

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

| SECTION I: GENERAL INFORMATION   |   |
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| Completely fill out all the information in the General Information Section |   |
| SECTION II: AVAILABILITY AND STORAGE OF CCM SUPPLIES                       |   |
| 1.   | <p><b>Drugs and supplies kept in a safe and dry place:</b> Ask the CHW to show you where he/she stores the drugs and the supplies. Both, drugs and supplies should be stored in a locked box inside a hut where the sunlight and rain cannot reach the box.</p> <ul style="list-style-type: none"> <li>• If the storage of the metal box meets ALL of these conditions, tick Yes on 1.</li> <li>• If the storage of the metal box does not meet all of these conditions, tick No on 1. If the storage of the metal box does not meet the proper storage conditions, advise the CHW on how to store the metal box.</li> </ul>  |
| 2.   | <p><b>ARI timer working:</b> Open the box or bag where the supplies are stored, take the ARI timer and turn it on.</p> <ul style="list-style-type: none"> <li>a. If it starts beeping tick Yes on 2.a. If there is no timer or it is not working, tick No on 2.a.</li> <li>b. If ARI timer is working, you do not need to fill out 2.b. If there is no timer or it is not working, provide another one, and tick Yes on 2.b. If you were not able to provide another timer, tick No on 2.b.</li> </ul>  |
| 3.   | <p><b>Treatment protocol available:</b> Ask the CHW for all the 4 treatment protocols and tell the CHW to show them to you. If he does not know what you are referring to, open the box or bag where the supplies are stored and look for them.</p> <ul style="list-style-type: none"> <li>a. If the CHW shows all 4 treatment protocols or you can find them, tick Yes on 3.a. If there are no treatment protocols or if some are missing, tick No on 3.a.</li> <li>b. If all 4 treatment protocols are available, you do not need to fill out 3.b. If there are no treatment protocols or some are missing, provide the missing protocols and tick Yes on 3.b. If you were not able to provide treatment protocols, tick No on 3.b.</li> </ul>  |
| 4.   | <p><b>CHW patient and drug register with blank pages:</b> Ask the CHW to show you the CHW patient and drug registers. If he does not know what you are referring to, open the box or bag where the supplies are stored and look for the registers.</p> <ul style="list-style-type: none"> <li>a. If there are patient and drug registers, that both have 2 or more blank pages, tick Yes on 4.a. If there are not patient and drug registers, that both have 2 or more blank pages, tick No on 4.a.</li> <li>b. If both registers have 2 or more blank pages, you do not need to fill out 4.b. If there are not patient and drug registers with 2 or more blank pages, provide the missing ones, and tick Yes on 4.b. If you were not able provide the registers, tick No on 4.b.</li> </ul>  |
| 5.   | <p><b>Referral tickets:</b> Ask the CHW for the referral tickets, and tell him to show them to you. If he does not know what you are referring to, open the box or bag where the supplies are stored and look for the referral tickets.</p> <ul style="list-style-type: none"> <li>a. If there is at least one blank referral ticket for all 14 types of tickets, tick Yes on 5.a. If any of the 14 types of tickets are missing, tick No on 5.a.</li> <li>b. If there is at least one blank referral ticket for all 14 types of tickets, you do not need to fill out 5.b. If there are no referral tickets, provide them and tick Yes on 5.b. If you were not able to provide the referral tickets, tick No on 5.b.</li> </ul>   |
| 6.   | <p><b>MUAC strip:</b> Ask the CHW to show you the MUAC strip. If he does not know what you are referring to, open the box or bag where the supplies are stored and look for the MUAC strip.</p> <ul style="list-style-type: none"> <li>a. If there is a MUAC strip, and it is not ripped, tick Yes on 6.a. If not available or ripped, tick No on 6.a.</li> <li>b. If the MUAC strip is available, you do not need to fill out 6.b. If the MUAC strip is not available or ripped, provide a new strip and tick Yes, on 6.b. If you were not able to provide a new MUAC strip, tick No on 6.b.</li> </ul>  |
| SECTION III : ABILITY TO ASSESS PNEUMONIA                                  |   |
| 7.   | <p><b>Correct breathing count (within 3 of standard):</b> You will tell the CHW that you want to check how best the CHW uses the ARI timer and that you will need to have a child under five years to do this. The easiest way will be to ask a neighbor whether they can practice the use of the timer with one of their children (the neighbor should be present during the exercise). Once the child is available and the CHW is ready to start counting the breath, both of you will have to start counting at the first beep of the timer and stop counting after the last two beeps of the timer (timers do a beep after 30 seconds).</p> <ul style="list-style-type: none"> <li>a. Record the first completed breath count in the box <u>Supervisor Respiratory Count</u> on 7.a.</li> <li>b. Ask the CHW to tell you his count. Record the breath count in the box <u>CHW Respiratory Count</u> on 7.b.</li> <li>c. If the difference between both counts is of 3 or less, you can consider that the CHW and you agree, and will tick under Yes in the box for <u>Correct Breathing Count</u> on 7.c. If the difference between your counts is 4 or above, you will consider that the difference is too big and will tick under No in the box for <u>Correct Breathing Count</u> on 7.c.</li> <li>d. If No, then take the chance to repeat the counting on the same child, but this time together and out loud. If you do this, tick Yes on 7.d. If you don't do this, tick No on 7.d.</li> </ul> |
| 8.   | <p><b>Pneumonia cut-off points:</b> Ask the CHW what the cut-off points (boundaries) are for pneumonia for the two age groups.</p> <ul style="list-style-type: none"> <li>a. If the CHW knows that the cut-off point for children 2-11 months is 50 breaths, tick Yes on 8.a. If not, tick No on 8.a.</li> </ul>  |

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

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|  | <p>b. If the CHW knows that the cut-off point for children 1-5 years is 40 breaths, tick Yes on 8.b. If not, tick No on 8.b.</p> <p>c. If the CHW knows BOTH cut-off points, for the two age groups, tick Yes on 8.c. If the CHW knows one or neither of the cut-off points, tick No on 8.c.</p>  |
| <b>SECTION V: CHW RECORD KEEPING AND QUALITY OF SERVICES</b> |   |
| 9.   | <p><b>Open the registers and look for strange things.</b></p> <p>a. Look for children who were classified as only having cough, but were treated with cotri. If you find this in the register, tick Yes on 9.a. If this is not found in the register, tick No on 9.a.</p> <p>b. Look for children who were classified as having pneumonia, but there was not a breath count done. If you find this in the register, tick Yes on 9.b. If this is not found in the register, tick No on 9.b.</p> <p>c. Look at the age and classification for all children treated. Make sure that the treatment given matches the treatment protocol, according to the child's age. If any treatment does not match, tick Yes on 9.c. If this is not found in the register, tick No on 9.c.</p> <p>d. Look at all of the patients treated and make sure they were all classified with one of the conditions. If a child was treated, without being classified, tick Yes on 9.d. If this is not found in the register, tick No on 9.d.</p> <p>e. Look at the birth, death and pregnancy register. If there was a child born in the last month, who did not receive three home visits by the CHW, tick yes on 9.g. If this is not found in the register, tick No on 9.g.</p> <p><i>If any of these strange things are found, explain to the CHW why they are problems, and how the CHW can prevent them happening in the future.</i></p> |
| <b>SECTION VI: AVAILABILITY AND MANAGEMENT OF DRUGS</b>      |   |
| 10.  | <p><b>Compare Cotrimoxazole in the metal box to recorded balance.</b></p> <p>a. <b>Proper Cotrimoxazole management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of Cotri in the metal box. If it is equal tick Yes on 10.a. If it is not equal, tick No on 10.a.</p> <p>b. <b>Cotrimoxazole needed:</b> Check if the cotri is finished, or if there is only one treatment remaining. If it is finished, or there is only one treatment remaining, tick Yes on 10.b. If there are two or more treatments remaining, tick No on 10.b.</p> <p>c. <b>Cotrimoxazole added:</b> If cotri is not needed, you do no need to fill our 10.c. If additional cotri is needed, and you were able to add, tick Yes on 10.c. If not, tick No on 10.c.</p>   |
| 11.  | <p><b>Compare ORS in the metal box to recorded balance.</b></p> <p>a. <b>Proper ORS management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of ORS in the metal box. If it is equal tick Yes on 11.a. If it is not equal, tick No on 11.a.</p> <p>b. <b>ORS needed:</b> Check if the ORS is finished, or if there is only one treatment remaining. If it is finished, or there is only one treatment remaining, tick Yes on 11.b. If there are two or more treatments remaining, tick No on 11.b.</p> <p>c. <b>ORS added:</b> If ORS is not needed, you do no need to fill our 11.c. If additional ORS is needed, and you were able to add, tick Yes on 11.c. If not, tick No on 11.c.</p>   |
| 12.  | <p><b>Compare Zinc in the metal box to recorded balance.</b></p> <p>a. <b>Proper Zinc management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of Zinc in the metal box. If it is equal tick Yes on 12.a. If it is not equal, tick No on 12.a.</p> <p>b. <b>Zinc needed:</b> Check if the Zinc is finished, or if there is only one treatment remaining. If it is finished, or there is only one treatment remaining, tick Yes on 12.b. If there are two or more treatments remaining, tick No on 12.b.</p> <p>c. <b>Zinc added:</b> If Zinc is not needed, you do no need to fill our 12.c. If additional Zinc is needed, and you were able to add, tick Yes on 12.c. If not, tick No on 12.c.</p>   |
| 13.  | <p><b>Compare RDT in the metal box to recorded balance.</b></p> <p>a. <b>Proper RDT management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of RDTs in the metal box. If it is equal tick Yes on 13.a. If it is not equal, tick No on 13.a.</p> <p>b. <b>RDTs needed:</b> Check if there are any RDTs left, or if there is only test remaining. If it is finished, or there is only one test remaining, tick Yes on 13.b. If there are two or more tests remaining, tick No on 13.b.</p> <p>c. <b>RDTs added:</b> If ARDTs are not needed, you do no need to fill our 13.c. If additional RDTs are added, and you were able to add, tick Yes on 13.c. If not, tick No on 13.c.</p>   |

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

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| 14.                               | <p><b>Compare ACT 25 in the metal box to recorded balance.</b></p> <p>d. <b>Proper ACT 25 management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of ACT in the metal box. If it is equal tick Yes on 14.a. If it is not equal, tick No on 14.a.</p> <p>e. <b>ACT 25 needed:</b> Check if the ACT is finished, or if there is only one treatment remaining. If it is finished, or there is only one treatment remaining, tick Yes on 14.b. If there are two or more treatments remaining, tick No on 14.b.</p> <p>f. <b>ACT 25 added:</b> If ACT is not needed, you do not need to fill out 14.c. If additional ACT is needed, and you were able to add, tick Yes on 14.c. If not, tick No on 14.c.</p>  |
| 15.                               | <p><b>Compare ACT 50 in the metal box to recorded balance.</b></p> <p>a. <b>Proper ACT 50 management:</b> Check whether the balance brought forward plus the amount added, minus the amount used, is equal to the physical count of ACT in the metal box. If it is equal tick Yes on 15.a. If it is not equal, tick No on 15.a.</p> <p>b. <b>ACT 50 needed:</b> Check if the ACT is finished, or if there is only one treatment remaining. If it is finished, or there is only one treatment remaining, tick Yes on 15.b. If there are two or more treatments remaining, tick No on 15.b.</p> <p>c. <b>ACT 50 added:</b> If ACT is not needed, you do not need to fill out 15.c. If additional ACT is needed, and you were able to add, tick Yes on 15.c. If not, tick No on 15.c.</p>  |
| <b>SECTION VII: PATIENT VISIT</b> |   |
| 16.                               | <p><b>You need to conduct ONE patient visit as part of the supervision. There are three different kinds of patient visits – postnatal, antenatal and child under 5. You should decide on the type of patient visits, based on the criteria below:</b></p> <ul style="list-style-type: none"> <li>• If there is a mother who delivered in the last month, conduct a postnatal visit.</li> <li>• If there is not a mother who delivered in the last month, check if there is a pregnant woman in the community. If there is a pregnant woman, conduct an antenatal visit.</li> <li>• If there is not a recently delivered newborn or a pregnant woman in the community, you should conduct a child under 5 visit.</li> <li>• Check the box for the type of visit you conduct.</li> </ul>  |
| <b>PATIENT VISIT: POSTNATAL</b>   |   |
| 17.                               | <p>Determine if the mother of the newborn baby is still alive.</p> <ul style="list-style-type: none"> <li>• If the mother is alive, tick Yes on 17.a.</li> <li>• If the mother is NOT alive, tick No on 17.a.</li> <li>• If the mother is alive, you do not need to fill out 17.b. If the mother is NOT alive, ask who the caregiver is for the baby. If there is a caregiver and she is available tick Yes on 17.b. If the person is not available tick No on 17.b.</li> </ul>   |
| 18.                               | <p>a) Ask the mother the date of the child's birth. If the mother does know the date, ask if she has the Under Five card. Write the baby's date of birth in the box provided.</p> <p>b) Ask the mother where the child was born. If the mother says the baby was born at home or in the community, tick HOME for 18.b. If the mother says the baby was born at the Health Facility or Hospital, tick HEALTH FACILITY for 18.b.</p>  |
| 19.                               | <p>Ask the mother if she has seen any of the following signs or symptoms in the newborn baby?</p> <p>a) <b>Ask about convulsions?</b> If she mentions that the baby has convulsed, or you see the baby convulsing, tick Yes on 19.a. If not mentioned or observed, tick No on 19.a.</p> <p>b) <b>Ask if the baby is breastfeeding?</b> Is she mentions that the baby is not able to breastfeed, or you see the baby not able to breastfeed, tick Yes on 19.b. If not mentioned or observed, tick No on 19.b.</p> <p>c) <b>Ask if she observed the baby feeling very warm?</b> If she mentions that the baby is very warm, or you feel that the baby is very warm, tick Yes on 19.c. If not mentioned or observed, tick No on 19.c.</p> <p>d) <b>Ask if she observed the baby feeling very cold?</b> If she mentions that the baby is very cold, or you feel that the baby is very cold, tick Yes on 19.d. If not mentioned or observed, tick No on 19.d.</p> <p>e) <b>Ask if she observed the baby having yellow soles?</b> If she mentions that the baby had a change in the color of its soles, or if you observe that the sole of the baby's feet is an abnormal color (yellow is an abnormal color for the sole of a baby's feet), tick Yes on 19.e. If not mentioned or observed, tick No on 19.e.</p> <p>f) <b>Ask if she observed the baby having fast or difficult breathing?</b> If she mentions that the baby had difficult breathing or very fast breathing, or if you observe the baby having difficult or fast breathing, tick Yes on 19.f. If not mentioned or observed, tick No on 19.f.</p> <p><b><i>If you observe the baby with danger signs in your presence, STOP THE SUPERVISION, and accompany the caregiver and baby to the health facility IMMEDIATELY.</i></b></p> |
| 20.                               | <p>Ask the mother if the CHW has visited her and the baby within 48 hours of birth in the community or 48 hours from return from the health facility.</p>   |

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

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|  | <p>a) If the mother says the CHW visited her and the baby within 48 hours of birth in the community or 48 hours of return from the health facility, tick Yes on 20.a. If the mother says the CHW did not visit her and the baby within that time period, tick No on 20.a.</p> <p>b) If there is at least one postnatal care visit recorded in the CHW register, tick Yes on 20.b. If there is not at least one recorded visit in the CHW register, tick No on 20.b.</p>   |
| 21.  | <p><b>If the mother reports the CHW visiting her within 48 hours of birth in the community or 48 hours of return from the health facility, ask her if the CHW told her any advice on home care for the newborn baby. Do not prompt the mother about any of the health education messages.</b></p> <p>a) If the mother mentions the CHW advising her about <b>Exclusive Breastfeeding</b>, tick Yes on 21.a. If it is not mentioned, tick No on 21.a.</p> <p>b) If the mother mentions the CHW advising her about the importance of <b>handwashing before handling the baby and not to apply anything to the cord, and to leave it dry and open</b>, tick Yes on 21.b. If it is not mentioned, tick No on 21.b.</p> <p>c) If the mother mentions the CHW advising her about <b>wrapping the baby in warm dry clothes, and putting the baby in skin-to-skin contact</b>, tick Yes on 21.c. If it is not mentioned, tick No on 21.c.</p> <p>d) If the mother mentions the CHW advising her about <b>taking the child for marklate at the PHU</b>, tick Yes on 21.d. If it is not mentioned, tick No on 21.d.</p> |
| <b>PATIENT VISIT: ANTENATAL</b>  |   |
| 22.  | Ask the mother what month she is expected to have her baby. Write the month of delivery in the open space on the line for 22.   |
| 23.  | <p>Ask the woman if the CHW has visited her and her family.</p> <p>a) If the woman says the CHW has visited her, tick Yes on 23.a. If the mother says the CHW has not visited her tick No on 23.a.</p> <p>b) If there is at least one antenatal care visit recorded in the CHW register, tick Yes on 23.b. If there is not at least one recorded visit in the CHW register, tick No on 23.b.</p>  |
| 24.  | <p><b>Ask the mother if the CHW told her about any danger signs during pregnancy?</b></p> <p>a) If the woman mentions the CHW advising her about <b>severe abdominal pain</b> as a danger sign, tick Yes on 24.a. If it is not mentioned, tick No on 24.a.</p> <p>b) If the woman mentions the CHW advising her about <b>severe headaches</b> as a danger sign, tick Yes on 24.b. If it is not mentioned, tick No on 24.b.</p> <p>c) If the woman mentions the CHW advising her about <b>fever</b> as a danger sign, tick Yes on 24.c. If it is not mentioned, tick No on 24.c.</p> <p>d) If the woman mentions the CHW advising her about <b>vaginal bleeding or leakage of fluids</b> as a danger sign, tick Yes on 24.c. If it is not mentioned, tick No on 24.c.</p> <p>e) If the woman mentions the CHW advising her about <b>swelling of the face and hands</b> as a danger sign, tick Yes on 24.d. If it is not mentioned, tick No on 24.d.</p> <p><b>Take the opportunity to teach the expected mother about the danger signs during pregnancy.</b></p>   |
| 25.  | <p>a) Ask the mother how many times she has visited the PHU since she became pregnant? Write the number in the box.</p> <p>b) Determine if the number of ANC visits is correct, based on the number of months the woman has been pregnant.</p> <ul style="list-style-type: none"> <li>• If the mother is 4 months pregnant or less, and she has attended at least one ANC visit, tick Yes on 25.b. If she has not attended at least one ANC visit, tick No on 25.b.</li> <li>• If the mother is less than 7 months pregnant, and she has attended at least two ANC visits, tick Yes on 25.b. If she has not attended at least two ANC visits, tick No on 25.b.</li> <li>• If the mother is 8 month pregnant or less, and she has attended at least three ANC visits, tick Yes on 25.b. If she has not attended at least three ANC visits, tick No on 25.b.</li> <li>• If the mother is 9 month pregnant or less, and she has attended at least four ANC visits, tick Yes on 25.b. If she has not attended at least four ANC visits, tick No on 25.b.</li> </ul>   |
| 26.  | <p>Ask the mother where she plans to deliver the baby.</p> <ul style="list-style-type: none"> <li>• If she says that she plans to deliver at the home, tick the box for Home.</li> <li>• If she says she plans to deliver at the health facility, tick the box for Health Facility.</li> </ul>  |
| <b>PATIENT VISIT: CHILD UNDER 5</b>  |   |
| <p><b>You will discuss with the CHW and look for two or three children in the register:</b></p> <p><b>1. Who were recently visited by the CHW, so that the mother/caretaker still remembers the treatment and the number of tablets/sachets.</b></p> |   |

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

2. **Who don't live too far away from the CHW's house, so that we can limit the time spent on supervision.**
3. **Whose mother/caretaker is likely to be at home. The reason why you want to find the person who brought the child to the CHW is because that is the only person who can give you the correct information about the child.**

You and the CHW will take the register with you and will visit the selected children's households until you find ONE person who brought the child to the CHW. You don't need to visit more than one patient; the other selected children were selected just in case you failed at the first and second attempts. Once you find the household, you will come in the household with the CHW, look for the mother or person who took the child to the CHW and explain the reason of your visit. If the mother accepts you to ask her, you can go ahead; otherwise you will leave the household. If accepted to be asked, then you and the CHW will start to ask the mother or caretaker. The visit home is a chance for the CHW to understand if the mother gave the treatment correctly as she was told. So it is important for him to be present. But, to ensure the mother/caretaker feels at ease, **it is important that the CHW keeps quiet and that the CHW does not question what the mother says.** While asking the mother/caretaker, keep the CHW register and a sample of all the drugs (and Vit. A) with you.

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| 27. | <b>Child's age (in months):</b> Ask the mother how old the child is. Change the child's age into months. If the mother/caretaker does not know how old the child is, ask for the marklate card or ask the mother on which important event the child was born. Write the number in the outlined box on line 27.   |
| 28. | <b>Child's complaint as reported in the CHW register:</b> Go to the CHW register and tick the boxes for the complaint recorded by the CHW on line 28.  |
| 29. | <b>Child's complaint as reported by the mother:</b> Ask the mother/caretaker to tell you the reasons/complaint she took the child to the CHW and tick the boxes for the complaint reported by the mother on line 29.   |
| 30. | <b>Did the complaint reported by the mother match the complaint in the CHW register?</b> If the complaint recorded by the CHW agrees with the complaint reported by the mother, tick Yes on 30. Otherwise, tick No on 30. <ul style="list-style-type: none"> <li>• If the mother reported cough, and the CHW recorded Pneumonia, it matches (because a mother cannot report pneumonia)</li> </ul> <b>If disagreement, reason:</b> Wait until you finish asking the mother and leave the house to discuss the reason of the disagreement with the CHW and report your findings at the end of the form.  |
| 31. | <b>Drugs given by the CHW to the mother:</b> Show the mother the sample of all of the drugs. Ask the mother to tell you which ones the CHW gave her for her child's sickness, as well as the number of tablets/ sachets. Write the number of tablets/ sachets in the boxes on line 31.   |
| 32. | <b>If the child had just cough, was cotrimoxazole given?</b> <ul style="list-style-type: none"> <li>• If the child was classified as having cough by the CHW and the mother reported the child not getting any cotrimoxazole, tick No on 32.</li> <li>• If the child was classified as having cough and the child was given cotrimoxazole, tick Yes on 32.</li> </ul>  |
| 33. | <b>If the child had difficulty breathing, was the correct treatment given for the child's age?</b> <ul style="list-style-type: none"> <li>• If the child was classified as having pneumonia by the CHW and the mother reported the child getting cotrimoxazole in the correct amount for the child's age, then tick Yes on 33.</li> <li>• If the child was classified as having pneumonia and the child was not given cotrimoxazole, or the amount was not the right one for the child's age, then tick No on 33.</li> </ul>   |
| 34. | <b>If the child had diarrhea, was the correct treatment given for the child's age?</b> <ul style="list-style-type: none"> <li>• If the child was classified as having diarrhea by the CHW and the mother reported the child getting ORS <b>AND</b> Zinc in the correct amount for the child's age, then tick Yes on 34.</li> <li>• If the child was classified as having diarrhea, but the child was not given ORS <b>AND ZINC</b>, or the amount was not the right one for the child's age, then tick No on 34.</li> </ul>  |
| 35. | <b>If the child had fever, was the correct treatment given for the child's age?</b> <ul style="list-style-type: none"> <li>• If the child was classified as having fever by the CHW and the mother reported the child getting ACT tablets in the correct amount for the child's age, then tick Yes on 35.</li> <li>• If the child was classified as having fever, but the child was not given ACT tablets, or the amount was not the right one for the child's age, then tick No on 35.</li> </ul>   |
| 36. | <b>Drugs given by the mother to the child:</b> Ask the mother to tell you which were the drugs that she gave the child as well as the number of tablets. Write the number of tablets/ sachets in the box on line 36.   |
| 37. | <b>Adherence to Treatment: Did the mother/ caregiver adhere to the treatment given to her, by the CHW?</b> Compare the number of tablets/ sachets given to the child, by the mother/ caregiver, to the correct number of tablets/ sachets that the child should receive. Always remember to consider the number of days the child has been undergoing treatment. <ul style="list-style-type: none"> <li>• If number of tablets/ sachets is exactly equal to what is expected, based on the correct treatment, tick yes on 37.</li> <li>• If the number of tablets/ sachets is not exactly equal to what is expected, based on the correct treatment, tick no on</li> </ul> |

# CHW SUPERVISION CHECKLIST INSTRUCTIONS

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|   | 37.  |
| 38.   | <p><b>CHW Follow-up: Ask the mother if the CHW visited her after receiving treatment.</b></p> <ul style="list-style-type: none"> <li>• If the CHW visited her to monitor the child's progress, then tick Yes on 38.</li> <li>• If the CHW did not visit her, then tick No on 38.</li> </ul>  |
| 39.   | <p><b>Health Education provided by CHW: Ask the mother if the CHW told her any advice on home care and her child's health. Do not prompt the mother about any of the health education messages.</b></p> <ul style="list-style-type: none"> <li>• If the mother mentions the CHW advising her about <b>sleeping under a bednet</b>, tick the box before <u>Bednet use</u> on line 39. If it is not mentioned, do not tick the box.</li> <li>• If the mother mentions the CHW advising her about the <b>importance of handwashing</b>, tick the box before <u>Handwashing</u> on line 39. If it is not mentioned, do not tick the box.</li> <li>• If the mother mentions the CHW advising her about <b>completing treatment</b>, tick the box before <u>Completion of treatment</u> on line 39. If it is not mentioned, do not tick the box.</li> <li>• If the mother mentions the CHW advising her about <b>exclusive breastfeeding for first six months</b>, tick the box before <u>Exclusive breastfeeding for 6 months</u> on line 39. If it is not mentioned, do not tick the box.</li> <li>• If the mother mentions the CHW advising her about <b>taking the child for immunizations</b>, tick the box before <u>Immunizations</u> on line 39. If it is not mentioned, do not tick the box.</li> </ul> |
| 40.   | <p><b>Did the child sleep under an insecticide treated net last night?</b> Ask the mother where the child slept last night and ask her to show you the place. If the place has a long lasting net, then tick Yes on 40. If the child did not sleep under a long lasting net, or if the supervisor cannot access the sleeping area, then tick No on 40.</p>   |
| 41.   | <p><b>Did the child receive Vitamin A in the last six months?</b> Ask the mother to show you the marklate card of the child.</p> <ul style="list-style-type: none"> <li>• If the marklate card shows the child had vitamin A in the last six months, tick Yes on 41.</li> <li>• If the marklate card shows the child had vitamin A sometime before, ask the mother whether that was the last time her child got the vitamin A —show the mother a capsule. If she says no, try to find out whether the child got vitamin A in the last six months. If the mother does not have a card, show her the vitamin A capsule and ask her when her child got it for the last time —use calendar events to probe into, in case the mother has problems recalling. If the child did not get vitamin A in the last six months, tick No on 41.</li> </ul>   |
| <p><b>Once you have finished the patient visit, go back to the CHW house and discuss with the CHW all the findings during the home visit.</b></p> |  |