

## Supervision and Monitoring Checklist

Health Facility Name:.....

Supervisor name: .....

Date: / /

Mg 20	The following items represent standards of good supervision and monitoring practices	Observation
1.	<b>Availability of Supervision:</b> There is a designated supervisor for the clinic (could be internal or external supervisor).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2.	<b>Supervision schedule:</b> The supervisor has a visit schedule. Dates and times of supervisory visits are known in advance.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3.	<b>Supervision tools:</b> The supervision of the clinic includes the supervision of records and relies on the use of supervisory tools (e.g. like checklists).	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4.	<b>Feedback and discussion:</b> The supervisor discusses her/his observations with the staff, provides on-job training.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5.	<b>Availability of copies at the health facility:</b> The supervisor leaves a copy of her/his supervision report with the clinic.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6.	<b>Follow-up:</b> The clinic receives information about follow-up that the supervisor does with staff or headquarters on matters raised in earlier visits and issued are documented.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7.	<b>Monitoring system:</b> there is a monitoring system in place that is used to check and to assess performance.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
8.	<b>Staff and monitoring:</b> staff of the clinic is familiar with the monitoring tools, and have received training on monitoring with tools.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
9.	<b>Performance Indicators:</b> There are indicators for the performance of the facility known by staff.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
10.	<b>Health service statistics:</b> Data about services provided are collected and reported regularly (monthly or quarterly)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
11.	<b>Data collection:</b> data is collected regularly by the person(s) designated for that task. Data collection schedule and guidelines are available	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
12.	<b>Feedback to and from staff:</b> data collection results are shared and discussed with clinic staff	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
13.	<b>Corrective measures:</b> action plans and corrective measures are implemented and followed up	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

\* Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps



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