

# COMMUNITY CASE MANAGEMENT MENTORING CHECKLIST

Name of Village clinic \_\_\_\_\_ Date \_\_\_\_\_  
 Name of HSA \_\_\_\_\_ Name of Health Facility \_\_\_\_\_  
 Name of Mentor \_\_\_\_\_ District \_\_\_\_\_

	Children seen										Total number of correct items	Remarks	
	Child 1		Child 2		Child 3		Child 4		Child 5				
	Y	N	Y	N	Y	N	Y	N	Y	N			
<b>Tick appropriately</b>													
<b>Section 1: Establishing rapport</b>													
Greet care-giver													
Introduce himself													
<b>Section 2: Child Identification</b>													
Correctly filled													
<b>Section 3: Problem Identification</b>													
<b>Did the HSA ASK for</b>													
Cough													
Diarrhoea													
Blood in stool													
Fever													
Convulsions													
Difficulty in drinking or feeding													
Vomiting													
Vomiting everything													
Red eye													
Difficulty in seeing													
Any other problem													
<b>Did the HSA LOOK for</b>													
Chest in-drawing													
Fast breathing in child with cough													
Very sleepy or unconscious													
Palmar pallor													
MUAC tape in child >6 months													
Swelling of both feet													
<b>Section 4: Classification</b>													
Able to identify danger sign	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
Able to know child who is sick but with no danger sign	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
<b>Section 5: Decision Making</b>													
Correct decision made													
Referral or treatment													
<b>Home treatment</b>													
Correct treatment													
Correct drug													
Correct dosage													
Correct duration													
Give advice													
Check caregivers understanding													
<b>Follow-up - -circle appropriately</b>													
Told caregiver when to come for f-up	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
<b>Pre-referral treatment</b>													
Correct pre-referral treatment	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
Pre-referral advice	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
Check caregivers understanding	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	
<b>Vaccines</b>													
Check immunisation status	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	Yes	NO	N/A	

General Remarks: \_\_\_\_\_

Mentor's signature \_\_\_\_\_

### VILLAGE CLINIC SUPERVISION CHECKLIST

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 HSA Name: \_\_\_\_\_ Name of village clinic \_\_\_\_\_  
 Population u/1 \_\_\_\_\_ Population u/5 \_\_\_\_\_  
 Distance to facility \_\_\_\_\_ Health Facility: \_\_\_\_\_  
 District: \_\_\_\_\_

CASE MANAGEMENT - Check if HSA does the following	Yes	No	N/A	Comment
Takes child's identification (name AND age AND sex AND first vs. re-visit)?				
Assess general danger signs				
Count respiratory rate				
Classify child's illness correctly?				
Give correct treatment				
Demonstrate how to administer treatment				
Counsel (correct messages, including correct drug AND dose AND duration)?				
Asks mother to repeat back how to administer				
Asks caregiver to return for follow-up visit				
Refer if child has a danger sign or condition he cannot treat				
Referral Facilitated (provide referral slip AND first dose)?				
Able to follow sick child recording form				
CARETAKER SATISFACTION	Yes	No	NA	Comment (if no why)
Is caregiver satisfied with treatment given?				
Able to explain how to administer drugs correctly				
Will caretaker come to seek medical care from the village clinic if child falls sick				
Previous cases classification and treatment	Yes	No	NA	Comment
Case 1: correct classification and treatment				
Case 2: correct classification and treatment				
Case 3: correct classification and treatment				
REPORTING COMPLETION AND QUALITY	Yes	No	NA	Comment
Village clinic Register correctly filled				
Clinic using a standard village clinic register				
Village clinic register filled correctly				
Page summaries done				
Copies of reports kept at village clinic (filled and blank)				
Monthly report submitted to health facility last month?				
Check/Validate report and register if they match				
CASELOAD	2-11mon	12-59	total	Comment
Fever				
Fast breathing				
Diarrhoea				
Red eye				
Palmer pallor				
Malnutrition)				
Other				
Total number of sick child cases <b>seen</b> in the last 3 months?				
Total number of sick child cases <b>referred</b> in the last 3 months?				
LOGISTICS	Yes	No		Comment
Drugs properly put in a drug box				
LMIS forms properly filled				
Any losses in the previous month				
HSA keeping expired drugs?				
CHECK IF THE FOLLOWING DRUGS ARE AVAILABLE	Yes	No	NA	Comment (Tablets or packets remaining and whether the drug was available in the last 3 months)
Cotrimoxazole tablets				
LA 1X6				
LA 2X6				
ORS packets				
Zinc tablets				
Paracetamol				
Eye ointment				

CHECK IF THE FOLLOWING SUPPLIES ARE AVAILABLE	Yes	No	NA	Comment (quantity)
Timer available and functioning?				
Monthly Reports available?				
Village clinic Register with blank pages?				
Referral slips available?				
Drug box				
MUAC tape				
Plastic pails				
Basin for washing hands				
Cups				
Spoons				
Job aid				
other				
COMMUNITY INVOLVEMENT	Yes	No	NA	Comment
Village Health Committee (VHC) is functioning				
VHC helps monitor drug availability)?				
VHC member keeps drug box key				
VHC has held mobilization/health education sessions for child health in the last				
WATER AND SANITATION at the clinic	Yes	No	NA	Comment
Does the clinic have latrines				
Source of water used at the clinic (for first doses)				
Hand washing facility available				
WATER AND SANITATION (HSAs catchment area)	Yes	No	NA	Comment
Number of boreholes _____				
Number of protected shallow wells _____				
Number of piped water sites _____				
HSA has Village Health Register				
HSAs training	Yes	No		Comment
HSA underwent 10 week basic training				
HSAs trained in Job aid				
HSAs trained in Key care practices				
SUMMARY				
HSAs concerns				
Any problems filling the forms (help accordingly)				
Previous supervisor's recommendations done by HSA _____				
supervisors observations and recommendations:				