



OGUN STATE FAMILY PLANNING DATA QUALITY USE SUPPORTIVE SUPERVISION (DQUSS) CHECKLIST

Name of LGA:

Name of Ward:

Name of Health Facility:

Type of HF: PHC H/C HP

Name of Head of Facility:

Cadre:

Instruction: Use a separate checklist for each Health Facility visited and should be used by State and FP Partners

A. Data Quality	Score		Comments
	Yes	No	
Does the facility have NHMIS Monthly Summary Form available? If yes, site a copy			
Is the last month copy of the NHMIS Monthly Summary Form duly signed?			
Are all the data fields (Header) in NHMIS Monthly Summary Form completely filled out?			
Is the Daily Health Facility Family Planning Register available?			
Is the Daily Health Facility Family Planning Registers duly signed?			
Were all date entries within the last month of reporting duly filled?			
Does each month start on a fresh page in the cohort register?			
All the data fields within last month of reporting completely and correctly filled out?			
Are Booklets of HMIS referral forms available? If yes, Site a copy			
Are the entire data fields on the HMIS form correctly filled?			
Was the HMIS referral Forms duly signed?			
Is Referral box available?			
Were referred clients for Family Planning services to the facility during neighbourhood campaign with GO Cards?			
Pages for the ANC clients registered for last month available?			
Single check for the column of FP counseling?			
All the data fields were completely filled out up to the FP counseling column?			
Total new ANC attendees (or first ANC visit) on the general ANC register is greater than or equals to the total number of pregnant			

women counseled for FP?			
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B. Data validity	Yes	No	Comments
Does the total number of New Acceptors for FP methods on the NHMIS MSF equal the total reported on the health Facility family Planning register during last reporting month?			
Does the total number of Revisit for FP methods on the State copy of FP equal the total reported on the Health Facility Family Planning Register during last reporting month?			

C. Data Consistency	FP Register	DC R	MSF	DHIS	State	Comments
Total number of clients (both old and new) given Implants in the last 3 months.						
Total number of clients (both old and new) IUCD in the last 3 months.						
Total number of clients (both old and new) Injectables in the last 3 months.						
Total number of clients (both old and new) Pills in the last 3 months.						
Total number of clients (both old and new) Male Condoms in the last 3 months.						
Total number of clients (both old and new) Female Condoms in the last 3 months.						

D. Stock Out <i>(Please tick as appropriate)</i>	M C	FC	Pi lls	Inj ect abl e	IU CD	Impl anon	Jad elle	Comments
Is the Health facility stocked out of any Family Planning Commodities in the last 7 days (1 week)								

E. Staffing

No of HWs trained on FP	Names of FP Providers	Cadre of FP Provider	Date last trained of FP	Area of Training			
				(SARC)	LARC	CLMIS	PP IUD

Name of Assessor: Org: State / Partner Signature:

Name of Respondent: Cadre: Signature: