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

PROGRAMME MANAGEMENT			
13.	Does this DHS have latest quarterly micro-plans compiling all CHCs' micro-plans?	Yes ☐ No ☐	
14.	Is there any person in the District responsible for immunization program?c	Yes ☐ No ☐	
15.	Does this DHS have any supervision plan for this quarter?	Yes ☐ No ☐	
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 ☐ No ☐	
17.	Do the managers (persons responsible for EPI) have any MOH approved document showing the target population?	Yes ☐ No ☐	
18.	Did the District send the last monthly report (HMIS) to the higher level on time?	Yes ☐ No ☐	
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 ☐ No ☐	
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 ☐ No ☐	
INJECTION SAFETY			
21.	Does this DHS dispose waste safely (using incinerator)?	Yes ☐ No ☐	

DISTRICT NARRATIVE REPORT

Main problems Identified on last visit:

Action taken or follow up required?

Main problems identified during this supervision visit:

Actions taken or Recommendations for follow up action:

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

	months been recorded in the stock register?		
11.	Does the stock register show adequate vaccines and supplies for one month?	Yes ☐ No ☐	
MONITORING AND SURVEILLANCE			
12	Does the health facility have a map of their catchments area displayed?	Yes ☐ No ☐	
13	Is the EPI register used for each child by Suco?	Yes ☐ No ☐	
14	Is up-to-date monitoring chart available and displayed on the wall?	Yes ☐ No ☐	
15	Is the drop out rate of Penta less than 10%?	Yes ☐ No ☐	
16	Was there any VPD case reported in the last month?	Yes ☐ No ☐	
17	Was the last weekly report of the VPD case sent to the next level?	Yes ☐ No ☐	
18	Was there any AEFI case which was reported in the last quarter?	Yes ☐ No ☐	
19	Is there a system for tracking of defaulters?	Yes ☐ No ☐	
PROGRAMME MANAGEMENT			
20	Is there quarterly micro-plan that identifies unreached or hard to reach populations?	Yes ☐ No ☐	
21	Does this health facility offer immunization services as per BSP? (providing antigen as per BSP)	Yes ☐ No ☐	
22	Are all the planned immunization sessions (SISCa, Outreach, Mobile Clinic) of last month being held?	Yes ☐ No ☐	
23	Did this health facility receive any supervision visits in last quarter? If yes, please check the previous supervision report.	Yes ☐ No ☐	
24	Do the managers (persons responsible for EPI) have any MOH approved document showing the target population?	Yes ☐ No ☐	
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 ☐ No ☐	
ADVOCACY AND COMMUNICATION			
26	Is there any IEC/BCC material on immunization available?	Yes ☐ No ☐	
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 ☐ No ☐ N/A ☐	

INJECTION SAFETY			
28	Does this health facility have any functional incinerator? It is not applicable for HP & Private Clinic.	Yes ☐ No ☐ N/A ☐	
29	Does this health facility dispose waste safely (using incinerator)? {this not applicable for HP & Private Clinic}	Yes ☐ No ☐ N/A ☐	

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: **Signature of Supervisee:**

……. **……**

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

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 1to 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……