



REPUBLIC OF KENYA

MINISTRY OF HEALTH

FACILITY SUPERVISION BOOKLET

PROVINCE/COUNTY:

DISTRICT :

FACILITY NAME :

MFL CODE :

FACILITY LEVEL :

FACILITY TYPE : GOK/FBO/NGO/PRIVATE/OTHER

Ver. MARCH 2011

INSTRUCTIONS

1. This supervision booklet is for use by supervision teams visiting the health facilities
2. Only one sheet should be filled at a time for each visit
3. The booklet should be filled by the team leader heading the supervision team
4. The supervision booklet should be kept at the office of the facility in-charge not unless otherwise stated.
5. It's the responsibility of the facility in-charge to ensure that the action areas agreed upon with the supervisory team are acted upon and within the agreed time line.
6. The supervisory booklet shall act as evidence of the supervision and assignment of action points

DICTIONARY OF KEY WORDS AS USED IN THE SUPERVISION BOOKLET

Date of supervision

The date on which the supervision was conducted, the format should be dd/mm/yyyy

Program/ areas supervised

The specific program or service areas that were supervised by the team. Program might be HTC, VCT, RH etc while areas can be MCH, OPD , CCC, WARDS or others.

Purpose of supervision

The main reason why the supervision team visited the facility and it shall include a brief description of the nature of the visit it might also be the objectives of the supervision.

Key findings – The main findings or observations from the supervision. All the key findings should be summarized such that none is left out. Start with the positive findings before going to the negative ones.

Recommendations

The main suggestions the supervision team gives to the facility in charge for the purpose of follow ups and improvement. They should clearly state what should be done, by who and by when. The action points should also state which level is responsible for the action point i.e. regional, facility or National.

Other teams visiting the site after this should also enquire on the progress of implementation of the action points.

Supervision team

The supervision team shall include the names, designation, and the organization where the team came from. Each of the team members should also append their signatures. If the team is larger than the four slots allocated then seniority and organization representation will guide the names to be put on these slots.

Facility In charge

The facility in charge or their designate puts their name, designation and their signature. This is to confirm the visit of by the supervisors to the named facility and also agree with the findings and action points.

Records:

The booklet is in self carbonated duplicate sheets, the supervision teams will carry the original while the facility will remain with a copy of the findings. In addition the supervision teams should prepare comprehensive report to be shared with the facility. The booklet will be used to provide immediate feedback.

DATE OF SUPERVISION _____/_____/_____

PROGRAM/ AREAS SUPERVISED

1. _____

3. _____

2. _____

4. _____

PURPOSE OF SUPERVISION _____

KEY FINDINGS

1 _____

2 _____

3 _____

4 _____

RECOMMENDATIONS/ACTION POINTS

ACTION POINTS	BY WHO	BY WHEN	LEVEL: NATIONAL REGIONAL/FACILITY
1.			
2.			
3.			
4.			
5.			

SUPERVISION TEAM:

NAME	DESIGNATION	ORGANIZATION	SIGNATURE
1.			
2.			
3.			
4.			

Name of Facility In charge: _____

Designation: _____

Signature: _____

Date: _____