

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 seen in the last 3 months? | | | | |
| Total number of sick child cases referred 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: | | | | |