

Community Outreach /

HSA Supervision Checklist

## **2nd Edition – December 2016**

## **logo of the Government of Malawi's Ministry of Health** Community Outreach / HSA Supervision Checklist

**Name of Outreach/HSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quality**  **1 – Done correctly**  **2 – Done, but needs work**  **3 – Not done or done incorrectly** | **Discussed with supervisor**  **(Y/N)** | **Comment** |
| All absentees/defaulters from previous week followed up |  |  |  |
| Outreach follow-up form filled in correctly and information noted on ration card |  |  |  |
| Appropriate education (according to education message sheet) given to mothers at home |  |  |  |
| Oedema measured and graded accurately |  |  |  |
| MUAC measured accurately |  |  |  |
| Referred children from community screening followed up for admission |  |  |  |
| Caregiver referred for additional care or services if appropriate using referral slip |  |  |  |
| Timely and appropriate referral to the clinician made for non-responders |  |  |  |
| Volunteer/outreach worker returns follow-up visit checklists or observations to health centre |  |  |  |
| Volunteer/outreach worker feedback provided on a timely basis (before the next OTP/SFP session) |  |  |  |
| Volunteer/outreach worker has a helpful, positive attitude with caregivers |  |  |  |
| Community feedback sessions /meetings conducted (how often in comments) |  |  |  |

**Summary of recommendations for follow up:**

**Name and signature of focal person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and signature of supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**