Supervisor's Checklist for Outpatient Care

Health Facility: _____ Date:_____

Name of Supervisor: _____

	Total observed	Total correct	Direct observation at site	Quality: 1 – Done correctly 2 – Done, needs improvement 3 – Not done or done incorrectly	Comment
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 ____				

	Total observed	Total correct	Direct observation at site	Quality: 1 – Done correctly 2 – Done, needs improvement 3 – Not done or done incorrectly	Comment
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, monthly reporting sheets and stock cards completed correctly	Total weeks reviewed ____				(Spot check)