

【SDHT LEVEL】 Performance Standard and Criteria for Supervision (Version 3.6)

I.MANAGERIAL AREAS				Code
I-I Data Management				
1	All health related records are kept in an appropriate manner in SDHT office (ANC Register, Birth and Emergency plan, Maternal Health Record, Partograph, Postnatal Register, Child Health Records, Referral Records, Delivery register and Midwives Returns).	1	Standard directory is available and updated.	1
		2	All sections, columns and cells of registers/reports are completed.	2
I-II Financial Management				
1	Financial Management is conducted properly.	1	Internal Generated Fund and other funds expenditure is recorded properly and cash is banked.	3
I-III Staff Management				
1	Regular management meetings are organized.	1	SDHT meetings are organized monthly and the Minutes of the meeting are available and current.	4
		2	Quarterly SDHMT meetings are organized and Minutes available and current.	5
2	Implementations of Staff management tools are updated.	1	Daily Attendance register is available and current	6
		2	Weekly or Monthly duty roster for all staff is available and current	7
		3	Monthly work plan of Health Centre is available, implemented and monitored.	8
		4	Organogram is available and displayed.	9
I-IV Supply Management				
1	Proper Inventory management is conducted at facility.	1	All drugs and health commodities as specified in the SDHT guideline are stocked above the re-order level.	10
		2	Monthly stock check is conducted (check drugs returns).	11
		3	All commodities are kept in good condition, organized and issued according to FEFO (First-to-Expire, First-Out).	12
		4	Damaged or expired commodities are properly disposed and unusable drugs stored separately or in process of returning.	13
		5	Health commodities are ordered and issued according to the established guideline.	14
I-V Transport, Equipment (and Facility)				
1	Vehicles and motorbikes are maintained.	1	Monthly motorbikes and regular vehicles servicing are conducted.	15
2	All equipment and assets are stored and maintained properly.	1	Assets and equipment register is available and updated.	16
		2	All the equipment in use and in store is functional.	17
		3	Useful items (e.g., stationeries) are set in order, and the stock items are categorized in appropriate sections/areas.	18
		4	All assets and equipment are well labeled.	19
		5	Cold chain equipment (fridge) is properly managed with a thermometer and daily monitoring sheet for the temperature and/or stock.	20
3	Facility and the surroundings is well maintained and in good condition.	1	The rooms are organized well for the purpose. (Cleanliness and privacy are maintained.)	21
		2	Surrounding of the facility is kept clean and the water source, light and pits or incinerators are functioning properly.	22

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 in designated place for discarding or repairing.	23
		2	All manuals, instruction and necessary documents accompanied with equipment are filed or displayed properly in designated area.	24
		3	Regular maintenance is conducted according to "Schedule".	25
		4	Instructional paper is available for reference.	26
II-II Infection Prevention & Control				
1	Universal standard precautions are followed in the facility.	1	Soap, alcohol and water are readily available at each procedure room.	27
		2	Personal Protective Equipment (PPE) is readily available with appropriate stock (such as "disposable Glove", "Mask", "Cap"). [check procedure areas]	28
		3	Re-Usable Personal Protective Equipment (e.g., utility gloves, plastic apron, gowns, wellington boots, caps and goggles) are maintained, cleaned and stored properly.	29
		4	Hand washing is done before and after every procedure.	30
		5	Clean bed linens are available for use.	31
		6	Implementation of routine cleaning of the facility is conducted according to schedule.	32
2	Medical equipment is sterilized/disinfected and readily available for use.	1	Relevant disinfectants (Chlorine / Chlorhexidine solution) are available and properly labeled. [Check expiry dates, strengths etc.]	33
		2	Medical instruments / equipment are properly processed and maintained for safe use (decontamination, cleaning and sterilization).	34
		3	Medical equipment is properly stored to avoid possible contamination.	35
3	Waste from facility is managed according to standard precaution guidelines.	1	Labeled waste containers for different type of waste are available where the service is provided.	36
		2	All medical waste is disposed according to the set guideline or procedure.	37
		3	No hazardous items are exposed in the facility.	38
II-III Emergency Preparedness				
1	The facility is prepared for receiving delivery and emergency cases.	1	Minimum set of equipment are available, organized and functioning, including at least 2 sterilized delivery kits.	39
		2	Essential emergency protocol is placed on the wall for easy reference for everyone.	40

III. SERVICE DELIVERY				
III-I Maternal/ Neonatal Health & Child Health				
1	Guideline and Protocol are available at the service delivery point and accessible to all staff.	1	Current Safe Mother hood Protocol, Guides of Maternal and Newborn Care and National Family Planning Guideline are placed in the appropriate places.	41
		2	Protocol / charts placed on the wall for reference to help in performing procedures are available at the appropriate place.	42
2	Adolescent health services are provided.	1	Adolescent health corner is available and records of services provided.	43
3	Family planning is provided according to policy	1	Family planning commodities are available in stock.	44

	guidelines.	2	Family planning is given as specified in the guideline. [check family planning register for completeness and correct recordings]	45
4	Focused Antenatal care is provided according to policy guidelines.	1	Commodities for focused antenatal care are available (Iron/folate tablets, TT vaccine, SP package) [check for the contents].	46
		2	Antenatal care is given as specified in the guideline. [check antenatal care register and maternal health records for completeness and correct recordings and the completeness of the birth preparedness plan for every ANC mother on the card].	47
		3	All ANC clients undergo PMTCT services according to guidelines [check register].	48
5	Delivery and emergency services are provided according to policy guidelines.	1	Minimum quantity of emergency drugs and supplies are available in the delivery room, ready for use. [Check Magnesium sulphate, oxytocin, IV fluids (normal saline and ringers lactate), antibiotics, condom tamponade, etc.].	49
		2	Intrapartum and newborn care is given as specified in the protocol. [Check records for completeness and correctness of recording and the number of women in labor monitored with partograph]	50
6	Postnatal care is provided according to policy guidelines.	1	Commodities for postnatal care are available (Iron-folate tablets, Penta, Vitamin A etc.). [Check the content]	51
		2	Postnatal care is given as specified in the guideline. [check Postnatal care register for completeness and correct recordings for both day1-2 and between 6-7 days]	52
7	Quality is maintained in the report on RCH services (FP, ANC, Delivery and PNC)	1	Reporting of Family planning, Antenatal, Delivery and Postnatal is done at specified interval correctly.	53
		2	Data is analyzed and used for decision making (ask for evidence used for decision making).	54
		3	All registers/reports not in use are kept in registers columns in the stores.	55
8	EPI is conducted according to policy guidelines.	1	There is an updated graph showing coverage of various antigens (BCG, OPV1-3, Penta, MLS, YF, TT, ROTA and PCV) clearly displayed.	56
		2	Dropout rate is calculated correctly and updated chart displayed.	57
		3	There is a chart showing wastage of various antigens.	58
9	School health services are conducted according to guidelines.	1	School health services are conducted 4 times in a year (each quarter) [check reports and registers]	59
11	Breast feeding (within 30 minutes after birth) is promoted.	1	Breast feeding is initiated within 30 minutes after birth and recorded. [check delivery register]	60
12	Child Welfare Clinic (growth monitoring) is conducted properly	1	Child Welfare Clinic (growth monitoring and promotion) is conducted according to the guideline.	61
13	Maternal and neonatal death auditing is conducted	1	Maternal and neonatal deaths are audited and reports submitted within one week.	62
		2	Audit recommendations are implemented within a quarter.	63

III-II Disease Control / Surveillance

1	Surveillance is conducted according to guidelines.	1	There is updated graph showing cases/vital events and diseases under surveillance (Yellow fever, Measles, Meningitis, AFP, Rabies, GW, Anthrax and Cholera).	64
		2	The number of CBSV (Community Based Surveillance Volunteers) that are supervised and reported.	65
		3	There is line list/register of patients of diseases under surveillance/public health importance.	66
		4	There are spot maps showing areas in the sub-district where the diseases occur.	67

III-III Health Promotion

1	Reproductive health promotion is conducted.	1	Family planning promotion is carried out. [check monthly reports]	68
		2	Promotion of early ANC, skilled delivery and PNC is carried out. [check monthly reports]	69
		3	The number of population reached with health promotion is recorded [check monthly reports].	70
2	IEC and health materiel are ready for use.	1	Materials of IEC are ready for use (such as ANC, PNC etc. flip charts).	71
		2	Functioning audio visual equipment are available and ready to use.	72
3	Health promotion is conducted during outreach services.	1	Health promotion is conducted during outreach services within the last 3 month.	73

IV. REFFERAL & FEED BACK

1	Referral Tools are available.	1	At least 10 sets of GHS referral forms are available.	74
		2	Entries in the referral register are complete.	75
		3	Current National Treatment Guideline is available and accessible at the service delivery point to all staff.	76
		4	Postnatal Care Stamp and stamp pad is available.	77
2	Records are kept properly.	1	Records of referral sent (pink form) remain in the GHS referral form booklet.	78
		2	Received feedback forms (blue form) are kept in each patient folder or a feedback file.	79
		3	Retained forms (white form) are kept in each patient folder at the receiving facility.	80
3	Support system of referral is established.	1	Transport is available (National Ambulance, CETS or other mode).	81
		2	Telephone directory is available, displayed and regularly updated.	82
4	Referral system is functioning.	1	No. of referral cases sent (Referral OUT) in last 3 months is recorded.	83
		2	No. of referral cases received (Referral IN) in last 3 months is recorded.	84
		3	No. of feedbacks sent in last 3 months is recorded.	85
		4	No. of feedbacks received in last 3 months is recorded.	86

V. MONITORING & SUPERVISION SYSTEM (FSV)

1	FSV from SDHT to CHPS is conducted.	1	Quarterly CHPS supervision is conducted.	87
		2	Information of CHPS zones on status of compound, the names of the CHO, FT, ENs (technical staff) and CHN is updated and displayed	88
2	All the monitoring sheets are submitted to DHMT.	1	Copies of functional CHPS monitoring sheets are submitted to DHMT.	89
3	The report and documents of SDHT level are submitted to DHMT on time.	1	Monitoring reports of SDHT to CHO are submitted timely.	90
		2	List of issues identified are implemented and reported before the next monitoring	91
4	Supervisors of SDHT assist to CHPS Review Meeting.	1	Supervisors of CHPS participate in the quarterly CHPS Review Meeting (conducted by DHMT).	92
5	Technical support to CHO is provided regularly.	1	Meeting or Technical support to CHO is carried out (Monthly support visits to CHC / CHV, durbars, outreaches, ANC etc.).	93
6	List of the structured trainings attended on MNH for each staff is recorded and updated.	1	List of the structured trainings attended on MNH for each staff is recorded and updated.	94