## logo of the Government of Malawi's Ministry of Health

## Outpatient Therapeutic Programme (OTP) and Supplementary Feeding Programme (SFP) Supervision Checklist

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## 2nd Edition – December 2016

## logo of the Government of Malawi's Ministry of HealthOutpatient Therapeutic Programme (OTP) and Supplementary Feeding Programme (SFP) Supervision Checklist

#### General Information

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| **Name of Health Facility: District: Health Zone:** |
| **Name of Focal Person: Phone Number:** |
| **Name of Supervisor(s):** |
| **Date of Supervision:** |

#### General Objective

To support health workers in the management of acute malnutrition according to the National CMAM guideline.

#### Specific Objective

* To support the health workers and community volunteers to detect, refer, and admit children with acute malnutrition according to the national CMAM guidelines.
* To support the health workers to treat children with acute malnutrition without complications following the national CMAM guidelines including care practices.
* To support the health workers to collect and manage CMAM data.
* To support the health worker to manage CMAM supplies.
* To support the health workers and community volunteers in planning and executing nutrition and health education messages following CMAM and IYCF national guidelines.
* To support the health workers and community volunteers in practicing appropriate hygiene practices and promotion.

#### Methodologies to be used

* Direct observation and feedback
* One-on-one interview
* Document analysis

#### Topics

* Welcoming of Clients
* Detection and Triage
* Admission Procedures
* Treatment Protocols
* Discharge Procedures
* Documentation
* Stock Management

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quality**  **1 – Done correctly**  **2 – Done, but needs work**  **3 – Not done or done incorrectly** | **Discussed with In-charge / Nurse / HSA supervisor**  **(Y/N)** | **Comment/Follow-up Action** |
| **Welcoming of Clients** | | | |
| Number of staff and volunteers present |  |  | *Staff:*  *Volunteers:* |
| Staff greet the caregivers and are friendly and helpful |  |  |  |
| Caregivers do not wait for too long before attended to |  |  |  |
| **Detection and Triage** | | | |
| Oedema measured and graded accurately |  |  |  |
| MUAC measured accurately |  |  |  |
| Weight measured accurately |  |  |  |
| Height measured accurately |  |  |  |
| Weight-for-height z-score calculated accurately |  |  |  |
| Emergencies and very sick children are detected and prioritised |  |  |  |
| Nurses and clinicians are involved in triage |  |  |  |
| Sugar water is given to all children upon arrival |  |  |  |
| **Admission Procedures** | | | |
| Registration numbers assigned correctly |  |  |  |
| Registration numbers written on all documentation |  |  |  |
| Medical history properly done by nurses/clinicians and recorded accurately |  |  |  |
| Physical examination performed by nurses/clinicians and recorded accurately (check monitoring card) |  |  |  |
| Child’s appetite assessed using RUTF (on admission and at all return visits) |  |  |  |
| Caregivers wash their hands before giving RUTF during appetite test |  |  |  |
| Safe drinking water available and given to children during appetite test |  |  |  |
| Admission is according to correct criteria (spot check monitoring cards) |  |  |  |
| **Treatment Protocols** | | | |
| Routine medications given by clinicians according to protocol and recorded accurately |  |  |  |
| Appetite test is done according to guidelines |  |  |  |
| Amount of RUTF or *Likuni Phala* needed is correctly calculated and given according to guidelines |  |  |  |
| Appropriate health and nutrition education given to caregivers/mothers of OTP/SFP beneficiaries |  |  | *Note topic:* |
| Community volunteers take part in health and nutrition education |  |  |  |
| Follow-up medication given by clinicians according to guidelines and recorded accurately |  |  |  |
| **Discharge Procedures** | | | |
| Non-responders are identified according to the definition for follow-up and referral if necessary |  |  |  |
| Priorities for follow up are discussed with HSA/community worker if needed |  |  |  |
| Beneficiaries discharged according to protocol |  |  |  |
| Correct number of absentees/defaulters passed to HSAs/community health worker for follow–up |  |  |  |
| Appropriate key messages are given to the caregiver on discharge |  |  |  |
| **Documentation and Reporting** | | | |
| Registers, monitoring cards, ration cards, reporting forms are available |  |  |  |
| Registers, monitoring cards, ration cards, and stock cards correctly completed and updated (spot check) |  |  |  |
| Reports are compiled accurately |  |  |  |
| Reports are timely sent to district/national level as per deadlines |  |  |  |
| Cards for children in the programme, defaulters, cured, and deaths are filed systematically in separate folders/boxes |  |  |  |
| **Stock Management** | | | |
| Store room clean and free of rodents and other infestations |  |  |  |
| Stock cards available and updated |  |  |  |
| Stock matches with admissions (please check from monitoring and ration cards) |  |  |  |
| Critical stock levels are known and reported to district level on time for replenishment |  |  |  |

**Summary of recommendations for follow up:**

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

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