

MMS Pilot Facility Site Supervision Form

Instruction for Completing Form

- This form provides an opportunity for facility staff to review the coverage and quality of the facility's MMS activities.
- **This form should be completed at least every month for the first two months of the pilot per facility. Each facility will be visited quarterly after the first two months of the pilot.**
- Regardless of when the last visit was conducted, this form will be looking at **only the prior full month of data.**
- For indicators measured as %, first fill out *column C*) and then fill out *column B*) where appropriate. Then use these numbers to calculate the % value, D.
- At the end of each section, please rate the performance of that section 1, 2, or 3. (1 - Poor performance with many issues, 2 - Adequate with some issues, 3 - Great with few to no issues).

Facility Characteristics

Facility Name:	Facility Type: <input type="checkbox"/> PHC <input type="checkbox"/> Secondary
State:	LGA:
Names of Supervisors:	
Facility contact's name:	Facility contact's phone #:
Date of Visit (dd/mm/yy):	
Reporting period (previous full calendar month):	

Start Time: _____

1. Facility Training and Knowledge Assessment

#	Question	Response	
1.1	<p><i>Ask the head of facility or head ANC nurse/midwife:</i></p> <p>How many ANC staff have received MMS training in the last year?</p>	<input type="checkbox"/> 2 staff <input type="checkbox"/> 1 staff <input type="checkbox"/> No staff	
1.2	<p><i>Ask two ANC nurse/midwives/CHEWS:</i></p> <p>What are the benefits of MMS?</p> <p>Staff should identify the following benefits of MMS to check "Yes":</p> <ul style="list-style-type: none"> ● Reduces risk of stillbirths ● Reduces small or low birth weight babies ● Reduces preterm birth ● Reduces maternal mortality 	<p>Response #1</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>	<p>Response #2</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>
1.3	<p><i>Ask two ANC nurse/midwives/CHEWS:</i></p>		

	<p>What are the potential side effects of MMS?</p> <p>Staff should identify the following potential side effects of MMS to check "Yes":</p> <ul style="list-style-type: none"> ● Black stools ● Constipation ● Nausea ● Diarrhea 	<p>Response #1</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>	<p>Response #2</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>
1.4	<p><i>Ask two ANC nurse/midwives/CHEWS:</i></p> <p>How often should MMS be taken and how many doses should be given at the first visit?</p> <p>Can facility staff identify how often MMS should be taken and how many doses should be provided at the first visit?</p> <p>Staff should identify the following dosing schedule to check "Yes":</p> <ul style="list-style-type: none"> ● 1 MMS tablet to be taken daily ● 180 tablet bottle to be provided at the first ANC visit the pregnant women makes during the pilot period 	<p>Response #1</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>	<p>Response #2</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>
1.5	<p><i>Ask two ANC nurse/midwives/CHEWS:</i></p> <p>At what visits should pregnant women be tested for anemia?</p> <p>Staff should identify all following visits where anemia testing should take place:</p> <ul style="list-style-type: none"> ● First ANC visit (~12 weeks) ● Gestation age 26 weeks ● Gestation age 36 weeks 	<p>Response #1</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>	<p>Response #2</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Partially Correct <input type="checkbox"/> Incorrect</p> <p><i>Elaborate:</i></p>
1.6	<p><i>Ask an ANC nurse/midwife/CHEW:</i></p> <p>What is the treatment protocol for mild and moderate anemia at this facility?</p> <p><i>Correct protocol: Administer MMS with an additional 60mg of iron-only or IFA-combination tablet (whichever is available) for women with mild or moderate anemia.</i></p> <p><i>If women are retested for anemia at the follow-up visit and still found with mild or moderate anemia, administer MMS with an additional 90mg of iron-only or IFA-combination tablet or 120mg of IFA combination tables (whichever is available)</i></p>	<p><input type="checkbox"/> Facility following correct mild and moderate anemia treatment protocol</p> <p><input type="checkbox"/> Facility following incorrect mild and moderate anemia treatment protocol</p>	
1.7	<p><i>Ask an ANC nurse/midwife/CHEW</i></p> <p>What is the treatment protocol for severe anemia at</p>	<p><input type="checkbox"/> Facility following correct severe anemia treatment protocol</p> <p><input type="checkbox"/> Facility following incorrect severe anemia treatment</p>	

	<p>this facility?</p> <p><i>Correct protocol: Provide patient MMS and refer patient to next-level facility with gynecologist or obstetrician or refer to on-site gynecologist or obstetrician for management</i></p>	<p>protocol</p>
<p>Overall Score: (1 - Poor, 2 - Adequate, 3 - Great)</p>		
<p><i>Supervision note: if facility staff are unfamiliar with topic areas above, please provide/share refresher information. If overall score is "1" note in the Action Plan, if healthcare worker knowledge is an issue and to follow up on section in following visits.</i></p>		

2. MMS Data Checks Using the ANC and IFA/MMS Registers

Unless otherwise noted:

*For MMS/IFA baseline register: Evaluate the following indicators for pregnant women entries falling in the last calendar month when looking at **Date of Visit (col 13)**.*

For ANC register: Evaluate for the same 1-month calendar period that was found for the MMS/IFA baseline register.

#	A) Indicator	B) Numerator	C) Denominator		D) Value	Reasons for discrepancy
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2.1	% "new" ANC visitors captured in the IFA/MMS register	Description: # "new" ANC attendees in the last calendar month IFAS/MMS register, col 11a	Description: # "new" ANC attendees in the last calendar month ANC register, col 12a and col 13 < 27 weeks	$\frac{B}{C} \times 100$ Target: 100%	Insert comments if over < 70% or >100%
2.2	% of "new" ANC visitors tested for anemia	Description: # of "new" ANC visitors who were tested for anemia IFAS/MMS register, col 14a has recorded Hb concentration in g/dL or Packed Cell Volume (PCV) in % and anemia status	Description: # "new" ANC attendees in the last calendar month IFAS/MMS register, col 11a	$\frac{B}{C} \times 100$ Target: 90%	
2.3	% "new" ANC attendees who have received any (≤ 180 tablets) MMS	Description: # "new" ANC attendees who have received any MMS in last calendar month IFAS/MMS register, col 14c has "MMS" recorded under Formulation and Qty > 0	Description: # "new" ANC attendees in the last calendar month IFAS/MMS register, col 11a	$\frac{B}{C} \times 100$ Target: 90%	
2.4	% "new" ANC attendees who have received full course (=180 tablets) of MMS	Description: # "new" ANC attendees who have received 180 tablets of MMS in last calendar month IFAS/MMS register, col 14c has "MMS" recorded under Formulation, Qty = 180	Description: # "new" ANC attendees in the last calendar month IFAS/MMS register, col 11a	$\frac{B}{C} \times 100$ Target: 90%	
2.5	% "new" ANC attendees found with mild or moderate anemia who have received MMS AND iron or IFA tablets	Description: # "new" ANC attendees found with mild or moderate anemia who have received MMS AND iron OR IFA tablets in last calendar month Anemia status, 14a = mild or moderate IFAS/MMS register, col 14c has "IFA 60" or "Iron 60" recorded under Formulation, Qty > 0	Description: # "new" ANC attendees in the last calendar month IFAS/MMS register, col 11a IFA/MMS registers col 14a = mild or moderate	$\frac{B}{C} \times 100$ Target: 90%	
2.					

6	<p>% "repeat" ANC attendees who had MMS consumption verified by bottle weight</p>	<p>EVALUATING ONLY THE LAST FOUR COMPLETELY FILLED REGISTER PAGES</p> <p>Description: # of repeat ANC visits (15a, 17a, 20a, 22a, 24a, 26a, 28a) where consumption verification method (16c, 18c, 21c, 23c, 25c, 27c, 29c) is recorded as "BW" in <u>last four completely filled IFA/MMS register page</u></p>	<p>EVALUATING ONLY THE LAST FOUR COMPLETELY FILLED REGISTER PAGES</p> <p>Description: # of repeat ANC visits (15a, 17a, 20a, 22a, 24a, 26a, 28a) in the last <u>four completely filled IFA.MMS register page</u></p>				<p>$\frac{B}{C} \times 100$</p> <p>Target: 80%</p>																																																				
2.7	<p>% of MMS tablets consumed since last visit (adherence rate)</p> <p>Reference previous two "date of visit" columns for last 10 repeat ANC attendees</p>	<p>Description: # of MMS consumed since last visit</p> <p>IFAS/MMS register, for last 10 repeat ANC attendees, last filled "quantity of MMS/IFAs consumed" (16b, 18b, 21b, 23b, 25b, 27b, or 29b)</p> <p>NOTE: The last 10 repeat pregnant women may be found across multiple register pages.</p>	<p>IFAS/MMS register, for last 10 repeat ANC attendees, count number of days between most recent visit and the second most recent visit for ANC attendee</p> <p>NOTE: The last 10 repeat pregnant women may be found across multiple register pages.</p> <table border="1" data-bbox="711 703 1258 1010"> <thead> <tr> <th data-bbox="711 703 841 1010">Description: Date of most recent visit</th> <th data-bbox="841 703 971 1010">Description: Date of second most recent visit</th> <th data-bbox="971 703 1117 1010">Description: # of days since last visit</th> <th data-bbox="1117 703 1258 1010">Reason for over/under adherence</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>Insert comment</td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Description: Date of most recent visit	Description: Date of second most recent visit	Description: # of days since last visit	Reason for over/under adherence				Insert comment																																					Total								
	Description: Date of most recent visit	Description: Date of second most recent visit	Description: # of days since last visit	Reason for over/under adherence																																																							
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	Description: total MMS consumed for all 10 PW; sum rows 1-10 above		Description: total days since last visit for all 10 PW; sum rows 1-10 above	Count of Number of PWs with overadherence.	$\frac{B}{C} \times 100$ Target: 90%
Count of Number of PWs with overadherence.					
Overall Score: (1 - Poor, 2 - Adequate, 3 - Great)					
<i>Supervision note: if there are many data errors across registers, please provide brief refresher training on usage of the two registers. If the overall score is "1" or "2" note in the Action Plan that ANC and Baseline register protocol is not being followed and to follow up on section in following visits.</i>					

3. MMS Recording and Reporting:

#	Question	Response
3.1	<i>Observe:</i> Is the facility using the new IFAS/MMS register to track MMS distribution and consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2	<i>Observe:</i> Are facility staff capturing MMS distribution and consumption data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	<i>Observe:</i> Did you observe any data recording errors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Elaborate:</i>
3.4	<i>Ask head ANC staff member:</i> For 2.6 above, if <75%, reasons why staff aren't using bottle weighing to verify MMS consumption	<input type="checkbox"/> Pregnant women forgot to bring back their pill bottles <input type="checkbox"/> Bottle weighing is too time consuming <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Does not know
Overall Score: (1 - Poor, 2 - Adequate, 3 - Great)		
<i>Supervision note: if the ANC and baseline registers are not being used properly, please provide brief refresher training on usage of the two registers. If overall score is "1" note in the Action Plan that ANC and Baseline register protocol is not being followed and to follow up on section in following visits.</i>		

4. MMS Distribution

#	Question	Response
4.1	<i>Ask head ANC staff member:</i>	<input type="checkbox"/> 2.3 was found to be ≥90%

	For 2.3 above, if <90%, reasons why new ANC attendees did not receive MMS.	<input type="checkbox"/> Low or no MMS supply availability <input type="checkbox"/> Facility staff did not know this recommendation <input type="checkbox"/> Refusals by pregnant women <input type="checkbox"/> IFA distribution is not a priority for staff <input type="checkbox"/> Other, specify _____
4.2	<i>Ask head ANC staff member:</i> For 2.4 above, if <90%, reasons why new ANC attendees did not receive the full course (180 tablets) of MMS.	<input type="checkbox"/> 2.4 was found to be $\geq 90\%$ <input type="checkbox"/> Low or no MMS supply availability <input type="checkbox"/> Facility staff did not know this recommendation <input type="checkbox"/> Refusals by pregnant women <input type="checkbox"/> MMS distribution is not a priority for staff <input type="checkbox"/> Other, specify _____
Overall Score: (1 - Poor, 2 - Adequate, 3 - Great)		
Supervision note: If overall score is "1" note in the Action Plan gaps in distribution and to follow up on section in following visits.		

5. Anemia Testing and Management

#	Question	Response
5.1	<i>Ask head ANC staff member:</i> What are the cutoff rates being used for Hb g/dL or PCV/hematocrit %s? Hemoglobin thresholds <ul style="list-style-type: none"> No anemia: ≥ 11.0 g/dL (first, third trimester); ≥ 10.5 g/dL (second trimester) Mild: 10 to 10.9 g/dl (first, third trimester); 9.5 to 10.4 g/dl (second trimester) Moderate: 7.0 to 9.9 g/dl (first, third trimester); 7.0 to 9.4 (second trimester) Severe: < 7.0 g/dl PCV thresholds <ul style="list-style-type: none"> No anemia: $\geq 33\%$ (first, third trimester). $\geq 31.5\%$ (second trimester) Mild: 30 - 32.9% (first, third trimester); 28 - 31.4% (second trimester) Moderate: 21 - 29.9% (first, third trimester); 21 - 27.9% (second trimester) Severe: $< 21\%$ 	<input type="checkbox"/> Facility using correct Hb g/dL thresholds <input type="checkbox"/> Facility using correct PCV/hematocrit thresholds <input type="checkbox"/> Incorrect thresholds
5.2	<i>Ask head ANC staff member:</i>	<input type="checkbox"/> 2.2 was found to be $\geq 90\%$

	For 2.2 above, if <90%, reasons why new ANC attendees were not tested for anemia	<input type="checkbox"/> Facility staff have not been testing for anemia at first contact visit <input type="checkbox"/> Facility does not have equipment capabilities to test for anemia on-site <input type="checkbox"/> Facility staff are conducting symptom screening for anemia and only recommending testing for symptomatic pregnant women <input type="checkbox"/> Testing is occurring but staff are not recording test results in ANC register <input type="checkbox"/> Other, specify _____
5.3	<i>Ask head ANC staff member:</i> For 2.5 above, if <90%, reasons why ANC attendees found with mild or moderate anemia were not treated with MMS AND iron-only or IFA-combination	<input type="checkbox"/> 2.5 was found to be ≥90% <input type="checkbox"/> Low or no MMS supply availability <input type="checkbox"/> Low or no iron or IFA supply availability <input type="checkbox"/> Facility staff did not know this recommendation <input type="checkbox"/> Other, specify _____

6. Counseling

#	Question	Response
6.1	<i>Observe:</i> Does the facility have the MMS flip chart in use for MMS counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2	<i>Ask head ANC staff member:</i> Is the facility providing 1:1 counseling on MMS to pregnant women at their first visit?	<input type="checkbox"/> Yes, all pregnant women receive 1:1 counseling on MMS first visit <input type="checkbox"/> Yes, most pregnant women receive 1:1 counseling on MMS on first visit <input type="checkbox"/> Yes, some pregnant women receive 1:1 counseling on MMS on first visit <input type="checkbox"/> No
6.3	<i>Ask head ANC staff member:</i> Is the facility including dedicated information on MMS during routine group counseling for pregnant women?	<input type="checkbox"/> Yes, all group counseling sessions contain dedicated information on MMS for pregnant women <input type="checkbox"/> Yes, most group counseling sessions contain dedicated information on MMS for pregnant women <input type="checkbox"/> Yes, some group counseling sessions contain dedicated information on MMS for pregnant women <input type="checkbox"/> No
6.4	<i>Ask head ANC staff member:</i> What is covered in MMS counseling?	<input type="checkbox"/> MMS benefits <input type="checkbox"/> MMS potential side effects <input type="checkbox"/> MMS dosing schedule <input type="checkbox"/> Importance of MMS adherence <input type="checkbox"/> None of the topics are covered
Overall Score: <i>(1 - Poor, 2 - Adequate, 3 - Great)</i>		

Supervision note: If overall score is "1" note in the Action Plan gaps in counseling practices and to follow up on section in following visits.

7. Stock Management

#	Question	Response
7.1	<i>Observe:</i> Does the facility have a BIN card for MMS stock?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
7.2	<i>Observe using MMS BIN card:</i> Does the facility have MMS in stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	<i>Observe using MMS BIN card:</i> How many bottles of MMS are in stock?	<input type="checkbox"/> bottles [_ / _ / ____] expiration date
7.4	<i>Observe using MMS BIN card:</i> Does the facility have at least one month's supply of MMS in stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe why:</i>
7.5	<i>Observe:</i> Does the facility have a BIN card for iron or IFA stock?	<input type="checkbox"/> Yes for iron tablets <input type="checkbox"/> Yes for IFA tablets <input type="checkbox"/> No
7.6	<i>Observe using iron or IFA BIN card:</i> Does the facility have iron or IFA in stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7	<i>Observe using iron or IFA BIN card:</i> Does the facility have at least one month's supply of iron or IFA tablets in stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe why:</i>
7.8	<i>Ask the pharmacist or dispenser:</i> How many times did a MMS stockout occur at the facility in the last three calendar months?	<input type="checkbox"/> Times <i>If stockouts have occurred, describe the cause:</i>
7.9	<i>Ask the pharmacist or dispenser:</i> <i>How many times did iron or IFA tablet stockouts occur at the facility in the last three calendar months?</i>	<input type="checkbox"/> Times <i>If stockouts have occurred, describe the cause:</i>

Overall Score: <i>(1 - Poor, 2 - Adequate, 3 - Great)</i>	
<i>Supervision note: If overall score is "1" note in the Action Plan gaps in management and to follow up on section in following visits.</i>	

8. Other

#	Question	Response
8.1	Are there other concerns, challenges or successes related to your facility's experience with MMS that we have not already discussed?	

End Time: _____

8. Action Plan (Facility Copy)

- Analyze the problem(s) identified above through filling the supervision form - there could be more than one issue. The Action Plan should be used to summarize problems and solutions.
- The “responsible” is the individual who is accountable for carrying out the proposed solution. Please list a name.
- Each month, you should review the Action Plan from the previous period to confirm if all issues were resolved.
- The reviewer should note whether the issue was resolved in the last column at the next supervision visit.

Tick the key problem areas for this facility:

- Health care worker knowledge Recording and reporting Stock management
 Distribution practices Counseling Adherence by pregnant women

<i>Problem area</i>	<i>Score</i>	<i>Description of Problem/Challenge(s)</i>	<i>Proposed Solution/Intervention</i>	<i>Responsible</i>	<i>Issue Resolved? (fill on subsequent visit)</i>
Section 1: Health care worker knowledge					
Section 2: Data Check					
Section 3: Recording and reporting					
Section 4: Distribution practices					
Section 5: Anemia testing and management					
Section 6: Counseling					
Section 7: Stock Management					
Other					

Reviewer Signature: _____

Comments/follow-up actions: _____

9. Action Plan (Supervisor's Copy)

- Analyze the problem(s) identified above through filling the supervision form - there could be more than one issue. The Action Plan should be used to summarize problems and solutions.
- The "responsible" is the individual who is accountable for carrying out the proposed solution. Please list a name.
- Each month, you should review the Action Plan from the previous period to confirm if all issues were resolved.
- The reviewer should note whether the issue was resolved in the last column at the next supervision visit.

Tick the key problem areas for this facility:

Health care worker knowledge

Recording and reporting

Stock management

Distribution practices

Counseling

Adherence by pregnant women

<i>Problem area</i>	<i>Score</i>	<i>Description of Problem/Challenge(s)</i>	<i>Proposed Solution/Intervention</i>	<i>Responsible</i>	<i>Issue Resolved? (fill on subsequent visit)</i>
Section 1: Health care worker knowledge					
Section 2: Data Check					
Section 3: Recording and reporting					
Section 4: Distribution practices					
Section 5: Anemia testing and management					
Section 6: Counseling					
Section 7: Stock Management					
Other					

Reviewer Signature: _____

Comments/follow-up actions: _____
