



Republic of Zambia
MINISTRY of HEALTH

District Performance Assessment Tool

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

JULY 2007



MINISTRY OF HEALTH
District Performance Assessment Tool

Name of District: -----

Date of Assessment: -----

Period under Review: -----

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
1. General Administration / Systems Strengthening / Governance						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
1.1 Action points from previous Performance Assessment	1.1.1 80% of action points from previous Performance Assessment addressed according to agreed timelines.	# of recommendations made during previous Performance Assessment addressed / # of recommendations	Actions taken report and previous Performance Assessment report; records and physical checks			
		List unresolved Action Points and indicate reasons why	Actions taken report and previous Performance Assessment report; records and physical checks			
1.2 Review of DHO Performance Assessment Self-Assessment	1.2.1 DHO Performance Assessment Self-Assessment tool completed and relevant actions formulated	Availability of DHO self assessment using Performance Assessment tools	Performance Assessment Reports, Performance Assessment Self-Assessment			
		Availability of analytical tools(vital statistics , Charts and graphs displayed, report)	Self Assessment Document, Wall Charts, Notice boards			
1.3 Equity of Access	1.3.1 80% rural health centres and health posts have more than 0.25 first curative attendances per inhabitant	# Health Centres and health posts (rural) achieving standards / # Rural Health Centres and Health Post	HMIS			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	1.3.2 80% of all urban health centres have more than 0.75 first curative attendances per inhabitant	# health centres (urban) achieving standards / # Urban health centres	HMIS			
1.4 Review of action plan	1.4.1 Action plan review uses information from HMIS and Performance Assessment Self-Assessment	Availability of a reviewed Action plan and Budget showing evidence of use of HMIS & Performance Assessment (Self Assessment)	Reviewed Action Plan, Reports			
	1.4.2 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan			
	1.4.3 At least 80% of expenditure according to action plan	Total expenditure on planned activities / Total budget for the same period	Action Plan; Financial reports			
	1.4.4 80% of recommendations in reports /assessments from vertical and ad hoc programmes addressed according to agreed timelines	# of actions taken/ # of recommendations	Reports from vertical and ad hoc programmes (e.g. WHO, ZPCT, EMoC etc.)			
1.5 Performance assessment	1.5.1 A multidisciplinary team of the DHO has assessed each facility as per guidelines	• # facilities assessed by a multidisciplinary team of the DHO/ total # of facilities	PA Reports Consolidated summary district PA report			
	1.5.2 The DHO has integrated all relevant action points from the PA in the quarterly action plans	A list of agreed action points for each health facility assessed	PA reports and updated action plan Updated action plan			
	1.5.3 100 % of the health facilities have carried out a self-assessment (using the Performance Assessment	# of health facilities with qualified staff which have performed a self-assessment using	Consolidated summary district PA report			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	tool) of the performance	the Performance Assessment tool / total # of health facilities with trained staff	Performance Assessment reports			
	1.5.4 Peer reviewers included in all Health Centre Performance Assessments	# Health Centre assessed with Peer reviewers /total # facilities	Consolidated summary district PA report;			
1.6 Technical support / Supportive Supervision	1.6.1 Technical support plan based on Performance Assessment findings implemented	<ul style="list-style-type: none"> # of Technical support activities conducted / # Technical support activities planned 	Plans of action (Activity plans, Technical support Reports) Interviews with Health facility staff			
1.7 Outreach activities	1.7.1 80% of Health Centres undertake at least 90% of planned outreach activities	# Health Centres that did 90% of outreach activities/ total # of Health Centre with outreach activities	Performance Assessment findings			
1.8 Institutional meetings	1.8.1 Management Meetings held monthly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.8.2 Technical subcommittee meeting held per quarter as per guidelines	# of meetings held with a quorum formed/ # meetings planned	Minutes			
		# of stakeholders participating/ # of expected stakeholders	Minutes and action plan			
		# of action points addressed from previous minutes/ total # of action points	Minutes and physical checks			
	Evidence of analysis of DHO HMIS (self assessment tool)	Minutes and self assessment tool				

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	1.8.3 Finance & tender committee meet monthly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
	1.8.4 Human Resource Development Committee meet quarterly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			
		# of recommendation implemented / total # of recommendations	Records and minutes			
1.9 FAMS / FMIS	1.9.1 Financial Management according to FMIS standards	# of standards achieved / # of standards set	Accounts records Observations			
	1.9.2 All general vouchers prepared in the period under review follow standard procedures (standards to check: 1 person preparing voucher; other person checks voucher and 3 rd person approves voucher – 3 separated and independent people)	#of vouchers following standard procedures/ # vouchers sampled (n=10)	Records Reports			
	1.9.3 Vouchers show expenses allocated to correct accounts by level, cost centre and cost item	# of vouchers correctly entered/ # vouchers sampled (n=10)	Records Reports			
	1.9.4 Daily update of backing sheet and commitment ledger	# backing sheets updated/ # backing sheets sampled	Cashbook			
	1.9.5 The District Director of Health has conducted random checks of cash available at least once per month	# of signed cash reconciliation sheets/# of months	Cash reconciliation sheets			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	1.9.6 Schedule of outstanding imprest updated monthly	# updated schedules of outstanding imprest/ # of months	Monthly report			
	1.9.7 Officers not holding more than one imprest at any given time	# of imprest holders listed more than once on same report	Monthly reports			
	1.9.8 Payments to facilities by DHO correspond with decisions made by finance committee	# of facilities with monthly grants (and other sources of revenue) corresponding with information in finance subcommittee minutes / total # of health facilities	Facility ledger cards and finance subcommittee meeting minutes			
1.10 Asset management	1.10.1 Inventory of fixed DHO assets updated as per guidelines.	Updated inventories of fixed DHO assets available	Asset Register and physical check (compare data)			
1.11 Health Management Information System	1.11.1 HMIS reports compiled according to guidelines	# of reports correctly completed / # of reports sampled	HMIS registers, Physical checks			
	1.11.2 HMIS report data are consistent with health centre and hospital registers	# of selected IPD and OPD diagnosis from hospital and health centre registers / HMIS report data for same diagnoses (audit a minimum of 2 health centres and the L1 hospitals)	IPD and OPD registers HMIS reports			
	1.11.3 Monthly and quarterly reports completed and submitted in a correct and timely manner.	# of reports completed and submitted / total # of reports expected	Records of monthly reports			
	1.11.4 HMIS data is being analyzed with disease and health performance trends being followed.	Availability of updated analytical tools	Reports, graphs, charts, reports, self-assessment reports, maps			

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	1.11.5 Relevant data analyzed by the different programme officers	# programme officers showing understanding of data in their field/# programme officers	Computer, graphs, programme officer interviews			
1.12 Integrated Health Centre Meetings	1.12.1 Quarterly integrated meetings with all facilities and DHO staff, recommendations made and implemented	# of meetings held with quorum of 75% of Health Centres represented/ # planned meetings	Minutes			
		# of recommendation implemented / total # of recommendations	Records and minutes			
		Evidence that priority areas were discussed	Minutes			
		Evidence that Quality Assurance matters were discussed	Minutes			
		Evidence that case management was discussed	Minutes			
1.13 Community partnership	1.13.1 80% Neighbourhood Health Committees in existence and functioning in all zones	# of functional Neighbourhood Health Committees /total # of zones	NHC meeting minutes			
2. Human Resources:						
<i>Objective: To provide a well-motivated, committed and skilled professional workforce who will deliver cost effective quality health care services as close to the family as possible.</i>						
2.1 Staff Returns	2.1.1 Disaggregated staff returns completed and submitted in a correct and timely manner	# of staff returns submitted / # of staff returns due	Records of staff returns			
	2.1.2 At least 75% of the establishment for professional medical staff in the District filled	# available professional medical staff / Establishment for District	HR Registers; HR reports			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	2.1.3 At least 75% of the establishment for non-medical and support staff in the District filled	#available non-medical staff / Establishment for District	HR registers; HR reports			
	2.1.4 Analysis of staff attrition and recommendations made	Numbers and categories of staff attrition for the period under review	Registers / reports/ interviews			
		Actions taken by category of attrition	Registers / reports/ interviews			
	2.1.5 All staff are enrolled on the P MEC	# of staff enrolled on P MEC/ total # of staff on register	P MEC HR records			
2.2 HR management	2.2.1 All staff appraised according to job description annually and individual career plan developed.	# of employees appraised and career plan developed / number of employees due for appraisal	Records and interviews			
	2.2.2 Staff development and training plan in place and adhered to	Existence of Staff development and training plan	Human Resource records			
		# of staff training activities during the period / total # of staff training activities planned	Reports, minutes of (technical) meetings			
		#. of professional staff on study leave/ #. professional staff	Reports, minutes of (technical) meetings			
	2.2.3 Knowledge and skills acquired at capacity building workshops and meetings passed on to other staff within a month of training	# of reports disseminated or presentations about training undertaken accessed by relevant staff/ total # of capacity building workshops and meetings attended during period of review	Reports/ presentations Staff interviews			
	2.2.4 Leave Plan in place and adhered to.	# of staff who have taken leave during period /	Reports			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		total # of staff (analyze by type of leave and number of leave days)				
	2.2.5 All staff are receiving their housing and other benefits.	# staff receiving benefits/# staff members entitled to benefits	Accounts records			
2.3 Human Resources record keeping	2.3.1 At least 80% of Human Resource records kept according to standards: - Alphabetical or numerical arranged - 2 files per employee (open and confidential files)	# records complying to standards/ # files sampled	Human Resource records			
	2.3.2 Human Resources levels and personal details/trainings undertaken included on a database	Human Resources database available and maintained	Data base			
2.4 HIV & AIDS workplace policy	2.4.1 HIV & AIDS workplace policy available and adhered to	Policy available and staff oriented on key elements	Policy document, Staff interviews			
2.5 Community volunteers	2.5.1 80% of community based activities been implemented	# of activities implemented/# of activities planned				
		# community based proposals developed and funded				
3. Quality of care and curative services						
<i>Objective: To provide quality health services according to national approved guidelines and SOP</i>						
3.1 Case management	3.1.1 DHO has identified facilities in which patient case management does not conform to standards and guidelines and provided support	List of Health Centres in which patient case management does not conform to standards and guidelines	Consolidated district Performance Assessment report			
		#Activities undertaken to improve adherence to standards and	(Updated) action plan, Technical Support reports and			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		guidelines/ # activities planned	progress reports			
3.2 Referral systems	3.2.1 Feedback is provided to referring health facility from the referral facility for all referred cases	# cases in which feedback is provided /# referred cases sampled	Referral registers Out patient and in patient records			
		Summary of report of referral cases provided during DIM	Minutes DIM			
3.3 Laboratories	3.3.1 Tests from all Health Centre laboratories are subjected to Quality Control through re-testing by reference or independent laboratory	10% +ve and 5% -ve malaria slides, 100% TB sputum smears and 100% +ve HIV tests are sent to reference/ independent laboratory for Quality Control	Laboratory Records			
3.4 Infection Prevention and Control	3.4.1 At least 80% of Health Centres comply to infection prevention standards	# Health Centres complying to infection prevention standards/ total # Health Centres	Consolidated Health Centres PA report, physical checks			
4. Integrated Child Health and Nutrition						
<i>Objective: To reduce Under-5 mortality by 20%, from the current level of 168 per 1000 live births to 134 by 2011, and significantly improve nutrition.</i>						
4.1 General Activities	4.1.1 At least 80% of planned activities under child health and nutrition implemented for period under review	#. of activities implemented during period/ # of activities planned	Action plan and report			
4.2 Expanded Programme for Immunization	4.2.1 At least 80% of children under 1 year fully immunized	# children fully vaccinated according to guidelines (below the dotted line)/# expected children under 5	HMIS			
		# of Health Centres with coverage < 80%/ # of Health Centres	Consolidated district PA reports			
		Evidence of activities been planned and implemented to strengthen immunization in Health	Action plan and reports			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		Centres with coverage below 80%				
4.3 Nutrition	4.3.1 Less than 20% Underweight prevalence in children below 5 years old.	# children under 5 underweight according to definition / # children weighed	HMIS and self assessment			
		Evidence of activities being implemented to effectively address malnutrition	Action plan and report			
	4.3.2 Preventive strategies in place to address malnutrition in Health Centres (including Growth Monitoring and Promotion, Breast feeding initiatives)	# activities being implemented to prevent malnutrition/ # planned.	Monthly/Weekly activity plans. HC reports and records. Under five clinic records			
	4.3.3 Management of malnutrition, follow up of underweight children.	# activities being implemented to address malnutrition/ # planned.	Monthly/Weekly activity plans. HC reports and records.			
		# of children with weight below dotted line referred to next level of care/Total # of children below dotted line	MCH records Referral records			
	4.4.4 All Health Centres have Baby Friendly Health Facility Initiative components fully implemented (Ten steps to successful breastfeeding, Code of marketing of breast milk substitutes, HIV & Infant feeding, Mother Friendly Care)	# Health Centres with components fully implemented/ # Health Centres	Physical check MCH records Maternity records Schedule for support groups			
		# Health Centres where babies exclusive breastfed from birth to discharge/ # Health Centres	Maternity records			
# Health Centres where babies are breastfed for first 6 months/ # Health Centres		MCH records IDSI reports Support group records				

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	4.4.5 80% children under 5 years are administered Vitamin A and de-wormed during Child Health Week	# of children supplemented with Vitamin A/ Total # of children (6-59months)	HMIS /Epi info surveillance reports Child Health Week report			
		# of children (12-59) months de-wormed/ total # of children (12-59 months)				
4.5 Case Management	4.5.1 All Health Centres are managing at least 90% of children under 5 years according to ITG / IMCI	#. of children treated according to ITG/IMCI / # Health Centres	Patient records, Registers Case management records			
	4.5.2 All Health Centres have staff attending to children trained in IMCI	# staff trained in IMCI attending to children/ # Health Centres	Training records			
	4.5.3 All Health Centres catchment areas implement community based Growth Monitoring and promotion (CBGMP) activities	# of Health Centres implementing CB-GMP in all catchment areas/Total no. of Health Centres				
	4.5.4 All health centres implementing Community based malaria prevention activities	# of Health Centres implementing Community Based malaria prevention programme /Total # Health Centres				
	4.5.5 All Health Centres implementing Community based immunization strategy	# Health Centres with community based immunization strategies/ Total # of Health Centres				
	5. Integrated Reproductive Health					
<i>Objective: To increase access to integrated reproductive health services and family planning services that reduce the maternal mortality ratio (MMR) by one quarter, from 729 per 100,000 live birth to 457 by 2011</i>						
5.1 General	5.1.1 At least 80% of planned activities under Integrated Reproductive Health being implemented for period	# of activities implemented during quarters under review/ # of activities planned in same period	Action plan and report			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	under review					
5.2 ANC	5.2.1 At least 80% expected pregnant women attend at least one Antenatal clinic	# of first antenatal attendances/ #. of expected pregnancies per 6 months	HMIS			
	5.2.2 All Health Centres providing Focused Antenatal Care services according to guidelines	# of Health Centres providing Focused Antenatal Care / # Health Centres	Consolidated summary district PA report			
5.3 Deliveries	5.3.1 At least 60% of expected deliveries deliver in facility	# supervised deliveries/ # expected deliveries # and ANC booking	HMIS			
	5.3.2 80% of facility deliveries in all Health Centres assisted by skilled attendants (Including skills for mgt of neonatal complications)	# Health Centres in which deliveries assisted by professional attendant (midwife, nurse, Medical Officer) / total # Health Centres	HMIS, self assessment, Human Resource returns			
	5.3.3 At least 5% of expected births in hospital catchment area are delivered by C/S (analyze if below 5%).	# of C/S performed / Total # of expected deliveries in hospital catchment area	HMIS, Delivery records			
	5.3.4 100% maternal deaths reviewed and recommendations made (according to MDR tools)	# of maternal deaths with completed MDR forms and recommendations made/ total # of maternal deaths	Reports			
		# of recommendations addressed / # of recommendations	Reports, records			
5.4 Post Natal Care	5.4.1 All Health Centres meet the target of 50% women in rural and 90% women in urban areas expected to deliver attend postnatal clinic at least once within 6 days of	# Health Centres meeting the target / #. Health Centres	HMIS			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	delivery.					
5.5 Family Planning	5.5.1 All Health Centres meet the target of at least 60% of women in Family Planning register are on continuous Family Planning methods throughout the period under review i.e. attended follow up clinics to continue or switch methods	# Health Centres meeting the target / # Health Centres	Family planning register			
6. HIV/AIDS, STIs and Blood Safety						
<i>Objective: To halt and begin to reduce the spread of HIV/AIDS and STIs by increasing access to quality HIV/AIDS, STI and Blood Safety interventions</i>						
6.1 General	6.1.1 At least 80 % of planned activities under HIV/AIDS implemented during period under review	# of activities implemented / # of activities planned	Action plan and report			
	6.1.2 District Health Office attending 75% of District AIDS Task Force (DATF) meetings	# of DATF meetings attended by DHO officer/ total # DATF meetings	Minutes			
	6.1.3 All facilities with staff trained in Counseling Testing and Care	<ul style="list-style-type: none"> # Health Centres with staff trained in Counseling Testing and Care services /# Health Centres 	District plan, Human Resource data base and Counseling Testing and Care reports			
6.2 Antenatal Care	6.2.1 All Health Centres provide PMTCT centres according to guidelines and protocol	# of first ANC women tested / total # counseled	Register			
		# of HIV positive women enrolled on ART /Total # of ANC clients tested positive	Register			
		#. of HIV infected pregnant women receiving infant feeding counseling/Total #. of	Register, interviews			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		HIV +ve women				
6.3 Anti Retroviral Therapy (ART)	6.3.1 All Health Centres providing ART accredited for ART service provision	# All Health Centres providing ART /# Accredited	Accreditation certificate			
	6.3.2 All health centres providing ART services as per guidelines	# health centres meeting the standards/# health centres	Interview, records, Pre-ART and ART registers			
	6.3.3 Referral system for ART in place	# eligible clients referred to ART clinic/ # eligible clients	Referral slips			
	6.3.4 80% of clients on ART have a 95% compliance (Adherence available)	#of ART clients collecting drugs monthly/# ART clients with appointments	HMIS, ART registers and reports			
6.4 Paediatric HIV	6.4.1 All eligible children on ART in all Health Centres providing ART	# Health centres in which all eligible children are on ART/ # Health Centres sampled	ART Register ART Dispensing tool			
6.5 Sexually Transmitted Infections	6.5.1 DHO has identified facilities not adhering to guidelines in Sexually Transmitted Infection management recommendations made and implemented	Overview of weaker HCs in STI mgt and evidence of activities to address it	Consolidated summary district PA report, self assessment			
6.6 Referral systems	6.6.1 Link between clinics offering Counseling and Testing and ART service delivery points exists	# of patients referred from Counseling and Testing /total # patients testing positive	ARTIS			
7. Tuberculosis						
<i>Objective: To halt and begin to reduce the spread of TB through effective interventions</i>						
7.1 General	7.1.1 At least 80% of planned activities under TB implemented for period under review	# of activities implemented / # of activities planned in same period	Action plan and report			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	7.1.2 All Pulmonary TB cases had a sputum test done	# New Pulmonary TB cases diagnosed with sputum test done/ # newly diagnosed pulmonary TB cases.	HMIS, District TB register			
	7.1.3 Ratio sputum positive/ sputum negative pulmonary TB discussed and analyzed bi-annual	Evidence that ratio sputum positive / sputum negative pulmonary TB has been discussed in period of review	Minutes TB or technical meetings			
	7.1.4 80% Cure Rate	# sputum positive TB patients started on treatment / # patients completing treatment and testing sputum negative at 8 months	TB Cohort reports, HMIS			
	7.1.5 Defaulter tracing (follow up within 1 month)	# of defaulters traced / Total # defaulters	TB Reports			
	7.1.6 Causes for all deaths of TB patients identified, recommendations made and actions taken	# actions taken / # recommendations made	TB reports, records			
	7.1.7 TB detection rate at least 70%	New cases of sputum +ve TB / expected incidence of sputum +ve TB	HMIS, District TB register			
7.2 TB registers	7.2.1 District TB register complete and updated	# TB cases details updated in register/ # TB cases	TB register, Health centre records			
8. Malaria						
<i>Objective: To halt and reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%</i>						
8.1 General	8.1.1 At least 80% of planned activities under malaria implemented for period under review.	# of activities implemented review/ # of activities planned for period	Action plan and report			
8.2 Malaria case management	8.2.1 All Health Centres have 80% of malaria diagnosis confirmed with lab investigations (slide /	# Health Centres where 80% of malaria diagnosis are lab confirmed (slide of	Consolidated lab data and HMIS			

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	RDT)	RDT)/ Total #. of Health Centres				
	8.2.2 Malaria Case Fatality Rate among U5 below 15/1000	Malaria Case Fatality Rate	HMIS			
8.3 Malaria prevention	8.3.1 All Health Centres achieve 75% ITN coverage pregnant women and U5	# Health Centres meeting targets/ # Health Centres	IMCI exit forms			
9. Epidemics Control and Public Health Surveillance						
<i>Objective: To significantly improve public health surveillance and control of epidemics, so as to reduce morbidity and mortality associated with epidemics</i>						
9.1 General	9.1.1 At least 80% of planned activities under Epidemic Control and Public Health surveillance implemented for period	# of activities implemented / # of activities planned	Action plan and report			
9.2 Public health Surveillance	9.2.1 One AFP case detected for 100,000 children under 15 years in a year	# AFP cases/ total nr of children under 15	HMIS, records			
	9.2.2 All reported notifiable cases followed up (including measles and other notifiable diseases)	# of reported notifiable cases followed up/ total # of notifiable cases	HMIS, records			
9.3 Epidemic Preparedness Prevention, Control and Management (EPPCM).	9.3.1 Technical guidelines for integrated disease surveillance and response available at DHO and guidelines followed during outbreak	Availability of the guidelines Management of outbreaks and reports of outbreaks according to guidelines	Guidelines Reports, observations, interviews			
	9.3.2 Supplies/equipment for epidemic control according to standards	# available items / total # required as per standards.	Interviews, records and observations			
10. Environmental Health and Food Safety						
<i>Objective: To promote and improve hygiene and universal access to safe and adequate water, food safety and acceptable sanitation, with the aim of reducing the incidence of water and food borne diseases</i>						
10.1 General	10.1.1 At least 80% of planned activities under Environmental Health and Food Safety implemented	# of activities implemented / # of activities planned for period	Action plan and report			

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	for period					
	10.1.2 All relevant legislative documents available for reference (Public Health Act, Food and Drugs Act and their subsequent Statutory instruments, manuals for enforcement)	Documents available	Physical checks			
10.2 Inspections	10.2.1 All public premises inspected at least once annually	# of premises inspected/ total # registered	Register			
	10.2.2 All premises complying with public health standards.	#. of premises inspected /Total #. of premises	EH Records			
10.3 Water safety and Sanitation	10.3.1 90% water supplies complying with WHO standards	# of samples complying with WHO standards/ # samples collected.	EH Records			
10.4 Medical Waste Management	10.4.1 All health facilities comply to waste mgt standards appropriate for their level	# of facilities complying to waste mgt standards appropriate for their level/ total # of health facilities	Consolidated HC PA report and hospital PA reports, Physical checks			
11. Essential drugs and medical supplies						
<i>Objective: To ensure availability of adequate, quality, efficacious, safe and affordable essential drugs and medical supplies at all levels, through effective procurement management and cooperation with pharmaceutical companies</i>						
11.1 DILSAT	11.1.1 All Health Centres have constant supply of tracer supplies	# of Health Centres without any stock-outs of tracer supplies / total # of Health Centres	Self assessment, HMIS, consolidated HC PA report Quarterly stock control report			
	11.1.2 Use of standard operating procedures for stores management.	#Standards achieved/ # standards	Observation, bin cards, stock control register (including pharmacy, general stores)			
	11.1.3 DILSAT (drugs and supplies management)	#. of months with consumption figures	Pharmacy records.			

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	procedures implemented	calculated/# months.				
		# and duration of stock outs during period	Pharmacy records, HMIS.			
	11.1.4 SOP for pharmacy available in the pharmacy	SOP pharmacy available	SOP			
	11.1.5 Temperature: 15-25 degrees Celsius	Temperature between 15-25 degrees Celsius.	Temperature chart			
	11.1.6 Drugs shelved according to alphabetical order or groups	Alphabetical or group system in place	Physical check			
	11.1.7 Availability: all drugs on essential drug list have balance at hand between minimum and maximum quantity	# of drugs have balance at hand between minimum and maximum quantities out of sample of 10 selected drugs of EDL	Physical check, stores records			
	11.1.8 All stock control cards and books are continuously updated.	# stock control cards updated and complete/ out of sample of 10 items	Stock control cards and book			
	11.1.9 Monthly physical counts and FEFO followed	# of items having monthly physical counts / out of sample of 10 items	Physical check			
		# of items adhering to FEFO/ out of sample of 10 items	Physical check			
	11.1.10 All expired drugs stored in 1 area	Specific area identified to store expired drugs	Physical check			
		# of drugs in the expired drug area listed in the register with date of expiry, quantity and cost/total # of drugs in the expired drug area	Expired drug register			
	11.1.11 All expired, damaged or rejected drugs and medical supplies are safely disposed off.	# of expired, damaged or rejected drugs that have been disposed off in line with disposal	Records of disposal process			

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		procedures/total # of expired, damaged or rejected drugs.				
11.2 Rational use of drugs	11.2.1 Drug and Therapeutic committees meetings held on quarterly basis	# of meetings held during period under review/ 2	Minutes			
		Rational prescription habits at facility level discussed	Minutes			
	11.2.2 Treatment guidelines available for antimalarials, anti TB drugs, ARVs and antifungals and antibiotics,	Availability of specific guidelines at appropriate level	HC consolidated PA report and hospital PA report, physical check			
11.3 HC kits	11.3.1 All kits received, are distributed according to requirement	# of kits distributed per HC/HC first attendance in 5 sampled HC	HMIS Physical checks			
		# of kits distributed to HCs/ # of kits received by DHO				
11.4 Vaccines	11.4.1 All vaccines stored according manufacturer's guidelines per type of vaccines	# of types of vaccines stored correctly/ all types of vaccines stored	Physical check			
	11.4.2 Computerized vaccine logistics management tool in use	Computerized vaccine logistics mgt tool updated	Physical check			
	11.4.3 All vaccines have minimum balance at hand	Vaccines available according to minimum balance for the district	U1 data, consumption data, stock control cards and physical check			
	11.4.4 Cold chain equipment (fridge, freezer, cold box) in good working condition throughout period of review	# of cold chain equipment items in good working condition/ expected # of items	Temperature charts			
	11.4.5 Vaccine store managed according to DILSAT principles	Group system in place	Physical check			
# of items within minimum and maximum quantity/10		Stores records Observation				

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		sampled stock control cards checked				
		Re-ordering exercise for 3 items done correctly	Interview			
		# cards updated and complete/ out of sample of 10 items	Stock control cards and book			
		# of items having monthly physical counts and adhering to FEFO/ out of sample of 10 items	Physical check			
	11.4.6 Vaccines at Health facility level: All childhood vaccines available at all times in at least 90% of health facilities	# HCs recording stock outs of vaccine(s) / # Health Centres	Consolidated HC PA report, physical checks			
	11.4.7 All vaccines stored according to EPI (manufacturer's) guidelines by all Health Centres	# HCs achieving standards / # Health Centres.	Consolidated HC PA report, physical checks			
	11.4.8 Availability of back-up system for cold chain equipment	UPS or generator system for cold chain equipment available	Physical check			
12. Infrastructure and equipment						
<i>Objective: To significantly improve on the availability, distribution and condition of essential infrastructure and equipment so as to improve equity of access to the basic health care package</i>						
12.1 Infrastructure	12.1.1 Physical standards for DHO buildings met and surroundings	# of standards achieved/standards set	Physical check			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS	
12.2 Maintenance of Buildings, Equipment, and Grounds	12.2.1 Buildings, Grounds, and equipment maintained according to standards	# of standards met / Total # of standards.	Reports, Standards				
	12.2.2 Preventative maintenance schedule in place and implemented	Presence of maintenance schedule	Records				
12.3 Transport (set Minimum standards: Cars, Motorbikes, Ambulances, Boats where necessary)	12.3.1 DHO have minimum and functional transport system	# of vehicles available / Total acceptable # of vehicles	Observation, Records				
		# of Functional Vehicles / Vehicles available	Observation, Records				
	12.3.2 Availability of Transport Schedule and adhered to	# trips made according to schedule /# trips planned	Transport schedule				
12.4 Communication equipment	12.4.1 All facilities have a functional district wide communication system (<i>telephones, email, fax, Radio ...</i>)	# facilities with functional Communication mechanism / # facilities	Records				
		12.4.2 DHO has phone, fax, internet radio facilities	# of district with functional phone during period/ total # of districts	District fixed assets register, Records			
			# of district with functional fax during period/ total # of districts	District fixed assets register?			
			# of district with functional internet during period/ total # of districts	District fixed assets register?			
			# of district with functional Radio during period/ total # of districts	District fixed assets register, Records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
12.5 DHO Equipment	12.5.1 Availability and functional of office equipment eg Computers, LCD, copier, printers	# of functional computers / total available computer	Physical check			
		# of functional LCDs / total available LCDs	Physical check			
		# of functional photocopiers / total available photocopiers	Physical check			
		# of functional printers / total available printers	Physical check			

Summary

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List of participants

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List of achievements

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PROBLEM IDENTIFIED	ANALYSIS	RECOMMENDATIONS	BY WHEN	BY WHOM

Technical Support to be provided by Provincial Health Office

-
-

Provincial Health Office

Assessed District

Date

Date