

Technical Support Visit Health Facility Level Tool

100. General Information:

District: _____

Date of Visit:..... /...../.....

English date: (month/day/year)

Name of Health Facility: _____

Type of Health Facility: PHC/HP/SHP.....

Visited by:

(a) Name _____ Designation _____ Institution: _____

(b) Name _____ Designation _____ Institution: _____

(c) Name _____ Designation _____ Institution: _____

200. Staff Availability

Please write down how many of the following staff are present in the health facility. Here staff availability means those staff present on the day of visit or those staff not on leave within 7 days or that are not on deputation outside.

Medical Officer	PH Inspector	Staff/ PH Nurse	Health assist/Sr. AHW	ANM	AHW	MCHW	VHW	Kharidar

Note: Write "NA" if not applicable

300. Reproductive Health:

S.No.	Service Type	Y	N
301	Were you able to observe antenatal service provided?	1	0
302	If yes, were the following services provided correctly?		
	1. BP examination?	1	0
	2. Abdominal Examination?	1	0
	3. Iron tablets distributed?	1	0
	4. Deworming tablets distributed ?		
	5. Observation of swelling/odema?	1	0
	6. Counseling on dangers signs of pregnancy, delivery and post partum?		
	• Swelling of hands and face?	1	0
	• Bleeding during pregnancy?	1	0
	• Convulsion and fits?	1	0
	• High fever or discharge of foul smelling water from vagina?	1	0
	• Labor pain longer that 12 hours?	1	0
	• Heavy bleeding during post partum period?	1	0
	7. Advised for assistance of skilled birth attendant /HF for delivery?	1	0

S.No.	Service Type	Y	N
303	Are delivery services available in this HF?	1	0
304	Are post partum services available in this HF?	1	0
305	Were you able to observe counseling during FP services?	1	0
306	If yes, which client is counseled during observation?	New..... 1 Old..... 2	
307	If yes, were the following things done correctly?	1	0
	• ABHIBADAN to FP clients?	1	0
	• Asked clients about RH and FP needs?	1	0
	• Informed about basics information of FP methods?	1	0
	• Helped clients to make decision/choice?	1	0
308	Do you confirm whether the woman is pregnant or not before giving FP methods?	1	0
	309	How many new client received FP serves according to FP register in the last month? (record observation)	Number ____

400. Child Health Services:

Please take three cases from CB-IMCI OPD register (2 months – 5 years 2 cases and < 2 months 1 case) and observe 1 case if possible.

	Correct Assessment (observation) Y/N	Correct Classification Y/N	Correct treatment medicine/advice Y/N
2-59 months (OPD)			
2-59 months (OPD)			
< 2 months (OPD)			
Observation (<2months/2-months 60 months)			
Total			

500. Health Management Information System:

S/N	Questions	Y	N
501	Did you submit HMIS report on time (SHP-by 3 rd and Ilaka – by 7 th day of next month) to District/Ilaka in the last month? (Observation)	1	0
502	Did you submit LMIS report on time (7 th day after quarter end) to District/Ilaka in the last trimester? (Observation)	1	0
503	Was there HF staff meeting held in the last month?	1	0
504	If yes, was the decisions minuted /action plan prepared?	1	0
505	Has a monthly review meeting been hold in your Ilaka/DPHO in the last month ?	1	0
506	If yes, who participated from this HF ?	None.....0 HF incharge.....1 Other (AHW/ANM/VHW/MCHW etc).....2	
507	Was monitoring worksheet of this HF reviewed during the Ilaka Level meeting?	1	0

	(Observation)		
508	Has HMIS monthly monitoring worksheet of this HF been updated for the last months? (record observation)	1	0
509	Did FCHV monthly meeting held in this HF in the last month?	1	0
510	Was last FCHV trimester review and refresher meeting conducted on time ?	1	0

600. Supervision:

S/N	Questions	Y	N
601	Has this facility been supervised by DHO/DPHO/PHC/HP (as appropriate) staff in the last 3 months?	1	0
603	If yes, did the supervisor signed in with suggestions ?	1	0

700. Health Facility Operation and Management Committee:

S/N	Questions	Y	N
701	Has a Health Facility Operation and Management Committee formed in this HF?	1	0
702	If yes, was HFOMC meeting held in the last month?		
703	How many members participated in the last month meeting	1) Total _____ 2) Female _____ 3) Dalits _____	
704	Was an Action Plan developed/decisions are made based on the outcome of the meeting? (observation)	1	0
705	Was the action plan made following the CHFP action plan format ?	1	0
706	How many Immunization clinics are conducted in last month?	Number _____	
707	How many EPI clinics are conducted in last month?	Number _____	

800. Logistics:

801. Is storeroom managed according to FEFO system? (Record observation) Y/N _____

802. Stock balance of essential commodities in the storeroom on the day of visit: (Record observation)

	Condom	Depo	Oral Pills	ORS	Cotrim P	Vit A	Iron	Albendazole	Zentamicin	Oxytocin		zinc ²	Any antibiotics ³
										HF	MCHW		
Quantity													
EoP													
Month of Stock on Hand ¹													

¹ Month of Stock on Hand (MOSOH) = Balance /Monthly dispense quantity (Emergency Order Point or EOP)

900. Availability of BCC and Other Materials:

901. Do you have following materials available in this health facility?

Description	Y	N
Functioning in checking roomPD :		
● ORT Corner	1	0
● Timer	1	0
● BP set	1	0
● Weighing Machine	1	0
In waiting room/ area :		
● Pregnancy, delivery and post-natal related poster	1	0
● FP poster	1	0
● Informed Choice Poster	1	0
In checking room :		
● Classification card	1	0
● Vit A Treatment Protocol	1	0
● Zinc Job Aid	1	0
● Zinc Job Aid	1	0
● IMCI Chart Booklet	1	0
● Family Planning Flip Chart	1	0

1000. Infection Prevention Practices:

S.N.	Basic requirements	Y	N
1001.	Are the sharps/needles properly disposed after use ?	1	0
1002.	Are the other wastes from HF disposed properly ?	1	0
1003.	Are the sharps/needles burned properly ?	1	0
1004.	Are the other wastes from HF burned/buried properly ?	1	0
1005.	Is there a cleaned environment in the health facility ?	1	0
1006.	Are the sterilized equipment used while dressing ?	1	0

² Only in Program Implemented District .

³ Antibiotics anyone among (Aymoxicin, Tetracycline, Penicillin, cotrim adult)