

**Supervision checklist for assessing continuous distribution of ITNs at health facilities**

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Supervision Checklist for Assessing Continuous Distribution of ITNs at Health Facilities

PMI VectorLink Project

Population Services International (PSI)

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# Acronyms

|  |  |
| --- | --- |
| **ANC** | Antenatal care |
| **ANC1** | First antenatal care visit |
| **DHIS2** | District Health Information System 2 |
| **EPI** | Expanded Program on Immunization |
| **HMIS** | Health Management Information System |
| **HNQIS** | Health Network Quality Improvement System |
| **ITN** | Insecticide-treated Net |
| **LLIN** | Long-Lasting Insecticidal Net |
| **MOH** | Ministry of Health  |
| **NMP**  | National Malaria Program  |
| **PMI**  | President’s Malaria Initiative  |
| **PSI** | Population Services International  |

# Introduction

Many national malaria programs (NMPs) use supervision checklists to assess components of facility-based services, including quality of the service, commodity availability, logistics management, and data quality. Checklists enable supervisors to identify gaps and areas for improvement through follow-up actions, such as on-the-job training, mobilization of commodities, and provision of materials. They also help key stakeholders, such as the NMP and partners, strategically make decisions for more effective and targeted resource allocation.

The checklist developed by the U.S. President’s Malaria Initiative VectorLink Project (PMI VectorLink Project) focuses on assessing various components of continuous distribution of insecticide-treated nets (ITNs) at health facilities through on-the-job supervision. For questions that are not applicable, for example, in countries that do not distribute ITNs through the expanded program on immunization (EPI), those questions may be skipped and should not be used to calculate overall checklist and section scores.

The supervision checklist is divided into five (5) sections:

* Visit information – This section captures general information about the health facility, head of health facility (or health facility in-charge), and the supervisor. Some of this information may be automated when captured digitally, e.g. District Health Information System 2 ([DHIS2](https://www.dhis2.org/)).
* Service data management – This section captures information regarding data management of ITN service delivery for three months. Data on key metrics are captured per data collection and reporting tool. Satisfactory performance is considered within +/- 5%, which is a common threshold for measuring adequate data quality (though this can be adapted per context).
* Logistics data management – This section captures information regarding logistics management. ITN (commodity) data are captured at the facility using a variety of tools and are managed using logistics management processes. Performance is considered high when 80% of criteria are met; this threshold is flexible, and targets should depend on the context.
* Observation of ITN issuing – This section captures information on observation of interactions between providers and pregnant women at ANC or children (and caregivers) at EPI. Areas assessed are correct issuing of ITNs (eligibility and documentation) and education on ITN use and care.
* Action Plan – This section captures information on identified gaps, causes (knowledge, awareness, motivation, resources, etc.), actions taken, and next steps. This section may be automated when captured digitally, e.g. Health Network Quality Improvement System ([HNQIS](https://hrh2030program.org/wp-content/uploads/2019/07/Annex-D_Case-Study-on-HNQIS.pdf)).

There are also four (4) annexes:

* Recommended list of key indicators.
* Recommended list of additional indicators that dig deeper into potential causes to poor performance.
* Recommended corrective actions dependent on identified problems.
* Recommended analyses for data management, logistics management, and observations of ITN issuing.

This checklist will also be digitized using the DHIS2 Capture app, and a metadata package will be made available for NMPs and other partners to download and import into any DHIS2 server (that is sufficiently up-to-date to use the DHIS2 Capture app) for immediate use. The paper and digital formats will be available in English and French. It is anticipated that future work will also have the checklist metadata package in additional digital formats (e.g. HNQIS, KoboCollect) available in English and French, so other implementers and NMPs who may not be interested in using the DHIS2 Capture app (for example, those NMPs using HNQIS for supportive supervision) have a readily available format for their context.

# Section 1. Visit information

|  |  |
| --- | --- |
| Name of Health Facility  |   |
|   |   |
| Type of Health Facility  | ☐ Health Center  ☐ Hospital ☐ Other  |
|   |   |
| Province/Region  |   |
|   |   |
| District/Council |   |
|   |   |
| Name of Head of Facility or In-Charge |   |
|  |  |
| Cadre of Head of Facility or In-charge |  |
|  |  |
| Sex of Head of Facility or In-Charge | ☐ Female                         ☐ Male  |
|  |  |
| Signature of Head of Facility or In-Charge |   |
|   |   |
| Phone Number of Head of Facility or In-Charge |   |
|  |  |
|  |  |
| Date of Visit (DD/MM/YYYY)  |   |
|   |   |
| Supervisor’s Name  |   |
|  |  |
| Supervisor’s Cadre  |   |
| Supervisor’s Sex  | ☐ Female                         ☐ Male  |
|  |   |
| Supervisor’s Signature |   |
|   |   |
| Supervisor’s Phone Number  |   |

#

# Section 2. Service Data Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **N°** | **Question** | **Month 1** | **Month 2** | **Month 3** |
| 1. **# of ANC Registrants**
 | 1a | Month | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December |
| 1b | Year *(Format YYYY)* |  |  |  |
| 1c1d | Is register available? *If no, skip 1k.*If so, # as per register | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 1e1f | Is tally sheet available? *If no, skip 1k and 1l.*If so, # as per tally sheet | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 1g1h | Is summary reporting form available? *If no, skip 1l and 1m.*If so, # as per summary form | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 1i1j | Is HMIS data available? *If no, skip 1m.*If so, # as per HMIS | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 1k | Is the value per the tally sheet +/-5% of the value per the register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 1l | Is the value per the summary reporting form +/-5% of the value per the tally sheet? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 1m | Is the value per the HMIS +/-5% of the value per the summary reporting form register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 1. **# of pregnant women who received ITNs during ANC**
 | 2a | Month | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December |
| 2b | Year *(Format YYYY)* |  |  |  |
| 2c2d | Is register available? *If no, skip 2k.*If so, # as per register | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 2e2f | Is tally sheet available? *If no, skip 2k and 2l.*If so, # as per tally sheet | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 2g2h | Is summary reporting form available? *If no, skip 2l and 2m.*If so, # as per summary form | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 2i2j | Is HMIS data available? *If no, skip 2m.*If so, # as per HMIS | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 2k | Is the value per the tally sheet +/-5% of the value per the register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 2l | Is the value per the summary reporting form +/-5% of the value per the tally sheet? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 2m | Is the value per the HMIS +/-5% of the value per the summary reporting form register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 1. **# of children under 5 eligible for an ITN through EPI**
 | 3a | Month | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December |
| 3b | Year *(Format YYYY)* |  |  |  |
| 3c3d | Is register available? *If no, skip 3k.*If so, # as per register | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 3e3f | Is tally sheet available? *If no, skip 3k and 3l.*If so, # as per tally sheet | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 3g3h | Is summary reporting form available? *If no, skip 3l and 3m.*If so, # as per summary form | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 3i3j | Is HMIS data available? *If no, skip 3m.*If so, # as per HMIS | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 3k | Is the value per the tally sheet +/-5% of the value per the register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 3l | Is the value per the summary reporting form +/-5% of the value per the tally sheet? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 3m | Is the value per the HMIS +/-5% of the value per the summary reporting form register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 1. **# of children who received an ITN through EPI**
 | 4a | Month | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December | ☐ January☐ February☐ March☐ April☐ May☐ June☐ July☐ August☐ September☐ October☐ November☐ December |
| 4b | Year *(Format YYYY)* |  |  |  |
| 4c4d | Is register available? *If no, skip 4k.*If so, # as per register | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 4e4f | Is tally sheet available? *If no, skip 4k and 4l.*If so, # as per tally sheet | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 4g4h | Is summary reporting form available? *If no, skip 4l and 4m.*If so, # as per summary form | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 4i4j | Is HMIS data available? *If no, skip 4m.*If so, # as per HMIS | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ | ☐ Yes ☐ No\_\_\_\_\_\_\_\_\_\_ |
| 4k | Is the value per the tally sheet +/-5% of the value per the register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 4l | Is the value per the summary reporting form +/-5% of the value per the tally sheet? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |
| 4m | Is the value per the HMIS +/-5% of the value per the summary reporting form register? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No |

# Section 3. Logistics Data Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **N°** | **Questions** | **ANC** | **EPI** | **Facility Stores** | ***Feedback Script if failed*** |
| 1 | What is the physical stock of ITNs in the unit? |  |  |  |  |
| 2 | Is there an inventory control card available for ITNs at the unit?*If yes, answer 2a – 2c.* | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | *Explain importance of the inventory control card.* |
| 2a | If inventory control card is available, is the inventory control card up-to-date? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | *Explain importance of updating the inventory control card every day* |
| 2b | If inventory control card is available, what is the ITN stock as per the inventory control card? |  |  |  |  |
| 2c | If inventory control card is available, is the ITN stock per the inventory card +/-5% of the physical stock? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | *Explain importance of maintaining accurate inventory control cards.* |
| 3 | Does the unit know their minimum stock level? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | *Explain importance of knowing minimum stock for the unit.* |
| 4 | Is the physical stock at the unit at least at the minimum stock amount for the unit? | ☐ Yes☐ No | ☐ Yes☐ No | ☐ Yes☐ No | *Explain importance of keeping physical stock at least at the minimum amount.* |

# Section 4. Observation of ITN Issuing

*This should be conducted as many times as the NMP recommends. The minimum suggested amount is two (2) observations of ITNs being issued (whether beneficiary eligibility was met or not).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N°** | **Questions** | **ANC** | **EPI** | **Feedback Script if failed** |
| 1 | Name of provider being observed |  |  |  |
| 2 | Gender of provider being observed | ☐ Female☐ Male☐ Other | ☐ Female☐ Male☐ Other |  |
| 3 | Cadre of provider being observed |  |  |  |
| 4 | Which ANC visit (across facilities) is this for the patient? *Enter as a number, e.g. 1 for 1st ANC.* |  |  |  |
| 5 | Is the beneficiary eligible for an ITN? | ☐ Yes☐ No | ☐ Yes☐ No |  |
| 6 | Is an ITN issued? *If no, skip 6a-6c.* | ☐ Yes☐ No | ☐ Yes☐ No |  |
| 6a | Is the ITN documented in the unit register? | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of documenting in the register. |
| 6b | Is the ITN issued documented in the patient card? | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of documenting in the patient card. |
| 6c | Is the ITN documented in the tally sheet? | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of documenting in the tally sheet. |
| 7 | Is issuing or lack of issuing correct? | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of issuing only to eligible clients, i.e. pregnant women at 1st ANC and pregnant women at visits who have not received an ITN. |
| 8 | Does the provider discuss the following? |  |  |  |
| 8a | How to use an ITN (knowledge) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing how to use an ITN. |
| 8b | How to care for an ITN (knowledge) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing how to care for an ITN. |
| 8c | Signs and symptoms of malaria (knowledge) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing signs and symptoms of malaria. |
| 8d | Risk of malaria (perceived risk) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing the risk of malaria. |
| 8e | Severity of malaria (perceived severity) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing severity of malaria. |
| 8f | Benefits of using an ITN (response efficacy) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing the benefits of using an ITN. |
| 8g | Benefits of caring for an ITN (self efficacy / attitude) | ☐ Yes☐ No | ☐ Yes☐ No | Explain importance of discussing the benefits of caring for an ITN. |

# Section 5. Action plan

*Instructions: After each observation, discuss results with provider and agree on an action plan to fill in gaps. Note that critical gaps should be prioritized, as attempting to address multiple gaps at once is unlikely to bring around desired behavior change.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **N°** | **Staff name and contact info** | **Identified gap(s)** | **Cause(s)** | **Action(s) taken** | **Next step(s), responsible person, and due date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

# Annex 1. Key Monitoring Indicators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Indicator** | **Numerator** | **Denominator** | **Notes** |
| **High performance of service data management:** To monitor and ensure availability and quality of data for data-driven decision-making | Percent of supervised facilities properly conducting service data management | Number of supervised facilities with a pass mark on the service data management section | Number of supervised facilities assessed on the service data management section | Pass mark will depend on the context. 80% is a common threshold. |
| **High performance of logistics data management:** To monitor and ensure facilities are adhering to management principles | Percent of supervised facilities properly conducting logistics data management | Number of supervised facilities with a pass mark on the logistics data management section | Number of supervised facilities assessed on the logistics data management section | Pass mark will depend on the context. 80% is a common threshold. |
| **High performance of ITN issuing:** To monitor and ensure health workers are adhering to principles of ITN issuing at health facilities | Percent of supervised health workers properly conducting ITN issuing | Number of supervised health workers with a pass mark on the observation of ITN issuing section | Number of supervised health workers assessed on the observation of ITN issuing section | Pass mark will depend on the context. 80% is a common threshold. |
| **Availability of data tools**: To monitor and ensure availability of data tools necessary for reporting | Percent of supervised facilities with all tools available at the time of visit | Number of supervised facilities with registers, tally sheets, and summary forms available for all months assessed during the supervision visit | Number of supervised facilities assessed on service data management |  |

# Annex 2. Additional Monitoring Indicators

Recommended disaggregations, as appropriate, include:

* Facility unit
* Facility level (e.g. hospital, health center)
* Facility ownership (e.g. public, private)
* Geographic area (e.g. by region, by district)
* Health worker cadre
* Health worker gender

Note that the unit of measure for these indicators are not facilities but rather “facility-months”, “facility units”, and health workers. These units of measure enable more granular performance monitor at the facility level (e.g. if 2 of the 3 months assessed for data quality at a facility was poor, that indicator would appear as 33% for the facility, whereas other means of analysis typically outputs 0% or 100%, i.e. Yes or No).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Indicator | Numerator | Denominator | Objective |
|  | Data availability |  |  |  |
| 1 | Percent of supervised facility-months with register available | Number of facility-months with register available | Number of facility-months assessed | To identify whether poor availability of data tools is due to a lack of registers |
| 2 | Percent of supervised facility-months with tally sheet available | Number of facility-months with tally sheet available | Number of facility-months assessed | To identify whether poor availability of data tools is due to a lack of tally sheets |
| 3 | Percent of supervised facility-months with summary form available | Number of facility-months with summary form available | Number of facility-months assessed | To identify whether poor availability of data tools is due to a lack of summary forms |
|  | Data quality |  |  |  |
| 4 | Percent of supervised facility-months with register and tally sheet matching +/-5% | Number of facility-months with # as per register and # as per tally sheet matching +/-5%*If both values are 0, accuracy is 100%* | Number of facility-months assessed | To identify whether poor service data management is due to challenges in recording (i.e. at time of service) |
| 5 | Percent of supervised facility-months with tally sheet and summary form matching +/-5% | Number of facility-months with # as per tally sheet and # as per summary form matching +/-5%*If both values are 0, accuracy is 100%* | Number of facility-months assessed | To identify whether poor service data management is due to challenges in reporting (i.e. at time of aggregating) |
| 6 | Percent of supervised facility-months with summary form and HMIS matching +/-5% | Number of facility-months with # as per summary form and # as per HMIS matching +/-5%*If both values are 0, accuracy is 100%* | Number of facility-months assessed | To identify whether poor service data management is due to challenges in data entry |
|  | Inventory Management |  |  |  |
| 7 | Percent of supervised facility units with an inventory control card for ITNs available | Number of supervised facility units with an inventory control card for ITNs available | Number of supervised facility units assessed on logistics data management | To identify whether poor logistics data management is due to a lack of ITN inventory control cards |
| 8 | Percent of supervised facility units with inventory control card for ITNs up-to-date, among those with the ITN inventory control card available | Number of supervised facility units with an inventory control card for ITNs up-to-date | Number of supervised facility units with an inventory control card for ITNs available | To identify whether poor logistics data management is due to ITN inventory control cards being outdated |
| 9 | Percent of supervised facility units with inventory control card for ITNs accurate, among those with the ITN inventory control card available | Number of supervised facility units with inventory control card and physical quantity matching +/- 5%*If both values are 0, accuracy is 100%* | Number of supervised facility units with an inventory control card for ITNs available | To identify whether poor logistics data management is due to inaccurate inventory control cards |
| 10 | Percent of supervised facility units knowing their minimum ITN stock level | Number of supervised facility units knowing their minimum ITN stock level | Number of supervised facility units assessed on logistics data management | To identify whether poor logistics data management is due to not knowing minimum stock level |
| 11 | Percent of supervised facility units with physical quantity of ITNs at least at minimum stock level | Number of supervised facility units with physical quantity of ITNs at least at minimum stock level | Number of supervised facility units with an inventory control card for ITNs available | To identify whether poor logistics data management is due to insufficient physical quantities |
|  | Observation |  |  |  |
| 12 | Percent of observed health workers demonstrating correct ITN issuing behavior | Number of observed health workers who issued an ITN to eligible patients + Number of observed health workers who did not issue an ITN to non-eligible patients | Number of observed health workers | To identify whether poor issuing behavior is due to incorrect issuing |
| 13 | Percent of observed health workers who documented the issued ITN in the unit register | Number of observed health workers who documented the issued ITN in the unit register | Number of observed health workers who issued ITN | To identify whether poor issuing behavior is due to lack of documentation |
| 14 | Percent of observed health workers who documented the issued ITN in the patient card | Number of observed health workers who documented the issued ITN in the patient card | Number of observed health workers who issued ITN | To identify whether poor issuing behavior is due to lack of documentation |
| 15 | Percent of observed health workers who documented the issued ITN in the tally sheet | Number of observed health workers who documented the issued ITN in the tally sheet | Number of observed health workers who issued ITN | To identify whether poor issuing behavior is due to lack of documentation |
| 16 | Percent of observed health workers who discussed how to use an ITN and how to care for an ITN | Number of observed health workers who discussed how to use an ITN and how to care for an ITN | Number of observed health workers | To identify whether poor issuing behavior is due to lack of education |

# Annex 3. Recommended Corrective Actions

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Problems** | **Recommended Corrective Action**  | **Person Responsible** | **Timeline** |
| **Service Data Management** |
| Data inconsistencies in registers, tally sheets and end of month report, and DHIS2. | * Ensure daily recording and tallying of ITNs issued.
* Ensure data are validated at the end of the month - #s must be consistent across all reporting forms and in the DHIS2.
* Avoid using improvised registers and reporting forms that do not capture fully all indicators.
* Ensure registers and tally sheets are used during service delivery at health facilities and outreaches.
 | Health facility in-chargeDistrict health information officer | DailyMonthly |
| **Logistics Management** |
| Unavailability/shortage of inventory control cardsDifferences in inventory control cards stock balance and physical count | * Ensure adequate supply of inventory control card.
* Ensure every ITN taken from the store is recorded including losses and adjustments.
* Weekly stock taking and reconciliation of stock.
 | Storekeeper | DailyWeeklyMonthly |
| **Observation of ITN Issuing and Education on Use and Care** |
| Non observance of service delivery during supervision | * Plan supervision to coincide with service delivery.
* Simulate service delivery/ITN issuance and education on ITN use and care.
 | SupervisorsHealth facility in-charge | QuarterlyMonthly |

# Annex 4. Recommended Analyses

1. Data Management

Analyses will depend on the need. However, most common is to demonstrate the most recent performance per facility. With this method, aggregate results (Figure 1 and Figure 2) will highlight which areas need more support and deeper analyses to pinpoint strategic targets for follow-up and intervention.

**Figure 1. Availability of data tools Figure 2. Data quality**

1. Logistics Management

Analyses will depend on the need. However, most common is to demonstrate the most recent performance per facility. With this method, aggregate results (Figure 3) will highlight which areas need more support and deeper analyses (Table 1) to pinpoint strategic targets for follow-up and intervention.

**Figure 3. Supervision performance of Logistics Management at [Unit] per region**

**Table 1. Supervision performance of Logistics Management at [Unit] per facility**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Facility | HF Score | ITN inventory control card available at the unit | ITN inventory control card completed day before visit, if available | ITN inventory control card accurate (+/- 5%) with physical quantity, if available | Unit knows their minimum stock level for the month | Physical quantity of ITNs at least minimum stock level |
| Facility 1a | 60% | 1 | 1 | 0 | 0 | 1 |
| Facility 1b | 67% | 0 |  |  | 1 | 1 |
| Facility 1c | 33% | 0 |  |  | 0 | 1 |
| Facility 2a | 100% | 1 | 1 | 1 | 1 | 1 |
| Facility 2b | 60% | 1 | 0 | 0 | 1 | 1 |
| Facility 2c | 80% | 1 | 1 | 1 | 1 | 0 |
| Facility 3a | 20% | 1 | 0 | 0 | 0 | 0 |
| Facility 3b | 40% | 1 | 1 | 0 | 0 | 0 |
| Facility 3c | 0% | 0 |  |  | 0 | 0 |
| Grand Total | **Average = 51%** | **6** | **4** | **2** | **4** | **5** |

3. Observations

Analyses will depend on the need. However, most common is to demonstrate the most recent performance per facility. With this method, aggregate results (Figure 4) will highlight which areas need more support and deeper analyses (Table 2) to pinpoint strategic targets for follow-up and intervention. It is important to remember that these type of data are measurements of health workers and not health facilities.

**Figure 4. Supervision performance of Health Worker Observations at [Unit] per region**

**Table 2.** **Supervision performance of Health Worker Observations Management at [Unit] per facility**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Facility | Average HW Score | # HWs demonstrating correct ITN issuing behavior | # HWs who documented the issued ITN in the unit register | # HWs who documented the issued ITN in the patient card | # HWs who documented the issued ITN in the patient card | # HWs who discussed how to use an ITN and how to care for an ITN |
| Facility 1a | 20% | 1 | 0 | 0 | 0 | 0 |
| Facility 1b | 70% | 1 | 1 | 2 | 1 | 2 |
| Facility 1c | 40% | 1 | 0 | 0 | 0 | 1 |
| Facility 2a | 100% | 1 | 1 | 1 | 1 | 1 |
| Facility 2b | 80% | 1 | 1 | 0 | 1 | 1 |
| Facility 2c | 60% | 0 | 0 | 1 | 1 | 1 |
| Facility 3a | 70% | 2 | 2 | 1 | 1 | 1 |
| Facility 3b | 60% | 1 | 0 | 0 | 1 | 1 |
| Facility 3c | 50% | 1 | 1 | 2 | 1 | 0 |
| Grand Total | **62%** | **9** | **6** | **7** | **7** | **8** |