# Community Outreach Checklist

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| **Communities of Health Facility:** | | **Date:** |
|  | **Question/Issue** | ***Why?*** |
| **COORDINATION OF COMMUNITY OUTREACH** | Has someone at the facility level been designated as responsible for managing/coordinating community outreach efforts? | *Outreach is less clear-cut and less glamorous than clinical work, and health managers and health care providers might need reminding that outreach is also part of CMAM.* |
| Has the job of the outreach worker (case-finder) been clearly defined, including the range of responsibilities and level of effort? | *Case-finders are sometimes recruited before the amount of work required is specified.* |
| Do outreach workers meet periodically (e.g., monthly, quarterly) with the designated outreach coordinator? | *Supervisory meetings might help to motivate case-finders, especially when they are unpaid.* |
| In general, do outreach workers feel they receive adequate information and support from the outreach coordinator? | *Supervisory meetings should be an opportunity for two-way communication, not just for giving instructions.* |
| Does the outreach coordinator appear familiar with basic service data (e.g., admissions, absentees, defaults)? | *The outreach coordinator should be interpreting this data and using the information to adjust outreach methods and priorities.* |
| Does the outreach coordinator have a means of discussing outreach problems or issues with community leaders? Is this being used? | *Not all issues can be addressed by discussion between the outreach coordinator and the outreach workers alone. Problems such as defaulting and barriers to access might require the inclusion of community leaders, mothers/caregivers and other stakeholders.* |
| **CASE-FINDING** | What form of case-finding is being used locally? Is it still the most appropriate form? | *The service/programme might need to alter case-finding methods as levels of SAM and community awareness change.* |
| How active are case-finders? Is this level of activity appropriate, given SAM prevalence? | *Active case-finding should not be so frequent as to be intrusive, but neither should it be left alone for too long. During periods of high SAM prevalence and while awareness of CMAM is still low, monthly screenings might be appropriate.* |
| **HOME VISITS** | Has responsibility for home visits been clearly designated and accepted in all parts of the health facility catchment area? | *Home visits might break down unless it is worked out in advance who is responsible for following up cases in a given location.* |
| Are absentees and children who defaulted being followed up reliably with home visits? | *Even with clear lines of responsibility, home visits might not occur. The reasons for this must be understood and addressed.* |
| What do outreach workers and community members say about the value of these visits? | *Outreach workers who perform home visits sometimes need further training on advising and negotiating effectively with families.* |

# Home Visits Checklist (brief)

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| **Communities of Health Facility:** | | **Date:** | |
|  | **QUALITY**  **1-2-3** | **DISCUSSED WITH SUPERVISOR (Y/N)** | **COMMENT** |
| **1 Done correctly**  **2 Done but needs work**  **3 Not done or done incorrectly** | | | |
| All absentees/defaults from previous week followed up |  |  |  |
| Home visits form filled in correctly; information noted on RUTF ration card |  |  |  |
| Appropriate education (according to key messages) given to mothers/caregivers at home |  |  |  |
| Mother/caregiver referred for additional care or services if appropriate |  |  |  |
| Timely and appropriate referral to the clinician made for non-recovered cases |  |  |  |
| Outreach worker returns home visit checklists or observations to health centre |  |  |  |
| Outreach worker feedback provided on a timely basis (before the next outpatient care follow-up session) |  |  |  |
| Outreach worker has helpful, positive attitude with mothers/caregivers |  |  |  |

# Home Visits Checklists (long)

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| --- | --- | --- | --- | --- |
| **Name of Outreach Worker:** | | | | |
| **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? | | Yes | No |
| *If not, where is the ration?* | | | |
| 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? | Yes | | No |
| *If yes, what type of food?* | | | |
| 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:** | | | | |

# Outpatient Care Checklist

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| **Health Facility:** | | **Date:** | | | | |
|  | **TOTAL OBSERVED** | | **TOTAL CORRECT** | **DIRECT OBSERVATION AT SITE** | **QUALITY**  1-2-3 | **COMMENT** |
| **1 – Done correctly**  **2 – Done but needs improvement**  **3 – Not done/ done incorrectly** | | | | | | |
| Number of health care providers (staff) and volunteers present |  | |  |  |  | *Staff:*  *Volunteers:* |
| Staff greet mothers/caregivers and are friendly and helpful |  | |  |  |  |  |
| Registration numbers assigned correctly | *Total new admissions in past month* | |  |  |  |  |
| Registration numbers written on all documents |  | |  |  |  |  |
| Grade of bilateral pitting oedema measured accurately | *Total bilateral pitting oedema checks observed* | |  |  |  |  |
| MUAC measured accurately | *Total MUAC checks observed* | |  |  |  |  |
| Weight measured accurately | *Total weighings observed* | |  |  |  |  |
| Height measured accurately | *Total measurements observed* | |  |  |  |  |
| WFH classification done correctly | *Total WFH checked* | |  |  |  |  |
| Admission is according to correct criteria | *Total cards checked* | |  |  |  | *(Spot check cards)* |
| Medical history recorded accurately | *Total medical histories observed* | |  |  |  |  |
| Physical examination performed and recorded accurately | *Total cards checked* | | *Total w/ full exam* |  |  | *(Check card)* |
| Child’s appetite tested using RUTF, upon admission and during outpatient care follow-up sessions |  | |  |  |  | *How tested and by whom?* |
| Routine medication given according to protocol and recorded accurately | *Total cards checked* | | *Total with correct medicines* |  |  |  |
| Amount of RUTF needed is correctly calculated | *Total cards checked* | |  |  |  |  |
| Appropriate education given to mothers/caregivers |  | |  |  |  | *Note topic and form:* |
| Follow-up medicines given according to protocol and recorded accurately | *Total cards checked* | |  |  |  |  |
| RUTF ration cards completed correctly | *Total cards checked* | |  |  |  | *(Spot check)* |
| Slow responders are identified according to the definition for home visits and communicated to Community Outreach Workers | *Total non-responders needing home visit during past month* | | *Total* |  |  |  |
| Priorities for home visits discussed with Community Health Worker/ volunteer; list of names recorded/ cards marked |  | |  | *List/ clear discussion?* |  |  |
| Beneficiaries discharged according to protocol | *Total cards checked* | |  |  |  |  |
| Correct number of absentees/defaults identified for home visits | *Total number of absentees/ defaults according to cards* | | *Total w/ outcome recorded* |  |  |  |
| Tally sheets, reporting sheets and stock cards completed correctly | *Total weeks reviewed* | |  |  |  | *(Spot check)* |

# Inpatient Care Checklist

Adapted from WHO. 2002. *Training Course on the Management of Severe Malnutrition*, WHO/NHD/02.4(P)4. Geneva: WHO.

| **MONITORING** | **OBSERVE:** | **YES** | **NO** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| **FOOD PREPARATION** | Are ingredients for the recipe available? |  |  |  |
| Is the correct recipe used for the ingredients that are available? |  |  |  |
| Are ingredients stored appropriately and discarded at appropriate times? |  |  |  |
| Are containers and utensils kept clean? |  |  |  |
| Do kitchen staff (or those preparing feeds) wash hands with soap before preparing food? |  |  |  |
| Are the recipes for F75 and F100 followed exactly? (If changes are made due to lack of ingredients, are these changes appropriate?) |  |  |  |
| Are measurements made exactly with proper measuring utensils (e.g., correct scoops)? |  |  |  |
| Are ingredients thoroughly mixed (and cooked, if necessary)? |  |  |  |
| Is the appropriate amount of oil remixed in (i.e., not left stuck in the measuring container)? |  |  |  |
| Is CMV mix added correctly? |  |  |  |
| Is correct amount of water added to make up a litre of formula? (Staff should not add a litre of water, but just enough to make a litre of formula.) |  |  |  |
| Is food served at an appropriate temperature? |  |  |  |
| Is the food consistently mixed when served (i.e., oil is mixed in, not separated)? |  |  |  |
| Are correct amounts put in the dish for each child? |  |  |  |
| Is leftover prepared food discarded promptly? |  |  |  |
| Other |  |  |  |
| **WARD PROCEDURES: FEEDING** | Are correct feeds served in correct amounts? |  |  |  |
| Are feeds given at the prescribed times, even on nights and weekends? |  |  |  |
| Are children held and encouraged to eat (never left alone to feed)? |  |  |  |
| Are children fed with a cup (never a bottle)? |  |  |  |
| Is food intake (and any vomiting/diarrhoea) recorded correctly after each feed? |  |  |  |
| Are leftovers recorded accurately? |  |  |  |
| Are amounts of F75 kept the same throughout the initial phase, even if weight is lost? |  |  |  |
| After transition, are amounts of F100 given freely and increased as the child gains weight? |  |  |  |
| **WARD PROCEDURES: WARMING** | Is the room kept between 25-30° C (to the extent possible)? |  |  |  |
| Are blankets provided and children kept covered at night? |  |  |  |
| Are safe measures used for re-warming children? |  |  |  |
| Are temperatures taken and recorded correctly? |  |  |  |
| **WARD PROCEDURES: WEIGHING** | Are scales functioning correctly? |  |  |  |
| Are scales standardised weekly? |  |  |  |
| Are children weighed at about the same time each day? |  |  |  |
| Are children weighed about one hour before a feed (to the extent possible)? |  |  |  |
| Do staff adjust the scale to zero before weighing? |  |  |  |
| Are children consistently weighed without clothes? |  |  |  |
| Do staff correctly read weight to the nearest division of the scale? |  |  |  |
| Do staff immediately record weights to the nearest division of the scale? |  |  |  |
| Do staff immediately record weights on the child’s treatment card? |  |  |  |
| Are weights correctly plotted on the Weight Chart? |  |  |  |
| **GIVING ANTIBIOTICS, MEDICATIONS, SUPPLEMENTS** | Are antibiotics given as prescribed (correct dose at correct time)? |  |  |  |
| When antibiotics are given, do staff immediately make a notation on the treatment card? |  |  |  |
| Is vitamin A given according to schedule? |  |  |  |
| After children are on F100 for 2 days, is the correct dose of iron given twice daily and recorded on the treatment card? |  |  |  |
| **WARD ENVIRONMENT** | Are surroundings welcoming and cheerful? |  |  |  |
| Are mothers offered a place to sit and sleep? |  |  |  |
| Are mothers taught/encouraged to be involved in care? |  |  |  |
| Are staff consistently courteous? |  |  |  |
| As children recover, are they stimulated and encouraged to move and play? |  |  |  |
| **HYGIENE: HAND WASHING** | Are there working hand washing facilities in the ward? |  |  |  |
| Do staff consistently wash hands thoroughly with soap? |  |  |  |
| Are staffs’ nails clean? |  |  |  |
| Do staff wash hands before handling food? |  |  |  |
| Do staff wash hands between each patient? |  |  |  |
| **HYGIENE: MOTHERS’ CLEANLINESS** | Do mothers have a place to bathe, and do they use it? |  |  |  |
| Do mothers wash hands with soap after using the toilet or changing diapers? |  |  |  |
| Do mothers wash hands before feeding children? |  |  |  |
| **HYGIENE: BEDDING AND LAUNDRY** | Is bedding changed every day or when soiled/wet? |  |  |  |
| Are diapers, soiled towels and rags, etc. stored in bag, then washed or disposed of properly? |  |  |  |
| Is there a place for mothers to do laundry? |  |  |  |
| Is laundry done in hot water? |  |  |  |
| **HYGIENE: GENERAL MAINTENANCE** | Are floors swept? |  |  |  |
| Is trash disposed of properly? |  |  |  |
| Is the ward kept as free as possible of insects and rodents? |  |  |  |
| **HYGIENE: FOOD STORAGE** | Are ingredients and food kept covered and stored at the proper temperature? |  |  |  |
| Are leftovers discarded? |  |  |  |
| **HYGIENE: DISHWASHING** | Are dishes washed after each meal? |  |  |  |
| Are they washed in hot water with soap? |  |  |  |
| **HYGIENE: TOYS** | Are toys washable? |  |  |  |
| Are toys washed regularly, and after each child uses them? |  |  |  |