
		<h1 style="text-align: center;">SUPPORTIVE SUPERVISION CHECKLIST</h1> <h2 style="text-align: center;">(Health and Wellness Center Assessment Checklist)</h2>													
Name of Supervisor		Designation of supervisor			Organization			Level		Block/District/State/National					
State:		District:			Block:										
<b>A. Primary Health Centre/Urban Health Centre</b>															
No. of Beds		Number		Population Covered			Number		Infrastructure availability as per IPHS			Y/N			
Building		Rented / Government		Power Back up 24x7			Y/N		Space for yoga/health promotion			Y/N			
Status of Repair		Completed/ Underway		Patient waiting area to accommodate 20-25 people			Y/N		Toilets (Numbers)		Male _____		Female _____		
Regular water supply		Y/N		Privacy during examination is assured			Y/N		Approach Road Connectivity			Y/N			
Branding done		Y/N													
<b>A.1. Availability of Human resources and their training</b>				<b>Response</b>		<b>NCD Training</b>		<b>Availability of Human resources and their training</b>				<b>Response</b>		<b>NCD Training</b>	
MBBS Doctors				Number		Number		LHV				Number		Number	
Staff nurse				Number		Number		MPW - Female				Number		Number	
Pharmacist				Number		Number		MPW - Male				Number		Number	
Lab Technician				Number		Number		ASHA				Number		Number	
<b>A.2. Availability of Diagnostic Facilities (Minimum Requirement)</b>															
Haemoglobin		Y/N		Urine Pregnancy Rapid Test			Y/N		Malaria Smear (RDK)			Y/N			
TC, DC, Platelet count, Peripheral smear, ESR, Bleeding and Clotting time		Y/N		Urine Dipstick - urine albumin and sugar			Y/N		Serology for vector borne disease-Dengue,			Y/N			
Blood grouping and typing		Y/N		Blood Glucose (biochemistry)			Y/N		Rapid Syphilis Test (Rapid Plasma Reagin- RPR kit test)			Y/N			
HIV Serology: Rapid Test		Y/N		Water Quality Testing-H2S strip test for faecal contamination			Y/N		TB Microscopy- AFB Smear - Collection of sputum samples and AFB where PHC serve as designated microscopy centre			Y/N			
Typhoid serology		Y/N		Serum Bilirubim			Y/N		Wet mount- Direct Microscopy (RTI/STD)			Y/N			
Sickle Cell testing- (other blood tests at higher hub)		Y/N		Stool for OVA and cyst			Y/N		<b>Availability of essential Medicine as per IPHS</b>			Y/N			
<b>A.3. Availability of IT Infrastructure</b>								<b>Y/N</b>							
Desktop/ Laptop		Y/N		Internet Connectivity			Y/N		NCD App Operational			Y/N			
Tablets for co-located Sub-Centre		Y/N		RCH Portal/ ANMOL App Operational			Y/N		Linkage with Higher facility			Y/N			
<b>A.4. Service Delivery</b>		<b>Completed</b>			<b>Target</b>			<b>Service Delivery</b>			<b>Completed</b>		<b>Target</b>		
Population enumeration		Number			Number			Oral Cancer			Number		Number		
CBAC filling		Number			Number			Breast Cancer			Number		Number		
NCD screening for -		Number			Number			Cervical Cancer			Number		Number		
Hypertension		Number			Number			Total OPD from last three months			Number				
Diabetes		Number			Number			Average OPD per day			Number				

Health and Wellness Center assessment Checklist									
B. Sub Health Centre									
No. of Beds (If delivery point)	Number		Population Covered		Number		Infrastructure availability as per IPHS		Y/N
Building	Rented / Government		Power Back up 24x7		Y/N		Space for yoga/health promotion		Y/N
Status of Repair	Completed/ Underway		Patient waiting area to accommodate 20-25 people		Y/N		Toilets (Numbers)	Male _____	Female_____
Regular water supply	Y/N		Privacy during examination is assured		Y/N		Residential Facility	ANM _____	MLHP_____
Branding done	Y/N		Approach Road Connectivity		Y/N				
B.1. Availability of Human resources and their training			Response	Certificate Program in Community Health			NCD training	IT application (NCD-CPHC)	
Mid level Health Provider			Number	Y/N			Y/N	Y/N	
MPW Female			Number				Y/N	Y/N	
MPW Male			Number				Y/N	Y/N	
ASHAs			Number				Y/N	Y/N	
B.2. Availability of Diagnostic Facilities (Minimum Requirement)									
Haemoglobin		Y/N	Urine Pregnancy Rapid Test		Y/N	Urine Dipstick - urine albumin and sugar			Y/N
Blood Glucose (Glucometer)		Y/N	Side preparation for Malaria Smear (RDK)		Y/N	RDK for dengue			Y/N
Sickle Cell rapid test		Y/N	Collection of sputum samples		Y/N	Availability of essential Medicine + At least as per IPHS + Antihypertensive+Antidiabetics+Anti-epileptic			Y/N
B.3. Availabilty of IT Infrastructure					Y/N				
Desktop/ Laptop		Y/N	Internet Connectivity		Y/N	NCD App Operational			Y/N
Tablets		Y/N	RCH Portal/ ANMOL App Operational		Y/N	Linkage with Higher facility			Y/N
Service Delivery	Completed		Target		Service Delivery		Completed		Target
Population enumeration	Number		Number		Oral Cancer		Number		Number
CBAC filling	Number		Number		Breast Cancer		Number		Number
NCD screening for -	Number		Number		Total OPD from last three months		Number		
Hypertension	Number		Number		Average Daily OPD		Number		
Diabetes	Number		Number						
Plan of Action									
Major Findings from the Visit		Interventions/Activities Identified		Level of Intervention		Responsibility		Timeline	