

FAMILY PLANNING SUPPORTIVE SUPERVISION TOOL/CHECKLIST

Name of Provider: -----Phone no-----

Name of Facility: -----

Name of Supervisor/Trainer: -----

LGA: ----- State: -----

Date of Assessment: -----

1 = POOR; 2 = FAIR; 3 = GOOD; 4 = VERY GOOD; 5 = EXCELLENT

Mark Yes or No (as appropriate) and rate each task as assessed at each facility and/ provider

| S/N | | Availability /Performed or indicate no.) | | Performance rating | | | | | Score | Comments/remarks |
|----------|--|--|----|--------------------|---|---|---|---|-------|------------------|
| | | Yes | No | 1 | 2 | 3 | 4 | 5 | | |
| A | Clinic management (setting/ organization, system etc.) | | | | | | | | | |
| 1 | FP counselling room assessed | | | | | | | | | |
| | 1. No counselling room 2. Not organized 3. Adequate and fairly organized 4. Adequate, organized and clean 5. Adequate, organized, clean and provides privacy | | | | | | | | | |

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|--|---|--|--|--|--|--|--|--|--|--|--|
| 2 | Assess FP Procedure room | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. No FP procedure room. 2. Adequate procedure area, equipment. 3. Adequate procedure area, equipment, privacy. 4. Adequate procedure area, equipment, privacy, good ventilation and lighting <p>Adequate procedure area, equipment, privacy, good ventilation, lighting and clean floor and walls.</p> | | | | | | | | | | | |
| 3 | FP Job aids/guidelines in place (SOP, performance standard, MEC wheel, BCS cards etc)- (These should be sighted) | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. 0 – 1 job aids available 2. 2 – 3 job aids available 3. 4 – 5 job aids available 4. 5 – 6 job aids available 5. 6 - job aids available | | | | | | | | | | | |
| 4 | Updated CLMS & HMIS tools (FP register, DCR, RIRF, Referral forms etc.) | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. all tools not available 2. Only one available and not updated 3. 2 tools available and not updated 4. 3 tools available and updated 5. All tools available and updated | | | | | | | | | | | |

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|---|--|--|--|--|--|--|--|--|--|
| 6 | Contraceptives stock (please comment on availability by method with physical count) | | | | | | | | |
| | 0 - 2 = 1 2 - 4 = 2 4 - 6 = 3 6 - 8 = 4 > 8 = 5 | | | | | | | | |
| 7 | Infection prevention (hand washing, gloving, waste disposal & processing instrument) | | | | | | | | |
| | <ol style="list-style-type: none"> 1. Poor handwashing, gloving and processing instruments 2. Good handwashing, poor gloving and poor instrument processing 3. Good hand washing, good gloving and poor instrument processing 4. Good hand washing, good gloving and fair processing instruments 5. Good Infection prevention (hand washing, gloving, waste disposal & processing instrument) | | | | | | | | |

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| 8. | SBCC Materials- (indicate type available) -FP methods leaflet per HVS -Be Successful leaflet per HVS -Be Beautiful A4 size leaflet -Methods Poster -Child birth spacing method poster -Yoruba method leaflet -FAQ (English) and FAQ (Yoruba) -Be Successful Leaflet -Newman Street CD (Episodes 1&2) -Newman Street fliers -Se Rigbo fliers -USAID Poster -Method Specific Leaflets | | | | | | | | | | | |
| B | No of trained available till date & assess equipment & infection prevention | | | | | | | | | | | |
| | Total no. of providers (by cadre): | | | | | | | | | DR= | N/M= | CHEW/CHO= |
| 13 | No. trained on Fresh | | | | | | | | | | | |
| 14 | No. trained on refresher | | | | | | | | | | | |
| 15 | No. trained on LARC | | | | | | | | | DR= | N/M= | |

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| 16 | No. trained on IPCC & Injectables | | | | | | | | | | NM= | CHEW/CHO= |
| 17 | No. trained on CLMS | | | | | | | | | | | |
| 18 | Provider transferred in | | | | | | | | | | | |
| 19 | Provider transferred out | | | | | | | | | | | |
| 20 | Service statistics & uptake (assess record of FP method uptake, discontinuation etc for the month/quarter) | | | | | | | | | | | |
| C | COUNSELING SKILL & SERVICE PROVISION | | | | | | | | | | | |
| 21 | Confidentiality/privacy | | | | | | | | | | | |
| | 1.No privacy 3. Limited privacy 5. Privacy | | | | | | | | | | | |
| 22 | Uses visual/ job aids). Tells (give factual information) client about ALL FP methods <ul style="list-style-type: none"> • Screens client with the MEC chart to rule out contraindications or any other problems • Efficacy of method • Mechanism of action • Common side effects • How to use method | | | | | | | | | | | |
| 23 | Use of Job aids to support FP decision making | | | | | | | | | | | |

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| D | Observe knowledge and skill to provide services with observation (insert names if available & indicate if not) | | | | | | | | | | | |
| 25 | -Oral pill | | | | | | | | | | | |
| | 1. Provider does all 7 = 5 2. Provider does 5 -7 = 4 3. Provider does 3-5 = 3 4. Provider does 2-3 = 2 5. Provider does 1 -2 = 1 | | | | | | | | | | | |
| 26 | -Injectable | | | | | | | | | | | |
| | 15 = 5 12 = 4 9 = 3 6 = 2 3 = 1 | | | | | | | | | | | |
| 27 | Implanon NXT, | | | | | | | | | | | |
| | Jadelle | | | | | | | | | | | |
| | IUD | | | | | | | | | | | |
| | 1. No pre choice and choice counselling, no client preparation, poor insertion technique, poor post insertion care and instruction and poor follow up counselling | | | | | | | | | | | |

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| | <p>2. Good pre choice and choice counselling, good client preparation, poor insertion technique, poor post insertion care and instruction and poor follow up counselling</p> <p>3. Poor pre choice and choice counselling, good client preparation, good insertion technique, good post insertion care and instruction and good follow up counselling</p> <p>4. Good pre choice and choice counselling, good client preparation, good insertion technique, poor post insertion care and instruction and good follow up counselling</p> <p>5. Good pre choice and choice counselling, good client preparation, good insertion technique, good post insertion care and instruction/counselling and good follow up counselling</p> | | |
| E | <p>General Comments: hospital setting, equipment, counselling & service provision, gaps etc. PLEASE RATE THE HVS</p> | General comment: | |
| F | TECHNICAL SUPPORT PROVIDED | | |
| | OVERALL RATING (If Immediate & serious, Moderate or Mild, & occasional attention needed) | | |

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| G | Follow up action points | | |
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