

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 real time gaps, 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

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)

Reference period will be the last completed reporting month as per HMIS reporting cycle

To check the availability supervisor should verify physical presence and functionality for equipment, expiry date for drugs and of other consumable

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.

Supervisors need to send the complete filled checklist, incompletely filled checklist will not be taken up.

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.

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.	Med. College	Others
C.7. Date of visit:		C.8. Name & Designation of Facility In-charge/Nodal Officer:				C.6. Facility Level:			L1	L2	L3						

D: Data of last reported month from facility						
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: a. High risk mothers <input type="checkbox"/> b. Sick new borns <input type="checkbox"/>						
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:					MTP	Spontaneous Abortion	
D.13. Pregnant women identified with high risk factors:							
Severe Anaemia	Hyper-tension	HIV	Syphilis	Gestational Diabetes Mellitus	Hypothyroidism	Previous C-section	Mal-presentation
D.14 Number of high risk mothers referred/treated at facility							
Severe Anaemia	Hyper-tension	Pre-Eclampsia	Eclampsia	PPH	Pre-term Deliveries		
D.15. Adolescents attended AFHC :				Counselling	Treatment	Referral	
D.16. Diarrhoea in under 5 children:				Diagnosed	Admitted		
D.17. Pneumonia in under 5 children:							

E. HEALTH SYSTEM

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: Drugs & Supplies						Measles		JE Vaccine					
Oxytocin	Oxytocin available		Rapid Diagnostic Kit for Malaria		Manual Vacuum Aspiration (MVA) Kit	TT	Routine Immunization Microplan Alternate Vaccine Delivery plan						
		Stored as per guidelines		Point of Care testing for Syphilis							Electric Vacuum Aspiration (EVA) Kit		
Tab. Misoprostol	RTI/STI Drugs kit		IFA Tab. (Red)		HIV testing kit								
E.6. Antibiotics										Amoxicillin		Gentamycin	
Alpha Methyl dopa	Protocol posters displayed in LR		Triple Regimen (TDF+3TC+EFV)		Blood group typing	Metronidazole		Ceftriaxone					
Inj. Mag. Sulphate	Sterile Pads		Syp. Nevirapine		Urine Albumin kit	Ampicillin		Ciprofloxacin					
Inj. Dexamethasone	MCP Card		Glucose sachet 75 gm		Haemoglobinometer	Cotrimaxazole							
Nifedepine	Safe Motherhood Booklet		Partograph		BP Apparatus	E.7. Infrastructure							
Labelalol	No of delivery trays in proportion to no of deliveries		Tab. Albendazole		Stethoscope	Running water 24X7		Electricity backup 24X7					
Ca Tab. With Vit. D3			Inj. Tetanus Toxoid		Normal Saline/Ringer Lactate/D 5%	Hand washing area							
MMA kit (Mifepristone+ Misoprostol)			Autoclaved instruments in LR		Foetal Doppler/Fetoscope	Toilet near or within Delivery Room							
E.3. Newborn Health : Drugs & Supplies						Designated space for AFH Clinic							
Vitamin K1			Mucus Extractor		Clean Towels/drape	Blood Bank		Blood Storage Unit					
Sterile cord cutting equipment			Shoulder roll		Cord tie or clamps	E.8. Infection Prevention							
Radiant Warmer			Functional Oxygen Cylinder		Newborn weighing machine	Soap		Sterile gloves					
Bag:	500 ml		240 ml		Designated NBCC	Bleaching Powder		Autoclave					
Mask:	Size 0		Size 1		Thermometer	Cidex (Glutaldehyde)		Boiler					
						Color Coded Bins							
						Pre-sterilized instruments available in LR							
E.4. Child Health : Drugs & Supplies					E.9. Adolescent Health : Drugs & Supplies								
ORS			Anti- Malarial Drugs		Tab. Albendazole	Tab. Dicyclomine		Tab IFA (Blue)					
Zinc			Syp. Salbutamol		IFA Syp.	Tab. Albendazole		IEC for AH at AFHC					
Salbutamol Nebulizing Solution													
E.10. Other Equipment													
Digital Thermometer			Glucometer		Room thermometer	Auto Analyzer(DH)		BMI Chart					
Suction Machine (low pressure-<100 mm hg)					Adult weighing machine	Semi Auto Analyzer (CHC/PHC)		Snellen Chart					
Hub cutter/Needle destroyer					Refrigerator								

E.11. HR deployed /posted in Facility						
Designation	Posted	Trained in				
		SBA/ BEmOC	PPIUCD	NSSK	Other (Skill Lab/Dakshata)	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		F 2.1: Fetal Heart Rate (FHR) recorded at the time of admission	F 2.6: Magnesium Sulphate used for eclampsia management
F1.2: Blood Pressure measured		F1.7: Family Planning Counselling		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			
F1.3: Hemoglobin measured		F1.9: Hypothyroidism screening 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
F1.4: Blood Glucose measured		F1.10 Universal Syphilis screening		F 2.4: Partograph used to monitor progress of labor	F 2.9: Monitoring for vaginal bleeding upto 6 hrs. after delivery
F1.5: Urine Albumin estimation		F1.11 Malaria testing (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	
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	
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	
F 3.4: Practice of skin to skin care		F 3.9: Provider aware about the steps of newborn resuscitation (Positioning, suctioning, stimulation, repositioning and PPV using Ambu bag)		F 4.4: Sterilization procedures (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 (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. BP Apparatus 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 Healthtoolkit		F 7.9. BMI Calculated	
F 5.8: Did you get the services you were looking for?				F 7.10. Counselling conducted at AFHC	
				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 _____