

LAUNCH Health Facility Supportive Supervision Checklist

Checklist to be completed monthly for each clinic by a LAUNCH H&N Staff and keep at the LAUNCH office

Name of Staff Supervising

Date

County	District
Name of facility visited	
Review of recommendations from previous visit:	

1. Does the facility/session have nutrition-related supplies (Visual check)

- | | | |
|--------------------------|----------------------------|----------------------------|
| - Child Health Cards | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Mother/Big Belly Cards | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - ENA handbooks | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - MUAC tape | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Scale | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Functioning Latrine | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Functioning Hand Pump | Y <input type="checkbox"/> | N <input type="checkbox"/> |

2. Does the facility have any nutrition-related drugs (Visual check in dispensary)

- | | | |
|---|----------------------------|----------------------------|
| - Iron (Ferrous Sulphate) | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Folic Acid | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Vitamin A | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - De-worming (Albendazole or Mebendazole) | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Zinc | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Does the clinic have a feeding program? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - RUTF | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Supplementary Food (CSB++) | Y <input type="checkbox"/> | N <input type="checkbox"/> |

3. Does the health facility have a schedule for health education sessions? Y ☐ N ☐

- | | | |
|---|----------------------------|----------------------------|
| - Does the schedule include women's nutrition, including micronutrients | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Does the schedule include breastfeeding support | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Does the schedule include Complementary feeding, including MN | Y <input type="checkbox"/> | N <input type="checkbox"/> |

4. Is growth monitoring & promotion (5 children) being done? Y ☐ N ☐

- | | | |
|--|----------------------------|----------------------------|
| - Is the scale available and hung | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Are the child is weighed | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Is the weight recorded correctly (age and weight) | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Is the weight/curve explained during consultation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Are nutrition actions (messages or service) given? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

5. Do community volunteers assist in counseling? Y ☐ N ☐

- | | | |
|--|----------------------------|----------------------------|
| - TTM | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - gCHV | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - EPI waiting room | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - ANC waiting room | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Others | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| - Do they use child or mother health cards | Y <input type="checkbox"/> | N <input type="checkbox"/> |

6. Observations of services provided

Please observe one ANC visit, one visit of a child under 6 months, and one visit of a child 6-24 months and assess how face to face counseling is being done.

- Record only the ones provided by health workers

- Counseling might be done by health worker, gCHV, or TTM

A. What messages/practices are provided during ANC to pregnant women?

➤ To ask what is she eating?	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To use visuals/posters/job aids to counsel	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to consume 3-4 different types of food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to eat more food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to put the baby on the breast immediately after birth	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to practice exclusive breastfeeding with infants up to 6 months of age	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise IFA 180 tablets during pregnancy – once a day during 6 months	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To give IFA for 1 month	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To give TT vaccination if needed	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To give deworming if needed	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise/give IPT for malaria	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise on handwashing practices	Y <input type="checkbox"/>	N <input type="checkbox"/>

B. What messages/practices are provided during immunization session OR sick child visit, or GMPto mothers with children less than 6 months?

➤ To ask what is the mother eating	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To ask what she is feeding her child	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To use visuals/posters/job aids to counsel	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise lactating women to consume 3-4 different types of food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise lactating women to eat more food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to practice exclusive breastfeeding with infants up to 6 months of age	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To check position and attachment during the first month	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to empty one breast before switching to the others	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to BF longer as baby grows to produce and provide enough milk	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to begin complementary food at 6 months of age	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To give IFA to the mother to complete the 6 months IFA	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise hand washing practices	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise and counsel on child growth	Y <input type="checkbox"/>	N <input type="checkbox"/>

C. What messages/practices related to nutrition are provided during Sick Child Consultation OR immunization session to women with children 6 months-2 years old?

➤ To ask what is the mother eating	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To ask what she is feeding her child	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To use visuals/posters/job aids to counsel	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise lactating women to consume 3-4 different types of food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise lactating women to eat more food	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to begin complementary food at 6 months of age	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to enrich baby food with 3-4 different types of food every day	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to give 3 meals and snacks for baby 6-12 months	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to give 4 meals and snacks for baby 12-24 months	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise to increase food intake after illness (1 additional meal)	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise hand washing practices	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To advise and counsel on child growth	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To provide Vitamin A if needed	Y <input type="checkbox"/>	N <input type="checkbox"/>
➤ To provide deworming (after 12 months) if needed	Y <input type="checkbox"/>	N <input type="checkbox"/>

7. Discuss with provider:

After each observation, identify the actions that were delivered well and those actions that were missing.

8. Discussion with staff (health provider, gCHV, TTM)

- When the clients have finished for the day, gather the available staff for a brief discussion for identification of problems related to ENA and discussion of solutions (30 minutes)

- Ask each staff to think of a question about a problem they have with delivery of ENA (for example: breastfeeding, complementary feeding, iron/folic acid)

- Each question is presented to the group

- The group discusses a solution to each problem together, trying to identify specific actions the staff can do

- Spend 15 minutes reviewing one or two practices from the ENA booklet

What was discussed with OIC and staff from the visit/observation?

Which ENA practices were reviewed?

What recommendation was agreed upon by OIC (or acting representative) and staff?

OIC Signature: _____