervision visits accordingly. Therefore, to ensure effectiveness of SS the supervisor should:

- Make preparation prior to the visit:
 - ✓ Orientation of supervision team on Dos and Don'ts
 - ✓ Selection of supervision sites

¹⁵ MAQ (2002). Making Supervision Supportive and Sustainable: New Approaches to Old Problems, MAQ Paper No. 4 of 2002 pg. 6. Accessed from <https://www.k4health.org/sites/default/files/maqpaperonsupervision.pdf> on 5th January 2017

¹⁶ Dominick, M., Christopher M, Flora K., et al. (2016). Embedding systematic quality assessments in supportive supervision at primary healthcare level: application of an electronic Tool to Improve Quality of Healthcare in Tanzania. BMC Health Services Research 16:578

- ✓ Duration of supervision
- Select team members who have required knowledge and skills
- Establish Terms of Reference (ToR)
- Use effective communication during SS and feedback
- Differentiate SS from inspection visits
- Build positive supervisory relationship
- Be proactive aiming at closing performance gaps and future problem
- Focus work processes and support system

In the course of supportive supervision, supervisors should note areas of weakness that will require mentoring during subsequent visits. Where the problem is found to affect the majority of facilities, HSPs may be invited to a centre from which they can efficiently be trained. Supervisors should resist temptations to spend more time in identifying mistakes and grumble about them and assist supervisees to come up with effective solutions. Supervisors should remember that the primary purpose of supportive supervision is to facilitate supervisees to improve performance, hence, quality of services. Gathering data and writing good reports is of secondary importance aimed to assess whether or not the primary objectives of the supportive supervision are being achieved or not.

7.5 Areas to be supervised

The areas can be grouped into two: service delivery areas based on the EHCIP-Tz; and HSPs competencies

7.5.1 Health care services

Priority area 1: Medicines and medical equipment, medical and diagnostic supplies management system.

Priority area 2: Reproductive, Maternal, Newborn and Child Health

Priority area 3: Communicable Disease Control

Priority area 4: Non – Communicable Disease Control

Priority area 5: Treatment and care of other common diseases of local priority within the Council

Priority area 6: Environmental Health and Sanitation

Priority area 7: Strengthen Social Welfare and Social Protection Services

Priority area 8: Strengthen Human Resources for Health, Management Capacity for improved health services delivery

Priority area 9: Strengthen Organizational Structures and institutional management at all levels.

Priority area 10: Emergency preparedness and response; referral system

Priority area 11: Health Promotion / Behavior Change Communication (BCC).

Priority area 12: Traditional and alternative medicine.

Priority area 13: Construction, rehabilitation and planned preventive maintenance of physical infrastructure of HFs.

Addition areas:

- Specialized and super specialized services in a facility.
- Emergency and Critical Care services.

7.5.2 Professional competencies

- Clinical skills: history/physical examinations, patient investigation, clinical decision making and provision of care

- Health promotion/prevention skills
- Interpersonal skills for effective communication
- Information handling
- Equipment, supplies and medicines management
- Linking clients with other support services

7.6 Methods for collection of information during Supportive Supervision

7.6.1 Direct Observation

In this method the supervisor observes and records the actions of HSPs. This area will require observation of health professionals while providing health services. The main limitation of the observation method is that the supervisor's presence may influence the HSPs performance. Despite this limitation, direct observation is often considered to be the most reliable method and hence it is used as a reference point and should be encouraged. In addition, when observation method is used, patients should have prior information.

7.6.2 Review of records

This method entails reviewing records which detail HF activities and patient health problems including: Patient file/record, Partograph, Patient registers, Ledger, Internal SS reports, Peer SS reports, Previous SS report, Quality Improvement Plans (QIPs), Minutes from meetings aimed to discuss implementation progress, community engagement, patient's medical records, data reporting for HMIS, facility log book and the hospital file. It is emphasized that medical and other records provide accurate information. The review of these records should be done during each visit in order to:

- Verify correctness, completeness and timeliness.
- Obtain data on the facility for planning, monitoring and evaluation of health and social services.
- Identify training needs.

7.6.3 Interviews

7.6.3.1 Exit interview with the client/patient

This methodology is used to collect quantitative data. Interviews are necessary to complement triangulation of data collection methodologies, the others being observation and documents reviews. A supervisor uses tool as a guide to conduct the interview to clients, providers or management. The following tips will enhance the process of interview:

- Provide room for the interviews in order to promote confidentiality
- Ask client to describe what happened during the encounter
- The supervisor shall record the responses from interviewee guided by interview guide
- Data collected through this method is limited by patient or care takers observation capacity, understanding of situation, and memory of the consultation

7.6.3.2 Interview in the community

Exit interview has some limitations of getting socially desirable responses. In order to address this, supervisors may decide once in a year to conduct a similar exercise in the community. Supervisors should include in the annual plan the dates for conducting such surveys. Some supervisors might be limited by time to conduct

surveys. These are advised to use students from nearby health training institutions to conduct the surveys as part of their research training. Supervisors should work with tutors from these schools in supervising data collection, analysis and presentation. CHMT / HF should set aside a budget to support students' expenses during the survey. A template questionnaire for conducting the interview is found in Appendix IV and V

7.6.3.3 Interview with HSPs/management

This method involves interviewing HSPs or facility management on various issues that are non-technical (administrative) and technical on how to manage specific conditions. The supervisor asks the HSPs questions that follow the steps of consultation. The response is recorded in respondents' own words. The interviewer will need to ask for clarification in responses, which are not clear. However, care must be taken to ask open-ended questions because health facility providers tend to over-report to please the supervisor and avoid being poorly scored. The information collected will later be recorded (if necessary) and later analyzed.

Note: Supervisors should conduct interviews to elicit the level of providers' satisfaction at least once in a year. Self-administered questionnaire can be prepared using a template found in Appendix VI. In order to ensure confidentiality the questionnaire should be anonymous. After completion of SS exercise, supervisors will analyze the data. During subsequent visits supervisors should use findings from the interviews to discuss with supervisees grievances noted and the best way to address them.

7.6.4 Use of combined methods

It should be remembered that each method has its advantages and limitations, and none is adequate for all situations. For these reasons, using a combination of methods is usually more reliable. The team must identify the most feasible data collection method and issues to be addressed for each supportive supervision visit.

7.7 Scoring System

Supportive supervision is about assessing how HSPs perform during provision of health and social services to the patients or clients. It is not about assessing HSPs as individuals. The performance of HSPs needs to be measured. Performance measurement is a method of determining quality of inputs, processes and outputs in a system. It aims at answering the question "where are we now?" It involves collecting data, analyzing them, and uses the results to improve standards of care and reduce mistakes.

Every indicator assessed or supervised need to be scored. The scoring system in the Checklist (see Part III) is as follows:

- 0 score (not performed at all or not available)
- 1 point (sometimes or irregularly performed or present but not functioning and
- 2 points, well performed or available and functioning.
- NA, not applicable.

It should, however, be noted that one may opt to score using the following system:

Yes - When an observed element is in full conformity to the standard or Best Practice then the assessed element or area is considered to be “fully observed” and therefore scored as Yes or Y in short.

Partial - When an observed element is between full conformity and non-conformity then the assessed element or area is considered to be “Partially Observed” abbreviated as P.

Not at all - When an observed element is not in existence or is not at all in conformity to the standard or Best Practice then the assessed element or area is considered to be “Not at all observed” abbreviated as N. Whereas NA score is for not applicable indicators. During scoring YES should be given a score of 2; PARTIAL a score of 1 and not at all a score of zero (0).

7.8 Data entry and analysis

The filled forms should be kept in secure place. For hospitals supportive supervision or assessment, the data will be analysed using computer software. For primary HFs, self-supportive supervision or assessment, a summarised version of the assessment tools will be used which will be easy for manual analysis of the data.

For external supportive supervision or assessment of primary HFs by CHMT, the comprehensive assessment tools will be used and the data will be analysed using computer software.

With the introduction of electronic devices, data will be entered in computer software on the site. Outputs from the devices can be shared immediately with the supervisees. This will enhance efficiency hence effectiveness of supportive supervision.

7.9 Results presentation

- Work out areas of strength and those in need for improvement.
- Present the results to all staff and HFGC or CHSB or Hospital Boards.
- Allow open discussion on reasons and factors that have influenced the results and document them. They are valuable information to improve assessment skills next time.

7.10 Developing Quality Improvement Plans

Finally supervisees, under the guidance of supervisors, should develop an action plan based on findings (weaknesses) from supportive supervision. The plan will consist of areas of performance gaps, an analysis of the underlying factors, objectives on selected priority issues, strategies for interventions and activities planned to accomplish the strategies. The action plan should contain title of the responsible person/s, resources necessary to accomplish the plan, the timeframe and indicators that will be used to objectively verify whether objectives have been attained or not.

7.11 Monitoring and Evaluation of Supportive supervision

At the end of the year supervisors will plot the trend on the progress made for each indicator. Discussion should then be made on areas of weakness with a view to set strategies for implementation in the next year. Supervisors should also prepare charts and graphs for dissemination to stakeholders. Best performers should be recognized and rewarded. Best performers might include those who ranked high in the performance list and/or those recording highest level of improvement. Each year supervisees should get opportunity to assess supervisors on the quality of SS. A feedback form should be distributed for supervisees to fill in. Supervisors will analyze

the forms and use the findings to institute necessary changes aiming towards improvement of the quality of SS.

7.12 Disseminating Best Practices

In the course of SS, some supervisors will be exposed to best practices for addressing encountered challenges. The MoHCDGEC will support regions and Councils on knowledge management through innovations by incorporating research, documentation and dissemination of such findings. Dissemination will focus on posting the success stories on the website, dissemination of reports, presentation in annual conferences such as NQIF, etc.

SECTION 8: SUPPORTIVE SUPERVISION REPORT WRITING

8.1 The purpose

The purpose of a SS report is to inform the supervised HSPs, decisions makers and other stakeholders about the quality of services being provided.

8.2 Format of SS Report

The content of the report shall include:

- Title
- Table of contents
- Acknowledgement
- Acronyms
- Executive summary
- Introduction
- Objectives
- Findings and analysis/observation based on what was supervised
- Conclusions and recommendations
- Appendices
- References

8.2.1 Details of the SS Report Format

Acknowledgement: Word of appreciation to individuals and stakeholders who participated and supported the supportive supervision.

Acronyms: Short forms (abbreviations) of words written in full.

Executive Summary: This section presents to the reader in summary form the most essential information of what are in the whole report. It is supposed to not exceed two pages. It includes the objectives of the SS, findings, conclusion and recommendation. In the report, the summary comes first, but it is written after all the proceeding sections of the report have been written.

Introduction: States the purpose of the SS, places visited and key people met. A brief description of the methodologies applied in conducting the supportive supervision should be included in this section.

Objectives: It states broad and specific objectives of conducting the supportive supervision.

Findings: This part presents the analysis of all strengths, weaknesses and constraints or challenges observed during SS. Emphasis can be made on those key issues (weaknesses) found.

Recommendations: This part includes suggested actions or activities to be taken or implemented by respective levels in order to improve weaknesses that were observed with resultant improvement in quality of service.

Conclusion: This part winds up the report and reinforces the main messages of the whole report. It draws inferences from the entire process about what have been found and the impact of the findings.

Appendices: The information that supports the findings, analysis and validates conclusion will be placed in the appendices. Example of information that could be included in the appendices are figures, graphs, tables, pictures, maps, charts, letters, questionnaire, other tools and names, designation of people met as well as their contact addresses.

PART II

SECTION 9: SETTING UP NATIONAL MENTORING SYSTEM

In order to improve quality of health services provided in HFs it is important to have functional mentoring system that is linked to SS. During SS, supervisors will identify issues that require intervention from both administrative and clinical mentors. Therefore, in order to have a functional national mentoring system, it is important to define qualities, competencies and training of mentors, resources needed and items to be covered during mentoring as well as defining the levels of mentoring.

9.1 Qualities of a Mentor

For effective mentorship, a mentor should have the following qualities:

- Has sufficient knowledge, skills and experience in areas to be mentored;
- Be approachable and accessible with good interpersonal communication skills;
- Be actively practicing/providing administrative or clinical services;
- Be familiar with the all levels of service delivery in the country, common illnesses, the disease pattern in the country and appropriate language (Kiswahili and English);
- Committed and available to provide technical assistance to less experienced HSPs; and
- Have the required core competencies
 - ✓ Ability to help mentees improve knowledge, skills and confidence to provide health services accurately, consistently and independently;
 - ✓ Use a variety of mentoring techniques such as bedside teaching, demonstration and return demonstration and clinical case review/discussions at several avenues including grand rounds;
 - ✓ Ability to establish an effective learning environment as part of a mentoring visit;
 - ✓ Ability to share with the mentee teaching tips or clinical management suggestions in the presence of mentee and patient; and
 - ✓ Ensure that communication flows appropriately in three directions between mentee - client, mentor-mentee, and client-mentor.

9.2 Training of Mentors

In order to ensure that mentors are well prepared and familiar with their work, it is important to cover the following key components in training:

- Updates of quality, quality improvement (QI) and quality assurance (QA);
- Communication and coaching skills;
- Basic concepts of mentoring;
- Roles and responsibilities of mentors;
- Mentoring process and methods;
- Practicum of mentoring including the use of mentoring tools;
- Synergy between SS and mentoring; and
- Monitoring and evaluation.

9.3 Resources Needed for Implementing Mentoring

Mentorship recognizes the importance of capacity development, continuing education, adult learning, and support for HSPs and the long-term sustainability and wellbeing of both the personnel and health care system. This initiative needs stakeholders to

mobilize resources for its implementation. The resources needed are similar to SS and include:

- Reliable allocated transport (can be shared with supervision team);
- Adequate time for mentors' preparation, travel, field visit, immediate feedback, reporting and follow-up activities;
- Travelling allowances;
- Communication cost;
- Stationery;
- Tools for mentoring;
- Monitoring and Evaluation tools;
- Communication support: radio call, airtime, landline, e-mail or internet access; and
- Support for mentoring review meetings.

9.4 Levels of Mentoring

Mentoring will be conducted in all levels of health service provision namely National, Regional, Council, Health Facility and Community.

9.4.1 National/Zonal Level

There will be a pool of mentors at national and zonal level that will be identified, trained and coordinated by MoHCDGEC. National/Zonal mentors shall be posted to regions or the consultant hospitals in accordance with technical/clinical needs identified or reported.

9.4.2 Regional Level

RHMTs shall coordinate and oversee the implementation of mentoring activities at the regional level. They shall keep record of mentors trained on mentoring and increase pool of regional mentors in the region, disseminate the guidelines to districts, identify mentoring needs at the Council level, and communicate with MoHCDGEC or consultant hospitals for facilitation/guidance and technical backstopping. The regional mentors' primary responsibility is to provide in-house mentorship to the colleagues of the regional hospital and build capacity of council mentors. In addition, the RHMT shall develop activity calendar, organize meetings between supervisors and mentors for sharing information and follow-up of actions.

9.4.3 Council Level

CHMTs shall coordinate and oversee the implementation of mentoring activities at the council level. CHMTs shall identify mentoring needs at the HF level (level I hospitals, Health Centres and Dispensaries), select mentors; create and keep an inventory of council mentors, coordinate mentors and mentoring activities in the council, ensure documentation and facilitate information sharing, assess mentors' performance, follow up action plans and outcome of the mentoring and coordinate meetings between supervisors and mentors.

9.4.4 Primary Health Facility and Community Levels

Mentorship within the HF is a cost effective and sustainable approach for quality improvement in health care services. Mentors at Health Centres may be from the Council level or nearby Health Centres. Mentors from Health Centres will mentor the Dispensaries in their cascade and mentors from Dispensaries will be responsible for mentoring CHWs.

9.5 Mentoring Process

This section describes the mentoring process, the frequency and the methods of conducting mentorship as shown in Table 1.

Table 1: The Mentoring Process and Tasks Performed in Each Stage

Stage/Process	Tasks to be Performed
Pre-mentoring planning (Supervisor)	<ul style="list-style-type: none"> • Orient the HF Management and mentee to the upcoming mentorship initiative, which should cover the process and the expected outcome of mentorship. • Obtain permission from appropriate authorities. • Make necessary logistics • Plan and communicate with the mentee about the mentor's arrival date and time
Mentor's arrival at the HF	<ul style="list-style-type: none"> • Greet site authorities and staff. • If time allows, tour HF to get a sense of how services are provided.
Establish a warm mentoring climate	<ul style="list-style-type: none"> • Introduce yourself to the mentee. • Establish a warm relationship with the mentee and HF staff. • Make your mentee feel comfortable and at ease.
Arriving at a mentoring agreement with mentee	<ul style="list-style-type: none"> • Explain mentoring needs reported to you and major objectives of the mentoring visit. • Review the action plan of the previous mentoring visit and its implementation status with the mentee • Ask the mentee if there are any areas that the mentee especially wants to work on, or has had difficulty with. • Explain the mentoring process and how you like to mentor.
Assess mentee's performance with the mentoring tool	<ul style="list-style-type: none"> • Explain how you will assess the performance of mentee with the tool. • Use the tool as a guide to assess and record it as you go through the mentoring process.
Review records	<ul style="list-style-type: none"> • Review records e.g. registers or client file. Let the mentee summarize background information. • Identify a few issues to discuss with the mentee.
Establishing warm care environment for client/patient	<ul style="list-style-type: none"> • The mentee shall introduce the mentor to client/patient. Make the client/patient to feel comfortable, that both of you will attend the client/patient together.
Begin client/patient care encounter with mentee	<ul style="list-style-type: none"> • The mentee shall start providing the service as he/she normally would. • The mentor's role at this point is to OBSERVE and ASSESS. Do not interrupt the mentee at this early stage. • Be attentive to what the mentee and patient are saying.
Identifying teaching moments	<ul style="list-style-type: none"> • Teaching moments occur when 1) you have identified something to contribute or teach during client/patient care encounter, and 2) the timing is appropriate to do so. • Contents that you may wish to contribute include: <ul style="list-style-type: none"> ✓ Follow-up questions supplementing knowledge

	<ul style="list-style-type: none"> base; ✓ Demonstrating a procedure; ✓ Model communication skills; and ✓ Suggest alternative management approach. • Timing for teaching moments: <ul style="list-style-type: none"> ✓ Be mindful of WHEN and HOW you chip in; ✓ Avoid long and extended discussion with the mentee in front of the client/patient; ✓ Be mindful of what is and is not appropriate to discuss in front of the client/patient; and ✓ Look for an opportunity to have a private conversation with the mentee, especially when providing constructive feedback to the mentee.
Client/Patient education and instruction	<ul style="list-style-type: none"> • Communicating instructions to client/patient is an opportunity to educate him/her and can be also an indirect way to educate the mentee.
Between clients/patients	<ul style="list-style-type: none"> • The private time you have with the mentee between clients/patients is an ideal time for targeted, focused teaching. • This can be an opportunity for the mentor to: <ul style="list-style-type: none"> ✓ Reinforce key teaching points from earlier service provision session; and ✓ Answer mentee's questions.
Next client/patient	<ul style="list-style-type: none"> • Process repeats • The mentee could feel more confident. • Allow the mentee to do most of the activities. • Review and assess the mentee's performance.
Post mentoring feedback session	<ul style="list-style-type: none"> • After all the clients/patients have been attended to, find a quiet and ideally private place for a feedback session with the mentee. • Ask the mentee: "how did the session go for you?" "What did you like?" and "what did you learn?" • Provide feedback to the mentee with the mentoring tool recorded, utilizing principles of providing effective feedback: <ul style="list-style-type: none"> ✓ Start with positive, encouraging feedback. (things that you observed the mentee doing well); and ✓ Then, identify areas you feel the mentee should work on. Be specific and concrete. ✓ Conclude feedback with encouraging remarks; restate positive things that the mentee is doing. Encourage the mentee to keep working on self-improvement. Ask the mentee to give you feedback. • Examples of how to do this include asking the following questions: <ul style="list-style-type: none"> ✓ How did the mentoring session go for you? ✓ What things did you especially like? What was particularly useful for you? ✓ What are some things that you didn't like, or was not as helpful to you? ✓ Are there issues that we did not cover today? Are there things you want help with which we did not

	address today?
Planning the way forward	<ul style="list-style-type: none"> • At the end of the feedback session, make a plan with the mentee about next steps for continued professional growth. Agree on things the mentee will: <ul style="list-style-type: none"> ✓ Work on after this mentoring session by when; and ✓ Try to teach or support on a future mentoring visit. • Identify a means of communication between you and the mentee and invite mentee to call you with any questions that may come up between mentoring visits • Identify other ways that you can support the mentee between mentoring visits <ul style="list-style-type: none"> ✓ Does the mentee need job aids? ✓ Were there questions/issues that came up today which the mentor did not have the answer to? ✓ Identify issues or questions that the mentor will look up (from other colleagues, senior mentors, internet, etc.). • Identify how the mentor will share what she/he learns with the mentee. <ul style="list-style-type: none"> ✓ Plan the next mentoring session: When? ✓ Prioritizing the issues for the next mentoring session
Documentation	<ul style="list-style-type: none"> • Document the mentee's performance utilizing the mentoring tool. This allows mentors to track mentee's improvement in specific areas. • Document all mentoring activities done using the mentoring reporting format: who was mentored, what was mentored, what methodologies were used, number of clients/patients seen together, what issues have been solved and what were unsolved and what the mentee needs to do with timeline. This will be an action plan for the mentee as well as a reminder to yourself to look for ways to introduce topics that have not yet come up for the next visit.

Adopted from NACP (2014). A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services. Second Edition

9.6 How Supportive Supervision and Clinical Mentoring Overlap

Although supportive supervision and clinical mentoring are two very different approaches, there are areas in which they overlap as shown in table 2.

Table 2: Overlaps between Supportive Supervision and Mentoring

Supportive Supervision	Overlap	Mentoring
Space, equipment and forms	Patient flow and triage	Case review
Supply chain management	Clinic organization	Bedside teaching
Training, staffing and other human resource issues	Patient monitoring and record keeping	Journal Club
Entry points	Case management observation	Morbidity and mortality rounds
Patient satisfaction	Team meetings	Assist with care and referral of complicated cases
	Review of referral decisions	Available via distance communication

Adopted from WHO Recommendations for Clinical Mentoring to Support Scale-Up of HIV Care, Antiretroviral Therapy and Prevention in Resource-Constrained Settings

PART III:

SECTION 10: GENERIC TOOLS

This generic tool intends to guide supervisors on which areas they should focus their attention during supportive supervision. Furthermore, the tool will assist RHMTs, CHMTs and other levels to design supportive supervision checklists and/or self-assessment tools. It is not feasible to take all details into account. If during the daily work, users of this generic checklist come across topics, which are not at all, or not sufficiently covered they are invited to share their observations with the MoHCDGEC.

The National Supportive Supervision Tool is supposed to be simple, user friendly and should not bear too many details. Each department should make the detailed checklists for local use and should be formatted in accordance to the national guidelines.

The tool is arranged in a table format, which has **SIX** columns with the following information:

- ✓ **Column 1: Standards:**
- ✓ **Column 2: Number of indicator question:** It shows the number of indicators in chronological order.
- ✓ **Column 3: Indicator questions:** A number of indicator questions listed which need to be asked and/or observed during a supervisory visit in relation to a standard.
- ✓ **Column 4: Verification criteria:** These are statement (s) representing best practices or ideal situations which are used to score against a corresponding indicator question and standard. It is a yardstick used to measure the performance of healthcare providers against an indicator and a standard.
- ✓ **Column 5: Response:** This can either be Yes (Y), Partial (P), No (N), or Not applicable (NA) in which Y=2, P=1, N=0
- ✓ **Column 6: Remarks:** In this column the supervisor or assessor will note down any deviation (s) from the verification criteria.

TOOL FOR SUPPORTIVE SUPERVISION OF HEALTH FACILITIES

A: Infrastructure:

A: Infrastructure:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
The facility infrastructure is appropriate for effective provision of services.		Health/Social Welfare facility/training institution infrastructure			
	1	Are the buildings in good state?	The buildings are constructed with permanent building materials with intact walls, ceilings, doors and windows in good state.		
	2	Is there adequate lighting and ventilation (both natural and artificial)?	Rooms have windows for ventilation as per standards Room have functioning lights		
	3	Does the service areas have adequate space/size	Adequate size of the rooms as per standards Adequate number of service delivery rooms present as per standards Adequate waiting space as per standards Adequate number of wards as per standards		
	4	Is there adequate furniture to accommodate all clients waiting for services?	There are adequate chairs/benches or slabs for client to seat while waiting and/or receiving services. Chairs and benches are in good condition		
	5	Is there adequate audio and visual privacy?	Rooms with closed doors to prevent client from being seen or heard during service provision		

			Areas are sectioned off by curtains /screens depending on type of services.		
6	Are the service areas accessible and disability user friendly?	Buildings have, ramps, lift, escalator and hand rails			
		Separated toilets for wheelchair users			
		Toilets with wider doors			
7	Is the facility having enough security and safety?	Facility has secured fence.			
		Facility land surveyed and ownership documents available			
		Facility has security guard			
Water Supply					
8	Is there reliable supply of safe water?	There is running water			
		Water supply system has no leakage, blockage, etc.			
		There are enough water storage containers			
Drainage and Sanitation					
9	Are there adequate sanitation facilities?	There are at least three toilets; one for male, one for female and one for staff			
		Staff and clients have access to toilets all the time			
		Toilets are clean and good working condition			
		Toilets/latrines have adequate hand hygiene facilities			
10	Is the sewerage and drainage system functioning?	Drainage system in good state and functioning (no overflow/leaking).			

		Power/Energy Supply			
	11	Is there reliable source of energy supply including during emergencies?	Reliable energy supply available and functional (Source: National grid, facility generator, solar).		
		Fire protective /fighting equipment			
	12	All buildings in the facility have functioning fire protective /fighting equipment?	Fire protective/fighting equipment functioning and easily accessible (fire extinguishers and colour coded sand buckets)		
			Staff trained on fire protection/fighting		
			Fire protective/fighting equipment serviced as per schedule and not expired		
	13	Is the buildings in the facility having emergency fire protective /fighting system?	Verify presence of:		
			• Fire alarm system		
			• Exit door		
			• Assembly point		
			• Emergency contacts		
		Storage facility			
	14	Is there a main facility storeroom with adequate space, secured and well arranged?	There is a separate store in good state and well equipped		
			Verify to identify if the storage procedures are properly followed. (Ordering, documentation system, monitoring, retooling plan and preventive maintenance).		
			Each department has an inventory list displayed and is update		
			The store has doors with locks		

			Stored items well organized and in accordance with 5S principles		
		Staff houses			
	15	Does the facility have staff houses?	There are at least houses for key staff: <ul style="list-style-type: none"> At least 3 staff houses (Y), At least 2 staff houses (P), Or Less than 2 houses (N) 		

B: Infection Prevention and Control (IPC):

Standard	No	Indicator question	Verification Criteria	Response Y/P/N/NA	Remarks
The National IPC guidelines for healthcare services in Tanzania available and accessible	16	Infection prevention and control process			
		Are the National IPC guidelines available and accessible?	Verify the availability of:		
			<ul style="list-style-type: none"> National IPC standards National IPC pocket guide PEP guidelines Healthcare Waste Management Guidelines 		
PEP Guidelines utilized	17	Are healthcare providers aware of PEP guidelines?	Verify if healthcare workers can mention correctly the first aid procedure in an event of exposure to blood or body fluids		
			Observe if steps of PEP are displayed on respective service areas		
Standard operating procedures for IPC are available and accessible.	18	Are Standard operating procedures (SOPs), available and accessible?	Verify availability of following SOPs:		
			Hand hygiene practice		
			Dilution of disinfectants		

			Processing instruments (Decontamination and cleaning)		
			Insertion and maintenance of IV devices		
			Procedures for handling and passing of sharp instruments		
			Linen processing		
			Housekeeping, including cleaning Schedules		
			Healthcare waste segregation		
Appropriate use of equipment and supplies and practices follow National IPC Guidelines.	19	Is there adequate equipment and supplies for IPC in all sections in the service area according to the IPC guidelines?	Verify the adequacy for equipment and supplies for:		
			• Hand hygiene		
			• Personal protection		
			• Decontamination		
			• Sterilization and autoclaving		
			• General cleanliness		
			• Healthcare waste disposal		
	20	Are the health facility surroundings clean?	Observe presence of sufficient lined waste-bins for general waste in outdoor areas to avoid littering		
	21	Is hand hygiene procedures applied according to the IPC guidelines?	Observe five health facility providers to identify if they properly practice hand hygiene procedures		
			Observe if steps for hand hygiene are displayed at the hand hygiene facility		
	22	Do the health providers utilize Personal Protective Equipment (PPE) according to the IPC guidelines?	Observe to identify if the providers apply PPE		

	23	Do the HSPs apply the laid down procedure of handling sharp equipment according to the IPC guidelines?	Observe to identify if the health providers are properly handling sharp instruments		
	24	Is the decontamination process done according to the IPC guidelines?	Observe to identify if the process of decontamination is done accordingly (three bucket system)		
			Observe five HSPs if they segregate health facility waste at the production site (colour coded bin and bin liners)		
			Sharp instruments are handled accordingly		
	25	Are waste disposal procedures done at the sites according to the IPC guidelines?	Observe if wastes are collected and transported to final disposal sites as per standards		
			Observe if incinerator is properly working and fenced or if the service is outsourced check contract between the HF and the company and current receipt for waste disposal		
			Observe the availability and functional placenta pit.		
			There is a place for linen processing with separate area of entry and exit		
			While handling soiled linens, workers consistently wear PPE:		
	26	Is the linen processing done according to IPC guidelines?	Soiled linen is separated from non-soiled linen		

	27	Is the house keeping done according to IPC guidelines?	Linen is checked for foreign objects such as instruments, needles, human tissue and personal property.		
			Laundry workers perform hand hygiene after handling used linen.		
			Used linen is transported from the sites to the laundry in leak-proof containers with lids or covers, to avoid leaking.		
			Soiled mattresses are cleaned by wiping with 0.5% chlorine solution and letting them dry before putting clean linen on them		
			Floor cleaned twice a day and as necessary		
			Observe for cleaning schedule		
			Type of disinfectant to be used according to area		
			Between every case, all surfaces and mattress pads are wiped with a disinfectant cleaning solution		
			All Operating Theatre, sub-sterile areas, scrub sinks, scrub or utility areas, and hallways are completely cleaned		
			Operating table top is decontaminated with 0.5% chlorine solution and sides, base and legs are wiped with a damp cloth and		

			disinfectant cleaning solution		
			There is a functioning Central Sterilization Supply Department (CSSD)		
			If no CSSD, there is a functional Autoclave or Dry Heat Oven Machines in Theatre		
	28	Are all instruments processed according to the IPC guidelines?	Sterilization process is monitored using recommended indicators other than the mechanical ones		
	29	Does the HF adhere to IPC practices while placing and maintaining an intravascular device? (which includes peripheral intravenous catheters and central venous catheters).	Central venous catheter insertion is conducted in a procedure area (not at the bedside).		
			Peripheral intravenous catheter insertion is conducted at the bedside		
			Performs proper hand hygiene before touching any of the IV set devices.		
			For central venous catheter insertion, puts on sterile gloves, masks, gown and hat prior to insertion (assistant wear PPE also)		
			Cleans the site appropriately with proper antiseptics: 2% chlorhexidine gluconate, OR 10% povidone iodine, OR 60–90% alcohol (if using povidone iodine, waits for two minutes before insertion)		

			Disposal of medical waste (e.g., cotton wool) in a container with a leak proof plastic bag, and any sharps into a safety box.		
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C: Management:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
Health /Social Welfare activities are planned, budgeted and implemented in line with the National Health Policy, Health Sector Strategic Plan-IV, and other MoHCDGEC policy guidelines.		Organization structure, management processes and planning			
	30	Does health/Social Welfare Facility/Training Institution have an established organogram?	Verify availability of organization structure/ organogram Organogram displayed		
	31	Does the facility have a functional Governing Committee/Board?	Availability of the orientation report on roles and responsibilities to the committee members Availability of the meetings schedule Availability of minutes of the meetings held for the last three quarters		
	32	Does the health/social welfare facility have a strategic plan?	Availability of a strategic plan document Presence of the annual operational plan		
	33	Does the Health/Social welfare Facility or Training Institution have a National Health Policy, HSSP IV and planning guidelines	Availability of a National Health Policy, HSSP IV and planning guidelines at the facility		
	34	Does the facility/ have a functional Management Team?	Availability of the meetings schedule of the Management Team		

			Availability of minutes of the meetings held for the last three quarters		
35	Are the facility committee members involved and participated in strategic and operational plans activities accordingly	Verify if planning team members are mentioned by names/title in the strategic and operational plan documents			
Monitoring and Evaluation					
36	Does the Monitoring and Evaluation (M&E) activity exist in the facility annual operational plans?	Verify existence of the M&E activities in the Facility Annual Operational Plans			
37	Are the M&E activities conducted?	Availability of the M&E checklist in the facility			
		Verify existence of the implementation reports in the facility			
38	Is the Quality Improvement Team (QIT) functional?	Availability of the (QIT) members			
		Availability of current quality improvement plan			
		Availability of the minutes of the QIT meetings			
Supportive Supervision					
39	Is Supportive Supervision (SS) conducted according to the National Supportive Supervision Guidelines?	Availability of the SS tool in the facility			
		Verify existence of the SS reports in the facility			
		SS report disseminated to all stakeholders			
40	Is there evidence of the Health/Social Welfare Facility/Training Institution	Availability of SS reports/documentation			

		being supervised?	Verify in the HMIS Book 2 if facility was supervised		
41		Does the HF/Training Institution conduct internal SS	Availability of internal SS schedule and reports		
Legislations, Standards and Guidelines General					
42		Is the Health /Social Welfare Facility/training Institution registered with appropriate regulatory bodies? E.g. PHAB, PHLB, TAEC, Pharmacy Council, NACTE, TCU, etc.	Verify for registration number and valid license and accreditation		
43		Are relevant Health/Social Welfare Legislations available and accessible at the Health /Social Welfare Facility/Training Institution?	Availability and utilization of Legislations, Ethics and codes of conducts of various Health /Social Welfare Professionals		
44		Does the facility have at least five of the listed guidelines?	For training institution, verify whether the valid curriculum is available and accessible to tutors and students		
45		Does the facility have at least five of the listed Standard Operating Procedures (SOPs)?	Verify availability of at least five among the listed SOPs and whether they are in active use.		
Clients/Patients Satisfaction					
46		Are patient/clients satisfied with quality of services offered?	Verify from five randomly selected patients/clients if they are satisfied with reception, communication, organization and other health services including handling of complaints in line with Client Service Charter (See Appendix VI, VII and VIII)		

	47	Is there client feedback mechanism and complaint handling?	There is functioning suggestion box,		
			There is a functioning client help desk		
			Exit interview / Community based survey conducted accordingly.		
			Displayed contact details for phone or SMS feedback for management.		
			Check minutes for meetings held with members of the community in general		
			Actions for complaints and suggestions from the community are taken accordingly.		

D: Human, Financial and Material Resources:

Standard	No	Indicator question	Verification Criteria	Y/P/N/A	Remarks
Resources					
Qualified Human Resource for Health (HRH) are available, well placed and are appraised as per guidelines and standards for Health, Community Development, Gender, Elderly and		Human Resources			
	48	Is there adherence to approved staffing levels of the Ministry of Health, Community Development, Gender, Elderly and Children?	Presence of actual staffing level against requirement/establishments		
	49	Does each cadre have a job description?	Presence of the signed job description/ job list per qualified and skilled human resources/staff allocated according to their qualifications.		

Children	50	Are HSPs/staff satisfied in their work?	Verify availability of the motivation package/mechanism (i.e. timely salary payment, overtime, subsistence allowance, outreach allowance, Continuing Professional Development (CPD) plan, conducive working environment)		
	51	Does the council/facility/institution have a HRH recruitment/development plan respectively?	Availability of HRH recruitment / development plan		
			Verify whether all the funded vacancies are filled in according to available district health strategy.		
	52	Does student enrolment reflects MoHCDGEC recruitment regulations	Verify the evidence of gender balance in enrolment and whether each student met entry requirements		
	53	Do the newly posted staffs report to employers	Verify the number of reported staff for the last three years		
	54	Do the facilities conduct staff inventory?	Verify whether there is updated seniority list.		
	55	Is there functional Human Resource for Health Information System (HRHIS)/Training Institution Information system (TIIS) in place?	Verify availability of HRHIS, TIIS and its utilization for planning and management		
	56	Is Human Resource for Health and Social Welfare (HRHSW) retention mechanisms available?	Verify whether the retention of HRHSW is adhered to (employees should stay and work in the health facility for at least 2 years).		
	57	Is OPRAS implemented	Verify availability of the filled and assessed OPRAS forms		

	58	Is the facility management taking safety measure for health and social welfare workforce?	Verify whether the health facility is taking safety measures to protect health workforce from occupation hazards. Availability of occupational hazards protective equipment Observe if equipment are used		
	59	Does the facility have a duty roster for staff (Daily/Weekly)	Verify whether the HF have displayed a well-updated duty roster indicating who does what, where and when.		
	60	Is there evidence for HRH training?	There is an updated HR training matrix Availability of CPD plan Randomly ask staff if have attended any training in the past 3 years		
	61	Is there evidence of conducting On-Job Training after attending various trainings and workshops, e.g., IPC, QI approaches, FANC, BEmONC, CEmONC?	Availability of documented topics taught and list of HSPs trained in the on job training / workshop feedback file		
	Medical Equipment				
	62	Are inventories for the medical equipment available in the HF at each level?	Verify availability of updated inventory of equipment at all hospitals, health centers and dispensaries		
	63	Is the required equipment available in service areas?	Verify whether health facilities are adequately equipped and the equipment is functional (as per basic Standards for Health and Social Welfare Facilities).		
	The hospital has basic equipment according to level and specialty.				

Funds are properly managed as per laid down government financial procedures		Finance			
	64	Are the HSPs involved in collecting funds oriented / trained in basic financial management?	Verify if cash collectors have been trained on basic financial management		
			Review financial documents to assess their competencies		
			Presence of oriented staff collecting funds capable of filling the cash books, receipts and writing financial reports.		
	65	What are the sources of funds for the HF?	Verify through reports funds received by the facility		
	66	Is there a financial committee to approve and monitor funds?	Verify presence of minutes from Financial Committee meetings approving and monitoring use of funds.		
	67	Are financial reports available?	Verify availability of accounting reports.		
	68	Is the cash box available and in a secure place?	Verify availability of a cash box in a secure place		
	69	Are service charges openly displayed?	Verify services and drug charges openly displayed in the facility.		
	70	Are the National exemption guidelines available, known and adhered to?	Availability of exemption guidelines evidenced by reports, registers, patients and other sources.		
	71	Has internal and external audit been conducted?	Verify availability of the internal and external auditing reports		
	72	Are costs of suppliers for food, stationeries and equipment paid	Verify for the status of supplier's debt in the training Institution		

HSPs adhere to work plans and schedules		Time Management			
	73	Is there an attendance register?	Verify availability of Staff Attendance Register and use		
	74	Is there a facility work schedule/plan?	Verify availability of facility work schedule and displayed.		
			Verify availability and displayed curriculum cum rotation plan, academic calendar with academic events in training institution		
	75	Is there adherence to time frame for the activities in the work schedule?	Verify availability of implementation report according to planned activities.		
	76	Is a Staff Movements Register available?	Verify availability of Staff Movements Register and its utilization		
Effective communication and transport is available and used by the Facility/Training Institution/Social Welfare Institution staff to improve the services/training		Communication and Transport			
	77	What means of functional communication does the facility/Training/Social Welfare Institutions have? (Telephones, radio calls, fax, email, cell phones)	Verify available and functioning means of communication (telephones, radio calls, fax, email, cell phones) on 24 hours daily.		
	78	Do the HF/Training /Social Welfare Institutions has a functional transport?	Verify availability and functioning of bicycle, motorcycle, vehicle and others.		
	79	Does the facility have a functioning ambulance for patients' referral?	Verify availability of a functional ambulance for patients' referral 24 hours daily.		
			Verify availability of referral system mechanism for the patients		
	80	Do the HF/Training /Social Welfare Institutions vehicles have logbooks?	Verify availability of a logbook regularly filled and counterchecked by Transport Officer/HF In Charge.		

Effective facility maintenance system for the equipment and infrastructure		Hospital Maintenance System			
	81	Is there functional maintenance workshop?	Verify availability of medical engineer(s)/technicians, equipment, tools, and spare parts for maintenance and repair		
	82	Does the HF have and utilize Planned Preventive Maintenance (PPM)?	Verify availability of PPM schedules and report on quarterly basis.		
	83	Is there a budget for equipment maintenance?	Verify availability of budget for PPM in CCHP and Comprehensive Hospital Operational Plan (CHOP)		
	84	Is a guideline on PPM available?	Verify availability of guideline on PPM.		
	85	Is the user equipment-operating manual available?	Verify availability of various users' medical equipment manuals.		
	86	Is there a functioning mechanism for disposal of obsolete equipment?	Verify if the HF is disposing obsolete equipment. Verify availability of inventory for obsolete equipment		

E: Health Management Information System (HMIS)

Use of HMIS data for planning, monitoring and evaluation of health intervention exists.		Health Management Information System (HMIS) General			
	87	Are Out Patient Department (OPD) cards and Inpatient Department (IPD) files sufficient for at least three months (quarter) at Medical Records Department?	Availability of sufficient OPD/IPD cards/ files at the medical records department/unit (for at least three months)		
	88	Are all HMIS registers, books, tally sheet and forms for health services available?	Verify to identify the availability HMIS guidelines, registers, tally sheets and forms: <ul style="list-style-type: none"> HMIS registers 		

			<ul style="list-style-type: none"> • Books • Forms • Tally sheets 		
	89	Does the HF document patient information in the OPD and IPD Register?	Patient information are documented and recorded according to HMIS guidelines in the:		
			<ul style="list-style-type: none"> • HMIS registers • Forms/tally sheets 		
	90	Are all HMIS registers, books and forms for health services correctly recorded?	Using sampled pages verify whether data entered are correct, complete and updated;		
			Compare accuracy of data from (registers/tally sheets with monthly summary reports		
			Compare accuracy of data from HF with DHIS 2.		
	91	Is there evidence of data being analyzed and used?	Presence of Graphs/Charts / Tables indicating trend of changes tracking performance progress		
	92	Were monthly summary reports forms completed appropriately?	Availability of completed and update monthly copies and annual reports.		
	93	Are copies of feedback reports from higher authority available?	Availability of feedback report copies from higher authorities.		

F: Social Welfare

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
Effective HF/Social Welfare services provided to patient/		Social Welfare Services			
	94	Is the Social Welfare Unit functional?	Availability of social welfare services provided namely;		

clients			<ul style="list-style-type: none"> • Family, child and early childhood development • Juvenile Justice and correctional services • People with disabilities and the elderly 		
	95	Does the Social Welfare Unit facilitate and provide cost sharing exemption mechanisms?	Availability of social welfare officers in accordance with staffing level,		
			Availability of guidelines related to social welfare services.		
			Exceptions adhered to the targeted groups.		
	96	Does the facility locate a room for elder patients?	Availability of a room for elder people special service		
	97	Does the facility segregate data by sex and age?	Verify through registers.		
	98	Does the Social Welfare Institution adhere to admission criteria?	Check through particulars in files if institution adheres to policies and guidelines		
	99	Does the facility provide Psychosocial Care and Support Services/ Counseling/Social Economic Rehabilitation, Resettlement/ Family Reunification Services and or Accessibility of child friendly facilities?	Availability of trained staff on each of the particular fields:		
			<ul style="list-style-type: none"> • Psychosocial Care and Support Services • Counseling • Social Economic Rehabilitation, Resettlement • Family Reunification Services and or Accessibility of child friendly facilities 		

			Conduct physical visit to beneficiaries social economic rehabilitation Programs.		
			Verify through register Visit the institution		
			Check the module or training materials on specific areas		
	100	Is the budget for Social Welfare services included in the CCHP Plans/budget	Availability of social welfare activities in CCHP plans/budget		
	101	Is the training skills provided in vocational training center relevant?	Availability of competent tutors.		
			Adherence to national guideline for vocational training.		
			Number of graduates employed or self-employed.		
			Availability of training facilities and materials		
			Availability of special needs learning and teaching equipment (Perkins Braille, hearing aid, etc.)		

G: Casualty and OPD Services:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
Casualty					
Casualty Registration and Triage performed according to the national guidelines and standards.	102	Do casualty HSP perform Registration and Triage according to the national guidelines and standards?	Verify to identify if the casualty staff perform Registration and Triage according to the standards such as: delayed patient registration in log book, received a receipt or exemption form in case of critically ill patient,		

			seen directly by a HSP according to triage guidelines and correctly documented.		
Initial assessment and admission procedure done according to the evidence based best practices.	103	Do HSPs perform assessment and admission procedure according to the standards?	Verify to identify if the healthcare provider perform assessment and admission procedure according to the standards:		
			• Friendly and courteous contacts		
			• Confidentiality		
			• Sufficient time		
			• Proper assessment		
			• Treatment plan and records		
Casualty equipment and supplies are adequately available according to the national MoHCDGEC guidelines.	104	Does the casualty have adequate equipment and supplies?	Verify to identify if the casualty has adequate equipment and supplies, which are well maintained such as:		
			• Resuscitation kits		
			• Oxygen cylinder/concentrator		
			• Emergency medicines		
			• Stretchers		
			• Wheel chairs		
			• Surgical supplies		
	105	Are vital signs taken at the time patient arrives at casualty?	Verify if all patients arriving at casualty have their vital signs taken		
Emergency Preparedness services are in accordance with MoHCDGEC guidelines and standards		Emergency Preparedness			
	106	Is there a functional Emergency Response Team? Does the Team incorporate social welfare professionals?	Verify whether there are:		
			• A functional Emergency Response Team in place		
			• Emergency Response Team incorporates social welfare professionals		

	107	Are HSPs trained and /or updated in emergency response including simulation?	Availability of training document and report on emergency response		
	108	Are SOPs, plans and guidelines available and operational?	Verify if SOPs are available and operational		
			Verify if there is hospital emergency contingency/preparedness plan		
			Verify if the plan is reviewed regularly (at least once every year)		
	109	Are medicines and supplies for emergency response in place and accessible?	Availability of medicines and supplies for emergency response in place and accessible		
			Verify presence of the emergency kit with necessary supplies in the emergency room		
	110	Is emergency siren in place?	Availability of a functional emergency siren in place		
	111	How are staff/ Emergency Response Team contacted during emergencies?	Verify availability of quick and efficient communication means for emergencies (radio call, mobile phone, landline, loud speaker and bell)		
	112	Does the HF have a functional system to handle all emergencies?	HF maintains an updated register for recording critical incidences?		
			Verify presence of an ambulance or other means of transport		

The OPD's equipment and supplies meet national (MoHCDGEC) guidelines and standards.	113	Out Patient Department (OPD)			
		Are OPD's equipment and supplies adequate and utilized according to standards?	Verify if there are adequate equipment and supplies such as chairs/benches or slabs for client to seat while waiting and/or receiving services.		
			Verify to check whether there are adequate IPC equipment and supplies such as PPE, HCWM bins, dressing trays, trolleys, antiseptics and disinfectants.		
			Verify to check if there are adequate working equipment such as BP machines, stethoscopes and diagnostic kit.		
Quality of services at OPD is in accordance with MOHCDGEC guidelines and standards.	114	Is the quality of services at OPD in accordance with MoHCDGEC standards?	Verify if there is:		
			• Adequate privacy		
			• Waiting area for clients is protected from sun and rain		
			• Entitled patients receive exemption		
			• Admitted patients escorted to the ward		
			• Confidentiality guaranteed,		
			• Referred patients seen directly by a clinician		
			Observe whether healthcare provider:		
			• Contact with the patient friendly and courteous		

			<ul style="list-style-type: none"> • Sufficient time for contact • The medical history taken according to standards • Patient fully examined and • Informed about treatment • Plan victims of violence (physical and sexual violence) are provided with proper services as per guidelines. 		
Quality of Oral Health Services at OPD is in accordance to MoHCDGEC guidelines and standards	115	Is the quality of Oral Health Services (curative and preventive) provided in accordance with MoHCDGEC standards	Verify if: <ul style="list-style-type: none"> • There is adequate privacy • There is waiting area for clients with benches or slab which is protected from sun and rain • Entitled patients receive exemption • Confidentiality are guaranteed • Referred patients are seen directly by Oral Healthcare Providers • Oral Health Education is conducted at waiting area or at chair side as per guidelines Observe whether Oral Healthcare Provider: <ul style="list-style-type: none"> • Is friendly and courteous with sufficient time for the contact, • Oral Health history is taken according to the guidelines 		

			<ul style="list-style-type: none"> • Patient is fully examined both extra and intra-oral and informed about treatment plan 		
			Verify to check whether there are adequate IPC equipment and supplies such as PPE, waste bins with liners, instrument trays, antiseptics and disinfectants.		
			Verify presence of filled MTUHA Book No.11 (Tally sheet, summary and register book)		
	116	Is the quality of rehabilitative oral health services provided in accordance with MoHCDGEC standards	Verify presence of :		
			<ul style="list-style-type: none"> • Dental Laboratory Technician 		
			<ul style="list-style-type: none"> • Designated room for dental laboratory 		
			<ul style="list-style-type: none"> • Equipment for fabrication of dental prothesis 		
			<ul style="list-style-type: none"> • Dental laboratory supplies for • Fabrication of dental prothesis 		
	117	Are the dental equipment and supplies adequate and utilized according to standards?	Verify if there are adequate equipment and supplies such as :		
			<ul style="list-style-type: none"> • Functional dental chairs 		
			<ul style="list-style-type: none"> • Hand pieces, • Extraction forceps 		
			<ul style="list-style-type: none"> • Hand instruments for dental restoration, periodontal therapy and minor surgical procedures 		
			<ul style="list-style-type: none"> • Restorative materials 		
			<ul style="list-style-type: none"> • Local anesthetics 		
			Verify presence of:		

			<ul style="list-style-type: none"> • Functional autoclave for instruments sterilization 		
			<ul style="list-style-type: none"> • SOPs for instrument processing of various instruments used for dental care. 		
	118	During dental imaging, do the client and Oral Healthcare Providers have PPE?	Verify availability of lead aprons, lead hand gloves and lead goggles		
Quality of Ear, Nose and Throat (ENT) services at OPD is in accordance to MoHCDGEC guidelines and standards	119	Is the quality of ENT services provided in accordance with MoHCDGEC standards	Verify the availability of basic ENT equipment: Laryngoscope, Otoscope, spatula, nasal packs, Nasal Splint, Myringotomy-blades-handles, Myringotomy-kit, Oto-Wicks, Turning Fork, etc.		
Quality of Ophthalmology Services at OPD is in accordance to MoHCDGEC guidelines and standards	120	Is the quality of Ophthalmology Services (curative and preventive) provided in accordance with MoHCDGEC standards	Verify if there is availability of:		
			<ul style="list-style-type: none"> • Adequate space for taking Visual acuity (6 meters distance or 3 meters with a mirror), 		
			<ul style="list-style-type: none"> • Availability of laser room – dark room with protective gears & signs, procedure room for minor surgeries. 		
			<ul style="list-style-type: none"> • HMIS register for eye care is filled properly 		
	121	Is the quality of rehabilitative Ophthalmology Services provided in accordance with MoHCDGEC standards	Verify if there is adequate space - dark room (6 meters distance or 3 meters with a mirror) for refraction.		

	122	Are the Ophthalmic equipment and supplies adequate and utilized according to standards?	Verify if there is :		
			• A visual Acuity testing chart,		
			• Functioning Slit Lamp		
			• Biomicroscope,		
			• Ophthalmoscope,		
			• Retinoscope with trial case,		
			• Magnifying loupe,		
			• Instrument trolley with equipment for foreign body removal & minor surgeries,		
			• Sterilizer,		
			• Tonometer,		
			• Gonioscope,		
			• Diagnostic eye drops (local anaesthetic, short acting pupil dilating drops, florecein strips),		
			• Fundus camera, Optical Coherent Tomography machine,		
			• Low vision test kit,		
			• Keratometer,		
			• Optical workshop equipment		
			• (Grinder, Lens heater, lensometer etc).		
			• A scan, B scan		
Documentation at OPD is done according to HMIS guidelines	123	Is documentation at OPD done according to HMIS guidelines?	Verify if the data is documented in the books/registers as per HMIS guidelines		

I: IPD – Wards (Medical, Surgical, Psychiatry, maternity and Pediatrics wards etc.):

Proper management of patients in terms of assessment, diagnosis, nursing care and treatment according to the standards and guidelines	124	Equipment and Supplies		
		Are there adequate medical equipment and supplies in the wards? (Surgical, Medical, Psychiatry, Pediatric, Maternity, etc.)	Verify availability and adequacy of:	
			• Beds with mattress and bed sheets in good working order	
			• Trays (medication, vital signs, dressing)	
			• Trolleys	
			• Bed accessories (cradles, splinters, side lockers, drip stands, patient helper, bed rails)	
			• Elimination accessories (bed pan, urinals)	
			• Thermometer	
			• BP machines	
			• Stethoscope	
			• Wheel chairs	
			• Stretchers	
			• Bath chairs	
			• Cleaning equipment	
			• Stationeries (files, treatment charts, investigation form, nursing care forms etc.)	
			• Gloves	
			• Hand rub solutions	
			• Catheters	
			• Cotton wool	

			<ul style="list-style-type: none">• Giving sets		
			<ul style="list-style-type: none">• Syringes		
			<ul style="list-style-type: none">• Antiseptic solution		
			<ul style="list-style-type: none">• Disinfectants		
			<ul style="list-style-type: none">• Makintosh		
			<ul style="list-style-type: none">• Calibrated feeding cups		
			<ul style="list-style-type: none">• Hemocue machines and cuvettes		
			<ul style="list-style-type: none">• Pulse oximeters		
			<ul style="list-style-type: none">• Bag and Masks (adult and Pediatric)		
			<ul style="list-style-type: none">• Cannulas of various size		
Services Provision					
125	Does the HF have medical and nursing guidelines and standards, accessible and utilized?	Verify if the following guidelines are available			
		<ul style="list-style-type: none">• National Standard Treatment Guidelines			
		<ul style="list-style-type: none">• Management of malaria Guidelines			
		<ul style="list-style-type: none">• Management of TB Guidelines			
		<ul style="list-style-type: none">• Management of HIV Guidelines			
		<ul style="list-style-type: none">• Management of Pneumonia			
		<ul style="list-style-type: none">• Basic nursing procedure manual (National Nursing and Midwifery Strategic Plan, Clinical Instructors Guidelines)			

		Is the management of patients properly done?	<ul style="list-style-type: none"> • Verify randomly 10-patient files and read through if the history, physical examination, diagnosis, investigation and treatment are done according to the standards and guidelines 		
			<ul style="list-style-type: none"> • Observe health provider if is performing procedures according to standards 		
			<ul style="list-style-type: none"> • Verify availability of the ward round schedule 		
			<ul style="list-style-type: none"> • Ward round schedule is known to all stakeholders 		
			<ul style="list-style-type: none"> • Availability of updated/active ward round book 		
	126	Is the nursing care properly done through effective utilization of nursing care process and proper documentation?	Observe at least three basic nursing procedures being conducted verify if they adhere to guidelines and SOPs.		
			Observe at least 3 seriously ill patients and verify if the nursing care is provided according to nursing process		
			Verify if nursing care plans for serious patients are prepared		
			Randomly check at least 5 files/5 Nursing care Sheet from the electronic Information system to see if nursing procedures are documented		

J: Operating Theatre and Central Sterile Supplies Department:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
The HF Operating Theatre (OT) with adequate rooms which are equipped as per MoHCDGEC Guidelines		Operating Theatre			
		Operating Rooms Status			
	127	Is the OT built according to MoHCDGEC guidelines	Verify if the OT has:		
			• Adequate rooms		
			• Adequate size		
			• Flow pattern including entry and exit points		
			• Air Conditioner		
			• Washable floor and walls		
			• Functional drainage system		
	128	Does each OT room have appropriate its own scrub room?	Verify that:		
			• Each operating theatre room have its own scrub room		
			• Scrub room has three separate sinks for scrubbing with elbow corks.		
	129	Are there enough OT beds and functioning operating lights	Verify if:		
			• Number of beds are adequate and in good order as per standards		
			• Lights sources are functioning as per standards		
	130	Are there adequate supplies and equipment according to standards?	Verify if the following equipment and supply are available:		
			• PPE		
			• Suction machines		
			• Anesthetic machines		

			<ul style="list-style-type: none"> • Surgical gowns • Surgical towels • Surgical sets • Anesthetic medicines • Antiseptics • Gauze • Cannula • Catheters • Stretchers 		
	131	Is there a functional unit for instrument processing?	Verify if there is: <ul style="list-style-type: none"> • Established unit for instrument processing • Has appropriate staff • Are staff using appropriate PPE • Instrument processing is carried out according to IPC guidelines and standards • Observe if IPC guidelines are observed in the theatre 		

K: Emergency and Critical Care Services¹⁷

Standard	No	Indicator question	Verification Criteria	Response Y/P/N/NA	Remarks
The facility has adequate infrastructure and equipment for provision of Emergency and Critical Care Services	132	Is the HF having a triage area?	Observe for availability of triage area equipped with all equipment.		
	133	Is the facility having emergency/resuscitation room?	Observe the availability of emergency/resuscitation room.		
	134	Is the facility having Intensive care unit for adults and paediatrics?	Observe the availability of at least four beds for adults.		
			Observe the availability of at least four beds for paediatrics.		
	135	Is the facility having medicines for Emergency services?	Verify the availability of medicines emergency as outlined in Appendix VII		
	136	Are the equipment for monitoring critically ill patients are readily available and functioning	Check availability of:		
			• Beds,		
			• <i>Electrocardiograph</i> (ECG),		
			• Pulse oximetre,		
			• Piped gas supply failure alarm		
			• Alarms for Breathing System Disconnection Ventilator volumes and pressures		
			• <i>Oxygen analyser</i>		

¹⁷ Baker T., Lugazia E., Eriksen J., et al (2013). Emergency and critical care services in Tanzania: a survey of ten hospitals. *BMC Health Services Research*, 13:140 Available from <http://www.biomedcentral.com/1472-6963/13/140> Accessed on 5th January 2017.

			• Humidifier temperature		
			• Ventilators		
			• Hand ventilating assemblies		
			• Suction apparatus		
			• Airway access equipment, including bronchoscopy equipment		
			• Vascular access equipment		
			• Monitoring equipment, both non-invasive and invasive		
			• Defibrillation and pacing facilities		
			• Equipment to control patient's temperature		
			• Chest drainage equipment		
			• Infusion and specialised pumps		
			• Portable transport equipment		
			• Specialised beds		
	137	Are Guidelines and Standard Operating Procedure for Intensive Care readily available?	Check for availability of:		
Availability of Human Resource trained on Triage, Emergency	138	Are there trained qualified personnel for management of critically ill patients both adults and children?	• SOPs for all the procedures performed		
			• Different Guidelines for critically ill patients both adults and children		
			Verify if there is any staff trained on:		
			• Triage		
			• Emergency Care		

and Critical Care services			• Critical Care services		
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L: Reproductive, Maternal, Neonatal, Child and Adolescent Health Services: (RMNCAH)

Maternal, Newborn, Postnatal Care Wards and Post-Partum Family Planning					
A quick check followed by rapid initial assessment of the women in Ante Natal Care (ANC), labor and Postnatal is performed to identify complications, prioritize admissions according to RMNCAH guidelines	139	Does the HSPs assess each woman on arrival and records findings accurately and with completeness?	Observe at least two women in admission /registration room for accuracy and completeness of clients' initial assessment records on arrival.		
	140	Does the provider take immediate attention in the event of any danger signs and determine if birth is eminent?	Verify if the service provider; asks for danger signs, if danger sign observed- takes immediate action including prioritizes clients fostering team and determine if birth is eminent		
	141	Does the provider records client's particulars and findings?	Verify randomly five clients (ANC, labour and postnatal) and read through if the records are properly documented		
The HSPs communicates with client and her companion in a respective manner.	142	Does the provider demonstrate effective interpersonal communication with client and companion?	Observe and document if:		
			• Provider establishes and maintains effective interpersonal relationship with client and companion.		
			• Provider conveys essential messages to the client and her companion.		
			• Provider confirms the understanding of the client.		
			• Provider verifies client's compliance/adherence to		

			services/care and Management.		
Availability of equipment and supplies for care of pregnant women in the ANC, labour and postnatal wards	143	Do ANC; labour and postnatal wards have equipment, medicines and supplies for conducting examination?	Verify the availability of equipment, medicines and supplies at ANC, labor and postnatal wards as indicated in the maternal, newborn and child health guidelines.		
Prevention and management of malaria, anemia, syphilis and HIV/AIDS	144	Does provider prevents and manages malaria, anaemia, Syphilis and HIV/AIDS in pregnancy according to national guidelines?	Observe at least two women in ANC and determine whether the provider in ANC does the following according to national standard: <ul style="list-style-type: none"> Prevents and manage malaria, anaemia (including Sulfamethoxazole-pyrimethamine (SP) for Intermittent Presumptive Treatment (IPT) and Insect Treated Nets (ITN) for malaria) Syphilis, HIV/AIDS and (PMTCT) for HIV Prevention of childhood blindness. 		
The provider assess clients at (ANC labour and postnatal wards) and provide care according to maternal, newborn, child and adolescent health guidelines	145	Does provider assess clients at ANC, Labour, delivery Postnatal wards and provide care according to National guideline	Observe at least two women in ANC, labour and postnatal and determine whether the provider in ANC give assessment according to best practice-history taking, physical examination, laboratory investigation (screen for syphilis and HIV/AIDS, Hemoglobin (HB), and urinalysis) and provision of care		
The provider uses	146	Does the provider assess the	Verify if provider records:		

the partograph to monitor progress of labour, recognize any deviation from normal and plan for timely management.		progress of labour, maternal and fetal condition and accurately record the findings.	<ul style="list-style-type: none"> The progress of labour: Cervical dilatation, Descent of the fetal head, Uterine contraction 		
			<ul style="list-style-type: none"> Fetal condition: Fetal heart rate, Membranes and liquor and Moulding of the fetal skull 		
			<ul style="list-style-type: none"> Maternal condition: Pulse rate, blood pressure and temperature, Urine (Volume, protein, acetone) and Medicines and Intravenous (IV) fluids. 		
	147	Does the provider meet client's needs and comfort during labour?	Verify/observe if: <ul style="list-style-type: none"> Provider implements plan of care and provide relief measures. Encourages client to take fluids, light foods, positions as desired. Communicates effectively progress of labour and actions taken to client and companion. 		
The provider implements Provider Initiated Testing and Counseling of HIV	148	Does the provider establishes HIV status of women and if not known, encourages women to test?	Verify if Provider Initiated Testing and Counseling of HIV being implemented at ANC, during labour and early postpartum periods		
The provider assists woman to have safe and clean delivery	149	Does a provider prepare equipment, supplies and medicines for a delivery?	Observe the availability of:		
			<ul style="list-style-type: none"> Sterile delivery kit, 		
			<ul style="list-style-type: none"> Oxytocin, 		
			<ul style="list-style-type: none"> Episiotomy/laceration cut and repair kit, 		
			Syringe and lignocaine		

			Verify if there is prepared newborn resuscitation equipment and check that it works (Suction machine, Penguin sucker and tubes, dry towels; oxygen, tubing, mask& bag).		
	150	Does provider observes infection prevention practices when assisting childbirth?	Observe if Provider: <ul style="list-style-type: none"> • Wears PPE • Observed hand hygiene, • Aseptic technique (double gloving), • Handling of sharps. 		
	151	Does the provider assists childbirth intervening only when found necessary?	Observe if: <ul style="list-style-type: none"> • HSPs assist the head to crown /presenting part to be born spontaneously. 		
	152	Does the provider provide immediate care of the newborn?	Observe if: <ul style="list-style-type: none"> • HSPs receives the baby towards mothers abdomen (abdomen covered with a sterile towel for drying up the baby) Observe HSPs if: <ul style="list-style-type: none"> • Dries the baby, wraps in dry linen, swab baby's eyes and apply tetracycline eye ointment, cuts and ties cord, and assists the woman to put baby on breast. 		
The provider adequately performs Active Management	153	Does the provider conduct AMTSL step by step?	Observe if: <ul style="list-style-type: none"> • Provider informs the woman of the care as she palpates the abdomen 		

of the Third stage of Labour (AMTSL)			to exclude another baby, gives oxytocin 10 IU IM within one minute of child birth, perform gentle controlled cord tension/counter traction with contractions, massage uterus after delivering the placenta.		
The provider adequately performs immediate postpartum care	154	Does the provider perform immediate postpartum care according to the National Guidelines?	Observe two women after delivery and determine whether the provider provide immediate post-partum care according to National Guidelines such as examination of placenta, maternal and newborn close monitoring.		
The provider properly performs resuscitation of the newborn	155	Does the provider perform immediately resuscitation of the newborn as indicated?	Observe if the provider quickly wraps and covers the baby. Position the head and slightly extend baby's neck and suck baby's mouth and nose. If the baby does not breathe quickly initiates ventilation using standardized bag and mask or tube and mask.		
Does the provider conduct immediately post-partum care	156	Does the provider conduct immediate post-partum care and observation as required by National Postnatal Care (PNC) guidelines?	Observe at least two women in PNC and determine whether the provider in PNC document observation, advise about postpartum visit, family planning, care of the mother, neonatal and child according to national postnatal guideline.		
Providers have skills for provision of Family Planning (FP) services	157	Does provider give appropriate and relevant information about different methods of contraception and uses Medical Eligibility Criteria (MEC) in	Observe whether the provider discuss about method of choice of family planning, advantages, disadvantages, and common side effects of each		

		providing services?	method of choice, such as, effectiveness, how each method prevents pregnancy, MEC chart FP that is compatible with breastfeeding and the woman's medical history.		
	158	Does provider observe infection prevention practices when providing family planning services?	Observe if the provider performs IPC practice when performing family planning procedures such as hand washing and proper disposal of syringes and sharps.		
All children under five and pregnant women receive standard immunization at all levels of care.		Immunization and Vaccine Development (IVD)			
	159	Are all children of under-five of age receiving standard immunization?	Verify through a sample of 5 under five-clinic card the standard immunization, which include provision of BCG, OPV, DPTiB-HB, Rota, PCV13 and Measles-Rubella for all children less than five years of age as per national immunization guidelines.		
	160	Are all pregnant women receiving TT ₂ at Antenatal clinics?	Verify through a sample of 5-ante natal clinic card provision of at least TT2 to all pregnant women as per national immunization guidelines.		

M: Pharmaceutical Services:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
		Pharmacy and Medicines			
Essential Medicines and Medical supplies are managed	161	Are there adequate facilities for safe storage and dispensing of medications	Verify availability of adequate storage facilities:		
			• Ventilated and protected store from light		

according to the laid down guidelines and procedure			<ul style="list-style-type: none"> • Secure and lockable areas including for controlled substances 		
			<ul style="list-style-type: none"> • Functional refrigerator 		
			<ul style="list-style-type: none"> • Dedicated area for storage of inflammable medicines and medical supplies 		
			<ul style="list-style-type: none"> • Temperature monitoring log. 		
			<ul style="list-style-type: none"> • Observe application of 5S concepts in arrangement and storage of medicines and medical supplies 		
	162	Are HSPs responsible for managing and controlling medicines and medical supplies skilled?	Verify availability of skilled personnel responsible for managing and controlling medicines and medical supplies		
	163	Is the Medicines and Therapeutics Committee (MTC) functional/operational?	Verify: <ul style="list-style-type: none"> • Presence of functional MTC • Availability of minutes for the meeting of MTC. 		
	164	Are procedures and reference materials to guide the pharmaceutical personnel/staff in their daily work in place and used?	Verify the availability of relevant reference materials and guidelines: <ul style="list-style-type: none"> • MTC guidelines • STG & NEMLIT, • ILS Manual, • Tanzania National Formulary • Good Dispensing Manual 		

	165	Is there any stock for all tracer medicines	Verify availability of stock for at least ten tracer medicines (stock on hand represents 3-6months of stock). (See Appendix VIII)		
			Verify availability of 30 essential medicines supplied from MSD Zonal store. (See Appendix IX)		
Proper procedures are followed for ordering and receiving commodities	166	Are procedures for ordering, receiving and issuing medicines and medical supplies following national guidelines?	Verify the availability and utilization of forms for ordering and issuing of medicines Request and Report (<i>R&R</i>) forms, <i>Store requisition and issue note</i>).		
			Verify that storage and issuing follows first to expire first out principle (FEFO)		
			Verify for the availability of relevant document used for ordering, receiving, issuing and verifying medicines and finances (Medical Stores Department- <i>MSD sales Invoices, Statement of account, Copy of ordered medicines, delivery note, claims forms etc.</i>).		
Ledgers and Stock Cards used to control inventory are used continuously	167	Are inventory documents available, updated and verified?	Verify if all information on ledger book and bin cards are up-to date and accurate		
			Verify if information is recorded in all stock movements (Issuing, receiving, loan, damage, physical inventory etc.)		
			Verify if physical count is done at regular intervals (<i>at least once a</i>		

			month)		
			Verify if procedure to handle expired/unserviceable medicines are followed		
Proper Dispensing procedures are followed according to MoHCDGEC guidelines	168	Is there a Good Dispensing Practice (GDP)?	Verify:		
			• Availability of dispensing register		
			• The existence of proper prescription forms		
			• Prescriptions are checked and conform to requirements		
			• Prescriptions are filled in full (verify a sample of outpatients)		
			• Availability of proper dispensing envelopes		
			• Availability of dispensing spoons/trays		
			• Medicines are labeled well with dosage indicated		
			• Observe that dispensers explain to patients the dosage, side effects, and possible adverse reactions and precautions in the use of their medications, if any.		
			• Observe that dispenser confirms/verifies that patient knows how to take the medicines dispensed.		
			• Observe if no expired medicines are dispensed		

	169	Has internal auditing for medicine been conducted?	Verify list of items followed up and the numbers observed from dispensing register, ledger book to physical count		
			Availability of minutes of Medicines and Therapeutic Committee (MTC) showing date audited was conducted		

N: Medical Laboratory Services:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
		Medical Laboratory			
Quality of medical laboratory services provided according to the laid down National Medical Laboratory Guidelines and Standards	170	Are quality of medical laboratory services provided according to the guidelines and standards?	Observe if the Laboratory Professionals are providing medical laboratory services according to laid down guidelines and standards.		
			Verify availability of Internal Quality Control records in all tests		
	171	Are there adequate laboratory equipment / facility to provide effective and safe services	Verify availability of basic laboratory equipment: microscopes, hot oven, autoclaves, refrigerators and fume chamber		
			Observe the presence and display of SOP for laboratory safety		
			Verify if standard safety equipment are available and accessible (Biosafety cabinet, standard specimen containers, centrifuge covers, first aid kits)		
	172	Are all Laboratory Departments covered in External Quality	Verify if medical laboratory participates in EQA for Clinical		

		Assurance (EQA)?	Chemistry, Hematology, CD4, BT, HIV, TB Microbiology, Serology and Parasitology		
	173	Is there any established turnaround time for all laboratory results?	Verify the presence of written turnaround time for all tests performed.		
	174	Are all tests results available within a reasonable set turnaround time?	Verify if all laboratory results follow the turnaround time		
	175	Is there adequate preservation packaging and transportation of histological tests?	Verify records of transported specimens and results after been received and dispatch		
	176	Is there any implemented Schedule for Internal Audit?	Verify the presence of Internal Audit implementation records and action plan for implementation of nonconformities		
	177	Is there a checklist for Internal Audit?	Verify availability of the internal auditing filled tool		
Quality of documentation in medical laboratory is done and maintained according to medical laboratory guidelines	178	Is the quality of documentation in medical laboratory maintained according to medical laboratory guidelines?	Verify availability of medical laboratory records (e.g. registers books and forms such as control results or register records & evidence of countersigned results, Occurrence Log Book, etc.)		
			Verify availability of Quarterly and Annual reports.		
Functional inventory system and programme that regularly monitors proper calibration	179	Does medical Laboratory Management regularly monitors proper calibration and function of instruments, reagents and analytical system?	Verify availability of updated Inventory, Ledger and Bin Cards, and refrigerators with temperature chart, calibrated equipment, essential equipment, kits and reagent for		

and function of instruments, reagents and analytical systems.			diagnostic services.		
			Verify presence of PPM for equipment.		
Information receiving and handling ensures the accessibility, security, confidentiality, and privacy of client or patients	180	Are copies of patient's results retained?	Verify if: Patient's results are retained and accessible or retrieved.		
	181	Is client confidentiality maintained?	Verify if: Clients' confidentiality is maintained.		
Procedures to determine the underlying cause or causes of the incidence and appropriate action taken to prevent its occurrence.	182	Does facility laboratory have established procedures to determine cause(s) of incidences and preventive measures? (Root cause analysis)	Verify availability of policy guidelines for investigating errors.		
			Verify availability of log book to records occurrences, accidents, non-conformities and complaints		
			Verify availability of records of corrective actions.		
Capacity to use the information from different sources to identify areas of improvement.	183	Are there any programs undertaken for process improvement?	Verify presence of Improvement records based on stipulated plans and documented corrective measures against occurrences and non-conformities'.		

O: Medical Radiology and Imaging Services:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
The radiology and	184	Radiology			

imaging building constructed according to MoHCDGEC and Tanzania Atomic Energy Commission (TAEC) Standards.		Radiation Protection			
		Are rooms (doors, walls, waiting areas and dark rooms) protected from radiation?	Verify presence of TAEC license and validity		
			Verify presence of:		
			<ul style="list-style-type: none"> • Radiation alarm lamp • Radiation zone posters. 		
	185	Do healthcare providers have PPE?	Verify availability of lead aprons, lead hand gloves, Gonad lead covers, Thermoluminescent Dosimeter (TLD) and lead goggles.		
Quality radiology and imaging services are available and provided according to the standards and guidelines		X-Ray and Ultra-Sound Service Quality			
	186	Is there adequate functioning equipment and supplies?	Verify the availability of adequate and functioning equipment (such as MRI, CT Scanner, Conventional X-Ray, Interventional Radiology, Ultrasound Scan (USS), etc.)		
			Verify availability supplies such as: cassettes, processing film, processing chemicals and markers.		
	187	Are radiology and imaging services provided according to standards?	Verify if the radiology and imaging services are available and done within appropriate time (working hours schedule is displayed in easily accessed sites).		
			Verify availability of toilets within examination rooms (e.g. Fluoroscopy room)		

			Verify if HSPs follow safety practices in radiology and imaging services according to IPC standards		
	188	Is there documentation of the results in the department?	Verify availability of the results Register and reports.		
			Observe the archiving system. (Electronic/manual)		
Radiologic images are of diagnostic value		Quality of Images			
	189	Is the radiographic technique followed?	Verify if radiographic technics are followed.		
	190	Are the radiographic images of good quality?	Verify if radiographic images are of good diagnostic quality (Identification of the patient, contrast, definition and density are of acceptable levels).		

P: Support Services:

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
		Laundry services			
The facility has well-functioning laundry services	191	Is the Laundry building maintained according to the MoHCDGEC standards?	Verify if there are reliable water source, effective drainage system, enough place for drying clothes, safe place to keep dirty and clean clothes, natural and artificial lighting available, roof and floors are smooth and in good state of repair.		
			Verify for evidence of outsourced laundry services. (Contract, schedule and payment receipts).		

	192	Is the Laundry supplied with adequate equipment and supplies according to the standard?	Verify if the laundry services are equipped according to standard such as: functioning laundry machines, driers/ironing, availability of PPE and various detergents.		
	193	Do Laundry Attendant provide Laundry services according to the National IPC guidelines?	Observe and verify if the Laundry Attendants adhere to IPC guidelines such as hand washing practices, wearing PPE and maintain proper data records.		
			Observe the availability of SOPs.		
The facility Institution have appropriate quality kitchen facilities		Kitchen facilities			
	194	Are the kitchen facilities, utensils and equipment adequate to the number of patients/students served?	Verify if the facility/Institution has a kitchen with appropriate and adequate facilities, utensils and equipment.		
			Observe for the availability of reliable source of water.		
			Observe hygiene and safety of food handling and processing according to the standards.		
			Verify whether they attend regular medical check-up.		
			Verify for evidence of outsourced food services (Contract, schedule and payment receipts).		
		Mortuary services			
Mortuary services are available and provided according to	195	Is the mortuary building maintained according to the MoHCDGEC standards?	Availability of standard mortuary building (which have reliable water source, effective drainage system,		

the standards.			cloakrooms (changing room), office, natural and artificial lighting, roof and floors furnishes smooth, intact which are in good state of repair.		
	196	Is the mortuary supplied with adequate equipment and supplies according to the standard?	Verify to identify if there are enough disinfectants, preservatives, autopsy (Post Mortem) table and kit, preparation table/ hydraulic bed for dead bodies and the effective working refrigerators and air conditions		
	197	Do Mortuary Attendant provide mortuary services according to national guidelines?	Observe and verify if the Mortuary Attendants adhere to IPC guidelines, PPE, and document the proper data records.		
	198	Do mortuary registers document all vital data in the mortuary?	Verify the mortuary registers/books if are properly recorded (receiving and issuing dead bodies).		
Treatment and Final Disposal of Waste					
The facility has proper mechanism for treatment and final disposal of waste.	199	Is containment of waste on site according to National HCWM Guidelines?	Verify if waste containment on site is either done by incineration or disposed in a pit.		
			Verify that after incineration end products are disposed in special final disposal pit (ash pit).		
	200	Is the incinerator working efficiently?	Verify if incineration process is within the acceptable standard (minimum smoke production). Verify that ash from incinerated material is disposed as non-contaminated waste.		

	201	Is the incinerator, special waste and pre-incineration waste storage protected?	Verify that the incinerator, pre-incineration waste storage and special pit are protected (fenced).		
			There is no waste lying around the grounds and not accessible to other staff, the community and domestic animals (e.g. has fence around it).		
			The special waste pit is at least 50 metres away from any water source and is located in an area with no floods.		
			Special waste pit must have a minimum diameter of 1 - 2 metres and depth of 2- 5 meters (at least 1.5 metres above water table)		
			Verify that the special pit is not accessible to other staff, the community and domestic animals (e.g. has fence around it)		
	202	Is placenta disposed in the appropriate pit?	Verify that:		
			• There is a Placenta pit		
			• The Placenta pit is well constructed and have the pit-cover		
			• Placenta pit is protected with fence		
			• Placenta pit is not smelling		

Q: Communicable Diseases Services:

Q: Communicable Diseases Services:					
Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
Patients with Malaria receive prompt and appropriate management according to National Malaria Guidelines.	203	Communicable Diseases Programs			
		Malaria services			
		Are patients with Malaria managed appropriately?	Verify through a sample of at least 5 case notes whether the case management of Malaria are appropriate which include: early diagnosis, blood smear/mRDT and correct management regimen including referral criteria		
			Verify availability of antimalarial drugs at all levels in line with National Malaria Guidelines.		
Malaria preventive measures effectively promoted	204	Are Malaria preventive measures promoted?	Verify records for preventive measures for Malaria (vector control, Insecticide Treated Nets (ITNs) distribution);		
			Verify records for prevention of malaria in pregnancy Intermittent Presumptive Treatment for malaria among pregnant women (IPTp)		
		Tuberculosis services			
Patients with active Tuberculosis (TB) receive prompt and appropriate management as per National TB	205	Do Patients who have active TB receive prompt and appropriate management?	Verify records of 5 case notes whether there are prompt and appropriate case management of tuberculosis (sputum examination, radiology and drug regime- Direct Observed Treatment Short course		

Guidelines.			(DOTS).		
			Verify records for contact and lost to follow up as per National TB Guidelines.		
		HIV/AIDS services			
Patients with HIV/AIDS in need of Antiretroviral Therapy (ART) receive prompt and appropriate management according to National Guidelines.	206	Do Patients with HIV/AIDS in need of ART receive prompt and appropriate management according to National Guidelines?	Verify through a sample of 5 case notes the facility Pre- ART register, CTC 2 data base/forms		
			Mother and child follow up registers; verify whether there are prompt and appropriate management of HIV/AIDS according to National Guidelines.		
	207	Is everyone who receives ART retained in care?	Verify in ART register if patients are retained in care and treatment according to National Guidelines.		
	208	Is everyone in ART care having a good clinical outcome?	Verify through a sample of 5 case notes to see if patients have good clinical outcome according to National Guidelines;		
			<ul style="list-style-type: none"> • Reduction in morbidity and mortality • Resumption of normal functioning, weight gain, reduction of opportunistic infections, HIV negative babies born by HIV positive mothers, 		

			<ul style="list-style-type: none"> Reduction in viral load and rise in CD4 count (CTC 2 data base) 		
HIV/AIDS preventive measures effectively promoted.	209	Does HIV/AIDS preventive measures effectively promoted?	Observe and verify whether HIV/AIDS preventive measures effectively promoted according to the National guidelines:		
			<ul style="list-style-type: none"> Blood Transfusion Services Sharp instruments management Condom distribution Promotive health education 		

R: Non Communicable Diseases Services

Standard	No	Indicator question	Verification Criteria	Y/P/N/NA	Remarks
Diabetes					
Availability of the guidelines and SOPs for the provision of the diabetic services	210	Does the facility have guidelines and SOPs for provision of Diabetic services?	Verify if: <ul style="list-style-type: none"> Guidelines and SOPs are available Guidelines and SOPs are accessible for staff 		
Patients with Diabetes receive prompt and appropriate management according to National Diabetic Guidelines	211	Are patients with diabetes managed appropriately?	Verify through a sample of at least three case notes whether the case management of Diabetes are appropriately performed which includes: history, examination, investigations (blood and urine test for glucose), treatment (correct regimen, correct drugs).		
Availability of equipment, supplies for care of diabetic	212	Does Diabetic clinic/ward have equipment for managing diabetic patients as per national Diabetic	Verify the availability of: <ul style="list-style-type: none"> BP machines Glucometers 		

patients		management Guidelines?	<ul style="list-style-type: none"> • Height and weight scale • Diabetic medicines (oral and injectable) 		
Patients with diabetes are given appropriate health education	213	Does the health education on proper diet, adherence to medicine, proper foot care and proper exercises provided according to guidelines?	Verify if: <ul style="list-style-type: none"> • Schedule on health education is available • Health education topics includes: proper diet, adherence to medicine, foot care, exercises 		
Cancer					
Availability of the guidelines and SOPs for the provision of the Cancer services	214	Does the facility have guidelines and SOPs for provision of Cancer services?	Verify if: <ul style="list-style-type: none"> • Guidelines and SOPs are available • Guidelines and SOPs are accessible for staff 		
Patients with Cancer receive prompt and appropriate management according to Guidelines	215	Are patients with Cancer managed appropriately?	Verify through a sample of at least three case notes whether the case management of cancer are appropriately performed which includes: history, examination, investigations, treatment/palliative care (correct regimen, correct drugs) and psychosocial support		
Availability of supplies for care of Cancer patients	216	Does Cancer clinic/ward have supplies for managing patients with cancer as per National Cancer Management Guidelines?	Verify the availability of: <ul style="list-style-type: none"> • Cancer palliative care medicines (morphine and analgesics) • Chemotherapy • Radiotherapy 		

Clients attending facility are given appropriate health education on Cancer	217	Does the health education on Cancer prevention provided?	Verify if:		
			<ul style="list-style-type: none"> Schedule on Cancer health education is available Health education topics includes: Importance of checkup and predisposing life style 		
Cardiovascular Diseases					
Availability of the guidelines and SOPs for the management of cardiovascular diseases	218	Does the facility have guidelines and SOPs for the management of cardiovascular diseases	Verify if:		
			<ul style="list-style-type: none"> Guidelines and SOPs are available Guidelines and SOPs are accessible for staff 		
Patients with cardiovascular diseases receive prompt and appropriate management according to Guidelines	219	Are patients with cardiovascular diseases managed appropriately?	Verify through a sample of at least three case notes whether the case management of cardiovascular diseases are appropriately performed which includes: history, examination, investigations and treatment.		
Availability of equipment and supplies for care of cardiovascular disease patients	220	Does clinic/ward have equipment and supplies for managing patients with cardiovascular diseases as per national cardiovascular diseases management guidelines?	Verify the availability of:		
			<ul style="list-style-type: none"> Oxygen Emergency drugs BP machines Electrocardiogram (ECG) Echocardiography Height and weight scale Stethoscope 		
Clients attending	221	Does the health education on	Verify if:		

facility are given appropriate health education on cardiovascular diseases		prevention of cardiovascular diseases provided?	<ul style="list-style-type: none"> Schedule on cardiovascular diseases health education is available Health education topics includes: Importance of checkup, predisposing life style and importance of exercise 		
Chronic Obstructive Pulmonary Disease (COPD)					
Availability of the guidelines and SOPs for the management of Chronic Obstructive Pulmonary Disease	222	Does the facility have guidelines and SOPs for the management of COPD	Verify if: <ul style="list-style-type: none"> Guidelines and SOPs are available Guidelines and SOPs are accessible for staff 		
Patients with COPD receive prompt and appropriate management according to COPD Guidelines	223	Are patients with COPD managed appropriately?	Verify through a sample of at least three case notes whether the case management of COPD are appropriately performed which includes: history, examination, investigations and treatment.		
Availability of equipment and supplies for care of COPD patients	224	Does clinic/ward have equipment and supplies for managing patients with COPD as per national COPD management guidelines?	Verify the availability of: <ul style="list-style-type: none"> Oxygen supply apparatus Emergency drugs Anti-asthma medicines (inhalers) 		
Sickle Cell Disease					
Availability of the	225	Does the facility have guidelines and	Verify if:		

guidelines and SOPs for the management of Sickle Cell Disease		SOPs for the management of Sickle Cell Disease	<ul style="list-style-type: none"> Guidelines and SOPs are available Guidelines and SOPs are accessible for staff 		
Patients with Sickle Cell Disease receive prompt and appropriate management according to National Sickle Cell Guidelines	226	Are patients with Sickle Cell Disease managed appropriately?	Verify through a sample of at least three case notes whether the case management of Sickle Cell Disease are appropriately performed which includes: history, examination, investigations, treatment.		
Availability of equipment and supplies for care of Sickle Cell Disease patients	227	Does clinic/ward have equipment and supplies for managing patients with Sickle Cell Disease as per National Sickle Cell Management Guidelines?	Verify the availability of: <ul style="list-style-type: none"> Blood transfusion facility Anti-malaria Folic acid Anti-pain medicines 		
Clients attending facility are given appropriate health education on Sickle Cell Disease	228	Does the health education on prevention of Sickle Cell Disease provided?	Verify if schedule on Sickle Cell Disease health education is available Verify if the following health education topics are covered: <ul style="list-style-type: none"> Checkup for Sickle Cell Predisposing factors Preventive measures of complications for Sicklers Importance of anti-malarial prophylaxis for Sicklers 		
Mental Health and Substance Abuse					
Availability of the	229	Does the facility have guidelines and	Verify if:		

guidelines and SOPs for the management of patient with mental disorders		SOPs for the management of patient with mental disorders	• Guidelines and SOPs are available		
			• Guidelines and SOPs are accessible for staff		
Patients with mental disorders receive prompt and appropriate management according to National Mental Health Guidelines	230	Are patients with Mental Disorders managed appropriately?	Verify through a sample of at least three case notes whether the case management of patient with mental disorders are appropriately performed which includes: history, Mental Health Status Examination and Treatment		
Availability of supplies for care of patient with mental Disorders	231	Does clinic/ward have supplies for managing patient with mental disorders as per National Mental Health Guidelines?	Verify the availability of:		
			• Narcotics		
			• Rehabilitation facility		
			• Epileptic control medicines		
Clients attending facility are given appropriate health education on mental health	232	Does the health education on prevention of mental disorders provided?	• Tranquilizers		
			Verify if:		
			• Schedule on mental health education is available		
			• Health education topics includes: effects of substance abuse, predisposing factors of mental disorders		

S: Rehabilitative Medicine

S: Rehabilitative Medicine					
Standard	No	Indicator question	Verification Criteria	Response Y/P/N/NA	Remarks
	Physiotherapy Services				
Registration/ licensure and human resources for provision of quality Physiotherapy Services	233	Is the stand-alone physiotherapy facility registered?	Verify if the facility is registered by PHAB		
	234	Does the physiotherapy facility has qualified personnel?	Verify if the facility has qualified personnel (refer Volume 6 of the Basic Standards for Rehabilitation Medicine Services)		
			Verify if the personnel are registered by relevant professional body		
Rooms, equipment and furniture for provision of quality Physiotherapy Services	235	Is there adequate space for provision of Physiotherapy services?	Verify if there is adequate space and rooms according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
		Is the facility equipped with all necessary equipment and furniture for Physiotherapy service delivery?	Verify the availability of all equipment and furniture according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
	Prosthetics and Orthotics Services				
Registration/ licensure and human resources for provision of quality Prosthetics and Orthotics	236	Is the stand-alone Prosthetics and Orthotics Facility registered?	Verify if the facility is registered by PHAB		
	237	Does the Prosthetics and Orthotics Facility has qualified personnel?	Verify if the facility has qualified personnel (refer Volume 6 of the Basic Standards for Rehabilitation Medicine Services)		

Services			Verify if the personnel are registered by relevant professional body		
Rooms, equipment and furniture for provision of quality Prosthetics and Orthotics Services	238	Is there adequate space for provision of Prosthetics and Orthotics Services?	Verify if there is adequate space and rooms according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
	239	Is the facility equipped with all necessary equipment and furniture for Prosthetics and Orthotics service delivery?	Verify the availability of all equipment and furniture according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
Speech and Language Therapy services					
Registration/ licensure and human resources for provision of quality Speech and Language Therapy Services	240	Is the stand-alone Speech and Language Therapy Facility registered?	Verify if the facility is registered by PHAB		
	241	Does the Speech and Language Therapy Facility has qualified personnel?	Verify if the facility has qualified personnel (refer Volume 6 of the Basic Standards for Rehabilitation Medicine Services) Verify if the personnel are registered by relevant professional body		
Rooms, equipment and furniture for provision of quality Speech and	242	Is there adequate space for provision of Speech and Language Therapy Services?	Verify if there is adequate space and rooms according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		

Language Therapy Services	243	Is the facility equipped with all necessary equipment and furniture for Speech and Language Therapy service delivery?	Verify the availability of all equipment and furniture according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
Occupational Therapy Services					
Registration/ licensure and human resources for provision of quality Occupational Therapy Services	244	Is the stand-alone Occupational Therapy Facility registered?	Verify if the facility is registered by PHAB		
	245	Does the Occupational Therapy Facility has qualified personnel?	Verify if the facility has qualified personnel (refer Volume 6 of the Basic Standards for Rehabilitation Medicine Services)		
			Verify if the personnel are registered by relevant professional body		
Rooms, equipment and furniture for provision of quality Occupational Therapy Services	246	Is there adequate space for provision of Occupational Therapy Services?	Verify if there is adequate space and rooms according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		
	247	Is the facility equipped with all necessary equipment and furniture for Occupational Therapy service delivery?	Verify the availability of all equipment and furniture according to the Volume 6 of the Basic Standards for Rehabilitation Medicine Services.		

NB: Addition areas: Other Specialized and super specialized services that are not in the checklist should be considered during planning for supportive supervision.

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APPENDICES

APPENDIX I: Options to Optimize the Quality of Supportive Supervision

A. Introduction

The different services, which the health sector offers to the population, become more and more complex. Consequently, supportive supervision of the service providers has to respond to this complexity. It is therefore advisable to compose supportive supervision teams of members with different technical skills, so that all aspects of the services can be competently supervised.

There are various options, which may be used to improve the quality of supportive supervision significantly. The options include the Shepherd approach, Supervisor assessment by Supervisee and awarding SS Certificates. These options should be field-tested before being official used at each level.

B. The “Shepherd” approach

During supportive supervision each HF should have one key supervisor, who bears the full responsibility for the respective HF. The key supervisor should act as a kind of shepherd, making sure that HF under his/her responsibility prosper and improve the quality of their services significantly. This key supervisor should remain in his/her post for at least two years to give ample time to the staff members to build a relationship based on mutual trust.

Roles of key supervisor are to:

1. Decides on the composition of the supportive supervision team, which may change according to the specific needs of the HF staff.
2. Organizes follow up supportive supervision
3. Bears the full responsibility for report-writing,
4. Bears full responsibility for the completeness of checklists and feedback given to the HF and to the community.
5. Make follow up the decisions taken during the last supportive supervision and present the supportive supervision results during the supervisor team meeting.

Advantages of this approach

1. Encourages ownership on the part of the supervisor for their HF
2. Responsibility for one HF is clearly assigned to one person.
3. Facilitates follow up by the National/RHMT/CHMT

C. Assessment of supervisors by the supervisees

This assessment could be done by a questionnaire, which can be worked out by the supervisor (National, Regional and Council) and representatives of the supervisees. The questionnaire should be filled in anonymously. Respective authorities could award supervisors who receive an excellent score.

Advantages

The benefits of the supervisees' assessment of Supervisor are as follows:

1. Supportive supervision becomes a “two way communication” and problem solving.
2. Supervisor will make more efforts to become real partners of the supervisees

3. Helps to identify performance of the supervisor

D: Awarding Supportive Supervision certificate

To improve the quality of supportive supervision a certificate may be awarded to a HF or unit performing well according to standards.

Advantages

The benefits of awarding SS certificate to best performing HF are as follows:

1. Motivation among HSPs within the HF or unit.
2. Enhance competition for performance among HFs or units.

APPENDIX II: Comparisons of Traditional Supervision and Supportive Supervision

	Traditional Supervision	Supportive Supervision
What does supportive supervision seek to accomplish?	To identify and punish individuals who have performed poorly.	To improve quality by solving problems and enhancing work processes.
Who performs supportive supervision	External supervisors designated by the service delivery organization	External supervisor designated by the service delivery organization, staff from other facilities, colleagues from the same facility (internal supervisor), community health committees, and staff themselves through self-assessment.
When supportive supervision happens	During periodic visits by external supervisors	Continuously: during routine work, team meeting, and visits by external supervisors.
What happens during supportive supervision encounters	Inspection of facility, review of records and supplies, supervisor makes most of decisions, reactive problem-solving by supervisor, little feedback or discussion of supervisor observations	Observation of performance and comparison to standards, provision of corrective and supportive feedback on performance, discussion with clients, provision of technical updates or guidelines, on-site training, use of data and client input to identify opportunities for improvement, job problem-solving, follow-up on previously identified problems.
What happens after supportive supervision encounters	No or irregular follow-up	Actions and decisions recorded, ongoing monitoring of strengths and areas for improvements, follow-up on prior visits and performance gaps, may involve training, procurement of resources and advocacy.

Source: MAQ (2002). Making Supervision Supportive and Sustainable: New Approaches to Old Problems, MAQ Paper No. 4 of 2002 pg. 14. Accessed from <https://www.k4health.org/sites/default/files/maqpaperonsupervision.pdf> on 5th January 2017

APPENDIX III: Mentoring Versus Coaching

Introduction

Coaching is usually driven by specific objectives aimed at ensuring that the learner acquires some specific skills. Thus, coaching follows a prescribed plan with timing that goes on until the objectives are met. The learner learns by using his/her own experiences, hence the coach does not necessarily need to share similar expertise with the learner. The coaches need to know how to inculcate a learning attitude and apply effective strategies to make the learner acquire the targeted skills.

On the other side, mentorship occurs when there is transfer of knowledge and skills from a more experienced mentor to a less experienced mentee. Hence, the mentor must share similar profession with the mentee. Mentorship is less formal compared to coaching, hence does not have specific timeframe or specific objectives.

Some Key Differences between Coaching and Mentoring¹⁸

Length of Engagement: Mentoring is usually ongoing, whereas coaching is usually provided until a desired behaviour is developed and established.

Scope and Structure: Coaching is usually provided in a structured program with distinct, professionally related goals and outcomes achieved through a defined process. Mentoring most often takes a less formal structure, with transfer of knowledge through discussion of a variety of topics affecting personal and professional progress.

Vocational Connection: A coach might not have any specific vocational experience in the field of the person being coached – they do however, lend objective approaches to the subjective experience of the individual to promote learning. A mentor on the other hand, has “been there and done that” – their subjective experience helps the individual broaden his/her knowledge and skills and thus prepare for similar experiences.

Learning Route: Mentoring generally aims to transfer the content of knowledge, experience and skills from one individual to another. Coaching aims to provide the processes by which an individual can objectively explore their own learning and behaviour.

Synergy Between Supportive Supervision and Mentorship

Strengthening supportive supervision with mentoring is gaining more recognition than ever as a critical part of Human Resource for Health Management for the delivery of high-quality HF services. Both supportive supervision and clinical mentoring are important in ensuring quality of health services provision. Each of these processes is important and complements the other to yield more impact on

¹⁸ The Archway Group Pty Ltd (2008). Business Topics: Management vs. Leadership, Mentoring vs. Coaching and Strategy vs. Tactics. Accessed from <http://www.archwaygroup.com.au/Assets/78/1/BusinessTopicsNov08.pdf>. Lastly retrieved on 5th January 2017.

expected outputs and outcomes. Supportive supervision identifies gaps in performance of HSPs especially in technical and clinical skills, whereas clinical mentorship provides the remedy through skill drills, coaching, and practice through mentor-mentees interaction. It is being emphasized that both of them should have planned meetings to share results of their work to improve the quality of service. In this way, they will complement each other and have an impact on the quality of service delivery with optimum results being achieved rather than each one carried out independently. The concept of complementarity of the clinical mentorship system to the existing systems of supportive supervision and monitoring and evaluation is considered to provide a desired synergistic effect

APPENDIX IV: Template for Exit Interview Clients' Satisfaction and Rights

Interview Question	Client response Options				
	Very satisfied	Satisfied	Neutral	Not satisfied	Very Unsatisfied
1. To what extent are you satisfied with the way service providers welcomed you and your relatives to the health facility?					
2. To what extent are you satisfied with the way service providers communicated to you and your relatives on information concerning your disease condition?					
3. To what extent are you satisfied with the way service providers involved you and your relatives on matters related to your disease condition?					
4. To what extent are you satisfied with time spent waiting to be attended by service providers?					
5. To what extent are you satisfied with time spent by service providers when attending you/ your relative?					
6. To what extent are you satisfied with the information given about the type of investigations and treatment done for you/ your relative?					
7. To what extent are you satisfied with involvement in making decisions about the type of investigations and treatment done for you/ your relative?					

8. To what extent are you satisfied with the safety of the services provided at the health facility?									
9. To what extent are you satisfied with service providers' efforts to ensure confidentiality?									
10. To what extent are you satisfied with service providers' efforts to ensure privacy?									
11. To what extent are you satisfied with health facility cleanness and general arrangement?									
12. To what extent are you satisfied with the way service providers consider patients comfort?									
13. To what extent are you satisfied with the way service providers consider patients and their relatives' opinions?									
14. To what extent are you satisfied with the way service providers instructed you and your relatives on how to use medicines provided?									
15. Were you charged extra cost apart from the displayed known costs? (<i>Tick appropriate</i>)									
<table border="1"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No						
Yes									
No									
<i>If Yes</i> , ask the client to what extent was he/she satisfied with extra charges, <i>if No</i> skip to Qn 16.									
16. To what extent are you satisfied with the cost of services charged at the HF?									
17. To what extents are you satisfied with overall services received?									

APPENDIX V: Mfano wa Dodoso kwa Wagonjwa/Wateja Wanapotoka Hospitali/Kituo cha Afya/Zahanati Ubora wa Huduma na Haki Za Mgonjwa

Katika ujio wako huu natumai ulipatiwa huduma na mganga, muuguzi au mkunga. Tafadhali jibu maswali haya ukizingatia huduma walizokupatiwa watumishi hawa.

Maswali	Majibu ya Mteja				
	Kidogo sana	Kidogo	Sina la kusema/Sijui	Sana	Sana Kabisa
1. Je kwa kiasi gani umeridhishwa na namna ulivyopokelewa na mtoa huduma katika Kituo cha Kutolea Huduma za Afya?					
2. Je kwa kiasi gani umeridhishwa na Mtoa Huduma za Afya jinsi alivyo wasiliana na wewe/ndugu zako juu ya ugonjwa wako / wa mgonjwa wako?					
3. Je kwa kiasi gani umeridhishwa na Mtoa Huduma za Afaya jinsi alivyokushirikisha katika masuala yaliyohusu ugonjwa wako/mgonjwa wako?					
4. Je kwa kiasi gani umeridhishwa na muda uliotumia kusubiri kupata huduma kutoka kwa Watoa Huduma za Afya?					
5. Je kwa kiasi gani umeridhishwa na muda ambao watoa huduma walitumia katika kukuhudumia/kumhudumia mgonjwa wako?					
6. Je kwa kiasi gai umeridhishwa na taarifa ulizokuwa ukipatiwa kuhusu aina ya vipimo na tiba ulivyopatiwa/alivyopatiwa mgonjwa wako?					
7. Je kwa kiasi gani umeridhishwa na ushirikishwaji katika kufanya maamuzi ya aina gani ya vipimo na matibabu ufanyiwe/afanyiwe mgonjwa wako?					
8. Je kwa kiasi gani umeridhishwa na usalama wa huduma ulizopatiwa/alizopatiwa mgonjwa wako katika					

kituo cha huduma za afya?									
9. Je kwa kiasi gani umeridhishwa na uwezo wa Watoa Huduma za Afya kutunza siri za mgonjwa?									
10. Je kwa kiasi gani umeridhishwa na uwezo wa watoa huduma kuhakikisha uwepo wa faragha wakati wa kukuhudumia/kumhudumia mgonjwa wako?									
11. Je kwa kiasi gani unaridhishwa/ndugu wanaridhishwa na hali ya usafi na mpangilio katika Kituo cha Kutolea Huduma za Afya?									
12. Je kwa kiasi gani umeridhishwa na uwezo wa Watoa Huduma za Afya kuonesha kuwa wanakujali/wanamjali mgonjwa wako?									
13. Je kwa kiasi gani umeridhishwa na uwezo wa Watoa Huduma za Afya kusikiliza na kufanyia kazi maoni yako au ya ndugu zako juu ya ugonjwa wako?									
14. Je kwa kiasi gani umeridhishwa na maelekezo ya Mtoa Huduma za Afya juu ya matumizi ya dawa zako/mgonjwa wako?									
15. Je ulidaiwa pesa zozote zaidi ya zile zilizandikwa? (Weka vema panapohusika) <table border="1"><tr><td>Ndiyo</td><td></td></tr><tr><td>Hapana</td><td></td></tr></table> Kama Ndiyo , uliza ni kwa kiasi gani ameridhika na malipo ya ziada), kama Hapana nenda swali namba 16	Ndiyo		Hapana						
Ndiyo									
Hapana									
16. Je kwa kiasi gani umeridhishwa na gharama za huduma zinazotazwa katika Kituo cha Kutolea Huduma za Afya?									
17. Je kwa kiasi gani umeridhishwa na huduma ulizopatiwa?									

APPENDIX VI: Template for Interview Providers' Needs

Background information

Date: _____	Facility name: _____	Code number of the facility: _____	District/Council: _____
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Working environment (e.g. availability of supplies and equipment, space, support from administration. leadership and clients)

	Very satisfied	Satisfied	Neutral	Not satisfied	Very Unsatisfied
1. To what extent are you satisfied with availability of medicines and medical supplies in your HF?					
2. To what extent are you satisfied with the availability of functioning equipment in your HF?					
3. To what extent are you satisfied with working space available for your day to day work					
4. To what extent are you satisfied with HF cleanness and general arrangement?					
5. To what extent are you satisfied with the support provided by supervisors during supportive supervision visits in improving your work performance?					
6. To what extent are you satisfied with behavior and language used by the patients and their relatives in the course of providing health services to them?					

Communication of information and continuing professional development and motivation

1. To what extent are you satisfied with communication / information provided by your leaders at your facility/institution in relation to your day to day work					
2. To what extent do your leaders satisfy you with communication of information at your HF/institution in relation to your personal welfare?					

3. To what extent are you satisfied with opportunities for CPD / further training in your H/institution?					
4. To what extent are you satisfied with opportunities for attending seminars or workshops in your HF/institution?					

Issues pertaining to personal income

1. To what extent are you satisfied with your monthly salary?					
2. To what extent are you satisfied with personal emolument including allowances at your HF/institution?					

Leadership and Management

1. To what extent are you satisfied with leadership efforts to involve staff on the day-to-day decisions making?					
2. To what extent are you satisfied with leadership efforts to involve staff in matters related to their personal welfare?					
3. To what extent are you satisfied with staff recognition and rewarding in your HF/institution?					
4. To what extent are you satisfied with staff motivation in your HF/institution?					
5. To what extent are you satisfied with management / administration practiced by your leaders?					

Comments: _____

APPENDIX VII: List of Emergency Medicines

(Source: Sawe H. R. and Murray B. L. (2015). Emergency Medicine Clinical Protocols Evidence-Based Clinical Practice, 2nd Edition. MNH, EMAT and MUHAS; Ethiopian Food, Medicine and Health Care Administration and Control Authority (2014). Emergency Medicines List (EML).

Hypoglycemia

1. IV Dextrose 5%, 10%, 25% and 50%

Rapid Sequence Intubation (RSI)

1. Etomidate
2. Ketamine
3. Succinylcholine
4. Midazolam
5. Propofol
6. Pancuronium
7. Morphine
8. Pethidine
9. Diazepam

Seizure Management

1. Phenytoin
2. Phenobarbitone
3. Thiopental

Malaria

1. Artemether
2. Quinine
3. Artesunate

Hypocalcemia

1. Potassium chloride
2. Norma Saline/ DNS
3. Magnesium Sulphate

Hypercalemia

1. Calcium Gluconate
2. Calcium Chloride
3. Insulin
4. Salbutamol inhaler
5. Sodium bicarbonate
6. Furosemide

Paediatric/Adult Sepsis

1. Oxygen
2. IV Ceftriaxone
3. IV Vancomycin
4. IV Meropenem
5. IV Dopamine
6. IV Adrenaline
7. IV Hydrocortisone

Asthma

1. Salbutamol nebulizer
2. Ipratropium bromide nebulizer
3. Dexamethasone

4. Hydrocortisone
5. Prednisolone
6. Epinephrine

Burn

1. IV Morphine
2. IV Pethidine
3. IV Fluids

DKA and HHS

1. IV Fluids (NS, DNS)
2. Potassium Chloride - KCl
3. Insulin

Hypertensive Agents/Emergencies

1. Labetolol
2. Nitroglycerine
3. Sodium Nitroprusside
4. IV/IM Hydralazine

Inotropes & Chronotropes

1. Dopamine
2. Normal Saline
3. Dobutamine
4. Adrenaline

5. Nitroglycerine
6. Sodium Nitroprusside

Upper GI Bleeding

1. IV Fluids
2. Units of Blood
3. Pantoprazole
4. Octreotide
5. IV Ceftriaxone
6. IV Ciprofloxacin

Tachyarrhythmia

1. Adenosine
2. Amiodarone
3. Digoxin
4. Lidocaine hydrochloride
5. Metoprolol
6. Magnesium Sulfate
7. Procainamide Hydrochloride
8. Propranolol Hydrochloride
9. Verapamil

Bradyarrthmias

1. Atropine Sulfate
2. Isoprenaline

Drug used for Cardiac arrest

1. Adrenaline
2. Amiodarone
3. Atropine sulfate
4. Lidocaine
5. Magnesium Sulfate
6. Procainamide Hydrochloride
7. Sodium Chloride
8. Oxygen inhalation
9. Sodium bicarbonate

Acute Coronary Syndrome

Antiplatelets

1. Acetylsalicylic acid
2. Clopidogrel

Anticoagulant

1. Enxaparin
2. Heparin

Medicine for Poisoning and Over Dose

1. Activated Charcoal
2. Acetylcysteine
3. Adrenaline
4. Atropine Sulfate
5. Calcium Chloride
6. Digoxin Immune Fab (Ovine)
Digoxin specific, antibody fragments
7. Ipecac
8. Naloxone
9. Physostigmine Salicylate
10. Pralidoxime
11. Protamine Sulfate
12. Rabies Antiserum, Equine
13. Snake Venom Antiserum
Polyvalent
14. Vitamin K
15. Universal Antidote (Charcoal
+Tannic acid + Powder,
2parts+1part+1part Magnesium
Oxide)

APPENDIX VIII: List of Ten Tracer Medicines

1. DPT + HepB/ HiB vaccine for immunization
2. Artemether / Lumefantrine (ALu) oral
3. Amoxycillin or Cotrimoxazole oral
4. Albendazole or Mebendazole oral
5. Oral Rehydration Salts (Compacted Zinc ORS)
6. Ergometrine inj. or Oxytocin inj. or Misoprostol oral
7. Medroxyprogesterone injectable Contraceptive
8. Dextrose 5% or Sodium Chloride + Dextrose IV inj.
9. Syringe and needle, disposable
10. Malaria rapid diagnostic test (MRDT) or Supplies for malaria microscopy

APPENDIX IX: List of Essential Medicines

1. DPT + HepB/ HiB vaccine for immunization
2. Artemether / Lumefantrine (ALu) oral
3. Amoxycillin or Cotrimoxazole syrup
4. Amoxycillin or Cotrimoxazole oral
5. Albendazole or Mebendazole oral
6. Oral Rehydration Salts (Compacted Zinc ORS)
7. Ergometrine inj. or Oxytocin inj. or Misoprostol oral
8. Medroxyprogesterone injectable Contraceptive
9. Dextrose 5% or Sodium Chloride + Dextrose IV inj.
10. Malaria rapid diagnostic test (MRDT) or Supplies for malaria microscopy
11. Syringe and needle, disposable
12. Magnesium Sulphate inj.
13. Zinc Sulphate tablets
14. Paracetamol tablets
15. Benzyl Penicillin inj
16. Ferrous +Folic Acid Tablets
17. Metronidazole Tablets
18. Combined Oral Contraceptives
19. Catgut Sutures
20. Nevirapine Oral Solution
21. Tenofovir 300mg +Lamivudine 300mg +Efavirenz 600mg Tablets
22. Efavirenz 600mg Tablets
23. Zidovudine 60mg + Lamivudine 30mg + Nevirapine 50mg Tablets
24. UNIGOLD HIV 1/2
25. SD Bioline
26. FACS Count reagent
27. DBS
28. RHZE (Rifampicin 150mg/ Isoniazide 75mg/ Pyrazinamide/ Ethambutol) Tablets
29. RH (Rifampicin 15mg/ Isoniazide 75mg) Tablets
30. Sulphadoxine + Pyramethamine Tablets

APPENDIX X: List of Contributors for The Revision of National Supportive Supervision Guidelines for Quality Healthcare Services

S/N	NAME	DESIGNATION	WORK STATION
1.	PROF. DAUDI O. SIMBA	ASSOC. PROFESSOR	MUHAS
2.	DR. MOHAMED A. MOHAMED	DIRECTOR- HQA	MoHCDGEC - HQA
3.	DR. ELIUDI S. ELIAKIMU	AD HSIQAS	MoHCDGEC - HQA
4.	DR. MARIAM ONGARA	NATIONAL PPP COORDINATOR	MoHCDGEC
5.	GUSTAV P. MOYO	PNO	MoHCDGEC - HQA
6.	DR. MSAFIRI KABULWA	PDO	MoHCDGEC
7.	DR. CHISOGONE J. GERMAN	MO	MoHCDGEC - HQA
8.	EDWIN C. MKWAMA	NO	MoHCDGEC - HQA
9.	DR. BUSHI LUGOBA	MO	MoHCDGEC - HQA
10.	DR. ALOYCE F. LENGESIA	MO	MoHCDGEC - HQA
11.	DR. TALHIYA YAHYA	MO	MoHCDGEC - HQA
12.	RUTH R. NGOWI	LAB SCIENTIST	MoHCDGEC - HQA
13.	DR. GOODLUCK MWAKITOSHA	PPP PROGRAMME OFFICER	MoHCDGEC
14.	LUCY ISSAROW	PNO	MoHCDGEC - HQA
15.	DR. WILLY SANGU	APHFTA REPRESENTATIVE	ILALA MUNICIPAL COUNCIL
16.	DR. MAHEWA LUSINDE	MO	MoHCDGEC - PHAB
17.	CATHERINE SEMKUDI	RADIOGRAPHER	MoHCDGEC
18.	DR. MARTIN RWECHUNGURA	RTC	CSSC
19.	DR. SAID MPENDU	PUBLIC HEALTH SPECIALIST	BAKWATA
20.	FABIAN KALABWE	RNO	SHINYANGA- RHMT
21.	DICKSON MAJIGE	HLS/Ag. R-PHLB	MoHCDGEC
22.	PILLY MWINYIAMU	SWO	MoHCDGEC
23.	JUDITH MATULI	PS	MoHCDGEC
24.	SATURINI MANANGWA	SNO	MoHCDGEC
25.	ALLY MSOPA	HO	MOROGORO - DC-CHMT

26.	DOROTH A. LEMA	RRCHCO	RAS TANGA
27.	DR. ANNA MAHENDEKA	M&E OFFICER	NMCP
28.	CHRISTINE CHIPAGA	M&E OFFICER	NTLP
29.	DR. LAUREAN RWANYUMA	SURGEON	MNH
30.	STEVEN CHOMBO	TRAINING SPECIALIST	Jhpiego
31.	GAUDIOSA TIBAIJUKA	SENIOR TECH. MANAGER	Jhpiego
32.	DR. PATRICK MWIDUNDA	HEAD QUALITY IMPROVEMENT UNIT	MoHCDGEC - NACP
33.	DR. ERIC VAN PRAAG	SENIOR REGIONAL TECHNICAL ADVISOR	FHI360
34.	ERNEST MHANDO	RACC	LINDI