



Checklist for Home Visits

Outreach Worker's Name:

Date of Visit:

Name of Child:

Note: If problems are identified, please list any health education or advice given in the space below or on the other side of the page. Return this information to the health facility.

FEEDING	Is the ration of RUTF present in the home? <i>If not, where is the ration?</i>	Yes	No
	Is the available RUTF enough to last until the next Outpatient Care session?	Yes	No
	Is the RUTF being shared or eaten only by the sick child?	Shared	Sick child only
	Yesterday, did the sick child eat food other than RUTF? <i>If yes, what type of food?</i>	Yes	No
	Yesterday, how often did the child receive breast milk? (for children < 2 years)		
	Yesterday, how many times did the sick child receive RUTF to eat?		
	Did someone help or encourage the sick child to eat?	Yes	No
	What does the caregiver do if the sick child does not want to eat?		
	Is clean water available?	Yes	No
	Is water given to the child when eating RUTF?	Yes	No
CARING	Are both parents alive and healthy?	Yes	No
	Who cares for the sick child during the day?		
	Is the sick child clean?	Yes	No
HEALTH	What is the household's main source of water?		
	Is there soap for washing in the house?	Yes	No
	Do the caregiver and child wash hands and face before the child is fed?	Yes	No
	Is food/RUTF covered and free from flies?	Yes	No
	What action does the caregiver take when the child has diarrhoea?		
FOOD SECURITY	Does the household currently have food available?	Yes	No
	What is the most important source of income for the household?		
COMMENTS:			



Supervisor's Checklist for Community Outreach

Communities of Health Facility:		Date:	
Community Outreach Worker(s):	QUALITY ¹	Key Problem or Issue	Suggestion for improvement
COMMUNITY MOBILISATION			
Active community mobilisation according to the agreed-to strategies done			
Active information sharing on care done; barriers to access and issues on referral and defaulting discussed; problem solving done			
Respectful attitude and good communication with community members and leaders observed			
ACTIVE CASE-FINDING			
Active case-finding in the community according to the agreed-to strategies done			
New opportunities for active case-finding in the community taken			
Time referral and guidance to access care for new cases done			
HOME VISITS			
Active case-finding, counselling and health and nutrition education done			
Absentees and defaulters followed up on			
Specific counselling for non-responding cases done			
Referral for additional health care if appropriate done			
Home visits checklist used as guidance			
Observation on home visit record marked and shared with Outpatient Care			
Helpful, positive attitude with mothers and children observed			

OTHER REMARKS:

¹ 1 = Done correctly
2 = Done, or partially done and needs improvement
3 = Not done