

Pragati Supervision Checklist

INSTRUCTIONS: This form must be completed by the project officer upon every visit to a community promoter. After entering the columns: YES, NO, N/A and Number (if applicable) – please make note of any observation/feedback in the last column. A trained, designated representative from the district M&E Working Group or DHO may also assist. This form should be submitted to the appropriate supervisor as part of the monitoring system.

Visit Information						
Name of staff filling tool:						
Person doing the supervision visit (circle that applies)				FACT staff		GON
Name of FCHV/HFOMC/HMG Champion/Male Champion:						
Assigned Number of FCHV/HFOMC/HMG Champion/Male Champion:						
District:			VDC:			
Name of the Platforms: [Please circle the appropriate]						
1. HFOMC 2. FCHV 3. HMG Champion 4. Male Champion						
Date of visit (Both in Nepali and English):						
Objectives of the visits:						
SN	Indicators	YES	NO	N/A	Number	Observation/ feedback provided to the recipient
1.	Program Activities					
1.1	Has the individual been oriented on the Pragati package?					
1.2	Is there availability of Pragati games with the HFOMC/FCHV/HMG-Male Champion?					
1.3	How many condoms are with the FCHV at the time of supervision?					
1.4	How many pills are available today with the FCHV at the time of supervision?					

1.5	Have you had any stock-out of condoms in the past three months?					
1.6	Have you had any stock-out of pills in the past three months?					
2	Program/Activity					
2.1	Are the Pragati games being discussed in the community?					
2.2	Has HFOMC been conducting any Pragati games with either FCHV/ HMG-Male Champion in your community? (Enter number of times in last quarter)					
2.3	Are HFOMC conducting any games in your community by themselves?					
3.	Data quality					
3.1	Are the forms appropriately filled out? (Look at forms)					
3.2	Were there any difficulties in filling out the forms? (Write the conversation happened)					
4.	After the Visit					
4.1	Share observations, findings, and prepare action plan if required					

4.2	Follow-up if any complains/issues have been noted	
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Key Findings, Recommendations and Course of Action
 To be completed with the provider based on observations and discussions extracted from the above feedback column.

SN	Findings	Recommendation	Course of Action	Date of Completion
1.				
2.				
3.				



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