Health programmes - Ongoing evaluation 2024-2026

Note on quality of care in Malawi

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Evaluative question 1: How can quality in the supported health facilities (HC and VC) be improved by Inter Aide?

During the head office mission in May 2026, a brainstorming session was done in both regions to list all initiatives taken to improve quality of care (QoC) since 2014, and methods used to assess it. The following notes detail the information gathered, as well as references to the forms used over the years and presented in Annex.

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Acronyms

CBMNC	Community Based Maternal and Neonatal Care	ICCM	Integrated Community Case Management
DHMT	District health Management Team	MA	Medical Assistant
DHO	District health office	MoH	Ministry of Health
FP	Family Planning	M&E	Monitoring and Evaluation
HA	Health Area	NMT	Nurse Midwife Technician
HC	Health Centre	OPD	OutPatient Department
HP	Health Post	QIT	Quality Improvement Team
HR	Human Resources	QoC	Quality of Care
HSA	Health Surveillance Assistant	SHSA	Senior Health Surveillance Assistant
HSS	Healthy System Support	VC	Village Clinic
IA	Inter Aide	VCC	Village Clinic Committee

History of quality of care improvement in Malawi

A logical evolution of the programme

Prior to 2014, Inter Aide actions in health (Chadza in Lilongwe, Mkwayi in Phalombe) were developed at village level and more focused on family practices. In 2014, it was decided to intervene at HC catchment area level, in order to initiate health system support (HSS) activities at a scale that made sense with the organisation of the local health system (including the villages clinics and outreach clinics services inside the catchment area). Initially, these HSS activities mainly involved material support (constructions, rehabilitations, donations, support in drug delivery and logistics) and helping staffing levels by paying interim personnel until permanent staff were sent by the DHO/HA. These activities were managed directly by the PMs.

In 2018, a study of the QoC in 5 catchment areas in the two districts of Lilongwe and Phalombe (Katchale, Maluwa, Dickson, Nambazo, Kalinde) was conducted based on observation of services provided for extended periods of times. The study was done by Francesca Bisio, outgoing PM at the time, and medical doctor from Italy. Several key observations were made, that completed the existing knowledge of the IA team: lack of teamwork at HC level, limited opening days and hours, lack of commitment and work ethics from health personnel, persistent issues of material, absence of support and presence from the DHO/HA. This work led to several recommendations as to how the programmes could support the QoC, in addition to improving material conditions (as was already provided since 2014).

From that point onwards, several strategic evolutions took place. A specific Inter Aide staff, qualified as a health professional, was recruited in each district to be in charge of HSS activities. We first proposed that DHO staff could be allocated to this position on a part-time basis, which would have given more legitimacy to the activities proposed. This worked for around a year in Phalombe, but was never possible again nor in Mitundu, due to lack of availability of DHOs' staff. HSS staff are therefore employed by Inter Aide. We later decided to recruit more than one person per district, creating the HSS Coordinator and HSS Officer levels among the team.

HSS activities were then extended to include material support but also improvement of health personnel practices and facility management, through onsite coaching, supervision and training. The creation of the HSS positions gave the capacity to Inter Aide to spend more time in the facilities to observe services and support areas of improvement (patient flow and organisation, hygiene, respect of technical care protocols, respect of opening hours, etc.). This process was also intended to strengthen the involvement of the DHO/HA in the supervision and management of the facilities, by allowing more communication between IA and them, and the organisation of joint activities. The strategic evolution also opened the door to ad hoc training sessions that could be organised by the HSS staff thanks to the increased collaboration with the DHO/HA (for instance ICCM training for VC providers, CMBNC trainings, FP training for VC providers, etc.). Overall, these evolutions led to a significant increase in resources allocated to HSS (HR, time, budget, etc.).

Adapting our M&E system

From 2019, the programme thus entered more specifically in the improvement of QoC. This required being able to monitor progress specifically on these new aspects targeted. Until then, our M&E system regarding HSS focused heavily on quantitative data: number of delivery at the HC, number of consultations for sick children at HC and VC level, etc. Some feedback could also be gathered from users thanks to the community team. We decided to introduce new tools that would allow the evaluation of care from a qualitative point of view. The general idea was to use evaluation grids, filled

by the Inter Aide HSS staff and/or by the supervisors of the facility (DHO or HA, SHSA for VCs), based on on-site observation of the facilities and/or the services provided.

We will now describe the HSS activities and the tools used from 2019 in each area.

Development of quality of care improvement in Mitundu from 2019

The bonus system (2019-2021)

At the time, the Mitundu programme was facing serious challenges in HSA involvement in community activities. Their presence on the field was insufficient and the complaints for increased allowances (or per diem) were constant, leading to several blockages of activities in the field. It was therefore decided that our new approach on improvement of quality of care would be combined with monetary bonuses linked with performance of staff. This was the introduction of the **bonus system** (see tools in Annex 1).

The bonus were based on monthly assessments conducted by the HA of Mitundu, accompanied by Inter Aide. During the first phase (2019-2020), a specific grid was filled for each person evaluated depending on their positon, that would allow the calculation of an individual bonus. In addition, a general grid about the collective running of the facility was filled, determining a collective bonus for the HC staff (Annex 1b). The staff included in the individual bonus system were MAs, maternity staff (NMTs and community midwives), HSAs (with a distinction between HSAs running a VC and others). In addition, security guards and ground labourers were eligible for the collective bonus. A percentage of performance was calculated based on the grid, and applied to the maximum bonus possible to calculate the amount of bonus received. The monthly amount received therefore ranged between 0 and 20,000 MWK (22 euros at the time, see Annex 1a and 1c). It was provided during a quarterly meeting held at each HC during which assessment and calculations were publicly shared, in the presence of the HA and IA. At the same time, client satisfaction surveys were introduced (Annex 1d), as well as audits for VC cases (Annex 1e), to complement our vision of the care provided.

After over a year of implementation and an internal evaluation, a second phase was initiated (2020-2021), with some slight modifications. The collective bonus was discontinued, as it was considered to have a limited effect on staff motivation. It was replaced by a bonus for the HA for their participation in the system. In addition, new individual bonuses were introduced (for SHSAs, for Pharmacy Assistants, for ground labourers, for hospital attendants, for security guards). After a year of this second phase, the bonus system was discontinued.

Overall, this system supported several improvement. It allowed the program to better define a functioning facility and to collect objective indicators of quality of care. The monetary incentive led to an improved motivation from personnel at HC level, which, combined with the increased presence of supervision staff in the field (IA and HA), led to an objective improvement in QoC. An increased attendance of patients in the facilities was measured, opening days increased (especially at VC level) and absenteeism reduced (with staff rosters available and followed). The amount of bonus provided gradually increased as grid evaluations reflected the improvement of the QoC.

However, several drawbacks or limits of this system were noted. First, HSAs that did not run a VC (and were only evaluated on community activities) were against the system, as their rating was often very poor and publicly displayed. The HSAs are one on the main reason that the bonus system was stopped. Another difficulty was the cost of the system and his lack of sustainability. Even though a formal cost analysis is not available, we can consider that the bonus system was costing around 10,000 euros per year. The end of this system was also linked with the start of the exit strategy in Mitundu and the deployment in Mchinji.

Technical review meetings, on-site coaching and involvement of HA/DHO (2022 to 2026)

Three main aspects of the bonus system were maintained in the next phase (2022-2026). The first one was a small monetary incentive of the health personnel, which is deemed indispensable to get their attention and support. However, this time, it was decided to provide it unconditionally, to target only technical staff, and to use the opportunity of an allowance to organise technical meetings at a central level (HA in Mitundu). The meetings were initially organised quarterly and divided in 3: one for MAs, one for maternity staff, and one for HSAs. A fourth one was later introduced with data clerks. These meetings were officially hosted by the DHMT, and their organisation and facilitation was gradually transferred to the HA. They allowed for data to be analysed regularly, difficulties to be discussed and solutions found, as well as continuous training as per the HA's proposal.

The second aspect of the bonus that was maintained is the strong presence of the IA staff in the facilities, conducting assessments and onsite coaching. These visits allowed for immediate improvement of quality of care, and the data provided nourished the discussions during the technical meetings. The grids used were revised on this occasion. They were simplified and designed to assess the quality of care provided by each service of the facility, rather than individual performance of staff. They were divided in 4 (see Annex 2):

- Area 1: Maternity assessment
- Area 2: OPD
- Area 3: Village clinics operations
- Area 4: Outreach Clinics

Client satisfaction surveys and VC audit forms were maintained in their 2019 version.

At the end of 2023, the main grids were slightly revised and simplified (see Annex 3):

- Area 1: Maternity assessment
- Area 2: OPD
- Area 3: HC infrastructure
- Area 4: Village clinics operations
- Area 5: Village clinic infrastructure

The third aspect that was maintained in this new phase from the bonus system was the involvement of the HA. They were invited to the supervision and onsite coaching. At the end of 2023, a new approach to increase HA presence in the HC was developed, called QIT for Quality Improvement Team. It involved training a pool of evaluators from the Mitundu HA and hospital staff that would rotate to come do monthly supervision visits to each HC. This approach had already been introduced by another actor in the health system and was therefore easier for the HA staff to adopt (rather than a new IA approach).

Start of HSS in Mchinji district (2023 to 2026)

In Mchinji, the approach that was initiated from the start (end of 2023) was the QIT (monthly) and DHMT supervisions visits (4 and now 3 times a year), using the updated grid from Mitundu (see Annex 3). Other HSS activities were maintained (material support, interim staff allocation, etc.).

Development of quality of care improvement in Phalombe from 2019

Development of on-site coaching and supervision without monetary incentives (2019-2021)

The recruitment of the first HSS staff in Phalombe marked the start of the involvement in QoC, in addition to material support aspects (already started since 2015). It was decided that this work would not be done under the bonus approach, that Mitundu was developing at the time. Indeed, motivation from health personnel was considered better in this district (at community, HC and DHO level), and the hope was that technical support would be enough to obtain participation from these partners. While this remains overall true, it has been observed since then that the request for allowances have continued to grow in Phalombe, and represent today a major part of the HSS budgets (just like in the Central Region).

The arrival of the HSS staff allowed for the development of new HSS activities, as in Mitundu: onsite coaching and supervision of HC and VC services, development of ad hoc trainings based on needs and opportunities (ICCM, VCC, etc.), and a gradual involvement of the DHO team to supervise the facilities alongside Inter Aide. Initial evaluation grids were introduced based on the ones used in Mitundu (see Annex 4a).

Structured HSS support (2022-2026)

After this period of adjustment, a more structured period of HSS started in 2022, with a closer relationship with the DHO and a more detailed activity list under HSS: technical review meetings at HC level (called facility based quarterly review meeting, they were reviewing all planned activities from the previous three months and establishing action plans for the next quarter, in the presence of all the HC staff and representatives from the DHO), then technical review meetings at DHO level (held biannually, it was comprised of facility in charges from maternity, clinical OPD, data, and SHSA, with the DHO and DHMT members chairing the meeting.), on the job training, official supervision with the DHO staff, etc.

The same grids continued to be used, although on some occasions, other grids from the DHO were also in use at the same time, resulting in confusion of HSS data (Annex 4g). A revision of the grids was done in 2025, during which we separated grids for each type of facility: HC (Annex 4b), HP (4c), VC (4d), CMA (4e). In 2026, a new DHO grid for HC assessment was again introduced (4f).

Observations

The programmes have progressed significantly in their objective to increase quality of care, first from 2014 to 2018 through intervention at HC catchment level, material support and collaboration with health authorities (DHO/HA), then from 2019 to today by allocating more resources to HSS, diversifying activities, tackling issues of staff practices and attitude and concretely involving health authorities (DHO/HA).

The handover processes started in Mitundu and in reflexion in Phalombe now face the challenge to sustain the results, by maintaining key activities while transferring their management and roll-out to local health staff. One of the difficulties resides in the culture of allowances required by DHO/HA staff to conduct field activities. The programmes had to gradually increase their spending on allowances to ensure HSS activities and therefore contribute to a better QoC, but that remains a major challenge to a smooth and autonomous running of the health system in all areas targeted.

Our ability to assess the quality of care, and therefore measure progress achieved thanks to the programme support, suffers from several challenges. The tools introduced were revised regularly, rendering a long-term analysis difficult. In addition, it appears that the detailed analysis of the data captured was never fully analysed and exploited by the teams (as opposed to the community data that

is much more included in the routine M&E of the programmes). It is therefore difficult to use evidence to pilot the programme and to conclude on areas of success and challenges regarding QoC. Finally, the usage of internal tools assess QoC has now become an issue, especially as we ask DHO/HA to use them during supervision visits. When we first introduced our HSS activities, such tools were not available on the MoH side and we had to create them, in accordance with DHO/HA at the time. Since then, official tools have sometimes been proposed or used, especially in Phalombe. As we are moving to transferring the responsibility of QoC evaluation to local health authorities, the question of the legitimacy of the tools used is important.

Recommendations:

- Conduct a thorough analysis of the data gathered since the beginning of the programme, combining qualitative and quantitative data to produce an accurate picture of the evolution of QoC over time and help draw recommendation for the future of the programme.
- Establish a robust M&E system for the next phases, ensuring grids/tools, databases and analysis are clear and standardised, to last for several years. Whenever possible, grids should be the official MoH tools (when they exist), and internal tools should be discontinued.

Annexes

1- Bonus system in Mitundu (2019 to 2021)

1a. Description of the bonus system (version first phase)

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CHILD HEALTH PROJECT

HEALTH SYSTEM SUPPORT ACTIVITIES

POLICY ON PERFORMANCE-BASED BONUSES

In an effort to improve commitment and dedication and in conjunction with the Lilongwe District Health Office (DHO), Inter Aide program has introduced these performance-based bonuses for the catchment Health Centre staff. The following policy is generic to all health centres, but specific targets will be specified on the MoU signed with each health centre.

1. Eligibility

$1.1. The performance-based bonuses shall be given to all staff members operating from the Inter Aide catchment facilities and following the terms and conditions below.

2. Terms and Conditions

$2.1. The performance-based bonuses shall be divided in different bonuses.

$2.2. A **team performance bonus (1)** for all team members (the list of beneficiaries will be specified in the MoU signed with each health centre). This bonus is fixed to **MK 5,000** and will depend on the results of the HC. The criteria are detailed below:

a. General cleanliness of the HC: at least consultation rooms, maternity, waiting area, toilets are cleaned every day. A follow up for cleaning will be introduced. It should be filled every day. Assessment will be based on the follow up and observation.
b. Health Centre opening
c. Improvement in the organization at Health Centre, taken in place with the collaboration of the Health System Support Coordinator: flow of patient is followed, registers are well filled, drugs are required before shortages.
d. Care for material (prevention of theft, maintenance of equipment): an audit on 10 different items will be done every quarter. All the items audited should be in good condition or a request to change them should have been addressed to DHO.
e. Feedback from communities: communities are able to see improvement in the service quality; they are better satisfied of the services. The HCMC or VHC members will be invited to the meeting to give feedback from users.
f. Drug availability

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$2.3. An **individual performance-based bonus (2)** will be based on individual performance of each staff for each category. The category criteria are detailed below.

- Medical assistant

a. Opens the outpatient department every day and when necessary (minimum opening hours?)
b. Makes sure the drug stocks are always above 30% or should not reach red line according to notable facility consumption
c. Makes sure that all critical equipment for all department are available.
d. Makes sure patient triaging is done at the OPD
e. Makes sure wastes are separated in the consultation room

- Nurse midwives

a. Maternity is opened every day, day and night.
b. Makes sure babies born with breathing difficulties are well cared for
c. Make sure that all critical devices, equipment and supplies in the labour ward are available and sterilised
d. Makes sure the ward is clean, every aspect
e. Makes sure women in the labour ward are well managed

- HSAs

a. Make sure that the work roster is available and filled every month
b. Outreach clinics are all opened and conducted during the month, following the schedule done at HC
c. At least 75% of active VHC members are maintained in the catchment area
d. Participate to at least 5 InterAide initiated activities per month
e. Participate to all VHC meeting organized in the catchment area every month
f. Makes sure all vaccines are in stock and immunization clinics are not cancelled

$2.4. A **specific individual performance-based bonus (3)** is proposed to HSAs who are running Village Clinics. It will be based on the general criteria below but then, each category will be separated by having specific criteria for assessment:

- HSAs Running Village Clinics but Do not stay in the Catchment

a. Opening Days. For clinics whose HSA does not stay in the catchment, the clinic is supposed to open 2 days in a week. The amount received in that case will be MK 5,000 per month.
b. Opening and closing Time. The clinics are supposed to open at 7:30 or 8 am and closes at 4 PM so that the HSA gets back to home before late.
c. Confirmation of patients /drug use. The HSAs running village clinic use registers. The registers are well filled. The data recorded are all correct. Inter Aide through this policy will be verifying the names of patients in the registers through audits in the villages.

- HSAs Running Village Clinic but Do stay in the catchment or open the clinic daily

a. Confirmation of the clinic opening days. For clinics whose HSA does stay in the catchment, the clinic is supposed to open every day. The amount received in that case will be MK 10,000 per month.

b. Confirmation of patients /drug use. The HSAs running village clinic use registers. The registers are well filled. The data recorded are all correct. Inter Aide through this policy will be verifying the names of patients in the registers through audits in the villages.
c. Confirmation of the HSA/s that he/she stays in the catchment

$2.5. Below are the amounts fixed per category.

	Monthly team performance bonus **(1)**	Monthly individual bonus **(2)**	Monthly individual bonus **(3)**
Medical Assistant	5,000 MKW	10,000 MKW	0
Nurse Midwife Technician	5,000 MKW	10,000 MKW	0
Community Midwife or Enrolled Nurse Midwife	5,000 MKW	10,000 MKW	0
HMIS clerk	5,000 MKW	0	0
Patient attendant	5,000 MKW	0	0
Pharmacy assistant	5,000 MKW	0	0
Maid	5,000 MKW	0	0
Watchman	5,000 MKW	0	0
HSA not running a village clinic	5,000 MKW	5,000 MKW	0
HSA running a village clinic	5,000 MKW	5,000 MKW	up to 10,000 MKW

2 Management of the policy

$3.1. The performance-based bonuses shall be paid **after a quarterly performance review meeting** at Health Centre. During this meeting, shall be present:

- All HC team members
- The Inter Aide Health System Support Coordinator
- A DHO representative
- IA Program Manager of Field Supervisor
- One community representative

$3.2. The bonuses shall be paid **every quarter**. The final amount will be determined during the performance review meeting following the criteria fulfilled during the quarter. The final decision on each bonus category shall be made by the DHO representative and the Inter Aide Health System Support Coordinator.

$3.3. The process shall be managed in a very transparent manner.

3 Policy Period, Review and Dismiss

$4.1. This policy is **valid for 1 year** since it is signed by both parties.

$4.2. The review of the policy shall be made at the end of the year.

$4.3. This policy may be dismissed if Inter Aide has observed mismanagement of the policy by the Lilongwe DHO.

$4.4. This policy may be dismissed if Inter Aide decides to stop the support to the Health Centre or has run out of funding.

1b. Evaluation grid (first phase)

HEALTH CENTRE PERFORMANCE ASSESSMENT TOOL

CATEGORY	AREA OF ASSESSMENT	OBJECTIVELY VERIFIED INDICATOR	YES	NO	SIGNATURE OF ASSESSOR
1. Team Performance	a) General cleanliness b) HC center opening c) Organization and completion of tasks d) Care for material e) Feedback from communities f) Drug Availability	a) HC rooms are mopped every day and the cleaning schedule is signed by the In-charge b) The HC is open at 7:30 AM and time schedule is signed by every staff c) Every staff adheres to the duty roster and is signed by the In-charge d) Audit on 10 different items (presence and condition) e) Minutes or records of disciplinary meeting as regards to staff attitude, feedback from HAC/VHCs f) Availability of completed stock cards, drug consumption reports (copies), physical stock check of 5 critical drugs			
REMARKS BY ASSESSIOR					
2. Individual Performance-based bonus					

2.1 MEDICAL ASSISTANT	a) Opens the OPD every day or when necessary b) Makes sure drug stocks are above 30% and do not reach red line c) Makes sure critical equipment are available d) Makes sure patient triaging is done e) Makes sure wastes are separated in the consultation room	a) OPD register records, checked by IA, HA/DHO through supervision b) Pharmacy stock cards well recorded, spot checks (physical verification) by the IA, HA/DHO c) Availability of updated equipment register/inventory confirmed by IA, HA/DHO d) Spot checks of what by the IA, feedback from the HAC e) Presence of sharps and non-sharps bin in the consultation room			
REMARKS BY ASSESSOR					
2.2 Nurse/Midwife	a) Maternity is opened every day and night and the Midwife is available. b) Makes sure babies born with breathing difficulties are well cared for c) Make sure that all critical devices, equipment in the labour ward are available and sterilised d) Makes sure the ward is clean, every aspect	a) Presence of the duty roster which is signed, checked by IA, HA/DHO through supervision b) Presence of the functioning and clean resuscitation kit, verified by IA, HA/DHO c) Presence of the infection prevention buckets, all labelled, confirmed by the Supervisors and sterilisator functioning? d) Observation by the supervision team, feedback from the			

	e) Makes sure women in the labour ward are well managed	community through HAC e) Presence of the completed labour graphs through spot checks by IA, HA/DHO			
REMARKS BY ASSESSIOR					
2.3 HSAs	a) Make sure that the work roster is available and filled every month b) Outreach clinics are all opened and conducted during the month, following the schedule done at HC c) At least 75% of active VHC members are maintained in the catchment area d) Participate to at least 5 Inter Aide initiated activities per month e) Participate to all VHC meeting organized in the catchment area every month f) Makes sure all vaccines are in stock and immunization clinics are not cancelled	a) Presence of the work roster/schedule and compliance to schedule report b) Outreach clinic reports, spot checks by IA, HA/DHO c) Presence, availability of the VHC members, confirmed by IA and respective HSAs d) Field reports, activities schedule compliance reports e) Participant list, meeting reports f) Vaccine register			
REMARKS BY ASSESSIOR					
3. Specific					

Individual Performance Bonus					
3.1 HSAs Running Village Clinic but do not stay in the catchment	a) Opening Days b) Opening and closing Time c) Confirmation of patients/drug use audit	a) Clinic opens 2 days in a week, verified by the vg clinic committee records b) Clinic opens at 8:30 AM and closes at 4PM verified by the vg clinic committee records c) Random audit reports, done by the HSSC agreeing or disagreeing with the case names treated in the month			
REMARKS BY THE ASSESSOR					
3.2 HSAs Running VG Clinic, stays in the catchment and open the clinic daily	a) Confirmation of the clinic opening days b) Confirmation of the cases treated c) Confirmation of the HSA residing in the catchment	a) Confirmed through random Supervision by HSSC, the CHFs and the vg clinic committee reports, verbal or written b) Confirmed through random audits by the HSSC or the CHFs c) Presence of the HSA house in the village			
REMARKS BY THE ASSESSOR					

The recommended amount to be paid per team member **for the monthly team performance bonus (1)** is: MK_____
This amount is based on the performance review and was proposed by the DHO representative. All participants agreed on that decision.

1c. Calculation tool on Excel (first phase)

	Katchale				Maluwa				Dickson			
Quarter	Months	%	people	mkw	Months	%	people	mkw	Months	%	people	mkw
Collective bonus	Jul-Aug-Sept 2020	75%	21	236 250	Jul-Aug-Sept 2020	92%	19	262 200	Jan-Feb-Mar 2020	92%	27	372 600
MA bonus		85%	2	51 000		100%	1	30 000		60%	2	36 000
Nurses bonus		90%	1	27 000		60%	2	36 000		100%	3	90 000
HSA bonus		42%	10	63 000		67%	9	90 450		58%	11	95 700
Vilage clinic bonus (not residing)		93%	2	27 900		92%	1,3333	18 400		69%	6	61 920
Vilage clinic bonus (residing)		100%	1	30 000		0%	0	0				
Total		**71%**	**615 000**	**435 150**		**82%**	**530 000**	**437 050**		**81%**	**810 000**	**656 220**
Quarter	Months	%	pers	mkw	Months	%	pers	mkw	Months	%	pers	mkw
Collective bonus	Oct-Nov-Dec 2020	93%	21	292 950	Oct-Nov-Dec 2020	92%	19	262 200	Apr-May-Jun 2020	92%	26	358 800
MA bonus		100%	2	60 000		100%	1	30 000		100%	2	60 000
Nurses bonus		96%	2	57 600		100%	2	60 000		100%	2	60 000
HSA bonus		50%	9	67 500		50%	9	67 500		58%	11	95 700
Vilage clinic bonus (not residing)		100%	3,6666	54 999		73%	2	21 900		40%	6	36 000
Vilage clinic bonus (residing)			0	0			0	0				
Total		**85%**	**624 999**	**533 049**		**82%**	**540 000**	**441 600**		**80%**	**765 000**	**610 500**

1d. Client satisfaction survey (from 2020 to 2026), empty and filled

CLIENT SATISFACTION SURVEY

Interviewer Name _____ Date: __ __ / __ __ / __ __

HEALTH FACILITY	
1. Facility where the respondent accessed services	
RESPONDENT	
2. Gender of respondent	1 ○ Male 2 ○ Female
3. Age of respondent	_____ years
SERVICES	
4. Why did you come to the health facility today? *(Tick all that apply)*	1 ☐ Treatment for a sick child 2 ☐ Treatment for a sick adult 3 ☐ Antenatal or postnatal visit 4 ☐ Delivery (maternity) 5 ☐ Family planning 6 ☐ Growth monitoring 7 ☐ Vaccinations 8 ☐ Other, please specify _____
COHORT 1: OPD CONSULTATIONS	
5. Did the MA attend to you?	1 ○ Yes ➔ **Q6** 2 ○ No ➔ **Q10**
6. Did he/her explain you rate the explanation of the diagnosis?	1 ○ Yes, 2 ○ No
7. How can you rate the explanation of the diagnosis?	1 ○ Poor 2 ○ Average 3 ○ Good
8. Did the MA or Phamancy Assistant explain the treatment schedule and side effects of the drugs?	1 ○ Yes, 2 ○ No
9. Did you understand the explanation?	1 ○ Yes, 2 ○ No
10. Why did the MA not attend to you?	1 ○ Health facility was closed 2 ○ Required staff member was away 3 ○ Case too complex so referred to another facility 4 ○ No drugs / supplies available 5 ○ Too many people in the queue 6 ○ Don't know 7 ○ Other, specify _____
11. How could you rate the staff altitude? How they welcomed you and explained everything?	1 ○ Poor 2 ○ Average 3 ○ Good
12. How would you late the services?	1 ○ Poor

	2 ○ Average 3 ○ Good
13. How long did it take to be attended to? *(If less than 1 hour write 0 hours)*	_____ hours
COHORT 2: ANC	
1. Did the Nurse midwife attend to you at ANC?	1 ○ Yes, 2 ○ No
2. Did you received counselling, education and key messages?	1 ○ Yes, 2 ○ No
3. How would the counseling process, education and key messages received?	1 ○ Poor 2 ○ Average 3 ○ Good
4. Did you receive Prophylaxis and explanation for the prophylaxis (Prevention treatment)? (If qualifies) **during ANC**	1 ○ Yes, 2 ○ No
5. How many Antenatal visits attended?	1 ○ 1st Trimester 2 ○ 2nd Trimester 3 ○ 3rd Trimester
6. How can you rate the staff altitude?	1 ○ Poor 2 ○ Average 3○ Good
COHOT 3: LABOUR AND DELIVERY	
1. Were the mother and fetal well being assessed?	1 ○ Yes, 2 ○ No
2. How often or periodically were you assessed?	_____
3. Who assisted during delivery?	1 ○ Maid 2 ○ Nurse/Mild wife 3 ○ Medical Assistant 3 ○ Other, Specify _____
4. Were there any specify complications observed and managed during labour and delivery	1 ○ Yes, 2 ○ No
5. Did you receive counselling, education and key messages during discharge to from Postnatal	1 ○ Yes, 2 ○ No
6. How could you rate the staff altitude?	1 ○ Poor 2 ○ Average 3○ Good
7. How could you rate the services received?	1 ○ Poor 2○ Average 3○ Good
8. How long did take you to be attended to the midwife?	_____ hours
COHORT 4. VILLAGE CLINIC SERVICES	
1. Were you attended to by the village clinic provider?	1 ○ Yes ➔ **Q2**

	2 ○ No➔ **Q5**
2. Did he/her explain the diagnosis to you?	1 ○ Yes, 2 ○ No
3. How can you rate the explanation of the diagnosis? Was it understandable?	1 ○ Poor 2○ Average 3○ Good
4. Did the provider explain the treatment schedule and its side effect?	1○ Yes, 2○ No
5. Why did you not receive assistance on some/all issues?	1 ○ Village Clinic was closed 2 ○ Required staff member was away 3 ○ Case too complex so referred to another facility 4 ○ No drugs / supplies available 5 ○ Too many people in the queue 6 ○ Don't know 7 ○ Other, specify _____
6. Did the caregiver understand the time schedule of the treatments given?	1○ Yes, 2○ No
7. How could you rate the staff altitude?	1 ○ Poor 2○ Average 3○ Good
8. How long did it take you to be assisted (if less than 1 hour write o hours)?	_____ hours

COMMENTS

CLIENT SATISFACTION SURVEY

Interviewer Name Anderson Date: 18 / 6 / 26

HEALTH FACILITY	
1. Facility where the respondent accessed services	Famel HC
RESPONDENT	
2. Gender of respondent	1 O Male 2 (O) Female
3. Age of respondent	25 years
SERVICES	
4. Why did you come to the health facility today? (Tick all that apply)	(1) Treatment for a sick child 2 ☐ Treatment for a sick adult 3 ☐ Antenatal Visit 4 ☐ Postnatal visit 5 ☐ Delivery (maternity) 6 ☐ Family planning 7 ☐ Growth monitoring 8 ☐ Vaccinations 9 ☐ Other, please specify _____
COHORT 1: OPD CONSULTATIONS	
5. Did the MA attend to you?	(1) Yes → **Q6** 2 O No → **Q 10**
6. Did he/her explain the diagnosis to you	(1) Yes 2 O No
7. How can you rate the explanation of the diagnosis?	1 O Poor 2 O Average 3 (O) Good
8. Did the MA or Pharmacy assistant explain the treatment schedule and side effects of the drugs?	(1) Yes 2 O No

9. Did you understand the explanations?	(1) Yes 2 O No
10. Why did the MA not attend to you?	1 O Health facility was closed 2 O Required staff member was away 3 O Case too complex so referred to another facility 4 O No drugs / supplies available 5 O Too many people in the queue 6 O Don't know 7 O Other, specify _____
12. How could you rate the staff attitude? How they welcomed you and explained everything?	1 O Poor 2 O Average 3 (O) Good
13. How would you rate the services?	1 O Poor 2 O Average 3 (O) Good

14. How long did it take to be attended to? (If less than 1 hour write 0 hours)	_____ hours
COHORT 2: ANC	
2 Did the nurse midwife attend to you at ANC?	1 O No 2 O Yes
3 Did you receive counselling, education and key messages?	1 O No 2 O Yes
4 How would you rate the Counselling process, education and key messages received?	1 O Poor 2 O Average 3 O Good
5 Did you receive Prophylaxis and explanation for the prophylaxis (preventive treatment)? (if qualifies)- **during ANC.**	1 O No 2 O Yes
6 How many Antennal visits attended?	1 O 1st Trimester 2 O 2nd Trimester 3 O 3rd Trimester

7 How can you rate the staff attitude	1 O Poor 2 O Average 3 O Average Good
COHOT: 3 LABOUR AND DERIVERY	
1 Were the mother and fetal well being assessed?	1 O Yes 2 O No
2 How often or periodically were you assessed?	_____
3. Who assisted during delivery?	1 O Maid 2 O Nurse/Mild wife 3 O Medical Assistant 3 O Other, _____ Specify
4.Were there any specific complications observed and managed during labour and delivery	1 O Yes 2 O No
5. Did you receive counselling,education and key messages during discharge to from Postnatal	1 O Yes 2 O No
6. How could you rate the staff attitude?	1 O Poor 2 O Average 3 O Average
7. How would you rate the services received?	1 O Poor 2 O Average 2 O Good
8. How long did take you to be attended to by the midwife?	_____ hours

1e. Village clinic audit form (from 2020 to 2026), empty and filled

VILLAGE CLINIC CLIENT AUDIT FORM

Assessor: _____ **Date:** _____

HEALTH FACILITY	
Facility Name	
Village Clinic Name	
CLIENT DETAIL	
Gender : Female ☐ Male ☐ **Age** :	
Parents/ Guardian Name Address:	
SERVICES	
Diagnosis : Treatment:	
General Comment	
PROVIDER	
Name: Signature:	

Audited By: _____

Verified By: _____

VILLAGE CLINIC CLIENT AUDIT FORM

Assessor: Anderson **Date:** June 2025

HEALTH FACILITY	
Facility Name	Fanmet
Village Clinic Name	chakwaras
CLIENT DETAIL	
Gender : Female ☑ Male ☐	
Age :	13/12 yr
Parents/ Guardian Name	Matilda Santsano
Address:	chakwaras (near ground
SERVICES	
Diagnosis :	fever (no malaria
Treatment:	PCM
General Comment	
- Information from V/C register and Health passport of the client were matching.	
PROVIDER	
Name:	Chakwaras
Signature:	

Audited By: Anderson

Verified By: _____

2- Revised evaluation grids in Mitundu (2022 to 2024)

2a. Health system support assessment checklist (2022 to 2026), empty

inter aide

Conception and implementation of development programs

Health System Support Assessment Checklist

HC Name	
Name of Staff	
Date	

- Maternity
- OPD
- Village Clinics
- Outreach Clinics

Guideline

The objective of this checklist is to assist the Health System Support team, together with the DHO, rate the level of performance per each area of assessment and provide the necessary support, immediate or later. Again, the checklist provides an opportunity for the HSS team and DHO to focus only on the important areas during a visit to the particular Health Centre and plan for the specific support/intervention for the specific area, eg training needs.

Grading:

1. Excellent, continue
2. Good, encourage
3. Average, need some support
4. Bad and needs more support

Assessment Area 1 - MATERNITY

Activity	1	2	3	4
Completion of Maternity labour graphs				
Documentation and completion of information in HBB Register and Report book				
Conducting deliveries, ANC and Family Planning.				
Availability of resources (essential drugs, sterilisation kit, resuscitation kit, and gloves etc).				
Cleanliness and waste disposal (availability of waste bins, infection prevention buckets, disposal process etc)				
Motivation and attitude of staff, including the Patient Attendant				
Reports collection (Total deliveries, Family planning, ANC and PNC)				
Comments by IA and DHO as per the grading above				

Assessment Area 2 - OPD

Activity	1	2	3	4
Physical observation of triaging process				
Observing diagnosis process and treatment, U/5				
Checking availability of resources(essential drugs and supplies, waste basins etc)				
General cleanliness, in the rooms and outside				
Attitude and motivation of the staff, including support staff at the OPD				
Opening days per month (to be completed at the end of each month)				
Collecting Reports				
Comments by IA and DHO as per the grading above				

Activity	1	2	3	4

Assessment Area 3- VILLAGE CLINIC

Activity	1	2	3	4
Physical observation; Diagnosis and treatment process (use of register and sick child recording form)				
Completion of village clinic register (records)				
Activeness/motivation of the Provider				
Motivation of the clinic Committee members				
Case audit results				
Checking availability of essential drugs				
Checking availability of equipment (Timer, hand washing buckets, soap).				
Community feedback; exit interview				
Vg clinic opening days; checked at the end of each month				
Comments by IA and DHO as per the grading above				

Assessment Area 4- OUTREACH CLINIC

Activity	1	2	3	4
Organisation of the clinic (set up)				
Health Talk (with songs)				
Service quality; screening, immunization, plotting and recording of information, checking expiry dates for vaccines etc (by observation)				
Waste disposal (availability of safety box, buckets for dry waste and water bucket for hand washing.				

Activity	1	2	3	4
Attendance of HSAs out of the expected				
Involvement of Volunteers				
Comments by IA and DHO as per the grading above				

3- Revised evaluation grids in Mitundu (2024 to 2026)

3a. Health system support assessment checklist (2024 to 2026), empty and filled

inter aide

Conception and implementation of development programs

Health System Support Assessment Checklist

HC Name	
Name of Staff	
Date	

- Maternity
- OPD
- HC & VC infrastructure
- Village Clinic

Guideline

The objective of this checklist is to assist the Health System Support team, together with the DHO, rate the level of performance per each area of assessment and provide the necessary support, immediate or later. Again, the checklist provides an opportunity for the HSS team and DHO to focus only on the important areas during a visit to the particular Health Centre and plan for the specific support/intervention for the specific area, eg training needs.

Grading

1. Poor
2. Average
3. Good

inter aide

Conception and implementation of development programs

Health System Support Assessment Checklist

HC Name	Chimwanlango
Name of Staff	Leah NKhata
Date	19/06/26

- Maternity
- OPD
- HC & VC infrastructure
- Village Clinic

Guideline

The objective of this checklist is to assist the Health System Support team, together with the DHO, rate the level of performance per each area of assessment and provide the necessary support, immediate or later. Again, the checklist provides an opportunity for the HSS team and DHO to focus only on the important areas during a visit to the particular Health Centre and plan for the specific support/intervention for the specific area, eg training needs.

Grading

1. Poor
2. Average
3. Good

Assessment Area 1 – MATERNITY-

Month: _____

Name :						
Activity	**1**	**2**	**3**	**1**	**2**	**3**
Completion of Maternity labour graphs						
Documentation and completion of information in HBB Register and Report book						
Assessment of pregnant women (ANC)						
Conducting deliveries						
Provision of Family Planning methods.						
Availability of resources (essential drugs, sterilisation kit, resuscitation kit, and gloves etc).						
Cleanliness and waste disposal (availability of waste bins, infection prevention buckets, disposal process etc)						
Motivation and attitude of staff, including the Patient Attendant						
Total Scores						
Comments by IA and DHO as per the grading above						

Assessment Area 1 – MATERNITY-

Month: June 2026

Name :							
Activity	1	2	3	1	2	3	
Completion of Maternity labour graphs							N/A
Documentation and completion of information in HBB Register and Report book							N/A
Assessment of pregnant women (ANC)			✓				Able to ask abo[illegible] danger signs and [illegible] to assessments
Conducting deliveries							N/A
Provision of Family Planning methods.		✓					Only short term [illegible] provide[illegible] for [illegible]
Availability of resources (essential drugs, sterilisation kit, resuscitation kit, and gloves etc).			✓				- [illegible] available - [illegible] A [illegible] - weighing scale
Cleanliness and waste disposal (availability of waste bins, infection prevention buckets, disposal process etc)		✓					- Clean environment - No waste [illegible] Despite having t[illegible] bins.
Motivation and attitude of staff, including the Patient Attendant			✓				w
Total Scores							

Comments by IA and DHO as per the grading above

Assessment Area 2 – OPD

Month: _____

Name :						
Activity	**1**	**2**	**3**	**1**	**2**	**3**
Physical observation through triaging process						
Observing diagnosis and treatment/5						
Checking availability of resources and equipment's(essential drugs and supplies, waste bins, vital signs equipment's i.e. BP culf, Thermometer)						
General cleanliness, in the room and outside						
Staff attitude towards patients						
Opening days per month						
Comments by IA and DHO as per the grading above						

Assessment Area 2 – OPD

Month: JUNE 2026

Name :						
Activity	**1**	**2**	**3**	**1**	**2**	**3**
Physical observation through triaging process			✓			
Observing diagnosis and treatment/5		✓				
Checking availability of resources and equipment's(essential drugs and supplies, waste bins, vital signs equipment's i.e. BP cuff, Thermometer)		✓				
General cleanliness, in the room and outside		✓				
Staff attitude towards patients			✓			
Opening days per month			✓			

Monday to Sa

Comments by IA and DHO as per the grading above

Observing ~~triaging~~ triaging Observed and diagnosis and treatment done according to guidelines. Some resources & equipment available eg. BP machine, Thermometer improvised waste bins and wastes well segragated, need for waste bins. Prescription room fairly clean and well ventilated.

Assessment Area 3 – QUALIRTY OF HEALTH CENTRE INFRASTRURE

Month: _____

Name :						
Activity	**1**	**2**	**3**	**1**	**2**	**3**
Availability of working water system(OPD, Maternity)						
Condition of infrastructure buildings at the hospital and staff houses(Door condition, window condition and ceiling)						
Availability of working electricity system						
Waste disposal(availability of working placenta pit, incinerator)						
Availability of working toilets at the health Centre						
Comments by IA and DHO as per the grading above						

Assessment Area 3 – QUALIRTY OF HEALTH CENTRE INFRASTRURE

Month: June 2024

Name : Leah Nkeki						
Activity	**1**	**2**	**3**	**1**	**2**	**3**
Availability of working water system(OPD, Maternity)			✓			
Condition of infrastructure buildings at the hospital and staff houses(Door condition, window condition and ceiling)	✓					
Availability of working electricity system	✓					
Waste disposal(availability of working placenta pit, incinerator)	✓					
Availability of working toilets at the health Centre	✓					

Has a solar water system
- Broken ceiling
- Broken door
- windows have no glasses
- No electricity for the facility
- The facility has incinerator and pit
- No toilets for staff
- Only 1 toilet for clients which need renovation
- ~~No~~ Has faulty weighing scale.

Comments by IA and DHO as per the grading above

Assessment Area 4 – VILLAGE CLINIC

Month: _____ Provider Name: _____

Name :			
Activity	**1**	**2**	**3**
Physical observation; Diagnosis and treatment process (use of register and sick child recording form)			
Completion of village clinic register (records)			
Activeness/commitment of the Provider			
Commitment of the clinic Committee members			
Case audit results			
Checking availability of essential drugs			
Checking availability of equipment and resources (Timer, hand washing buckets, soap, working drug boxes).			
Vg clinic opening days; checked at the end of each month			
Comments by IA and DHO as per the grading above			

CHAKWAWA VILLAGE CLINIC

Assessment Area 4 – VILLAGE CLINIC

Month: Jun 2016 **Provider Name:** Chawwa

Name:			
Activity	**1**	**2**	**3**
1. Physical observation; Diagnosis and treatment process (use of register and sick child recording form)			3
2. Completion of village clinic register (records)			3
3. Activeness/commitment of the Provider		2	
4. Commitment of the clinic Committee members		2	
5. Case audit results			3
6. Checking availability of essential drugs			3
7. Checking availability of equipment and resources (Timer, hand washing buckets, soap, working drug boxes).			3
8. Vg clinic opening days; checked at the end of each month	4 days		

Comments by IA and DHO as per the grading above

* Committee members are not pro-active.

Assessment Area 4 – VILLAGE CLINIC INFRASTRUCTURE

Month: _____ Village Clinic Name: _____

Name :			
Activity	**1**	**2**	**3**
Availability of infrastructure			
Condition of infrastructure buildings at the clinic (Door condition, window condition, floor.)			
Waste disposal(availability ash pit and sharp pit)			
Availability of working toilets at the village clinic			
Comments by IA and DHO as per the grading above			

Assessment Area 5 – VILLAGE CLINIC INFRASTRUCTURE

Month: June 2016 **Village Clinic Name:** Chakeran

Name :			
Activity	**1**	**2**	**3**
1. Availability of infrastructure			3
2. Condition of infrastructure buildings at the clinic (Door condition, window condition, floor.)		2	
3. Waste disposal (availability ash pit and sharp pit)	1		
4. Availability of working toilets at the village clinic	1		

Comments by IA and DHO as per the grading above

- Structure not fully finished.
- No toilets and waste bins. (Sharp and ash pits).

4- Evaluation grids in Phalombe (2019 to 2021)

4a. HC assessment checklist (2019 to 2025), filled

HC name: KALINDE

	Objectives	Indicator	JAN 2023	MAY 2023		Objectives for next 3 months
			Score out of 10			
OBJ. 1	**General cleanliness of the HC**					
1.1	Consultation rooms are cleaned every day	HC rooms are mopped every day and the cleaning schedule is signed by the In-charge.	7	9		
1.2	Waiting area are cleaned every day		7	9		
1.3	Toilet are cleaned every day		7	7		
	TOTAL		21/30	25/30	........./30	
OBJ. 2	**Improvement in the organization**					
2.1	HC opening between 7:30 am and 4pm	The HC is open at 7:30 AM and time schedule is signed by every staff. All staff must sign when they leave	9	9		
2.2	Flow of patient is followed	A person from the HC is responsible for managing the patient flow. Patient wait time is reduced.	7	7		[illegible] numbering cards to [illegible] next [illegible]
2.3	Registers are well filled	All registers are well filled and available in the HC every time	7	7		
2.4	Drugs are required before shortages	All patient receive appropriate drugs at the HC for free.	7	7		
	TOTAL		30/40	30/40	........./40	
OBJ. 3	**Care of material**					
3.1	Prevention against theft	A register with inputs and outputs is updated whenever necessary. Persons using the equipment must sign the register. Audit on 10 different items (presence and condition) will be done every quarter	7	7		
3.2	maintenance of equipment	Set-up a follow-up of the maintenance of the equipment. Report all non-functional equipment to the DHO and find solutions to repair it if possible. In case of obsolete equipment remove it from health center.	7	7		
	TOTAL		14/20	14/20	........./20	
OBJ. 4	**Feedback from communities**					

	Communities are able to see improvement in the service quality; they are better satisfied of the services.	The HCMC or VHC members will be invited to the meeting to give feedback from users.	7	7		The maternity is receiving much praise from CBS.
	TOTAL		7 /10	7 /10	/10	
5	**Medical assistant**					
5.1	Opens the OPD every day	OPD register records, checked by IA, HA/DHO through supervision	9	9		
5.2	Makes sure drug stocks are above 30% and do not reach red line	Pharmacy stock cards well recorded, spot checks (physical verification) by the IA, HA/DHO	9	9		All antibiotics are in stock.
5.3	Makes sure critical equipment are available	Availability of updated equipment register/inventory confirmed by IA, HA/DHO	7	7		Need hand cover to start UP dating.
5.4	Makes sure patient triaging is done	Spot checks by the IA, feedback from the HAC	7	7		Infectious/non infectious waste are in same bin. There is
5.5	Makes sure wastes are separated in the consultation room	Presence of sharps and non- sharps bin in the consultation room	5	7		needs to do waste management training. OT done here
			34 /50	36 /50	/50	
OBJ. 6	**Nurses / Midwifes**					
6.1	Maternity is opened every day and night and the Midwife is available.	Presence of the duty roster which is signed, checked by IA, HA/DHO through supervision	9	9		
6.2	Makes sure babies born with breathing difficulties are well cared of	Presence of the functioning and clean resuscitation kit, verified by IA, HA/DHO	9	9		
6.3	Make sure that all critical devices, equipment in the labour ward are available and sterilised	Presence of the infection prevention buckets, all labelled, confirmed by the Supervisors	7	7		No enough buckets on delivery bed although if were supplied To discuss with incharge
6.4	Makes sure the ward is clean, every aspect	Observation by the supervision team, feedback from the community	7	7		Toilets not clean enough
6.5	Makes sure women in the labour ward are well managed	Presence of the completed labour graphs through spot checks by IA, HA/DHO	9	9		utilisation of partographs has really improved
	TOTAL		41 /50	41 /50	/50	
OBJ.7	**HSAs**					

			JAN 2023	MAY 2023		
	Make sure that the work roster is available and filled every month	Presence of the work roster/schedule and compliance to schedule report	9	9		roster available
7.2	Outreach clinics are all opened and conducted during the month, following the schedule done at HC	Outreach clinic reports, spot checks by IA, HA/DHO	9	9		No missed schedule
7.3	At least 75% of active VHC members are maintained in the catchment area	Presence, availability of the VHC members, confirmed by IA and respective HSAs	7	7		
7.4	Confirmation of the HSA/s that he/she stays in the catchment		7	7		
7.5	Makes sure all vaccines are in stock and immunization clinics are not cancelled	Vaccine register	9	9		All vaccines available. NO cancellation
7.6	Participate to all VHC meeting organized in the catchment area every month	Participant list, meeting reports	7	7		
	TOTAL		...48../60	...48../60	...../60	
OBJ.8	**HSAs Running Village Clinic but do not stay in the catchment**					
8.1	Opening Days	Clinic opens at least 2 days in a week, verified by the village clinic committee records	8	7		
8.2	Opening and closing Time	Clinic opens at 8:30 AM and closes at 4PM verified by the village clinic committee records	7	9		
8.3	Confirmation of patients/drug use audit	Random audit reports, done by the HSSC agreeing or disagreeing with the case names treated in the month	7	8		
	TOTAL		...../30	...../30	...../30	
OBJ.9	**HSAs running village clinic, stays in the catchment**					
9.1	Confirmation of the clinic opening every days	The HSAs running village clinic use registers. The registers are well filled. The data recorded are all correct.	7	7		They usually open everyday morning later continue nursing work.
9.2	Confirmation of the cases treated	Confirmed through random audits by the HSSC	9	9		
9.3	Confirmation of the HSA residing in the catchment	Presence of the HSA house in the village	9	9		
	TOTAL		...25../30	...25../30	...../30	

4b. HC assessment checklist (2025 to 2026), empty

Evaluation grid HC

HC name: ..... **Month : .....**

	Objectives	Indicator	Score out of 10	Remarks	Action plan for next 3 months
OBJ. 1	**General cleanliness of the HC**				
1.1	Consultation rooms are cleaned every day	HC rooms are mopped every day and the cleaning schedule is signed by the In-charge.			
1.2	Maternity is cleaned every day				
1.3	Waiting area are cleaned every day				
1.4	Waste bins available in designated places				
1.5	Waste is segregated accordingly				
1.6	Cleaning roaster available and followed				
1.7	Handwashing facilities available at designated places				
1.8	Toilet and latrines are cleaned every day				
TOTAL			**...../ 80**		
OBJ. 2	**Improvement in the organization**				
2.1	HC opening between 7:30 am and 4pm	time schedule is signed by every staff. All staff must sign when they leave			
2.2	Flow of patient is followed	A person from the HC is responsible for managing the patient flow. Patient wait time is reduced			
2.3	Registers are well filled	All registers are well filled and available in the HC every time			
2.4	Drugs are requested before shortages	All patient receive appropriate drugs at the HC for free.			
TOTAL			**...../ 40**		
OBJ. 3	**Care of material**				
3.1	Prevention against theft	A register with inputs and outputs is updated whenever necessary. Persons using the equipment must sign the register. Audit on 10 different items (presence and condition) will be done every quarter.			
3.2	Maintenance of equipment	Set-up a follow-up of the maintenance of the equipment. Report all non-functional equipment to the DHO and find solutions to repair it if possible. In case of obsolete equipment remove it from health center and return to the DHO			
TOTAL			**...../ 20**		

OBJ. 4	**Feedback from communities**				
4.1	Communities are able to see improvement in the service quality; they are better satisfied of the services.	The HCMC or VHC members will be invited to the HCMC meeting to give feedback from users.			
4.2	Regular HCMC meetings conducted	Meeting minutes and register well updated			
	TOTAL		**...../ 20**		
OBJ.5	**OPD functionning**				
5.1	OPD is opening every day	OPD register records, checked by IA, DHO through supervision			
5.2	Drug stocks able to cover for the next month	Pharmacy stock cards well recorded, spot checks (physical verification) by the IA, DHO			
5.3	Critical equipment are available	Availability of updated equipment register/inventory confirmed by IA, DHO			
5.4	Patient triaging is done	Spot checks by the IA, feedback from the HAC			
5.5	Wastes are separated in the consultation room	Presence of sharps and non-sharps bin in the consultation room			
5.6	Responsibilities are clear, in charge of waste management, in charge of water system management	Duties allocated and shared with IA and MOH Duty roaster for waste management and water management available			
			...../ 60		
OBJ. 6	**Maternity unit**				
6.1	Maternity is opened every day and night and one Midwife is available at all time.	Presence of the duty roster which is signed, checked by IA, DHO through supervision			
6.2	Babies born with breathing difficulties are well cared of	Presence of the functioning and clean resuscitation kit, verified by IA, DHO			
6.3	All critical devices, equipment in the labour ward are available and sterilised	Presence of the infection prevention buckets, all labelled, confirmed by the Supervisors			
6.4	The ward is clean, every aspect	Observation by the supervision team, feedback from the community			
6.5	Women in the labour ward are well managed	Presence of the completed labour graphs through spot checks by IA, DHO			
6.6	All antenatal mothers receive correct ANC services regardless of circumstances such as late coming	Antenatal registers well filled			
	TOTAL		**...../ 60**		

OBJ.7	Environmental services				
7.1	HSAs work roster is available and filled every month	Presence of the work roster/schedule and compliance to schedule report			
7.2	Outreach clinics are all opened and conducted during the month, following the schedule done at HC	Outreach clinic reports, spot checks by IA, DHO			
7.3	HSAs are supervising VHC members in the communities.	Presence, availability of the VHC members, confirmed by IA and respective HSAs			
7.4	All HSAs stay in their catchment area.				
7.5	All HSAs stay in their catchment village.				
7.6	All vaccines are in stock and immunization clinics are conducted	Vaccine register			
7.7	Cold chain is well maintened				
7.8	All HSAs participate to all VHC meeting organized in the catchment area every month	Participant list, meeting reports			
TOTAL			...../ 80		

Date:

Name: Name:

Signature: Signature:

4c. HP assessment checklist (2025 to 2026), empty

Evaluation grid HP

HP name: ..... **Month : .....**

	Objectives	Indicator	Score out of 10	Remarks	Action plan for next 3 months
OBJ. 1	**General cleanliness of the HP**				
1.1	Consultation rooms are cleaned every day	HP rooms are mopped every day and the cleaning schedule is signed by the In-charge.			
1.2	Waiting area are cleaned every day				
1.3	Waste bins available in designated places				
1.4	Waste is segregated accordingly				
1.5	Handwashing facilities available at designated places				
1.6	Toilet and latrines are cleaned every day				
TOTAL			**...../ 60**		
OBJ. 2	**Care of material**				
2.1	Prevention against theft	A register with inputs and outputs is updated whenever necessary. Persons using the equipment must sign the register. Audit on 10 different items (presence and condition) will be done every quarter.			
2.2	Maintenance of equipment	Set-up a follow-up of the maintenance of the equipment. Report all non-functional equipment to the DHO and find solutions to repair it if possible. In case of obsolete equipment remove it from health center and return to the DHO			
TOTAL			**...../ 20**		

OBJ.3	Environmental services				
3.1	HSAs work roster is available and filled every month	Presence of the work roster/schedule and compliance to schedule report			
3.2	Outreach clinics are all opened and conducted during the month, following the schedule done at HC	Outreach clinic reports, spot checks by IA, DHO			
3.3	HSAs are supervising VHC members in the communities.	Presence, availability of the VHC members, confirmed by IA and respective HSAs			
3.4	All HSAs stay in their catchment area.				
3.5	All HSAs stay in their catchment village.				
3.6	All vaccines are in stock and immunization clinics are conducted	Vaccine register			
3.7	Cold chain is well maintened				
3.8	All HSAs participate to all VHC meeting organized in the catchment area every month	Participant list, meeting reports			
TOTAL			**...../ 80**		

Date:

Name: Name:

Signature: Signature:

4d. VC assessment checklist (2025 to 2026), empty

Evaluation grid VC

VC name: ..... **Date : .....**

	Objectives	Indicator	Score out of 10	Remarks	Action plan for next 3 months
OBJ.1	**Village Clinic functionning**				
1.1	HSA lives in the catchment area	Presence of the HSA house in the village			
1.2	Opening Days for the previous month	Verified by the village clinic committee records			
1.3	Opening and closing Time (only for HSA that are not living in their catchment village)	Clinic opens at 8:30 AM and closes at 4PM verified by the village clinic committee records			
1.4	Confirmation of patients/drug use audit	Random audit reports, done by the HSSC agreeing or disagreeing with the case names treated in the month			
1.5	All donated equipment and supplies are used for intended purpose	Digital thermometers, Solar sets and ORT kits available, well maintained and utilized			
1.6	Registers are properly filled	Files, hard cover books and reporting tools available and well utilized			
1.7	Stock management is properly done	Medicines and supplies are well managed using stock cards or registers			
1.8		All drugs available and request for new supplies placed timely			
1.9	IMCI procedures are well adhered to	Check U5 register previously seen cases for right diagnosis			
1.10		First hand witness procedure on a sick under-five child			
1.11	Village Clinic Health Committee or Village Health Committee is present and monitor the VC	Presence of VHC/VCC member			
1.12	Reports submitted every month	Availability of well filed duplicate reports for previous months			

Date:

Name: Name:

Signature: Signature:

4e. CMA assessment checklist (2025 to 2026), empty

Evaluation grid for CMAs

CMAs site name: ..... **Month: .....**

	Objectives	Indicator	Score out of 10	Remarks	Action plan for next 3 months
OBJ. 1	**CMA service**				
1.1	Build and maintain therapeutic relationship with patients, clients and community in the catchment area	Random feedback from VHCs, observation of the consultation			
1.2	Conduct comprehensive assessment of patients/clients needing midwifery services	Random verified patient/client health passports and registers, observation of the consultation			
1.3	Provide quality midwifery care to mother and families during antenatal consultation	Presence of well documented registers, observation of the consultation			
1.4	Provide quality midwifery care to mother, neonates and families during postnatal consultation				
1.5	Provide quality midwifery care to mother and families for family planning				
1.6	Document and keep updating all registers used during service delivery	Presence of well filled registers			
1.7	Adhere to standard infection prevention precautions and control practices	Presence of handwashing facilities and waste bins			
1.8	Conduct home visits for all pregnant women, postnatal mothers and neonates	CBMNC reports			
1.9	Conduct information, education and counselling activities (at the site)	Availability of Health education schedule			
1.10	CMA available all days from Monday to Friday to provide midwifery services (at least 1 CMA available)	Presence of CMA at HP or Community, presence of a roaster			
TOTAL			**...../ 100**		

Date:

Name: Name:

Signature: Signature:

4f. DHO tool for HC assessment (from 2026), empty and filled

	HEALTH FACILITY ASSESMENT CHECKLIST			
	FACILITY NAME:			
	MONTH:			
A	**GENERAL**	Yes	No	N/A
1	Working water system (OPD+maternity)			
2	Good condition of infrastructure: windows and roofing			
3	Working electricity			
4	Working toilets (OPD+maternity)			
B	**OPD**			
5	Sufficient opening days for the last month (5 per week)			
6	Waste disposal available			
7	General cleanliness of the place			
8	Working placenta pit and incinerator			
9	Clinical observation: good diagnosis			
10	Clinical observation: good treatment			
11	Clinical observation: staff attitude towards patient			
C	**MATERNITY**			
12	Family planning registers: available and correctly filled			
13	Family planning reports: available and correctly filled			
14	ANC registers: available and correctly filled			
15	ANC reports: available and correctly filled			
16	Are the following preventative drugs available: SP, fefo, albendazole			
17	Is TTV available?			
18	Are HCG test kits available?			
19	Maternity register: available and correctly filled			
20	Postnatal register: available and correctly filled			
21	Partographs: available and correctly filled			

22	Are protocols posted on the wall?			
23	Oxytocin available			
24	Magnesium sulphate available			
25	Parental antibiotics available			
26	Is sterisation of delivery instruments being done using the MOH protocol?			
27	Availibility of resuscitation equipments			
28	Does the maternity follow Infection Prevention Control?			
29	Presence of labelled: Placenta bucket, infections bucket, noninfection bucket, soapy water, clolinated water bucket			
30	Does the facility have waiting room for expectant mother?			
D	**CBMNC**			
31	Availability of demographic data			
32	Availibility of STD reporting forms/ tools			
33	Are all reports filled and documented?			
34	Are reports submitted on time?			

E	FAMILY PLANNING & IMMUNIZATION			
35	Availibility of trained providers for the methods			
36	Availibility of appropriate items (couch, weighing scale, BP Machine, implant set, sterilisation equipment)			
37	Availibility of short term methods (eg depo, Sayana, COCs)			
38	Availibility of long term methods (Jadelle, Nor plant, Implannon, loop)			
39	assessments:			
40	Clinical observation: clients receive information or health education for informed deciscion			
41	Clinical observation: couselling is done			
42	Clinical observation: comprehensive history is done			
43	Clinical observation: examination is done according to protocol			
44	Availibility of EPI (Expanded Program of immunisation)			
45	Availability and validity of vaccines: BCG, OPV, PENTA, PCV, ROTA, IPV, Measles, MV			
46	Availability of functional refrigerators between +2 to +8°C			
47	Temperature chart filled two times per day			
48	Availibility of ice packs, vaccines monitors and			
49	Availibility of under 2 registers, tally books, microplans			
50	Registers, tally sheets, monthly reports: available and correctly filled			
51	Outreach clinics planned and displayed publicly			

GENERAL COMMENTS:

4g. DHO tool for VC assessment checklist (? to 2026), empty and filled

Checklist DHO supervision
Village Clinics

COMMUNITY CASE MANAGEMENT H.S.A SUPERVISION CHECKLIST					
Supervisor Name:		Date:			
HSA name:		District:			
Name of village clinic:		Health facility:			
Place where the clinic is operated:		Number of under five children:.....			
Distance from reporting H/F:					
#	Item	Yes	No	NA	Comment
A. CASE MANAGEMENT (Observe the HSA managing a sick child, or use a case scenario from your supervision materials. TICK if you observed a sick child __ or if you used a case scenario __.)					
1	Takes child's identification (name AND age AND sex)?				
2	Assesses for all danger signs correctly				
3	Identifies danger sign(s) correctly				
4	Counts respiratory rate correctly (+/- 2 breaths)				
5	Decides to treat or refer child's illness correctly				
6	Gives correct treatment				
7	Demonstrates how to administer treatment correctly				
8	Counsels (correct messages on feeding, increased fluids and when to return)				
9	Explains how to administer medicine correctly				
10	Asks caregiver to repeat back how to administer medicine				
11	Asks caregiver to return for follow-up visit				
12	Refers if child has danger sign or condition he/she cannot treat				
13	Facilitates referral (provides referral slip AND first dose)				
	If fever performs mRDT correctly				
14	Observes FEFO				
15	Procedure explained to the caregiver				
16	Site selected, cleaned with alcohol swab and allowed to dry				
17	Collects adequate volume of blood				
18	Avoids excessive squizing				
19	Waits for correct time according to manufacture's instructions				
20	Reads the results correctly				
21	Records the results				
22	Disposses off waste materials in sharps and non sharps containers				
	OVERALL SUMMARY ("Yes" for 2, 5, 6 and 8, if fever then including 16, 17, 19, and 20)				
B. INFORMATION-DECISION-TREATMENT CONSISTENCY (Review the 5 most recent cases in the Register.)					
23	Case 1: consistent information, decision and treatment				
24	Case 2: consistent information, decision and treatment				
25	Case 3: consistent information, decision and treatment				
26	Case 4: consistent information, decision and treatment				
27	Case 5: consistent information, decision and treatment				
	OVERALL SUMMARY (4/5 or 5/5 cases correct)				

COMMUNITY CASE MANAGEMENT H.S.A SUPERVISION CHECKLIST

Supervisor Name: JOSEPH NAWALE	Date: 3/02/26
HSA name: HELIA CHAMBAMBA	District: PHALOMBE
Name of village clinic: MANDAWALA	Health facility: Nambazo
Place where the clinic is operated: Mandawala	Number of under five children:.....374
Distance from reporting H/F: 8 km.	

#	Item	Yes	No	NA	Comment
A. CASE MANAGEMENT (Observe the HSA managing a sick child, or use a case scenario from your supervision materials. TICK if you observed a sick child ___ or if you used a case scenario ___.)					
1	Takes child's identification (name AND age AND sex)?	1			
2	Assesses for all danger signs correctly	1			
3	Identifies danger sign(s) correctly	1			
4	Counts respiratory rate correctly (+/- 2 breaths)		1		
5	Decides to treat or refer child's illness correctly	1			
6	Gives correct treatment	1			
7	Demonstrates how to administer treatment correctly		1		
8	Counsels (correct messages on feeding, increased fluids and when to return)	1			
9	Explains how to administer medicine correctly		1		
10	Asks caregiver to repeat back how to administer medicine		1		
11	Asks caregiver to return for follow-up visit	1			
12	Refers if child has danger sign or condition he/she cannot treat	1			
13	Facilitates referral (provides referral slip AND first dose)		1		No referral slip
	If fever performs mRDT correctly	1			
14	Observes FEFO	1			
15	Procedure explained to the caregiver	1			
16	Site selected, cleaned with alcohol swab and allowed to dry	1			
17	Collects adequate volume of blood	1			
18	Avoids excessive squizing	1			
19	Waits for correct time according to manufacture's instructions	1			
20	Reads the results correctly	1			
21	Records the results	1			
22	Disposses off waste materials in sharps and non sharps containers		1		No waste Segregation
	OVERALL SUMMARY ("Yes" for 2, 5, 6 and 8, if fever then including 16, 17, 19, and 20)	6	7		
B. INFORMATION-DECISION-TREATMENT CONSISTENCY (Review the 5 most recent cases in the Register.)					
23	Case 1: consistent information, decision and treatment	1			
24	Case 2: consistent information, decision and treatment	1	1		
25	Case 3: consistent information, decision and treatment		1		
26	Case 4: consistent information, decision and treatment	1			
27	Case 5: consistent information, decision and treatment		1		
	OVERALL SUMMARY (4/5 or 5/5 cases correct)	3	2		

ATA QUALITY					
.8	Village Clinic Register filled Correctly completely (all blanks filled and all boxes appropriately marked) for last full sheet (= 30 pages)				
29	Page summaries done correctly for last full sheet (= 30 pages)				
30	Copies of at least previous 3 Correct Monthly Reports kept at clinic				
31	CCM Monthly Report submitted to health facility last month?(Ask for a copy to verify)				
	OVERALL SUMMARY ("Yes" for items 28, 29, and 31)				
D. LOGISTICS (Observe medicine box, mRDT and medicines)					
32	Medicine stored in a 2 lock system medicine box				
33	mRDT stored in a 2 lock system medicine box				
34	mRDT are valid (unexpired)				
35	All medicine are valid (unexpired).				
	OVERALL SUMMARY ("Yes" for 32, 33, 34 and 35)				
E. AVAILABILITY OF MEDICINE (Check medicines and ask about availability.)					
36	Do you have a medicine requisition order receipt (records of medicine recently ordered / received)				
37	Do you receive the required amount of medicines ordered				
38	Are quantities of medicines received the same on requisition book & on Form 1A?				
39	Amoxicilin (approximately 60 tablets)				
40	Did you have Amoxicilin everyday last month? If no, for about how many days were you without Amoxicilin?.....				
41	Rectal Artesunate (At least 10 suppositories)				
42	Did you have Artesunate everyday last month? If no, for how many days were without Artesunate?.....				
43	LA 1X6 (At least 36 tablets = 6 blister packs)				
44	LA 2X6 (At least 48 tablets = 4 blister packs)				
45	Did you have LA everyday last month? If no, for about how many days were you without LA last month?.....				
46	mRDT (At least 10 tests)				
47	Did you have mRDT everyday last month? If no, for about how many days were you without mRDT?.....				
48	ORS (At least 12 Sachets)				
49	Did you have ORS everyday last month? If no, for about how many days were you without ORS last month?.....				
50	Zinc (Approximately 60 tablets)				
51	Paracetamol (Approximately 36 tablets)				
52	Eye ointment (At least 6 tubes)				
53	Did you have a continuous supply of LA, mRDT, RA, Amoxicilin, and ORS for the last 3 months without any stock-out of those products?				
54	Did you have a timer and a continuous supply of LA, mRDT, RA, Amoxicilin, ORS and zinc for the last 3 months without stock-out of any for 7 or more				
	OVERALL SUMMARY ("Yes" for 39, 41, 43, 44, 46 and 48				

ATA QUALITY					
28	Village Clinic Register filled Correctly completely (all blanks filled and all boxes appropriately marked) for last full sheet (= 30 pages)		1		
29	Page summaries done correctly for last full sheet (= 30 pages)		1		
30	Copies of at least previous 3 Correct Monthly Reports kept at clinic	1			
31	CCM Monthly Report submitted to health facility last month?(Ask for a copy to verify)	1			
	OVERALL SUMMARY ("Yes" for items 28, 29, and 31)	2	2		
D. LOGISTICS (Observe medicine box, mRDT and medicines)					
32	Medicine stored in a 2 lock system medicine box	1			
33	mRDT stored in a 2 lock system medicine box	1			
34	mRDT are valid (unexpired)	1	1		
35	All medicine are valid (unexpired).	2	2		
	OVERALL SUMMARY ("Yes" for 32, 33, 34 and 35)		1		Needs replenishment
E. AVAILABILITY OF MEDICINE (Check medicines and ask about availability.)					
36	Do you have a medicine requisition order receipt (records of medicine recently ordered / received)	1			
37	Do you receive the required amount of medicines ordered	1			
38	Are quantities of medicines received the same on requisition book & on Form 1A?	1			
39	Amoxicilin (approximately 60 tablets)	1			
40	Did you have Amoxicilin everyday last month? If no, for about how many days were you without Amoxicilin?.....		1		
41	Rectal Artesunate (At least 10 suppositories)		1		
42	Did you have Artesunate everyday last month? If no, for how many days were without Artesunate?.....30	1			
43	LA 1X6 (At least 36 tablets = 6 blister packs)	1			
44	LA 2X6 (At least 48 tablets = 4 blister packs)	1			
45	Did you have LA everyday last month? If no, for about how many days were you without LA last month?.....	1			
46	mRDT (At least 10 tests)	1			
47	Did you have mRDT everyday last month? If no, for about how many days were you without mRDT?.....		1		Expired
48	ORS (At least 12 Sachets)	1			
49	Did you have ORS everyday last month? If no, for about how many days were you without ORS last month?.....	1			
50	Zinc (Approximately 60 tablets)	1			
51	Paracetamol (Approximately 36 tablets)			1	
52	Eye ointment (At least 6 tubes)			1	
53	Did you have a continuous supply of LA, mRDT, RA, Amoxicilin, and ORS for the last 3 months without any stock-out of those products?			1	
54	Did you have a timer and a continuous supply of LA, mRDT, RA, Amoxicilin, ORS and zinc for the last 3 months without stock-out of any for 7 or more			1	Only have LA, MRDT, 2 out of Amoxicilin.
	OVERALL SUMMARY ("Yes" for 39, 41, 43, 44, 46 and 48		13	5	

	AVAILIBILITY OF SUPPLIES (Ask HSA to show you the following.)				
55	PPE for COVID-19 IPC: Face Masks/Shield				
	– Hand sanitizer				
	- Soap				
56	Disposable gloves				
57	Disposable Aprons				
58	Appropriate timer (measures seconds) available and functioning				
59	Blank Monthly Report forms (at least 2)				
60	Village Clinic Register with blank pages (for at least 10 cases)				
61	Laminated Sick Child Recording Form in color				
62	Blank referral slips (at least 3)				
63	Supervision Log Book				
64	MUAC tape				
65	Plastic pail				
66	Basin				
67	Spoons (at least 2)				
68	Cups (at least 2)				
69	Sharps containers				
70	Biohazard bags				
	OVERALL SUMMARY ("Yes" for items 58, 59, 62 and 64)				
G. COMMUNITY INVOLVEMENT (Ask VHC Representative if...)					
71	Do all VHC members participate actively on clinic activities?				
72	Was the VHC oriented to its roles?				
73	If yes, when was it last oriented?				
74	VHC helps monitor medicine availability? (available during clinic OR sign medicine order form OR witness re-supply)				
75	VHC member keeps one set of medicine box keys				
76	VHC held child health mobilization or education session in the last quarter				
	OVERALL SUMMARY ("Yes" for 75 and 76)				

	AVAILIBILITY OF SUPPLIES (Ask HSA to show you the following.)				
55	PPE for COVID-19 IPC: Face Masks/Shield		1		
	– Hand sanitizer		1		
	- Soap		1		
56	Disposable gloves	1			
57	Disposable Aprons		1		
58	Appropriate timer (measures seconds) available and functioning		1		its a step watch
59	Blank Monthly Report forms (at least 2)	1			
60	Village Clinic Register with blank pages (for at least 10 cases)	1			
61	Laminated Sick Child Recording Form in color	1			
62	Blank referral slips (at least 3)		1		out of stock
63	Supervision Log Book	1			
64	MUAC tape	1			
65	Plastic pail	1			
66	Basin	1			
67	Spoons (at least 2)	1			
68	Cups (at least 2)	1			
69	Sharps containers	1			
70	Biohazard bags		1		not ordered
	OVERALL SUMMARY ("Yes" for items 58, 59, 62 and 64)	11	7		
G. COMMUNITY INVOLVEMENT (Ask VHC Representative if...)					
71	Do all VHC members participate actively on clinic activities?	1			
72	Was the VHC oriented to its roles?	1			
73	If yes, when was it last oriented?	(			September 2
74	VHC helps monitor medicine availability? (available during clinic OR sign medicine order form OR witness re-supply)	1			
75	VHC member keeps one set of medicine box keys	1			
76	VHC held child health mobilization or education session in the last quarter	1			

SOCIAL BEHAVIOUR CHANGE COMMUNICATION (SBCC) CARE SEEKING					
77	Do you experience high numbers of attendance (all cases / conditions)?; on average, how many per month?				
	Instruction: (Yes = 80% for 78,79 and 80) and count recent 10 cases from register				
78	Sought care within 1 day for Fever (check reporting days)				
79	Sought care within 2 days for diarrhoea (check reporting days)				
80	Sought care within 3 days for cough (check reporting days)				
	OVERALL SUMMARY (Yes, for 78,79 and 80)				
I. WATER and SANITATION at the CLINIC (Observe for...)					
81	Does the clinic have a latrine?				
82	Latrine (mud or brick) with drop-hole cover				
83	Hand washing facility (running water) with soap available at latrine?				
84	Safe, protected source of water at the clinic				
	OVERALL SUMMARY ("Yes" for 82 and 84)?				
J	MENTORSHIP AND SUPERVISION (Ask & check schedules)				
85	Were you mentored last quarter?				
86	Were you shared a mentorship schedule for last quarter?				
87	Were you supervised last quarter?				
88	If yes, was supervision log book filled? (*check for action points*)				
89	Were you shared a supervision schedule last quarter?				
	OVERALL SUMMARY (Yes, for 85 and 87)				
	Total Scores out of 10 modules				

SUMMARY	
90	What were the HSA's most important concerns (and your responses)? Number by priority.
91	**Observations, Mentored areas and recommendations?** Also record in Supervision Log Book at Village Clinic. Remember to document on separate sheet ALL areas that are marked No and how mentorship was carried out. Including the documentation of **comparison** how reports from H/C in Form 1B are collating Form 1A data **correctly** Document How referral is performed plus challenges faced by HSAs.

I. SOCIAL BEHAVIOUR CHANGE COMMUNICATION (SBCC) CARE SEEKING					
77	Do you experience high numbers of attendance (all cases / conditions)?: on average, how many per month? 40		1		
	Instruction: (Yes = 80% for 78,79 and 80) and count recent 10 cases from register				
78	Sought care within 1 day for Fever (check reporting days)		1		
79	Sought care within 2 days for diarrhoea (check reporting days)	1			
80	Sought care within 3 day's for cough (check reporting days)	1			
	OVERALL SUMMARY (Yes, for 78,79 and 80)		2		
H.	WATER and SANITATION at the CLINIC (Observe for...)				
81	Does the clinic have a latrine?		1		
82	latrine (mud or brick) with drop-hole cover	.	1		
83	Hand washing facility (running water) with soap available at latrine?	X	1		NO SOAP
84	Safe, protected source of water at the clinic	1	1		
	OVERALL SUMMARY ("Yes" for 82 and 84)?	1	3	2	
J	MENTORSHIP AND SUPERVISION (Ask & check schedules)				
85	Were you mentored last quarter?		1		
86	Were you shared a mentorship schedule for last quarter?		1		
87	Were you supervised last quarter?	1			
88	If yes, was supervision log book filled? (check for action points)	1			
89	Were you shared a supervision schedule last quarter?	1			
	OVERALL SUMMARY (Yes, for 85 and 87)	3	2		
	Total Scores out of 10 modules				

SUMMARY	
90	What were the HSA's most important concerns (and your responses)? Number by priority.
91	Observations, Mentored areas and recommendations? Also record in Supervision Log Book at Village Clinic. Remember to document on separate sheet ALL areas that are marked No and how mentorship was carried out. Including the documentation of comparison how reports from H/C in Form 1B are collating Form 1A data correctly Document How referral is performed plus challenges faced by HSAs.