



Republic of Zambia
MINISTRY of HEALTH

A GUIDE ON
PERFORMANCE ASSESSMENT
AND TECHNICAL SUPPORT

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

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FOREWORD

Performance Assessment and Technical Support have become an integral part of the core business of Provincial and District Offices in Zambia. The process is constantly being strengthened.

Several developments have taken place since the Performance Assessment and Technical Support guideline (2004) has been introduced, most importantly; the abolition of the Central Board of Health; the development of a set of Performance Assessment tools for Health Centres, Hospitals, Training Institutions, District Health Offices and Provincial Health Offices to measure progress towards the National Health Strategic Plan and; the introduction of new programmes and initiatives to address the evolving pattern of disease burden in Zambia.

The Performance Assessment and Technical Support guideline (2004) has proven to be a very useful aide for those conducting Performance Assessment as well as those being assessed. This revised version builds on the original guide and reflects changes made during the revision of the Performance Assessment tools.

It is hoped that Performance Assessment will continue to be one of the main tools for identifying the gaps that exist and that may arise in our Health Care Delivery System, while Technical Support will strive to fill the gaps. This way progress towards the objectives of the National Health Strategic Plan can be both measured and achieved.

I encourage every health worker and manager to become familiar with and use this guide, together with the revised Performance Assessment tools so that together we can achieve the Health Vision of equity of access to cost-effective quality health care as close to the family as possible.

Dr Simon Miti

Permanent Secretary,
Ministry of Health

TABLE OF CONTENTS

	Page
ACRONYMS	
1 INTRODUCTION	1
2. PERFORMANCE ASSESSMENT	1
2.1 Objectives of Performance Assessment	1
2.2 Preparation for Performance Assessment	1
2.3 Selection of the PA Team	2
2.4 Determining the Dates for PA Visits	3
2.5 Preparation by the Facility to be Visited	3
2.6 Conduct of the Performance Assessment	4
2.7 Reporting on the PA Visit	5
2.8 Reporting to the Level Above	5
3. INVOLVEMENT OF PEER REVIEWERS	6
4. SELF ASSESSMENT	6
5. TECHNICAL SUPPORT	7
5.1 Planning for the Technical Support Visit	8
5.2 Preparation by the Technical Support Team	8
5.3 Technical Support Visit	7
5.4 Report Writing	9
ANNEXES	
Annex 1 PA Follow-up Action Plan	
Annex 2 Format for a Summary PA Report to the Level Above	
Annex 3 Format for Report on Technical Support Visit	

Acronyms

CBoH	Central Board of Health
DDH	District Director of health
DHMT	District Health Management Team
DILSAT	District Integrated Logistics Self Assessment Tool
DTSS	Directorate of Technical Support Services
H/C	Health Centre
HCC	Health Centre Committee
HMIS	Health Management Information System
HMT	Hospital Management Team
MDGs	Millennium Development Goals
MoH	Ministry of Health
MO	Medical Officer
PA	Performance Assessment
PHD	Provincial Health Director
PHO	Provincial Health Office
TA	Technical Assistance
TI	Training Institution
TS	Technical Support
ZIHP	Zambia Integrated Health Programme

1. INTRODUCTION

The process of systematic Performance Assessment using a standard set of tools was introduced in 2002. Since this time several major developments have occurred in Zambia so that in July 2006 a process of reviewing the Performance Assessment tools was initiated with widespread consultation and participation. The major developments leading to the revision of the Performance Assessment tools were: -

- The development of the National Health Strategic Plan feeding in to the National Development Plan and taking into consideration the Millennium Development Goals and the need to measure progress towards achievement of the objectives
- Scale up of Anti Retroviral Therapy
- The reduced frequency of Performance Assessment visits from Quarterly to Bi- annually
- The need for co-ordination of vertical programmes
- The need to ensure self assessments using the Performance Assessment tool were uniformly conducted in all Provinces

This revised guide should be used in conjunction with the revised Performance Assessment tools and the Standards and Guidelines of the National Ministry of Health Departments.

2. PERFORMANCE ASSESSMENT

2.1 Objectives of Performance Assessment Exercise

Performance assessment is a process by which managers are expected to monitor and review performance levels. The objectives of performance assessment are:

- a) To assess how effectively and efficiently planned activities are being implemented towards achieving the objectives of the National Health Strategic Plan (and therefore the Millennium Development Goals)
- b) To determine if defined standards are being met and monitor validity of reports and data
- c) To identify major constraints and agree on what support is necessary to improve the progress towards the National Health Strategic Plan objectives;
- d) To provide an opportunity for the supervisor and the supervisee to interact and strengthen the relationship between the two;
- e) To expose peer assessors to similar facilities through peer review
- f) To provide a means of communicating achievements and challenges to Ministry of Health
- g) To provide on-the-spot support in identified areas

2.2 Management Team Preparation for Performance Assessment

As a first step before a PA visit is conducted, the management team at the appropriate level should meet to review and discuss the key issues that the PA team should focus on during their visit.

To guide this discussion, all relevant documents pertaining to the site that is to be visited need to be reviewed, namely:

- a) The self assessment using the revised PA tool or simplified tool for smaller Health Centres/Hospitals
- b) the previous PA report
- c) technical support reports made since the last PA visit
- d) HMIS reports for the last 6 months
- e) original action plan plus quarterly revisions made for the last 6 months
- f) reports of any special assessments that have been conducted since the last PA visit
- g) any progress reports that have been submitted in relation to special projects or programmes since the last PA visit
- h) audit reports
- i) financial reports
- j) any self-assessment reports that may have been submitted by the facility.

2.3 Selection of the PA Team

The management team should select the members for the PA visits, including identification of peer reviewers. Additional factors that need to be taken into account when selecting members for PA teams include:

- a) ensure that each PA team includes both managers/supervisors and peer reviewers. Selection should be based on performance and expertise in the areas of focus, but should also attempt to ensure that over time as many staff as possible are given the opportunity to participate.;
- b) at least one staff member that participated in the previous PA visit should be part of each team;
- c) specific expertise, where required, should also be sought from other health institutions;
- d) selected individuals should be contacted to determine their availability before determining the specific dates for the PA visits.

Table 1: Performance Assessment Schedule

Activity	Date to completed	Number of days
Health Centres and level 1 hospitals complete own self assessment using PA tool and submit to district health office together with HMIS/FAMS data for analysis	For PA of Quarter 1&2 completed by 10th July For PA of Quarter 3&4 completed by 10th January	10 days
Hospitals 2 &3 complete own self assessment using PA tool and submit to PHO	PA Q1&2 completed by 20th July PA Q3&4 completed by 20th January	20 days
DHO prepares for the PA of their health facilities	January 10 th -15 th July 10 th - 15 th	5 days
District Health Office conducts Performance Assessment of the Health Centres	Beginning third week January /July	1 day per facility
District conducts own self assessment including findings of the Performance Assessment of Health Centres	During first week February/ August	10 days
District submits completed self assessment together with HMIS/FAMS data	February 10 th August 10 th	
Provincial Health Office conducts performance assessment of DHMTs (including 2 samples from health centres and 1 st level hospitals), 2 nd level and 3 rd level hospitals	From third week in February From third week in August	2-3 days per District/ (excluding travel days) 2 days for 2 nd level hospitals 3 days for 3 rd level hospitals
All information is compiled by PHO in quarterly report and submitted to MOH with HMIS/FAMS	March 20 th September 20 th	

2.4 Preparation by the Facility to be visited

Once the facility to be assessed has been notified of the dates of the next PA visit they should prepare for the visit by:

- a) Ensuring that they have conducted a self assessment and submitted as per schedule
- b) Ensuring that all relevant reports are available (HMIS registers, reports of community visits, financial reports, and, for training institutions, lesson plans, student registers, examination results, student attendance records, clinical allocations and master training plans).
- c) Notifying the Health Centre (Advisory) Committee (HCAC/HCC) Chairperson of the date of the Performance Assessment visit to ensure that s/he will be present at the health centre on the day of the visit.
- d) Ensuring all staff are present on scheduled date

2.5 Conducting a Performance Assessment

The PA team should be conscious of the fact that they probably do not have all the answers to all the problems or situations the facility they are visiting may have faced. The PA team should therefore show humility when they are having discussions with facility staff. Equally important is the fact that the facility staff need to be committed to solving a problem and thus must be convinced that there is a problem and must participate in finding practical solutions.

During the PA visit, the PA team must ensure that:

- a) the focus of their visit is on actions, not on personalities;
- b) PA is build upon mutual respect of all those involved;
- c) facility staff and community representatives should be treated as equal partners in the search for quality;
- d) all parties should be open to constructive criticism;
- e) Problems identified are everyone's collective responsibility and therefore decisions on what should be done to correct the situation should me made jointly.

The following activities should be carried out during each PA visit:

- a) A courtesy call should be made to relevant authorities in the area visited.
- b) Introductions should be made and the PA team should explain to the facility staff the purpose and objectives for the visit.

- c) Agreement should be reached on an agenda for the PA visit that minimises disruption to patient care.
- d) The host institution should debrief the visiting PA team using the report of their latest self-assessment (using revised PA tool) exercise. This will provide an opportunity for the PA team to learn about what the facility has done since the last PA visit.
- e) Based on the findings of the facility self assessment and area of concern to the visiting team and on the decisions taken by the management team on the specific issues that needed to be focussed on during this PA visit, the team may proceed to visit the relevant functional areas together.* foot note
- f) Where problems are identified and can be tackled during the visit, the appropriate guidance and assistance should be provided by the PA team on the spot.
- g) Assess service provider performance by observing client care, intervening in front of the client only if patient management is incorrect. In other cases, wait until the client has left to provide either positive or negative feedback to the service provider and directing them to the appropriate section in the Integrated Technical Guidelines for further reference.
- h) Assess client satisfaction by conducting exit interviews.
- i) Before leaving the facility, the PA team should review all the findings with the facility staff and agree with them on the necessary follow-up actions, time frame and responsible officer and leaving a copy of this follow-up action plan at the facility. The format to be used is included in the revised PA tool.
- j) Depending on the findings of the PA, the visiting team and facility staff decide on appropriate areas of technical support to be provided.

2.6 Reporting on the PA Visit

After the PA visit, the PA team should prepare a consolidated report of the findings, according to the standardised format (see annex 2). This report should be presented at the next technical committee meeting.

A plan for technical support including when this technical support should be provided and who should provide it should be prepared.

2.7 Reporting to the Level Above

Once all facilities have been visited as part of the 6-monthly cycle, the PHO and District management team as appropriate is responsible for preparing a summary report for submission to the level above (see Annex 2).

3. INVOLVEMENT OF PEER REVIEWERS

The involvement of peer reviewers in performance assessment is being promoted for the following reasons:

- a) Health professionals have respect for the opinions of other members of their own profession and assessment by professional peers usually has a strong impact on behaviour;
- b) Peer assessment promotes mutual learning between professionals at individual and institutional levels;
- c) Peer review creates opportunities for discussing shortcomings not obvious to non-profession members.

Peer review is applied most effectively to groups of workers and individuals within the same type of organisation or performing similar jobs. As part of the PA team, peer reviewers will focus on fundamental processes of health care, rather than at physical assets such as drugs, supplies, equipment and infrastructure. During the PA, peer reviewers should not be expected to make judgements (complete the checklist), instead they should be expected to focus on what is being done and how well it is being done.

Peer reviewers should not be in a direct or indirect superior position to the staff being reviewed.

4. SELF ASSESSMENT

Self assessment is where the staff of a particular institution carries out their own assessment of their performance and the status of their facility and decides themselves on the actions that they need to take to make improvements.

Involving health workers in the Performance Assessment process will ensure that the process becomes more participative, thus promoting health worker commitment to quality improvement.

To facilitate self assessment, the appropriate PA tool and standards should be made available to the facilities. This enables institutions to prepare themselves before the PA team arrives through conducting self-assessments to identify areas requiring improvement. Improvements can be made by the facility staff themselves or, if input from the level above is required, this can be agreed with the PA team.

For hospitals, members of the hospital management team should participate when individual departments carry out self assessments. In this way, the management team will gain detailed knowledge of the functioning of each department.

It is expected that at a minimum each facility should have conducted a self-assessment at least one week before the arrival of a PA team.

In conducting a self assessment, the facility team should do the following:

- a) Use the PA tool to assess current performance status in the facility.
- b) Review the report of the previous PA to check whether the agreed action points have been carried out by both the level above and the facility itself, and identify those that still need to be acted upon.
- c) Review the facility action plan to identify level of implementation against what should have been implemented.
- d) Review the most recent HMIS Self Assessment results and the results of any other assessments that have been conducted since the last PA visit, such as DILSAT.
- e) Prepare a summary report of findings indicating where the facility is doing well, what constraints the facility has experienced during the period under review and prepare a list of time-related action points with identified responsible officer.

5. TECHNICAL SUPPORT (TS)

Technical Support is aimed at providing technical assistance to the facilities to assist them to improve their performance. The purpose of technical support is **not** to find fault, but to be supportive.

During PA or supervisory visits, problems may be identified that cannot be dealt with during the same visit. This may be due to inadequate time, to a lack of the necessary expertise within the PA team to deal with the problem, or to the lack of the necessary equipment or tools required to deal with the problem. In these cases, a plan needs to be drawn up to provide the necessary technical assistance at a later time.

Technical support visits will be undertaken throughout the calendar year as follow-up to PA visits according to the Technical Support plan/ updated Action Plan as needs arise.

5.1 Planning for the Technical Support Visit

After each round of PA visits areas of technical support agreed with institutions during Performance Assessment are consolidated in a plan identifying which facilities require support, the officers in the facilities who should be present and the officer who should provide the support and the timeframe. This plan should be used

to update the Action Plan for the assessing district or Province. Managers should bear in mind that they can look outside their own boundaries to obtain the necessary expertise that is required.

5.2 Preparation by the Technical Support Team

Before undertaking a technical support visit, the selected individual or team should decide on how best to offer the facility the necessary technical assistance and should gather together the necessary equipment, materials or other items that will be required. The timing of the support should be agreed mutually between the supporting officer and the facility to receive support.

5.3 Report Writing

The officer providing support, once back in the office, should prepare a report of the visit within one week of completion of the visit, copy to direct supervisor and relevant colleagues and present a summary to the Technical Committee Meeting.

Annex One: Additional persons participating in the development of the guidelines in 2002 and 2003

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Mr P. Chishimba, HMIS Advisor, ZIHP

Annex two: *Guidelines for use of Consolidated Summary District Report format*

Purpose:

To provide a clear overview of achievements, constraints, strengths and weaknesses of the different facilities as well as the DHO itself in order to assist:

DHO to identify areas that require TS and other actions to be taken

DHO to inform PHO about actual performance of health service delivery system and to assist in identifying areas that need support/ policy adjustments, etc

DHO to provide general feedback to the health facilities in the district about overall performance of health service delivery in the district

Guidelines:

To be prepared by DHO immediately after completing the Performance Assessment exercise using the findings of the Performance Assessment and the Self-Assessment

Information should be specific and giving insight in areas that need strengthening/ support as well as what kind of interventions/ support is required to address observed weaknesses

Copies to be send to PHO before the 10th of February and the 10th of August

Report to be discussed in technical meeting DHO

Relevant information to be shared with health facilities and DDCC

Format consolidated summary district report

INTRODUCTION

To include:
 Period assessed,
 Time when PA was conducted
 Objectives of PA
 Composition of teams

SUMMARY / REVIEW OF ACTION AGAINST PREVIOUS PA RECOMMENDATIONS OF SUMMARY REPORT

To include:
 General overview of performance
 Major achievement
 Major constraints

OVERVIEW

MAJOR FINDINGS:

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
1. General Administration/ System strengthening/ Governance						
<i>General overview</i>						
<i>1.1 Action against previous PA recommendations Health Centres (include overview of HCs that have failed to implement 80% or more of the previous PA recommendation) 1st level hospitals DHO</i>						
<i>1.2.1 Self-assessment using PA tool and Performance Assessment Health Centres (include overview of HCs that have problems with PA and HMIS self assessment) 1st level hospitals</i>						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
<i>DHO</i>						
<i>1.2.2 Technical Support</i>						
<i>1.3.1 Review of action plan Health Centres (include overview of HCs that have problems of implementing, monitoring and updating their action plans) 1st level hospitals DHO</i>						
<i>1.3.2 Equity of access and outreach activities HCs</i>						
<i>Community partnership Health Centres Hospitals DDCC</i>						
<i>Institutional Meetings Health Centres Hospitals DHO</i>						
<i>FAMS Health Centres Hospitals DHO</i>						
<i>1.7 HMIS Health Centres (include overview of HCs where data reliability is constrained and analysis why) Hospitals DHO</i>						
<i>1.8 Stores and asset management Health Centres Hospitals DHO</i>						
<i>1.9 Security of facilities</i>						
2. Human Resource						
<i>General overview</i>						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
2.1 Staff returns <i>Health Centres</i> <i>Hospitals</i> <i>DHO</i>						
2.2 Human Resource management						
2.3 Human Resource record keeping						
2.4 HIV/AIDS workplace policy <i>Health Centres</i> <i>Hospitals</i> <i>DHO</i>						
2.5 Community volunteers						
3. Quality of care and curative services						
3.1 Case management OPD <i>Health Centres (includes an overview of HCs not complying to ITG or other national treatment guidelines and reasons why (no trained staff, drug shortage, no guidelines, ...))</i> <i>Hospitals</i>						
3.2 General clinical and nursing care IPD <i>Health Centres</i> <i>Hospitals</i>						
3.3 Referral system						
3.4 Casualty/ emergency						
3.5 Theatre/ surgery						
3.6 Mental Health						
3.7 Laboratory						
3.8 Imaging/ X-ray						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
3.9 <i>Quality Assurance</i>						
3.10 <i>Infection prevention and control</i>						
3.11 <i>Research</i>						
4. Integrated Child health and Nutrition						
4.1 <i>General</i>						
4.2.1 <i>Case management</i>						
4.2.2 <i>Facility IMCI</i> <i>(include overview of HCs not complying to IMCI standards and analysis)</i>						
4.2.3 <i>Community IMCI</i>						
4.3 <i>Expanded Programme of Immunizations</i> <i>(include overview of HCs with low coverage and analysis)</i>						
4.4 <i>Nutrition</i> <i>include overview of HCs with poor or no follow up of underweight children and analysis</i> <i>include overview of HCs with high or unexpected low underweight prevalence and analysis</i>						
4.5 <i>School health</i>						
5. Integrated Reproductive health						
5.1 <i>General</i>						
5.2 Focussed ANC <i>- Include overview of HCs with less than 80% of expected pregnant women attending ANC and analysis</i> <i>- Include overview of HCs that do not meet standards of focussed ANC and analysis</i>						
5.3.1 <i>Delivery services</i> <i>- Include overview of HCs that don't meet standard of 80% of deliveries conducted by skilled attendants, reasons and</i>						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
<i>consequences</i> - Include overview of facility (and community) maternal death cases and analysis						
5.3.2 Emergency Obstetric Care						
5.4 Neonatal care						
5.5 Post Natal Care						
5.6 Family Planning - Include overview of HCs with less than 60% of women in FP register on continuous FP method throughout the 2 quarters under review						
5.7 Gynaecological services						
6. HIV/AIDS, STIs and blood safety						
6.1 General						
6.2 HIV/AIDS prevention activities						
6.3 STI mgt						
6.4 Counselling and testing services and HBC						
6.5 PMTCT						
6.6.1 ART adults						
6.6.2 ART paediatrics						
7. Tuberculosis						
7.1 General						
7.2 TB registers						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
<i>7.3 TB management and DOTS (include cure rates and TB sputum positive case detection)</i>						
<i>7.4 TB diagnostic services Overview of TB diagnostic sites with weak performance and inadequate QC</i>						
<i>7.5 TB/HIV collaboration</i>						
8. Malaria						
<i>8.1 General</i>						
<i>8.2 Malaria prevention Integrated Vector management</i>						
<i>8.3 Malaria management (including lab) Include overview of HCs that have less than 80% of their malaria diagnosis confirmed with lab investigations</i>						
9. Epidemic control and Public Health Surveillance						
<i>9.1 General</i>						
<i>9.2 Public Health Surveillance</i>						
<i>9.3 Epidemic Preparedness, Prevention, Control and Management</i>						
10. Environmental health and food safety						
<i>10.1 General</i>						
<i>10.2 Inspections</i>						
<i>10.3 Water safety and sanitation</i>						
<i>10.4 Medical waste mgt</i>						
11. Essential drugs and medical supplies						
<i>11.1 General</i>						
<i>11.2 Availability of drugs and medical supplies</i>						

FUNCTIONAL AREA	ACHIEVEMENT	CONSTRAINTS	ANALYSIS	RECOMMENDATION	TIME FRAME	RESP. OFFICER
<i>11.3 DILSAT</i>						
<i>11.4 Rational prescription practices</i>						
<i>11.5 Vaccine mgt</i>						
12. Infrastructure and Equipment						
<i>12.1 General</i>						
<i>12.2 Infrastructure Overview of infrastructural problems of facilities to be included as well as progress on implementation maintenance/ infrastructure plan</i>						
<i>12.3 Transport</i>						
<i>12.4 Communication Overview of communication system / problem at facilities</i>						
<i>12.5 Equipment Overview of equipment situation/ problem at HCs</i>						