

SUPPORTIVE SUPERVISION CHECKLIST

(Health and Wellness Center Assessment Checklist)

Name of Supervisor		Designation of supervisor		Organization		Level	Block/District/State/National	
State:		District:			Block:			
A. Primary Health Centre/Urban Health Centre								
No. of Beds	Number	Population Covered			Number	Infrastructure availability as per IPHS		Y/N
Building	Rented / Government	Power Back up 24x7			Y/N	Space for yoga/health promotion		Y/N
Status of Repair	Completed/ Underway	Patient waiting area to accommodate 20-25 people			Y/N	Toilets (Numbers)	Male _____	Female _____
Regular water supply	Y/N	Privacy during examination is assured			Y/N	Approach Road Connectivity		Y/N
Branding done	Y/N							
A.1. Availability of Human resources and their training		Response	NCD Training	Availability of Human resources and their training		Response	NCD Training	
MBBS Doctors		Number	Number	LHV		Number	Number	
Staff nurse		Number	Number	ANM		Number	Number	
Pharmacist		Number		MPW - Male		Number	Number	
Lab Technician		Number		ASHA (co-located Sub-Centre)		Number	Number	
A.2. Availability of Diagnostic Facilities (Minimum Requirement)								
Haemoglobin	Y/N	Urine Pregnancy Rapid Test		Y/N	Malaria Smear (RDK)		Y/N	
TC, DC, Platelet count, Peripheral smear, ESR, Bleeding and Clotting time	Y/N	Urine Dipstick - urine albumin and sugar		Y/N	Serology for vector borne disease-Dengue,		Y/N	
Blood grouping and typing	Y/N	Blood Glucose (biochemistry)		Y/N	Rapid Syphilis Test (Rapid Plasma Reagin- RPR kit test)		Y/N	
HIV Serology: Rapid Test	Y/N	Water Quality Testing-H2S strip test for faecal contamination		Y/N	TB Microscopy- AFB Smear - Collection of sputum samples and AFB where PHC serve as designated microscopy centre		Y/N	
Typhoid serology	Y/N	Serum Bilirubim		Y/N	Wet mount- Direct Microscopy (RTI/STD)		Y/N	
Sickle Cell testing- (other blood tests at higher hub)	Y/N	Stool for OVA and cyst		Y/N	Availability of essential Medicine as per IPHS		Y/N	
A.3. Availability of IT Infrastructure				Y/N				
Desktop/ Laptop	Y/N	Internet Connectivity		Y/N	NCD App Operational		Y/N	
Tablets for co-located Sub-Centre	Y/N	RCH Portal/ ANMOL App Operational		Y/N	Linkage with Higher facility		Y/N	
A.4. Service Delivery	Completed		Target		Service Delivery	Completed		Target
Population enumeration	Number		Number		Oral Cancer	Number		Number
CBAC (Community Base Assessment Checklist) filling	Number		Number		Breast Cancer	Number		Number
NCD screening for -	Number		Number		Cervical Cancer	Number		Number
Hypertension	Number		Number		Total OPD from last three months	Number		
Diabetes	Number		Number		Average OPD per day	Number		

Health and Wellness Center assessment Checklist										
B. Sub Health Centre										
No. of Beds (If delivery point)	Number	Population Covered			Number	Infrastructure availability as per IPHS			Y/N	
Building	Rented / Government	Power Back up 24x7			Y/N	Any Space for yoga/health promotion			Y/N	
Status of Repair	Completed/ Underway	Patient waiting area to accommodate 20-25 people			Y/N	Toilets (Numbers)	Male _____	Female_____		
Regular water supply	Y/N	Privacy during examination is assured			Y/N	Residential Facility	ANM _____	MLHP_____		
Branding done	Y/N	Approach Road Connectivity			Y/N					
B.1. Availability of Human resources and their training		Response	Certificate Program in Community Health			NCD training		IT application (NCD-CPHC)		
CHO		Number	Y/N			Y/N		Y/N		
ANM		Number				Y/N		Y/N		
MPW Male		Number				Y/N		Y/N		
ASHAs		Number				Y/N				
B.2. Availability of Diagnostic Facilities (Minimum Requirement)										
Haemoglobin		Y/N	Urine Pregnancy Rapid Test			Y/N	Urine Dipstick - urine albumin and sugar			Y/N
Blood Glucose (Glucometer)		Y/N	Side preparation for Malaria Smear (RDK)			Y/N	RDK for dengue			Y/N
Sickle Cell rapid test		Y/N	Collection of sputum samples			Y/N	Availability of essential Medicine + At least as per IPHS + Antihypertensive+Antidiabetics+Anti-epileptic			Y/N
B.3. Availability of IT Infrastructure					Y/N					
Desktop/ Laptop			Internet Connectivity			Y/N	NCD App Operational			Y/N
Tablets		Y/N	RCH Portal/ ANMOL App Operational			Y/N	Linkage with Higher facility			Y/N
Service Delivery	Completed		Target		Service Delivery	Completed		Target		
Population enumeration	Number		Number		Oral Cancer	Number		Number		
CBAC filling	Number		Number		Breast Cancer	Number		Number		
NCD screening for -	Number		Number		Total OPD from last three months	Number				
Hypertension	Number		Number		Average Daily OPD	Number				
Diabetes	Number		Number							
Plan of Action										
Major Findings from the Visit	Interventions/Activities Identified			Level of Intervention		Responsibility		Timeline		