



SUPERVISION CHECKLIST FOR COMMUNITY-BASED DISTRIBUTORS

Supervision is an essential stage in ensuring an effective community case management program. In order for it to be effective, supervisors need to have a clear understanding of what needs to be done and why Do not conduct any supervision without the supervision checklist instructions.



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SECTION I: GENERAL INFORMATION	
Supervisor Name: _____	CBD Name: _____ Health Facility: _____
Reported Month: _____	CBD No: _____ Village: _____
SECTION II: RECORD KEEPING	
1. Refer to the instructions	
SECTION III: USE OF CCM SERVICES	
2. Refer to the instructions	
SECTION IV: DRUG MANAGEMENT	
3. Improper cotrimoxazole use	<input type="checkbox"/> Yes <input type="checkbox"/> No 7. Cotrimoxazole added <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Improper ORS use	<input type="checkbox"/> Yes <input type="checkbox"/> No 8. ORS added <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Improper Zinc use	<input type="checkbox"/> Yes <input type="checkbox"/> No 9. Zinc added <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Improper ACT use	<input type="checkbox"/> Yes <input type="checkbox"/> No 10. ACT added <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION V: AVAILABILITY OF STORAGE OF SUPPLIES	
11. ARI timer working	<input type="checkbox"/> Yes <input type="checkbox"/> No 13. Registers blank pages <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Treatment protocol available	<input type="checkbox"/> Yes <input type="checkbox"/> No 14. Referral forms <input type="checkbox"/> Yes <input type="checkbox"/> No
	15. Drugs/supplies in safe/dry place <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION VII: RESPIRATORY RATE	
16. Correct breathing count (within 3 of standard) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION VIII: PATIENT VISIT	
17. Child's age (months) _____	
18. Child's complaint (as in CBD register)	Cough <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/>
19. Child's complaint (as reported by mother)	
20. Did complaint reported by mother match complaint in register? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Drugs given by the CBD to the mother	No. of ORS sachets _____ No. of Zinc tablets _____ No. of ACT _____
22. If the child had just coughed, was cotrimoxazole given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If the child had difficulty breathing, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. If the child had diarrhea, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. If the child had fever, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. If the child had danger signs requiring referral, was the child referred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Drugs given by the mother to the child	No. cotrimoxazole _____ No. of ORS sachets _____ No. of Zinc tablets _____ No. of ACT _____
28. Did the length of the treatment given to the child match to the treatment protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Did the number of tablets per day correspond to the treatment protocol for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Did the child sleep under an insecticide treated net last night? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did the child receive vitamin A in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION IX: SUMMARY ACTIONS	
32. Able to restock needed drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Able to restock all needed supplies <input type="checkbox"/> Yes <input type="checkbox"/> No

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Supervisor Name: _____	CBD Name: _____ Health Facility: _____
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SECTION II: RECORD KEEPING	
1. Refer to the instructions	
SECTION III: USE OF CCM SERVICES	
2. Refer to the instructions	
SECTION IV: DRUG MANAGEMENT	
3. Improper cotrimoxazole use	<input type="checkbox"/> Yes <input type="checkbox"/> No 7. Cotrimoxazole added <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Improper ORS use	<input type="checkbox"/> Yes <input type="checkbox"/> No 8. ORS added <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Improper Zinc use	<input type="checkbox"/> Yes <input type="checkbox"/> No 9. Zinc added <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Improper ACT use	<input type="checkbox"/> Yes <input type="checkbox"/> No 10. ACT added <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION V: AVAILABILITY OF STORAGE OF SUPPLIES	
11. ARI timer working	<input type="checkbox"/> Yes <input type="checkbox"/> No 13. Registers blank pages <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Treatment protocol available	<input type="checkbox"/> Yes <input type="checkbox"/> No 14. Referral forms <input type="checkbox"/> Yes <input type="checkbox"/> No
	15. Drugs/supplies in safe/dry place <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION VII: RESPIRATORY RATE	
16. Correct breathing count (within 3 of standard) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION VIII: PATIENT VISIT	
17. Child's age (months) _____	
18. Child's complaint (as in CBD register)	Cough <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever <input type="checkbox"/>
19. Child's complaint (as reported by mother)	
20. Did complaint reported by mother match complaint in register? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Drugs given by the CBD to the mother	No. of ORS sachets _____ No. of Zinc tablets _____ No. of ACT _____
22. If the child had just coughed, was cotrimoxazole given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If the child had difficulty breathing, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. If the child had diarrhea, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. If the child had fever, was the correct treatment prescribed for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. If the child had danger signs requiring referral, was the child referred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Drugs given by the mother to the child	No. cotrimoxazole _____ No. of ORS sachets _____ No. of Zinc tablets _____ No. of ACT _____
28. Did the length of the treatment given to the child match to the treatment protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Did the number of tablets per day correspond to the treatment protocol for the child's age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Did the child sleep under an insecticide treated net last night? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did the child receive vitamin A in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION IX: SUMMARY ACTIONS	
32. Able to restock needed drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Able to restock all needed supplies <input type="checkbox"/> Yes <input type="checkbox"/> No



CCM SUPERVISION CHECKLIST INSTRUCTIONS



RECORD KEEPING	
1.	<i>(Open the patient and drug registers and look whether all the columns have been correctly filled. If you find a column that is not correctly filled, sit with the CBD and help the CBD to fill the missing information).</i>
USE OF CCM SERVICES	
2.	<p><i>Open the patient and drug registers and look for strange things. Strange things maybe:</i></p> <ul style="list-style-type: none"> • <i>Children being treated for the same sickness</i> • <i>Too many children with the same breathing count</i> • <i>Same name appearing more than once during the month</i> • <i>Children treated and referred at the same time</i> • <i>Too many children arriving after 24 hours</i> • <i>Children treated for the three sicknesses</i> • <i>Too many children coming from the same family</i> • <i>Children treated without being classified</i> <p><i>Find the problem and discuss with the CBD</i></p>
DRUG MANAGEMENT	
3.	<p>Improper cotrimoxazole use <i>(Check whether the remaining cotri in the box equals the balance at the end of the reporting period minus the cotri given for the pneumonia cases. If the cotri used does not match the cases treated, discuss with the CBD and tick Yes under improper cotrimoxazole use)</i></p>
4.	<p>Improper ORS use <i>(Check whether the remaining ORS in the box equals the balance at the end of the reporting period minus the ORS given for the diarrhea cases. If the ORS used does not match the cases treated, discuss with the CBD and tick Yes under improper ORS use)</i></p>
5.	<p>Improper Zinc use <i>(Check whether the remaining Zinc in the box equals the balance at the end of the reporting period minus the Zinc given for the diarrhea cases. If the Zinc used does not match the cases treated, discuss with the CBD and tick Yes under improper Zinc use)</i></p>
6.	<p>Improper ACT use <i>(Check whether the remaining ACT in the box equals the balance at the end of the reporting period minus the ACT given for the fever cases. If the ACT used does not match the cases treated, discuss with the CBD and tick Yes under improper ACT use)</i></p>
7.	<p>Cotrimoxazole added <i>(If the cotrimoxazole is close to finish or finished, then add to make 4 doses and tick Yes under Cotrimoxazole added)</i></p>
8.	<p>ORS added <i>(If the ORS is close to finish or finished, then add to make 4 doses and tick Yes under ORS added)</i></p>
9.	<p>Zinc added <i>(If the Zinc is close to finish or finished, then add to make 4 doses and tick Yes under Zinc added)</i></p>
10.	<p>ACT added <i>(If the ACT is close to finish or finished, then add to make 4 doses and tick Yes under ACT added)</i></p>
AVAILABILITY AND STORAGE OF SUPPLIES	
11.	<p>ARI timer working <i>(Open the box or bag where the supplies are stored, take the ARI timer and turn it on. If it starts bipping tick Yes on the right column. If there is no timer or it is not working, tick No on the right column and provide a timer)</i></p>

12.	<p>Treatment protocol available <i>(Ask the CBD for all the 4 treatment protocols and tell the CBD 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 it. If the CBD shows the treatment protocols or you can find them, tick Yes on the right column. Otherwise tick No and replace them)</i></p>
13.	<p>CCM treatment and drug register with blank pages <i>(Ask the CBD to show you the CCM treatment 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 treatment register. If the CBD shows you the registers with blank pages or if you can find them and they have blank pages, tick Yes on the right column. Otherwise tick No and replace)</i></p>
14.	<p>Referral forms <i>(Ask the CBD for the referral forms 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 forms. If the CBD shows you the referral forms or you can find them, tick Yes on the right column. Otherwise tick No)</i></p>
15.	<p>Drugs and supplies kept in a safe and dry place <i>(Ask the CBD 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. If the 3 conditions are met, tick Yes on the right column. Otherwise tick No and give the correct advice)</i></p>
BREATHING COUNT	
16.	<p>Correct breathing count (within 3 of standard) <i>You will tell the CBD that you would want to check how best the CBD 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 CBD ready to start counting the breath, both of you will have to start counting at the first bip of the timer and stop counting after the last two bips of the timer (timers do a bip after 30 seconds). The CBD and you will record the number of breaths each on a piece of paper without telling each other. Once the child and the mother are away, the CBD and you will share the results. If the difference between both counts is of 3 or less, you can consider that the CBD and you agree and will tick under Yes. If the difference between your counts is 4 or above, you will consider that the difference is too big and will tick under No and will take this chance to repeat the counting on the same child, but this time together and loud.</i></p>
PATIENT VISIT	
17.	<p><i>You will discuss with the CBD and look for two or three children in the register:</i></p> <ol style="list-style-type: none"> <i>1. Who were recently visited by the CBD, so that the mother/caretaker still remembers the treatment and the number of tablets.</i> <i>2. Who don't live too far away from the CBD's house, so that we can limit the time spent on supervision.</i> <i>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 CBD is because that is the only person you will be allowed to ask about the child.</i> <p><i>You and the CBD 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 CBD. 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.</i></p> <p><i>Once you find the household, you will come in the household with the CBD, look for the mother or</i></p>

<p><i>person who took the child to the CBD 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 CBD will start to ask the mother or caregiver. The visit home is a chance for the CBD 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 CBD keeps quiet and that the CBD does not question what the mother says. While asking the mother/caregiver, keep the CBD register and a sample of all the drugs (and Vit. A) with you.</i></p>	
17.	<p>Child's age (in months) <i>(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 on the right column)</i></p>
18.	<p>Child's complaint as reported in the CBD register <i>(Go the CBD register and tick on the right columns the complain recorded by the CBD)</i></p>
19.	<p>Child's complaint as reported by the mother <i>(Ask the mother/caretaker to tell you the reasons/complain she took the child to the CBD and tick in the right box the complain reported by the mother)</i></p>
20.	<p>Did the complaint reported by the mother match the complaint in the CBD register? <i>(If the complain recorded by the CBD agree with the complain reported by the mother, tick Yes in the right column. Otherwise, tick No)</i></p> <p>If disagreement, reason <i>(Wait until you finish asking the mother and leave the house to discuss the reason of the disagreement with the CBD and report your findings at the end of the form)</i></p>
21.	<p>Drugs given by the CBD to the mother <i>(Ask the mother to tell you which were the drugs that the CBD gave her for her child's sickness. Show her a sample of all the drugs and tell her to choose the one(s) that the CBD gave her as well as the number of tablets)</i></p>
22.	<p>If the child had just cough, was cotrimoxazole given? <i>(If the child was correctly classified as having cough by the CBD (in which case the breathing count should be recorded in the CBD register and match with the cough sickness) and the mother reported the child not getting any cotrimoxazole, tick No in the right column. If the child was classified as having cough but no breathing count was recorded, or the count was not below the cut-off point, or the child was given cotrimoxazole tick Yes)</i></p>
23.	<p>If the child had difficulty breathing, was the correct treatment given for the child's age? <i>(If the child was correctly classified as having pneumonia by the CBD (in which case the breathing count should be recorded in the CBD register and match with the pneumonia sickness) and the mother reported the child getting cotrimoxazole in the correct amount for the child's age, then tick Yes in the right column. If the child was classified as having pneumonia, but no breathing count was recorded, or the count did not match with the pneumonia sickness, or the child was not given cotrimoxazole, or the amount was not enough for the child's age, then tick No)</i></p>
24.	<p>If the child had diarrhea, was the correct treatment given for the child's age? <i>(If the child was correctly classified as having diarrhea by the CBD and the mother reported the child getting ORS AND Zinc in the correct amount for the child's age, then tick Yes in the right column. If the child was classified as having diarrhea, but the child was not given ORS AND ZINC, or the amount was not enough for the child's age, then tick No)</i></p>
25.	<p>If the child had fever, was the correct treatment given for the child's age? <i>(If the child was correctly classified as having fever by the CBD and the mother reported the child getting ACT tablet according to the national protocol(Sierra Leone protocol) in the correct amount for the child's age, then tick Yes in the right column. If the child was classified as having fever, but the child was not given ACT tablets according to the national protocol, (Sierra Leone protocol) or the amount was not enough for the child's age, then tick No)</i></p>

26.	<p>If the child had danger signs needing referral, was the child referred? <i>(Some registers have no way to record the danger signs needing urgent referral (unconsciousness, inability to drink or breastfeed, convulsions and vomiting, chest in drawing, stridor, bloody diarrhea, persistent diarrhea, etc), but most registers record whether the child was referred. If the child was referred according to the CBD register, and the mother reports the danger signs needing urgent referral and received the correct referral form, then tick Yes. Otherwise, tick No)</i></p>
27.	<p>Drugs given by the mother to the child <i>(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 in the right column)</i></p>
28.	<p>Did the length of the treatment given to the child match with the treatment protocol? <i>(If questions from 22 to 25 are ticked as No, then this question should be ticked as No. If questions from 22 to 25 are ticked as Yes, then you have to check whether the mother gave the correct treatment in terms of number of days —i.e., 3 days for ACT tablets, 10 days for Zinc, etc. If she gave the correct treatment according to the protocol, then tick Yes. Otherwise, tick No)</i></p>
29.	<p>Did the number of tablets per day match to the treatment protocol for the child's age? <i>(If questions from 22 to 25 are ticked as No, then this question should be ticked as No. If questions from 22 to 25 are ticked as Yes, then you have to check whether the mother was giving the correct number of tablets per day for the child's age. If she did, tick Yes. Otherwise, tick No)</i></p>
30.	<p>Did the child sleep under an insecticide treated net last night? <i>(Ask the mother where the child slept last night and ask her to show you the net. If the place has:</i></p> <ol style="list-style-type: none"> <i>1. A permanent net that does not require any treatment, or</i> <i>2. A pretreated net obtained within the last six months</i> <i>3. A net that has been soaked with insecticide within the past six months</i> <p><i>then tick Yes. If the child did not sleep under an insecticide treated net, or the net did not /was not one of the nets specified above, then tick No)</i></p>
31.	<p>Did the child receive Vitamin A in the last six months? <i>(Ask the mother to show you the marklate card of the child. If the marklate card shows the child had vitamin A in the last six months, tick Yes. 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)</i></p>
<p>Once you have finished the patient visit, go back to the CBD house and discuss with the CBD all the findings during the home visit.</p>	