

SUPPORTIVE SUPERVISION CHECKLIST

Supportive Supervision Checklist is a time-tested approach to promote mentorship, joint problem-solving and communication between supervisors and the supervised. With its emphasis on building local capacities, the checklist aims to improve overall effectiveness and efficiency of health service delivery. This further helps to identify gaps in real time, and thereby enables the system to address these locally, at sub-district/district and state levels. The current supportive supervision checklist takes a minimalistic approach and aims to capture bare essentials of a health facility in its role of a 'delivery point'.

OBJECTIVE

It has been developed to structure the supportive supervision visits to monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipment, and to increase adherence to evidence based clinical guidelines. Users of this checklist, along with facility in-charge, need to draw a Plan of Action (POA) based on their observations.

INSTRUCTIONS FOR FILLING THE TOOL

1. Supervisor need to fill code as 1, 2, 3 and 4 in box adjacent to questions (1: Yes, 2: No, 3: Not applicable, 4: don't know)
2. Reference period will be the last completed reporting month as per HMIS reporting cycle
3. To check the availability supervisor should verify physical presence and functionality for equipment, expiry date for drugs and of other consumable
4. Services at facility can be observed through actual practices at the time of visit or checking the records available in delivery room, postnatal ward, ANC register, AFHC etc.
5. Supervisors need to send the complete filled checklist, incompletely filled checklist will not be taken up.
6. Supervisor need to check the data from various register – delivery room register , OPD register, IPD register, drug store register, case sheets, post-natal ward register, ANC register , records at AFH clinic.
7. Please encircle the relevant option in the questions where options have been given for choosing. Eg. C.6.: Facility Level: L1,L2 or L3

C.1. Name & Designation of the Supervisor:					C.2. Organization:					C.3. Level:	Block	District	State	National	Others
C.4. Facility Name:		Block:		District:		C.5. Facility type:	SC	Non 24x7 PHC	24X7 PHC	Non FRU CHC	FRU CHC	SDH	DH	Area Hosp.	
C.7. Date of visit:		C.8. Name & Designation of Facility In-charge/Nodal Officer:								C.6. Facility Level:		L1	L2	L3	

D.1. OPD load:						
D.2. IPD load:						
D.3 ANC registered/Attended						
D.4. Deliveries:			Normal	Assisted	C-section	
D.5. Delivery outcome:	Low Birth Weight	Live birth	Stillbirth		Neonatal deaths	Maternal deaths
			Fresh	Macerated		
D.6. Referred out cases:						
D.7. Newborns immunized before discharge:		BCG	OPV	Hep. B	All three	
D.8. Mothers discharged after 48 hours:						
D.9. IUCD insertion:			PPIUCD		Interval	Post-abortion
D.10. Female sterilization:						
Minilap						
Laparoscopy						
Post-partum Sterilization						
Post Abortion Sterilization						

D.11. Male sterilization:						
D.12. Clients received Comprehensive Abortion Care (CAC) services:						
D.13. Women identified with high risk pregnancy:						
Severe Anaemia	Hyper-tension	HIV	Syphilis	Gestational Diabetes Mellitus	Hypothyroidism	
D.14 Number of high risk mothers referred/managed at facility						
Severe Anaemia	Hyper-tension	Pre-Eclampsia	Eclampsia	PPH	Pre-term Deliveries	
D.15. Adolescents attended AFHC clinic:		Counselling		Treatment	Referral	
D.16. Diarrhoea in under 5 children:				Diagnosed	Admitted	
D.17. Pneumonia in under 5 children:						

E. HEALTH SYSTEM											
Drugs & Supplies											
E.1. Reproductive Health:						E.5. Vaccines					
IUCD:	380 A		375		Emergency Contraceptive Pill (ECP)		BCG		Rotavirus		
Oral Pills:	Mala N		Centchroman				OPV		IPV		
Male Condom			Injectable Contraceptive		PPIUCD Forceps		Hep. B		Vit. A		
Pregnancy Testing Kit							DPT		Pentavalent		
E.2. Maternal Health:											
Oxytocin	Oxytocin available		Rapid Diagnostic Kit for Malaria		Manual Vacuum Aspiration (MVA) Kit		Measles		JE Vaccine		
	Stored as per guidelines		Point of Care testing for Syphilis		Electric Vacuum Aspiration (EVA) Kit		TT		Routine Immunization Microplan		
Tab. Misoprostol			IFA Tab. (Red)		HIV testing kit		Alternate Vaccine Delivery plan				
Alpha Methyl dopa	Protocol posters displayed in LR		Triple Regimen (TDF+3TC+EFV)		Blood group typing		E.6. Antibiotics				
Inj. Mag. Sulfate			Syp. Nevirapine		Urine Albumin kit		Amoxicillin		Gentamycin		
Inj. Dexamethasone	MCP Card		Glucose sachet 75 gm		Haemoglobinometer		Metronidazole		Ceftriaxone		
Nifedepine	Safe Motherhood Booklet		Partograph		BP Apparatus		Ampicillin		Ciprofloxacin		
Labetalol			Tab. Albendazole		Stethoscope		Cotrimaxazole		RTI/STI Drugs kit		
Ca Tab. With Vit. D3			Inj. Tetanus Toxoid		Normal Saline/Ringer Lactate/D 5%		E.7. Infrastructure				
MMA kit (Mifepristone+ Misoprostol)					Foetal Doppler/Fetoscope		Running water 24X7		Electricity backup 24X7		
E.3. Newborn Health											
Vitamin K1			Mucus Extractor		Clean Towels/drape		Hand washing area				
Sterile cord cutting equipment					Cord tie or clamps		Toilet near or within Delivery Room				
Radiant Warmer			Functional Oxygen Cylinder		Newborn weighing machine		Designated space for AFH Clinic				
Bag:	500 ml		240 ml		Designated NBCC		Blood Bank		Blood Storage Unit		
Mask:	Size 0		Size 1		Thermometer		E.8. Infection Prevention				
E.4. Child Health											
ORS			Anti- Malarial Drugs		Tab. Albendazole		Soap		Sterile gloves		
Zinc			Syp. Salbutamol		IFA Syp.		Bleaching Powder		Autoclave		
Salbutamol Nebulizing Solution							Cidex (Glutaldehyde)		Boiler		
E.10. Other Equipment											
Digital Thermometer			Glucometer		Room thermometer		Color Coded Bins in Delivery Room				
Suction Machine (low pressure-<100 mm hg)					Adult weighing machine		Pre-sterilized instruments available in DR				
Hub cutter/Needle destroyer					Refrigerator		Auto Analyzer(DH)			BMI Chart	
							Semi Auto Analyzer (CHC/PHC)			Snellen Chart	

E.11. HR deployed /posted in Facility						
Name of position	Posted	Trained in				
		SBA/BE/IOC	PPIUCD	NSSK	Other (Skill Lab/Dakshita)	RKSK
MO						
SN						
ANM						
AH counsellor						

F. SERVICE DELIVERY INDICATORS					
F 1. Ante Natal Care			F 2. Intra-partum and Immediate post-partum practices		
F1.1: No. of days ANC being conducted at facility in a week		F1.6: Appropriate management or referral of high risk clients (identified on the basis of High BP/ Blood sugar/Hemoglobin)		F 2.1: Fetal Heart Rate (FHR) recorded at the time of admission	F 2.6: Magnesium Sulfate used for eclampsia management
F1.2: Blood Pressure measured		F1.7: Family Planning Counselling happening		F 2.2: Mother's temperature recorded at the time of admission	F 2.7: Active Management of third stage of labor being performed
		F1.8: Universal HIV screening is being done			
F1.3: Hemoglobin measured		F1.9: Hypothyroidism screening are being done for high risk ANC cases (DH/ MC)		F 2.3: Mother's BP recorded at the time of admission	F 2.8: Management of postpartum hemorrhage is being followed
F1.4: Blood Glucose measured		F1.10 Universal Syphilis screening is being done		F 2.4: Partograph used to monitor progress of labor	F 2.9: Monitoring for vaginal bleeding upto 6 hrs after delivery is being done
F1.5: Urine Albumin measured		F1.11 Malaria testing is being done (For Malaria Endemic areas only)		F 2.5: Antenatal Corticosteroids used for preterm delivery	F 2.10: Recording of vital parameters(Temp,pulse,BP,R R) at time of discharge

F. SERVICE DELIVERY INDICATORS			
F3. Essential Newborn Care (ENBC), Resuscitation and Child Health		F 4. Family Planning	
F 3.1: Babies delivered on mother's abdomen		F 3.6: Baby weighed	F 4.1: Family planning counselling being done
F 3.2: Babies dried with clean and sterile /towels just after delivery		F 3.7: Vitamin K1 administered to all newborns (within 24 hrs. of birth)	F 4.2: Postpartum IUCD insertions being done
F 3.3: Delayed cord cutting (1-3 mins) practiced		F 3.8: Newborns given BCG,OPV, Hep-B within 24 hours of birth	F 4.3: Interval IUCD insertions being done
F 3.4: Practice of skin to skin contact practiced		F 3.9: Provider aware about the steps of newborn resuscitation (Positioning, suctioning, stimulation, repositioning, PPV using Ambu bag)	F 4.4: Sterilization procedures being done (Fixed Day Static Services)
F 3.5: Early initiation of breastfeeding practiced within one hour		F 3.10: KMC practiced for Low birth Weight in Post-natal ward	F 4.5: Sterilization procedures being done (Fixed Day Camps)

F. SERVICE DELIVERY INDICATORS			
F 5. Client Satisfaction	F 6. Facility mechanism and others	F 7. Adolescent Health	
F 5.1: Diet provided?	F 6.1: Is utilization of untied fund adequate?	F7.1: Contraceptive available at AFHC	
F 5.2: Drug Provided?	F 6.2: Awareness generation (use of IEC/BCC) - Posters, audio visual aids, display of citizen charter? RH, MH, NH, CH AH & others	F 7.2: Contraceptive being given to client	
F5.3 Free Referral transport provided?			
F 5.4 Privacy during delivery?	F 6.3: Is grievance redressal mechanism in place?	F 7.3. Height Scale available	
		F 7.4 Height measured	
F 5.5: Staff was well behaved with you during your stay?	F 6.4: Infection prevention being practiced & segregation followed	F 7.5. Weighing Machine available	
		F 7.6 Weight measured	
F 5.6: Were you informed about the procedures before they were undertaken	F 6.5: Disinfection practices being followed	F 7.7. BP apparatus: Available at AFHC	
		F 7.8. Being used	
F 5.7: Would you suggest visiting this facility to your relatives/friends?	F 6.6: Availability of ANC / PNC register, case sheet, discharge sheet etc. as per Maternal and Newborn Health toolkit	F 7.9. BMI Calculated	
		F 7.10. Counselling conducted	
F 5.8: Did you get the services you were looking for?		F7.11 Vision being checked with Snellen chart	

Major findings from last visit	
Action taken on interventions/ activities identified from last visit	

Plan of Action					
	Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline
Reproductive Health/Family Planning					
Maternal Health					
Newborn Health					
Child Health					
Adolescent Health					

Facility In-charge Signature _____ Supervisor Signature _____