

## VITAMIN A SUPPLEMENTATION PROGRAM

# Quality of care checklist for supportive supervision of 6 month contact point

- **Objectives and process**

The objective of Supportive Supervision (SS) is to improve performance of services through a series of steps:

1. Assess the performance of the services with the service provider (give the opportunity to the service provider to analyze his own practice as you fill up the checklist);
2. Identify areas of good performance and areas of insufficient performance, and acknowledge them both;
3. Identify the reasons for insufficient performance with the service provider and identify solutions together for improving performance;
4. Set an action plan that is time bound, measurable and achievable with the service provider and ensure that both supervisor and service provider sign off on it;
5. Re-assess the performance after a period agreed with the service provider and the achievement of the actions agreed upon by re-starting at step 1. Make sure you consider the results of the previous SS exercise in the actions identified below. Also make sure the actions are proposed and agreed upon by the service provider and the facility in – charge

- **Principles**

- The SS checklist should be administered by supervisors in charge of the facility or a member of the health management team at county or district level. It can also be managed by external actors with agreement from local health authorities.
- SS should not be conducted once only. A follow up visit should be planned in advance to measure progress 3 to 6 months after the first visit.
- All facilities in a county or district should be visited at least once a year, with more visits for services showing the lowest level of performance.
- District or county managers as well as facility supervisors should at least have a book to register dates of SS for each facility, score achieved and next visits to be organized.
- The supportive supervision should last at least 2 hours to ensure that the supervisor has the time to verify all documents and make visual observations of services provided and provide feedback to the team supervised.

- **How to fill the checklist**

- As many comments as possible should be added for each row: scores are just one indication to provide a visual tool for measuring improvement of performance, but comments are the essential aspect that will help identify issues and solutions. This tool is a qualitative tool as much as a quantitative one so it is important to give as many details as possible for each observation.
- All answers and scoring should be confirmed by visual observation:
  - If the service provider answers positively to the existence of a plan for outreach, he should be able to show the plan.
  - Social mobilization should be confirmed by the actors in charge of it, not just by the service provider.

- Reporting should be confirmed by documents.
- Quality of service delivery questions should be confirmed by visual observations.

## Quality of care checklist for supportive supervision of EPI services and integrated Vitamin A supplementation (VAS)

Region:	Date of supervision:
District:	Name of Supervisor:
Sub-district (detail):	Position of supervisor:
Type of health center:	Name of in charge:
Name of the health center:	health center contact details: *
Time Supervision Started:	Time Supervision Ended:

\* Phone number + name of manager of the phone

### 1. SERVICE AVAILABILITY

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
1.1. Is VAS being given to children between 6 and 7 months?		
1.2. Is VAS provided to other age groups / contact points?		
1.3. Is VAS integrated into routine EPI services? (if yes, indicate age of contact points)		
1.4. Are IEC sessions organized for caregivers attending immunization services?		
1.5. Is deworming provided routinely to all children 12-59 months?		
<b>SCORE</b>		

## 2. DOCUMENTATION & REPORTING

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
2.1. Are Tally sheets used for recording each child attending EPI services?		
2.2. Are registers used for recording each child attending EPI services		
2.3. Is the child health card or book being filled properly after the child is supplemented?		
2.4. Have the last 3 monthly reports been completed and sent to relevant authorities?		
2.5. Were the reports sent compiling VAS data from both routine and outreach?		
<b>SCORE</b>		

## 3. SUPPLIES

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
3.1. Are there Vitamin A capsules (VAC) 100,000 IU available and sufficient for at least the next 3 months? (confirm by comparing target and capsules available)		
3.2. Are there VAC 200,000 IU available and sufficient for at least the next 3 months? (confirm by comparing target and capsules available)		
3.3. Is the service provider keeping tracks of the number of VAC distributed during each session?		
3.4. Are VAC supplies available all year long (if only leftovers from campaigns, score No)		
3.5. Are deworming tablets available?		
<b>SCORE</b>		

#### 4. TRAINING

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
4.1. Does the provider know the main benefit of VAS at 6 months (Reduction of mortality)?		
4.2. Has the provider received training on importance of VAS on child survival in the last 2 years?		
4.3. Has the provider received training on breastfeeding and complimentary feeding in the last 2 years?		
4.4. Has the provider received any form of training in nutrition?		
4.5. Has the provider received some on-the -job training when starting working on VAS and EPI?		
<b>SCORE</b>		

#### 5. OUTREACH SERVICES

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
5.1. Are outreach activities planned based on the faraway places/hard to reach areas?		
5.2. Are outreach activities conducted at least once a month?		
5.3. Are outreach locations planned to ensure at least 1 visit every 6 months?		
5.4. Are outreach activities supported by social mobilization?		
5.5. Is social mobilization conducted for routine Epi services at facility level?		
<b>SCORE</b>		

## 6. QUALITY OF SERVICE DELIVERY

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
6.1. Is waiting time for routine EPI services shorter than 1 hour?		
6.2. Are there health and nutrition promotion sessions organized systematically alongside routine EPI services?		
6.3. Are explanations provided to caregivers on vaccines / VAC received, to be received and on the next appointment?		
6.4. Are the right doses given to the right children (age) for VAS and/or deworming?		
6.5. Are aseptic technique followed for immunization (hand washing, cleaning of the skin)?		
<b>SCORE</b>		

## 7. MONITORING & SUPERVISION

QUESTIONS	SCORE (Yes = 1 - No = 0)	COMMENTS
7.1. Has there been a prior Supportive Supervision visit to EPI services in the last 6 months?		
7.2. Has the provider received any form of feedback on the performance of EPI services in the last 6 months?		
7.3. Does the provider know the number of children that should be supplemented with VAS (Target)?		
7.4. Does the provider know dropout rates per antigen?		
7.5. Are data between registers and reports matching (check with the last month report)?		
<b>SCORE</b>		

## 8. PERFORMANCE AND SCORING

Score achieved per area		Final overall grade
1. SERVICE AVAILABILITY	.....	...../35
2. DOCUMENTATION & REPORTING	.....	
3. SUPPLIES	.....	Overall percentage of performance
4. TRAINING	.....	
5. OUTREACH SERVICES	.....	...../100
6. QUALITY OF SERVICE DELIVERY	.....	
7. SUPERVISION	.....	

	< 20%-40%	40%-60%	60%-80%	>80%
Performance classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(cross the adequate section)	<b>INSUFFICIENT</b>	<b>AVERAGE</b>	<b>GOOD</b>	<b>EXCELLENT</b>

Was there a supportive supervision conducted before (last 6 months)? .....

What were the main outcomes of the previous SS exercise? .....

Action plan (list actions and objectives)	Responsible	deadline
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....

Signature of Supervisee:	Signature of supervisor:
Date: ...../...../.....	Date: ...../...../.....