**Annual Performance Appraisal Tool**

**Registered Clinical Officers/CCC Nurses**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cadre**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll No. \_\_\_\_\_\_\_\_ Length of service \_\_\_\_\_\_\_\_\_\_**

**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sub County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facilities Supported\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performance review period from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section A – Core/ Technical Competencies (70 Marks) - To be filled with the Technical Supervisor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Task as per JD** | **Key Performance Indicator** | **Target** | **Rating** | **Comments** |
| 1 | Advanced HIV Disease Management | Proportion/percentage of clients against total number.  Below 50% (0 marks)  50% – 60% (5 Marks)  61% – 70% (8 Marks)  71% - 89% (10 Marks)  90% and above (15 Marks) | 1. Proportion of STFs in the facility between Oct 2022 and Jul 2023 documented in STF register. 2. Proportion of STFs in the STF register with documented MDTs and at least 3 EACs held. 3. Proportion of clients with at least 3 EACs documented with repeat VL done. 4. Proportion of clients in AHD register with documented WHO staging and TB screening status. 5. Proportion of new clients (Oct 2022 to July 2023) eligible for TPT, have been started on TPT. |  |  |
| 2 | HIV/NCD Integration | Proportion/percentage of clients against total number.  Below 50% (0 marks)  50% – 60% (5 Marks)  61% – 70% (8 Marks)  71% - 89% (10 Marks)  90% and above (15 Marks) | 1. Proportion of adult clients (>15 years) with documented hypertension screening status in client file or EMR. 2. Proportion of NCD clients (HTN and DM) documented in Diabetes and HTN comprehensive care permanent register MOH 270 or EMR. |  |  |
| 3 | Differentiated Service Delivery (DSD) | Proportion/percentage of clients against total number.  Below 50% (0 marks)  50% – 54% (5 Marks)  55% – 59% (8 Marks)  60% - 64% (10 Marks)  65% and above (15 Marks) | 1. Proportion of adult (>15 years) clients on DSD less intense model (LIM) 2. Proportion of pediatric (<15 years) clients on DSD less intense model (LIM) 3. Proportion of pediatric (<15 years) clients on 3+ MMD |  |  |
| 4 | Health Information Management System (HMIS) | Uptake and utilization of registers and EMR (October 2022 to July 2023)  Below 50% (0 marks)  50% – 60% (5 Marks)  61% – 70% (8 Marks)  71% - 89% (10 Marks)  90% and above (15 Marks) | 1. Number of cervical cancer screening documented in EMR, compare against reported performance. Download “Cervical Cancer Register” from EMR and tally. 2. Proportion of last clinical visits screened for HTN and documented in EMR. Sample 10 clients seen in July. 3. Proportion of TX\_NEW (October 2022 to July 2023) with NUPI number. 4. Proportion of TX\_CURR with Viral Load result updated in EMR. Confirm from EMR on NDWH. 5. Proportion of TX\_CURR with documented “TPT Outcome” status in EMR. (Data Source: Active on ART patients line list) 6. Proportion of visiting clients with their drug pickups documented in DAR for ARVs and OIs or WebADT. |  |  |
|  | **Total Score** | |  |  |  |

**Section B – Soft Skills (30 Marks) – to be filled by the Administrative/immediate Supervisor.**

**As the immediate supervisor who has been supervising the staff on a day-to-day basis, kindly rate the staff objectively.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualities** | **Description** | **Rating** | **Comments** |
| **Communication Skills (6 Marks)** | Ability to communicate well, articulate issues and use of social media groups (WhatsApp groups) |  |  |
| **Teamwork (6 Marks)** | Works well with other team members, contributes to ideas and is supportive to colleagues |  |  |
| **Integrity and Professionalism (6 Marks)** | No accountability, data fraud (manipulating data and numbers) and addresses issues in a professional manner |  |  |
| **Punctuality and Attendance (6 Marks)** | No reported absenteeism and reports/leaves work on time |  |  |
| **Client satisfaction (6 Marks)** | There are no client complaints or reported cases of rudeness and poor handling of clients |  |  |
| **Total Score Out of 30** | |  |  |

**Challenges faced – Kindly indicate your three key priority challenges and their proposed interventions.**

|  |  |  |
| --- | --- | --- |
|  | **Key challenges in the last 10 months** | **Proposed interventions** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**Training Needs – Kindly indicate your three key priority training needs.**

|  |  |  |
| --- | --- | --- |
|  | **Key HIV Trainings attended in the last 10 months** | **Priority Key HIV training needs** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**Overall Score**

|  |  |
| --- | --- |
| **Section** | **Summary Score** |
| **Section A – Core/ Technical Competencies** |  |
| **Section B – Soft Skills** |  |
| **Total Score** |  |

**Employee Signature**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations by the supervisor(s) on renewal of contract**

Recommended for Contract Renewal

Recommended for Contract Renewal but Put on PIP

Not recommended for renewal of Contract

**Sub county MOH**

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**USAID Nuru ya Mtoto Project Representative**

**Comments**

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**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_