

Supportive supervision checklist on ENBC

Name of the health centre:	Date of supervision:...../...../.....
Sub-district:	Name of Supervisor:
District:	Designation:

1 Health services organisation:

1.1	Does this facility provide neonatal care 24 hours a day?	Yes__	No__
1.2	Does this facility provide skilled delivery for homes in the catchment area?	Yes__	No__
1.3	Has facility instituted referrals to higher levels for neonatal emergency care?	Yes__	No__
1.4	Is a private birthing corner established?	Yes__	No__
1.5	Does birthing corner have all necessary equipment, including for neonatal resuscitation?	Yes__	No__
1.6	Is a birth register in place?	Yes__	No__
1.7	Is a post-partum care register in place?		
1.8	Does facility conduct neonatal and perinatal death audits?	Yes__	No__
1.9	Has facility instituted skin-to-skin care for all deliveries?	Yes__	No__
1.10	Has facility instituted neonatal resuscitation for all deliveries?	Yes__	No__

If any problem is found related to health services organization, what actions are needed to be taken? Develop and ensure support plan also.

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
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2 Clinical Staff Trained on ENBC:

Clinical Staff	Available staff at post	#available staff trained in ENBC	# staff received refresher training	# staff supported by follow-up after training
2.1 Midwife				
2.2 Nurse				

3 Quality of ENBC case management:

Name of the provider:		Designation:	
3.1	Did provider use appropriate infection prevention techniques with mannequin?	Yes__	No__
3.2	Did provider successfully demonstrate suction on a mannequin?	Yes__	No__
3.3	Did provider successfully demonstrate using a bag and mask on the mannequin?	Yes__	No__
3.4	Did provider successfully demonstrate wrapping and warming on the mannequin?	Yes__	No__

3.5	Did provider successfully demonstrate skin-to-skin care on a mannequin?	Yes__	No__
3.6	Did provider successfully demonstrate Vitamin K injection on a mannequin?	Yes__	No__
3.7	Did provider successfully demonstrate eye care on a mannequin?	Yes__	No__
3.8	Did provider successfully demonstrate cord cutting on a mannequin?	Yes__	No__

Scoring of skills of provider: give 1 point for each **YES** answer

Score:

$$\frac{\text{-----}}{8} \times 100 = \text{.....}\%$$

In private, share your findings from observational sessions with provider. Praise for the things done well and discuss on the identified weakness, show how it could be done. Ask provider, does s/he have any problem regarding assessment, vaccination, cold chain, counselling, follow-up etc. If s/he has, try to solve the problem instantly. Note down the decisions which have been taken to improve the skills and continue the practices:

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

4 Quality of records (Document review):

4.1	Total facility births in last month: _____		
4.2	Total births in community assisted by skilled attendant in last month: _____		
4.3	Estimated total births in catchment in last month: _____		
4.4	Estimated coverage of births by skilled attendant:		
4.5	Did they send monthly report of last month?	Yes__	No__
4.6	Individual patient register correctly completed?	Yes__	No__
4.7	LISIO correctly completed?	Yes__	No__

5 Infection Prevention:

5.1	Did provider wash hands with soap or hand rub before providing care?	Yes__	No__
5.2	Did provider wear gloves as needed when providing care?	Yes__	No__
5.3	Did provider avoid recapping needles?	Yes__	No__
5.4	Is there soap and water and/ or hand rub for washing hands?	Yes__	No__
5.6	Are there sufficient sharps boxes in reach of provider?	Yes__	No__

If any problems related to the ENBC corner are found, what actions are needed to be taken? Develop and ensure support plan also.

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

6 Job aid and supplies: (make a tick mark when correct)

Logistics	Available	Adequate enough in stock for one month	Remark
LISIO			
Birth Registers			
Post-partum Care Registers			
Hand washing poster			
Equipment list			
Resuscitation flowchart			
Instructions for cleaning ambu-bag			
Steps after delivery poster			
Wall-chart for mother and baby check			
Equipment			
Overhead radiant heater			
Table with clean drape			
Two clean towels			
Suction pump			
De Lee mucus extractor			
Suction catheter (size 6, 8,10,12)			
Neonatal resuscitation bag & reservoir			
Face masks (size 0 and 1)			
Naso-gastric tubes (size 8 and 10 Fr)			
Sterile gloves			
Sterile artery clamps or forceps			
Sterile scissors or razor			
Sterile cord ties			
Vitamin K (1mg/ml)			
1% Tetracycline eye drops or ointment			
Alcohol or antiseptic swab			

If you found any gaps regarding vaccines and supplies, discuss and make an activity and support plan to address the problems

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Resuscitation flowchart			
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Sterile gloves			
Sterile artery clamps or forceps			
Sterile scissors or razor			
Sterile cord ties			
Vitamin K (1mg/ml)			
1% Tetracycline eye drops or ointment			
Alcohol or antiseptic swab			
If you found any gaps regarding vaccines and supplies, discuss and make an activity and support plan to address the problems			

7 Supervision:

7.1 Did anybody visit this centre for ENBC supervision in last three months (quarter)? Yes__ No__

7.2 Ask them to give you the last supervision report

Date/...../.....

Supervisor's designation.....

7.3 Progress of the last decision/s which was/were taken during last visit?

Signature of Supervisee: _____

Date:/...../.....

Signature of Supervisor: _____

Date:/...../.....

Please leave a copy of signed report to respective facility before leaving and send one copy to district within 7 days of visit