|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.     District Program Implementation Unit** | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
| Name and Designation of the Supervisor | | | |  | | | | | | | | | | | | |
| Date of visit to district in the province | | | |  | | | | | | | | | | | | |
| ***1) FUNCTIONING OF DPIU*** | | |  |  |  | |  | |  | | |  | | |  | |
| **Section 1.1 Planning**/**Establishment** | | | | |  | |  | |  | | |  | | |  | |
| **Indicator** | | | | **Yes** | **No** | | **Remarks (Briefly record relevant observations/inputs and functional status of equipment)** | | | | | | | | | |
| Annual District Plan of Action available for current year | | | |  |  | |  | |  | | |  | | |  | |
| **Management support available** | | | |  |  | |  | |  | | |  | | |  | |
| Office furniture | | | |  |  | |  | |  | | |  | | |  | |
| **Office Equipment** | | | |  |  | |  | |  | | |  | | |  | |
| 1. Telephone | | | |  |  | |  | |  | | |  | | |  | |
| 1. Fax | | | |  |  | |  | |  | | |  | | |  | |
| 1. Computer | | | |  |  | |  | |  | | |  | | |  | |
| 1. Printer | | | |  |  | |  | |  | | |  | | |  | |
| 1. Internet | | | |  |  | |  | |  | | |  | | |  | |
| 1. Any Other | | | |  |  | |  | |  | | |  | | |  | |
| Staff Composition of DPIU as per policy | | | |  |  | |  | |  | | |  | | |  | |
| Name Unfilled positions | | | |  | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
| **Section 1.2 Meetings held during the previous month** | | | | | |  | |  | | |  | | |  | | |  | |
| **Type of Meeting (attended by)** | | **Date of meeting** | | **Specific issues discussed** | | | | | **Minutes available** | | | **Actions taken** | | | | |
| DPIU Monthly Meeting (EDO Health/DOH, DCO, ADCO, Accounts Supervisor) | |  | |  | | | | |  | | |  | | | | |
| Maternal Mortality Conference (Lady Health Supervisors monthly meeting) | |  | |  | | | | |  | | |  | | | | |
| District/FLCF Trainers | |  | |  | | | | |  | | |  | | | | |
| DHMT/DTC with other departments, DPWO, others | |  | |  | | | | |  | | |  | | | | |
| ***2) HUMAN RESOURCES*** | | |  | |  | |  | |  | | |  | | |  | |
| **Section 2.1 Lady Health Workers** | | | |  |  | |  | |  | | |  | | |  | |
| Allocated | Recruited | Dropout | Terminated | Presently working (after 3 months training) | Current training status (Mention numbers) | | Current training status  (Mention numbers) | | | | | | | | Remarks | |
| Months | | Under 12 months | | | Completed | | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
| **Section 2.2 Lady Health Supervisors** | | | |  |  | |  | |  | | |  | | |  | |
| Allocated @ 20-25 LHWs | Recruited | Dropout | Terminated | Presently working (after 3 months training) | Current training status (Mention numbers) | | Current training status  (Mention numbers) | | | | | | | | Remarks | |
| Months | | Under 9 months | | | Completed | | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |
| **Section 2.3 Drivers** | | | | |  | |  | |  | | |  | | |  | |
| Required | Currently Working | | Remarks | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | |
| ***3) FINANCES*** | | |  |  |  | | | |  |  | | |  | | |  | |
| Item | | | | | Status | | | | Remarks | | | | | | | |
| Cash Book maintained | | | | | Yes □ No □ | | | |  | | | | | | | |
| Monthly SOE prepared & reconciled | | | | | Yes □ No □ | | | |  | | | | | | | |
| Amount Received (in Rs.) (For current quarter from PPIU) | | | | | Yes □ No □ | | | |  | | | | | | | |
| Payroll submitted by 20th of month | | | | | Yes □ No □ | | | |  | | | | | | | |
| Salary of LHWs/Supervisors/Drivers will be paid until what month and year? | | | | | \_\_ \_\_ / 20 \_\_ \_\_  M M Y Y | | | |  | | | | | | | |
| Training allowance paid for last month | | FLCF Trainers | | | Yes □ No □ | | | |  | | | | | | | |
| LHWs refresher training allowance | | | Yes □ No □ | | | |  | | | | | | | |
| District Trainers | | | Yes □ No □ | | | |  | | | | | | | |
| Amount for POL/Fixed travel allowance to be paid to supervisors until what month and year? | | | | | \_\_ \_\_ / 20 \_\_ \_\_  M M Y Y | | | |  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***4) LOGISTICS*** | |  |  |  | |
| **Section 4.1 Store** | |  |  |  | |
| Item | | Status | Remarks | | | |
| Is the storage space large enough to hold needed supplies? | | Yes □ No □ |  | | | |
| Are storage conditions proper?  (Refer to checklist for store maintenance, C-III) | | Yes □ No □ |  | | | |
| Is the stock register up to date? | | Yes □ No □ |  | | | |
| Are issue-receipt vouchers up to date? | | Yes □ No □ |  | | | |
| Are bin cards up to date? | | Yes □ No □ |  | | | |
| Has the Demand & Distribution System been adopted? | | Yes □ No □ |  | | | |
|  |  |  |  |  | |
| **Section 4.2 Medicines, Contraceptives and other logistics** | | |  |  | |
| Items | Available (Yes/No) | Distributed (Yes/No) | Remarks (If item is either not available or not distributed, mention the reasons as well as for how long the item is out of stock in case of non-availability) | | | |
| Medicines |  |  |  | | | |
| Contraceptives |  |  |  | | | |
| Printed Material |  |  |  | | | |
| Non Drug items |  |  |  | | | |
|  |  |  |  |  | |
| **Section 4.3 Vehicles** |  |  |  |  |
| Levels | No. Received | No. Available | No. Functional | Remarks | |
| DPIU |  |  |  |  | |
| Supervisors |  |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***5) SUPERVISION AND MONITORING*** | | | | |  |
| **Section 5.1 Supervisor’s visits** | |  |  |  |  |
| Undertaken by | No. of days in the field (during last month) | | Tour reports available (Yes/No) | Remarks (Comment on the purpose and quality of visit after reviewing the tour reports) | |
| District Coordinator |  |  | Yes □ No □ |  | |
| Assistant District Coordinator |  |  | Yes □ No □ |  | |
| Others (Specify) |  |  | Yes □ No □ |  | |
| **Section 5.2 Trainings** | |  |  |  |  |
| Training | | Venue | Date of Start | Date of Completion | Remarks (On the basis of Training Checklists) |
| LHWs Basic Training | |  |  |  |  |
| LHSs Basic Training | |  |  |  |  |
| FLCF/District/Provincial | |  |  |  |  |
| Trainers Training | |  |  |  |  |
| Refresher Training (Please specify) | |  |  |  |  |
| Trainings organized by others (NGOs, International Agencies etc.) | |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 5.3 (a) Status of Monthly Report** | | |  |  | |  |
| Type | | Number | | Remarks | | |
| Expected | Submitted | (Comment on the quality of report after reviewing them) | | |
| Facilities | |  |  |  | |  |
| Lady Health Supervisors | |  |  |  | |  |
| FPO | |  |  |  | |  |
| Proforma (NP) | |  |  |  | |  |
| FPO worksheet folders maintained | | Yes □ No □ | |  | |  |
| DCO worksheet folders maintained | | Yes □ No □ | |  | |  |
| ADC worksheet folders maintained | | Yes □ No □ | |  | |  |
| **Section 5.3(b) LHW-MIS** | |  |  |  | |  |
| **Activities** | | | **Status** | | **Remarks** | |
| District Report | | | Yes □ No □ | |  | |
| No. of LHWs reporting (from DMR) (%age) | | | Number: | |  | |
| Feedback from PPIU to District on DMR | | | Yes □ No □ | |  | |
| Feedback from DPIU to Health Facilities on Monthly Report | | | Yes □ No □ | |  | |
| HR database updated | | | Yes □ No □ | |  | |
| LHW-MIS software installed and made functional | | | Yes □ No □ | |  | |
| Computerized pay roll generated | | | Yes □ No □ | |  | |
| MIS charts displayed and updated | | | Yes □ No □ | |  | |
| **5.4 Program indicators** | | |  |  | |  |
| **Indicator** |  | **Source** | **Last Month** | **2nd Last Month** | | **3rd Last Month** |
| Contraceptives Prevalence Rate | | MIS Chart |  |  | |  |
| Total number of deliveries | | DMR |  |  | |  |
| Total number of deliveries by SBA | | DMR |  |  | |  |
| Total number of pregnant women seen at the facility that month (check for double counting) | | MIS Chart |  |  | |  |
| Number of pregnant women who received TT | | MIS Chart |  |  | |  |
| Number of pregnant women given iron tablets | | DMR |  |  | |  |
| Number of post natal visits made | | DMR |  |  | |  |
| Number of post natal cases visited 24 hours after deliveries. | | DMR |  |  | |  |
| EPI Coverage (fully immunized) | | MIS Charts/Jaiza Karkardagi JK |  |  | |  |
| Number of of ARI cases under 5 seen per LHW/month | | DMR |  |  | |  |
| Number of diarrhea cases under 5 seen per LHW/month | | DMR |  |  | |  |
| Average District Performance (score) | | LHS Performance Report/JK |  |  | |  |
| **Section 5.5 Mortality Verification** | | |  |  | |  |
| **Mortality** | | **Reported Last DMR** | **Verified** | **Confirmed** | | **Remarks** |
| Number of maternal deaths in the covered area | |  |  |  | |  |
| Number of infant deaths | |  |  |  | |  |

***DISCUSSION AT DPIU***

**(The supervisor should discuss the issues identified with the EDO Health (H)/DHO/District Coordinator after every visit)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Sr. No.** | **Name of managers who attended the discussion** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

|  |  |  |
| --- | --- | --- |
| **Issues Discussed** | **Actions agreed for DPIU** | **Actions required at PPIU/FPIU** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Critical Issues (to be followed during next visit)**

|  |  |
| --- | --- |
| Sr.  No. | Critical Issues |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**User Guide for**

**District Program Implementation Unit**

The Supervisor will mention his/her name with designation along with: date of visit, name of district and province.

1. **Functioning of DPIU**
   1. *Planning/Establishment*

Check whether annual district plan of action for current year is available or not. This plan has been developed by district program implementation unit in the light of guiding principles, objectives and targets of the program. Note that management support i.e. office furniture, equipment such as telephone, fax, computer, printer, internet, any other and staff composition of DPIU (District Coordinator, Assistant District Coordinator, Accounts Supervisor and Driver) as per policy is available or not. Also observe that relevant record and office equipment is available in functional form or not.

* 1. *Meetings held during the previous month:*

It refers to different types of meetings explained in the checklist. The monitor will verify the meetings from the record of the program and will see the details on minutes’ circulation, high spots of gaps and issues. He /She should also ascertain from the actions proposed, for fixing the errors in the record, and their implementation.

1. **Human Resources**

*2.1) Lady Health Workers*

The strength of LHWs allocated, recruited, drop outs, terminated, presently working with current training status in numbers. Any specific remarks should be mentioned in the remarks column.

*2.2) Lady Health Supervisors*

The strength of LHWs allocated, recruited, drop outs, terminated, presently working with current training status in numbers. Any specific remarks should be mentioned in the remarks column.

*2.3) Drivers*

The number of drivers required and currently working with remarks will be mentioned.

1. **Finances**

Status of all the items will be verified from the relevant register of the account section. Remarks specific to each item should be mentioned in the column of “Remarks”.

1. **Logistics**

*4.1) Store*

*Space Adequate:* It means whether sufficient space is available or not to store the items properly.

*Storage Conditions are Proper:* It means whether proper conditions i.e. ventilation, proper temperature and cleanliness exist or not.

*Stock register/Issue receipt vouchers/Bin card maintained:* Check that all items mentioned are present and properly maintained.

*Demand and Distribution System Adopted:* It means whether demand from the end user and distribution from district store are matching or having any discrepancy. All these will be verified from relevant registers and receipt vouchers.

4.2) Medicines, Contraceptives and Other Logistics:

Check that all items mentioned are available and have been distributed appropriately. If there is any out of stock item, then mention reasons and how long the item is kept out of stock.

4.3) Vehicles

The supervisor will check the number of vehicles used by DPIU and supervisors. He / She will also note the number of available and functional vehicles with any concerned comments.

1. **Supervision and Monitoring**

5.1) *Supervisor Visits:*

This refers to no. of days in the field by each supervisor mentioned in the list during last month. This will be verified from the tour reports and (tallied with revised tour reports) feedback given to the health facility as well as to the higher authority. Special mention is made to note the specific issues, identifying gaps, proposing actions and making follow up.

5.2) *Trainings:*

This will be checked and verified from the record of the list of trainings mentioned in this section regarding venue, date of start and date of completion of training. It is possible to comment on the training quality from the record of the health facility, training assessment tools that were used and training report that highlights the strengths and weaknesses of training.

* 1. (a) *Status of Monthly Reports*:

It means that the number of expected and submitted monthly reports mentioned in the checklist. The supervisor is expected to review a set of each type of report and comment on the objectivity, strength, weaknesses and relevance of the reports.

5.3(b) *LHW-MIS:*

The supervisor will check the activities mentioned in this section whether these have been done or not within given timeframe. He/ She will verify from the record of DPIU-MIS. Specific remarks relevant to each activity will be given in relevant column. He/ She will note the frequency, regularity, completeness and quality of reports. DMR refers to District Monthly Reports.

5.4) *Program Indicators:*

Check the given indicators from the source mentioned LHW MIS Chart, DMR, Performance Report of LHS, Jaiza Karkatdgi for each one, of the last three months. Each indicator needs to be reported for each month separately.

5.5) *Mortality Verification:*

Check the number of maternal and infant deaths from reported last District Monthly Report and note that the verbal autopsy of each death has been verified and confirmed with any related remarks.

1. **Discussion at DPIU**

Discussion with EDO Health/DHO/district coordinator on the issues identified should be carried out with attendance of the participants and date of discussion. The issues discussed, actions agreed for DPIU, actions required at PPIU/FPIU will be recorded on the given format and critical issues to be followed during next visits will be enlisted.