

# GUIDE FOR ASSESSING HEALTH FACILITY PERFORMANCE QUALITY IMPROVEMENT AND RECOGNITION INITIATIVE

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH  
REPRODUCTIVE AND CHILD HEALTH SECTION

The QIR Initiative is using a performance improvement approach to improve the quality of services available at health facilities in Singida region (Singida rural and Manyoni district). Within this approach, the services available at health facilities will be compared with the expectations of these services, as defined by the national standards of care and community preferences. Performance gaps will be identified when the observed services fail to meet these expectations.

A performance gap at a health care facility can often be attributed to five factors:

**1) Job expectations**

Do health providers know what is expected from them?

**2) Performance feedback**

Do health providers know whether they are meeting these expectations?

**3) Physical environment and tools**

Does the health facility have sufficient resources and provide a supportive environment to enable health providers to meet these expectations?

**4) Motivation**

Are health providers interested in meeting these expectations?

**5) Skills and knowledge**

Do health providers have sufficient skills and knowledge to meet these expectations?

An additional factor, **Client satisfaction**, was added to this list to acknowledge the role of the community in defining performance expectations.

This guide presents a list of indicators for assessing each of these six factors at participating health facilities. This guide is intended to serve as a tool for identifying whether a performance gap exists at a particular health facility and, if so, the specific areas that need to be addressed to reduce the gap. Health facilities at which no performance gap is observed will be considered "Quality" facilities.

## INDICATORS OF QUALITY

JOB EXPECTATIONS		
1.1.	FOCAL AREA Up-to-date national guidelines/protocols	<ul style="list-style-type: none"> <li>• Current national treatment guidelines are available at the facility and accessible to health providers</li> <li>• At least 75% of providers are aware of existence of treatment guidelines</li> </ul>
1.2.	Job descriptions for health providers	<ul style="list-style-type: none"> <li>• Existence of a written description of responsibilities for all levels of health provider working at facility</li> <li>• Providers mention at least 4 key responsibilities in job description</li> </ul>
1.3.	Plans for referral of emergency cases	<ul style="list-style-type: none"> <li>• Facility provides some type of assistance for sending a sick patient to a referral facility, such as communication to the next level, ambulance, arranging community transport and/or funds for public transport.</li> </ul>
1.4.	Contingency plans for absent staff	<ul style="list-style-type: none"> <li>• Facility has back-up plan for times when staff are absent</li> </ul>

PERFORMANCE FEEDBACK		
2.1.	Management committee meets every quarter	<ul style="list-style-type: none"> <li>• Minutes of meeting conducted during the last quarter are available at the facility indicating how many male, females participated in that meeting</li> </ul>
2.2.	Supervision visits	<ul style="list-style-type: none"> <li>• Facility has received a supervisory visit in the past quarter</li> <li>• Supervisory feedback report for previous quarter's visit is available at the facility and what changes have been made.</li> <li>• Supervisor's comments from previous quarter's visit are recorded in a log book kept at facility (HMIS Book 2)</li> </ul>
2.3.	Follow-up to provider training	<ul style="list-style-type: none"> <li>• All providers trained in the past year have received a follow-up visit related to their training</li> </ul>
2.4.	Staff meetings	<ul style="list-style-type: none"> <li>• Facility has had a staff meeting in the past quarter</li> <li>• 75% of technical staff attended previous quarter's staff meeting</li> </ul>
2.5.	Data on service utilization is correctly registered daily and monthly and sent to DMO weekly, monthly and annually.	<ul style="list-style-type: none"> <li>• Copies of the HMIS reporting forms for the last three months are present in the facility</li> <li>• The number of reported new malaria cases for all ages for one month in the last quarter corresponds to the number of cases in the facility's register for the same month (plus or minus 5%)</li> </ul>
2.6.	Mechanism for collecting and displaying information from community	<ul style="list-style-type: none"> <li>• Data were collected (e.g. exit interviews, opinion survey, etc) from community members in the past three months about their opinions of the services available in the facility</li> <li>• Data from past three months have been tabulated and placed in a visible place in the facility</li> </ul>

<b>PHYSICAL ENVIRONMENT AND TOOLS</b>		
<b>Environment</b>		
3.1.	General environment	Indoor environment is: <ul style="list-style-type: none"> <li>• Well illuminated</li> <li>• Well ventilated</li> <li>• All rooms are swept and free of dust, trash, dirt and spider webs</li> </ul> AND outdoor environment is: <ul style="list-style-type: none"> <li>• Free from long grass</li> <li>• Free from paper debris and other solid waste</li> </ul>
3.2.	Waiting area	<ul style="list-style-type: none"> <li>• Protects clients from sun and rain</li> <li>• Adequate space and furniture to accommodate all clients waiting for services</li> </ul>
3.3.	Exam rooms	<ul style="list-style-type: none"> <li>• Adequate privacy to prevent client from being seen or heard while meeting with health provider</li> <li>• Functional and clean examination couch</li> </ul>
3.4.	Toilet or latrine	<ul style="list-style-type: none"> <li>• Latrine and/or toilet exists within facility or compound</li> <li>• Staff and clients have access to at least one latrine and clients' latrine is not locked</li> <li>• Latrine slab is clean/toilet bowl is clean and empty</li> <li>• Soap and water are available at washing point near toilet/latrine</li> </ul>
<b>Infection Prevention</b>		
3.5.	Adequate supply of clean water	<ul style="list-style-type: none"> <li>• Piped water, or water tank, or protected water source for facility</li> <li>• Water is flowing from this source</li> </ul>
3.6.	Adequate facilities for hand washing	<ul style="list-style-type: none"> <li>• Soap and water available at washing points</li> </ul>
3.7.	Adequate facilities for disposal of sharps and needles	<ul style="list-style-type: none"> <li>• Labeled containers for sharp object disposal in examination rooms</li> </ul>
3.8.	Adequate facilities for disinfection	<ul style="list-style-type: none"> <li>• Exam rooms have wastebaskets and buckets with chlorine solution or other disinfectants</li> <li>• Unit/Health facility has heater or autoclave in good operating condition</li> </ul>
3.9.	Adequate facilities for waste disposal	<ul style="list-style-type: none"> <li>• Rubbish pit is in compound</li> <li>• Pit is not overflowing and is properly used</li> </ul>
<b>Health education</b>		
3.10.	Use of IEC materials for health education	<ul style="list-style-type: none"> <li>• Reproductive and Child Health IEC materials are displayed in a place that is visible to clients waiting for services, and possibly translated in Kiswahili</li> </ul>
3.11.	Health education talks are given on a regular basis	<ul style="list-style-type: none"> <li>• Group health education sessions have been conducted at least 4 times per month for each of the past three months</li> </ul>
<b>Supplies</b>		
3.12.	Maintenance of a proper cold chain	<ul style="list-style-type: none"> <li>• Temperature monitoring chart is fixed on refrigerator</li> <li>• Temp. monitored twice daily, 7 days/week</li> <li>• Temp. maintained between 0 and 8° Celcius</li> <li>• Vaccine carriers and ice packs are available and in good condition</li> </ul>
3.13.	Availability of basic examination and laboratory equipment in good working order	[LIST OF ESSENTIAL EQUIPMENT]
3.14.	Availability of an adequate supply of essential drugs and contraceptive methods with appropriate storage facilities	[LIST OF ESSENTIAL DRUGS, CONTRACEPTIVE METHODS AND TREATMENT MATERIALS]

<b>MOTIVATION</b>		
4.1.	Providers are working during entire shift	<ul style="list-style-type: none"> <li>All scheduled shifts in past week were completely covered</li> </ul>
4.2.	Providers receive salary on time	<ul style="list-style-type: none"> <li>All health providers received their full salary for past 3 months on the scheduled day</li> </ul>
4.3.	Providers are aware of recognition program	<ul style="list-style-type: none"> <li>All providers at health facility are aware of the QIR recognition program</li> </ul>
4.4.	Facility encourages motivation of providers	<ul style="list-style-type: none"> <li>Facility has a set of activities to improve motivation of providers</li> </ul>

<b>SKILLS AND KNOWLEDGE TO DO THE JOB</b>		
5.1.	Training for health providers	<ul style="list-style-type: none"> <li>The facility has at least one provider offering [add list] services to clients who has received in-service training specific to these services.</li> </ul>
5.2.	Use of infection prevention procedures	<ul style="list-style-type: none"> <li>Providers wash hands between clients and procedures</li> <li>Staff safely dispose of sharp objects and needles in container provided and do not re-use disposable material.</li> </ul>
5.3.	Providers demonstrate good counseling skills (To be assessed for family planning, Focused antenatal care, STI/ HIV clinics and IMCI services).	<ul style="list-style-type: none"> <li>Assures clients of confidentiality</li> <li>Treats clients with respect/courtesy</li> <li>Facilitates active client participation</li> <li>Tailors information to particular needs of client</li> <li>Gives accurate information</li> </ul>
5.4.	Providers perform clinical procedures according to guidelines	<ul style="list-style-type: none"> <li>Health workers are providing technically correct services, according to current guidelines and supervision checklists for specified services of interest (to be determined)</li> </ul>
5.5.	Use of teaching aids/IEC materials	<ul style="list-style-type: none"> <li>Service providers use one of the following materials during client counseling/education sessions: posters, samples of foods or contraceptive methods, anatomical models, brochures, leaflets, flipcharts,</li> </ul>

<b>CLIENT SATISFACTION</b>		
6.1.	Operating hours of facility are clearly marked	<ul style="list-style-type: none"> <li>Facility posts the operating hours in a visible place.</li> </ul>
6.2.	Waiting time was acceptable	<ul style="list-style-type: none"> <li>Clients wait one hour or less before being seen by a provider</li> </ul>
6.3.	Providers see client on a first-come first-serve basis	<ul style="list-style-type: none"> <li>There is a system in place to serve clients in the order in which they arrive. Only extremely sick individuals are given priority over others who are waiting.</li> </ul>
6.4.	Staff were courteous	<ul style="list-style-type: none"> <li>To be determined: a series of questions to assess client perceptions of staff behavior (should assess perceptions for all staff in direct contact with clients)</li> </ul>
6.5.	Information and treatment was useful	<ul style="list-style-type: none"> <li>Clients are satisfied with information or treatment received</li> </ul>
6.6.	Satisfied with outcome of visit	<ul style="list-style-type: none"> <li>Clients are satisfied with overall outcome of the visit to the facility.</li> </ul>
6.7.	Costs for services are clearly marked and visible to clients	<ul style="list-style-type: none"> <li>Facility posts a list of available services where clients can see it</li> <li>Cost for each service are clearly marked and visible to clients</li> </ul>
6.8.	Cost was reasonable	<ul style="list-style-type: none"> <li>Client satisfaction with the costs of the services</li> </ul>

## FACILITY ASSESSMENT

*Six tools have been developed to assess the indicators of quality described in the previous section. An additional tool has been included to collect evaluation data during the time of the assessment. These tools include:*

- **Assessment Tool A:** An observation checklist to guide the visual inspection of the facility.
- **Assessment Tool B:** A questionnaire to be used during an interview with the health facility-in-charge.
- **Assessment Tool C:** A checklist to guide an inspection of the facility's records and inventory of equipment and supplies.
- **Assessment Tool D:** A questionnaire to be used during interviews with the health providers and a coding sheet to aggregate responses for all health providers interviewed.
- **Assessment Tool E:** A checklist to guide the observation of six clinical sessions.
- **Assessment Tool F:** A questionnaire to be used during interviews with clients and a coding sheet to aggregate responses for all clients interviewed.
  
- **Evaluation Tool1:** A tool for recording the numbers of clients utilizing specific services at the health facility.

### GUIDELINES FOR USE

#### PRIOR TO THE VISIT

- 1) The health facility-in-charge should be notified of the assessment team's scheduled visit to the facility in advance. Inform the Facility In-Charge that the assessment team will need to observe clinical sessions for family planning, antenatal care, and IMCI services and ask the In-Charge to confirm that these services are provided on the date of the scheduled visit.
- 2) The assessment team should allocate primary responsibility for each of the assessment tools to each member of the assessment team.
- 3) Complete, as much as possible, the Data Control Sheet for the scheduled visit. Health Facility Number should be obtained from the Master QIR Health Facility List. Record Health Facility Number in space at top of each page of the assessment and evaluation tools.
- 4) Ensure that the assessment kit is complete. The kit should include:
  - 6 Assessment Tools (A – F)
  - 10 copies of the Health Provider Questionnaire
  - 6 copies of the Clinical Observation Checklist
  - 5 copies of the Client Exit Interview Questionnaire
  - 1 list of essential drugs
  - Procedure for randomly selecting 5 essential drugs during Inventory Review
  - 1 Assessment Scoring Sheet
  - 1 Summary Scoring Sheet
  - 1 Evaluation Tool

#### DURING THE VISIT

- 1) Before beginning the assessment activities at the facility, the assessment team should provide a brief overview of the visit to the Facility In-Charge and to the entire staff working at the facility. This overview will be most important during the first visit to the facility, and will provide an opportunity to introduce the assessment team to the health facility staff and to orient the staff to the reasons for the visit and the activities that will comprise the assessment. This session will also be useful for scheduling interviews with the health providers to minimize the disruption in service provision.
- 2) The first step in the assessment will be the facility observation. The assessment team should be escorted throughout the health facility by the Facility In-Charge, beginning with the entrance and proceeding through the rest of the areas. The assessment team member responsible for the Facility Observation Tool will record whether each quality standard is met, according to the items specified in the operational definition. Other team members should withhold their comments until the entire facility assessment is completed.
- 3) Following the facility observation, the remaining five assessments will proceed concurrently.
  - a. One team member will interview the Facility In-Charge using Assessment Tool B
  - b. One team member will conduct the Inventory and Record Review using Assessment Tool C.
  - c. One team member will begin the interviews with health providers, based on the schedule developed during the morning orientation session.

- d. *One team member will begin the observations of the clinical sessions using Assessment Tool E.*
  - e. *One team member will begin the exit interviews with clients.*
  - f. *The team member responsible for the facility observation assessment will remain in the waiting area to monitor client flow.*
- 4) Information will be entered directly into Assessment Tools A, B, and C and into the Evaluation Tool.
  - 5) Information **IS NOT** entered directly into Assessment Tools D, E, and F.
    - a. *A separate Health Provider Questionnaire will be used to code the responses during the interview with each health provider. Following the completion of all the Health Provider interviews, the responses from the questionnaires will be used to complete Assessment Tool D.*
    - b. *A separate Clinical Observation Checklist will be used to code the responses during the observation of each client-provider interaction. Following the completion of all the observations, the information from the observation checklists will be used to complete Assessment Tool E.*
    - c. *A separate Client Exit Interview Questionnaire will be used to code the responses during the interview with each client. Following the completion of all the client interviews, the responses from the questionnaires will be used to complete Assessment Tool F..*
  - 6) When determining whether the facility has met each criterion, it is essential that the assessment team follows the operational definition for that criterion precisely. Do not add additional items to the definition or subtract items from the definition when determining whether the facility meets each quality standard.
  - 7) Since some assessments will require less time than others, team members who complete their assessments early may provide assistance to other members of the team.
  - 8) Once all the assessment tools are completed, the assessment team will meet in private to complete the Assessment Scoring Sheet and the Summary Scoring Sheet. During this meeting, the assessment team will compile the facility's scores for each of the performance factors, as well as the facility's overall quality score.
  - 9) Following this meeting, the Summary Scoring Sheet should be presented to the Facility In-Charge and to the entire staff of the health facility. For those facilities failing to receive the acceptable score, the performance factors and the specific indicators missed should be identified, the possible reasons why these indicators were missed should be identified, and potential approaches for resolving the identified problems should be discussed.

#### **AFTER THE VISIT**

- 1) After the visit the analyzed report should be sent to the District Medical Officer (DMO), who will forward to the Regional Medical Officer. The (RMO will forward to **the Program Manager, Reproductive and child Health Section.**
- 2) Based on the assessments and the discussion with the staff, a report outlining the recommended steps to be taken prior to the next assessment should be sent to [where should it be sent?]

**DATA CONTROL SHEET**

<b>Location</b>	
Region	SINGIDA
District	
Ward	
Name of Health Facility	
Health Facility Number	

<b>Health Facility</b>		
Name of Facility-in-Charge		
Type of health facility	HOSPITAL ..... 1 HEALTH CENTRE ..... 2 DISPENSARY ..... 3	
Total number of health providers in the HF		
Total number of other staff members in the HF		
Previous Assessment Scores (if applicable)	Timing since assessment	Overall Score
	3 months	
	6 months	
	9 months	
	1 year	

<b>Current Assessment</b>	
Date of Assessment	
Starting time of Assessment	
Ending time of Assessment	

<b>Assessment Team</b>		
	Name	Title
1		
2		
3		
4		
5		
6		

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**ASSESSMENT TOOL A: FACILITY OBSERVATION**

Directions for use: Proceed through all of the areas of the facility and record whether each operational definition has been met.

#	QUALITY STANDARD	OPERATIONAL DEFINITION	ASSESSMENT (RECORD YES IF ENTIRE DEFINITION IS MET)
<b>ENTRANCE TO FACILITY/WARD</b>			
6.1	Are the facility's operating hours clearly displayed?	Facility posts its operating hours in a visible place at the entrance to the facility or ward	YES..... 1 NO..... 0
<b>WAITING AREA</b>			
3.2	Is the waiting area comfortable for clients?	The waiting area protects clients from sun and rain <b>AND</b> There are enough seats to accommodate the number of clients waiting for services on a busy day.	YES..... 1 NO..... 0
2.6	Is community feedback displayed in a visible place?	Data collected from community members in the past 3 months have been tabulated and displayed in a place that is visible to staff and clients	YES..... 1 NO..... 0
6.7	Are the costs for services clearly marked and visible to clients?	Facility posts a list of available services where clients can see it <b>AND</b> Costs for each service are clearly marked and visible to clients <b>AND</b> Exempted services for specific groups is posted	YES..... 1 NO..... 0
3.10	Are reproductive and child health IEC materials displayed?	At least one IEC material related to reproductive and child health is displayed in the waiting area.	YES..... 1 NO..... 0
6.3a	Are clients seen on a first-come, first-serve basis, with the exception of emergency cases?	Observe client flow into and out of waiting area for a period of one hour. Clients are seen in the order in which they arrive <b>AND</b> There is a system to identify emergency cases <b>AND</b> Emergency cases are given priority service	YES..... 1 NO..... 0
<b>EXAM ROOM(S)</b>		<b>IF FACILITY HAS MORE THAN ONE EXAM ROOM, DEFINITION MUST BE MET FOR ALL EXAM ROOMS.</b>	
3.3	Is the examination room(s) private and comfortable?	Clients are not able to be seen or heard while meeting health provider in exam room <b>AND</b> The exam room has a functioning and clean examination couch.	YES..... 1 NO..... 0
3.7	Does the examination room(s) have adequate facilities for proper disposal of sharps and needles?	Labeled containers for sharp object disposal present in exam room	YES..... 1 NO..... 0
3.8a	Does the examination room(s) have adequate facilities for disinfection?	Exam room has wastebasket and bucket with chlorine solution or other disinfectant.	YES..... 1 NO..... 0



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TOILET OR LATRINE			
3.4	Do staff and clients have access to a functioning and clean toilet or latrine?	Toilet and/or latrine exists within facility or in compound <b>AND</b> Toilet/latrine is not locked <b>AND</b> Toilet bowl is clean and empty/latrine slab is clean <b>AND</b> Soap and water are available at washing point near toilet/latrine.	YES..... 1 NO..... 0
WATER SUPPLY			
3.5	Is there an adequate supply of clean water?	Facility has piped water, or water tank, or a water source that is protected from human or animal contamination <b>AND</b> Water is flowing from this source	YES..... 1 NO..... 0
RUBBISH PIT			
3.9	Are there adequate facilities for waste disposal?	Rubbish pit is in compound <b>AND</b> Pit is not overflowing <b>OR</b> Facility has an incinerator to burn rubbish	YES..... 1 NO..... 0
GENERAL OBSERVATION			
3.1a	Is the facility clean and well-lit?	All rooms are swept and free of dust, trash, dirt, and spider webs <b>AND</b> All rooms are well ventilated <b>AND</b> All rooms are well-illuminated	YES..... 1 NO..... 0
3.1b	Are the facility's general surroundings free from long grass and paper debris and other solid waste?	The facility's immediate surroundings are free from long grass <b>AND</b> Free from paper debris and other solid waste	YES..... 1 NO..... 0
3.6	Are there adequate facilities for handwashing?	A washing point exists near all service delivery points in the facility <b>AND</b> Soap and water are available at each washing point	YES..... 1 NO..... 0

Comments from Facility Observation:

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**ASSESSMENT TOOL B: INTERVIEW WITH IN-CHARGE**  
 (At Hospitals, interview both Medical Officer in Charge and Ward-In-Charge)

Directions for use: Ask the following questions to the Health Facility-In-Charge and record whether the responses to these questions meet the operational definition. Record the response given for those questions where a space is provided. In hospitals, ask the questions to both the Medical Officer in Charge and the maternity Ward-In-Charge and record that the operational definition has been met if EITHER the Medical Officer in Charge or the Ward-In-Charge provide the appropriate response. Answers can be recorded directly onto this form.

#	QUESTIONS	OPERATIONAL DEFINITION (For Hospitals, Definition is met if either Medical Officer in Charge or Ward-in-Charge is able to provide answer)	ASSESSMENT (RECORD YES IF ENTIRE DEFINITION IS MET)
1.1a	<ul style="list-style-type: none"> <li>Does this facility have a copy of the current guidelines for case management?</li> <li>IF YES, Can you show me where they are kept?</li> </ul>	The provider-in-charge is able to show any ONE copy of national treatment guidelines <b>AND</b> The guidelines were produced within the past 2 years <b>AND</b> These guidelines are in a location that is accessible to health providers	YES..... 1 NO ..... 0
1.2a	<ul style="list-style-type: none"> <li>What types of health providers are on the staff list at this facility?</li> <li>FOR EACH TYPE OF HEALTH PROVIDER MENTIONED, ASK: Can you show me a written job description or a written job allocation describing the responsibilities of each of these health providers?</li> </ul>	The provider-in-charge is able to show either a written job description or a written job allocation describing the responsibilities for all levels of health providers working at the facility	YES..... 1 NO ..... 0
3.11a	<ul style="list-style-type: none"> <li>Does the facility have monthly timetable for health education?</li> </ul>	Provider in charge is able to show the current monthly time table for group HE to the clients/patients <b>AND</b> Show the lesson plans for the current month.	YES..... 1 NO..... 0
2.1	<ul style="list-style-type: none"> <li>Does the facility Committee meet every quarter?</li> <li>IF YES, Can you show me the minutes of the Management Committee meeting conducted during the last quarter?</li> </ul>	The provider-in-charge is able to show the minutes of the Management Committee meeting conducted during the last quarter. <b>AND</b> List of participants to show gender desegregation with at least two female participants from community representatives.	YES..... 1 NO ..... 0
1.3a	<ul style="list-style-type: none"> <li>Does the facility have plans for the referral of emergency cases to a higher-level health facility?</li> <li>IF YES, Can you describe the health facility's plans for providing assistance for sending a sick patient to a referral facility?</li> </ul> RECORD RESPONSE	The provider-in-charge is able to describe the health facility's plans for providing assistance for sending a sick patient to a referral facility?	YES..... 1 NO ..... 0

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	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p><b>4.1a</b></p>	<ul style="list-style-type: none"> <li>Does the facility have shifts for health providers throughout the working hours, and beyond whenever health services are required?</li> </ul>	<p>Provider is able to show a comprehensive duty roster for the health facility for the past week for the RH section (Maternity, RCH clinic, STI/HIV clinic and O &amp; G ward)</p>	<p>YES.....1 NO.....0</p>
<p><b>1.4</b></p>	<ul style="list-style-type: none"> <li>Does the facility have contingency plans for maintaining adequate staffing when staff members are absent?</li> <li>IF YES, Can you describe how the facility maintains adequate staffing when staff members miss their scheduled shifts?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>The provider-in-charge is able to describe the health facility’s plan for maintaining services when a staff member is unable to report during a scheduled shift.</p>	<p>YES.....1 NO .....0</p>
<p><b>4.4a</b></p>	<ul style="list-style-type: none"> <li>Are there any activities that have occurred at the health facility in the past quarter that were designed to increase provider motivation? (<b>PROBE</b>)</li> <li>IF YES, Can you describe these activities?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Provider-in-charge is able to describe any activities or actions that have occurred at the health facility in the past quarter designed to increase provider motivation.</p>	<p>YES.....1 NO .....0</p>
<p><b>2.2</b></p>	<ul style="list-style-type: none"> <li>Has this facility received a supervisory visit in the past quarter? <b>If YES,</b></li> <li>Can you show me the supervisory feedback report for the previous quarter’s visit?</li> <li>Can you show me the HMIS Book 2 in which the supervisor’s comments from previous quarter’s visit are recorded?</li> </ul>	<p>Facility has received a supervisory visit in the past quarter <b>AND</b> Provider-in-charge is able to show supervisory feedback report for previous quarter’s visit <b>AND</b> Supervisor’s comments from previous quarter’s visit are recorded in HMIS Book 2 kept at the facility</p>	<p>YES.....1 NO .....0</p>
<p><b>2.4a</b></p>	<ul style="list-style-type: none"> <li>Was a staff meeting held for all facility staff in the last</li> </ul>	<p>Facility has had a staff meeting in the previous quarter <b>AND</b> actions</p>	<p>YES.....1</p>

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

	quarter?	taken as agreed in the staff meeting	NO .....0
<p><b>2.6a</b></p>	<ul style="list-style-type: none"> <li>Does the facility collect data on a regular basis about community members' opinions about the services available at the facility?</li> <li>IF YES, Can you describe how the facility collects data about community members' opinions about the services available here?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> <li>Does the information collected from the community get reported back to the community?</li> <li>If YES, How has the information been reported back to community members?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Provider-in-charge is able to explain the process by which community members' opinions of the quality of services is collected</p> <p><b>AND</b></p> <p>Information has been reported back to community members.</p>	<p>YES..... 1</p> <p>NO .....0</p>
<p><b>6.3b</b></p>	<ul style="list-style-type: none"> <li>What system does the facility use to ensure that clients are seen on a first-come, first-serve basis?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> <li>What system does the facility use to ensure that emergency cases are identified and seen on an urgent basis?</li> </ul> <p>RECORD RESPONSE</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Provider-in-charge is able to describe the system used to ensure that clients are seen on a first-come first-serve basis</p> <p><b>AND</b></p> <p>Provider-in-charge is able to describe the system used at the facility to identify patients requiring urgent care.</p>	<p>YES..... 1</p> <p>NO .....0</p>

**Health Facility Number:**\_\_\_\_\_

**Name of Assessor:**\_\_\_\_\_

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**ASSESSMENT TOOL C: INVENTORY AND RECORD REVIEW**

Directions for use: Review the equipment and records of the health facility and record whether each of the operational definitions have been met.

#	STANDARD	OPERATIONAL DEFINITION			ASSESSMENT (RECORD YES IF DEFINITION IS MET)	
<b>3.13</b>  Does the facility have basic equipment and supplies? <b>OBSERVATION OF EACH ITEM IN FACILITY/WARD.            INSPECT EACH ITEM TO SEE IF IT IS FUNCTIONING            PROPERLY.</b>  1=Dispensary 2= Health Centre 3= Hospital (Maternity ward, Theatre and Laboratory)		<b>ALL</b> of the following pieces of equipment are available and functional:	1	2	3	YES ..... 1 NO ..... 0
		New born Resuscitation Kit				
		Blood pressure cuff/machine				
		Stethoscope				
		Baby weighing scale				
		Timing device				
		Fetoscope				
		Delivery Kit				
		Adult weighing scale				
		Speculum				
		RPR Kit				
		Delivery bed				
		Microscope				
		Mackintosh				
		Anesthesia machine				
		C-section sets				
		MVA kits				
		Laparotomy sets				
		Refrigerator for blood				
		Blood matching equipment				
Blood bags						
Ultrasound machine						
D & C set						
Vacuum extractor						

Health Facility Number: \_\_\_\_\_

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3.12	Does the facility maintain a proper cold chain?	<p>Facility has a functioning refrigerator for maintaining cold chain  <b>AND</b>                      Facility has a monitoring card and freeze watch and thermometer  <b>AND</b>                      Temperature monitoring chart is fixed on refrigerator  <b>AND</b>                      Temperature is monitored twice daily, 7 days a week  <b>AND</b>                      Temperature is maintained between 4° and 8° Celcius  <b>AND</b>                      Vaccine carriers and at least 8 ice packs are available and in good condition</p>	<p>YES ..... 1                      NO..... 0</p>																					
3.8b	Does the facility have a functioning Boiling Sterilizer or autoclave?	Facility has a Boiling Sterilizer or autoclave in good operating condition	<p>YES ..... 1                      NO..... 0</p>																					
2.5a	Do the client registers exist and are they well kept and up-to-date?	<p>HMIS Books 5,6,7,8,9,10 and 12 exist including Tally sheets, F2001, F2002, F2003 and F2004  <b>AND</b>                      Information on patient characteristics (names, sex, age, and address/village), diagnosis, and treatment (dosage, times/day, # of days) are written in the registers.                      NB Completeness and accuracy.</p>	<p>YES ..... 1                      NO..... 0</p>																					
2.5b	Data on service utilization is correctly registered daily and sent to DMO weekly, monthly, quarterly and annually	<p>Provider-in-charge is able to show copies of the Mtuha reporting forms for the last three months  <b>AND</b>                      The number of reported new malaria cases for all ages for one month in the last quarter corresponds to the number of cases in the facility's register for the same month (plus or minus 5%)</p>	<p>YES ..... 1                      NO..... 0</p>																					
3.14a	<p>Are there updated stock cards at the facility store for five randomly selected products?</p> <p>Randomly choose five drugs from list of essential drugs. Review the availability of stock cards. Compare registered quantities with the physical count at the facility store.</p>	<table border="1"> <thead> <tr> <th colspan="3">Amount on stock card equals amount in store for ALL five selected products.</th> </tr> <tr> <th>Product</th> <th>Amount on card</th> <th>Amount in store</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table>	Amount on stock card equals amount in store for ALL five selected products.			Product	Amount on card	Amount in store	1			2			3			4			5			<p>YES ..... 1                      NO..... 0</p>
Amount on stock card equals amount in store for ALL five selected products.																								
Product	Amount on card	Amount in store																						
1																								
2																								
3																								
4																								
5																								

Health Facility Number: \_\_\_\_\_

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3.14b

Were the following products available during the past three months?

- SP
- Cotrimoxazole
- IV fluids
- DPT-HB vaccine
- Oxytocics
- Depo-Provera
- Condoms

Stock cards show the absence of a stock out for ALL of the following products for the past three months. A stock out is defined as 0 items on the last day of the month.

- SP
- Cotrimoxazole
- IV fluids
- Oxytocics
- DPT-HB vaccine
- Depo-Provera
- Condoms

YES ..... 1  
NO ..... 0



Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

**ASSESSMENT TOOL D: INTERVIEW WITH HEALTH PROVIDERS (to be used in conjunction with Health Provider questionnaire)**

Directions for use: Using the separate **Health Provider Questionnaire**, interview health providers working in maternity wards, RCH clinics, Obstetric and Gynaecology clinic/ward and the STI/HIV clinic at the health facility. Once all of the health providers have been interviewed, transfer the information coded on the questionnaires to this Assessment Tool. In health facilities with three or fewer health providers interviewed, ALL health providers interviewed must have positive responses for items 1.1b and 1.2b for the operational definition to be met.

#	STANDARD	OPERATIONAL DEFINITION	PROVIDER										ASSESSMENT (RECORD YES IF ENTIRE DEFINITION IS MET)	
			Circle total number of providers present at health facility on day of assessment. Place a check for each provider meeting the standard, as measured using the questionnaire.											
			1	2	3	4	5	6	7	8	9	10		
1.1b	Are health providers at the facility aware of the presence of up-to-date guidelines for case management?	At least 75% of providers are aware of treatment guidelines at facility												YES..... 1 NO..... 0
1.2b	Are health providers at facility aware of their job descriptions?	At least 75% of providers are able to mention, without prompting, at least 4 key responsibilities in their job description or job allocation.												YES..... 1 NO..... 0
1.3b	Are health providers aware of facility's plans for referring emergency cases	At least one provider is able to describe the health facility's plans for providing assistance for sending a sick patient to a referral facility.												YES..... 1 NO..... 0
2.3	Do health providers receive follow-ups after in-service trainings?	All providers trained in the past year have received a follow-up visit related to their training.												YES..... 1 NO..... 0
4.1b	Are there service providers, by name to cover all working hours and beyond at this facility	All health providers show a duty roster with clear names at the clinic/ward AND The roster was fully implemented in the past week												
4.2	Do health providers receive their salary on time?	All health providers received their full salary for each of the past three months by the last day of the month.												YES..... 1 NO..... 0
4.3	Are health providers aware of the quality improvement and recognition (QIR) initiative?	All health providers were aware of the QIR recognition initiative.												YES..... 1 NO..... 0

Health Facility Number: \_\_\_\_\_

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4.4b	Are health providers aware of the activities at the facility designed to increase their motivation?	All health providers are able to describe the activities that have occurred at the health facility in the past quarter designed to increase provider motivation.											YES..... 1 NO..... 0
5.1	Are providers trained for the services they provide?	At least one provider offering each of the following services has received in-service training specific to these services. <ul style="list-style-type: none"><li>• Focused antenatal care</li><li>• IMCI</li><li>• FP Counseling</li><li>• Life Saving Skills</li><li>• EmOC</li><li>• PAC</li><li>• PNC</li><li>• STI</li><li>• HIV</li></ul>											NO..... 0

Comments from Provider Interviews:

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**PROVIDER INTERVIEW QUESTIONNAIRE**

PROVIDER NUMBER: \_\_\_\_\_

No.	QUESTION	RESPONSE
1.	Which RCH guidelines/protocols do you use? Show the guideline/protocols	Show guideline <ul style="list-style-type: none"> <li>• FANC</li> <li>• National RCH Essential package</li> <li>• Essential obstetric care</li> <li>• STI Management</li> <li>• Malaria</li> <li>• IMCI</li> <li>• Family Planning</li> <li>• Adolescent Health and Development Strategy (AHDS)</li> <li>• Youth Friendly SRH package</li> <li>• Management of Opportunistic infections (OI)</li> </ul> Able to show all the above listed documents..... 1 Not able to show ..... 0
<b>IF KNOWS CORRECT LOCATION OF CASE MANAGEMENT GUIDELINES, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #1.1b OTHERWISE, RECORD A 0</b>		
2.	What is your job title?	DOCTOR..... 1 ASSISTANT MEDICAL OFFICER ..... 2 CLINICAL OFFICER ..... 3 ASSISTANT CLINICAL OFFICER..... 4 NURSING OFFICER..... 5 NURSE/MIDWIFE ..... 6 PUBLIC HEALTH NURSE B ..... 7 MCH AIDE ..... 8 NURSE ASSISTANT/MEDICAL ATTENDANT ..... 9 OTHER (mention) ..... 10
3.	Can you name four key responsibilities listed in your job description or job allocation? COMPARE WITH WRITTEN JOB DESCRIPTION FOR RELEVANT PROVIDER TYPE	KNOWS 4 KEY RESPONSIBILITIES ..... 1 DOES NOT KNOW 4 KEY RESPONSIBILITIES ..... 0
<b>IF KNOWS 4 KEY RESPONSIBILITIES, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #1.2b OTHERWISE, RECORD A 0</b>		
4.	Can you describe the health facility's plans for providing assistance for sending a <b>sick patient</b> /client to a referral facility? PROB AND RECORD ANSWERS: _____	ABLE TO DESCRIBE A PLAN..... 1 NOT ABLE TO DESCRIBE A PLAN..... 0

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

No.	QUESTION	RESPONSE
	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>IF ABLE TO DESCRIBE A REFERRAL PLAN, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #1.3b OTHERWISE, RECORD A 0</b></p>		
<p>5.</p>	<p>Have you received any training in the past year? IF YES, Have you received any follow-up visits related to this training?</p>	<p>RECEIVED TRAINING AND FOLLOW-UP IN PAST YEAR 1 RECEIVED TRAINING, NO FOLLOW-UP IN PAST YEAR 2 DID NOT RECEIVE ANY TRAINING IN PAST YEAR 3</p>
<p><b>IF RECEIVED BOTH A TRAINING AND A FOLLOW-UP VISIT IN THE PAST YEAR, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #2.3b IF RECEIVED A TRAINING BUT NO FOLLOW-UP VISIT IN THE PAST YEAR, RECORD A 0 IF DID NOT RECEIVE ANY TRAINING IN THE PAST YEAR, LEAVE BOX BLANK</b></p>		
<p>6.</p>	<p>Have you received your salary for the past three months (Dates 26<sup>th</sup> of month to 5<sup>th</sup> next month)</p>	<p>RECEIVED FULL SALARY WHEN SCHEDULED ..... 1 DID NOT RECEIVE FULL SALARY WHEN SCHEDULED. 2</p>
<p><b>IF RECEIVED FULL SALARY WHEN SCHEDULED, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #4.2 OTHERWISE, RECORD A 0</b></p>		
<p>7.</p>	<p>Are you aware of the Quality Improvement and Recognition Initiative? IF YES, can you give me a brief description of the initiative? RECORD ANSWER:  _____ _____ _____ _____</p>	<p>AWARE OF QIR AND ABLE TO PROVIDE CORRECT DESCRIPTION.. 1 AWARE OF QIR BUT NOT ABLE TO PROVIDE CORRECT OR ANY DESCRIPTION ..... 2 NOT AWARE OF QIR ..... 3</p>
<p><b>IF AWARE OF QIR AND ABLE TO PROVIDE A CORRECT DESCRIPTION, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #4.3 OTHERWISE, RECORD A 0</b></p>		
<p>8.</p>	<p>Can you mention any activities held for the staff of this facility in the past three months that have encouraged you to work harder than usual?</p>	<p>AWARE OF MOTIVATION ACTIVITIES ..... 1 NOT AWARE OF MOTIVATION ACTIVITIES ..... 2</p>
<p><b>IF AWARE OF MOTIVATION ACTIVITIES, RECORD A 1 IN BOX FOR CURRENT PROVIDER NUMBER FOR INDICATOR #4.4b OTHERWISE, RECORD A 0</b></p>		
<p>9.</p>	<p>What types of services do you provide?</p>	<p>ANTENATAL CARE (FANC) ..... 1 IMCI ..... 2 FP COUNSELING ..... 3 LSS ..... 4</p>

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

No.	QUESTION	RESPONSE
		EmOC.....5 PAC.....6 PNC.....7 STI/HIV-OI.....8 VCT.....9
10.	What services have you been trained to provide?	ANTENATAL CARE ..... 1 IMCI ..... 2 FP COUNSELING ..... 3 LSS.....4 EmOC.....5 PAC.....6 PNC.....7 STI/ HIV-OI.....8 VCT.....9
<b>IF PROVIDES SERVICES FOR WHICH HAS BEEN TRAINED, RECORD A 1 IN BOX FOR THE SPECIFIC SERVICE AND FOR CURRENT PROVIDER NUMBER FOR INDICATOR #5.1 OTHERWISE, RECORD A 0</b>		

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**ASSESSMENT TOOL E: CLINICAL OBSERVATIONS**

Directions for use: Using the separate **Clinical Observation Checklist**, observe 2 family planning sessions, 2 Antenatal care sessions, and 2 sessions related to IMCI services. Once all of the sessions have been observed, transfer the information coded on the checklist to this Assessment Tool.

#	STANDARD	OPERATIONAL DEFINITION	Clients						ASSESSMENT (RECORD YES IF DEFINITION IS MET)
			FP		ANC		IMCI		
			1	2	1	2	1	2	
5.2	Do providers use appropriate infection prevention procedures?	Providers perform appropriate infection procedures during ALL clinical sessions observed.							YES ..... 1 NO ..... 0
5.3	Do providers demonstrate good counseling skills?	Providers demonstrate good counseling skills during ALL clinical sessions observed.							YES ..... 1 NO ..... 0
5.4	Do providers perform clinical procedures according to guidelines?	Providers perform clinical procedures according to guidelines during ALL clinical sessions observed							YES ..... 1 NO ..... 0
5.5	Do providers use teaching aids/IEC materials?	Providers use teaching aids/IEC materials during ALL clinical sessions observed.							YES ..... 1 NO ..... 0

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**CLINICAL OBSERVATION CHECKLIST**

This checklist is for completing Assessment Tool E. Discretely observe two family planning counseling sessions, two antenatal care sessions, and two IMCI sessions. During these sessions, record whether you observed the provider performing each of the following behaviors. After each session has ended, follow the directions and transfer the scores to the assessment tool.

- SESSION:  
 FP 1 ..... 1  
 FP 2 ..... 2  
 ANC 1 ..... 3  
 ANC 2 ..... 4  
 IMCI 1 ..... 5  
 IMCI 2 ..... 6  
 STI 1 ..... 7  
 STI 2 ..... 8

<b>USE OF APPROPRIATE INFECTION PREVENTION</b>		
<b>OBSERVE FOR ALL SESSIONS</b>		
1.	Did provider wash his/her hands before procedure?	YES ..... 1 NO ..... 2
2.	Did the provider contaminate, sterilize dispose of sharps in an appropriate way?	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 9
3.	Did the provider use appropriate protective devices, such as an apron or gloves	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 9
4.	Did the provider wash his/her hands following procedure?	YES ..... 1 NO ..... 2
<b>IF PROVIDER OBSERVED TO PERFORM ALL APPLICABLE BEHAVIORS DURING SESSION, RECORD A 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.2 OTHERWISE, RECORD A 0</b>		

<b>COUNSELING SKILLS</b>		
<b>OBSERVE FOR ALL SESSIONS</b>		
5.	Did the provider greet the client in a culturally accepted way?	YES ..... 1 NO ..... 2
6.	Did the provider ask open-ended questions?	YES ..... 1 NO ..... 2
7.	Did the provider encourage the client to ask questions?	YES ..... 1 NO ..... 2

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

8.	Did the provider treat the client with respect?	YES ..... 1 NO..... 2
9.	Did the provider see client in privacy?	YES ..... 1 NO..... 2
10.	Did the provider advice/discuss a return visit?  <b>AND (for STI clinics)</b> Did provider do contact tracing for this STI patient?  <b>FOR ALL SESSIONS EXCEPT STI CLINICS, fill 1 IF YES for first part only. FOR STI patients, both questions should be YES to score 1.</b>	YES ..... 1 NO..... 2
11.	Did the provider assure client of confidentiality?	YES ..... 1 NO..... 2
12.	Did the provider recognize and address non-verbal communication from the clients?	YES ..... 1 NO..... 2
13.	Did the provider say good-bye to the client?	YES ..... 1 NO..... 2

**IF PROVIDER OBSERVED TO PERFORM ALL APPROPRIATE BEHAVIORS DURING SESSION, RECORD A 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.3 OTHERWISE, RECORD A 0**

<b>PERFORM CLINICAL PROCEDURES ACCORDING TO GUIDELINES</b>		
<i>OBSERVE THE FOLLOWING FOR FP COUNSELING SESSIONS ONLY</i>		
14.	Did provider ask about desire for more children and timing of next child?	YES ..... 1 NO..... 2
15.	Did the provider provide accurate information about how to use the FP methods discussed?  <b>Pill:</b> Must be taken every day <b>IUD:</b> Should check strings <b>Injectables:</b> Provides protection for 3 months <b>Norplant:</b> provides protection for 5 years <b>Female sterilization:</b> can never become pregnant again <b>Condoms:</b> use each condom only once <b>Rhythm/Periodic abstinence:</b> should not have sexual intercourse during the fertile period. <b>LAM:</b> Should not use once menstrual period has resumed.	YES ..... 1 NO..... 2



Health Facility Number: \_\_\_\_\_

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16.	<p>Did the provider give accurate information about the side effects of methods discussed?</p> <p><b>Pill:</b> nausea, spotting  <b>IUD:</b> menstrual bleeding  <b>Injectables:</b> menstrual changes  <b>Norplant:</b> menstrual changes  <b>Female sterilization:</b> pain at surgical site  <b>Condoms:</b> allergy to latex</p>	<p>YES ..... 1  NO..... 2</p>
17.	Did provider ask client about concerns with any method?	<p>YES ..... 1  NO..... 2</p>
18.	Did the provider help client choose a method according to the client's choice?	<p>YES ..... 1  NO..... 2</p>
19.	<p>Did provider discuss the relationship between HIV/AIDS and STIs?  AND  Did provider offer VCT?</p> <p><b>CIRCLE 1 IF BOTH QUESTIONS ABOVE ARE ANSWERED 'YES'</b></p>	<p>YES ..... 1  NO..... 2</p>
20.	Did the provider discuss dual protection?	<p>YES ..... 1  NO..... 2</p>

**IF PROVIDER OBSERVED TO PERFORM ALL APPROPRIATE BEHAVIORS DURING SESSION, RECORD A 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.4 OTHERWISE, RECORD A 0**

<i>OBSERVE THE FOLLOWING FOR FOCUSED ANTENATAL CARE SESSIONS ONLY</i>		
21.	Did the provider take a thorough history and did a thorough physical examination as per guidelines?	<p>YES ..... 1  NO..... 2</p>
22.	Did provider discuss past pregnancy history and warning signs of a complicated pregnancy with client?	<p>YES ..... 1  NO..... 2</p>
23.	Did provider do health promotion counseling including deworming and anemia prevention?	<p>YES ..... 1  NO..... 2</p>
24.	Did the provider administer presumptive treatment for malaria, if timing of antenatal care visit makes client eligible?	<p>YES ..... 1  NO..... 2</p>
25.	Did the provider perform or refer client for syphilis screening?	<p>YES ..... 1  NO..... 2</p>
26.	Did the provider discuss birth preparedness and individual birth plan (IBP)	<p>YES ..... 1  NO..... 2</p>
27.	Did the provider offer advice VCT for PMTCT to the client?	<p>YES ..... 1  NO..... 2</p>

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

**IF PROVIDER OBSERVED TO PERFORM ALL APPROPRIATE BEHAVIORS DURING SESSION, RECORD A 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.4 OTHERWISE, RECORD A 0**

*OBSERVE THE FOLLOWING FOR IMCI SESSIONS ONLY*

28.	Did the provider record the weight of the child?	YES ..... 1 NO..... 2
29.	Did the provider take the temperature of the child?	YES ..... 1 NO..... 2
30.	Did the provider ask whether the child vomits everything (or did the caretaker mention that the child does not vomit)?	YES ..... 1 NO..... 2
31.	Did the provider ask about the child's immunization history?	YES ..... 1 NO..... 2
32.	Did the provider ask whether the child has cough or difficulty breathing?	YES ..... 1 NO..... 2
33.	Did the provider ask whether the child has diarrhea?	YES ..... 1 NO..... 2
34.	Did the provider ask about breastfeeding?	YES ..... 1 NO..... 2
35.	If treatment is given, does the provider demonstrate how to administer the treatment? AND Is the treatment given correct for the clinical condition diagnosed?	YES ..... 1 NO..... 2

**IF PROVIDER OBSERVED TO PERFORM ALL APPROPRIATE BEHAVIORS DURING SESSION, RECORD 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.4 OTHERWISE, RECORD 0**

**TEACHING AIDS**  
OBSERVE FOR ALL SESSIONS

36.	Did the provider use teaching aids or IEC materials during the session?	YES ..... 1 NO..... 2
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**IF PROVIDER OBSERVED TO PERFORM THIS BEHAVIOR DURING SESSION, RECORD A 1 IN BOX FOR THIS SESSION FOR INDICATOR #5.5 OTHERWISE, RECORD A 0**

Health Facility Number: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

**ASSESSMENT F: CLIENT EXIT INTERVIEWS (TO BE USED WITH CLIENT EXIT INTERVIEW QUESTIONNAIRE)**

**Please interview at least ten (10) clients from the Hospitals and five (5) clients from the health centers and dispensaries.**

**Clients should include men, women and adolescents who have received SRH services from HFs.**

#	STANDARD	OPERATIONAL DEFINITION	Clients										ASSESSMENT (RECORD YES IF DEFINITION IS MET)		
			1	2	3	4	5	6	7	8	9	10			
6.2	Was the waiting time acceptable?	All clients waited one hour or less before being seen by provider													YES ..... 1 NO ..... 0
6.4	Was staff courteous to clients?	All clients had favorable perceptions of staff behavior													YES ..... 1 NO ..... 0
6.5	Did clients think that the information and treatment they received was useful?	All clients were satisfied with information and treatment received at health facility													YES ..... 1 NO ..... 0
6.6	Were clients satisfied with the outcome of their visit?	All clients satisfied with the outcome of their visit													YES ..... 1 NO ..... 0
6.8	Did clients think that the costs of the services they received were reasonable?	All clients satisfied with the costs of the services they received.													YES ..... 1 NO ..... 0

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

**CLIENT EXIT INTERVIEW QUESTIONNAIRE**

- Greet the client
- Welcome her/him
- Explain the purpose of interview
- Ask for consent
- Thank her

No.	QUESTION	RESPONSE
1.	<p><i>How old are you?</i> -----</p> <p>What was the reason for your visit today?</p> <p><i>Who supported in your coming to the facility?</i> .....</p>	<p>ANTENATAL CARE .....1</p> <p>IMCI.....2</p> <p>FAMILY PLANNING COUNSELING/METHOD.....3</p> <p>OTHER .....8</p> <p>(SPECIFY)</p>
2. a	<p>How long did you wait between the times that you first arrived at this clinic and the your attended by health providers?</p>	<p>&lt;15 MINUTES .....1</p> <p>16-30 MINUTES .....2</p> <p>31-45 MINUTES .....3</p> <p>46-60 MINUTES .....4</p> <p>MORE THAN 60 MINUTES.....6</p> <p>DON'T KNOW .....9</p>
<p><b>IF WAITING TIME WAS 60 MINUTES OR LESS, RECORD A 1 IN BOX FOR CURRENT CLIENT FOR INDICATOR #6.2</b></p>		
<p><b>OTHERWISE, RECORD 0</b></p>		

Health Facility Number: \_\_\_\_\_  
 Name of Assessor: \_\_\_\_\_

3.	During your visit today, was the provider polite when he or she greeted you?	YES .....1 NO.....2
4.	Did the health provider listen to your concerns?  <b>IF QUESTIONS 3 AND 4 WERE BOTH ANSWERED YES BY THE CLIENT, RECORD A 1 IN BOX FOR CURRENT CLIENT FOR INDICATOR #6.4 OTHERWISE, RECORD A 0</b>	YES .....1 NO.....2
5a	As you were waiting to be attended by a health provider, did you receive any Health education talk from the health providers? What was the topic about?	<b>YES, write topic.....1</b> NO.....2
5. b	Did the health provider answer your questions?	YES .....1 NO.....2
6.	Did you understand everything that the provider told you today?	YES .....1 NO.....2
7.	Do you believe that the treatment or advice you received today will improve your health?  <b>IF QUESTIONS 5a and 5b, 6 AND 7 WERE ALL ANSWERED YES BY THE CLIENT, RECORD 1 IN BOX FOR CURRENT CLIENT FOR INDICATOR #6.5 OTHERWISE, RECORD 0</b>	YES .....1 NO.....2
8.	Overall, are you satisfied with your experience at the health facility today?	YES .....1 NO.....2
9.	<b>IF SATISFIED WITH OVERALL EXPERIENCE, RECORD A 1 IN BOX FOR CURRENT CLIENT FOR INDICATOR #6.6 OTHERWISE, RECORD A 0</b> Did you incurred any cost for the service you received to day?  <b>If YES Probe</b>  .....  .....  .....	YES .....1 NO.....2
<b>IF DID NOT PAY ANYTHING FOR FP, ANC, OR IMCI SERVICES, RECORD A 1 IN BOX FOR CURRENT CLIENT FOR INDICATOR #6.8 OTHERWISE, RECORD A 0</b>		

**ASSESSMENT SCORING SHEET**

Directions for use: This scoring sheet is designed to aggregate the information from the Assessment Tools and provide the health facility's score for each of the 41 quality indicators. For each indicator, refer to the Source for Indicator Assessment to identify which tools have information for each indicator. Some indicators will be measured with information from more than one tool. Referring back to these tools, use the guidelines for assessing the overall indicator score and record this score in the "SCORE" column on the right. After all of the indicator scores have been identified, add up the scores to obtain the score for each performance factor. Once each performance factor score has been identified, record these scores in the Summary Scoring Sheet.

INDICATOR	SOURCE(S) FOR INDICATOR ASSESSMENT	GUIDELINES FOR ASSESSING INDICATOR	SCORE
<b>1. JOB EXPECTATIONS</b>			
1.1	In-Charge Assessment Tool B Provider Assessment Tool D	Indicator receives a Score of 1 only if both 1.1A and 1.1B were scored as "YES"	
1.2	In-Charge Assessment Tool B Provider Assessment Tool D	Indicator receives a Score of 1 only if both 1.2A and 1.2B were scored as "YES"	
1.3	In-Charge Assessment Tool B Provider Assessment Tool D	In-charge description 1.3a matches the description of at least one provider in 1.3b	
1.4	In-Charge Assessment Tool B	Indicator receives a Score of 1 if 1.4 was scored as "YES"	
<b>JOB EXPECTATIONS SCORE (ADD 1.1 – 1.4)</b>			
<b>2. PERFORMANCE FEEDBACK</b>			
2.1	In-Charge Assessment Tool B	Indicator receives a Score of 1 if 2.1 was scored as "YES"	
2.2	In-Charge Assessment Tool B	Indicator receives a Score of 1 if 2.2 was scored as "YES"	
2.3	Provider Assessment Tool D	Indicator receives a Score of 1 if 2.3 was scored as "YES"	
2.4	In-Charge Assessment Tool B Provider Assessment Tool D	Indicator receives a Score of 1 only if both 2.4A and 2.4B were scored as "YES"	
2.5	Inventory and Record Review C	Indicator receives a Score of 1 if 2.5 was scored as "YES"	
2.6	In-Charge Assessment Tool B Facility Observation Tool A	Indicator receives a Score of 1 only if both 2.6A and 2.6B were scored as "YES"	
<b>PERFORMANCE FEEDBACK SCORE (ADD 2.1 – 2.6)</b>			
<b>3. PHYSICAL ENVIRONMENT AND TOOLS</b>			
<i>Environment</i>			
3.1	Facility Observation Tool A	Indicator receives a Score of 1 if 3.1 was scored as "YES"	
3.2	Facility Observation Tool A	Indicator receives a Score of 1 if 3.2 was scored as "YES"	
3.3	Facility Observation Tool A	Indicator receives a Score of 1 if 3.3 was scored as "YES"	
3.4	Facility Observation Tool A	Indicator receives a Score of 1 if 3.4 was scored as "YES"	
<b>Environment sub-score (Add 3.1 – 3.4)</b>			
<i>Infection Prevention</i>			
3.5	Facility Observation Tool A	Indicator receives a Score of 1 if 3.5 was scored as "YES"	
3.6	Facility Observation Tool A	Indicator receives a Score of 1 if 3.6 was scored as "YES"	
3.7	Facility Observation Tool A	Indicator receives a Score of 1 if 3.7 was scored as "YES"	
3.8	Facility Observation Tool A Inventory and Record Review C	Indicator receives a Score of 1 only if both 3.8A and 3.8B were scored as "YES"	
3.9	Facility Observation Tool A	Indicator receives a Score of 1 if 3.9 was scored as "YES"	
<b>Infection Prevention sub-score (Add 3.5 – 3.9)</b>			

INDICATOR	SOURCE(S) FOR INDICATOR ASSESSMENT	GUIDELINES FOR ASSESSING INDICATOR	SCORE
<i>Health Education</i>			
3.10	Facility Observation Tool A	Indicator receives a Score of 1 if 3.10 was scored as "YES"	
3.11	Inventory and Record Review C	Indicator receives a Score of 1 if 3.11 was scored as "YES"	
<b>Health education sub-score (Add 3.10 – 3.11)</b>			
<i>Supplies</i>			
3.12	Inventory and Record Review C	Indicator receives a Score of 1 if 3.12 was scored as "YES"	
3.13	Inventory and Record Review C	Indicator receives a Score of 1 if 3.13 was scored as "YES"	
3.14	Inventory and Record Review C	Indicator receives a Score of 1 if 3.14a and 3.14b was scored as "YES"	
<b>Supplies sub-score (Add 3.12 – 3.14)</b>			
<b>PHYSICAL ENVIRONMENT AND TOOLS SCORE (ADD Environment, Infection Prevention, Health education, and Supplies sub-scores)</b>			
<b>4. PROVIDER MOTIVATION</b>			
4.1	In-Charge Assessment Tool B Provider Assessment Tool D	Indicator receives a Score of 1 if 4.1a and 4.1B were scored as "YES"	
4.2	Provider Assessment Tool D	Indicator receives a Score of 1 if 4.2 was scored as "YES"	
4.3	Provider Assessment Tool D	Indicator receives a Score of 1 if 4.3 was scored as "YES"	
4.4	In-Charge Assessment Tool B Provider Assessment Tool D	Indicator receives a Score of 1 only if both 4.4A and 4.4B were scored as "YES"	
<b>PROVIDER MOTIVATION SCORE (Add 4.1 – 4.4)</b>			
<b>5. SKILLS AND KNOWLEDGE</b>			
5.1	Provider Assessment Tool D	Indicator receives a Score of 1 if 5.1 was scored as "YES"	
5.2	Clinical Observation Tool E	Indicator receives a Score of 1 if 5.2 was scored as "YES"	
5.3	Clinical Observation Tool E	Indicator receives a Score of 1 if 5.3 was scored as "YES"	
5.4	Clinical Observation Tool E	Indicator receives a Score of 1 if 5.4 was scored as "YES"	
5.5	Clinical Observation Tool E	Indicator receives a Score of 1 if 5.5 was scored as "YES"	
<b>SKILLS AND KNOWLEDGE SCORE (Add 5.1 – 5.5)</b>			
<b>6. CLIENT SATISFACTION</b>			
6.1	Facility Observation Tool A	Indicator receives a Score of 1 if 6.1 was scored as "YES"	
6.2	Client Exit Interviews F	Indicator receives a Score of 1 if 6.2 was scored as "YES"	
6.3	Facility Observation Tool A In-Charge Assessment Tool B	Indicator receives a Score of 1 if 6.3a and 6.3b was scored as "YES"	
6.4	Client Exit Interviews F	Indicator receives a Score of 1 if 6.4 was scored as "YES"	
6.5	Client Exit Interviews F	Indicator receives a Score of 1 if 6.5 was scored as "YES"	
6.6	Client Exit Interviews F	Indicator receives a Score of 1 if 6.6 was scored as "YES"	
6.7	Facility Observation Tool A	Indicator receives a Score of 1 if 6.7 was scored as "YES"	
6.8	Client Exit Interviews F	Indicator receives a Score of 1 if 6.8 was scored as "YES"	
<b>CLIENT SATISFACTION SCORE (Add 6.1 – 6.8)</b>			

**Health Facility Number:** \_\_\_\_\_



Health Facility Number: \_\_\_\_\_

## SUMMARY SCORING SHEET

	CATEGORY	SCORE	# OF ITEMS	ADJUSTED SCORE (SCORE/# OF ITEMS)
<b>1</b>	JOB EXPECTATIONS		<b>4</b>	
<b>2</b>	PERFORMANCE FEEDBACK		<b>6</b>	
<b>3</b>	PHYSICAL ENVIRONMENT AND TOOLS		<b>13</b>	
<b>4</b>	PROVIDER MOTIVATION		<b>4</b>	
<b>5</b>	SKILLS AND KNOWLEDGE		<b>5</b>	
<b>6</b>	CLIENT SATISFACTION		<b>8</b>	
	<b>TOTAL SCORE (ADD 1-6)</b>		<b>40</b>	

Assessment Team Members (Date, Printed Names, Signatures)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Health Facility-In-Charge

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Health Facility Number: \_\_\_\_\_

**Actions to be taken by supervisors:**

**Comments/Notes of Supervisors:**

**Actions to be taken by health facility:**

**Comments/Notes of Health Facility-in-Charge**



**Health Facility Number:**\_\_\_\_\_