Ministry of Health
Government of Southern Sudar

malaria consortium
disease control, better health

# SUPERVISION FORM FOR CDD SUPERVISORS

Date of visit: _____

Name of Supervisor: _____ Name of CDD: _____ CDD No._____

County: _____ Payam: _____ Boma: _____

Location of supervision visit: CDD home ☐ Patient's home ☐ Health facility ☐ Other ☐

**1**

| COMPETENCE OF CDD | | | |
|---|---|---|---|
| Observation of treatment ☐<br>Healthy child ☐ | **Prioritize an observation of a treatment at a patient's home or at the CDD. If that is not possible find a healthy child and act a disease for table 2.** | | |
| **General for all patients** | **Yes** | **No** | **Comments** |
| Greeted the caretaker | ☐ | ☐ | |
| Asked what the health problems are | ☐ | ☐ | |
| Asked for the age of the child | ☐ | ☐ | |
| Asked/checked for danger signs: | | | |
| 1. *Convulsions* | ☐ | ☐ | |
| 2. *Abnormally sleepy* | ☐ | ☐ | |
| 3. *Vomiting everything* | ☐ | ☐ | |
| 4. *Chest indrawing* | ☐ | ☐ | |
| 5. *Not able to breastfeed/drink* | ☐ | ☐ | |
| If these signs (1-5) were present, was the child referred? | ☐ | ☐ | |
| Was the MUAC tape <u>correctly</u> used (*tape placed in mid-upper arm of patient and arm hanging down low)* | ☐ | ☐ | |
| Was the child assessed for bilateral oedema | ☐ | ☐ | |
| Asked if the child has had cough | ☐ | ☐ | |
| Asked if the child has had difficulty breathing | ☐ | ☐ | |
| Asked if the child has had fever | ☐ | ☐ | |
| Asked if the child has had diarrhoea | ☐ | ☐ | |
| Asked duration of symptoms | ☐ | ☐ | |

**2**

| **Fever present (if yes, continue below):** | **Yes** | **No** | **Comments** |
|---|---|---|---|
| Was the child given correct dosage of ACT | ☐ | ☐ | |
| Was the first dosage taken in the presence of the CDD | ☐ | ☐ | |
| **Diarrhoea present (if yes, continue below):** | **Yes** | **No** | **Comments** |
| Asked if the stool was bloody | ☐ | ☐ | |
| Was child referred if bloody stool | ☐ | ☐ | |
| Was the correct dosage of Zinc given | ☐ | ☐ | |
| Were 2 ORS sachets given | ☐ | ☐ | |
| Did the CDD explain how to take ORS correctly | ☐ | ☐ | |
| Did the CDD avoid giving ORS and Zinc if the child was malnourished | ☐ | ☐ | |
| Was the first dosage taken in the presence of the CDD | ☐ | ☐ | |
| **Cough present (if yes, continue below):** | **Yes** | **No** | **Comments** |
| Was the respiratory timer <u>correctly</u> used *(count +/-3 breaths from supervisor's count)* | ☐ | ☐ | |
| Was the respiratory rate <u>correctly</u> interpreted:<br>a) *child diagnosed with pneumonia if the respiratory rate was high*<br>*OR*<br>b) *not having pneumonia if the respiratory rate was normal* | ☐<br><br>☐ | ☐<br><br>☐ | |
| Correct Amoxicillin dosage given | ☐ | ☐ | |
| Was the first dosage taken in the presence of the CDD | ☐ | ☐ | |
| **Malnutrition present (if yes, continue below):** | **Yes** | **No** | **Comments** |
| Was the child referred if MUAC < 115 mm AND/OR bilateral oedema present | ☐ | ☐ | |
| Was the child given pre-referral treatment with Amoxicillin | ☐ | ☐ | |
| Was the child given pre-referral treatment with ACT | ☐ | ☐ | |
| Was the first dosage taken in the presence of the CDD | ☐ | ☐ | |

**3**

| | Yes | No | Comments |
|---|---|---|---|
| Was the caretaker asked to come back if symptoms worsen or if symptoms persist after treatment | ☐ | ☐ | |
| Was the recording form used | ☐ | ☐ | |
| Was the recording form completed <u>correctly</u> (*age, symptom, duration, diagnostic, and treatment all recorded correctly*) | ☐ | ☐ | |
| <u>Correct</u> health education given to the patient: *(Mentioned all 4 health education messages in the flip book)* | ☐ | ☐ | |

**4**

**REPORTING**
*Review the last 5 patients on the CDD recording form who received treatment*

| | 1 | 2 | 3 | 4 | 5 | Total |
|---|---|---|---|---|---|---|
| IF Fever → ACT | | | | | | |
| IF Diarrhoea → ORS + ZINC | | | | | | |
| IF Cough → High RR → AMOXYCILLIN | | | | | | |
| GRAND TOTAL | | | | | | |

| | 5 | <5 |
|---|---|---|
| Correct treatment to last 5 patients | ☐ | ☐ |
| **TOTAL BOXES TICKED (only tables 1, 3 and 4)** | ___ /21 | ___ /21 |

**5**

| **DRUGS AVAILABLE** | **Yes** | **No** | **Stock** |
|---|---|---|---|
| Amoxicillin red (2-11 months) | ☐ | ☐ | Number: |
| Amoxicillin green (1-5 years) | ☐ | ☐ | Number: |
| ACTs (2-11 months) | ☐ | ☐ | Number: |
| ACTs (1-5 years) | ☐ | ☐ | Number: |
| ORS | ☐ | ☐ | Number: |
| Zinc | ☐ | ☐ | Number: |
| **JOB AIDS AVAILABLE** | **Yes** | **No** | **Comments** |
| Diagnostic<br>• MUAC tape<br>• Respiratory timer<br>Job aids<br>• Flip book<br>• Referral triangles | ☐<br>☐<br><br>☐<br>☐ | ☐<br>☐<br><br>☐<br>☐ | |
| CDD recording forms available | ☐ | ☐ | Number of blank pages left: |

Comments from CDD:

General Comments/Other Points :

Signature CDD: _____

Signature Supervisor:_____