

# Supervision Checklist

**INSTRUCTIONS:** This checklist must be completed by FACT RANM -PO once for each RANM per quarter. After entering the columns: YES, NO, N/A and Number (if applicable) – please make note of any issues/further follow-ups/action steps in last column. A trained, designated representative from the district M&E Working Group or DPHO may also assist. This form should be submitted to the district SDM/RANM PC, and then included in the supervision area of the district data base.

Visit Information						
Name of persons doing the supervision visit:		FACT Staff:		GON Staff:		
Designation of Person:						
District: Rupandehi		VDC/Municipality:		Cluster:		
Name of the RANM:						
Date of visit (Both in Nepali and English):						
SN.	Indicators	YES	NO	N/A	Number	Observation/ Feedback from PO/HFS
<b>1.</b>	<b>FP services – service and counseling</b>					
1.1.	Would you like to tell us about the FP services you have been providing? E.g. male engagement, preferred method, difficulties in follow ups, promotional activities etc. How many clients per week?					
1.2.	Do you follow-up the clients who receive services from you for Depo and CycleBeads? If yes how?					
1.3.	Over the past month, have you distributed CycleBeads leaflets?					
1.4.	How have you been managing waste products from Depo Provera services?					
1.5.	Any challenges you have been facing? If yes, what are you doing to minimize or address these challenges/problems?					
<b>2</b>	<b>Family planning commodities supplies *</b>	<b>* Check and record</b>				
2.1.	How many condoms are available with the RANM at the time of supervision?					
2.2.	How many pills are available today with the RANM at the time of supervision?					
2.3.	How much Depo is available today with the RANM at the time of supervision?					

2.4.	How many CycleBeads are available with the RANM at the time of supervision?					
<b>Expanded Health Service Provision</b>						
<b>3</b>	<b>ANC</b>					
3.1.	Were you able to identify pregnant women? If, yes, how many are in your cluster?					
3.2.	Did you counsel them? On what topics?					
3.2.1.	Did you engage her husband and/or extended family? How husband felt about it?					
3.2.2.	Did any pregnant woman ask for checkups? If yes, what did you do, tell us briefly.					
3.2.3.	How many women did you refer to HF for ANC checkups as per protocol?					
3.2.4.	Did you identify/find any danger signs among the pregnant women whom you counselled or met with? What did you do?					
3.2.5.	Did you face any challenges in counseling?					
<b>4.</b>	<b>PNC</b>					
4.1.	How many postnatal women in your cluster? Are you providing PNC services to all of them?					
4.2.	Did you counsel them? On what topics?					
4.3.	Did you observe any danger signs or complication among newborn's or mothers? What did you do?					
4.4.	Did you engage her husband or extended family? How did husband felt about it?					
4.5.	Did you organize a follow up system for ANC or PNC? How?					
<b>5</b>	<b>Nutrition/MUCA and other services</b>					
5.1.	Are you taking MUAC? How many in a month? How do you decide who to measure and when?					
5.2.	Are you doing nutrition counseling in your cluster? Tell us about nutrition education/ counseling you have been doing					
5.3.	Do you know how many malnourished children are in your cluster – note how many.					
5.3.	Are you providing any other child health services? What are they?					
5.4.	Are you providing any other services (other than FP, ANC, PNC, or child health) such as first aid or other adult care? What services? How many?					
<b>6</b>	<b>Work Load Management</b>					
6.1.	Do you see both new clients and follow up clients each month? How many of each?					
6.2.	Do you see HTR clients and other clients each month? How many of each					
6.3.	Are you able to identify priority activities and manage your work load? What are your work load challenges?					
<b>7.</b>	<b>Pragati Activities</b>					

<b>7.1</b>	Did you identify influential people? Who are they? Any difficulties in identifying the influential people/group in your community?	
<b>7.2.</b>	Have you supported any FCHVs? If yes - how many and what did you do?	
<b>7.3.</b>	Have you supported or led any other Pragati activities – games or discussions in the community? If yes, what did you do? And did you lead or support these activities?	
<b>7.4.</b>	Have you been able to engage men of your cluster during Pragati activities? Elaborate.	
<b>8.</b>	<b>Data quality review</b>	<b>*Check the forms</b>
<b>8.1</b>	Are the recording forms completely and correctly filled out by the RANM/SDM provider? *	
<b>8.2</b>	Have you received at least one supervision visit in the last quarter by DHPO or joint monitoring visit?	
<b>9.</b>	<b>After the Visit</b>	
<b>9.1</b>	Share observations, findings, and prepare action plan if required	
<b>9.2</b>	Follow-up if any complains/issues have been noted	

## Key Findings, Recommendations and Course of Action

To be completed with the provider based on observations and discussions extracted from the above feedback column

S N	Findings	Recommendation	Course of Action	Date of Completion
1.				
2.				
3.				



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Fertility Awareness  
for Community  
Transformation