

Supportive Supervision Checklist for AFHC

Name of the Consultant:

State:

District:

Block:

Type of Facility:

Name of the In-charge of the facility:

A. Adolescent Friendly Health Clinics:

1. Facility Check (Directly observe the facility and then mark the observations)

1. Any mention of the AFHC in the citizen charter or in the facility
2. Location of the facility. Is it away from the OPD/ Labour Room or any other crowded place? (Y/N)
3. Does the clinic has a dedicated space /room(Y/N)
4. Does Consultation Room ensures privacy (Y/N)
5. No. of days the clinic is functional in a week? (Ps. Specify)
6. What are the clinic timings?(Ps. Specify)
7. Equipments and commodities present in the clinic, height measurement instruments, weighing machine, BMI charts, contraceptives, Injection TT, IFA and Albendazole tablet, Sanitary Napkins, PTKs.
8. Availability of the IEC materials

2. Human Resource:

1. Staff providing services at the clinic (Give numbers):
 - MOs-
 - ANM/LHV-
 - Counsellor:
 - AH Counsellor
 - ICTC Counsellor
 - RMNCH+A Counsellor
2. Has the Medical Officer been trained on AFHS(Y/N)
3. Has the ANM/LHV been trained on AFHS(Y/N)
4. Has the Counsellor been trained on AFHS(Y/N)
5. Do the service providers have confidence and non judgemental approach in dealing with clients (Note your Observations)

3. Feedback from Adolescents Clients (Interview some adolescent clients in the facility)

1. How did you know about the clinic (Pl. specify)
2. Were you referred/brought by someone (Y/N) ? If yes, specify.
3. Were you treated here with warmth, respect and friendly attitude? (Y/N)
4. Are you satisfied with the services that you received here today? (Y/N)
5. What additional services should be available at clinic
6. Would you like to refer your peers to this clinics for Adolescent Health issues (Y/N)

4. Data on client visits and outreach services in the last quarter(Write down the number from service registers and records)

1. Number of Clients who attended the clinic in the last 3 months
2. Number of Clients who received counselling in the last 3 months
3. Number of Clients who received clinical services in the last 3 months
4. Number of outreach sessions by the counsellors in the last 3 months.

5. Submission of reports from the last 3 months (Physically check the copy of report and register at the clinic)

1. Are sufficient number of reporting formats(Monthly AFHC Report) registers(Client Registration Register, Counselling Register, Stock Register) being maintained at the facility?(Y/N)
2. Are the reports from the facility submitted to the district? (Y/N)
3. Check the report submission for the last 3/4 months

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