

Breakthrough ACTION Nepal

Supportive Supervision and Monitoring Checklist

(Part of Social and Behavior Change Capacity Strengthening Support Material for the Local Level)



Government of Nepal
Ministry of Health and Population
National Health Education, Information
and Communication Center
Toku, Kathmandu

Supportive Supervision and Monitoring Checklist (Facility-based monitoring)

Monitoring objective:

Name of the district: Rural/Urban Municipality:

Name of the evaluator:..... Position:.....

Date of monitoring:/...../..... (Day/month/year)

Places being monitored: 1. health facility 2. Urban municipality office 3. Rural municipality office

S.N.	Key assessment categories	Yes	No	NA	Comments
1	SBC plan for health available				
2	SBC plan designed based on local-level evidence				
3	FPRMNCAH&N-related SBC has been integrated into the plan				
4	Community interaction activities are included				
5	Availability of SBC program implementation guide				
6	Monitoring/supervision plan available				
7	Mechanism for periodic review of the plan developed				
8	Regular HFOMC meeting conducted (review meeting minutes)				
9	Follow up of decision made in HFOMC meeting				
10	Monthly staff meeting conducted (review meeting minutes)				
11	Follow up on decision made in staff meeting				
12	Trained HR on SBC for health available				
13	SBC materials available				
14	Distribution of materials to service seekers at health facility				
15	SBC materials displayed properly (IEC corner)				

S.N.	Name of the evaluator	Designation
1		
2		

S.N.	Name of the people met during monitoring	Designation
1		
2		

Suggestions/feedback:

Prepared by:

Name:Signature:

Phone No:Email:

Organization: Designation:

Supportive Supervision and Monitoring (Program-based monitoring)

Objective of visit:

District: Rural/Urban Municipality

Name of evaluator: Designation:

Date of monitoring:/...../.....

(Day/Month/Year)

Name of organization:

Name of the program observed/ participated:

(Please discuss with the main person responsible to implement the program—health facility in-charge, ward chair, health section officer, and executive members)

S.N.	Main issues to be monitored	Yes	No	Remarks
1	Is this activity related to SBC for health?			
2	Do you know the objectives and reasons for implementing this project?			
3	Are the issues in the program related to SBC for health?			
4	Is this program designed to solve the main issue/behavior? (e.g., institutional delivery is low)			
5	Are the activities and messages designed by keeping local context in consideration?			
6	Are you aware of using evidence-based reasons for local-level planning?			
7	Are maximum target participants present in the meeting?			

S.N.	People met during the monitoring visit	Designation
1		
2		
3		

Suggestions/feedback:

Prepared by:

Name: Signature:

Phone No: Email:

Organization: Designation: