

Supervisory Checklist for the Monitoring/Supervision of IMCI Activities.

Institution ID

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Total No of HWs trained in IMCI: _____

Name of Health Facility: _____ **Type of H/F:** _____ **District:** _____

Date of Visit: ___/___/___ **Name of Facility Incharge:** _____ **Name of Supervisor:** _____

1. Assessment of Skills of the Health Worker

	<i>Yes</i>	<i>No</i>	<i>NA</i>
a. Health Worker correctly assessed a child <5 (General Danger Signs, Checking of at least 3 main symptoms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health worker correctly classified the child using all the job aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health worker correctly treated the child and gave 1 st dose of antibiotic/ antimalarial and ORS advised accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child needing referral is referred and given appropriate pre-referral treatment at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child nutritional and anaemia status is correctly assessed including recording of age correctly and appropriate advice given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Immunization status of all children <5 correctly assessed and those requiring vaccination were given vaccine on the relevant day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Correct home advice on treatment and follow up given & the caretaker knows correct treatment methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Assessment of Health System Support

a. Enough space and other pre-requisites available to see patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipment & supplies like thermometer, torch, tongue depressor, nebulizer, functioning weighing scale, cup with clean water, spoon, etc. available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Functioning DTC established and required supplies like clean water, cups, spoons, ORS and DTC register available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Functioning refrigerator, all EPI vaccines and disposable syringes available and vaccines are kept according to required temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All seven essential IMCI drugs available in stock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Twenty three IMCI drugs and supplies are available in the stock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. IMCI drugs are available in the facility throughout the year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Enough IMCI recording forms and mother cards are available and are regularly replenished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. OPD register, permanent EPI register and EPI cards are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. During routine supervisory visits, district supervisors also supervised the IMCI activities including observation of at least one case management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

