



Ministry of Health and Family Welfare
Government of India

SUPPORTIVE SUPERVISION CHECKLIST

(Community Assessment Checklist)



Name & Designation of the Supervisor:			Organization:			Level:		Block/District/State/National/Others	
State:		District:		Block:		Name of Village:		Date of visit	
1. VHND Assessment					2. Interview with ANM				
1.1	Whether ANM provides following services during a VHND?		2.1	Is Community distribution of Misoprostol for home deliveries implemented?	Y/N	3	Does she refer case of presumptive TB to nearest microscopy centre for diagnosis.	Y/N	
a	Routine Immunization	Y/N				3.1	Does she provide IEC and community awareness regarding TB symptoms and availability of free services?	Y/N	
b	Family planning services and counselling	Y/N	2.2	Are high risk pregnancies identified and separately line-listed at the health facility?	Y/N	3.2	Status of Population enumeration	Number	
c	Ante-natal care (Essential diagnostics+ counselling)	Y/N	2.3	Were maternal/child deaths reported from the area of the sub-center in last 1 year?	Y/N	3.3	Status of CBAC forms	Number	
d	Post-natal care (Essential diagnostics+ counselling)	Y/N	2.4	Whether the Maternal death reviewed	Y/N	3.4	Is the IT application being used ? - Data of population enumeration and CBAC added to the Tablet	Y/N	
e	Nutrition and Health promotion to children and Adolescents	Y/N	2.4.1	Reviewed- Y/N ,If death reviewed, were corrective actions taken for the probable community causes?	Y/N	3.5	Screening services started		
1.2	Is Growth monitoring done at Anganwadicenter/ VHNDs?	Y/N	2.5	Number of SAM children identified in the community (Data can be collected from AWW/ANM)	Number	3.5.1	Hypertension	Number	
1.3	Is Routine Immunization micro-plan available at VHND session?	Y/N	2.6	Number of SAM children referred to Nutritional Rehabilitation Centre (NRCs)/ higher centre?	Number	3.5.2	Diabetes	Number	
1.4	Is Due list for Routine Immunization, AN,PNC available with ASHA/ANM	Y/N	2.7	Has the ANM been trained on RKSK (including Peer educator component)?	Y/N	3.5.3	Oral Cancer	Number	
1.5	As per due list did 75% of the beneficiaries attend the VHND session?	Y/N	2.8	Has the ASHA been trained on RKSK (including Peer educator component)?	Y/N	3.5.4	Breast Cancer	Number	
			2.9	Does the ANM function as Treatment Supporter (DOT Provider)	Y/N				

Aspirational District Unit, MoHFW

4	Incentives to ASHA	
4.1	Was ASHA paid incentives for ANC services & accompanying mother for Institutional delivery?	Y/N
4.2	was ASHA paid incentives for conducting MPV activities (saasbahusammelan/ nayipehel kit/ updating EC register/ Motivating the client for adopting injectable MPA (Antara Programme) in MPV districts	Y/N
4.3	Was ASHA paid incentives for delaying and spacing of births?	Y/N
4.4	Was ASHA paid incentives for counselling clients for adopting sterilization	Y/N
4.5	Was ASHA paid incentives for escorting clients for PPIUCD/PAIUCD insertions?	Y/N
4.6	Was ASHA paid incentive for immunization of children below 1 year and 1 to 2 year?	Y/N
4.7	Is there any delay in last six months in payments to ASHA?	Y/N
4.8	Is the ASHA trained on module 6 & 7 for HBNC (Ask upto which round training has been done)	No. of Round
4.8.1	If yes does she perform HH visits for HBNC?	Y/N
4.9	Is ASHA trained in HBYC ?	Y/N
4.9.1	If yes, does she perform Household visit for HBYC	Y/N
5	Number sick new-born or newborns with danger signs identified in community by ASHA	Number
5.1	Sick new-born or newborns with danger signs referred to Higher facilities?	Number
5.2	Whether follow-up visit to LBW Babies & SNCU discharged babies done by ASHA?	Y/N
5.3	Does the ASHA function as Treatment Supporter (DOT Provider)	Y/N
5.4	Does she refer case of presumptive TB to nearest microscopy centre for diagnosis.	Y/N
5.5	Does she provide IEC and community awareness regarding TB symptoms and services availability?	Y/N
5.6	Does ASHA provides counselling for birth preprdnness/ Birth companion?	Y/N
5.7	ASHA can identify danger sign during pregnancy?	Y/N
5.8	ASHA aware about 108/104 emergency services?	Y/N
5.9	Is ASHA trained on FP-LMIS	Y/N
6	Has the ASHA been trained on RKSK (including Peer educator component)	Y/N
6.1	Have they received printed formats for Population enumeration and CBAC	Y/N
6.2	Status of completion of	
6.2.1	Population Enumeration	Number
6.2.2	CBAC	Number
6.3	Have ASHAs mobilized individuals of 30 years and age above for NCD screening at SHC / SHC- HWCs	Y/N
6.4	Have ASHAs received smart phones ?	Y/N
6.5	Have ASHAs been trained in use of NCD- CPHC IT application ?	Y/N
6.6	Have they started using of IT application ?	Y/N

7	Interview with Pregnant woman	
7.1	Is the pregnant woman registered in the first trimester?	Y/N
7.2	Did the PW receive all services under Antenatal care?(ANC+1 USG+ Diagnostics,IFA,Calcium, Deworming, counselling etc. according to gestational age) under Antenatal care?	Y/N
7.3	Is the PW counseled for Post-partum FP choices including PPIUCD by ASHA/ANM during ANC?	Y/N
7.4	Interview with TB patient (based on recall)	
7.4.1	Did the patient avail sputum microscopy/ CBNAAT sevice for TB diagnosis?	Y/N
7.4.2	How much time did it take for the patient to get his test results	No of days
7.4.3	How long did it take for the patient to receive the anti-TB drugs after diagnosis	No of days/Same day
7.4.4	Is the patient being given treatment through a treatment supporter?	Y/N
7.4.5	Did the patient receive financial aid / kind support on nutritional support through NikshayPoshanYojana?	Y/N
8	Interview with Lactating mother with 0-6 months baby (based on recall)	
8.1	Did she deliver at Public Health facility	Y/N
8.2	If yes; Did she receive entitlements under JSY?	Y/N
8.3	Did she receive entitlements under JSSK? (Free drugs/Free Diet/Free diagnostics/Free referral transport to mothers and sick new born)	Y/N
8.4	Did you face any abuse or disrespect by health provider during your pregnancy and labour?	Y/N
Interview with Individuals of over 30 years of age		
8.4	Did the ASHA fill any detailed format (for profile and past illness history) for your family?	Y/N
8.5	Did the ASHA ask questions related to family history, consumption of alcohol etc and physical activity and about some symptoms and filled a format for individuals over 30 years of age	Y/N
8.6	Did you receive any counselling for healthy life style (from ASHAs or ANMs or MLHPs)	Y/N
8.7	Are you aware about availability of services for screening of Hypertension, Diabetes, oral and breast cancer at SHCs / SHC- HWC and (of Hypertension, Diabetes, oral, breast and cervical cancer) at PHC- HWC	Y/N
8.8	Have you been screened at SHC / SHC- HWC for -	
8.8.1	Hypertension	Y/N
8.8.2	Diabetes	Y/N
8.8.3	Oral Cancer	Y/N
8.8.4	Breast Cancer (females)	Y/N
8.9	After screening at SHC/ SHC- HWC, did you seek services at PHC for diagnosis and confirmation (if needed) for	
8.9.1	Hypertension	Y/N
8.9.2	Diabetes	Y/N
8.9.3	Oral Cancer	Y/N
8.9.4	Breast Cancer (females)	Y/N
8.9.5	Cervical Cancer Screening at PHC (females)	Y/N

9	For Screened Positive Beneficiaries	
9.0.1	Have you started your treatment for Hypertension and Diabetes if needed?	Y/N
9.0.2	If No, Reason for not starting the treatment	
9.0.3	If yes, are you continuing treatment for Hypertension and diabetes ?	Y/N
9.0.4	IF yes, where are you taking medicines from?	SHC/PHC/CHC/SDH/DH
9.0.5	Have you incurred any OOPE?	Y/N
9.1	In case of cancer screening, did you seek diagnostic service at higher centre (district hospital or medical college) if needed ? Are you continuing the required treatment ?	Y/N
9.2	Are you aware about the posting of MLHP at the SHC- HWC? Have you been informed about provision of additional services being available at SHC- HWC ?	Y/N

Availability of essential commodities with ASHA/School/AWCs

a	Pregnancy testing kit (Nischay kit)	Y/N	h	MBI kit to test iodine level in salt.	Y/N
b	COC (Mala N)	Y/N	I	ORS and Zinc	Y/N
c	Centchroman (CHHAYA)	Y/N	J	HBNC Kit (Newborn weighing Scale, Digital Thermometer, Baby Blanket & Stopwatch)	Y/N
d	ECP (EZY PILL)	Y/N	K	Sanitary napkins	Y/N
e	Condoms (NIRODH)	Y/N	l	Paracetamol	Y/N
m	Cotrimoxazole (Syp& Tab.)	Y/N	n	Syrup Amoxycillin	Y/N
f	Availability of IFA with ASHA		g	Availability of IFA at school/AWCs	
I	6 month - 5yrs - IFA syrup (Bi-weekly)	Y/N	I	5-10yrs-Tab. IFA (Pink colored sugar coated) WIFS Junior.	Y/N
II	Pregnant women and Lactating mothers -Red IFA Tab	Y/N	II	10-19yrs - Tab. IFA (Blue colored - Enteric coated)	Y/N

Plan of Action

Major Findings from the Visit	Interventions/Activities Identified	Level of Intervention	Responsibility	Timeline