



Centre for Health Development - Eastern Visayas  
Family Health Cluster  
Basic Emergency Obstetric and Newborn Care (BEmONC)  
**Supportive Supervision at RHU/DHC - Check list 6: CHT Activities**

Facility:		Date:		
No.	Question	Y	N	Remark
1	Availability of CHT inventory (updated) at RHU			
2	Availability of consolidated CHT report at RHU/DHC level for the last three months *please collect a copy of CHT monthly report			
3	Record of a monthly CHT meeting at RHU/DHC level for the last three months			
4	Record of a monthly CHT meetings at BHS level filed at the RHU/DHC			
<b>A. Total</b>				
CHT Monthly Report: Data consistency, identified problems and the actions taken ( <i>use the latest CHT monthly report</i> )				
<i>Accuracy of the consolidation</i>				
1	Were all data added up accurately? <b>Instruction</b> : Check if the total number is correct, or if the number is unusually higher or lower than average.			
2	Does the report cover all information from the BHS under the <b>Instruction</b> : Check if the consolidation report at BHS is all available and added properly in the report.			
<i>No. of women tracked with No. of women with MC book</i>				
3	Is the data consistent? ( <i>If YES, please proceed to Q5</i> )			
4	If not consistent, are there appropriate reasons indicated in the remark?			
<i>No. of women tracked with No. of women with accomplished birth plan</i>				
5	Is the data consistent? ( <i>If YES, please proceed to Q7</i> )			
6	If not consistent, are there appropriate reasons indicated in the remark?			
<i>No. of women who delivered this month with those who delivered at health facility</i>				
7	Is the data consistent? ( <i>If YES, please proceed to Q9</i> )			
8	If not consistent, are there appropriate reasons indicated in the remark?			
<i>No. of women who delivered this month with those who completed Home Visit 4</i>				
9	Is the data consistent? ( <i>If YES, please proceed to Q11</i> )			
10	If not consistent, are there appropriate reasons indicated in the remark?			
<i>No. of women who delivered this month with those who completed PNV4</i>				
11	Is the data consistent? ( <i>If YES, please proceed to Q13</i> )			
12	If not consistent, are there appropriate reasons indicated in the remark?			
13	Is the No. of women to be tracked next month (Column 6 - Colum 11) calculated accurately?			
<b>B. Total</b>				
<b>Grand Total (A+B)</b>				(_____ %: Total marked "yes" / 12)

Assessment	V.Poor 0-39%		Poor 40-69%		Good 70-89%		V. Good 90-100%			
Performance Indicator: Review using the <b>latest</b> CHT consolidated monthly report. (Month: _____ Year: _____)										
<b>% of tracked women with MC</b>		<b>%</b>	<b>% of tracked women with a birth plan</b>		<b>%</b>	<b>% of tracked women delivered at HF</b>		<b>%</b>		
Other										
1	Any supportive activities conducted by the staff at RHU/DHC									
2	Any good practices related to CHT									
3	Any identified challenges or issues related to CHT activities (including CHT monthly report)									
4	Is there available record of action taken/recommendation based on the consolidated CHT monthly report during CHT meeting				Y	N				
Summary of Findings and Recommendations by the Supervisor										

Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature