

1. Lady Health Supervisors (LHS)
(To be used for two Lady Health Supervisors only)

Name of the Supervisor _____ Designation _____

Date _____ District _____ Province _____

Section 1: MONITORING AND SUPERVISION

1	Name of LHSs		
2	Headquarter Health Facility		
3	No. of LHWs affiliated		
4	Date of Visit		
		Status /Remarks	Status Remarks
5	Attending the HQ facility daily (Signing register)		
6	Advance tour plan available at FLCF and DPIU		
7	Conducted 80% tours as per tour plan (Last month)		
8	Continued Education session attended in all concerned Health Facilities.		
9	Each LHW visited (at least once last month) to the attached HQ health facility		
10	Uses Supervisory Checklist Properly		
11	Weaknesses in the knowledge and skills of the LHWs are communicated to the trainers		
12	Imparting on-job training to LHWs		
13	Cross checking the LHW-MIS (LHWs performance report, known as <i>Jaiza Karkardagi, JK</i>)		
14	Coordination with FLCF staff		
15	Average score of LHWs supervised (JK report)		
16	Using the training checklist (if the training is going on in the FLCF)		
17	Complete and timely monthly reports submitted for last three months to:		
	a) FLCF		
	b) DPIU		
18	Attended MMC at DPIU for last month		

19	Log book of vehicle properly maintained		
20	Salary received for last month		
21	FOL/FTA paid for last month		
22	Knowledge of LHS (Categories) (May use annex C-I, C-II)		
	a) Supervision & Training		
	b) IPC and Community org.		
	c) Maternal health		
	d) Child health		
	e) Family planning		
	f) Common ailment +doses of medicines + First aid		
	g) Doses of medicines		
	h) First aid		
	i) LH W-MIS		
23	Skills of LHS (Categories) (May Use annex C-I, C-II)		
	a. Supervision & Training		
	b. IPC and Community org.		
	c. Maternal health		
	d. Child health		
	e. Family planning		
	f. Common ailment+ doses of medicines + First aid		
	g. LHW-MIS		

Section 2: DISCUSSION WITH LHS

Name of the LHS	Issues discussed	Action agreed for LHS	Action required at FLCF/DPIU/PPIU
	1.		
	2.		
	3.		
	4.		
	5.		
	1.		
	2.		
	3.		
	4.		
	5.		

Section 3: Critical Issues to be followed in the next visit

Sr. #	Critical Issues
1	
2	
3	
4	
5	

User Guide for Lady Health Supervisors

This is the monitoring / supervision checklist that pertains to supervising various functions assigned to the lady health supervisor (LHS). The LHS performs at health facility level and act as supervisor on 20 to 25 lady health workers (LHWs). Using this checklist would help in finding the issues and gaps, which would result in taking corrective actions to bridge the gaps and improving field supervision quality and ultimately performance of LHWs and achieving the set targets. Information about the user(s) of this checklist, respondent(s) and frequency of its application is given at the end.

While recording findings/responses, user must ensure legible handwriting, avoid cuttings/overwriting, and give brief but pertinent information.

Monitor/supervisor will use this checklist for recording the findings of the supervisory visit conducted to monitor two LHWs at a time. The monitor/supervisor will mention name, designation, date of visit, name of district and province. Please tick ✓ the relevant response box where applicable.

First column contains subject against which findings will be recorded in next two columns; and each column will contain findings pertaining to respective LHW named at the top of column. The guide/instructions to use checklist titled “Lady Health Supervisors (LHS)” follows:

Section 1: Monitoring and Supervision

1. Names of LHSs being supervised,
 2. Name of health facility (headquarter) to which LHS is attached,
 3. Number of LHWs attached with each LHS, and
 4. Date of this supervisory visit
- Record supervisory findings and related comments/remarks for each LHS with respect to issues and gaps and required actions:
5. Verify daily visit of LHS to the attached (HQ) health facility from staff attendance register. Response may be recorded as ‘yes’ if daily visits are verified, otherwise write ‘no’ and record number of days of absence and what action did health facility in-charge took on irregularity.
 6. Look for availability of advance tour plan at health facility/DPIU.
 7. Check if 80% of field visits have been conducted according to tour plan and in case field visits are less, record reasons.
 8. Verify and record status of education sessions conducted in health facilities and participation of LHSs in these sessions. In case of failing to meet the targets identify reasons and issues.
 9. Verify from record of last 12 months prior to your visit that each of the LHWs visit at least once a month to the attached HQ health facility. If the case is not so then record reasons of irregularity and actions taken by in-charge of health facility.
 10. Examine supervisory checklists used by each LHS during last three field visits; observe if it is completely and correctly filled. If not then explore reasons and actions taken to improve the filling of the checklist.
 11. Verify if LHSs have communicated ‘weaknesses of LHWs in respect of both knowledge and skills’ to the respective trainers and ensured training of such LHWs. If not, why and what actions has health facility in-charge initiated?

12. Check through observation and review of record that LHSs are providing on job hands-on support to LHWs for overcoming their weaknesses and record issues and gaps.
13. Check for validity of reported data by comparing Jaiza Karkardagi (JK) Report with LHWs collected and reported data. Note down discrepancies, possible reasons for these discrepancies and actions required for improvement.
14. Conduct discussion with in-charge of health facility and determine how LHSs coordinate with attached health facilities, record issues of coordination and their reasons, and suggest appropriate actions to be taken for improving working coordination.
15. Check for awarding performance scores given by LHSs to LHWs from JK booklet kept with each LHW, and note down average score achieved by attached LHWs under both the supervised LHSs.
16. In case LHWs training is being carried out at attached health facility during the supervisory visit, please use standard training checklists developed by program and determine the average score of LHWs.
17. Verify that LHSs' submit their monthly reports in time and every month, to attached health facility and District Program Implementation Unit (DPIU), and record reasons of irregularity.
18. Verify and record if LHSs' have attended DPIU and participated in Monthly Maternal Conference (MMC). In case of their absence, note down reasons of absence.
19. Look for record of vehicle use, log book filled in completely and correctly up to date. If not, then note down the issues.
20. Verify that they have received last month salaries. If not record related issues leading to delays.
21. Note down that fuel charges and traveling allowances have been paid to LHSs against activities carried out last month. If not record issues leading to delays.
22. Assess knowledge of LHSs using annexes C-I and C-II, in respect of listed categories of LHSs' functions. Please award score/note down level of knowledge separately against each category.
23. Assess skills of LHSs using annexes C-I and C-II, in respect of listed categories of LSHs' functions. Please award score/note down level of skills separately against each category.

Section 2: DISCUSSION WITH LHS

Monitor/supervisor will record details of discussion held with LHSs, separately for each LHS, which include:

- Listing of identified issues.
- Corrective action(s) agreed with LHS to be taken at her level against each issue.
- Corrective action(s), suggested during discussion with LHS, to be taken at attached health facility or district/provincial program implementation unit level against each issue.

Section 3: CRITICAL ISSUES TO BE FOLLOWED IN NEXT VISIT

Finally, monitor/supervisor will note down critical issues that must be followed up during next visit with respect to their implementation status.