Supportive supervision checklist: Prevention of malaria in pregnancy (MiP) in health facilities

Total percentage score = (A+B) / 28 × 100 =	
A. Total observed (14) =	B. Total observed (14) =
Check availability of the following: A copy of national MiP guidelines in antenatal care (ANC) clinic MiP posters and job aids in ANC clinic ANC and/or MiP counseling flip chart Pregnancy wheel to calculate gestational age Tape measure to check symphysiofundal height Source of drinkable water Suitable cups for patient use Prenatal drugs (iron, folic acid) Quality-assured sulfadoxine-pyrimethamine (SP) in stock in pharmacy and/or ANC clinic ANC register Observe whether the facility provides the following services: ANC services If yes, how frequently? Daily [], weekly [], other [] Intermittent preventive treatment in pregnancy (IPTp) with SP is provided routinely Long-lasting insecticidal nets (LLINs) or insecticide-treated bed nets (ITNs) are provided routinely	Observe whether the health care worker: ☐ Greets the client respectfully ☐ Introduces self and tells the pregnant woman what he/she is about to do ☐ Asks woman about her current pregnancy (gestational age, fetal movements, any problems) ☐ Asks whether woman is sleeping inside an ITN/LLIN ☐ Asks whether woman has received any dose of SP ☐ Checks whether woman is eligible for SP dose (≥13 weeks pregnant or feels baby moving; no sulfa-containing drugs in last 4 weeks; no history of allergy to sulfa drugs; not on co-trimoxazole) ☐ If woman is eligible, checks expiry date of available SP ☐ Provides drinkable water in a cup ☐ Gives the three tablets of SP to woman ☐ Observes woman swallow tablets with water (DOT, directly observed therapy) ☐ Records IPTp dosing in woman's card and case notes ☐ Gives woman an appointment for next dose of IPTp with SP ☐ Asks whether woman has had any of the known symptoms and signs of malaria ☐ If yes, refers her for rapid diagnostic testing and treatment with nationally recommended antimalarials
Health facility infrastructure and supplies (complete this column once per facility)	Interpersonal communication (complete this column for each health care provider observed)
Name of facility: Type of facility: Name of Subnational area: Name of Name of client observed:	acility: District: assessor: Date:// ID number:



