

SUPPORTIVE SUPERVISION CHECKLIST 1 FOR DHS

Data of visit:

Name of supervisor (s):

District:

COLD CHAIN, QUALITY AND LOGISTIC			Remarks
1.	Was the temperature of the refrigerator recorded twice a day last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Did the temperature of the refrigerator remain between 2 ⁰ C - 8 ⁰ C last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Are the vaccines and supplies loaded properly according to standard procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Was the refrigerator functioning for the whole last month (24 hrs, 7 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Are there adequate stocks (stock for at least three months) of all vaccines and supplies for RI?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	BCG & diluents (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Penta (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	OPV (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Measles & diluents (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	TT (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AD syringes 0.5ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AD Syringes 0.05ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	BCG Reconstitution Syringes 2ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Reconstitution Syringes 5ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Safety box (Quantity)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	Did this DHS have not any stock out of vaccines and supplies last three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	Are all vaccines in the refrigerator within valid date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Has the distribution and arrival of vaccine of the last three months been recorded in the stock register?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MONITORING AND SURVEILLANCE			
9.	Is up-to-date monitoring chart available and displayed on the wall?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Is the drop out rate of Penta (1 and 3) less than 10%?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.	Was there any VPD case reported in the last three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.	Was the last weekly report of VPD case sent to the next level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROGRAMME MANAGEMENT		
13.	Does this DHS have latest quarterly micro-plans compiling all CHCs' micro-plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Is there any person in the District responsible for immunization program? ^c	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Does this DHS have any supervision plan for this quarter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Did this DHS visit any health facility for EPI supportive supervision visits last quarter? If yes, ask how many health facilities visited: CHC _____ HP _____, ask to show you the copies of SS checklists of those visits.	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Do the managers (persons responsible for EPI) have any MOH approved document showing the target population?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Did the District send the last monthly report (HMIS) to the higher level on time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ADVOCACY AND COMMUNICATION		
19.	Did this DHS organize any meeting with health staff and partners last quarter and discuss the immunization program? If yes, ask for meeting minutes or report.	Yes <input type="checkbox"/> No <input type="checkbox"/>
20.	Did the DPHOs –EPI, HP participate in any review and micro-planning meetings at CHC level in last three months? If yes, how many: _____ CHC.	Yes <input type="checkbox"/> No <input type="checkbox"/>
INJECTION SAFETY		
21.	Does this DHS dispose waste safely (using incinerator)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DISTRICT NARRATIVE REPORT		
<p>Main problems Identified on last visit:</p> <p>Action taken or follow up required?</p> <p>Main problems identified during this supervision visit:</p> <p>Actions taken or Recommendations for follow up action:</p> 		

Signature of Supervisor: _____ Signature of Supervisee: _____

Please leave one copy of this checklist at DHS and bring one copy for the MOH

SUPPORTIVE SUPERVISION CHECKLIST 2 FOR HEALTH FACILITY WITH FUNCTIONING REFRIGERATOR

Date of visit:/...../.....

Name of supervisor (S):

Health Facility:

Type: Hospital CHC HP Private Clinic

Sub-district:

District:

COLD CHAIN, QUALITY AND LOGISTIC			Remarks
1.	Was the temperature of the refrigerator recorded twice a day in last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	Did the temperature of the refrigerator remain between 2 ⁰ C - 8 ⁰ C in last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	Are the vaccines and supplies loaded properly according to standard procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	Was the refrigerator functioning for the whole last month (24 hrs, 7 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Are there adequate stocks of all vaccines and supplies for RI?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	BCG & diluents (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Pentavalent (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	OPV (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Measles & diluents (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	TT (Quantity: doses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AD syringes 0.5ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	AD Syringes 0.05ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	BCG Reconstitution Syringes 2ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Reconstitution Syringes 5ml (Quantity: pieces)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Safety box (Quantity.....)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.	Did the health facility have not any stock out of vaccines and supplies last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.	Do the health workers know how to read and interpret the VVM? Ask them to describe the stages of the VVM	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	Does this health facility follow the Multi-dose Vial Policy (MDVP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.	Are all vaccines in the refrigerator within valid date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Has the distribution and arrival of vaccine of the last three	Yes <input type="checkbox"/> No <input type="checkbox"/>	

	months been recorded in the stock register?		
11.	Does the stock register show adequate vaccines and supplies for one month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
MONITORING AND SURVEILLANCE			
12	Does the health facility have a map of their catchments area displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Is the EPI register used for each child by Suco?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Is up-to-date monitoring chart available and displayed on the wall?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15	Is the drop out rate of Penta less than 10%?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Was there any VPD case reported in the last month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Was the last weekly report of the VPD case sent to the next level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18	Was there any AEFI case which was reported in the last quarter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19	Is there a system for tracking of defaulters?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROGRAMME MANAGEMENT			
20	Is there quarterly micro-plan that identifies unreached or hard to reach populations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21	Does this health facility offer immunization services as per BSP? (providing antigen as per BSP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22	Are all the planned immunization sessions (SISCa, Outreach, Mobile Clinic) of last month being held?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23	Did this health facility receive any supervision visits in last quarter? If yes, please check the previous supervision report.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
24	Do the managers (persons responsible for EPI) have any MOH approved document showing the target population?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25	Did this health facility send the last monthly report (HMIS) to the higher level? If yes, please ask them to show you a copy. Please check it and discuss about the quality of reporting.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADVOCACY AND COMMUNICATION			
26	Is there any IEC/BCC material on immunization available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
27	Does this CHC have latest quarterly micro-plans which were made with health staff and community? (this not applicable for HP, Hospital & Private Clinic)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

INJECTION SAFETY		
28	Does this health facility have any functional incinerator? It is not applicable for HP & Private Clinic.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29	Does this health facility dispose waste safely (using incinerator)? {this not applicable for HP & Private Clinic}	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
NARRATIVE REPORT		
Main problems Identified on last visit ✓ Action taken or follow up required?		
Main problems identified in this supervision visit		
Actions taken or Recommendations for follow up action		

Signature of Supervisor:

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Signature of Supervisee:

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SUPPORTIVE SUPERVISION CHECKLIST 3 FOR EPI SESSION

District:

Sub-district:

Date of visit:

Type of post: Hospital...CHC HP SISCa Outreach

Location of Post

Name of supervisors:

Designation:

Name of vaccinator:

Designation:

Practices to Check	Observations (If yes then give tick mark (✓), if no give cross mark (x), and if not applicable, write N/A). Please observe at least three sessions or one hour whichever comes first (from 1 to 12).					Remarks
Organization	Case 1	Case 2	Case 3	Total	% (total ✓/total case)	
1. Are all eligible children screened before providing respective vaccine?						
2. Were no children turned away for false contraindications?						
3. Was immunization register (by suco) properly following the vaccination?						
Injection Techniques						
4. Did vaccinator wash hands properly before beginning of the immunization session?						
5. Was vaccine reconstituted correctly just before the immunization session?						
6. Were children positioned correctly for immunizations?						
7. Was the injection site cleaned with water if necessary?						
8. Were the vaccination techniques (intra-dermal, subcutaneous, intra-muscular, and oral) correct?						
Counseling and health education						
9. Were the caregivers told what vaccine given now?						
10. Were caregivers told that when to return for her next vaccine?						
11. Were caregivers advised of possible side effects, what action to take, and when to return?						
12. Did vaccinator fill up the child health book (LISIO) correctly?						

Maintaining the Cold Chain	Yes/No	Remarks
13. Were frozen ice packs conditioned properly prior to the session? Please check physically and ask vaccinator as well as		
14. Did the vaccinator handle vaccine career properly, such as put in shade, open before session, put the used vaccine in sponge properly?		
Injection Safety		
15. Were all used needles/syringes disposed in safety box immediate after use?		
16. Did the vaccinator recap the syringe immediate after use?		
Planning, monitoring and involvement of community (only for SISCa, Outreach and Mobile clinic)		
17. Was the session being conducted as planned?		
18. Did PSF /local leaders participate actively (managing gather, registration of children, check LISIO, health education) the session?		
19. Did PSF / Local Authority assist with tracking of defaulters?		
Scoring of skills of provider: give 1 point for each YES answer from question no.1-16, (a total of 40 is possible). Do not include any questions that were answered Not Applicable (N/A) Score: ----- X 100=%		
Main problems identified on last visit:		
Action taken or follow up required:		
Main problems identified in this supervision visit:		
Action/s to be taken by supervisee:	Action/s to be taken by supervisor:	

Signature of supervisor:.....Signature of supervisee.....

