

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: ANC/PNC

CLINIC DATE

[✓] Tick appropriate box

	Daily	Special days
<input type="checkbox"/> Service availability		
<input type="checkbox"/> Does the clinic have a system to keep a record of pregnant women	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does the clinic have a system to trace pregnant women who don't attend the clinic regularly	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clinical management of pregnant women		
• ANC first visit		
– Full physical exam- palpation correct, symphysis-fundal height measurements correctly done	<input type="checkbox"/>	<input type="checkbox"/>
– Weight/BP/Urine/HB done	<input type="checkbox"/>	<input type="checkbox"/>
– Bloods taken - VDRL/Grouping/HB	<input type="checkbox"/>	<input type="checkbox"/>
– Previous immunisation records checked and tetanus toxoid given	<input type="checkbox"/>	<input type="checkbox"/>
– Health Education - BF promoted/Breast preparation, FP, delivery, nutrition/personal hygiene, exercise. Warning signs and symptoms of pregnancy related problems explained to mother. Mother told when to request medical care.	<input type="checkbox"/>	<input type="checkbox"/>
– How done	<input type="checkbox"/>	<input type="checkbox"/>
• All other visits		
– Examination, outstanding tetanus toxoid immunisation provided	<input type="checkbox"/>	<input type="checkbox"/>
– Weight, BP, urine checked	<input type="checkbox"/>	<input type="checkbox"/>
– Blood results checked and entered/appropriate treatment given/syphilis treated according to protocol	<input type="checkbox"/>	<input type="checkbox"/>
– Ferrous/folic supplements given	<input type="checkbox"/>	<input type="checkbox"/>
– Health Education - care of baby/maternal care	<input type="checkbox"/>	<input type="checkbox"/>
• Is VCT offered to all pregnant women at the 1 st visit.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Maternal Health Administration		
• Correct recording of each pregnant woman - tick register, patient card, graphs, laboratory register	<input type="checkbox"/>	<input type="checkbox"/>
• ANC coverage indicated on graph	<input type="checkbox"/>	<input type="checkbox"/>
• Clients booked at hospital for delivery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Protocols followed		
• Managing STD's in pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
• Exclusive breast feeding promoted	<input type="checkbox"/>	<input type="checkbox"/>
• Pregnancy induces hypertension management	<input type="checkbox"/>	<input type="checkbox"/>
• Tetanus prevention protocol	<input type="checkbox"/>	<input type="checkbox"/>
• Referral protocols - who and when to refer	<input type="checkbox"/>	<input type="checkbox"/>
• At risk cases – primiparous women, previous C/sections, abnormal presentations, twins/multiple pregnancies	<input type="checkbox"/>	<input type="checkbox"/>
• Complications of pregnancy – Pregnancy induced hypertension, haemorrhage, intra-uterine growth retardation	<input type="checkbox"/>	<input type="checkbox"/>
• Follow up visit schedule followed/ completion of cards for return dates	<input type="checkbox"/>	<input type="checkbox"/>
• Infection control - gloves used for venesection	<input type="checkbox"/>	<input type="checkbox"/>
• Essential equipment available and in working order	<input type="checkbox"/>	<input type="checkbox"/>
• PMTCT guidelines	<input type="checkbox"/>	<input type="checkbox"/>

Individually	Groups
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DELIVERY AND LABOUR

<input type="checkbox"/> Important equipment/supplies available and working		
• Delivery packs	<input type="checkbox"/>	<input type="checkbox"/>
• Suction	<input type="checkbox"/>	<input type="checkbox"/>
• Supply availability – IV fluids available, suturing materials, local anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>
• Oxygen	<input type="checkbox"/>	<input type="checkbox"/>
• Drugs – syntometrine, ATT, Nevirapine	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: ANC/PNC

DELIVERY AND LABOUR - continued

[✓] Tick appropriate box

- Delivery protocols followed
 - Universal precautions followed
 - Correct practices followed – first, second, third stages of labour
- Staff able to use and interpret partogram
- Correct disposal of placenta/ materials used during delivery

Y	N
Y	N
Y	N
Y	N
Y	N

POST NATAL CARE

- Full physical exam of mother and child done
- Immediately after delivery (clinic delivery)
- Home delivery - soon as feasible
- 6 week repeat visit
- Do follow up visits occur within seven days after delivery
- Does the mother receive FP advice
- Check that first immunisation given
- Are BCG and polio vaccines given
- Is the Road to Health card completed
- Is the birth notified
- Ensure the promotion of breast feeding - check physically that mother is breast feeding properly (well baby clinics)

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CONTRACEPTIVE SERVICES

CLINIC DATE

Service availability at clinic

- When are services available
- If special days, can clients obtain contraceptive services on other days as well
- Are PN's adequately trained?
- Does clinic offer the following range of methods
 - Injectables (Depo Provera, Nur Isterate)
 - Intra-Uterine Device (IUD)
 - Oral contraceptives (COCs eg Triphasil, Nordette, Ovral 28)
(POP eg Microval)
 - Condoms
 - Female and male voluntary surgical contraception (sterilisation)
- If NO – is there a facility to refer clients
- Is referral system effective ie clients get services they need promptly?
- Is there a fast line service available for re-supply

[✓] Tick appropriate box

Daily	Special Days
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N
	Y N

Service quality

- Do consulting or counselling rooms provide adequate privacy?
- Are adolescents helped in a supportive, friendly manner?
- Are they provided with methods if requested?
- Does the clinic experience contraceptive method stockouts?
- Do nurses have a good knowledge of drug interactions, which may influence the contraceptive method effectiveness - TB drugs (rifampicin) and anti-epileptic drugs?
- Is there a quick reference available in each consulting and treatment room?
- Is there a pap smear register?

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Counselling

- Are there guidelines on information staff are to cover during counselling sessions
- Are methods explained to new clients before giving
- Does each client have a choice of methods that are safe and suitable for her/him
- Are clients aware of side-effects
- Where appropriate, is the partner encouraged and involved in making a choice about the method
- Do clients have knowledge of HIV and STD's and how to prevent STD's
- Do clients have adequate information about emergency oral contraception
- Does the clinic routinely provide counselling and education on TOP
- Are medical eligibility criteria guidelines easily available for reference to providers?
- If available, are they adhered to?
- Is dual protection and its role in preventing HIV infection discussed?

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

History and clinical examination of contraceptive service clients

- Initial visit
 - History examination according to programme guidelines and client record
 - Physical examination according to programme guidelines
 - Pelvic examination according to programme guidelines
 - PAP smear according to age and intervals stipulated in the CA Cervix Policy guidelines
 - Breast examination
- Follow up visits
 - Weight
 - Blood Pressure

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CONTRACEPTIVE SERVICES

[✓] Tick appropriate box

- Are abnormal findings managed accordingly (eg vaginal bleeding, vaginal discharge, lower abdominal pain and fever, followup on positive RPR and HIV tests)

Y	N
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Equipment available and working

- Scales, sphygmomanometer

Y	N
---	---
- Vaginal speculae, light source, gloves, all what is required to decontaminate/disinfect

Y	N
---	---
- Arye's spatulae, cervical brushes, slides and fixative

Y	N
---	---
- IUD insertion kit

Y	N
---	---
- Counselling kit (samples of methods, charts/pictures)

Y	N
---	---

Is there a continuous, regular and adequate supply of methods

- Injectables

Y	N
---	---

 - Medroxyprogesterone acetate (Depo Provera)

Y	N
---	---
 - Norethisterone enanthate (Nuristerate)

Y	N
---	---
- Oral contraceptives

Y	N
---	---

 - Microval

Y	N
---	---
 - Nordette

Y	N
---	---
 - Ovril

Y	N
---	---
 - Biphasil

--	--
 - Triphasil

Y	N
---	---
- Are IUDs available at the referral facility

Y	N
---	---
- Condoms

Y	N
---	---
- Drugs for STD's

Y	N
---	---

Does the clinic offer facilities for clients/community to give feedback about the service they receive

- Has the clinic committee included contraceptive services program discussions within last 6 months

Y	N
---	---
- Have the clinic staff sought or received any information about how to improve the services from the community recently?

Y	N
---	---
- Is there a suggestion box?

Y	N
---	---

Records and register

- Is the tick register correctly completed

Y	N
---	---
- Is there adequate written information on clients card

Y	N
---	---
- Are graphs correctly completed and kept up to date

Y	N
---	---
- Is the graphed information appropriate for decision making

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CHRONIC CARE

CLINIC

DATE

General

[✓] Tick appropriate box

- Does the clinic have a system to detect defaulting patients

Y	N
---	---
- Does the clinic have a system to follow up defaulting patients

Y	N
---	---
- Does the clinic arrange special times for the follow up of chronic patients

Y	N
---	---
- Do staff provide health education to groups of patients with chronic diseases

Y	N
---	---
- Does the clinic provide chronic care type health promotion activities in the community

Y	N
---	---

Hypertension

- Appropriate disease management
 - Do nurses have knowledge of lifestyle modification in HT

Y	N
---	---
 - Are STG's followed

Y	N
---	---
- Referral / Dr interaction
 - Are patients referred to doctor six monthly for review

Y	N
---	---
 - Are checks done for end organ damage
 - ↳ Urinalysis

Y	N
---	---
 - ↳ Ophthalmoscopy

Y	N
---	---
 - ↳ Cardiac enlargement

Y	N
---	---
- Equipment
 - Baumenometer in working order

Y	N
---	---
 - Appropriate baumerometer cuffs available (small, adult and wide)

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Cardiac Failure

- Appropriate drug use
 - Are STG's followed

Y	N
---	---
- Referral / Dr interaction
 - Are patients referred to doctor six monthly for review

Y	N
---	---

Diabetes Mellitus

- Appropriate patient management
 - Are STG's followed

Y	N
---	---
 - Are nurses knowledgeable on managing diet in diabetics and the care of the diabetic foot

Y	N
---	---
- Referral / Dr interaction
 - Are patients referred to doctor six monthly for review

Y	N
---	---
 - Are checks done for target organ damage
 - ↳ Urinalysis

Y	N
---	---
 - ↳ Ophthalmoscopy

Y	N
---	---
 - ↳ Cardiac enlargement

Y	N
---	---
- Equipment
 - Glucometer in working order

Y	N
---	---
 - Are nurses competent in their use of the glucometer

Y	N
---	---

Epilepsy

- Appropriate disease management
 - Are STG's followed

Y	N
---	---
- Referral / Dr interaction
 - Are patients referred to doctor six monthly for review

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: CHRONIC CARE

COAD/ASTHMA

- Appropriate disease management
 - Are STG's followed
- Referral / Dr Interaction
 - Are patients referred to doctor six monthly for review

[✓] Tick appropriate box

Y	N
---	---

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: HIV/AIDS

CLINIC DATE

[✓] Tick appropriate box

Daily	Special days
<input type="checkbox"/>	<input type="checkbox"/>

- Availability of HIV services

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Protocols and policies available?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Ten National Guidelines for HIV/AIDS
 - Ethical considerations for HIV/AIDS clinical and epidemiological research

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Feeding of infants of HIV positive mothers

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Management of occupational exposure to HIV

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Managing HIV in children

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Prevention and treatment of opportunistic and HIV related diseases in adults

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Prevention of mother-to-child HIV transmission and management of HIV positive pregnant women

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Rapid HIV testing

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Testing For HIV

<input type="checkbox"/>	<input type="checkbox"/>
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 - Tuberculosis (TB) and HIV/AIDS

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - National guideline on home-based care and community based care

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Protocol for PMTCT

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Protocol for needle stick injury

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- PEP protocol for rape victims

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Color charts of skin and mouth conditions

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- IEC activities
 - Are there HIV related posters on walls, pamphlets and leaflets?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Are these available in local languages?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Are clinic visitors exposed to HIV related information whilst waiting in the clinic – talks, video shows, role plays, etc?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Does the facility host and organize special HIV events – plays, talks at schools, provision of food parcels, etc

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Comments: _____

- Do all staff categories regularly receive training aimed at updating them to new developments in HIV/AIDS

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Comments: _____

SUPPORT GROUPS

- Are there HIV Support groups in your area (eg. Post-test clubs)?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
 - Name them: _____
 - What is the facilities role in maintaining these support groups? _____
- Notes: _____

VOLUNTARY COUNSELLING AND TESTING

- Is HIV testing and counseling available/offered in this facility?

<input type="checkbox"/>	<input type="checkbox"/>
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 - Are all persons newly diagnosed with TB, all STI clients and all clinically suspect HIV positive persons offered testing?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- Are "lay" counsellors used in this clinic?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 - How many counsellors are available at this Facility?

<input type="text"/>	<input type="text"/>
----------------------	----------------------
 - How many persons counseled in the last month?

<input type="text"/>	<input type="text"/>
----------------------	----------------------
 - Is there mentorship programme for counsellors?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: HIV/AIDS

[✓] Tick appropriate box

- Is counseling done in an area that ensures privacy?

Y	N
---	---
 - Is HIV Rapid Testing available at this clinic (both rapid tests as per policy)?

Y	N
---	---

 - Number of staff trained in HIV Rapid Testing?

Y	N
---	---
 - Is testing done in an area that ensures privacy?

Y	N
---	---
 - Is the result given to the client by the same counselor who did the pre-test counseling?

Y	N
---	---
 - Is the quality assurance procedure followed?

Y	N
---	---
 - If rapid testing not available – what is the turn around time for specimens sent to laboratories?

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 - Is this acceptable?

Y	N
---	---
- PMTCT**
- Are all pregnant women counseled and tested for HIV during routine ANC

Y	N
---	---
 - Are women appropriately counseled on taking Nevirapine at the appropriate times, where to deliver, the provision of Nevirapine to the baby and appropriate infant nutrition?

Y	N
---	---
 - Is exclusive feeding of infants born to HIV positive mothers emphasized?

Y	N
---	---
 - Where is the nearest "Mother to Child Transmission" treatment site?

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 - Does the referral hospital refer clients who have received Nevirapine during delivery back to the clinic?

Y	N
---	---
- HOME-BASED CARE**
- Is this facility linked to home based care services?

Y	N
---	---

How? _____
 - Does the facility provide and re-stock home care kits for Care Givers?

Y	N
---	---
 - Are problems experienced with replenishing care kits?

Y	N
---	---

Comments: _____
 - Are there Volunteer Care Givers in catchment area of the facility?

Y	N
---	---
 - Do facility staff supervise and support these Care Givers?

Y	N
---	---

Comments: _____
- MANAGING THE HIV POSITIVE PERSON**
- Is contraception for HIV positive women promoted?

Y	N
---	---
 - Is dual protection for contraception emphasized?

Y	N
---	---
 - Does the clinic provide information on "wellness management"?

Y	N
---	---
 - Cotrimoxazole prophylaxis
 - Is Cotrimoxazole prophylaxis provided?

Y	N
---	---
 - Are the indications for Cotrimoxazole prophylaxis followed?

Y	N
---	---
 - Is there a register to track compliance?

Y	N
---	---
 - TB and HIV
 - Are all TB patients offered VCT?

Y	N
---	---
 - Do staff feel confident to deal with the range of opportunistic infections?

Y	N
---	---
 - Is there update training required for managing opportunistic infections?

Y	N
---	---

Comment: _____
 - Do appropriate mechanisms exist to refer HIV positives for further medical care or social support? Is it functional?

Y	N
---	---

Comment: _____

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: HIV/AIDS

[✓] Tick appropriate box

HIV OCCUPATIONAL HEALTH

- Is this health facility practicing Universal precautions?

Y	N
---	---
- Are gloves routinely used for venesection and other invasive procedures

Y	N
---	---
- Are needles correctly removed from syringes and correctly disposed

Y	N
---	---
- Are staff members offered confidential counseling on STD and AIDS related issues?

Y	N
---	---
- Is there sufficient protective clothing available for maternity care, dressings, injections, etc?

Y	N
---	---
- Are clear guidelines available indicating the management of occupational injuries (needle stick injuries, contact with HIV positive bodily fluids)

Y	N
---	---
- Where is the nearest supply of prophylactic treatment available for personnel? _____

Site: _____

- Is it possible to access these anti-retroviral in the time prescribed by PEP guidelines

Y	N
---	---

DRUGS, EQUIPMENT AND SUPPLIES

- Do stock outs of HIV related drugs occur (how often in last three months)?

Y	N
---	---
- Rapid Tests

Y	N
---	---

 - Do stock outs of Rapid Tests or reagents occur (how often in last three months)?

Y	N
---	---
 - Is the stock control procedure being followed?

Y	N
---	---
 - Are there bin cards for test kits?

Y	N
---	---
 - Are the bin cards correctly filled?

Y	N
---	---
 - Are test kits stored properly

Y	N
---	---
 - Are test kits being used before expiry dates?

Y	N
---	---

CONDOMS

- Are condoms available at the clinic today?

Y	N
---	---
- Are condoms available in areas easily accessible to all persons visiting the clinic and in consulting rooms?

Y	N
---	---
- Are condoms stored in a cool and dry place?

Y	N
---	---
- Are there expired condoms in stock?

Y	N
---	---
- Are condoms supplied to community depots from this clinic?

Y	N
---	---

RECORDING

- Are all HIV Registers correctly completed and kept up to date

Y	N
---	---
- Are clinic retained patient records correctly completed

Y	N
---	---
- Are clinic retained patient records stored in a safe and confidential manner?

Y	N
---	---
- Is the PHC monthly report for HIV/AIDS correctly completed

Y	N
---	---
- Are HIV/AIDS graphs correctly graphed and up to date

Y	N
---	---
- Are there sufficient stocks of stationary for the HIV/AIDS programme

Y	N
---	---

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: DRUG MANAGEMENT

STOCK CARD

[✓] Tick if statement is TRUE

How are the stock cards used in your facility

- Is there a stock card for each item in the store
- Is the stock card kept on the same shelf as the item
- Is all information on the stock card up-to-date
- Is information recorded on the stock card at the time of movement
- Is there an accurate running tally kept in the balance column
- Is a physical count made at regular intervals, such as once a month

Y	N
Y	N
Y	N
Y	N
Y	N

ORDERING SUPPLIES

If delivery schedules changes

- How often do you place an order
- What is your average lead time
- What is your facility's reorder factor
- Do you know how to calculate the Average Monthly Consumption (AMC) – Ask/Check Formula
- Do you take into consideration stock out period when calculating the AMC
- Do you calculate the Maximum Stock by multiplying the AMC by the Maximum Stock Factor
- Has the Maximum Stock been calculated for each item in the store
- Is the Maximum Stock recorded on each item's stock card (in pencil)
- When was the last time that the Maximum Stock was reviewed
- When you order, do you use the Quantity to Order formula – Ask/Check Formula
- Is a standard requisition form used
- Are all orders placed in writing using the prescribed forms
- Is the requisition book kept at the facility
- Is all information on the requisition form accurate and clearly written

	Y	N
	Y	N
	Y	N
	Y	N
	Y	N
	Y	N
	Y	N
	Y	N
	Y	N

RECEIVING SUPPLIES

How are supplies received at your store

- Are deliveries received by a health worker in person
- Are deliveries inspected by a health worker before acceptance
- Are supplies received against the items listed on the packing slip/delivery form checked
- Are deliveries acknowledged and recorded on the prescribed forms
- Does the delivery person sign the form before he leaves the facility
- Have you ever sent back items to the supplier - as for the Reason
- Are the expiry dates of all items checked before final acceptance
- The health worker checks for poor quality items, such as
 - poorly packaged refrigerated items
 - discolouration of drugs, vaccines and suspicious product settlement
 - broken containers and supplies spoiled by leakage
 - unsealed and unlabelled items
- As soon as the supplies are checked; are all receipts recorded on the stock cards

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Y	N
Y	N
Y	N
Y	N
Y	N

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: DRUG MANAGEMENT

[✓] Tick if statement is TRUE

- If poor quality products are suspected, does the health worker check for
 - unusual odours of tablets and capsules
 - damaged containers
 - injectables with small particles that reflect light
- Suspension with broken glass
- Do you accept expired or poor quality items
- Are all discrepancies documented

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

SECTION 10: IN-DEPTH PROGRAMME REVIEWS

CHECKLIST: INFORMATION SYSTEM

CLINIC

DATE

Tick appropriate box [✓]

Data Collection

- Is the clinic using a Tick register /Tally sheet for recording clients
- Are the ages of clients ticked
- Are all children under five weighed
- Are children not gaining weight recorded
- Are the immunizations recorded
- Are those fully immunized recorded
- Have pregnant women been give Tetanus Toxoid
- Have contact slips been issued
- Are condoms issued recorded
- Have the running totals been done

Y	N
Y	N
Y	N
Y	N

Y	N
Y	N
Y	N
Y	N
Y	N

Monthly PHC Report

- Are the Monthly Reports submitted on time at the end of the month
- Are copies kept in the clinic
- Are there any gaps/unfilled spaces in the forms
- Have comments been made against the gaps
- Does the staff discuss the report

Y	N
Y	N
Y	N
Y	N
Y	N

Data Analysis/Interpretation

- Do they have a map of the catchment area
- Are indicators calculated
- Do they have graphs displayed on the wall
- Are the graphs up to date
- Child Health Graphs
 - Immunization Coverage
 - Children Not Gaining Weight
 - Diarrhoeal Incidence
 - Lower Respiratory Tract Infection
- Maternal Health Indicators
- Communicable Diseases Indicators
- Any other, additional graphs displayed
- Are there any trends and variation noted on the graphs
- Is there any action taken - based on the information
- Are the graphs discusses with the clinic supervisor

Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

Feedback

- Do they receive written feedback from the supervisor
- Is the information shared with the community through the Clinic Committee

Y	N
Y	N

SECTION 11

CLINICAL TIPS

- Introduction
- Counselling
- Tuberculosis
- Asthma
- Diarrhoea
- Vitamin A use
- HIV/AIDS
- Contraceptive Services
- Drug Management