

1. Health Facility

Name of the supervisor _____ Designation _____

District _____ Province _____

Name of Health Facility		
Date of visit:		
No. of LHWs affiliated:		
1. Training (including continuing education session)	Status	Remarks
i. Trained Trainers available (at least 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ii. Female trainer in the team	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iii. Classroom conditions	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>	
iv. Training content quality including display of charts/maps etc.	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>	
v. Training material available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vi. Training delivered according to the given guidelines. (Use training checklist if training session in process)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
vii. Attendance register up to date	Yes <input type="checkbox"/> No <input type="checkbox"/>	
viii. Trainers aware of LHWs weak areas	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ix. Number of LHWs in a training batch	Number: _____	
2. Record Keeping	Status	Remarks
a) No. of LHWs reported last month	Number: _____	
b) Facility report of last month submitted to DPIU	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Personal files of LHWs	Complete <input type="checkbox"/> Incomplete <input type="checkbox"/>	
d) Current feedback from DPIU on reports on file	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Logistics	Status	Remarks
a) Storage is proper (Refer to checklist for store maintenance, C-III)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Stock register maintained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Issue-receipt vouchers maintained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) Bin card maintained	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e) Submitted demand for the quarter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) Sufficient stock (minimum level stock) available of		
a) Medicines		
b) Contraceptives		
c) LHW-MIS tools		
e) Regular monthly replenishment to LHWs by First Level Care Facility (FLCF)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) Regular quarterly replenishment to FLCF by the DPIU	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Referrals		
a) Records of LHW referrals maintained (Check record of Referral slips)	Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/>	
b) Feedback to the LHW given for sampled referral slips	None <input type="checkbox"/> Some <input type="checkbox"/> All <input type="checkbox"/>	
5. Supervision		
a) Trainers undertaking routine field visits	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Complete and timely submission of monthly reports by LHS to Health Facility	Complete <input type="checkbox"/> Timely <input type="checkbox"/>	
i) Discussion & actions taken on LHS report	Discussion <input type="checkbox"/> Action <input type="checkbox"/>	
c) Health Facility visited by any district supervisor during last 6 months	Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor type:
d) Date of district supervisor's next visit known to staff	<u> </u> <u> </u> / 20 <u> </u> <u> </u> M M Y Y	

Discussion with Trainers/FLCF In-charge:

Name of the Health Facility	Discussion Attended by:	Issues discussed	Action agreed for FLCF	Action required at DPIU/PPIU (If required)
		1.		
		2.		
		3.		
		4.		
		5.		

Critical Issues (to be followed during next visit):

Sr. No.	Critical Issues
1	
2	
3	
4	
5	

User Guide for Health Facility

The supervisor will write his/ her name, designation, name of district and province. Also mention the name of health facilities (BHU, RHC), date of visit and number of LHW attached to the health facility.

1. Training (including continuing education session)

- a) Check that at least two trained trainers are available
- b) Check whether female trainer is present in the team or not
- c) Check the conditions of the classroom regarding basic amenities, cleanliness, ventilation, seating arrangements etc.
- d) Check the display of charts/maps in the classroom
- e) Check the availability of training material related to LHW
- f) In case of previous trainings the supervisor will ascertain from the record/report of the facility. Where training is ongoing, then he/she will apply the training checklist to comment on the quality of the training including material, audiovisual support and facilitations.
- g) Self-explanatory
- h) Preliminary to training, trainers should take insight of the weak areas of LHWs through record and reports and holding discussions with relevant officials as LHS and facility in-charge.
- i) Give the no. of participants in each training session.

2. Record Keeping

- a) Write the no. after verifying from the record
- b) Check from the record whether complete report of health facility report for the last month is submitted to DPIU
- c) Check the personal files of LHWs regarding availability of updating/recording all the responsibilities/duties assigned.
- d) Verify from the record

3. Logistics

- a) Check the store whether it has been maintained properly according to the mentioned checklist.
The supervisor can physically verify the entries by counting randomly selected items.
- b) See the copy of indent in the record.
- c) See the record of issue & receipt vouchers are maintained
- d) Check that sufficient amount of given items is present in stock to meet with routine activities. This refers to the availability of the given items for at least one month keeping in view the scope and services utilization of the health facility.
- e) It means to cover and replace the used items on monthly basis. Verify from the record.
- f) It means to cover and replace the used items on quarterly basis. Verify from the record

4. Referrals

- a) This relates to the referral of the patient from LHW to the health facility and health facility's feedback to LHW. This should be deduced from facility record/documentation and discussion with the health facility in-charge.
- b) Refer 4(a).

5. Supervision

- a) Check that trainers are visiting the field regularly. The purpose is to provide hands on support.
- b) Submission of monthly reports and action taken should be verified from the health facility record.
- c) Mention the name and designation of district supervisors who visited HF during last six months.
- d) It means that district supervisor has given the date of his next visit and this can be verified from staff members.

Discussion with trainers/FLCF In-charge

Mention the name of the health facility, names of the participants, details of issues discussed along with actions agreed for FLCF and action required at DPIU/PPIU.

List the critical issues to be followed during next visit. Leave a copy with the facility.