



**Government of Malawi
Ministry of Health**

SUPPORT SUPERVISION CHECKLIST

Please complete this form in clear handwriting using ALL CAPITAL LETTERS

Supervisor Last Name:

HSA Last Name

Location

District

Health Facility

Community

Date (Year/Month/Day)

 / /

HSA catchments population

Total no of villages covered

Total no of households

Total no. of U/5s

B. CASE MANAGEMENT

Observe the HSAs assessing the child

- a. Able to follow the sick child recording form Yes No
- b. Is he/she able to assess danger sign - Yes No
- c. Is he/she able to decide to refer/treat the child? Yes No
- d. Correctly treats the child Yes No
- e. Correctly advises the care giver Yes No

Number of referrals in the past month

Number of referrals followed up

C. STOCK MANAGEMENT

Has the HSA had a stock out of any medical supply lasting more than 1 week in the past 3 months? Yes No

Stock	Date Supplied (year/ month/day)	Amount Supplied	Amount Utilized	Amount Lost	Stock Balance
LA	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cotrimoxizole	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ORS	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zinc	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. DRUG STORAGE

Check the HSAs Drug Box

- a. Are the drugs stored in a drug box or back pack issued? Yes No
- b. Is the drug box/backpack well ventilated? Yes No
- c. Is the drug box /backpack kept in a cool dry place? Yes No

E. WATER AND SANITATION

Observe village water sources

What is the source of water?

What types of sanitary facilities available at the village clinic?

	Functional	Not functional
Number of boreholes	<input type="checkbox"/>	<input type="checkbox"/>
Number of piped water sites	<input type="checkbox"/>	<input type="checkbox"/>

F. CAREGIVER SATISFACTION

Choose of at least 3 caregivers per period

Caregiver #1

What was the problem with the child?

How long between onset of symptoms and treatment? < 1 day 1 to 2 days More than 2 days

Able to explain treatment regimen? Yes No Satisfied with care? Yes No

Treatment received from CHW:

Was the child referred? Yes No If yes, was the referral followed? Yes No

Caregiver #2

What was the problem with the child?

How long between onset of symptoms and treatment? < 1 day 1 to 2 days More than 2 days

Able to explain treatment regimen? Yes No Satisfied with care? Yes No

Treatment received from CHW:

Was the child referred? Yes No If yes, was the referral followed? Yes No

Caregiver #3

What was the problem with the child?

How long between onset of symptoms and treatment? < 1 day 1 to 2 days More than 2 days

Able to explain treatment regimen? Yes No Satisfied with care? Yes No

Treatment received from CHW:

Was the child referred? Yes No If yes, was the referral followed? Yes No