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BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

SUPPORTIVE SUPERVISION CHECKLIST ON HTSP AND FAMILY PLANNING FOR HEALTH FACILITIES



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Supportive Supervision Checklist on Child Spacing and Family Planning for Health Facilities

Name of the health centre:		Date of supervision:...../...../.....
Sub-district/municipality/Zone:		Name of Supervisor:
District:		Designation:
Time Supervision	Started:	Ended:

1. Basic information on child spacing and family planning (Ask the health care workers to provide you with these information)

1.1.1 Do you offer child spacing/family planning services at this facility?	Yes ___	No ___
1.1.2 How many people are covered by your services at this facility		
1.1.3 How many women of reproductive are covered by this service		
1.1.4 How many children under the age of 5 are covered by your services		
1.1.5 What family planning methods do you provide most at this facility? (check as many as apply)	<input type="checkbox"/> NFP	<input type="checkbox"/> Condom
	<input type="checkbox"/> COC/POP	<input type="checkbox"/> Injectables
	<input type="checkbox"/> IUD	<input type="checkbox"/> Norplant
	<input type="checkbox"/> Tubectomy	<input type="checkbox"/> Vasectomy
1.1.6 What MCH program do you utilize to provide child/FP spacing information to clients (check as many as apply)	<input type="checkbox"/> FP Clinic only	<input type="checkbox"/> IMCI
	<input type="checkbox"/> ANC	<input type="checkbox"/> PNC
	<input type="checkbox"/> Immunization	<input type="checkbox"/> Outpatient
	<input type="checkbox"/> Ward admissions	<input type="checkbox"/> Nutrition clinics
	<input type="checkbox"/> Community out reach-SISCa	<input type="checkbox"/> Others: Please specify

1.2 Health services organisation (to be completed mainly through observation except item 1.2.9)

1.2.1 Has Child Spacing/ Family Planning room been established?	Yes ___	No ___
1.2.2 Is there any available seating area for client/s?	Yes ___	No ___
1.2.3 Enough space to see client/s?	Yes ___	No ___
1.2.4 Chair and Table for health worker and client/s?	Yes ___	No ___
1.2.5 Flip chart in use?	Yes ___	No ___
1.2.6 IEC materials on wall?	Yes ___	No ___
1.2.7 IEC material available to give to client	Yes ___	No ___
1.2.8 Enough space and well organized storage family planning commodities and equipment	Yes ___	No ___
1.2.9 Do you provide group education to clients on child spacing/family planning messages (If you did not observe a session, please ask the provider)	Yes ___	No ___
Family Planning Practices		
1.2.10 Procedure done in private room	Yes ___	No ___
1.2.11 Hand-washing available in procedure room (disposable towels, individual towels, assisted hand washing procedure if no running water is available)	Yes ___	No ___
1.2.12 Adequate lighting available in procedure room	Yes ___	No ___
1.2.13 Sharps box within arms length of provider	Yes ___	No ___
1.2.14 Well ventilated room for family planning procedure	Yes ___	No ___
1.2.15 Complete equipment kit available for FP procedure	Yes ___	No ___

Scoring of CS/FP service organization: give 1 point for each **YES** answer in this section
Score: $\frac{\text{-----}}{15} \times 100 = \text{-----}\%$

If any problem is found related to Child Spacing room, what actions are needed to be taken? Develop and ensure support plan also. Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

1.3 Family Planning materials in FP room for demonstration: These items should be seen visibly displayed in the FP room especially during client-provider counselling.

1.3.1 Condoms?	Yes ___	No ___
1.3.2 Phallus?	Yes ___	No ___
1.3.3 Standard Days Method (SDM) beads?	Yes ___	No ___
1.3.4 Intra-uterine device (IUD)?	Yes ___	No ___
1.3.5 Injectables?	Yes ___	No ___
1.3.6 Implants?	Yes ___	No ___
1.3.7 Progesterone only pill (POP)?	Yes ___	No ___
1.3.8 Combined oral contraceptive (COC)?	Yes ___	No ___

Scoring of FP demonstration readiness : give 1 point for each **YES** answer (sum up scores 1.3.1-1.3.10)
Score: $\frac{\text{-----}}{8} \times 100 = \text{-----}\%$

If any problem is found related to demonstration materials, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

2. Clinical staff trained on Child Spacing/ Family Planning?

Clinical staff	Total at post	Available staff against post (2.1)	Number of clinical staff trained in CS/FP (2.2)	% of available clinical staff trained in CS/FP	# staff received refresher training on CS/FP (2.3)	Number of clinical staff supported by follow-up after training (2.4)
Doctor						
Nurse						
Midwife						
Others						

Scoring clinical staff capacity on CS/FP: give 1 point for each number above zero in columns 2.1-2.4)
Score: $\frac{\text{-----}}{4} \times 100 = \text{-----}\%$

If any problem related to CS/FP training and staff is found, discuss with respective officer-in-charge of health centre and make a plan. Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

3. Quality of CS/FP counselling (Competent and Caring Counseling in child spacing and family planning)

Name of the provider:.....

Designation:.....

Time Counseling STARTED:

Time Counseling ENDED:

Total Duration of Counseling Session(in minutes) (Subtract the start time from the end time):

3.1 Client-Provider Consultation observation (observe one client-provider counselling session on child spacing before the client is provided with her method of choice. Use “GATHER” method as a guide. Use simulations or role play if no new clients are available for this session at the time of supervision)



G — Greet
A — Ask
T — Tell
H — Help
E — Explain
R — Return

Note: The underlined words or activities in each subsection is a Must- Say- or- Do activity to merit a “Yes” score

3.1	Did provider follow Family Planning guideline during:		
3.1.1	Provider establishes a cordial relationship with client and identifies her needs. (E.g. Provider greets client, offers seat, proper self introduction, <u>confirms biographic information of client card</u> , assures client of confidentiality and privacy, ask client of birth spacing and FP needs/purpose of visit)	Yes_	No_
3.1.2	Provider uses interpersonal communication skills during counselling (E.g. <u>Provider encourages client to ask questions and address her concerns, uses listening and questioning technique, maintains eye contact, uses language that client understands, friendly non verbal communication, maintains close seating contact with client(at 45 degrees angle seating with client), uses visual-aids during counselling, and shows method samples</u>)	Yes_	No_
3.1.3	Counsellor provides information on birth spacing and family planning.	Yes_	No_
3.1.4	Explores clients knowledge of birth spacing and family planning and corrects misconceptions if any	Yes_	No_
3.1.5	Explains the three key messages* in birth spacing after a live birth, an abortion and for adolescents (The three key messages on child spacing are: 1) After a live birth , the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes; 2) After a miscarriage or induced abortion , the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes; and 3) Adolescents need to use an effective FP method of their choice consistently until they are <u>18 years old before trying to become pregnant</u> . * WHO recommendations)	Yes_	No_
3.1.6	Informs client about the recommended birth interval after a normal birth (This interval should not be less than 2 years and not more than 5 years before planning for another pregnancy after a live birth)	Yes_	No_
3.1.7	Explains the benefit of child spacing for the mother, baby, and family (Practicing the three key messages in child spacing <u>improves survival of mother and child, decreases death of mother and child, healthy child, health mother. Lower risk of fetal death, neonatal death, infant and child death, low birth weight, preterm births, small for gestational age, under weight and stunting n the child and lower risk of anemia, third trimester bleeding, premature rupture of membranes, puerperal infections and maternal death in the mother</u>)	Yes_	No_
3.1.8	Explains risks of high fertility on mother and baby (Not practicing the three key messages on child spacing <u>increased risk of fetal death, neonatal death, infant and child death, low birth weight, preterm births, small for gestational age, under weight and stunting n the child and increases risk of anemia, third trimester bleeding, premature rupture of membranes, puerperal infections and maternal death in the mother</u>)	Yes_	No_
3.1.9	Provider informed client on the return of fertility even before commencement of menstruation and the risk of pregnancy before then if couples do not use family planning method for protection.	Yes_	No_
3.1.10	Informs client of available family planning methods and referral options as necessary	Yes_	No_

3.1.11	Demonstration and explanation of contraceptive method including: (<u>LAM</u> (Lactation Amenorrhoea Method, <u>natural family planning (standard days method, fertility awareness methods), barrier methods (condoms-male and female, spermicides, diaphragm, cervical caps), hormonal methods (COC/POP, Injectables, Implants), IUD, and permanent methods</u> (tubectomy and vasectomy as appropriate))	Yes_	No_
3.1.12	Did provider inform client of specific advantages/ disadvantages of specific method?	Yes	No_
3.1.13	Explores clients interest in a method and helps her to arrive at the best method of her choice	Yes_	No_
3.1.14	Provider confirms client's contraceptive method of choice	Yes_	No_
3.1.15	Provider rules out current pregnancy (Explain to client the importance to confirm that she is not pregnant, assures client is within 7 days of the onset of menses, and rules out pregnancy if beyond day 7)	Yes_	No_
3.1.16	Appropriate screening criteria and medical eligibility criteria before commencing any method of choice (Provider asked questions to exclude cardiovascular diseases (<u>High Blood Pressure, heart disease, deep vein thrombosis, stoke</u>), <u>diabetes</u> , reproductive tract infections and disorders including cancers, anemias and drug interactions)	Yes_	No_
3.1.17	Did provider explain when method could be started?	Yes_	No_
3.1.18	Did provider explain potential side effects and what to do if they occurred?	Yes_	No_
3.1.19	Explains that none of the methods protects against STIs except correct and consistent use of condoms	Yes_	No_
3.1.20	Did provider ask client for feedback (what she understood)?	Yes_	No_
3.1.21	Counsellor provides information on referral and next appointment	Yes_	No_
3.1.22	Did provider use Family Planning form/register?	Yes_	No_
3.1.23	Provider documents discussion and findings on FP register and client card	Yes_	No_
3.1.24	Did provider use the consent form with the client?	Yes_	No_
3.1.25	Did provider make sure of privacy in the counselling (no one else in room)?	Yes_	No_
3.1.26	Did provider demonstrate how to use the method that is in stock at the facility?	Yes_	No_
Scoring of skills of provider: give 1 point for each YES answer (sum up the YES scores from 3.1.1 to 3.26)			
Score: -----X 100=%			
26			
Share your findings from observational sessions with provider. Praise things done well and discuss on the identified weakness, show how it could be done. Ask provider, does s/he have any problem regarding assessment, classification, treatment, counselling, follow-up etc. If s/he has, try to solve the problem instantly. Note down the decisions which have been taken to improve the skills and continue the practices:			
Identified strength:		Identified weaknesses:	
Action/s to be taken by supervisee:		Action/s to be taken by supervisor:	
Who should be responsible to implement action?		Who should be responsible to implement action?	
3.2 Interview with client (after provider-client counselling session)			
3.2.1	Was client satisfied with the counseling session?	Yes_	No_
3.2.2	Did the provider answered all your questions to your satisfaction?	Yes	No
3.2.3	Who advises client to seek care from this centre?		
3.2.4	Does client understand how to use the method?	Yes_	No_
3.2.5	Did client know the recommended birth interval after a normal child birth?	Yes_	No_
3.2.6	Did provider explain correctly how to use family planning method?	Yes_	No_
3.2.7	Did client know the duration of action of the method of her choice	Yes_	No_
3.2.8	Did provider explain correctly what to do if there are problems/ side effects?	Yes_	No_
3.2.9	Did provider explain when to return to health centre for follow-up?	Yes_	No_
3.2.10	Will client like to recommend birth spacing services to her friends and family	Yes_	No_

Scoring of skills of provider: give 1 point for each YES answer (sum up all the YES scores in this section)	
Score:	-----X 100=% 10
<i>If any problem is found related to client satisfaction, what actions are needed to be taken?</i>	
Identified problem(s):	
Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

4. Infection Prevention and Control in Family Planning Procedure Room

4.1 Do they use disposable syringes during IM/IV injection?	Yes_	No_
4.2 Safety precaution taken while giving injection? (wearing gloves, not recapping needles etc)	Yes_	No_
4.3 Water or alcohol hand rub for hand hygiene in the FP procedure room?	Yes_	No_
4.4 Soap and/ or disinfectant for washing hands?	Yes_	No_
4.5 Sharps box with cover?	Yes_	No_
4.6 Sterilizer/Autoclave is available for FP equipment sterilization	Yes_	No_
4.7 Proper waste disposal mechanism (incinerator with fence, covered pit etc)	Yes_	No_

Scoring on infection control : give 1 point for each YES answer in this section	
Score:	-----X 100=% 7

<i>If any problems related to the infection control at FP procedure room are found, what actions are needed to be taken? Develop and ensure support plan also.</i>
Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

5. Family Planning Logistics and Supplies (make a tick for Y or N)

FP Logistics and Supplies	Available?	Records Observed	Remarks
5.1 FP Register	Y__ N__	Y__ N__	
5.2 Separate FP Counseling Register	Y__ N__	Y__ N__	
5.3 Referral book	Y__ N__	Y__ N__	
5.4 Family Planning guideline	Y__ N__	Y__ N__	
5.5 Family Planning flipchart	Y__ N__	Y__ N__	
5.6 Family Planning Monthly Reporting Form	Y__ N__	Y__ N__	
5.7 Requisition book for FP	Y__ N__	Y__ N__	
5.8 Stock Card/Inventory/Bin Card for FP	Y__ N__	Y__ N__	
5.9 Adequate forecasting for FP needs	Y__ N__	Y__ N__	
5.10 Is there any plan to ensure regular supplies of FP at the health facility	Y__ N__	Y__ N__	

5. Family Planning Logistics and Supplies (make a tick for Y or N)

FP Logistics and Supplies	Available?	Records Observed	Remarks
5.1 FP Register	Y__ N__	Y__ N__	
5.2 Separate FP Counseling Register	Y__ N__	Y__ N__	
5.3 Referral book	Y__ N__	Y__ N__	
5.4 Family Planning guideline	Y__ N__	Y__ N__	
5.5 Family Planning flipchart	Y__ N__	Y__ N__	
5.6 Family Planning Monthly Reporting Form	Y__ N__	Y__ N__	
5.7 Requisition book for FP	Y__ N__	Y__ N__	
5.8 Stock Card/Inventory/Bin Card for FP	Y__ N__	Y__ N__	
5.9 Adequate forecasting for FP needs	Y__ N__	Y__ N__	
5.10 Is there any plan to ensure regular supplies of FP at the health facility	Y__ N__	Y__ N__	

Scoring on infection control : give 1 point for each **YES** answer in this section

Score: -----X 100=%
10

If any problems related to the FP logistics and supplies, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:

Who should be responsible to implement action?

Action/s to be taken by supervisor:

Who should be responsible to implement action?

6. FP Commodities and Equipment	Available?	Adequate stock for three months?	Any expired?	Remarks
6.1 Condoms	Y__ N__	Y__ N__	Y__ N__	
6.2 Standard Days Method (SDM) beads	Y__ N__	Y__ N__	Y__ N__	
6.3 Intra-uterine device (IUD)	Y__ N__	Y__ N__	Y__ N__	
6.4 Injectables	Y__ N__	Y__ N__	Y__ N__	
6.5 Implants	Y__ N__	Y__ N__	Y__ N__	
6.6 Progesterone only pill (POP)	Y__ N__	Y__ N__	Y__ N__	
6.7 Combined oral contraceptive (COC)	Y__ N__	Y__ N__	Y__ N__	
6.8 Complete equipment kit available for IUD insertion and removal	Y__ N__	Not Applicable	Not Applicable	
6.9 Complete equipment kit available for Norplant insertion and removal	Y__ N__	Not Applicable	Not Applicable	

Scoring on FP commodities : In this section, give 1 point for each **YES** answer for availability and 1 point for adequate stock for three months

Score: -----X 100=%
16

If any problems related to the FP commodities and equipment, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee: Who should be responsible to implement action?	Action/s to be taken by supervisor: Who should be responsible to implement action?
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7. FP Data Management (From the review of FP Register, Monthly Reporting Form, Client FP Card)

7.1 Do they prepare monthly report on child spacing/FP?	Yes_	No_
7.2 Did they send monthly report of the previous month to the district?	Yes_	No_
7.3 Was the facility copy of the report retained and stored away in an easily accessible place?	Yes_	No_
7.4 Was the record well organized and stored away for easy access?	Yes_	No_

Ask Provider to show report and look for the following data:

7.5 Total clients counselled at the facility on the day of supervision:	Yes_ (Available)	No (Not Available)
7.6 Total FP/CS client in the previous month(indicate month and year):	Yes (Record Available)	No (Record not available)
If Yes please indicate the following:		
(i) Number of First visits....		
(ii) Number of Follow-up Visits.....		
(iii) Caseload:/provider/day (divide # of clients with # of FP providers for that day)		
7.7 Correct tallying of FP methods provided in the month	Yes_	No_
7.8 Register indicates number of FP clients counselled for the month	Yes_	No_
7.9 Individual FP Client record or register maintained?	Yes_	No_

If yes, for Question 7.9 (Request to see the FP Register. Review the first ten case recording on the day of visit or within previous one week. Use information from the register to complete the following table:

Indicators for quality of records for FP <i>(Please examine ten clients records on the register and comment on the completeness of the following information)</i>	<u>Assess the register book</u>											
Assessment	1	2	3	4	5	6	7	8	9	10	Sum	%
7.10 Screening or eligibility criteria is correct												
7.11 Follow-up appointment correctly documented												
7.12 Method start date correct indicated on register												
7.13 Referrals documented on the register <i>(Necessary referral made, including referral note and pre-treatment)</i>												

Scoring on quality data for FP services: give 1 point for each **YES** answer. Sum up all the Yes in this section
Score: -----X 100=%
 13

Ask them, what problems do they encounter in filling up the FP register, HMIS? And try to solve the problems

Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?

8. Supervision:

8.1 Did someone from DHS or the Supervision team visit this centre for supervision in child spacing /FP supervision in last three months (quarter)?	Yes..... NO.....
8.2 Were you satisfied with the outcome of the supervision experience	Yes..... NO.....
8.3 Ask them to give you the last supervision report? Yes(Available) No (Not Available)	Date/...../..... Supervisors designation.....
8.4 Progress of the last decision/s which was/were taken during last visit?	Yes-Some progress made No – No progress, status same

Scoring on Supervision: give 1 point for each **YES** answer in this section

Score: $\frac{\text{-----} \times 100}{4} = \text{.....}\%$

Ask them, what problems do they encounter during supervision? And try to solve the problems

Identified problem(s):

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
Who should be responsible to implement action?	Who should be responsible to implement action?
Signature of Supervisee: _____	Signature of Supervisor: _____
Date:/...../.....	Date:/...../.....

9. TOTAL SCORE FROM ALL SECTIONS: _____

(Add up all the scores from all the different sections and divide by the denominator. A quality child spacing and FP services is rated as scoring 80% or more).

Outcome: Poor: <20%-40%; Fair: 40%-60%; Good: 60%-80%; Excellent: > 80%

Final Grade: POOR FAIR GOOD EXCELLENT

10. SUMMARY OF: (Jointly discussed by Supervisee and Supervisor)

A. STRENGTHS:

B: WEAKNESES:

C. FOLLOW ON STEPS FOR IDENTIFIED WEAKNESS(S) FOR SUPERVISEE AND SUPERVISOR:

D. WHO IS RESPONSIBLE FOR THE IMPLEMENTATION OF THE ACTIONS IDENTIFIED?

E. TIMELINE FOR THE ACCOMPLISHMENT OF THE INDIVIDUAL TASKS AND ACTIONS PLANS

Signature of Supervisee: _____

Signature of Supervisor: _____

Date:/...../.....

Date:/...../.....

11. DATE FOR NEXT SUPERVISION:

Please leave a copy of signed report to respective facility before leaving and send one copy to district within 7 days of visit.