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THE PMI VECTORLINK PROJECT

SUPERVISION CHECKLIST FOR ASSESSING CONTINUOUS DISTRIBUTION OF ITNS AT HEALTH FACILITIES

UPDATED SEPTEMBER 2022

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SUPERVISION CHECKLIST FOR ASSESSING CONTINUOUS DISTRIBUTION OF ITNS AT HEALTH FACILITIES – UPDATED SEPTEMBER 2022

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ACRONYMS

ANC	Antenatal care
ANC1	First antenatal care visit
DHIS2	District Health Information Software 2
DQA	Data Quality Assessment
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
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
PSI	Population Services International
SBC	Social Behavior Change

INTRODUCTION

Background

Many national malaria control programs (NMCPs) 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 (such as guidelines, tally sheets, and flyers for social behavior change [SBC]). They also help key stakeholders, such as the NMCP and partners, to strategically make decisions for more effective and targeted resource allocation. This template checklist should be modified for the country context, such as whether health facilities are allowed to issue ITNs through the expanded program on immunization (EPI).

Intended Users

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

Box 1. Alignment with other Health Facility Supervision Tools: Considerations

Although this checklist may be used as a standalone tool, it is expected that this will be incorporated into other supportive supervision checklists used by the government health system. It is likely that the service data management section will be integrated into existing data quality assessment (DQA) tools, the logistics data management section will be added to existing stock management tools, and the observation section will be incorporated into existing antenatal care (ANC) assessments. Integration or country customization may lead to changes in some text to align checklists (e.g., facility "units"). However, it should be noted that how questions are incorporated into a supervision checklist can influence how the checklist is filled out, how the user responds to these questions, and how decision-makers interpret the results.

Frequency

Supervision should be a routine activity of the implementing program. Ideally, every facility should be visited at least once within every six (6) month period. There is no required maximum number of visits since some facilities may require additional visits to increase performance of continuous distribution of ITNs, and low or inconsistent performance may be due to a variety of factors both in and out of the program's control, including staff turnover, lack of (recent) formal and informal training, stock availability (at global, national, and subnational levels), and insufficient materials and documents.

Targeted Selection of Facilities

Due to limited resources and large facility networks, programs typically need a way to strategically select facilities. This targeting may be done through prioritizing facilities based on performance history and client load (e.g., total number of suspected malaria cases seen at the health facility or total number of pregnant women seen at ANC). This methodology helps to simultaneously ensure optimal use of resources and visiting every facility as per minimal standards.

Target Setting

Programs should select targets for both overall and section performance (e.g., scores) based on past available data. If past data are not available from other sources, 80% is a standard target. The program could consider targets set by other similar service delivery activities either by the program or other implementing partners, including DQAs and case management supervision checklists, as well as considering the strengths and limitations of the country or local government's supply chain system.

Checklist Sections

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

1. Visit Information – This section captures general information about the health facility, head of health facility (or health facility in-charge), and the supervisor utilizing the checklist.
    - Some of this information may be automated when captured digitally, e.g., District Health Information Software 2 (DHIS2).

2. Service Data Management – This section captures information regarding data management of ITN services.
    - Reporting may not have occurred for the most recent month, so it is recommended that the selected month is the most recent for which health management information system (HMIS) data are available.
    - Increasing or decreasing the number of included months may be useful depending on the frequency of supervision visits.
    - Data on key metrics (availability and accuracy) are captured per data collection and reporting tool.
    - Satisfactory performance is considered when sources vary within +/- 5%, which is a common threshold for measuring adequate data quality (though this can be adapted per context).

3. 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 logistics data management criteria are met; this threshold is flexible, and targets should be defined based on the local context.

4. Observation of ITN Issuing – This section captures information on observation of interactions between providers and pregnant women at ANC or caregivers at EPI.
    - Areas assessed are correct issuing of ITNs (eligibility and documentation) and education of pregnant women and caregivers on ITN use and care.

5. Action Plan – This section captures information on identified gaps, causes (knowledge, awareness, motivation, resources, etc.), actions taken, and next steps.
    - The action plan should be developed based on the results of three (3) assessment areas (Service data management, Logistics data management, and Observation of ITN issuing).
    - It is recommended that action plans are co-developed with the relevant staff and facility owner, as appropriate. Action plans do not replace on-the-job mentorship, training, and feedback.
    - This section may be automated when captured digitally, e.g. Health Network Quality Improvement System (HNQIS).

There are also four (4) annexes:

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

SECTION 1. VISIT INFORMATION

Name of Health Facility	
Type of Health Facility	☐ Health Center ☐ Hospital ☐ Other _____
Facility Ownership	☐ Public ☐ Private ☐ FBO ☐ Other _____
Province/Region	
District/Council	
GPS Coordinates: Longitude	
GPS Coordinates: Latitude	
Name of Head of Facility or In-Charge	
Cadre of Head of Facility or In-charge	
Gender 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 Gender	☐ Female ☐ Male
Supervisor's Signature	

SECTION 2. SERVICE DATA MANAGEMENT

1 Does facility issue ITNs through ANC? ☐ Yes ☐ No
If yes, continue. If no, skip questions 1a-1m and 2a-2m.

Number of pregnant women at 1st ANC (i.e., ANC registrants)	**Number of pregnant women who received an ITN during ANC**
1a Month of data observed ☐ January ☐ April ☐ July ☐ October ☐ February ☐ May ☐ August ☐ November ☐ March ☐ June ☐ September ☐ December	2a Month of data observed ☐ January ☐ April ☐ July ☐ October ☐ February ☐ May ☐ August ☐ November ☐ March ☐ June ☐ September ☐ December
1b Year of data observed _____	2b Year of data observed _____
Tick which are available / If tool available, report number found	Tick which are available / If tool available, report number found
1c Register ☐ Yes ☐ No	1d If yes, number reported (R): _____	2c Register ☐ Yes ☐ No	2d If yes, number reported (R): _____
1e Tally sheet ☐ Yes ☐ No	1f If yes, number reported (T): _____	2e Tally sheet ☐ Yes ☐ No	2f If yes, number reported (T): _____
1g Summary form ☐ Yes ☐ No	1h If yes, number reported (S): _____	2g Summary form ☐ Yes ☐ No	2h If yes, number reported (S): _____
1i HMIS ☐ Yes ☐ No	1j If yes, number reported (H): _____	2i HMIS ☐ Yes ☐ No	2j If yes, number reported (H): _____
1k Difference register and tally sheet (R-T) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	2k Difference register and tally sheet (R-T) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*
1l Difference tally sheet and summary form (T-S) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	2l Difference tally sheet and summary form (T-S) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*
1m Difference summary form and HMIS (S-H) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	2m Difference summary form and HMIS (S-H) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*

3 Does facility issue ITNs through EPI? ☐ Yes ☐ No
If yes, continue. If no, skip questions 3a-3m and 4a-4m.

Number of children under 5 eligible for an ITN through EPI	Number of children under 5 who received an ITN through EPI
3a Month of data observed (select one month) ☐ January ☐ April ☐ July ☐ October ☐ February ☐ May ☐ August ☐ November ☐ March ☐ June ☐ September ☐ December	4a Month of data observed (select one month) ☐ January ☐ April ☐ July ☐ October ☐ February ☐ May ☐ August ☐ November ☐ March ☐ June ☐ September ☐ December
3b Year of data observed _____	4b Year of data observed _____
Tick which are available If tool available, report number found 3c Register ☐ Yes ☐ No 3d If yes, number reported (R): _____ 3e Tally sheet ☐ Yes ☐ No 3f If yes, number reported (T): _____ 3g Summary form ☐ Yes ☐ No 3h If yes, number reported (S): _____ 3i HMIS ☐ Yes ☐ No 3j If yes, number reported (H): _____	Tick which are available If tool available, report number found 4c Register ☐ Yes ☐ No 4d If yes, number reported (R): _____ 4e Tally sheet ☐ Yes ☐ No 4f If yes, number reported (T): _____ 4g Summary form ☐ Yes ☐ No 4h If yes, number reported (S): _____ 4i HMIS ☐ Yes ☐ No 4j If yes, number reported (H): _____
3k Difference register and tally sheet (R-T) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	4k Difference register and tally sheet (R-T) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*
3l Difference tally sheet and summary form (T-S) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	4l Difference tally sheet and summary form (T-S) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*
3m Difference summary form and HMIS (S-H) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*	4m Difference summary form and HMIS (S-H) <= 5%? ☐ Yes ☐ No *If either tool not available, skip*

SECTION 3. LOGISTICS DATA MANAGEMENT

N°	Questions	ANC	EPI	Facility Stores	*Feedback Script if failed*
1	Are ITNs available at the unit at this moment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	*Explain importance of avoiding stockouts.*
1a	If yes, what is the physical stock of ITNs in the unit at this moment?				
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 and how it serves to provide current (and, if used well, accurate) information on available stock to avoid stockouts.*
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 ending balance on the ITN inventory control card?				
2c	If inventory control card is available, is the ITN stock per the inventory card +/-5% of the physical stock? *If unit is stocked out and the ending balance on the ITN inventory control card is anything but zero, tick No.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	*Explain importance of maintaining accurate inventory control cards. Coach the facility on how to conduct this calculation.*
3	Does the unit know their minimum ITN stock level?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	*Explain importance of knowing minimum stock for the unit.*
4	Is the physical stock of ITNs at the unit at least at the minimum stock number of ITNs for the unit?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	*Explain importance of keeping physical stock at least at the minimum number.*

SECTION 4. OBSERVATION OF ITN ISSUING

The minimum suggested amount is two (2) observations of ITNs being issued (whether beneficiary eligibility was met or not). The same provider should not be assessed more than once, especially after being mentored on observed gaps and given on-the-job training. Confidentiality of the client's visit should always be maintained.

N°	Questions	Options	Feedback Script
1	Facility unit being observed *If EPI, skip #5.*	☐ ANC ☐ EPI	
2	Name of provider being observed		
3	Gender of provider being observed	☐ Female ☐ Male	
4	Cadre of provider being observed		
5	ANC visit (across facilities) *Enter as a number, e.g. 1 for 1st ANC.*		
6	Is the beneficiary eligible for an ITN?	☐ Yes ☐ No	
7	Is an ITN issued?	☐ Yes ☐ No	
8	Is an ITN documented in the register, whether or not an ITN was actually issued?	☐ Yes ☐ No	Explain importance of documenting in the register.
9	Is an ITN documented in the patient card, whether or not an ITN was actually issued?	☐ Yes ☐ No	Explain importance of documenting in the patient card.
10	Is the ITN documented in the tally sheet?	☐ Yes ☐ No	Explain importance of documenting in the tally sheet.
11a	If eligible, was an ITN issued?	☐ Yes ☐ No	Explain importance of issuing ITNs to all eligible clients and what to do if an ITN was not available (e.g., stockout).
11b	If not eligible, was an ITN not issued?	☐ Yes ☐ No	Explain important of issuing ITNs to only eligible clients and clarify that eligible clients are pregnant women at ANC for their 1st visit or those who have not received an ITN at a previous ANC visit.
12	Does the provider discuss the following?		
12a	Signs and symptoms of malaria (knowledge)	☐ Yes ☐ No	Explain importance of discussing signs and symptoms of malaria.
12b	Risk of malaria (perceived risk)	☐ Yes ☐ No	Explain importance of discussing the risk of malaria.
12c	Severity of malaria (perceived severity)	☐ Yes ☐ No	Explain importance of discussing severity of malaria.
12d	How to use an ITN (knowledge)	☐ Yes ☐ No	Explain importance of discussing how to use an ITN.
12e	Benefits of using an ITN (response efficacy)	☐ Yes ☐ No	Explain importance of discussing the benefits of using an ITN.
12f	How to care for an ITN (knowledge)	☐ Yes ☐ No	Explain importance of discussing how to care for an ITN to extend its lifespan, such as tying a net up when not in use and how to wash a net with gentle soap.
12g	Benefits of caring for an ITN (self-efficacy / attitude)	☐ Yes ☐ No	Explain importance of discussing the benefits of caring for an ITN.

SECTION 5. ACTION PLAN

Instructions: After each visit, 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. The action plan should consider gaps across all sections of the checklist and should be developed jointly by the supervisor and the facility staff. Past action plans should also be taken into account to assess previously agreed upon action items.

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	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

These indicators offer more detailed insight into performance of continuous distribution of ITNs at health facilities. The indicators and disaggregations enable programs to identify where gaps exist within the facility and across administrative levels. Programs will also be able to identify trends and correlations at facility and health worker levels. Recommended disaggregation, as appropriate, include:

- Facility unit (e.g., ANC, EPI, Facility stores)
- 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%	Number of facility-months assessed	To identify whether poor service data management is

No	Indicator	Numerator	Denominator	Objective
		If both values are 0, accuracy is 100%		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	Number of observed health workers	To identify whether poor issuing behavior is due to incorrect issuing

No	Indicator	Numerator	Denominator	Objective
		who did not issue an ITN to non-eligible patients		
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 on 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 on 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-charge District health information officer	Daily Monthly
Logistics Management			
Unavailability/shortage of inventory control cards Differences 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	Daily Weekly Monthly
Observation of ITN Issuing and Education on Use and Care			
No service delivery observed during supervision visits	• Plan supervision to coincide with service delivery. • Simulate service delivery/ITN issuance and education on ITN use and care.	Supervisors Health facility in-charge	Quarterly Monthly

ANNEX 4. RECOMMENDED ANALYSES

Analyses should be a routine part of supervision activities. Programs should identify and operationalize analyses into activities such as routine data review meetings at national and subnational levels. Analyses should be conducted across administrative levels, even potentially health facilities, to increase data use and data-driven decision-making to strengthen continuous distribution of ITNs through health facilities. Analyses at the facility would allow facility owners and key facility staff to monitor their performance against key metrics over time, if the data literacy is present.

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.

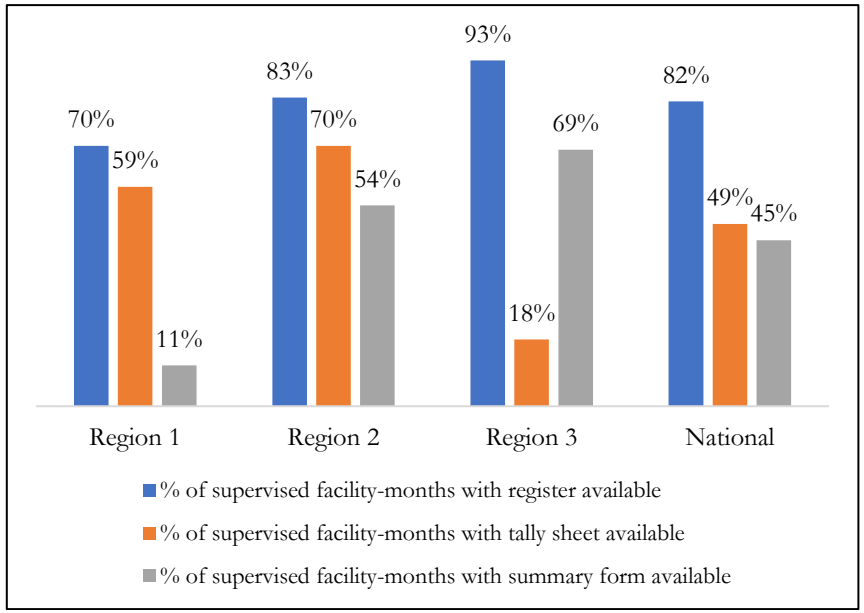

Figure 1. Availability of data tools

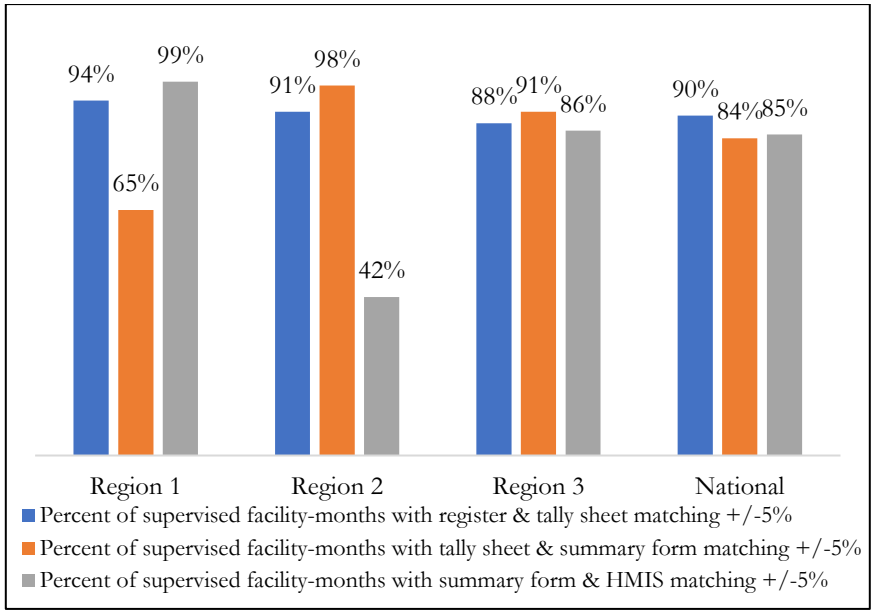

Figure 2. Data quality

2. 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.

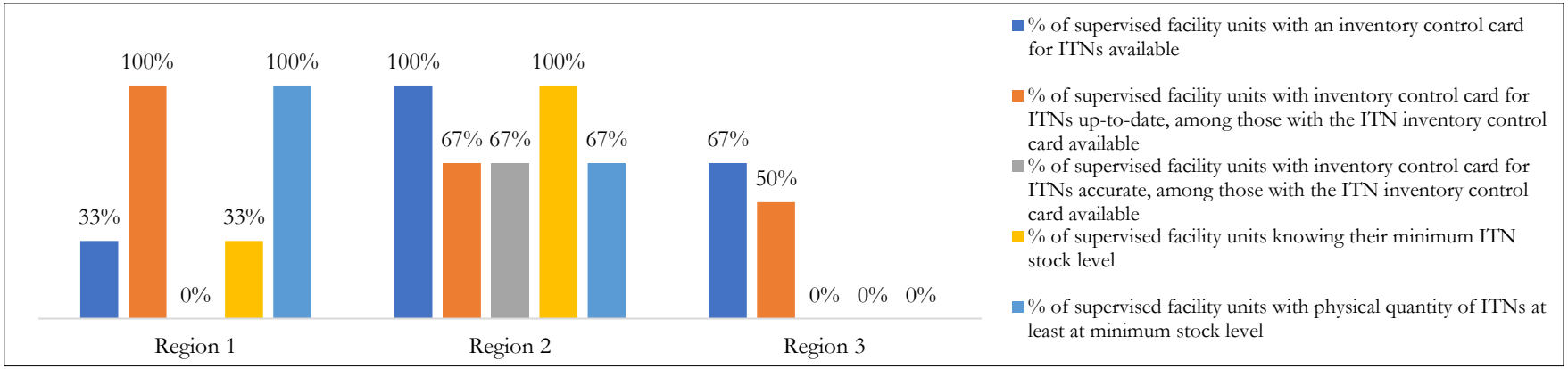

Figure 3. Supervision performance of Logistics Management at [Unit] per region

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	N/A	N/A	1	1
Facility 1c	33%	0	N/A	N/A	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	N/A	N/A	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.

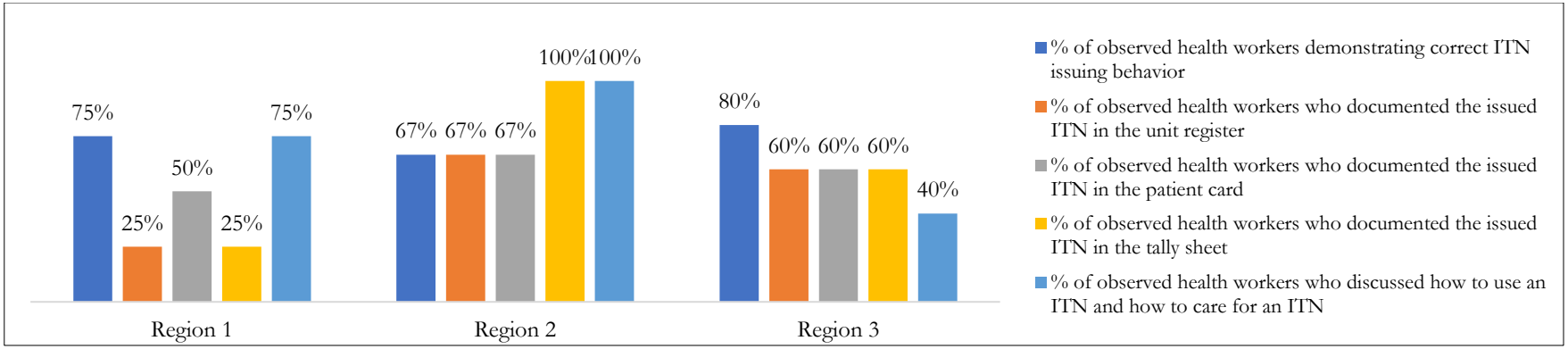

Figure 4. Supervision performance of Health Worker Observations at [Unit] per region

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 tally sheet	# 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**