



Republic of Zambia

MINISTRY of HEALTH

# Provincial Performance Assessment Tool

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

November, 2008



**MINISTRY OF HEALTH**  
**Provincial Health Office Performance Assessment Tool**

Name of Province: ..... Date of Assessment: ..... Period under review: .....

**Part 1: General discussion**

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
<b>1. General Administration / Systems Strengthening / Governance</b>										
<i>Objective To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>										
<b>1.1 Efficacy in achieving set objectives/ implementation of action plan</b>	Action plan reviewed and updated with a corresponding budget	Availability of a reviewed and operational Action plan and Budget	2 reviewed quarterly action plans with 2 adjusted quarterly budgets available for past 6 months		0=not done 1=done, but standards not met 2=standards met	2	Reviewed Action Plan, Reports			
	80% of the planned activities for the period under review fully completed.	Implementation of planned activities	# of planned activities completed	total # of activities planned	%	80	Activity reports; Action Plan			
	At least 80% of expenditure according to action plan	Expenditure according to action plan and budget	Total expenditure on planned activities	Total budget for the same period	%	80	Action Plan; Financial reports			
	Action plan review analysis information from HMIS and PA findings	DHO reviewed action plan using information from HMIS	Has DHO reviewed action plan and done analysis of HMIS and reformulated priorities based on HMIS (documented evidence of analysis of program indicators)?		0=not done 1=done, but standards not met 2=standards met	2	Minutes and reports HMIS QA 2.11			
	Action plan review analysis information from HR and other non-financial input indicators required for PHC services delivery	Analysis of HR, transport and equipment input indicators required to for PHC services delivery done and documented?	2 written HR quarterly reports and 2 written transport quarterly reports for past 6 months		0=not done 1=done, but standards not met 2=standards met	2	Minutes and reports			
	Do PHO staff have individual work plans and set their own targets?	Individual work plans (monthly or quarterly)	Individual work plans with set targets / deliverables available		Yes/ no	yes	Records			
	Has the province developed a tailor made set of indicators to monitor implementation of action plan?	Province specific list of selected indicators to monitor performance province	Province specific list of selected indicators in use to monitor implementation of implementation of action plan		Yes/ no	yes	Records			

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<b>1.2 Action points from previous Performance Assessment</b>	1.2.1 80% of action points from previous Performance Assessment addressed according to agreed timelines.	Implementation of recommendations previous PA	# of recommendations made during previous Performance Assessment addressed	# of recommendations	%	≥ 80	Actions taken report and previous Performance Assessment report; records and physical checks			
		List unresolved Action Points and indicate reasons why	Narrative document		na	na	Actions taken report and previous Performance Assessment report; records and physical checks			
<b>1.3 Enabling work environment</b>	1.3.1 Is there an enabling work environment with: adequate offices, computers, internet, maps, work and action plans, statistics DHO	Interviewees definition and satisfaction	Interpretation of Interviewees definition and satisfaction		0= inadequate 1= acceptable 2= good	2	Discussion and observation			
		Availability of analytical tools( vital statistics , Charts and graphs displayed, report)	Interpretation by assessing team		0= inadequate 1= acceptable 2= good	2	Self Assessment Document, Wall Charts, Notice boards			
		Updated inventories of fixed PHO assets	Updated inventories of fixed PHO assets available		0= not available or not updated 1= updated till 1qtr prior assessment 2= updated and complete	2	Asset Register and physical check (compare data)			
<b>1.4 collaboration and synergy</b>	1.4.1 Management Meetings held quarterly and recommendations implemented	Mgt meetings held	# of quarterly mgt meetings held during a year	# of meetings planned for year	Num/ denom	4/4	Minutes,			
		Mgt meeting covering topics as indicated in ToR (see standards)	Mgt meeting covering topics as indicated in ToR		0= no 1= partially 2= yes	2	Minutes			
		Effectiveness of mgt meeting	# of recommendation implemented	total # of recommendations made	%	≥ 80	Records and minutes			
	1.4.2 Technical meeting held monthly as per guidelines	Technical meeting held	# of meetings held with a quorum formed during a year	/ # meetings planned for year	Num/ denom	12/12	Minutes			
		Technical meeting covering topics as indicated in ToR (see standards)	Technical meeting covering topics as indicated in ToR		0= no 1= partially 2= yes	2	Minutes			
		Effectiveness of technical meeting	# of recommendation implemented	total # of recommendations made	%	≥ 80	Records and minutes			

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	1.4.3 Provincial inter-district meetings held monthly according ToR	Provincial inter-district meeting held	# of meetings held with a quorum formed during a year	/ # meetings planned for year	Num/ denom	12/12	Minutes			
		Provincial inter-district meeting covering topics as indicated in ToR (see standards)	Provincial inter-district meeting covering topics as indicated in ToR		0= no 1= partially 2= yes	2	Minutes			
		Effectiveness of Provincial inter-district meeting	# of recommendation implemented	total # of recommendations made	%	≥ 80	Records and minutes			
	1.4.4 Finance & tender committee meet monthly and recommendations implemented	Finance & tender committee meeting held	# of meetings held with a quorum formed during a year	/ # meetings planned for year	Num/ denom	12/12	Minutes			
		Finance & tender committee meeting covering topics as indicated in ToR (see standards)	Finance & tender committee meeting covering topics as indicated in ToR		0= no 1= partially 2= yes	2	Minutes			
		Effectiveness of Finance & tender committee	# of recommendation implemented	total # of recommendations made	%	≥ 80	Records and minutes			
	1.4.5 Human Resource Development Committee meet quarterly and recommendations implemented	Human Resource Development Committee meeting held	# of meetings held with a quorum formed during a year	/ # meetings planned for year	Num/ denom	12/12	Minutes			
		Human Resource Development Committee meeting covering topics as indicated in ToR (see standards)	Human Resource Development Committee Technical meeting covering topics as indicated in ToR		0= no 1= partially 2= yes	2	Minutes			
		Effectiveness of Human Resource Development Committee meeting	# of recommendation implemented	total # of recommendations made	%	≥ 80	Records and minutes			
1.5 Performance Assessment and Technical support/ response to identified needs	1.5.1 System of PA and TS to districts well established and coordinated	PA conducted	# of districts, L2 and L3 hospitals and Training Institutions visited	total # of districts, L2 and L3 hospitals and Training Institutions in the province	%	100	Reports			
		Follow-up of PA action points for PHO based on PA to DHO by PHO	# of recommendations for PHO itself made during Performance Assessment addressed	# of recommendations for PHO itself	%	≥ 80	Actions taken report and previous Performance Assessment report; records and physical checks			

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		TS provided by PHO	# of Technical Support visits done (reports)	total # TS visits planned	%	≥ 80	Reports			
		Quality of PA-TS system	Provide narrative information on quality of PA-TS system in province		n/a	n/a	Reports, observations, discussions			
<b>1.6 Inter-sectoral collaboration</b>	Is PHO contributing in a functional and constructive manner to the PDCC	Provincial Development Coordinating Committee Meetings: PHO represented at all meetings convened	# of PDCC meetings attended during a year	# PDCC meetings held during year under review	Num/ denom	4/4	PDCC minutes, meeting PS			
		Health issues requiring a multi-sectoral response on the agenda of the PDCC	List the health related multi sectoral topics discussed in PDCC: Water & sanitation, nutrition, access health facilities, ...		n/a	n/a	PDCC minutes, Meeting PS			
	Is PHO active in PATF	Provincial AIDS Task Force Meetings: PHO represented at all meetings convened	# of PATF meetings attended during a year	# PATF meetings held during year under review	Num/ denom	4/4	PATF minutes, meeting PS			
<b>1.7 Finances / audit queries</b>	Is there evidence of proper financial mgt	Books of Accounts maintained according to FAMS Guidelines	Books of Accounts maintained according to FAMS Guidelines		0= no 1= partially 2= yes	2	Books of accounts			
		Reconciliation of all accounts done monthly	Reconciliation of all accounts done monthly		0= no 1= partially 2= yes	2	Financial records			
		Payroll Managed according to established Guidelines	Payroll Managed according to established Guidelines		0= no 1= partially 2= yes	2	Payroll records			
		All Audit Queries in the Province followed-up and responded to	All Audit Queries in the Province followed-up and responded to		0= no 1= partially 2= yes	2	Audit reports and related records			
<b>1.8 HMIS</b>	HMIS reports submitted timely	Reporting unit data timeliness rate	Reporting units with data submitted to next level within time limit (as specified in data flow policy)	All reporting units expected to submit data	%	≥ 90	HMIS			
	HMIS data reviewed for completeness and correctness (data quality)	Feedback report rate	# of HCs provided quarterly with feedback on key HMIS indicators	All reporting units at respective levels	%	≥ 80	HMIS			

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<b>2. Human Resources</b>										
<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>										
<b>2.1 HR strategic planning</b>	Are the minimum expected standards of the establishment for professional medical staff in the Districts filled?	Districts with at least 75 % post filled for professional medical staff	# of districts with at least 75% of Doctors, COs, RNs, EN, NM, Pharm's, Paramedical staff appointed according to their Establishment for Doctors, COs, RNs, EN, NM, Pharm's, Paramedical staff	Total # of districts in province	% And list of districts that met and not met target	≥ 80	HMIS, provincial HR database			
	Are the minimum expected standards of the establishment for non-medical and support staff in the Districts filled?	Districts with at least 75 % post filled for non-medical and support staff	# of districts with at least 75% support and administrative staff appointed according to their Establishment for Support and administrative staff	Total # of districts in province	% And list of districts that met and not met target	≥ 80	HMIS, provincial HR database			
	Is the workload for the health workers in a range of 15-20 ppp day?	Districts with a Health workers clinical work load PHC within the recommended range of 15-20 ppp day	# of districts with a health workers clinical work load PHC between 15-20 ppp day [PHC utilisation – total (sum of total preventive attendance'+ total curative services')]/ Health worker clinical/ preventive workdays on duty	Total # of districts in province	% And list of districts that met and not met target	15-20 ppp day	HMIS			
<b>HR mgt and admin</b>	Are HR payroll data submitted timely and correctly	HR payroll data submitted timely and correctly	# of months with HR payroll data submitted timely and correctly	# of months sampled	%	100	HR records			
	Are staff now having job descriptions	Staff with job descriptions and set targets	# staff with job description and target setting	total # of staff sampled		≥ 80				
	Is APAS well established	Staff assessed with APAS	# staff appraised correctly through APAS during last 12 months	Total # of staff sampled	%	≥ 80	HR records and database			
<b>HR development</b>	HR Development plan for the whole province in place and in line with observed and documented needs	HR development plan meeting the standards	Is HR development plan in place; is it logic, consistent and is it responding to observed need		0=not done 1=done, but standards not met 2=standards met	2	HR records and database, action plan and other records			
<b>Training Institutions</b>	How well are TI's performing in province	Student graduation rate	# students graduated	Total # students who did final exams	%	95%??	Records and ZNC			

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		Student pass rate	# students who proceeded from present year to the following study year	Total # students who started present year	%	90%?	Records			
	Strengthening HR situation in province	% of students from within province	# of students from within province	Total # of students	%	To be determined	Records			
		% of students posted in province after graduation	# of students posted in province after graduation	Total # of students graduating	%	To be determined	Records			
<b>3. Essential drugs and medical supplies</b>										
<i>Is there evidence that there is a good management and rational use of drugs and medical sup</i>										
<b>Drug mgt and pharmacy stores</b>	Is there good availability of essential drugs in the districts	Districts with 0% tracer items stock out rate	# of districts with a tracer items stock out rate of 0 <i>(Tracer items stock out any time in reporting period/ Total number of tracer items)</i>	Total # of districts in province	% And list of districts that met and not met target	≥ 90	HMIS			
	Are drugs managed according SOPs in the facilities in the province	Drugs managed according SOPs in the facilities in the province	# of facilities visited where drug mgt SOPs were met	Total # of facilities visited	%	≥ 70?	Stock control cards, stock control books, ordering records observations			
	Does PHO provide adequate support to strengthen drug mgt in the districts	Support provided by PHO to strengthen drug mgt in the districts	Does PHO provide adequate support to strengthen drug mgt in the districts		0=no 1= fair 2= good	2	Observations, TS reports, records			
	Are half yearly stock checks done by mgt?	Half yearly stock checks of drugs and medical supplies done by mgt	# of facilities visited where mgt did half yearly stock checks of drugs and medical supplies	Total # of facilities visited	%	≥ 70?	Stock control cards, stock control books, records, observations			
	Is the cold chain equipment (fridge, freezer, cold box) in good working condition in all districts throughout period of review	Districts vaccine fridges missing or not working	# of districts with > 5% Vaccine fridges missing or not working	Total # of districts in province	% And list of districts that met and not met target	≤ 5	HMIS			
<b>Rational drug use</b>	Is drug use at HC level within the set range?	Districts with HC drug kits opened per 1000 patients in the range of 0.9-1.1/1000	# of Districts with 0.9-1.1 HC kit opened per 1000 patients	Total # of districts in province	% And list of districts that met and not met target	≥ 90	HMIS			
	Do all districts and 2 <sup>nd</sup> level hospitals having a functional D&T committee during which also antibiotic use is monitored and discussed	Districts and 2 <sup>nd</sup> level hospitals with a functional DYT committee	# of districts and 2 <sup>nd</sup> level hospitals with a functional DYT committee	Total # of districts and 2 <sup>nd</sup> level hospitals in province	%	≥ 70?	Minutes, interviews, observations			

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<b>4. Epidemics control and Public Health Surveillance</b>										
<i>Is there evidence that there is a good epidemics control and public health surveillance</i>										
<b>Epidemic preparedness</b>	Is PHO active in Provincial Epidemic Preparedness Committee	Epidemic control: Provincial Epidemic Preparedness Committee Meetings held Quarterly.	# of Provincial Epidemic Preparedness Committee meetings attended during a year	# Provincial Epidemic Preparedness Committee meetings held during year under review	Num/ denom	4/4	Provincial Epidemic Preparedness Committee minutes, meeting PS			
		Are all epidemics occurring in the Districts reported to the province and appropriate support given to the districts in controlling the outbreaks:# of cases, CFR,	Provide narrative information on quality of Provincial Epidemic Preparedness Committee		n/a	n/a	Provincial Epidemic Preparedness Committee minutes, interviews			
	Is PHO well prepared in case of epidemics	Stock levels of buffer stocks for epidemics complying to drug management principles	Do stock levels of buffer stocks for epidemics comply to drug management principles		0= no 1= partially 2= yes	2	Observations			
<b>Public Health Surveillance</b>	Is there evidence of an active and effective public health surveillance system in the province	Provincial surveillance meetings monthly	# provincial surveillance meetings held during last 12 months		# of meetings during last 12 months: 0 = <6 1 = 6-10 2 = >11	2	Minutes, interviews			
		AFP detection in children under 15 years	# of AFP cases detected in children under 15 years	Total # of children under 15 years	.../ 100,000 per year	1/ 100,000 per year	HMIS			
		% of all reported notifiable cases been followed-up	# of reported notifiable cases been followed-up	Total # reported notifiable cases	%	≥ 90	Records, reports			
<b>5. Environmental Health and Food Safety</b>										
<i>Is there evidence that the medical waste mgt is handled according to the standards?</i>										
<b>Hygiene/ water and sanitation</b>	Coverage of access to safe water	districts with > 80% of population having access to safe water	# of districts with > 80% of population having access to safe water according to WHO definitions	Total # of districts in province	% And list of districts that met and not met target	100	Records, reports			
<b>Inspections</b>	Are PH inspections done in food premises	Districts with > 90% of targeted premises inspected	# of Districts with > 90% of targeted premises inspected	Total # of districts in province	% And list of districts that met and not met target	100	Records, reports			

## Part 2: Program specific discussions

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
<b>1. Quality of care and curative services</b>										
<i>Objective To provide quality health services according to national approved guidelines and SOP</i>										
<b>Output indicators Access</b>	Are minimum targets for use of health services met in rural areas met?	Districts with at least 80% of the rural health facilities meeting the minimum target of 1 curative visit a year	# of districts with at least 80% of rural Health facilities with an annual OPD utilisation $\geq 1$	Total # of districts in province with rural health facilities	% And list of districts that met and not met target	$\geq 90$	HMIS			
	Are minimum targets for use of health services met in urban areas met?	Districts with at least 80% of the rural health facilities meeting the minimum target of 3 curative visit a year	# of districts with at least 80% of urban Health facilities with an annual OPD utilisation $\geq 3$	Total # of districts in province with urban health facilities	% And list of districts that met and not met target	$\geq 90$	HMIS			
	Is the nr of hospital beds per district adequate in number and distribution for the province?	Districts with a usable hospital bed utilisation rate between 70-85%	# of districts with usable bed utilisation rate in range of 70-85% <i>(hospital inpatients total + 1/2 day patients total/ usable hospital bed days total)</i>	Total # of districts in province	% And list of districts that are - Below - Within - Above target	$\geq 90$	HMIS			
<b>Output indicators Case mgt</b>	Is the death rate of the HCs in a reasonable range	HC facility mortality rate	HC Inpatient death	HC Inpatient separations	n/ 1000 And overview per district for each province	1-5 per 1000 separations?	HMIS			
	Are patients treated according ITG	Patients treated according ITG in HCs visited	# of HCs visited where Patients treated according ITG	Total # HCs visited	% And narrative details	100	Observations, OPD and IPD register			
	Is the death rate of the 1 <sup>st</sup> level hospitals in a reasonable range	L 1 hospital facility mortality rate	1 <sup>st</sup> level hospital Inpatient death	1 <sup>st</sup> level hospital Inpatient separations	n/ 1000 And overview per district for each province	5-10 per 1000 separations?	HMIS			
	Is the death rate of the 2 <sup>nd</sup> level hospitals in a reasonable range	L 2 hospital facility mortality rate	2 <sup>nd</sup> level hospital Inpatient death	2 <sup>nd</sup> level hospital Inpatient separations	n/ 1000 And overview per district for each province	10-25 per 1000 separations?	HMIS			
	Are patients treated by MOs according to expected standards for L1 or L2 hospitals	Patients treated by MOs according to expected standards for L1 or L2 hospitals	# of hospitals visited where patients were treated by MOs according to expected standards for L1 or L2 hospitals	Total # of L1 and L2 hospitals	% And narrative details	100	Observation, patients records			
<b>Output indicators Referral system</b>	In a well functioning health system, a certain % of cases are expected to be referred to the next level	In-patients referral rate	In-patients referred to a higher level of health care	Inpatient discharges total	% And overview per district for each province	2-5%????	HMIS			

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<b>Input indicators Transport</b>	All districts are expected to have at least 3 functional vehicles	Districts having at least 3 functional vehicles	# of districts with at least 3 functional vehicles	Total # districts	% And list of districts that met and not met target	100	Records, observation			
		Districts with at least 80% of vehicles functional	# of districts with at least 80% of vehicles functional	Total # districts	% And list of districts that met and not met target	100	Records, observation			
	All hospitals are expected to have at least 1 ambulance and 1 utility vehicle (functional)	Districts with hospitals with at least 1 ambulance and 1 utility vehicle (functional)	# of districts with hospitals with at least 1 ambulance and 1 utility vehicle (functional)	Total # districts	% And list of districts that met and not met target	100	Records, observation			
	All HCs are expected to have 1 functional bicycle or motorbike (when difficult terrain)	Districts with at least 90% of their HCs having functional transports (bicycle or motorbike – depending of terrain)	# of districts with at least 90% of their HCs having functional transports (bicycle or motorbike – depending of terrain)	Total # districts	% And list of districts that met and not met target	100	Records, observation			
<b>Input indicators Communication</b>	All facilities at least able to communicate to hospital/ DHO through radio or phone	Districts with all facilities able to communicate to hospitals and DHO through radio or phone	# of districts with all facilities able to communicate to hospitals and DHO through radio or phone	Total # districts	% And list of districts that met and not met target	100	Records, observation			
		All DHOs availability of telephone, fax, email and radio	Districts with availability of telephone, fax, email and radio	# of districts with availability of telephone, fax, email and radio	Total # districts	% And list of districts that met and not met target	100	observation		
<b>Input indicators Human resources</b>	Each HC expected to have at least a CO, nurse of midwife and a EHT	Districts with at least 90% of their HCs having at least a CO, nurse of midwife and a EHT	# of districts with at least 90% of their HCs having at least a CO, nurse of midwife and a EHT	Total # districts	% And list of districts that met and not met target	100	Records, observation			
	Each 1 <sup>st</sup> level hospital expected to have at least 2 MOs	1 <sup>st</sup> level hospitals with at least 2 MOs	# of 1 <sup>st</sup> level hospitals with at least 2 MOs	Total # 1 <sup>st</sup> level hospitals	% And list of districts with hospitals that met and not met target	100	Records, observation			
	Each 2 <sup>nd</sup> level hospitals with at least 1 physician, 1 pediatrician, 1 gynecologist and 1 surgeon	2 <sup>nd</sup> level hospitals with at least 1 physician, 1 pediatrician, 1 gynecologist and 1 surgeon	# of 2 <sup>nd</sup> level hospitals with at least 1 physician, 1 pediatrician, 1 gynecologist and 1 surgeon	Total # 2 <sup>nd</sup> level hospitals	% And list of 2 <sup>nd</sup> level hospitals that met and not met target	100	Records, observation			
<b>Blood bank</b>	Is the provincial blood bank effective and efficient	Availability of blood	Was blood for transfusion always available in visited facilities during the last 6 months		0= no 1 = yes	1	Records, interviews			

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		Cost per unit blood collected	Total # of usable units blood collected	Total costs of blood collection (including local campaigns etc)	.....K	To be defined	Blood bank data			
<b>2. Maternal, Neonatal and Child Health (MDG 4, 5)</b>										
<i>Objective To provide quality health services according to national approved guidelines and SOP</i>										
<b>Child health</b>	Immunization coverage per district in acceptable range ( $\geq 80\%$ )	Districts with under 1 year Immunization coverage $\geq 80\%$	# of districts with Immunization coverage under 1 year ( <i>Immunized fully &lt; 1 year – new / Target population &lt; 1 year</i> )	Total # of districts	% And list of districts that are: - $\geq 80\%$ - 60–80% - $\leq 60\%$	$\geq 90$	HMIS			
	Drop out rate between 1 <sup>st</sup> vaccine and last vaccine per district in acceptable range (<10%)	Districts with BCG-measles drop-out rate <10%	# of districts with BCG-measles drop-out rate <10% ( <i>BCG – measles 1<sup>st</sup> dose &lt; 1 year / BCG dose</i> )	Total # of districts	% And list of districts that are: - <10% - $\geq 10\%$	$\geq 90$	HMIS			
	Districts capacity of U5 clinic to monitor growth of all U5 children	Districts with weighing rate U5 $\geq 80\%$	# of districts with weighing rate U5 $\geq 80\%$ ( <i>Children &lt; 5 years weighed / PHC headcount &lt; 5 years (attendance child health total)</i> )	Total # of districts	% And overview per district for each province	$\geq 90$	HMIS			
	Districts capacity of program to prevent Vit A deficiency	Districts with Vit A coverage 1-4 years $\geq 80\%$	# of Districts with Vit A coverage 1-4 years $\geq 80\%$ ( <i>Vitamin A supplement to 12-59 months child/ Target population 12-59 months (x 8 to provide for 8 doses)</i> )	Total # of districts	% And overview per district for each province	$\geq 90$	HMIS			
	Is the case management of U5 admissions within a reasonable rate in districts	Facility mortality rate U5	Inpatient death < 59 months	Inpatient separations < 59 months	n/ 1000 And overview per district for each province	To be defined	HMIS			
<b>IRH - ANC</b>	Is the ANC coverage within acceptable range ( $\geq 80\%$ ) in districts?	Districts with Antenatal coverage $\geq 80\%$	# of Districts with Antenatal coverage $\geq 80\%$ ( <i>antenatal 1<sup>st</sup> visits total / Estimated antenatal clients in population</i> )	Total # of districts	% And list of districts that are: - $\geq 80\%$ - 60-80% - < 60%	$\geq 90$	HMIS			

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	Are the ANC services meeting specific standards	Districts with Anemia screening coverage of ANC clients $\geq 80\%$	# of Districts with Anemia screening coverage of ANC clients $\geq 80\%$ (Pregnant women screened for anemia at 1 <sup>st</sup> ANC visit / ANC 1 <sup>st</sup> visits total)	Total # of districts	% And list of districts that are: - $\geq 80\%$ - 60-80% - $< 60\%$	$\geq 90$	HMIS			
		Districts with Syphilis screening coverage of ANC clients $\geq 80\%$	# of Districts with Syphilis screening coverage of ANC clients $\geq 80\%$ (Antenatal clients tested for syphilis // ANC 1 <sup>st</sup> visits total)	Total # of districts	% And list of districts that are: - $\geq 80\%$ - 60-80% - $< 60\%$	$\geq 90$	HMIS			
		Districts with IPT 3 coverage of ANC clients $\geq 80\%$	# of Districts with IPT 3 coverage of ANC clients $\geq 80\%$ (IPT 3 <sup>rd</sup> dose to pregnant woman // ANC 1 <sup>st</sup> visits total)	Total # of districts	% And list of districts that are: - $\geq 80\%$ - 60-80% - $< 60\%$	$\geq 90$	HMIS			
		Districts with Pregnancies protected against tetanus $\geq 80\%$	# of Districts with Pregnancies protected against tetanus $\geq 80\%$ (TT 2 <sup>nd</sup> or booster dose to pregnant woman // ANC 1 <sup>st</sup> visits total)	Total # of districts	% And list of districts that are: • $\geq 80\%$ • 60-80% • $< 60\%$	$\geq 90$	HMIS			
PMTCT	What is the quality of the PMTCT services per district	Districts with 90 % ANC clients tested for HIV	# of Districts with 90 % ANC clients tested for HIV (ANC women tested for HIV/ Total ANC 1 <sup>st</sup> attendance)	Total # of districts	% And list of districts	$\geq 90$	HMIS			
		Districts with 90 % of HIV+ women who receive full course ARVs at onset of labour	# of Districts with 90 % of HIV+ women who receive full course ARVs at onset of labour (ARV prophylaxis dispensed to woman / ANC clients tested HIV+ new case)	Total # of districts	% And list of districts	$\geq 90$	HMIS			
		Districts with 90 % of babies given ARV prophylaxis after birth	# of Districts with 90 % of babies given ARV prophylaxis after birth (ARV prophylaxis to babies within 72 hours/ Live birth HIV exposed)	Total # of districts	% And list of districts	$\geq 90$	HMIS			

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
<b>IRH - deliveries</b>	Is the % of institutional deliveries in districts within acceptable range ( $\geq 60\%$ )?	Districts with $\geq 60\%$ institutional deliveries	# of Districts with $\geq 60\%$ institutional deliveries ( <i>Institutional deliveries total / Expected deliveries</i> )	Total # of districts	% And list of districts that are: - $\geq 60\%$ - 40-60% - $< 40\%$	$\geq 90$	HMIS			
	Are all the institutional deliveries conducted by skilled personnel	Districts with 60% of deliveries by skilled personnel	# of Districts with 60% of deliveries by skilled personnel ( <i># of deliveries assisted by skilled personnel (midwife, nurse, Medical Officer) / Expected deliveries</i> )	Total # of districts	% And list of districts that are: - $\geq 60\%$ - 40-60% - $< 40\%$	$\geq 90$	HMIS			
	Are emergency obstetric care services meeting the need for it?	Districts with 100% Emergency obstetric care met need	# of Districts with 100% Emergency obstetric care met need ( <i>Women receiving emergency obstetric care (sum of delivery complications total + assisted deliveries in facility) / Women expected to receive EmOC (proxy is 15% of expected deliveries)</i> )	Total # of districts	% And list of districts	$\geq 90$	HMIS			
	Do pregnant women regardless the places of delivery have good access to CS services?	Districts with Caesarean Section coverage 4.5 – 5.5%	# of Districts with Caesarean Section coverage 4.5 – 5.5% ( <i>Caesarean section / Expected deliveries in the population</i> )	Total # of districts	% And list of districts that are: - $\geq 5.5\%$ - 4.5-5.5% - $< 4.5\%$	$\geq 90$	HMIS			
	Do pregnant women who deliver in health facilities have good access to CS services?	Districts with Caesarean Section rate between 5-15%	# of Districts with Caesarean Section rate between 5-15% ( <i>Caesarean section / Institutional delivery total</i> )	Total # of districts	% And list of districts that are: - $\geq 15\%$ - 4-15% - $< 15\%$	$\geq 90$	HMIS			
	Are PAC services provided in all districts	Districts providing PAC services	Districts providing PAC services	Total # of districts	%	100	Records, observations, interviews			
<b>Maternal Death Review committees</b>	Is the facility maternal mortality rate within the expected range (75-100/ 100,000)?	Districts with Facility maternal mortality rate between 75-100/ 100,000	# of Districts with Facility maternal mortality rate between 75-100/ 100,000 ( <i>Maternal deaths in facility / Institutional deliveries total</i> )	Total # of districts	% And list of districts that are: - $\geq 100/100,000$ • 75-100/ 100,000 • $< 75/100,000$	$\geq 90$	HMIS			

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	Is the provincial maternal Death Review committee functional and active	Maternal deaths reviewed by Provincial Maternal Death Review committee	# of maternal deaths reviewed by Provincial Maternal Death Review committee during last 6 months	Total # of maternal death occurred in or reported to health facilities during last 6 months	%	≥ 90	Minutes			
<b>IRH – Family planning</b>	Is the use of family planning methods meeting the expected target of 35% in the districts?	Districts with Women year protection rate ≥ 35%	# of Districts with Women year protection rate ≥ 35% <i>Contraceptive years dispensed (excluding sterilisations) – sum of oral pill cycle/13 + medroxyprogesteron injection/4 + norithisterone enanthate injection/6 + implantsx5 + IUCDx10 / Female target population 15-49 years</i>	Total # of districts	% And list of districts	≥ 90	HMIS			
<b>Neonatal care</b>	Is the low birth weight within the expected range of 2-5%	Districts with Low birth weight rate in facility 2-5%	# of Districts with Low birth weight rate in facility 2-5% <i>Live birth in facility under 2500g / Live birth in facility</i>	Total # of districts	% And list of districts that are: - ≥5% - 2-5% - < 2%	≥ 90	HMIS			
	Is the perinatal mortality below the expected target of 2.5%	Districts with Perinatal mortality rate in facility < 2.5%	# of Districts with Perinatal mortality rate in facility < 2.5% <i>Still birth in facility + inpatient death early neonatal / Institutional deliveries total</i>	Total # of districts	% And list of districts	≥ 90	HMIS			
<b>3. HIV/AIDS, STI, TB, Malaria (MDG 6)</b>										
<i>Objective To provide quality health services according to national approved guidelines and SOP</i>										
	Proxy for timely start of ART and quality of care	Districts with 90% of patients still alive after 12 months on ART	# of Districts with 80% (?) of patients still alive after 12 months on ART <i>(Alive and on ART at 12 months/ ART initiated 12 months ago)</i>	Total # of districts providing ART services	% And list of districts	≥ 80	HMIS			
	Proxy for adherence	Districts with 80% of patients still on 1 <sup>st</sup> line ART 12 months after initiating ART	# of Districts with 80% (?) of patients still on 1 <sup>st</sup> line ART 12 months after	Total # of districts providing ART services	% And list of districts	≥ 80	HMIS			

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
			initiating ART (Original 1 <sup>st</sup> line ART at 12 months/ ART initiated 12 months ago)							
<b>STI</b>	Is the STI program in the districts focussing on contact tracing	Districts with STI partner notification rate of 75%	# of Districts with STI partner notification rate of 75% (STI partner notification slips issued/ STI treated new episode)	Total # of districts	% And list of districts	≥ 90	HMIS			
	Is the STI program successful in contract tracing	Districts with STI partner treatment rate of 75%	# of Districts with STI partner treatment rate of 75% (STI partner treated – new / STI treated – new episode)	Total # of districts	% And list of districts	≥ 90	HMIS			
<b>TB</b>	Does the TB cure rate meets the WHO target	Districts with TB cure rate of 85%	# of Districts with TB cure rate of 85% (# sputum positive TB patients started on treatment / # patients completing treatment and testing sputum negative at 8 months)	Total # of districts	% And list of districts	≥ 90	HMIS			
	Does the TB case finding index meets the WHO target	Districts with TB Case finding index of 70%	# of Districts with TB Case finding index of 70% (Suspected TB cases with sputum sent/ PHC headcount 5 years and older)	Total # of districts	% And list of districts	≥ 90	HMIS			
	Are TB patients screened for HIV?	Districts with 90% of new TB patients screened for HIV	# of Districts with 90% of new TB patients screened for HIV (New TB patients screened for TB/ New TB patients total)	Total # of districts	% And list of districts	≥ 90	HMIS			
<b>Malaria</b>	Is there adherence to the malaria mgt protocols	Districts with 80% confirmed malaria cases	# of Districts with 80% confirmed malaria cases (confirmed malaria cases total/ clinical cases of malaria total)	Total # of districts	% And list of districts	≥ 90	HMIS			
	Is the malaria case fatality rate among U5 within acceptable range (< 15/1000) in the districts?	Districts with Malaria confirmed CFR U5 < 15/1000	# of Districts with Malaria confirmed CFR U5 < 15/1000 (#deaths attributed to confirmed malaria in	Total # of districts	% And list of districts	≥ 90	HMIS			

FUNCTIONAL AREA	PURPOSE	INDICATOR	Numerator	Denominator	Scoring	Target	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
			<i>children U5 / Per 1000 admissions with confirmed malaria cases in childrenU5)</i>							
<b>4. Community Health Services</b>										
<i>Objective To provide a continuum of care and preventive an health promotion services till household level</i>										
		CHW								
		TTBA								
		C-IMCI / RED strategy								
		SMAG								



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
<b>1. General Administration / Systems Strengthening / Governance</b>						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
<b>1.1 Action points from previous Performance Assessment</b>	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			
<b>1.2 Review of DHO Performance Assessment Self-Assessment</b>	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			
<b>1.3 Equity of Access</b>	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			
<b>1.4 Review of action plan</b>	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.)			
<b>1.5 Performance assessment</b>	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			
	<b>1.5.4</b> Peer reviewers included in all Health Centre Performance Assessments	# Health Centre assessed with Peer reviewers /total # facilities	Consolidated summary district PA report; ....			
<b>1.6 Technical support / Supportive Supervision</b>	<b>1.6.1</b> Technical support plan based on Performance Assessment findings implemented	• # of Technical support activities conducted / # Technical support activities planned	Plans of action (Activity plans, Technical support Reports) Interviews with Health facility staff			
<b>1.7 Outreach activities</b>	<b>1.7.1</b> 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			
<b>1.8 Institutional meetings</b>	<b>1.8.1</b> 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			
	<b>1.8.2</b> 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 <sup>rd</sup> 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			

<b>FUNCTIONAL AREA</b>	<b>MINIMUM ACCEPTABLE STANDARD</b>	<b>INDICATOR</b>	<b>SOURCE OF INFORMATION</b>	<b>PREVIOUS PA PERIOD (6 months)</b>	<b>CURRENT PA PERIOD (6 months)</b>	<b>COMMENTS</b>
	<b>1.9.6</b> Schedule of outstanding imprest updated monthly	# updated schedules of outstanding imprest/ # of months	Monthly report			
	<b>1.9.7</b> Officers not holding more than one imprest at any given time	# of imprest holders listed more than once on same report	Monthly reports			
	<b>1.9.8</b> 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			
<b>1.10 Asset management</b>	<b>1.10.1</b> Inventory of fixed DHO assets updated as per guidelines.	Updated inventories of fixed DHO assets available	Asset Register and physical check (compare data)			
<b>1.11 Health Management Information System</b>	<b>1.11.1</b> HMIS reports compiled according to guidelines	# of reports correctly completed / # of reports sampled	HMIS registers, Physical checks			
	<b>1.11.2</b> 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			
	<b>1.11.3</b> 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			
	<b>1.11.4</b> 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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	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			
<b>2. Human Resources:</b>						
<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				
<b>3. Quality of care and curative services</b>						
<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			
<b>3.2 Referral systems</b>	<b>3.2.1</b> 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			
<b>3.3 Laboratories</b>	<b>3.3.1</b> 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			
<b>3.4 Infection Prevention and Control</b>	<b>3.4.1</b> 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			
<b>4. Integrated Child Health and Nutrition</b>						
<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>						
<b>4.1 General Activities</b>	<b>4.1.1</b> 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			
<b>4.2 Expanded Programme for Immunization</b>	<b>4.2.1</b> 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%				
<b>4.3 Nutrition</b>	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				

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	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 )				
<b>4.5 Case Management</b>	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				
	<b>5. Integrated Reproductive Health</b>					
<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>						
<b>5.1 General</b>	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.					
<b>5.5 Family Planning</b>	<b>5.5.1</b> 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			
<b>6. HIV/AIDS, STIs and Blood Safety</b>						
<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>						
<b>6.1 General</b>	<b>6.1.1</b> At least 80 % of planned activities under HIV/AIDS implemented during period under review	# of activities implemented / # of activities planned	Action plan and report			
	<b>6.1.2</b> District Health Office attending 75% of District AIDS Task Force (DATF) meetings	# of DATF meetings attended by DHO officer/ total # DATF meetings	Minutes			
	<b>6.1.3</b> All facilities with staff trained in Counseling Testing and Care	<ul style="list-style-type: none"> <li># Health Centres with staff trained in Counseling Testing and Care services /# Health Centres</li> </ul>	District plan, Human Resource data base and Counseling Testing and Care reports			
<b>6.2 Antenatal Care</b>	<b>6.2.1</b> 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				
<b>6.3 Anti Retroviral Therapy (ART)</b>	<b>6.3.1</b> All Health Centres providing ART accredited for ART service provision	# All Health Centres providing ART /# Accredited	Accreditation certificate			
	<b>6.3.2</b> All health centres providing ART services as per guidelines	# health centres meeting the standards/# health centres	Interview, records, Pre-ART and ART registers			
	<b>6.3.3</b> Referral system for ART in place	# eligible clients referred to ART clinic/ # eligible clients	Referral slips			
	<b>6.3.4</b> 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			
<b>6.4 Paediatric HIV</b>	<b>6.4.1</b> 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			
<b>6.5 Sexually Transmitted Infections</b>	<b>6.5.1</b> 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			
<b>6.6 Referral systems</b>	<b>6.6.1</b> 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			
<b>7. Tuberculosis</b>						
<i>Objective: To halt and begin to reduce the spread of TB through effective interventions</i>						
<b>7.1 General</b>	<b>7.1.1</b> 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			
<b>8. Malaria</b>						
<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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	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			
<b>9. Epidemics Control and Public Health Surveillance</b>						
<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			
<b>10. Environmental Health and Food Safety</b>						
<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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	for period					
	<b>10.1.2</b> 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			
<b>10.2 Inspections</b>	<b>10.2.1</b> All public premises inspected at least once annually	# of premises inspected/ total # registered	Register			
	<b>10.2.2</b> All premises complying with public health standards.	#. of premises inspected /Total #. of premises	EH Records			
<b>10.3 Water safety and Sanitation</b>	<b>10.3.1</b> 90% water supplies complying with WHO standards	# of samples complying with WHO standards/ # samples collected.	EH Records			
<b>10.4 Medical Waste Management</b>	<b>10.4.1</b> 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			
<b>11. Essential drugs and medical supplies</b>						
<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>						
<b>11.1 DILSAT</b>	<b>11.1.1</b> 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			
	<b>11.1.2</b> Use of standard operating procedures for stores management.	#Standards achieved/ # standards	Observation, bin cards, stock control register (including pharmacy, general stores)			
	<b>11.1.3</b> DILSAT (drugs and supplies management)	#. of months with consumption figures	Pharmacy records.			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
	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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
		procedures/total # of expired, damaged or rejected drugs.				
<b>11.2 Rational use of drugs</b>	<b>11.2.1</b> 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			
	<b>11.2.2</b> 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			
<b>11.3 HC kits</b>	<b>11.3.1</b> 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				
<b>11.4 Vaccines</b>	<b>11.4.1</b> All vaccines stored according manufacturer's guidelines per type of vaccines	# of types of vaccines stored correctly/ all types of vaccines stored	Physical check			
	<b>11.4.2</b> Computerized vaccine logistics management tool in use	Computerized vaccine logistics mgt tool updated	Physical check			
	<b>11.4.3</b> 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			
	<b>11.4.4</b> 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			
	<b>11.4.5</b> 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			
	<b>11.4.6</b> 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			
	<b>11.4.7</b> All vaccines stored according to EPI (manufacturer's) guidelines by all Health Centres	# HCs achieving standards / # Health Centres.	Consolidated HC PA report, physical checks			
	<b>11.4.8</b> Availability of back-up system for cold chain equipment	UPS or generator system for cold chain equipment available	Physical check			
<b>12. Infrastructure and equipment</b>						
<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>						
<b>12.1 Infrastructure</b>	<b>12.1.1</b> 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
<b>12.2 Maintenance of Buildings, Equipment, and Grounds</b>	<b>12.2.1</b> Buildings, Grounds, and equipment maintained according to standards	# of standards met / Total # of standards.	Reports, Standards			
	<b>12.2.2</b> Preventative maintenance schedule in place and implemented	Presence of maintenance schedule	Records			
<b>12.3 Transport (set Minimum standards: Cars, Motorbikes, Ambulances, Boats where necessary)</b>	<b>12.3.1</b> DHO have minimum and functional transport system	# of vehicles available / Total acceptable # of vehicles	Observation, Records			
		# of Functional Vehicles / Vehicles available	Observation, Records			
	<b>12.3.2</b> Availability of Transport Schedule and adhered to	# trips made according to schedule /# trips planned	Transport schedule			
<b>12.4 Communication equipment</b>	<b>12.4.1</b> All facilities have a functional district wide communication system ( <i>telephones, email, fax, Radio ...</i> )	# facilities with functional Communication mechanism / # facilities	Records			
	<b>12.4.2</b> 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
<b>12.5 DHO Equipment</b>	<b>12.5.1</b> 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**

- .....
- .....

**List of achievements**

- .....
- .....

<b>PROBLEM IDENTIFIED</b>	<b>ANALYSIS</b>	<b>RECOMMENDATIONS</b>	<b>BY WHEN</b>	<b>BY WHOM</b>

**Technical Support to be provided by Provincial Health Office**

- .....
- .....

Provincial Health Office

Assessed District

Date

Date



Republic of Zambia  
MINISTRY of HEALTH

# Performance Assessment Tool for Level 1 Hospitals

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

JULY 2007



**Republic of Zambia - Ministry of Health**  
**Performance Assessment Tool for Level 1 Hospitals**

Province:..... District: ..... Name of Hospital: .....

Date of Assessment:..... Period under review (Months): .....

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>1. General Administration / Systems Strengthening / Governance</b>						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
<b>1.1 Action points from previous Performance Assessment</b>	<b>1.1.1</b> 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's and indicate reasons why	Actions taken report and previous Performance Assessment report; records and physical checks			
<b>1.2 Review of hospital Performance Assessment Self-Assessment</b>	<b>1.2.1</b> Hospital Performance Assessment Self-Assessment tool completed and relevant actions formulated	Availability of Hospital self assessment using Performance Assessment tools	Performance Assessment Reports, Performance Assessment Self-Assessment			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>1.3 Review of action plan</b>	<b>1.3.1</b> 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			
	<b>1.3.2</b> 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan			
	<b>1.3.3</b> At least 80% of expenditure according to action plan	Total expenditure on planned activities / Total budget for the same period	Action Plan; Financial reports			
	<b>1.3.4</b> 80% of recommendations in reports /assessments from vertical and ad hoc programmes addressed according to agreed timelines	# of actions taken/ # of recommendations	Reports form vertical and ad hoc programmes (e.g. WHO, ZPCT, EMoC etc.)			
<b>1.4 Community partnership</b>	<b>1.4.1</b> Hospital Advisory Committee in existence and functioning	# of meetings held / # of meetings planned	Minutes, Physical Checks			<b>MoH to provide guidance on ToR and composition of Advisory committees.</b>
	<b>1.4.2</b> Functional system to responds to					
<b>1.5 Institutional meetings</b>	<b>1.5.1</b> 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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>1.5.2</b> 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			
	<b>1.5.3</b> 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			
	<b>1.5.4</b> Infection Control / prevention 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			
	<b>1.5.5</b> Quality Assurance meetings held and recommendations implemented.	# of meetings held during period / # of meetings planned	Records and minutes			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		# of recommendation implemented / total # of recommendations	Records and minutes			
<b>1.6 FAMS / FMIS</b>	<b>1.6.1</b> Financial Management according to FMIS standards	# of standards achieved / # of standards set	Accounts records Observations			
	<b>1.6.2</b> Timely retirement of imprest	Total amount of unretired imprest at end of period / Total amount of imprest given during period under review.				
	<b>1.6.3</b> Grant income according to budget	Total amount in grants received / total amount in grants budgeted				
	<b>1.6.4</b> Hospital income and expenditure reports updated monthly	# monthly income and expenditure reports updated monthly/ # income and expenditure reports.	Accounts records, financial reports			
<b>1.7 HMIS</b>	<b>1.7.1</b> Registers completed in accordance with HMIS guidelines	# of registers correctly completed / # of registers sampled	HMIS registers, Physical checks			
	<b>1.7.2</b> HMIS report data are consistent with hospital registers	# of selected IPD and OPD diagnosis from register / HMIS report data for same diagnoses (audit a minimum of 2 diagnoses IPD and OPD)	IPD and OPD registers and HMIS reports			
	<b>1.7.3</b> 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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	1.7.4 HMIS data is being analysed with disease and health performance trends being followed.	Availability of updated analytical tools	Reports, graphs, charts, reports, self-assessment reports, maps			
1.8 Stores	1.8.1 Use of Standard Operating Procedures for stores management and store room	# of standards achieved / # of standards set	Stores records Observations			
1.9 Security	1.9.1 Hopital security according to standards	# of standards achieved / # of standards set				
<b>2. Human Resources:</b>						
<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 manner (quarterly)	# 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 at the Hospital filled	# available professional medical staff / Establishment for facility	HR Registers; HR reports			
	2.1.3 At least 75% of the establishment for non-medical and support staff at the hospital filled	#available non-medical staff / Establishment for facility	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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		Actions taken by category of attrition	Registers / reports/ interviews			
<b>2.2 HR management</b>	<b>2.2.1</b> Human Resource levels and types adequate for all hospital departments	# of professional and support staff available / establishment by department	Staff rotas / Human Resource records/ In patient and OPD registers (to determine workload)			
	<b>2.2.2</b> 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			
	<b>2.2.3</b> 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			
	<b>2.2.4</b> Leave Plan in place and adhered to.	# of staff who have taken leave during period / total # of staff (analyze by type of leave and number of leave days)	Reports			
	<b>2.2.5</b> All trained staff have valid license	#staff with valid license/#staff employed	Human Resource records			
	<b>2.2.6</b> Human Resources levels and personal details/trainings undertaken included on a database	Human Resources database available and maintained				

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	2.2.7 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			
	2.2.8 All eligible staff receiving their housing and other benefits.	# staff receiving housing allowance/ total # staff	Accounts records			
2.3 HIV & AIDS workplace policy	2.3.1 HIV & AIDS workplace policy available and adhered to	Policy available and staff oriented on key elements	Policy, Staff interviews			
<b>3. Quality of care and curative services</b> <i>Objective: To provide quality health services according to national approved guidelines and SOP</i>						
3.1 Quality of care (Clinical, Nursing care and rehabilitation)	3.1.1 Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	Patient records			
		# of patients managed according to nursing care plan / # of patients sampled (This includes: fluid balance, TPR, neurological charts, drug charts, etc.)	Patient records			
	3.1.2 All patients reviewed daily by medical officer	# of patients reviewed daily / # of patients sampled (minimum 5)	Patient records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>3.1.3</b> All patients files have detailed history, physical examination, diagnosis and treatment on first contact.	# of patient files correctly completed / # of patient files sampled (Minimum 5)	Patient Records			
	<b>3.1.4</b> Clinical meetings held (including review the rational use of diagnostic procedures)	# of clinical meetings held / # of clinical meetings planned	Minutes			
		# of recommendations made during clinical meetings followed up / # of recommendations made	Minutes			
<b>3.2 OPD for Specialised cases referred from Health Centres</b>	<b>3.2.1</b> Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	OPD Register; Patient records			
<b>3.3 Casualty / Emergency</b>	<b>3.3.1</b> Maximum waiting time less than 30 minutes	# of patient with waiting time < 30 minutes / # of patients sampled	Files, registers, observations			
	<b>3.3.2</b> Supplies and equipment available according to standards	# of standards achieved / # of standards set	Physical check Records			
<b>3.4 Quality Assurance:</b>	<b>3.4.2</b> Mortality review meeting held monthly	# of meetings held / # of meetings planned	Records and minutes			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		CFR for each of the top 5 causes of death (total and under 5)	HMIS			
<b>3.5 Theatre / Surgery</b>	<b>3.5.1</b> Post-operative wound infections identified, reviewed and recommendations adhered to	# of post-operative infections identified	HMIS; nursing and patients records, physical checks, staff interview			
		Reviews conducted of all infected wounds and actions followed up	Nursing and patients records, physical checks, staff interview			
<b>3.6 Mortuary</b>	<b>3.6.1</b> All unclaimed bodies removed within 3 – 6 weeks.	# of unclaimed bodies kept more than six weeks	Mortuary records			
<b>3.7 Mental health</b>	<b>3.7.1</b> Area reserved for psychiatric OPD and IPD	Availability of area for psychiatry (yes/no)	Physical check interview			
<b>3.8 Laboratory</b>	<b>3.8.1</b> Tests 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			
<b>3.9 Imaging / X-ray</b>	<b>3.9.1</b> Safety measures against radiation in place and adhered to.	Badges read, protection for patients, annual inspection by Radiation board	Badge readings, physical checks, patient information, Radiation Board reports			
	<b>3.9.2</b> Availability of supplies as per level of Hospital	# of supplies/ # of supplies in SOPs	Physical Check			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>3.9.3</b> Availability of SOP according to level of Hospital	SOP available and followed	Physical Check			
	<b>3.9.4</b> Safe disposal of radio-active material	Safe mechanism for disposal of radio-active material in place	Physical Check			
<b>3.10 Research</b>	<b>3.10.1</b> Hospitals using research findings to improve on quality care services	# of clinical meetings presenting research findings and actions taken accordingly	Meeting notes and physical check of actions taken			
<b>3.11 Gender</b>	<b>3.11.1</b> Gender mainstreaming plan developed and adhered to	# of actions taken to mainstream gender issues/ # of recommendations in plan	Physical check, staff and patients interviews			
<b>3.12 Infection Prevention</b>	<b>3.12.1</b> Hospital meets infection prevention standards	# standards met/ # standards	Physical check			
<b>3.13 Referral</b>	<b>3.13.1</b> 20% of patients referred to higher level	# of referrals /total number of patients				
	<b>3.13.2</b> All patients referred have feedback given to referring institution	# of referred patients with feedback / Total # of patients referred	Referral documents Patients' registers Patients' records			
<p><b>4. Integrated Child Health and Nutrition</b>  <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></p>						
<b>Case Management</b>	<b>4.1.1</b> All children seen by doctor on admission and at least every other day	# of children reviewed by doctor daily and on admission / # of children sampled				
<b>4.2 IEC &amp; preventive services</b>	<b>4.2.1</b> Health education programme schedule available and adhered to	# of health education sessions/ # health education sessions scheduled	Care givers interviews and schedule			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	4.2.2 All newborns given BCG / OPV before discharge	# of newborns vaccinated with BCG and OPV 0 / # of live births at facility	Vaccine stocks/ patients notes/ maternity unit			
	4.2.3 All <1 children discharged have up to date vaccine schedules	# of children <1 discharged with up to date vaccine schedules / total # of children <1 discharged	Patients notes/ vaccine records			
<b>4.3 HIV</b>	4.3.1 Opt-out HIV testing policy implemented in paediatric ward	# of children tested for HIV / total # of admitted children sampled	Pateint records Ward register			
	4.3.2 Infants born to HIV+ve mothers protected through PMTCT	# infants born to HIV+ve mothers protected through PMTCT/#infants born to HIV+ve mothers	Patient records/ART records			
	4.3.3 At least 80% of infants born to HIV +ve mothers receiving cotrimoxazole prophylaxis	Number of babies born to HIV +ve mothers receiving cotrimoxazole prophylaxis/Total number of babies born from HIV +ve mothers	PMTCT registers and ART records			
	4.3.4 All eligible paediatric patients on ART	#. of eligible paediatric patients on ART / Total # of eligible paediatric patients	Register ART records			
<b>4.4 Neonatal care to reproductive health</b>	4.4.1 Availability of skilled staff and equipment in neonatal resuscitation	# of staff skilled in neonatal resuscitation	Observation, Interview			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		Availability of working resuscitation equipment including neonatal ambu bag	Observation, Interview			
	4.4.2 Neonatal resuscitation according to guidelines	# of children resuscitated using guidelines / # of children needing resuscitation	Patient notes			
	4.4.3 Review of stillbirths carried out and recommendations made.	# of stillbirths reviewed / # of stillbirths during period.	Maternity register, reports HMIS			
		# of recommendations followed up / total # of recommendations				
<b>4.5 Nutrition / Malnutrition</b>	4.5.1 80% infants managed according to Baby Friendly Hospital Initiative (BFHI) guidelines	#infants managed according to Baby Friendly Hospital Initiative guidelines/# of severely malnourished children admitted	Patient interviews			
	4.5.2 80% of severely malnourished children managed according to WHO guidelines	# of severely malnourished children managed according to WHO guidelines / # of severely malnourished children admitted	Patient records			
	4.5.3 All mothers with admitted children (under 2years) receive infant feeding counseling / support	# of mothers with admitted children (under 2years) received infant feeding counseling or support / # of mothers with admitted children (under 2 years)	Records sample			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		sampled				
<b>5. Integrated Reproductive Health</b> <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>						
<b>5.1 Emergency Obstetric Care (EmOC)</b>	<b>5.1.1</b> Comprehensive Emergency Obstetric Care including resuscitation available at all times according to the standards	# of standards achieved / # of standards	Physical checks patients' records			
	<b>5.1.2</b> Protocols available for all maternal emergencies (e.g. eclampsia, rupture of uterus, placenta praevia, ect.)	All protocols for obstetric emergencies available	Protocols Physical check			
<b>5.2 Deliveries</b>	<b>5.2.1</b> 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			
	<b>5.2.2</b> At least 85% maternal deaths recommendations followed up	# of recommendations followed up / total # of recommendations	Reports			
	<b>5.2.3</b> Deliveries conducted by doctor or midwife	# of deliveries by doctor or midwife / total # of deliveries	Delivery books			
	<b>5.2.4</b> 80% deliveries have partograms recorded according to guidelines	# of institutional deliveries monitored by partograms / total # of institutional deliveries	Partograms			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>5.2.5</b> 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			
	<b>5.2.6</b> All Indications for C/S reviewed and justified	All C/S reviewed by senior doctors	HMIS, reviews, patients records, delivery book			
	<b>5.2.7</b> Referral systems in place and adhered to	#of patients referred according to standards and feedback to districts on discharge	Referral letters, nurses notes			
	<b>5.2.8</b> All mothers receive vitamin A supplementation before discharge	# of mothers who received Vitamin A supplementation / Total # of mothers who delivered	Delivery register			
<b>5.3 Gynaecology services</b>	<b>5.3.1</b> Staff trained in cervical smears/ acid testing	# of staff trained / # of eligible staff (midwives and doctors)	Records			
<b>5.4 Family planning</b>	<b>5.4.1</b> All eligible in-patients offered a full range of family planning methods including long term and permanent methods for family planning (requires staff trained, equipment and supplies available)	# of BTL done # of IUD inserted # of Jadell implanted # of oral contraceptives issued # of clients administered injectables # inpatients of reproductive age cancelled/# inpatients of reproductive age	FP registers In patient records Theatre registers, Physical checks for supplies and equipment			
<b>5.5 PMTCT</b>	<b>5.5.1</b> Focused ANC including PMTCT provided as per guidelines (including ART)	80% referred ANC clients receiving FANC as per guidelines	ANC register			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>6. HIV/AIDS, STIs and Blood Safety</b>						
<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>						
<b>6.1 Blood Bank / transfusions</b>	<b>6.1.1</b> All blood for transfusion screened for HIV, Hepatitis C, Hepatitis B and Syphilis.	All units of blood screened as per guidelines	Blood bank records			
	<b>6.1.2</b> Blood supplies meet hospital requirements	# of units requested / # of units supplied	Blood bank records			
<b>6.2 ART clinic</b>	<b>6.2.1</b> Guidelines on treatment initiation available and adhered to.	All eligible client on ART as per guidelines	ART clinic records/patients notes			
	<b>6.2.2</b> All patients on ART are evaluated and entered in appropriate registers	100% patients evaluated and entered in register	ART records			
	<b>6.2.3</b> Availability of eligibility forms; pre ART registers with tally sheets; ART registers with tally sheets; ART care cards	ART materials available	Physical check			
	<b>6.2.4</b> All HIV+ve eligible persons accessing ART	# of persons accessing ART / total # of eligible patients	ART records			
	<b>6.2.5</b> All HIV+ ve clients are managed according to the guidelines	# HIV+ve clients managed according to guidelines/#HIV+ve clients records sampled	ART records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>6.2.6</b> 80% of patients on ART have a 95% compliance	# patients registered on ART/ # collecting drugs monthly/quarterly	HMIS, ART registers and reports			
	<b>6.2.7</b> Referral systems in place from all Councillings and Testing entry points in the districts to ART clinic. Including feedback mechanism	All eligible patients referred to ART clinic	Referral slips from wards to ART clinic, ART registers, meetings with DHMT			
		# of referral slips sent to DHMT/ # clients enrolled on ART				
	<b>6.2.8</b> Adherence counselling on site	# of ART clients receiving adherence counseling/#ART clients attended in reporting period	Patient record/ ART clinic records			
	<b>6.2.9</b> Hospital adheres to free ART guidelines	# of patients receiving investigations, consultation and treatment free of charge / # receiving ART	Financial records, Client/ staff interviews			
	<b>6.2.10</b> Hospital accredited for ART service provision	Accreditation certificate available	Accreditation certificate			
<b>6.3 HIV management in In Patients Department</b>	<b>6.3.1</b> Opt-out HIV testing policy implemented in In Patients Department	# in patients tested for HIV / total # of in patients sampled				
	<b>6.3.2</b> Referral systems for ART in place from In Patients Department to ART clinic	# of eligible in-patients referred to ART clinic / total #eligible in-patients	Referral slips from wards to ART clinic, ARTIS, ART registers and meetings with DHMT			
	<b>6.3.3</b> All eligible pregnant women on HAART	# of pregnant women referred for ART / # pregnant women eligible	PMTCT registers			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>6.4 STI management</b>	<b>6.4.1</b> 80% STI clients tested for HIV	# of STI clients tested / Total # of STI clients sampled	Patient records, STI clinic registers			
	<b>6.4.2</b> 100% STI patients treated according to guideline	# of STI patients treated according to guidelines / Total # STI patients sampled	Patients records			
	<b>6.4.3</b> 75% STI clients' partners investigated for STI	# of STI clients' partners investigated / Total # of STI clients	STI register			
<b>7. Tuberculosis</b>						
<i>Objective: To halt and begin to reduce the spread of TB through effective interventions</i>						
<b>7.1 TB diagnosis and case management</b>	<b>7.1.1</b> At least 70% of pulmonary TB cases supported by a positive sputum test	# of PTB smear positive cases / Total # of PTB cases				
	<b>7.1.2</b> All TB patients offered HIV testing	# TB cases tested for HIV/#TB cases	ARTIS			
	<b>7.1.3</b> All in-patients screened for PTB ( history taken and follow up diagnostic tests if indicated)	# of in-patients screened for TB / # of inpatients sampled	Patients records			
	<b>7.1.4</b> All TB cases managed according to standards	# of TB patients treated according to standards / # of TB patients sampled	Patient records			
	<b>7.1.5</b> DHMT is informed of at least 80% TB cases diagnosed at the hospital	# of TB cases diagnosed in the hospital with diagnosis forwarded to the DHMT / # of TB cases diagnosed at hospital				
<b>8. Malaria</b>						
<i>Objective: To halt and reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%</i>						

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
8.1 Malaria case management	8.1.1 All patients diagnosed by laboratory tests and treated as per guidelines	# of malaria patients with laboratory diagnosis / # of patients treated for malaria	Patient records			
		# of malaria patients treated according to guidelines / # of malaria patients sampled				
	8.1.2 All in-patients sleep under an ITN each night	# patients sleeping under an ITN/# inpatients	Physical check, patient interviews Availability of ITNs			
<b>9. Epidemics Control and Public Health Surveillance</b>						
<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 Emergency and disaster preparedness	9.1.1 Hospital has an Emergency Preparedness Plan describing how the organization will effectively respond to disasters or emergencies and epidemics	Plan exists and rehearsed by staff members twice a year.	Observations and Records / Interviews			
		# staff knowledgeable on plan/# staff interviewed				
	9.1.2 Hospital prepared for fire	# departments with fire equipment available and serviced and staff prepared for fires/ # departements	Physical check and staff interviews			
9.2 Surveillance	9.2.1 System in place to conduct surveillance for notifiable diseases	# notifiable diseases reported/ #notifiable diseases admitted or seen as Out Patients	Weekly Epidemiological reports DHMT reports			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
			OPD and IP registers			
<b>10. Environmental Health and Food Safety</b>						
<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>						
<b>10.1 Hygiene</b>	<b>10.1.1</b> Food handlers tested every 6 months	# of food handlers examined and declared fit / Total # of food handlers	Certificates			
	<b>10.1.2</b> Patients access to clean drinking water	# of water samples taken conforming to WHO standards / total # of water samples taken	Results in EHT Department			
<b>10.2 Waste management</b>	<b>10.2.1</b> Medical waste disposal according to SOPs	Medical waste disposal plan adhered to.	Physical checks			
	<b>10.2.2</b> Solid waste management as per guidelines	Waste disposal plan adhered to.	Physical checks			
<b>11. Essential drugs and medical supplies</b>						
<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>						
<b>11.1 Pharmacy</b>	<b>11.1.1</b> All essential drugs and medical supplies for each department listed have stock control cards	Comprehensive list and stock control cards available for all drugs required by each department	Stock control cards/ recommended list of essential drugs for each department			
	<b>11.1.2</b> All essential drugs are available at all times for all	# of essential drug stock outs /	Stock control cards			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	departments	# of stock control cards sampled				
	<b>11.1.3</b> All essential supplies are available at all times for all departments	# of medical supply stock outs / # of stock control cards sampled	Stock control cards			
	<b>11.1.4</b> Drug and medical supplies management as per standards	# of pharmacy standards achieved / # of pharmacy standards set	Physical checks and records			
	<b>11.1.5</b> Drug & Therapeutics Committees meeting as per guidelines (monthly)	# of meetings held / # of expected meetings	Records and physical checks			
		# recommendations of the Drug & Therapeutics Committees followed up/ # recommendations.				
	<b>11.1.6</b> Active pharmacovigilance (side effects of drugs and completion of pharmacovigilance forms)	# of patients monitored for side effects / total # of patients sampled	Pharmaco-vigilance reports, Patients notes			
	<b>11.1.7</b> Distribution procedures of drugs to wards: for ward stock, 6 hours; for drug chart, 30 minutes.	Time taken for processing and dispensing drugs to wards/ expected time	Interviews with ward in-charges and pharmacy staff			
<b>12. Infrastructure and equipment</b>						
<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>						

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>12.1 Medical equipment</b>	<b>12.1.1</b> Hospital has an inventory list of medical equipment, including state of repair.	Inventory list available	Physical check against list of equipment			
	<b>12.1.2</b> Hospital preventative maintenance and repair plan available (including maintenance contracts)	# medical equipment serviced routinely and repaired when necessary/ # equipment sampled.	Physical check against preventative maintenance plan; Maintenance contracts			
	<b>12.1.3</b> Hospital procurement plan available and adhered to	Essential equipment procured according to plan/ # required equipment	Physical check against procurement plan			
	<b>12.1.4</b> Availability and maintenance of cold chain at all times	Temperature control maintained for specifications of drugs and reagents at all times/ # drugs and reagents sampled	Temperature charts in fridges/physical checks of fridges			
<b>12.2 Infrastructure</b>	<b>12.2.1</b> Infrastructure extension and major renovations are included in action plan and proposals developed and submitted through PHO for funding	# proposals submitted to PHO for funding for major renovations / extensions/ # extensions and renovations required	Proposals			
<b>12.3 Dental clinic</b>	<b>12.3.1</b> Dental clinic equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
<b>12.4 Theatre / surgery</b>	<b>12.4.1</b> Theatre equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
12.5 Physiotherapy	12.5.1 Physiotherapy equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
12.6 Wards	12.6.1 Facility structures, furnishings and equipment according to standards per level of hospital.	# of standards achieved / # of standards set	Records and Observations			
		# of bed sheets and blankets / total # required (by department)	Records and Observations			
	12.6.2 Infection prevention supplies available according to standards	# of standards achieved/#of standards set	Records and Observations			
12.7 Laboratory	12.7.1 Lab Equipment and supplies according to standard for level of Hospital	# of standards achieved / # of standards set	Observation, records			
12.8 Imaging / X-ray	12.8.1 Imaging and X-ray equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
12.9 Transport	12.9.1 Transport available according to standards	# of vehicles available / Recommended # of vehicles for institution	Physical check, Transport records			
		# of ambulances available / Recommended # of ambulances for institution	Physical check, Transport records			
	12.9.2 Transport management according to standards	# of standards achieved / # of standards set	Observation, records			
12.10 Laundry department	12.10.1 Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>12.11 Kitchen</b>	<b>12.11.1</b> Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
<b>12.12 Mortuary</b>	<b>12.12.1</b> Equipment present and functioning according to standards for level of hospital	# of standards achieved / # of standards set	Observation, records			
<b>12.13 Relatives Shelter</b>	<b>12.13.1</b> Structure according to standards	# of standards achieved / # of standards set	Observations and Records			
<b>12.8 Communication</b>	12.8.1 Hospital has email connection	Hospital with email connection and using email to communicate with District Office	Physical checks Email messages			
	12.8.2 Hospital able to communicate with all health centres in catchment area and vice versa, stationed in or near labour room. (radio, cell phone, and/or land line)	# health centres reachable on time of assessment/ # health centres in catchment area	Physical check			

**Summary**

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**List of participants**

- .....
- .....

**List of achievements**

- .....
- .....

<b>PROBLEM IDENTIFIED</b>	<b>ANALYSIS</b>	<b>RECOMMENDATIONS</b>	<b>BY WHEN</b>	<b>BY WHOM</b>

**Technical Support to be provided by District Health Office**

- .....
- .....

District Health Office

Assessed Hospital

Date

Date



Republic of Zambia  
MINISTRY of HEALTH

**Performance Assessment Tool  
for  
Level 2 & 3 Hospitals**

**PREPARED BY:**

**DIRECTORATE OF TECHNICAL SUPPORT SERVICES**

**WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME**

JULY 2007



**Republic of Zambia - Ministry of Health**  
**Performance Assessment Tool for Level 2 & 3 Hospitals**

Province:..... District: ..... Name of Hospital: .....

Date of Assessment:..... Period under review (Months): .....

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>1. General Administration / Systems Strengthening / Governance</b>						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
<b>1.1 Action points from previous Performance Assessment</b>	<b>1.1.1</b> 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's and indicate reasons why	Actions taken report and previous Performance Assessment report; records and physical checks			
<b>1.2 Review of hospital Performance Assessment Self-Assessment</b>	<b>1.2.1</b> Hospital Performance Assessment Self-Assessment tool completed and relevant actions formulated	Availability of Hospital self assessment using Performance Assessment tools	Performance Assessment Reports, Performance Assessment Self-Assessment			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>1.3 Review of action plan</b>	<b>1.3.1</b> 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			
	<b>1.3.2</b> 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan			
	<b>1.3.3</b> At least 80% of expenditure according to action plan	Total expenditure on planned activities / Total budget for the same period	Action Plan; Financial reports			
	<b>1.3.4</b> 80% of recommendations in reports /assessments from vertical and ad hoc programmes addressed according to agreed timelines	# of actions taken/ # of recommendations	Reports form vertical and ad hoc programmes (e.g. WHO, ZPCT, EMoC etc.)			
<b>1.4 Community partnership</b>	<b>1.4.1</b> Hospital Advisory Committee in existence and functioning	# of meetings held / # of meetings planned	Minutes, Physical Checks			<b>MoH to provide guidance on ToR and composition of Advisory committees.</b>
<b>1.5 Institutional meetings</b>	<b>1.5.1</b> 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			
	<b>1.5.2</b> Finance & tender committee meet monthly and recommendations implemented	# of meetings held / # of meetings planned for period	Minutes, Physical Checks			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		# of recommendation implemented / total # of recommendations	Records and minutes			
	<b>1.5.3</b> 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			
	<b>1.5.4</b> Infection Control / prevention 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			
	<b>1.5.5</b> Quality Assurance meetings held and recommendations implemented.	# of meetings held during period / # of meetings planned	Records and minutes			
		# of recommendation implemented / total # of recommendations	Records and minutes			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>1.6 FAMS / FMIS</b>	<b>1.5.1</b> Financial Management according to FMIS standards	# of standards achieved / # of standards set	Accounts records Observations			
	<b>1.5.2</b> Timely retirement of imprest	Total amount of unretired imprest at end of period / Total amount of imprest given during period under review.				
	<b>1.5.3</b> Grant income according to budget	Total amount in grants received / total amount in grants budgeted				
<b>1.7 HMIS</b>	<b>1.7.1</b> Registers completed in accordance with HMIS guidelines	# of registers correctly completed / # of registers sampled	HMIS registers, Physical checks			
	<b>1.7.2</b> HMIS report data are consistent with hospital registers	# of selected IPD and OPD diagnosis from register / HMIS report data for same diagnoses (audit a minimum of 2 diagnoses IPD and OPD)	IPD and OPD registers and HMIS reports			
	<b>1.7.3</b> 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			
	<b>1.7.4</b> HMIS data is being analysed with disease and health performance trends being followed.	Availability of updated analytical tools	Reports, graphs, charts, reports, self-assessment reports, maps			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
1.8 Stores	1.8.1 Use of Standard Operating Procedures for stores management and store room	# of standards achieved / # of standards set	Stores records Observations			
1.9 Security	1.9.1 Hopital security according to standards	# of standards achieved / # of standards set				
<b>2. Human Resources:</b>						
<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 manner (quarterly)	# 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 at the Hospital filled	# available professional medical staff / Establishment for facility	HR Registers; HR reports			
	2.1.3 At least 75% of the establishment for non-medical and support staff at the hospital filled	#available non-medical staff / Establishment for facility	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			
2.2 HR management	2.2.1 Human Resource levels and types adequate for all hospital departments	# of professional and support staff available / establishment by department	Staff rotas / Human Resource records/ In patient and OPD registers (to			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
			determine workload)			
	2.2.2 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			
	2.2.3 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			
	2.2.4 Leave Plan in place and adhered to.	# of staff who have taken leave during period / total # of staff (analyze by type of leave and number of leave days)	Reports			
	2.2.5 All trained staff have valid license	#staff with valid license/#staff employed	Human Resource records			
	2.2.6 Human Resources levels and personal details/trainings undertaken included on a database	Human Resources database available and maintained				
	2.2.7 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	Reports/ presentations Staff interviews			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		attended during period of review				
<b>2.3 HIV &amp; AIDS workplace policy</b>	<b>2.3.1</b> HIV & AIDS workplace policy available and adhered to	Policy available and staff oriented on key elements	Policy, Staff interviews			
<b>3. Quality of care and curative services</b> <i>Objective: To provide quality health services according to national approved guidelines and SOP</i>						
<b>3.1 Quality of care (Clinical, Nursing care and rehabilitation)</b>	<b>3.1.1</b> Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	Patient records			
		# of patients managed according to nursing care plan / # of patients sampled (This includes: fluid balance, TPR, neurological charts, drug charts, etc.)	Patient records			
	<b>3.1.2</b> All patients reviewed daily by medical officer	# of patients reviewed daily / # of patients sampled (minimum 5)	Patient records			
	<b>3.1.3</b> All patients files have detailed history, physical examination, diagnosis and treatment on first contact.	# of patient files correctly completed / # of patient files sampled (Minimum 5)	Patient Records			
	<b>3.1.4</b> Clinical meetings held (including review the rational	# of clinical meetings held / # of clinical meetings	Minutes			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	use of diagnostic procedures)	planned				
		# of recommendations made during clinical meetings followed up / # of recommendations made	Minutes			
<b>3.2 OPD for Specialised cases referred from Health Centres</b>	<b>3.2.1</b> Patients are treated according to treatment protocols	# of patients treated according to treatment protocols / # of patients sampled (minimum 5)	OPD Register; Patient records			
<b>3.3 Casualty / Emergency</b>	<b>3.3.1</b> Maximum waiting time less than 30 minutes	# of patient with waiting time < 30 minutes / # of patients sampled	Files, registers, observations			
	<b>3.3.2</b> Supplies and equipment available according to standards	# of standards achieved / # of standards set	Physical check Records			
<b>3.4 Quality Assurance:</b>	<b>3.4.2</b> Mortality review meeting held monthly	# of meetings held / # of meetings planned	Records and minutes			
		CFR for each of the top 5 causes of death (total and under 5)	HMIS			
<b>3.5 Theatre / Surgery</b>	<b>3.5.1</b> Post-operative wound infections identified, reviewed and recommendations adhered to	# of post-operative infections identified	HMIS; nursing and patients records, physical checks, staff interview			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		Reviews conducted of all infected wounds and actions followed up	Nursing and patients records, physical checks, staff interview			
<b>3.6 Mortuary</b>	<b>3.6.1</b> All unclaimed bodies removed within 3 – 6 weeks.	# of unclaimed bodies kept more than six weeks	Mortuary records			
<b>3.7 Mental health</b>	<b>3.7.1</b> Area reserved for psychiatric OPD and IPD	Availability of area for psychiatry (yes/no)	Physical check interview			
<b>3.8 Laboratory</b>	<b>3.8.1</b> Tests 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			
<b>3.9 Imaging / X-ray (where applicable)</b>	<b>3.9.1</b> Safety measures against radiation in place and adhered to.	Badges read, protection for patients, annual inspection by Radiation board	Badge readings, physical checks, patient information, Radiation Board reports			
	<b>3.9.2</b> Availability of supplies as per level of Hospital	# of supplies/ # of supplies in SOPs	Physical Check			
	<b>3.9.3</b> Availability of SOP according to level of Hospital	SOP available and followed	Physical Check			
	<b>3.9.4</b> Safe disposal of radio-active material	Safe mechanism for disposal of radio-active material in place	Physical Check			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>3.10 Research</b>	<b>3.10.1</b> Research topics identified and collaboration with research centre for development of proposal and implementation of research in relevant areas established	# of research proposals	Research proposals			
	<b>3.10.2</b> Hospitals using research findings to improve on quality care services	# of clinical meetings presenting research findings and actions taken accordingly	Meeting notes and physical check of actions taken			
<b>3.11 Technical Support</b>	<b>3.11.1</b> Technical Support provided to the districts	# of support visits provided to districts based on mutually agreed plan	Reports/records			
<b>3.12 Gender</b>	<b>3.12.1</b> Gender mainstreaming plan developed and adhered to	# of actions taken to mainstream gender issues/ # of recommendations in plan	Physical check, staff and patients interviews			
<b>4. Integrated Child Health and Nutrition</b>						
<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>						
<b>Case Management</b>	<b>4.1.1</b> All children seen by senior doctor (level 2) / paediatrician (level 3) on admission and at least every other day	# of children reviewed appropriately / # of children sampled				
<b>4.2 IEC &amp; preventive services</b>	<b>4.2.1</b> Health education programme schedule available and adhered to	# of health education sessions/ # health education sessions scheduled	Care givers interviews and schedule			
	<b>4.2.2</b> All newborns given BCG / OPV before discharge	# of newborns vaccinated with BCG and OPV 0 / # of live births at facility	Vaccine stocks/ patients notes/ maternity unit			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	4.2.3 All <1 children discharged have up to date vaccine schedules	# of children <1 discharged with up to date vaccine schedules / total # of children <1 discharged	Patients notes/ vaccine records			
4.3 HIV	4.3.1 Opt-out HIV testing policy implemented in paediatric ward	# of children tested for HIV / total # of admitted children sampled	Pateint records Ward register			
	4.3.2 Infants born to HIV+ve mothers protected through PMTCT	% infants born to HIV+ve mothers protected through PMTCT	Patient records/ART records			
	4.3.3 At least 80% of infants born to HIV +ve mothers receiving cotrimoxazole prophylaxis	Number of babies born to HIV +ve mothers receiving cotrimoxazole prophylaxis/Total number of babies born from HIV +ve mothers	PMTCT registers and ART records			
	4.3.4 Eligible paediatric patients on ART are children	#. of eligible paediatric patients on ART / Total # of eligible paediatric patients	Register ART records			
4.4 Neonatal care	4.4.1 Availability of skilled staff and equipment in neonatal resuscitation	# of staff skilled in neonatal resuscitation	Observation, Interview			
		Availability of working resuscitation equipment including neonatal ambu bag	Observation, Interview			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	4.4.2 Neonatal resuscitation according to guidelines	# of children resuscitated using guidelines / # of children needing resuscitation	Patient notes			
	4.4.3 Review of stillbirths carried out and recommendations made.	# of stillbirths reviewed / # of stillbirths during period.	Maternity register, reports HMIS			
		# of recommendations followed up / total # of recommendations				
<b>4.4 Nutrition / Malnutrition</b>	4.4 80% infants managed according to Baby Friendly Hospital Initiative (BFHI) guidelines	#infants managed according to Baby Friendly Hospital Initiative guidelines/# of severely malnourished children admitted	Patient interviews			
	4.4.2 80% of severely malnourished children managed according to WHO guidelines	# of severely malnourished children managed according to WHO guidelines / # of severely malnourished children admitted	Patient records			
	4.4.8 All mothers with admitted children (under 2years) receive infant feeding counseling / support	# of mothers with admitted children (under 2years) received infant feeding counseling or support / # of mothers with admitted children (under 2 years) sampled	Records sample			
<b>5. Integrated Reproductive Health</b>						
<i>Objective: To increase access to integrated reproductive health services and family planning services that reduce the maternal mortality ratio (MMR) by</i>						

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<i>one quarter, from 729 per 100,000 live birth to 457 by 2011</i>						
<b>5.1 Emergency Obstetric Care (EmOC)</b>	<b>5.1.1</b> Comprehensive Emergency Obstetric Care including resuscitation available at all times according to the standards	# of standards achieved / # of standards	Physical checks patients' records			
	<b>5.1.2</b> Protocols available for all maternal emergencies (e.g. eclampsia, rupture of uterus, placenta praevia, ect.)	All protocols for obstetric emergencies available	Protocols Physical check			
<b>5.2 Deliveries</b>	<b>5.2.1</b> 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			
	<b>5.2.2</b> At least 85% maternal deaths recommendations followed up	# of recommendations followed up / total # of recommendations	Reports			
	<b>5.2.3</b> Deliveries conducted by doctor or midwife	# of deliveries by doctor or midwife / total # of deliveries	Delivery books			
	<b>5.2.4</b> 80% deliveries have partograms recorded according to guidelines	# of institutional deliveries monitored by partograms / total # of institutional deliveries	Partograms			
	<b>5.2.5</b> 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			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	5.2.6 All Indications for C/S reviewed and justified	All C/S reviewed by senior doctors	HMIS, reviews, patients records, delivery book			
	5.2.7 Referral systems in place and adhered to	#of patients referred according to standards and feedback to districts on discharge	Referral letters, nurses notes			
	5.2.8 All mothers receive vitamin A supplementation before discharge	# of mothers who received Vitamin A supplementation / Total # of mothers who delivered	Delivery register			
5.3 Gynaecology services	5.3.1 Staff trained in cervical smears/ acid testing	# of staff trained / # of eligible staff (midwives and doctors)	Records			
5.4 Family planning	5.4.1 All eligible in-patients offered a full range of family planning methods including long term and permanent methods for family planning (requires staff trained, equipment and supplies available)	# of BTL done # of IUD inserted # of Jadell implanted # of oral contraceptives issued # of clients administered injectables # inpatients of reproductive age counselled/# inpatients of reproductive age	FP registers In patient records Theatre registers, Physical checks for supplies and equipment			
5.5 PMTCT	5.5.1 Focused ANC including PMTCT provided as per guidelines (including ART)	80% referred ANC clients receiving FANC as per guidelines	ANC register			
<b>6. HIV/AIDS, STIs and Blood Safety</b> <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>						

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>6.1 Blood Bank / transfusions</b>	<b>6.1.1</b> All blood for transfusion screened for HIV, Hepatitis C, Hepatitis B and Syphilis.	All units of blood screened as per guidelines	Blood bank records			
	<b>6.1.2</b> Blood supplies meet hospital requirements	# of units requested / # of units supplied	Blood bank records			
<b>6.2 ART clinic</b>	<b>6.2.1</b> Guidelines on treatment initiation available and adhered to.	All eligible client on ART as per guidelines	ART clinic records/patients notes			
	<b>6.2.2</b> All patients on ART are evaluated and entered in appropriate registers	100% patients evaluated and entered in register	ART records			
	<b>6.2.3</b> Availability of eligibility forms; pre ART registers with tally sheets; ART registers with tally sheets; ART care cards	ART materials available	Physical check			
	<b>6.2.4</b> All HIV+ve eligible persons accessing ART	# of persons accessing ART / total # of eligible patients	ART records			
	<b>6.2.5</b> All HIV+ ve clients are managed according to the guidelines	# HIV+ve clients managed according to guidelines/#HIV+ve clients records sampled	ART records			
	<b>6.2.6</b> 80% of patients on ART have a 95% compliance	# patients registered on ART/ # collecting drugs monthly/quarterly	HMIS, ART registers and reports			
	<b>6.2.7</b> Referral systems in place from all Councillings and Testing entry points in the districts to ART clinic. Including feedback	All eligible patients referred to ART clinic	Referral slips from wards to ART clinic, ART registers, ART registers, meetings with			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	mechanism		DHMT			
		# of referral slips sent to DHMT/ # clients enrolled on ART				
	<b>6.2.8</b> Adherence counselling on site	# of ART clients receiving adherence counseling/#ART clients attended in reporting period	Patient record/ ART clinic records			
	<b>6.2.9</b> Hospital adheres to free ART guidelines	# of patients receiving investigations, consultation and treatment free of charge / # receiving ART	Financial records, Client/ staff interviews			
	6.2.10 Hospital accredited for ART service provision	Accreditation certificate available	Accreditation certificate			
<b>6.3 HIV management in In Patients Department</b>	<b>6.3.1</b> Opt-out HIV testing policy implemented in In Patients Department	# in patients tested for HIV / total # of in patients sampled				
	<b>6.3.2</b> Referral systems for ART in place from In Patients Department to ART clinic	# of eligible in-patients referred to ART clinic / total #eligible in-patients	Referral slips from wards to ART clinic, ARTIS, ART registers and meetings with DHMT			
	<b>6.3.3</b> All eligible pregnant women on HAART	# of pregnant women referred for ART / # pregnant women eligible	PMTCT registers			
<b>6.4 STI management</b>	<b>6.4.1</b> 80% STI clients tested for HIV	# of STI clients tested / Total # of STI clients sampled	Patient records, STI clinic registers			
	<b>6.4.2</b> 100% STI patients treated according to guideline	# of STI patients treated according to guidelines / Total # STI patients	Patients records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		sampled				
	6.4.3 75% STI clients' partners investigated for STI	# of STI clients' partners investigated / Total # of STI clients	STI register			
<b>7. Tuberculosis</b>						
<i>Objective: To halt and begin to reduce the spread of TB through effective interventions</i>						
<b>7.1 TB diagnosis and case management</b>	7.1.1 At least 70% of pulmonary TB cases supported by a positive sputum test	# of PTB smear positive cases / Total # of PTB cases				
	7.1.2 All TB patients offered HIV testing	# TB cases tested for HIV/#TB cases	ARTIS			
	7.1.3 All in-patients screened for PTB ( history taken and follow up diagnostic tests if indicated)	# of in-patients screened for TB / # of inpatients sampled	Patients records			
	7.1.4 All TB cases managed according to standards	# of TB patients treated according to standards / # of TB patients sampled	Patient records			
	7.1.5 DHMT is informed of at least 80% TB cases diagnosed at the hospital	# of TB cases diagnosed in the hospital with diagnosis forwarded to the DHMT / # of TB cases diagnosed at hospital				
<b>8. Malaria</b>						
<i>Objective: To halt and reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%</i>						
<b>8.1 Malaria case management</b>	8.1.1 All patients diagnosed by laboratory tests and treated as per guidelines	# of malaria patients with laboratory diagnosis / # of patients treated for malaria	Patient records			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
		# of malaria patients treated according to guidelines / # of malaria patients sampled				
	<b>8.1.2</b> All in-patients sleep under an ITN each night	# patients sleeping under an ITN/# inpatients	Physical check, patient interviews Availability of ITNs			
<b>9. Epidemics Control and Public Health Surveillance</b>						
<i>Objective: To significantly improve public health surveillance and control of epidemics, so as to reduce morbidity and mortality associated with epidemics</i>						
<b>9.1 Emergency and disaster preparedness</b>	<b>9.1.1</b> Hospital has an Emergency Preparedness Plan describing how the organization will effectively respond to disasters or emergencies and epidemics	Plan exists and rehearsed by staff members twice a year.	Observations and Records / Interviews			
		# staff knowledgeable on plan/# staff interviewed				
	<b>9.1.2</b> Hospital prepared for fire	# departments with fire equipment available and serviced and staff prepared for fires/ # departements	Physical check and staff interviews			
<b>9.2 Surveillance</b>	<b>9.2.1</b> System in place to conduct surveillance for notifiable diseases	# notifiable diseases reported/ #notifiable diseases admitted or seen as Out Patients	Weekly Epidemiological reports DHMT reports OPD and IP registers			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>10. Environmental Health and Food Safety</b>						
<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>						
<b>10.1 Hygiene</b>	<b>10.1.1</b> Food handlers tested every 6 months	# of food handlers examined and declared fit / Total # of food handlers	Certificates			
	<b>10.1.2</b> Patients access to clean drinking water	# of water samples taken conforming to WHO standards / total # of water samples taken	Results in EHT Department			
<b>10.2 Waste management</b>	<b>10.2.1</b> Medical waste disposal according to SOPs	Medical waste disposal plan adhered to.	Physical checks			
	<b>10.2.2</b> Solid waste management as per guidelines	Waste disposal plan adhered to.	Physical checks			
<b>11. Essential drugs and medical supplies</b>						
<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>						
<b>11.1 Pharmacy</b>	<b>11.1.1</b> All essential drugs and medical supplies for each department listed have stock control cards	Comprehensive list and stock control cards available for all drugs required by each department	Stock control cards/ recommended list of essential drugs for each department			
	<b>11.1.2</b> All essential drugs are available at all times for all departments	# of essential drug stock outs / # of stock control cards sampled	Stock control cards			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
	<b>11.1.3</b> All essential supplies are available at all times for all departments	# of medical supply stock outs / # of stock control cards sampled	Stock control cards			
	<b>11.1.4</b> Drug and medical supplies management as per standards	# of pharmacy standards achieved / # of pharmacy standards set	Physical checks and records			
	<b>11.1.5</b> Drug & Therapeutics Committees meeting as per guidelines (monthly)	# of meetings held / # of expected meetings	Records and physical checks			
		# recommendations of the Drug & Therapeutics Committees followed up/ # recommendations.				
	<b>11.1.6</b> Active pharmacovigilance (side effects of drugs and completion of pharmacovigilance forms)	# of patients monitored for side effects / total # of patients sampled	Pharmaco-vigilance reports, Patients notes			
	<b>11.1.7</b> Distribution procedures of drugs to wards: for ward stock, 6 hours; for drug chart, 30 minutes.	Time taken for processing and dispensing drugs to wards/ expected time	Interviews with ward in-charges and pharmacy staff			
<b>12. Infrastructure and equipment</b>						
<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>						

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
<b>12.1 Medical equipment</b>	<b>12.1.1</b> Hospital has an inventory list of medical equipment, including state of repair.	Inventory list available	Physical check against list of equipment			
	<b>12.1.2</b> Hospital preventative maintenance and repair plan available (including maintenance contracts)	# medical equipment serviced routinely and repaired when necessary/ # equipment sampled.	Physical check against preventative maintenance plan; Maintenance contracts			
	<b>12.1.3</b> Hospital procurement plan available and adhered to	Essential equipment procured according to plan/ # required equipment	Physical check against procurement plan			
	<b>12.1.4</b> Availability and maintenance of cold chain at all times	Temperature control maintained for specifications of drugs and reagents at all times/ # drugs and reagents sampled	Temperature charts in fridges/physical checks of fridges			
<b>12.2 Infrastructure</b>	<b>12.2.1</b> Infrastructure extension and major renovations are included in action plan and proposals developed and submitted through PHO for funding	# proposals submitted to PHO for funding for major renovations / extensions/ # extensions and renovations required	Proposals			
<b>12.3 Dental clinic</b>	<b>12.3.1</b> Dental clinic equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
<b>12.4 Theatre / surgery</b>	<b>12.4.1</b> Theatre equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	COMMENTS
12.5 Physiotherapy	12.5.1 Physiotherapy equipment and supplies available according to SOP	# of standards achieved / # of standards set	Records and Observations			
12.6 Wards	12.6.1 Facility structures, furnishings and equipment according to standards per level of hospital.	# of standards achieved / # of standards set	Records and Observations			
		# of bed sheets and blankets / total # required (by department)	Records and Observations			
	12.6.2 Infection prevention supplies available according to standards	# of standards achieved/#of standards set	Records and Observations			
12.7 Laboratory	12.7.1 Lab Equipment and supplies according to standard for level of Hospital	# of standards achieved / # of standards set	Observation, records			
12.8 Imaging / X-ray	12.8.1 Imaging and X-ray equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
12.9 Transport	12.9.1 Transport available according to standards	# of vehicles available / Recommended # of vehicles for institution	Physical check, Transport records			
		# of ambulances available / Recommended # of ambulances for institution	Physical check, Transport records			
	12.9.2 Transport management according to standards	# of standards achieved / # of standards set	Observation, records			
12.10 Laundry department	12.10.1 Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			

<b>FUNCTIONAL AREA</b>	<b>MINIMUM ACCEPTABLE STANDARD</b>	<b>INDICATOR</b>	<b>SOURCE OF INFORMATION</b>	<b>PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>CURRENT PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>COMMENTS</b>
<b>12.11 Kitchen</b>	<b>12.11.1</b> Equipment and supplies according to standard for level of hospital	# of standards achieved / # of standards set	Observation, records			
<b>12.12 Mortuary</b>	<b>12.12.1</b> Equipment present and functioning according to standards for level of hospital	# of standards achieved / # of standards set	Observation, records			
<b>12.13 Relatives Shelter</b>	<b>12.13.1</b> Structure according to standards	# of standards achieved / # of standards set	Observations and Records			

**Summary**

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**List of participants**

- .....
- .....

**List of achievements**

- .....
- .....

<b>PROBLEM IDENTIFIED</b>	<b>ANALYSIS</b>	<b>RECOMMENDATIONS</b>	<b>BY WHEN</b>	<b>BY WHOM</b>

**Technical Support to be provided by Provincial Health Office**

- .....
- .....

Provincial Health Office

Assessed Hospital

Date

Date



Republic of Zambia  
MINISTRY of HEALTH

# Health Centre Performance Assessment Tool

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

JULY 2007



**MINISTRY OF HEALTH**  
**Health Centre Performance Assessment Tool**

Province: ----- District: ----- Name of health Centre: -----

Date of Assessment: ----- Period (Months): -----

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
<b>1. General Administration / Systems Strengthening / Governance</b>						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
<b>1.1 Action points from previous Performance Assessment</b>	<b>1.1.1</b> 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			
<b>1.2 Review of Health Centre Performance Assessment Self-Assessment</b>	<b>1.2.1</b> Health Centre Performance Assessment Self-Assessment tool completed and relevant actions formulated	Availability of Health Centre self assessment using Performance Assessment tools	Performance Assessment Reports, Performance Assessment Self-Assessment			
<b>1.3 Review of action plan</b>	<b>1.3.1</b> 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 and Performance Assessment Self Assessment	Reviewed Action Plan, Reports			
		<b>1.3.2</b> 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan		
		List unresolved action points and Justifications				
<b>1.4 Community partnership</b>	<b>1.4.1</b> 80% Neighbourhood Health Committees in existence and functioning	# of functional Neighbourhood Health Committees /total # of zones	NHC meeting minutes			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
		# of Neighbourhood Health Committees that meet quarterly/Total # of Neighbourhood Health Committees	Records,			
	1.4.2 100% Planned community activities per quarter carried out.	# of health activities carried out in the community/planned activities	Reports / records			
	1.4.3 Health Centre Advisory Committee meet quarterly	# of Health Centre Advisory Committee meetings/ # planned meetings	Minutes			MoH to provide guidance on ToR and composition of Advisory committees.
	1.4.4 Performance Assessment and HMIS self assessment reports discussed with Health Centre Advisory Committee/Health Centre Committee and community pledges action points	# action points discussed with community/#action points	Minutes			
	1.4.5 At least 80 % of the agreed action points of Health Centre Advisory Committee implemented	# of action points addressed as per time frame/ total # of action points	Minutes, interviews, physical checks			
1.5 Institutional meetings	1.5.1 Health Centre staff meetings held monthly	# of staff meetings held / # of planned Health Centre staff meetings	Minutes			
1.6 Budget allocation and FAMS	1.6.1 Receipt of grants from DHMT according to District Budget allocations	Grants received / Total grants allocated	Accounts records, financial reports			
	1.6.2 At least 80% Expenditure should be in line with the Planned or Reviewed Activities.	Expenditure on planned activities / Total expenditure				

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	<b>1.6.3</b> Books of accounts and imprest managed according to standards.	Timely retirement of imprest/ Imprest received	Accounts records, financial reports; Receipts Books; Lockable Cashbox; User Fees Register; Register for other sales (e.g mama safenite, Medical fees); Summary sheet – where applicable; Medical fees ledger Card – where applicable; Accounting documents;			
	<b>1.6.4</b> Segregation of duties, e.g. the junior officer should be an imprest holder	Record of responsibilities present	Record of responsibilities Reviewed action plan Physical check			
	<b>1.6.5</b> All source documents properly filed and labelled	# expenditures with all necessary supporting documents/ # expenditures	Records			
	<b>1.6.6</b> Health Centre income and expenditure reports updated monthly	# monthly income and expenditure reports updated monthly/ # income and expenditure reports.	Accounts records, financial reports			
	<b>1.6.7</b> One staff member per Health Centre trained in FAMS	One staff member trained	Register of trainings			
<b>1.7 HMIS</b>	<b>1.7.1</b> All registers and tally sheets available.	# available registers, report forms and tally sheets/ # required	Physical check			
	<b>1.7.2</b> Registers compiled in accordance with HMIS guidelines	# registers correctly completed / # registers sampled	HMIS registers, Physical checks			
	<b>1.7.3</b> HMIS report data are consistent with Health Centre registers	# reports correlating with registers/# registers sampled	HMIS, registers, Physical checks			
	<b>1.7.4</b> Monthly and quarterly reports compiled and submitted in a correct and timely manner. (Monthly Reports: - ND3, Vaccine Logistics, Immunisations	# reports completed and submitted during the period/ Total # reports expected	Records of monthly and quarterly reports Introduce Out-going Report Register at Health Centre that should be signed at			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	Quarterly Reports: - HIA1, HIA2, HIA3, HIQ1)		District Health Office when reports are delivered			
	1.7.5 HMIS data is being analysed with disease and health performance trends being followed.	Availability of updated analytical tools	Reports, Graphs, Charts, Reports, Self assessment reports, Maps			
	1.7.6 One staff member per Health Centre trained/oriented in HMIS	One staff member trained	Register of trainings			
1.8 Stores	1.8.1 Use of Standard Operating Procedures for stores management and store room.	# standards achieved/ # standards set	Accounts records, financial reports. Stores Records			
1.9 Outreach	1.9.1 Outreach itinerary available and adhered to	# outreach activities/ # outreach activities planned	Outreach itinerary and reports			
1.10 Community satisfaction	1.10.1 System in place to collect, file and respond to individual community suggestions and complaints	# suggestions and complaints responded to within 2 weeks/# suggestions and complaints received	Records			
<b>2. Human Resource</b>						
<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 At least 75% of the establishment for professional health staff at the HC filled	# available professional health staff / # Establishment for facility	Registers / reports			
	2.1.2 At least 75% of the establishment for non medical and support staff at the Health Centre filled	# available non medical and support staff / # Establishment for facility	Registers / reports/ interviews			
	2.1.3 Analysis of staff attrition, recommendations made and actions taken	# staff separating during period/ # of employees available	Registers / reports/ interviews			
		# of staff recruited/ # of employees available	Registers / reports/ interviews			
	# actions taken /# recommendations made to reduce attrition	Registers / reports/ interviews				

<b>Functional Area and Guiding Questions</b>	<b>Minimum Acceptable Standards</b>	<b>Indicators</b>	<b>Source of Information</b>	<b>PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>CURRENT PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>Comments</b>
<b>2.2 Human Resources management</b>	<b>2.2.1</b> All staff appraised according to job description annually and individual career plan developed.	# job descriptions/ # staff categories	Records and interviews, sampling			
		# of employees appraised and career plan developed / # of employees due for appraisal	Records and interviews, sampling			
	<b>2.2.2</b> Staff development and training plan in place and adhered to	Existence of Staff development and training plan	HR records			
		#of planned staff training activities at Health Centre during the period / # planned	Reports, minutes of (technical) meetings			
		# of professional staff on study leave/ total # professional staff	Reports, minutes of (technical) meetings			
		Availability of leave plan # of professional staff who attended workshops, seminars in the period under review/ Total # of staff	Leave plan, interviews			
	<b>2.2.3</b> Leave Plan in place and adhered to.	# of staff who have taken leave during period / total #. of staff	Reports, minutes of (technical) meetings			
		# of staff who have taken leave during period/ Total # of staff on leave plan (analyse by type of leave and number of leave days)	Records			
<b>2.2.4</b> All eligible staff receiving their housing and other benefits.	# staff receiving housing allowance/ total # staff	Accounts records				
<b>2.3 HIV/AIDS workplace policy</b>	<b>2.3.1</b> HIV/AIDS workplace policy available and adhered to	All staff aware about HIV policy and key elements	Reports			
<b>2.4 Community Health Volunteers (CHV)</b>	<b>2.4.1</b> 1 active Community Health Worker per 500 population	Total # of Community Health Workers in catchments area	HMIS and CHW reports			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
		# of Community Health Workers per 500 population/catchment area population	HMIS			
	2.4.2 70% existing Community Health Workers active	# of reporting Community Health Workers / Total No. Community Health Workers	HMIS and CHW reports			
	2.4.3 100% Community Health Volunteers supervised by Health Centre Staff.	# supervisory visits for Community Health Volunteers / total number of Community Health Volunteers	Records and interviews			
		# Community Health Volunteer reports reviewed by Health Centre staff/ # reports	Records			
	2.4.4 100% of active Community Health Volunteers receive at least 1 kit per month per 1000 population	#. Community Health Volunteers receiving 1 kit per months/ total # active CHW	Records, interviews			
<b>3. Quality of care and curative services</b>						
<i>Objective: To provide quality health services according to national approved guidelines and SOP</i>						
<b>3.1 Out Patients Department</b>	3.1.1 All Patients are treated according to ITG's	#. of patients treated according to ITG's/No. sampled.	OPD Register, Patients' case records			
	3.1.2 Health Centre has a properly equipped and functioning ORT corner	Presence of a diarrhoea corner meeting standards	Observation			
	3.1.3 Health Centre has a regular programme of health education.	#. of health education activities carried out during period.	Health Education Register Observation Client interview			
<b>3.2 General Clinical and Nursing care, In patients Department</b>	3.2.1 All patients with detailed history and examination, appropriate diagnosis and treatment on first contact at Out Patient Department and admission.	#. of patients correctly managed / # of patients sampled.	Patient Records			
		Presence of ITG				

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	3.2.2 All in patients reviewed daily by trained staff	# of patients reviewed daily by trained staff / # sampled.	Patients' Records			
	3.2.3 In Patients are treated according to ITG's	# of patients treated according to ITG's / # sampled.	Register, patient records			
	3.2.4 Nursing protocols available and adhered to	# of patients managed according to nursing protocol / #. sampled.	Cadex, Patient records			
3.3 Clinical meetings	3.3.1 Clinical meetings/ Quality Assurance held and recommendations implemented (to include mortality reviews) and recommendations implemented.	# of recommendation implemented / Total # recommendations	Records and minutes			
3.4 Referral	3.4.1 20% of patients referred to higher level	# of referrals /total number of patients	Records			
	3.4.2 All patients referred have feedback given to referring institution	# of referred patients with feedback / Total # of patients referred	Referral documents Patients' registers Patients' records			
3.5 Laboratory	3.5.1 Laboratory tests 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	Records			
3.6 Imaging X-ray (where applicable)	3.6.1 Safety measures against radiation in place and adhered to.	Badges read, protection for patients, annual inspection by Radiation board	Records and physical check			
3.7 Infection Prevention	3.7.1 Health Centre meets infection prevention standards	# standards met/ # standards	Physical check			
<b>4. Integrated Child Health and Nutrition</b>						
<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			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
<b>4.2 Expanded Programme for Immunization</b>	<b>4.2.1</b> 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			
<b>4.3 Nutrition</b>	<b>4.3.1</b> Less than 20% Underweight prevalence in children below 5 years old.	# children under 5 underweight according to definition / # children weighed	HMIS and self assessment			
	<b>4.3.2</b> Strategies in place to address malnutrition in Health Centres Growth Monitoring and Promotion, 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			
	<b>4.3.3</b> All Baby Friendly Health Facility Initiative components fully implemented (Ten steps to successful breastfeeding, Code of marketing of breastmilk substitutes, HIV & Infant feeding, Mother Friendly Care)	# components fully implemented/ # components	Physical check MCH records Maternity records Schedule for support groups			
		# of babies breastfed for first 6 months / # of babies age 6 months sampled	MCH records IDSI reports Support group records			
	<b>4.3.4</b> 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			
# of children (12-59) months de-wormed/ total # of children (12-59 months )		Records, registers				
<b>4.4 Case Management</b>	<b>4.4.1</b> At least 90% of children under 5 years managed according to ITG / IMCI	#. of children treated according to ITG/IMCI / total # sampled (10)	Patient records, Registers Case management records			
	<b>4.4.2</b> At least 60% of Health Centre staff attending to children trained in IMCI	# staff trained in IMCI/ total # of staff attending to children	Interview and patient records, Standards, Observations.			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
<b>4.5 Community IMCI</b>	<b>4.6.1</b> All catchment areas implementing Community Based Growth Monitoring and Promotion	# of children underweight according to definition referred/total # of underweight children	Community Based Growth Monitoring and Promotion Reports, Referral forms			
		Evidence of activities promoting and supporting for exclusive breastfeeding for the first six months and complementary feeding	CBGMP activity Reports,			
		# children given Vitamin A supplementation and dewormed/ # children under 5 in each Community Health Worker catchment area	Records, registers			
	<b>4.6.2</b> All catchment areas implementing Community based immunisation strategy	# activities promoting immunisations e.g. RED/C strategy/total # catchment areas	Records			
	<b>4.6.3</b> Safe water and sanitation information is provided to care givers	# Care givers knowledgeable on basic hygiene, ORS, safe water and use of latrines/# sampled	Patient interviews and diarrhoea case number trend, observations			
<b>4.6.4</b> All catchment areas implementing community based malaria prevention programme	# children <5 have been issued an ITN or report sleeping under one/# sampled	ITN stock control cards/ child health registers/ interviews				
<b>4.7 School Health</b>	<b>4.7.1</b> School health activities planned and implemented	# of schools visited/ total # of schools available in catchment area	Records, reports			
		# of school children screened for bilharzias/ total # eligible school children	Records, reports			
		No. of school children dewormed during period/ total no school children.	Records, reports			
		Number of school going children given TT/ total no of school children	Records, reports			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	4.7.2 Health Education on HIV/AIDS conducted at each school visited	# of Health Education sessions on HIV/AIDS conducted/ Total #. of schools in the catchment area	HE Register			
<b>5. Integrated Reproductive Health</b>						
<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 under review	# of activities implemented during quarters under review/# of activities planned in same period	Action plan and report			
	5.1.2 At least one midwife available at all times	# midwives present	Physical verification Staff returns			
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 quarter	HMIS, CSO			
	5.2.2 80% pregnant women accessing Focused Antenatal Care as per guidelines	# of women receiving Focused Antenatal Care /Total no. of antenatal care visits	HMIS, safe motherhood register, interviews, observations			
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 90% ANC clients deliver in HC	# supervised deliveries/ # Antenatal Care clinic first attendances	HMIS, Safe motherhood and delivery registers			
	5.3.3 80% of facility deliveries assisted by skilled attendants (Including skills for mgt of neonatal complications)	# deliveries assisted by professional attendant (midwife, nurse, Medical Officer) / total # facility deliveries	HMIS, self assessment,			
5.4 EOC	5.4.1 Health Centre should be able to provide Basic Emergency Obstetric Care standards ( <i>ability to provide IV antibiotics, oxytocin, eclampsia, manual</i> )	# Basic Emergency Obstetric Care services available/ # Basic Emergency Obstetric Care standards	Observation, reports, interviews with staff			(Emergency Obstetric Care assessment tool available at MOH)

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	<i>removal of placenta, assisted instrumental delivery, evacuation of retained products of conception)</i>					
<b>5.5 Referral system</b>	<b>5.5.1</b> 5-20% of deliveries referred to higher level	# of referrals during period/ total no deliveries.	Observation, reports, interviews with staff			
<b>5.6 Maternal Deaths</b>	<b>5.6.1</b> All maternal deaths reviewed with district, health centre and Neighbourhood Health Committees, recommendations made and actions taken	#. maternal deaths reviewed / #. maternal deaths	Records, maternal death forms reports on actions taken, interviews			
		# actions taken/ # recommendations made	Records			
<b>5.7 Neonatal care</b>	<b>5.7.1</b> All neonates managed according to guidelines	# neonates managed according to guidelines/ # neonates	Observation, Interview			
	<b>5.7.2</b> All stillbirths reviewed, recommendations made and actions taken.	# of stillbirths reviewed / # of still births # actions taken/# recommendations	Maternity register, reports HMIS			
<b>5.8 Post Natal Care</b>	<b>5.8.1</b> 50% women in rural and 90% women in urban areas expected to deliver attend postnatal clinic at least once within 6 days of delivery.	# women attending postnatal clinic / #. Expected deliveries	HMIS			
		#. women attending PNC in the 1 <sup>st</sup> week / #. women delivered in the health centre or with Traditional Birth Attendants	Safe motherhood registers, delivery registers			
<b>5.9 Family Planning</b>	<b>5.9.1</b> 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	# women on continuous family planning/ # sampled in register	Family planning register			
		Average # of visits per 1 <sup>st</sup> FP uptake	HMIS register and reports			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	5.9.2 Health Centre offers comprehensive Family Planning service (Pill, Injectable, patch, IUCD, condom male and female)	# methods available and provided at least once/ # methods in the guidelines	Observation, interview, FP register			
<b>6. HIV/AIDS, STIs and Blood Safety</b>						
<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>						
<b>6.1 General</b>	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 Trained counsellors for HIV available	# Staff trained as HIV counsellors available / total # of staff	Records, staff interview and registers			
	6.1.3 Integrated Diagnostic, Counselling and Testing available for Tuberculosis, Sexually Transmitted Infection, Antenatal clients and Inpatients	# TB pts counselled / total no. of TB pts	Registers, records, reports			
		# of Sexually Transmitted Infection clients counselled / total # of Sexually Transmitted Infection clients	Registers, records, reports			
		# of pregnant women counselled and tested/# first attendances at ante natal care clinics	Registers, records, reports			
		# In patients tested for HIV/# Inpatients admitted	Registers, records, reports			
6.1.4 All relevant guidelines and protocols are available	# Updated protocols and guidelines available/# protocols and guidelines recommended	observation, physical check				
<b>6.2 Antenatal Care</b>	6.2.1 PMTCT service available and functioning according to standards. (e.g. Coverage of ARV prophylaxis, infant feeding counselling, institutional deliveries, PNC)	# services available/ # services according to standards	PMTCT registers			
<b>6.3 Anti Retroviral</b>	6.3.1 Health Centre accredited for	Accreditation certificate	Accreditation certificate			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
<b>Therapy (ART)</b>	ART service provision	available				
	<b>6.3.2</b> ART services provided as per guidelines	# of clients enrolled on ART or pre ART register / total # of HIV +ve clients	Interview, records, Pre-ART and ART registers			
	<b>6.3.3</b> Referral system for ART in place	# eligible clients referred to ART clinic/ # eligible clients	Referral slips			
	<b>6.3.4</b> 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			
	<b>6.3.5</b> All eligible pregnant women on HAART	# of women refereed for ART / # women eligible	PMTCT registers			
<b>6.4 Paediatric HIV</b>	<b>6.4.1</b> All eligible children on ART	# of eligible children on ART/ # eligible children sampled	ART Register ART Dispensing tool			
	<b>6.4.2</b> 80% children to HIV +ve mothers given prophylaxis/Cotrimoxazole	#of children born of HIV+ mothers who received prophylaxis/Total # of children born of HIV+ mothers	Registers Delivery registers			
	<b>6.4.3</b> 80% children born of HIV+ mothers tested for HIV at 18 months	# children tested at 18 months / # of children PMTCT	Register			
<b>6.5 Sexually Transmitted Infections</b>	<b>6.5.1</b> All clients with Sexually Transmitted Infections treated according to ITG's /Syndromic management including contact tracing	# Sexually Transmitted Infections clients treated according to guidelines/No. sampled	Patients records			
	<b>6.5.2</b> HIV counselling and testing for Sexually Transmitted Infections patients,	No. tested/No. attending	STI clinic register, HMIS			
<b>6.6 Referral systems</b>	<b>6.6.1</b> Link between ART service delivery points exists	# of patients referred from service delivery points/total # patients	ARTIS			

## 7. Tuberculosis

*Objective: To halt and begin to reduce the spread of TB through effective interventions*

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
<b>7.1 General</b>	<b>7.1.1</b> 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			
	<b>7.1.2</b> 70% Pulmonary TB cases supported by a sputum +ve test	# New Pulmonary TB cases diagnosed with positive sputum/ # newly diagnosed TB cases.	HMIS, District TB register			
	<b>7.1.3</b> 80% patients complete treatment and have sputum confirmed negative to AFB at 8 months	# sputum positive TB patients started on treatment / # patients completing treatment and testing sputum negative at 8 months	TB Cohort reports, HMIS			
	<b>7.1.4</b> Defaulter tracing (follow up within 1 month)	# of defaulters traced / Total # defaulters	TB Reports			
	<b>7.1.5</b> Causes for all deaths of TB patients identified, recommendations made and actions taken	# actions taken / # recommendations made	TB reports and records			
<b>8. Malaria</b>						
<i>Objective: To halt and reduce the incidence of malaria by 75% and mortality due to malaria in children under five by 20%</i>						
<b>8.1 General</b>	<b>8.1.1</b> 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			
<b>8.2 Malaria case management</b>	<b>8.2.1</b> 80% of malaria diagnosis confirmed with lab investigations (slide / RDT)	# of lab. Confirmed malaria diagnoses/ Total #. of malaria cases reported as malaria	Consolidated lab data and HMIS			
	<b>8.2.2</b> All malaria cases (suspected or confirmed) treated according to guidelines	# of cases treated according to guidelines / # total malaria cases	registers, reports			
	<b>8.2.3</b> Malaria CFR among U5 below 20 / 1000	# deaths attributed to confirmed malaria in children under 5/ # confirmed malaria cases in children under 5	HMIS			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
8.3 Malaria prevention	8.3.1 75% pregnant women and U5 report to sleep under an ITN	# pregnant women and care takers of children under 5 years reporting sleeping under an ITN previous night/ sample interviewed (25 pregnant women and 25 children under 5 years)	IMCI exit forms) ITN distribution records			
	8.3.2 Integrated Vector Management plan developed and followed	# actions in Integrated Vector Management plan undertaken/ # recommendations made	IVM Plan, Reports			
<b>9. Epidemics Control and Public Health Surveillance</b>						
<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 Epidemiological reports of notifiable diseases compiled according to standards	# of reports during the period/ # of cases found in the registers.	Weekly Epidemiological Report Records (ND1 and ND2) Registers			
	9.2.2 All reported notifiable cases followed up according to guidelines.	#of reported notifiable cases followed up/ total # of notifiable cases	HMIS, records Health Facility Follow-up Report.			
9.3 Epidemic Preparedness Prevention, Control and Management (EPPCM).	9.3.1 Epidemic Preparedness Prevention, Control and Management Committee at Health Centre meeting quarterly	# of meetings held/ # of meetings planned	Minutes, reports and schedule of meetings			
	9.3.2 Community participation in Epidemic Preparedness Prevention, Control and Management Committee meetings.	# of meetings with community involvement/ # meetings held	Minutes, reports and schedule of meetings			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	9.3.3 Supplies/equipment for epidemic control according to standards	# available items / total # required as per standards.	Interviews, records and observations			
	9.3.4 Health Centre has an Emergency Preparedness Plan describing how the organization will effectively respond to disasters or emergencies and epidemics	Plan exists and rehearsed by staff members twice a year.	Observations and Records / Interviews			
<b>10. Environmental Health and Food Safety</b>						
<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>						
<b>10.1 General</b>	10.1.1 At least 80% of planned activities under Environmental Health and Food Safety implemented for period	# of activities implemented / # of activities planned for period	Action plan and report			
	10.1.2 Updated environmental health map and information on catchment area available.	Updated environmental health map on display	Observation, EH records			
	10.1.3 Emergency preparedness plan developed and staff familiar with plan	# staff familiar with plan/ # staff interviewed	Observations and Records			
<b>10.2 Inspections</b>	10.2.1 All premises complying with public health standards.	#. of premises inspected /Total #. of premises	EH Records			
	10.2.2 All foodstuff sold to the public comply with Legal standards	#. of foodstuffs inspected complying with legal standards / Total # of foodstuffs inspected	Food Registers			
	10.2.3 100% Food Handlers meet hygiene standards through medical examinations	# of Food Handlers examined / Total # of Food Handlers	Environmental Health Reports			
<b>10.3 Water safety and Sanitation</b>	10.3.1 80% coverage of safe water and excreta disposal facilities in catchment area.	# Ventilated Pit Latrines or toilets/ # households in catchment area	EH Records			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
		# households accessing safe water/ # households	EH Records			
	<b>10.3.2</b> Water supplies tested according to guidelines	#. of water supplies tested during period/ # water supplies	EH Records			
	<b>10.3.3</b> 90% water supplies complying with WHO standards	# of samples complying with WHO standards/ # samples collected.	EH Records			
<b>10.4 Waste Management</b>	<b>10.4.1</b> Health Centre complies to waste management standards.	# standards achieved/#standards	Observation, Interview			
	<b>10.4.2</b> Refuse pits meet standards	# refuse pits fenced/# refuse pits	Physical check			
	<b>10.4.3</b> Clinical waste disposal system safe and complying with standards (Presence of Waste bins with cover, Safety boxes and functioning incinerator)	# standards met/ # standards	Observation, interviews, guidelines			
<b>11. Essential drugs and medical supplies</b>						
<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>						
<b>11.1 DILSAT</b>	<b>11.1.1</b> Use of Standard Operating Procedures (SOPs) for stores management.	# of standards achieved / # of standards Pharmaco vigilance reporting formats available	Observation, bin cards, stock control register (including pharmacy, general stores)			
	<b>11.1.2</b> DILSAT(drugs and supplies management) procedures implemented	# of months with consumption figures calculated./ # of months	Pharmacy records.			
		# Expired supplies managed according to DILSAT/# expired supplies	Pharmacy records			
<b>11.1.3</b> Availability of Essential Drugs	# stock outs during period/ # essential drugs	Pharmacy records, HMIS.				

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
		Amount and type of expired drugs during period	Observation, Pharmacy records.			
		#. of stock outs of vaccine(s) /# vaccines	EPI records			
		Amount and type of expired drugs during period	Records, physical check			
		# of drug kits opened /1000 patients	HMIS			
	<b>11.1.4</b> Ability to carry out lab diagnosis of malaria, TB, common bacterial infections, HIV tests	# stock-outs of malaria diagnostics either Giemsa or RDTs/ # number of months	Interview, records			
		# stock-outs of TB reagents/# months	Records, physical check			
		# stock-outs of HIV reagents/#months	Records, physical check			
		#stock-outs of RPR/#months	Records, physical check			
	<b>11.1.5</b> Review of prescription patterns and rational use of drugs promoted by Drugs and Therapeutic Committee	# prescriptions with antibiotic/ # prescriptions ( Antibiotic use less than 40%children under 5 years and 20% adults).	Observation, records, sampling OPD records, interview.			
	<b>11.1.6</b> Active pharmacovigilance conducted according to standards	# patient history taken to identify side effects/# patients records sampled	Pharmacovigilance reports / ARV Dispensing Tool			
	<b>12. Infrastructure and equipment</b>					
<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>						
<b>12.1 Maintenance of Buildings, Equipment, and Grounds</b>	<b>12.1.1</b> Buildings, Grounds, and equipment maintained according to standards	# of standards met / Total # of standards.	Reports, Standards			

Functional Area and Guiding Questions	Minimum Acceptable Standards	Indicators	Source of Information	PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)	CURRENT PA PERIOD Number / Rate/yes/no (6 months)	Comments
	<b>12.1.2</b> Preventative maintenance schedule in place and implemented	# equipment serviced/#equipment sampled	Records			
<b>12.2 Transport</b> (set Minimum standards: Cars, Motorbikes, Ambulances, Boats where necessary)	<b>12.2.1</b> Transport available and maintained according to standards	# of vehicles available / standards of vehicles	Observation, Records Physical check; Log book Records			
		# functional vehicles / # vehicles available	Observation, Records Physical check; Log book Records			
	<b>12.2.2</b> Availability of Transport Schedule and adhered to	# trips made according to schedule /# trips planned	Transport schedule			
	<b>12.2.3</b> Preventive Maintenance Plan available and followed	# motorised transport serviced / # motorised transport due for service	Vehicle log books			
	<b>12.2.4</b> Vehicles log books maintained as per standards	# of vehicles with correctly updated logbook/# of vehicles	Log books			
<b>12.3 Laboratory and X-ray</b>	<b>12.3.1</b> Equipment and supplies according to standard for level of Health Centre	# Standards achieved/ total # standards	Observation, records			
<b>12.4 Laundry</b>	<b>12.4.1</b> Equipment and supplies according to standard for level of Health Centre	# functional equipment /# equipment required.	Observation, records			
	<b>12.4.2</b> Laundry being handled in a hygienic and appropriate manner.	# standards achieved/# standards	Observations, records			
<b>12.5 Kitchen</b>	<b>12.5.1</b> Equipment and supplies according to standard for level of Health Centre	# of functional equipment /# equipment required.	Observation, records			
	<b>12.5.2</b> Food hygiene standards being observed at all stages of preparation	# standards achieved/ # standards	Observation, records			
		# of Kitchen staff with up to date medical certificates /Total # of staff	Records			
<b>12.6 Mortuary</b>	<b>12.6.1</b> Equipment present and functioning according to standards for level	# standards achieved/#standards	Observation			

<b>Functional Area and Guiding Questions</b>	<b>Minimum Acceptable Standards</b>	<b>Indicators</b>	<b>Source of Information</b>	<b>PREVIOUS PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>CURRENT PA PERIOD Number / Rate/yes/no (6 months)</b>	<b>Comments</b>
	<b>12.6.2</b> All unclaimed bodies removed after six weeks.	# of bodies removed / # of unclaimed bodies during period.	Mortuary Records			
<b>12.7 Cold chain</b>	<b>12.7.1</b> Vaccines, blood units and reagents stored at correct temperatures	# vaccines, reagents, blood units stored at recommended temperatures/# sampled	physical checks, temperature charts,			
<b>12.8 Communication</b>	<b>12.8.1</b> Health Centre able to communicate with nearest facility providing Comprehensive Emergency Obstetric Care	Working communication system in place	Physical checks			

**Summary**

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**List of participants**

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**List of achievements**

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<b>PROBLEM IDENTIFIED</b>	<b>ANALYSIS</b>	<b>RECOMMENDATIONS</b>	<b>BY WHEN</b>	<b>BY WHOM</b>

**Technical Support to be provided by District Health Office**

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- .....

District Health Office

Assessed Health Centre

Date

Date



Republic of Zambia  
MINISTRY of HEALTH

# Performance Assessment Tool for Training Institutions

PREPARED BY:

DIRECTORATE OF TECHNICAL SUPPORT SERVICES

WITH SUPPORT FROM THE HEALTH SYSTEMS SUPPORT PROGRAMME

JULY 2007



**Republic of Zambia - Ministry of Health**  
**Performance Assessment Tool for Training Institutions**

Province:..... Name of Training Institution:.....

Period under Review:..... Date of assessment:.....

FUNCTIONAL AREA	MINIMUM ACCEPTABLE STANDARD	INDICATOR	SOURCE OF INFORMATION	PREVIOUS PA PERIOD (6 months)	CURRENT PA PERIOD (6 months)	COMMENTS
<b>1. General Administration / Systems Strengthening / Governance</b>						
<i>Objective: To strengthen existing operational systems, financing mechanisms and governance arrangements for efficient and effective delivery of health services</i>						
<b>1.1 Action points from previous PA</b>	<b>1.1.1</b> 80% of action points from previous PA addressed according to agreed timelines.	# of recommendations made during previous PA addressed / # of recommendations	Actions taken report and previous PA report; records and physical checks			
		List unresolved AP's and indicate reasons why	Actions taken report and previous PA report; records and physical checks			
<b>1.2 Review of Action Plan</b>	<b>1.2.1</b> Action plan reviewed using information from Performance Assessment	Updated action plan and budget available	Updated Action Plan			
	<b>1.2.2</b> 80% of the planned activities for the period under review fully completed.	# of planned activities completed / total # of activities planned	Activity reports; Action Plan			
<b>1.3 Institutional meetings</b>	<b>1.3.1</b> Management Meeting (Monthly)	# of meetings held / # of meetings planned for period	Minutes			

	<b>1.3.2</b> Education Committee meeting (Quarterly)	# of meetings held / # of meetings planned for period	Minutes			
	<b>1.3.3</b> Student Disciplinary Committee meeting (Ad hoc)	All disciplinary actions agreed by Student Disciplinary Committee	Minutes			
	<b>1.3.4</b> Finance / procurement meeting (Monthly)	# of meetings held / # of meetings planned for period	Minutes			
	<b>1.3.5</b> General Student – Staff Meeting (Monthly)	# of meetings held / # of meetings planned for period	Minutes			
<b>1.4 Recruitment</b>	<b>1.4.1</b> Student enrolment	General nursing: # of students enrolled / recommended capacity	Student register			
		Midwifery: # of students enrolled / recommended capacity	Student register			
	<b>1.4.2</b> Gender guidelines adhered to; Female/male ratio 3;1 on enrolment	# female enrolments-general nursing / total number of enrolments - general nursing	Student register			
		# female enrolments-midwifery / total number of enrolments - midwifery	Student register			
<b>1.5 Accounts</b>	<b>1.5.1</b> Financial Management according to FMIS standards (Standards: 1.5.1)	# of standards achieved / # of standards set	Accounts records Observations			
	<b>1.5.2</b> Designated TI accountant	Standard achieved	HR register			

	<b>1.5.3</b> Quarterly Financial Reports submitted	# of quarterly financial reports submitted / # of quarterly financial reports expected to be submitted	Reports			
<b>1.6 Stores</b>	<b>1.6.1</b> Use of standard operating procedures for stores management and store room (Standards 1.6.1)	# of standards achieved / # of standards set	Stores records Observations			

## 2. Human Resource

*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.*

<b>2.1 Human Resources – Teaching Staff</b>	<b>2.1.1</b> At least 75% of tutor (lecturer) establishment filled	General Nursing: # of tutors (lecturers) / MoH establishment for TI	HR Register			
		Midwifery: # of tutors (lecturers) / MoH establishment for TI	HR Register			
	<b>2.1.2</b> At least 75% of clinical instructor establishment filled	General Nursing: # of clinical instructors / MoH establishment for TI	HR Register			
		Midwifery: # of clinical instructors / MoH establishment for TI	HR Register			
	<b>2.1.3</b> Tutor (classroom) to student ratio: 1 per 20 students	General Nursing: # of tutors (lecturers) / # of students	HR register Student register			

		# tutors/ # courses taught				
		Midwifery: # of tutors (classroom)/ # of students	HR register Student register			
	<b>2.1.4</b> Clinical Instructor to student ratio: 1 per 10 students	General Nursing: # of clinical instructors / # of students	HR register Student register			
		Midwifery: # of clinical instructors / # of students	HR register Student register			
	<b>2.1.5</b> At least 75% of external (guest) lecturer needs fulfilled	General Nursing: # of guest lecturer hours hired / # of guest lecturer hours required				
		Midwifery: # of guest lecturer hours hired / # of guest lecturer hours required				
<b>2.2 Human Resources – Non-teaching and support staff</b>	<b>2.2.1</b> At least 75% of non-teaching and support staff establishment filled (List all the different cadres: e.g. accountant, librarian, secretary, driver, housekeeper, cook, security, CE's, etc.)	# of non-teaching staff / MoH establishment for Training Institute	HR register			

<b>3. Infrastructure and equipment</b>						
<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>						
<b>3.1 Academic facilities</b>	<b>3.1.1</b> Classrooms and Skills lab and offices meeting standards (Standards 3.1.1)	# of standards achieved / # of standards set	Physical check			
<b>3.2 Library</b>	<b>3.2.1</b> Minimum standards for library facility met (Standards 3.2.1)	# of standards achieved / # of standards set	Records Observations Physical check			
<b>3.3 Teaching aids</b>	<b>3.3.1</b> Availability of teaching aids as per standard (Standards 3.3.1)	# of standards achieved / # of standards set	Asset register Physical check			
<b>3.4 Equipment</b>	<b>3.4.1</b> Availability of ICT / communication equipment as per standard (Standards 3.4.1)	# of standards achieved / # of standards set	Asset register Physical check			
<b>3.5 Transport</b>	<b>3.5.1</b> Minimum one institutional utility vehicle and one bus (Standards 3.5.1)	# of standards achieved / # of standards set	Asset register; Policy; logbooks			

<b>4. Academic Performance</b>						
<b>4.1 Student Performance</b>	<b>4.1.1</b> Examination pass rate > 85 %	General Nursing: # of students passed / # of students entering the exam	Exam results (1 <sup>st</sup> and 2 <sup>nd</sup> attempt)			

		Midwifery: # of students passed / # of students entering the exam	Exam results (1 <sup>st</sup> and 2 <sup>nd</sup> attempt)			
	<b>4.1.2</b> Progression rate > 85 %	General Nursing: # of students progressed to next semester / total # of students	End of semester exam results; Enrolment register			
		Midwifery: # of students progressed to next semester / total # of students	End of semester exam results; Enrolment register			
<b>4.2 Teaching staff performance</b>	4.2.1 Completed Planned Continuous Assessment of teaching staff	# of teaching staff assessments by principal tutor / # of assessments planned	Continuous Tutor Assessment Guidelines;			
		# of teaching staff assessments by students / # of assessments planned	Student – tutor evaluation			
<b>4.3 Curriculum performance</b>	<b>4.3.1</b> 100% of planned courses in curriculum covered	# of courses in curriculum taught / # courses in curriculum planned	Classroom register, curriculum			
	<b>4.3.2</b> Courses in curriculum delivered by appropriate teacher	# of courses in curriculum delivered by appropriate teacher / total # of courses in curriculum taught	Classroom register			
	<b>4.3.3</b> Course Evaluation done	# of courses evaluated / # of courses given	Course evaluation forms / records			
	<b>4.3.4</b> Training Master Plan available.	Master plan available and displayed and implemented	Master plan reports			

<b>4.4 Student practicals</b>	<b>4.4.1</b> Recommended practicals completed (including assessments)	# of students who completed all practicals / total # of students	Student evaluation manuals; assessment forms and report book			
	<b>4.4.2</b> Practical sites GNC or MCZ accredited	# of practical sites GNC or MCZ accredited / total # of practical sites	School register			
	<b>4.4.3</b> midwives delivery experience					

<b>5. Student / staff welfare:</b>						
<b>5.1 Recreation facility</b>	<b>5.1.1</b> Minimum standards for recreation are met (Standards: 5.1.1)	# of standards achieved / # of standards set	Assets register Observation			
<b>5.2 School kitchen / cafeteria / dining hall</b>	<b>5.2.1</b> Minimum standards for student catering are met (Standards: 5.2.1)	# of standards achieved / # of standards set	Assets register observation			
<b>5.3 Hostels / Student accommodation:</b>	<b>5.3.1</b> Student accommodation meeting minimum standards (Standards: 5.3.1)	# of standards achieved / # of standards set	Physical check, school records			
<b>5.4 Student welfare</b>	<b>5.4.1</b> Access to standard medical care provided	Medical care for students available	Policy paper, records			
	<b>5.4.2</b> HIV school / workplace policy available	Policy available and known by staff and students	Policy document, hospital records; Student interviews			
	<b>5.4.3</b> Gender policy and Gender Focal Point person	Policy and gender FPP available and known by staff and students	Policy document; Student interviews			

	available					
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### Training Institution Standards

<p><b>1.5.1 Financial Management:</b></p> <ol style="list-style-type: none"> <li>1) All general vouchers completed</li> <li>2) Daily update of cash book and ledger cards</li> <li>3) Daily cash reconciliations</li> <li>4) Evidence of monthly random checks by principal tutor</li> <li>5) Monthly schedule of outstanding imprest</li> <li>6) Updated inventory of fixed assets available</li> <li>7) 100% of assets labelled</li> </ol>	<p><b>1.6.1 Stores Management:</b></p> <ol style="list-style-type: none"> <li>1) Burglar bars</li> <li>2) Grill door</li> <li>3) Fire extinguishing equipment</li> <li>4) Adequate storage procedures (Rodent protection, moisture protection, temperature control)</li> <li>5) Goods arranged according to FEFO and FIFO</li> <li>6) Stock control cards present and up to date for all goods</li> <li>7) Monthly physical count</li> </ol>
<p><b>3.1.1 School academic facilities:</b></p> <ol style="list-style-type: none"> <li>1) Minimum 2 spacious classroom</li> <li>2) Minimum one skills lab / demonstration room as per standards</li> <li>3) Teaching staff offices (one per tutor)</li> <li>4) Common staff room</li> </ol>	<p><b>3.2.1 Library facility:</b></p> <ol style="list-style-type: none"> <li>1) Library to sit 25% of school capacity (minimal)</li> <li>2) Resource books at least 2 copies of each recommended titles</li> <li>3) Study books for circulation - book: student ratio of 1 : 10</li> <li>4) One trained library assistant</li> <li>5) Computer with internet facility</li> </ol>
<p><b>3.3.1 Teaching aids:</b></p> <ol style="list-style-type: none"> <li>1) All anatomical models and charts</li> <li>2) Overhead projector</li> <li>3) Slide projector</li> <li>4) Writing boards / flip charts</li> <li>5) TV set with video cassette recorder and / or DVD player</li> <li>6) LCD and laptop</li> <li>7) Photo camera</li> <li>8) All required rugs &amp; medical supplies</li> </ol>	<p><b>3.4.1 IT and communication equipment:</b></p> <ol style="list-style-type: none"> <li>1) Computers (one per tutor)</li> <li>2) Facsimile</li> <li>3) E-mail and internet access</li> <li>4) Telephone</li> <li>5) Photocopier</li> </ol>
<p><b>3.5.1 Transport:</b></p> <ol style="list-style-type: none"> <li>1) One utility vehicle</li> <li>2) One student minibus</li> <li>3) Transport policy (usage, maintenance, etc.)</li> <li>4) Logbooks maintained and signed</li> </ol>	<p><b>5.1.1 Recreation facilities:</b></p> <ol style="list-style-type: none"> <li>1) TV set</li> <li>2) VCR and / or DVD player</li> <li>3) DSTV access</li> <li>4) Sports equipment</li> <li>5) Sports ground</li> </ol>
<p><b>5.2.1 Student catering (Kitchen / cafeteria / dining hall):</b></p> <ol style="list-style-type: none"> <li>1) Minimum of 3 cooks</li> <li>2) Minimum 2 uniforms per cook</li> <li>3) Biannual medical examination of food handlers</li> <li>4) minimum of 2 electrical cooking pots</li> <li>5) Cold room &amp; kitchen store room</li> <li>6) Fire fighting equipment</li> <li>7) Sufficient sitting capacity</li> </ol>	<p><b>5.3.1 Student accommodation / hostels:</b></p> <ol style="list-style-type: none"> <li>1) Maximum 2 students per room</li> <li>2) ITN's provided</li> <li>3) Toilets: 1 per 6 students</li> <li>4) Showers: 1 per 8 students</li> <li>5) Sanitary towels disposal facilities available</li> <li>6) Student lounge / recreation hall</li> <li>7) Fire fighting equipment</li> </ol>

8) Hand and utensils washing facilities	8) Housekeeper / 'Student mother'
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**Summary**

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**List of participants**

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**List of achievements**

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<b>PROBLEM IDENTIFIED</b>	<b>ANALYSIS</b>	<b>RECOMMENDATIONS</b>	<b>BY WHEN</b>	<b>BY WHOM</b>

**Technical Support to be provided by Provincial Health Office**

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Provincial Health Office

Assessed Training Institution

Date

Date