

【DHMT LEVEL】 Performance Standard and Criteria for Supervision (Version 0.6)

I.MANAGERIAL AREAS				Code
I-I Data Management				
1	All health related records are kept in an appropriate manner in DHMT office	1	Standard directory of filing is available and updated.	1
		2	All sections, columns and cells of registers/reports are completed.	2
2	Data management is conducted properly every month	1	Report submission checklist is available and updated monthly and reminders given to Sub-Districts about outstanding reports.	3
		2	Data is cleaned and validated to ensure consistency and accuracy.	4
		3	Data is analyzed and report is generated for decision making.	5
		4	Report is discussed (refer to minutes) at the DHMT, is submitted to RHMT and feedback is given to Sub-Districts	6
		5	Analyzed data is displayed at the DHMT	7
I-II Financial Management				
1	Financial Management is conducted properly.	1	Internally Generated Fund and other funds of SDHT and expenditure are recorded.	8
		2	Expenditure requests from SDHT and CHPS level are scrutinized and appropriate action are taken.	9
		3	Income and expenditure transactions of DHMT, SDHT and CHPS are recorded and monitored.	10
		4	Annual plans and budgets of SDHTs (and CHPS) are collated and copies are submitted to RHMT	11
		5	Proposals for support have been submitted to other stakeholders including donors, governmental Agencies or Non-Governmental Organizations.	12
I-III Staff Management				
1	Regular management meetings are organized.	1	DHMT meetings are organized weekly or monthly and the minutes are available and up to date.	13
2	Implementation of staff management tools is ready.	1	Daily Attendance register is available and updated.	14
		2	Weekly or monthly activity schedules are available and updated.	15
		3	Monthly work plan of DHMT is available, implemented and monitored.	16
		4	Organogram is available and displayed.	17
3	Human Resource plan is available and updated	1	Nominal roll of staff is available and updated quarterly with copies to RHMT	18
		2	Training information of staff in DHMT, SDHT and CHPS level is recorded and updated.	19
		3	Training plan for the staff of DHMT, SDHT and CHPS level is available and monitored.	20
		4	Annual leave roster is available and updated	21
I-IV Supply Management				
1	Inventory management is conducted at facility.	1	All health commodities in the store are stocked above the re-order level.	22
		2	Monthly stock check is conducted (check returns and bin cards).	23
		3	Health commodities are being ordered and issued according to the established guideline.	24
		4	All commodities are received, organized and issued according to FEFO (First-to-Expire, First-Out).	25
		5	Damaged commodities are properly disposed and unserviceable commodities are stored separately or in the process of being returned.	26
		6	Useful items (e.g., stationeries) are set in order, and the stock items are categorized in an appropriate sections/area.	27
2	Monitoring of supply management is conducted at SDHT.	1	Monitoring of supply management is conducted at all SDHTs with feedback given to them and a report is submitted to RHMT.	28
I-V Transport, Equipment (and Facility)				
1	Vehicles and motorbikes are maintained.	1	Monthly motorbikes and regular vehicles servicing are conducted.	29
		2	Quarterly estimates of fuel requirements is available and monitored	30
2	All equipment and assets are stored and maintained.	1	Assets and equipment register is available and updated.	31
		2	All the equipment in use and in store is functional.	32
		3	All assets and equipment are well labeled.	33
3	Facility and the surroundings is well maintained and in good condition.	1	Surrounding of the facility is kept clean and the water source, light and pits or incinerators are functioning.	34
4	Management of the equipment of the District	1	The inventory list of DHMT, SDHT and CHPS level is up-dated.	35
		2	Annual equipment need for the district is available and updated	36
5	Plan of preventive maintenance is prepared	1	Plan for preventive maintenance of equipment is available and adhered to.	37
I-VI CHPS Expansion Plan				
1	CHPS Expansion Plan is monitored and up-dated.	1	CHPS Implementation Plan is monitored and updated every quarter and copied to the RHMT.	38
I-VII Service Integration				
1	Service Integrated plan is developed	1	Integrated Plan of all activities in the district by GHS, UNICEF, any other partner/donor or NGOs is developed and updated quarterly	39
I-VIII Collaboration				
1	Collaboration with other donors or governmental sector is conducted	1	Half-yearly meetings with partners, donors or NGOs is held and the minutes of the meeting available.	40
		2	Inter-sectorial action plan (medium-term) is available.	41
		3	Quarterly Meeting with DA or other governmental sectors is held and minutes of the meeting is available.	42
		4	Action plans of other governmental sectors are available.	43

II. QUALITY IMPROVEMENT AT WORKPLACE				
II-I Preventive Maintenance				
1	All equipment and assets are stored and maintained according to guidelines.	1	Non-functioning equipment is separated and stored at designated place for discarding or repairing.	44
		2	All manuals, instruction and necessary documents accompanied with equipment are filed or displayed properly at designated area for reference.	45
		3	Regular maintenance of equipment is conducted according to schedule	46
		4	All functioning equipment, computers and accessories are covered from dust after use.	47
II-II Infection Prevention & Control				
1	Universal standard precautions are followed.	1	Soap, alcohol and water are readily available for hand washing	48
		2	Implementation of routine cleaning is conducted according to schedule.	49
2	Waste management is conducted according to standard procedure	1	Waste containers are labeled and placed at appropriate places.	50
3	Planned Preventive Maintenance (PPM) is conducted	1	PPM is conducted according to schedule	51

III. SERVICE DELIVERY				
III-I Maternal/ Neonatal Health & Child Health				
1	Maternal and Neonatal Death Audit (MNDA) is conducted	1	All maternal health reports are collected and analyzed	52
		2	There are charts showing maternal health indicators (ANC, PNC, Skilled delivery or Vitamin A etc.) and well displayed	53
		3	Maternal and Neonatal deaths are reported within 24 hours.	54
		4	The MNDA is conducted within one week.	55
		5	The recommendations of MNDA are implemented within the facility responsible in a time frame.	56
		6	Quarterly MNDA review meetings are organized	57
III-II Disease Control / Surveillance				
1	Surveillance is conducted according to the Standard Operating Procedures (SOPs).	1	There is updated graph showing cases/vital events and diseases under surveillance (Yellow fever, Measles, Meningitis, AFP, cholera, GW, Rabies and Anthrax).	58
		2	There is line list/register of patients of diseases under surveillance/public health importance.	59
		3	There are spot maps showing areas in the sub-district where the diseases occur.	60
		4	Rumors register is available and used.	61
		5	Evidence of rumors is investigated and actions are taken.	62
2	EPI is conducted according to policy guidelines.	1	EPI reports are collated from Sub-District level and analyzed	63
		2	Dropout rate is calculated correctly and updated chart displayed.	64
		3	There is an updated monitoring Chart showing coverage of various antigens	65
		4	There is a chart showing wastage of various antigens.	66
		5	Evidence of defaulter tracing by sub-districts is prepared.	67
		6	Provision of technical support to service delivery points is done.	68
III-III Health Promotion				
1	Reproductive health promotion is conducted.	1	Technical support to sub-districts on Promotion of Family planning, early ANC, skilled delivery and PNC is provided.	69
		2	The number of population reached with health promotion is reported and collated [check monthly reports of Sub-District level].	70
2	IEC and health promotion materials are available and in use.	1	Materials of IEC and health promotion are available and in use (such as ANC, PNC etc. flip charts).	71
		2	Functioning audio visual equipment are available and ready for use.	72
3	Health promotion is supported and monitored.	1	Health promotion activities are monitored within the last 3 months	73

IV. REFFERAL & FEED BACK				
1	Referral system is functioning.	1	Referral coordinator are assigned	74
		2	Referral activities such as feedback, updating telephone directory, logistics request / distribution and transport arrangements are well coordinated.	75
		3	Referral system assessed through facilitative supervision	76
		4	Referral materials (Referral Booklets) are sufficient in stock and available in all facilities	77

V. MONITORING & SUPERVISION SYSTEM (FSV)				
1	FSV from DHMT to SDHT is conducted	1	Quarterly SDHT supervision is conducted for all Sub-districts.	78
		2	Supervision report is prepared and feedback given to all Sub-districts.	79
		3	FSV database is functional and updated quarterly.	80
2	All the monitoring sheets of CHPS and SDHT level are submitted to RHMT.	1	Copies of functional CHPS monitoring sheets and those of SDHT are submitted to RHMT.	81
3	The report and documents of DHMT level are submitted to RHMT on time.	1	Monitoring reports of DHMT to SDHT are submitted timely to RHMT.	82
		2	Action plan on FSV to SDHT available and implemented.	83
4	Quarterly Review Meetings are organized by the Supervisors of DHMT	1	Quarterly CHPS and SDHT Review Meeting are organized with full participation of all CHOs and Supervisors.	84
		2	Meeting report is available (Discussed results of FSV conducted to SDHT and CHPS as well as CHOs planned activities for the next quarter).	85
5	Technical support /supervision to SDHT is provided regularly.	1	Technical support/supervision to SDHT is carried out regularly.	86
6	Supervisions of SDHT to CHPS is monitored	1	Feedback about the supervisions of SDHT to CHPS is monitored.	87
8	Basic Information of CHPS and community is collected	1	Basic Information of CHPS and Community (i.e. population, durbars, volunteers, availability of CHAP or CETS) is collected and up-dated.	88