

Supportive Supervision Checklist

C1: Name of the supervisor -	C2: Designation -	C3: Level of supervisor - Block / District / State / National / Other
C4: Facility Name -	C5: Facility Type - SC/ Non 24*7 PHC /24*7 PHC/Non- FRU CHC/FRU CHC/SDH/DH/AREA HOSP/other	C6: Facility Level - L1/ L2/ L3
C7: Date of visit -	C8: Name of Facility in-charge/nodal officer -	C9: Designation of In-charge-

Data of previous month from facility

D1 Number of deliveries in facility

Total Deliveries	
Normal	
Assisted Vaginal Delivery	
C-section	
Referred out cases	
Live births	

D2 Number of new-borns immunized before discharge

D3 IPD load

D4 OPD load

D5 IUCD inserted in facility

Interval	
Postpartum	
Post Abortion	

D6 Sterilization done

Female interval sterilization	
Female postpartum sterilization	
Male sterilization	

D7 No. of clients received

CAC services

D8 % of women received IFA tab

D9 No. of ANC clients with high

risk conditions

D10 HR deployed/posted in Labor Room

	Posted	Trained in SBA/BEmOC	Trained in PPIUCD
MO			
ANM/Staff nurse			

E Drugs/supplies availability (If possible, verify physically)

E1: Reproductive Health		E3: New Born Health		E7. Antibiotics	
E1.1: IUCD 375, 380A	<input type="checkbox"/>	E3.1: Inj. Vit K1 (1 mg/ml)	<input type="checkbox"/>	E.7.1 Antibiotics as per RMNCH+A 5X5 Matrix (Amoxycillin, Ampicillin, Ampicillin, Gentamicin, Metronidazole, Trimethoprim & Sulphamethoxazole, Ceftriaxone (oral/IM/IV as applicable)	<input type="checkbox"/>
E1.2: OCP	<input type="checkbox"/>	E3.2: Mucus Extractor	<input type="checkbox"/>	E8: Other essential supplies & equipments(check functionality & utilization)	<input type="checkbox"/>
E1.3: ECP	<input type="checkbox"/>	E3.3: Bag and mask (240 ml) with both pre & term mask (size 0,1)	<input type="checkbox"/>	E8.1 Weighing Machine	<input type="checkbox"/>
E1.4: Condoms	<input type="checkbox"/>	E3.4: Clean linen/towels for receiving new born	<input type="checkbox"/>	E8.2: Hub cutter with needle destroyer	<input type="checkbox"/>
E1.5: Mifepristone + Misoprostol (MMA)	<input type="checkbox"/>	E3.5: Sterile cord cutting equipment	<input type="checkbox"/>	E8.3: Refrigerator	<input type="checkbox"/>
E1.6: MVA Kit/EVA	<input type="checkbox"/>	E3.6: Designated Newborn Care Corner	<input type="checkbox"/>	E8.4: RTI/STI Kit	<input type="checkbox"/>
E2: Maternal Health		E3.7: Functional Radiant Warmer	<input type="checkbox"/>	E8.5: Bleaching Powder	<input type="checkbox"/>
E2.1: Inj. Oxytocin (check whether stored in cold box/refrigerator)	<input type="checkbox"/>	E4: Child Health		E8.6: Oxygen Cylinder functional	<input type="checkbox"/>
E2.2: Tab Misoprostol	<input type="checkbox"/>	E4.1 ORS	<input type="checkbox"/>	E8.7: BP apparatus with stethoscope	<input type="checkbox"/>
E2.3: Antihypertensive (alpha methyl dopa/Labetalol or Nifedipine)	<input type="checkbox"/>	E4.2: Zinc (10mg & 20 mg)	<input type="checkbox"/>	E8.8: Thermometer	<input type="checkbox"/>
E2.4: Inj. Magnesium Sulfate	<input type="checkbox"/>	E4.3: Syp Salbutamol/Salbutamol Nebulizing Solution	<input type="checkbox"/>	E8.9: PPIUCD Forceps	<input type="checkbox"/>
E2.5: Inj. Tetanus Toxoid	<input type="checkbox"/>	E4.4: Syrup Albendazole	<input type="checkbox"/>	E8.10: Fetoscope/ Doppler	<input type="checkbox"/>
E2.6: Sterile pads	<input type="checkbox"/>	E.5: Adolescent Health		E8.11: Autoclave/Boiler	<input type="checkbox"/>
E2.7: IFA Tablet	<input type="checkbox"/>	E5.1: Dicyclomine	<input type="checkbox"/>	E8.12: Running water	<input type="checkbox"/>
E2.8: Pregnancy Test Kit (only at sub-centres and with ASHAs)	<input type="checkbox"/>	E5.2: Weekly Iron folic acid supplementation tablets	<input type="checkbox"/>	E8.13: Soap	<input type="checkbox"/>
E2.9: Functional Blood Bank/blood storage units	<input type="checkbox"/>	E 5.3 Albendazole	<input type="checkbox"/>	E8.14: Color coded bins and bags	<input type="checkbox"/>
E2.10: Haemoglobinometer	<input type="checkbox"/>	E6: Vaccines		E8.15: Electricity back-up	<input type="checkbox"/>
E2.11: Urine albumin kit	<input type="checkbox"/>	E6.1: BCG	<input type="checkbox"/>	E8.16: Toilet near LR	<input type="checkbox"/>
E 2.12: Blood grouping typing	<input type="checkbox"/>	E6.2: OPV	<input type="checkbox"/>	E8.17: Cold box, ILR, Deep freezer present for vaccine storage as per requirement	<input type="checkbox"/>
E 2.13:HIV screening	<input type="checkbox"/>	E6.3: Hep B	<input type="checkbox"/>		
E 2.14:Hepatitis B screening	<input type="checkbox"/>	E6.4: DPT	<input type="checkbox"/>		
E2.15: Partograph	<input type="checkbox"/>	E.6.5: Measles	<input type="checkbox"/>		
E2.16: Protocols displayed in LR	<input type="checkbox"/>	E.6.6: Syrup Vit. A	<input type="checkbox"/>	E 8.18 MCP cards	<input type="checkbox"/>
E2.17: IV Fluids	<input type="checkbox"/>	E.6.7: Pentavalent vaccine (in relevant states)	<input type="checkbox"/>		<input type="checkbox"/>
E 2.18 Inj Dexamethasone	<input type="checkbox"/>	E.6.8 JE Vaccine (where relevant)	<input type="checkbox"/>		<input type="checkbox"/>

F1. Ante Natal Care		Response
F1.1	Blood Pressure Measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.2	Haemoglobin measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.3	Blood Glucose measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.4	Urine Albumin measured during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.5	Appropriate management/referral of high risk clients (identified on the basis of High BP/ Blood sugar/Haemoglobin)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F1.6	Family Planning Counselling happening during ANC visits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F2. Intra-partum and Immediate post-partum practices	F2.1 Fetal Heart Rate (FHR) recorded at the time of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.2	Mother's temperature and BP recorded at the time of admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.3	Partograph used to monitor progress of labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.4	Antenatal corticosteroids used for preterm labour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F2.5	Magnesium Sulphate used to manage severe Pre-eclampsia and Eclampsia cases	<input type="checkbox"/> Yes <input type="checkbox"/> No
F2.6	Uterotonic (Oxytocin or Misoprostol) given to mother immediately after birth of baby	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3. Essential new born care (ENBC) and New-born Resuscitation (NBR)	F3.1 Newborn care corner adequately equipped (bag-and-mask, radiant warmer, mucous extractor, shoulder roll, thermometer, clock, Oxygen source)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.2	Early initiation of breastfeeding practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.3	Practice of skin to skin contact being promoted	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.4	Babies dried with clean and sterile sheets/towels just after delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.5	Provider aware about the steps of new-born resuscitation (Positioning, stimulation, suctioning, repositioning, PPV using Ambu bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F3.6	New-borns given BCG,OPV, Hep-B within 24 hours of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4. Family Planning	F4.1 Family planning counselling being done	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.2	Postpartum IUCD insertions being done	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.3	Interval IUCD insertions being done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
F4.4	Sterilization procedures being done (Fixed Day Services or Fixed day Camps)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F4.5	Postpartum sterilization being done	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5. Client Satisfaction	F5.1 Privacy during delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.2	Is transport being provided for drop back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.3	Staff was well behaved with you during your stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.4	Were you informed about the procedures before they were undertaken	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.5	Free diet provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F5.6	Would you suggest visiting this facility to your relatives/friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No

F6. Facility mechanisms and others	F6.1	Is utilization of untied fund adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F6.2	Awareness generation (use of IEC/BCC)- Posters, audio visual aids, display of citizen charter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F6.3	Is grievance redressal mechanism in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7 Functionality of programs at community	F.7.1	Exclusive breastfeeding practised upto six months (no water)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.2	Complementary feeding practised	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.3	ORS and Zinc available with ASHAs and distributed in community	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.4	Growth monitoring at AWW centers and VHNDs	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.5	Malnourished children referred to Nutritional Rehabilitation Centres	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.6	Incentives to ASHAs for delaying and spacing of births	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.7	Incentives to ASHAs for accompanying clients for PPIUCD insertions	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.8	Weekly IFA supplementation (WIFS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.9	Community based distribution of Misoprostol for PPH prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	F7.10	Home-based new born care by ASHA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.11	HBNC kits available with ASHA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F7.12	Referrals of sick newborns or newborns with danger signs being undertaken	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F.7.13	Home delivery of contraceptives by ASHAs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	F.7.14	Menstrual hygiene practices being promoted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	F.7.15	VHNDs being conducted on a monthly basis (Services include ANC, Growth Monitoring, Immunization, Health Messages etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F7.16	JSSK (JSSK entitlements being given?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F7.17	JSY (JSY entitlements being given?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F7.18	Rashtriya Bal Swasthya Karyakram operational	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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