

Checklist: Assessing clinical management of clients suspected of having malaria

Health facility information

Name of Health Facility

Type of Health Facility

Number of health care workers responsible for malaria services

Province/Region

District

Name of Head of Health Facility and Qualification

Signature of Head of Health Facility

Date of Visit (DD/MM/YYYY)

Supervisor's Name

Supervisor's Cadre Clinical Lab Other

Supervisor's Gender Female Male

Supervisor's Signature:

Supervisor's Phone Number:

	N°	Critical Questions	Response Options
Reception	1	Did the provider greet the client at the entrance of the consultation office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Did the provider invite the client to sit down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	Did the provider introduce themselves to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4	Did the provider treat the client with kindness and respect (Listening with attention, showing interest to the client as a person) throughout the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting historical client information	5	Did the provider ask the client's age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	If the answer to #5 is Yes: Is the client over 12 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	If the answer to #6 is Yes: Is the client a woman of childbearing age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8	Did the provider ask where the client lived?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9	Did the provider look for a sign of fever or ask about a history of fever over the two previous days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10	Did the provider ask about the symptoms of uncomplicated malaria (fever, chills, sweating, headache, aches, nausea, lack of appetite, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11	Did the provider ask questions looking for signs of severe malaria in the client (convulsions, agitation, confusion, prostration, difficulty breathing, spontaneous bleeding, dark urine, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12	If the answer to #7 is Yes: If a woman of childbearing age, has the health provider asked about pregnancy status or DDR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not child-bearing age
	13	Did the provider ask if the client has taken any malaria treatment in the last two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14	Did the health provider ask about any drugs already taken by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagnosis	15	Did the provider take the temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> Done at consulting <input type="checkbox"/> No
	16	Did the provider measure the client's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> Done at consulting <input type="checkbox"/> No
	17	If the answer to #6 is Yes: Did the provider take the client's blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> Done at consulting <input type="checkbox"/> No
	18	Did the provider take the client's pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> Done at consulting <input type="checkbox"/> No

Diagnosis	19	Did the provider take the client's respiratory rate?	<input type="checkbox"/> Yes <input type="checkbox"/> Done at consulting <input type="checkbox"/> No
	20	Did the provider look for signs of anemia in the client (conjunctivae, palms)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21	Did the provider look for signs of other serious illnesses (eyes, neck, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	22	Did the provider perform a complete physical examination of the client (eyes, conjunctivae, fundus, palms, ears, throat, neck, heart, lungs, abdomen, and reflex)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	23	Did the provider request a biological test to confirm malaria?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Classification of malaria	24	If the answer to #23 is Yes: What was the result of the test?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive
	25	If the answer to #24 is Positive: What type of malaria was categorized by the provider?	<input type="checkbox"/> Uncomplicated Malaria <input type="checkbox"/> Severe Malaria <input type="checkbox"/> No classification
	26	If the answer to #24 is Positive: Does the supervisor agree with the provider's malaria classification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27	If the answer to #23 is Yes: Did the provider explain the meaning of the result (positive or negative) of the test to the client and/or family and detail the appropriate course of action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adherence to negative test	28	If the answer to #24 is Negative: Has the provider refrained from prescribing or administering an antimalarial drug to the client based on the NEGATIVE result of the malaria laboratory test (RDT or microscopy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment of uncomplicated malaria	29	If the answer to #25 is Uncomplicated Malaria: Is the client pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30	If the answer to #29 is No: Did the provider use a recommended ACT to treat uncomplicated malaria in the client as directed by national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	31	If the answer to #29 is Yes: If the client is pregnant, what is the gestational age?	<input type="checkbox"/> 1 st trimester <input type="checkbox"/> 2 nd trimester <input type="checkbox"/> 3 rd trimester
	32	If the answer to #31 is 2 nd or 3 rd trimester: Did the provider use an ACT recommended to treat uncomplicated malaria in clients including pregnant women in the 2nd and 3rd trimester of pregnancy as directed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment of uncomplicated malaria	33	If the answer to #32 is 1 st trimester: If the client is a pregnant woman in the first trimester of pregnancy, has the provider used quinine tablets to treat uncomplicated malaria according to national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	34	If the answer to #25 is Uncomplicated Malaria: Did the provider use the correct dosage to treat uncomplicated malaria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	35	If the answer to #25 is Uncomplicated Malaria: Is the dosage and duration of treatment explained to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	36	If the answer to #35 is Yes: Did the provider verify that the client understood the explanations given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	37	If the answer to #25 is Uncomplicated Malaria: Did the provider inform the client of the potential undesirable effects of the drug used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	38	If the answer to #25 is Uncomplicated Malaria: Did the provider invite the client back if he/she has complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	39	If the answer to #25 is Uncomplicated Malaria: Did the provider give the client a follow-up appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In Case of Transfer

Pre-referral treatment for severe malaria	40	If the answer to #25 is Severe Malaria: Did the provider administer a pre-transfer treatment to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	41	If the answer to #40 is Yes: Which pre-transfer treatment did the provider administer to the client?	<input type="checkbox"/> Artesunate <input type="checkbox"/> Artemether Injection
	42	If the answer to #41 is Artesunate: If artesunate was used for the pre-transfer treatment, did the provider calculate the correct amount based on the client's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	43 - 46	If the answer to #41 is Artesunate: Did the provider follow the procedure for the preparation of the artesunate injection? (i- Removed and injected the entire contents (1 ml) of the sodium bicarbonate ampoule into the artesunate powder vial; ii- shook gently until dissolved and a clear reconstituted solution was obtained; iii- removed and injected the required volume of 5% saline or dextrose solution (depending on IV or IM) into the reconstituted artesunate solution; iv- removed the dose (in ml) required for IV or IM administration from the vial(s) prepared beforehand and injected the solution).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	47	If the answer to #41 is Artesunate: Did the provider administer a weight-appropriate dose of artesunate based on IV or IM route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	48	If the answer to #41 is Artemether Injection: If artemether injection is used for pre-transfer treatment, is the dosage as directed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	49	If the answer to #25 is Severe Malaria: Did the provider provide a reference note to the client's parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Conclusion of visit	50	Did the provider record all the information collected from the client in their register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	51	Did the provider provide to the client the opportunity to ask question?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	52	Did the provider give the client and his/her family appropriate advice on malaria (causes, risks, prevention)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Corrective Actions

Briefly describe key activities conducted during Supportive Supervision visit and number of staff reached

Action Taken		# of Staff Reached
1	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
2	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
3	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
4	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
5	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
6	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
Total	Total number of staff reached across all activities (Note: there should be no double-counting across categories for this total)	

Supervisor Feedback

	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to staff on issues identified during observation for each aspect: Greeting, clinical history, diagnosis, treatment, admission, referral, and counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," why not? (Write the reason number in the box for each observation) 1. No febrile patient 2. No clinician available 3. Patient referred during HF visit 4. Stopped consultation due to potential harm 5. Not enough time 6. Other (explain)	Reason #: _____ Explain:	Reason #: _____ Explain:	Reason #: _____ Explain:
Based on your overall observations, how would you rate this HF in terms of its general examination for malaria?	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent		

Additional comments on the observations

Observation 1
Observation 2
Observation 3

Recommendation and Action Plan

- If you found more than one gap (questions for which there is missing, partially complete, or incomplete answer or failure to follow national protocols) identified during the last HF visit, or if you have identified more than one during the current visit, make a copy of this page for each gap.
- Leave a copy of the supervisor feedback and action plan at the HF.
-

Date of HF visit: <input style="width: 80%;" type="text"/>	Number of staff supervised:	M: <input style="width: 40%;" type="text"/>	F: <input style="width: 40%;" type="text"/>
What were the biggest gap(s) identified during the <i>last</i> HF visit?			
Briefly describe gap(s):		Briefly describe the action plan laid out in the previous visit:	
Briefly describe the action plan laid out in the previous visit:			
<input type="checkbox"/> Not addressed	<input type="checkbox"/> Partially addressed	<input type="checkbox"/> Completely addressed	
If addressed, explain the actions taken. If partially or not addressed, what is the new action plan to address the gap(s):			
<hr/> <hr/> <hr/> <hr/>			

What were the biggest gap(s) identified <i>today</i> ?			
Briefly describe gap(s):	_____	Was immediate feedback provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, how was the feedback provided?			
<input type="checkbox"/> Guideline Review <input type="checkbox"/> Demonstration <input type="checkbox"/> SOP Review <input type="checkbox"/> Clinical mentoring <input type="checkbox"/> Lecture <input type="checkbox"/> Other (specify): _____			

Identified gap	Recommended action	Responsible person(s)	Timeline	Update/Status

3. Supervisor comments:

Checklist: Assessing competencies in MIP at ANC

Health facility information

Name of Health Facility

Type of Health Facility

Number of health care workers responsible for malaria services

Province/Region

District

Name of Head of Health Facility and Qualification

Signature of Head of Health Facility

Date of Visit (DD/MM/YYYY)

Supervisor's Name

Supervisor's Cadre Clinical Lab Other

Supervisor's Gender Female Male

Supervisor's Signature:

Supervisor's Phone Number:

	N°	Critical steps	Response Options
Reception	1	Did the provider greet the client at the entrance of the consultation office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Did the provider invite the client to sit down?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	Did the provider introduce themselves to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4	Did the provider treat the client with kindness and respect (Listening with attention, showing interest to the client as a person) throughout the visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting historical client information	5	Did the provider ask the client's age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	Did the provider ask where the client lived?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	Did the provider research the gestational period, date of last menstrual period, ultrasound, fundal height, ANC booklet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8	Did the provider ask if the client has taken any malaria treatment in the last two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9	Did the provider ask about any drugs already taken by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10	Did the provider ask or investigate whether the client was at her first CPN?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Malaria diagnosis	11	Did the provider look for a sign of fever or ask about a history of fever during the previous 2 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12	Did client have fever, signs of fever, or history of fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13	If the answer to #11 is yes: Did the provider ask about the symptoms of uncomplicated malaria (fever, chills, sweating, headache, aches, nausea, lack of appetite, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14	If the answer to #11 is yes: Did the provider ask questions looking for signs of severe malaria (convulsions, agitation, confusion, prostration, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15	If the answer to #11 is yes: Did the provider take the temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	16	If the answer to #11 is yes: Did the provider measure the client's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17	If the answer to #11 is yes: Did the provider take the client's blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18	If the answer to #11 is yes: Did the provider take the client's pulse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Malaria diagnosis	19	If the answer to #11 is yes: Did the provider take the client's respiratory rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20	If the answer to #11 is yes: Did the provider check for fetal heart sounds (2nd and 3rd trimester of pregnancy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21	If the answer to #11 is yes: If the result of the malaria test was positive, did the provider explain the result to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	22	If the answer to #11 is yes: Did the provider look for signs of anemia in the client (pallor of the conjunctivae/palms of hands)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	23	If the answer to #11 is yes: Did the provider look for signs of other serious illnesses (Urinary tract infections, hypertensive disorders etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	24	If the answer to #11 is yes: Did the provider request a biological test to confirm malaria (RDT/Thick smear)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	25	If the answer to #24 is Yes: What was the result of the biological examination?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive
	26	If the answer to #25 is Positive: If the result of the malaria test was positive, did the provider explain the result to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27	If the answer to #25 is Positive: Did the provider categorize the severity of malaria according to national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	If the answer to #27 is Yes: What type of malaria was categorized by the health provider?	<input type="checkbox"/> Uncomplicated Malaria <input type="checkbox"/> Severe Malaria <input type="checkbox"/> No classification	

Antimalarial treatment	29	If the answer to #28 is Uncomplicated Malaria: If it is uncomplicated malaria, does the antimalarial drug used to treat the client comply with the guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	30	If the answer to #29 is Yes: Did the provider use the correct dosage to treat uncomplicated malaria in pregnant women?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	31	If the answer to #28 is Uncomplicated Malaria: Did the provider explain the dosage and duration of the drug to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	32	If the answer to #31 is Yes: Did the provider verify that the client understood the explanations given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	33	If the answer to #28 is Uncomplicated Malaria: Did the provider inform the client of the potential undesirable effects of the drug used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	34	If the answer to #28 is Uncomplicated Malaria: Did the provider invite the client to come back if she has complications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	35	If the answer to #28 is Uncomplicated Malaria: Did the provider give the client a follow-up appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Antimalarial treatment	36	If the answer to #28 is Uncomplicated Malaria: Did the provider enter information on the treatment into the register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	37	If the answer to #28 is Severe Malaria: If it is severe malaria, did the provider administer any pre-transfer treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	38	If the answer to #37 is Yes: Does the drug used for pre-transfer treatment of severe malaria in pregnant women comply with the guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	39	Did the provider record all the information collected from the client in the register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	40	Has the client and/or her family received appropriate malaria counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	41	Did the provider verify that the client understood the advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	N°	Critical Steps	Response Options
Dispensing IPTp	42	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider ask or investigate whether the client had taken SP in IPT during the previous four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	43	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider check (mother-child record) whether the client was on co-trimoxazole for HIV chemoprevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	44	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider communicate with the client about the consequences of malaria in pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	45	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider make the client aware of the benefits of preventing malaria with SP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	46	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider educate the client about the need to take at least three doses of SP before giving birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	47	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider verify whether the client is eligible for IPT during this ANC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	48	If the answer to #47 is Yes: Is the client eligible according to the above criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	49	If the answer to #47 is No: If not eligible, specify why	<input type="checkbox"/> Yes <input type="checkbox"/> No
	50	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider inform the client about the potential side effects of SP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	51	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider give three SP tablets to the client eligible for IPT?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dispensing	52	If the answer to #51 is Yes: Did the provider ask the client to drink water to swallow the three SP tablets on the spot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	53	If the answer to #51 is Yes: Did the provider observe the client taking the three SP tablets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	54	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider encourage the client to return each month for IPT up until delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	55	If the answer to #51 is Yes: Did the provider ask the client to return to see them if there are any serious skin and/or digestive symptoms as a result of taking the SP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	56	If the answer to #11 is No: Or if the answer to #25 is Negative or Inconclusive: Did the provider inform the client of the date of the next appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	57	If the answer to #51 is Yes: Did the provider record the dose of SP in the mother-child record and ANC registry in compliance with the national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
LLIN distribution	58	Did the provider explain the benefits of sleeping under an LLIN every night to prevent malaria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	59	Did the pregnant client receive an LLIN for this pregnancy during the previous visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	60	If the answer to #59 is No: Did the provider give the client an LLIN if she had not yet received it during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	61	If the answer to #60 is Yes: Did the provider explain to the client how to use the LLIN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	62	If the answer to #60 is Yes: Did the provider advise the client to sleep under LLINs during pregnancy and after delivery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	63	If the answer to #60 is Yes: Did the provider record the provision of the LLIN to the client in the mother-child record and in the ANC register?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dispensing anti-anemia drugs	64	Did the provider give the client iron tablets after the consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	65	Did the provider give the client 0.4 mg folic acid tablets after the consultation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	66	If the answer to #65 is Yes: Did the provider check that the client understood how to take the iron and folic acid tablets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conclusion of visit	67	Did the health provider provide the opportunity to the client to ask questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	68	Did the provider provide the client and her family appropriate advice on malaria (causes, risks, prevention)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Immediate Corrective Actions

Briefly describe key activities conducted during Supportive Supervision visit and number of staff reached

Action Taken		# of Staff Reached
1	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
2	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
3	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
4	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
5	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
6	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
Total	Total number of staff reached across all activities (Note: there should be no double-counting across categories for this total)	

Supervisor Feedback

	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to staff on issues identified during observation for each aspect: Greeting, clinical history, diagnosis, treatment, admission, referral, and counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," why not? (Write the reason number in the box for each observation) 1. No febrile patient 2. No clinician available 3. Patient referred during HF visit 4. Stopped consultation due to potential harm 5. Not enough time 6. Other (explain)	Reason #: _____ Explain:	Reason #: _____ Explain:	Reason #: _____ Explain:
Based on your overall observations, how would you rate this HF in terms of its general examination for malaria?	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent		

Additional comments on the observations

Observation 1
Observation 2
Observation 3

Recommendation and Action Plan

- If you found more than one gap (questions for which there is missing, partially complete, or incomplete answer or failure to follow national protocols) identified during the last HF visit, or if you have identified more than one during the current visit, make a copy of this page for each gap.
- Leave a copy of the supervisor feedback and action plan at the HF.
-

Date of HF visit: <input style="width: 80%;" type="text"/>	Number of staff supervised:	M: <input style="width: 40px;" type="text"/>	F: <input style="width: 40px;" type="text"/>
What were the biggest gap(s) identified during the <i>last</i> HF visit?			
Briefly describe gap(s):		Briefly describe the action plan laid out in the previous visit:	
Briefly describe the action plan laid out in the previous visit:			
<input type="checkbox"/> Not addressed	<input type="checkbox"/> Partially addressed	<input type="checkbox"/> Completely addressed	
If addressed, explain the actions taken. If partially or not addressed, what is the new action plan to address the gap(s):			
<hr/> <hr/> <hr/> <hr/>			

What were the biggest gap(s) identified <i>today</i> ?			
Briefly describe gap(s):	_____	Was immediate feedback provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, how was the feedback provided?			
<input type="checkbox"/> Guideline Review <input type="checkbox"/> Demonstration <input type="checkbox"/> SOP Review <input type="checkbox"/> Clinical mentoring <input type="checkbox"/> Lecture <input type="checkbox"/> Other (specify): _____			

Identified gap	Recommended action	Responsible person(s)	Timeline	Update/Status

3. Supervisor comments:

Checklist: Assessing health facility readiness

Health facility information

Name of Health Facility

Type of Health Facility

Number of health care workers responsible for malaria services

Province/Region

District

Name of Head of Health Facility and Qualification

Signature of Head of Health Facility

Date of Visit (DD/MM/YYYY)

Supervisor's Name

Supervisor's Cadre Clinical Lab Other

Supervisor's Gender Female Male

Supervisor's Signature:

Supervisor's Phone Number:

	N°	Critical questions	Response Options
Information (non-scored questions)	1	Does facility offer ANC services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2	Does facility distribute LLINs to children under 5 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3	Does facility offer laboratory services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4	Does facility offer diazepam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5	Does facility offer blood transfusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6	Is there at least 1 CHW attached to this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	Does facility offer case management of severe malaria services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<u>Are these medications available today?</u>	
Availability of medications	8	Paracetamol	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9	If the answer to #1 is Yes: Sulfadoxine-Pyrimethamine	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10	ACTs for children under 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11	ACTs for children 5-7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12	ACTs for children 7-13 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13	ACTs for children over 13 and adults	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14	Injectable Quinine	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15	Compressed Quinine	<input type="checkbox"/> Yes <input type="checkbox"/> No
	16	Injectable Artesunate and/or IM Injectable Artemether	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17	Artesunate Rectocaps	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18	If the answer to #1 is Yes: Iron Tablets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19	If the answer to #1 is Yes: 0.4 mg Folic Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20	If the answer to #4 is Yes: Diazepam	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21	5% Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No
	22	10% Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No

23	30% Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Lactate Ringer	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Saline Solution	<input type="checkbox"/> Yes <input type="checkbox"/> No

N°	Critical Questions	Response Options
<u>Are these commodities available today?</u>		
26	Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	If the answer to #1 is Yes: Drinking water at the site of ANC	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	If the answer to #1 is Yes: Disposable glasses available (or consistent cleaning) for the DOT strategy of the SP during ANC	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Are examination gloves available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Soap or hand sanitizer gel	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Sharps containers	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Personal scale	<input type="checkbox"/> Yes <input type="checkbox"/> No
34	Syringes	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Cotton	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Malaria RDTs	<input type="checkbox"/> Yes <input type="checkbox"/> No
38	If the answer to #1 is Yes: LLINs	<input type="checkbox"/> Yes <input type="checkbox"/> No
39	If the answer to #3 is Yes: Reagents for determining blood groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	If the answer to #5 is Yes: Blood for transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No

Availability of Commodities

Availability of Documentation	<u>Are these documents available today?</u>		
	41	Records of curative consultations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	42	If the answer to #1 is Yes: Records of prenatal consultations	<input type="checkbox"/> Yes <input type="checkbox"/> No
	43	If the answer to #2 is Yes: Records of the distribution of LLINs to children under 5 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No
	44	If the answer to #1 is Yes: Records of the distribution of LLINs to pregnant women	<input type="checkbox"/> Yes <input type="checkbox"/> No
	45	HMIS reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
	46	If the answer to #6 is Yes: Monthly CHW reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
	47	Manual for filling out the data collection media	<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability of Materials	<u>Are these materials (guides, job aides, etc) available today?</u>		
	48	If the answer to #1 is Yes: Malaria and pregnancy guide or tools/support on ANC	<input type="checkbox"/> Yes <input type="checkbox"/> No
	49	If the answer to #1 is Yes: ANC guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
	50	National guidelines for the management of malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No
	51	Management of uncomplicated malaria fact sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
	52	If the answer to #7 is Yes: Management of severe malaria fact sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
	53	Management of malaria in pregnancy fact sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
	54	Preparation of artesunate injection PEC fact sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
	55	If the answer to #1 is Yes: LLIN distribution guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No

Availability of Trained Human Resources	N°	Critical Question	Response Options
	56	Physicians - Male	
	57	Physicians - Female	
	58	Midwives - Male	
	59	Midwives - Female	
	60	Nurses - Male	
	61	Nurses - Female	
	62	Pharmacists/PGP - Male	
	63	Pharmacists/PGP - Female	
	64	Does the health facility have at least 50% of staff trained to manage malaria cases using the latest national guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Availability of quality data	N°	Performance of the facility visited	Scores	
	1	If the answer to #1 is Yes: Number of pregnant women received in ANC I	Amount reported (R)	
			Amount found in the register (F)	
			Difference (F-R) = 0?	
	2	If the answer to #1 is Yes: Number of pregnant women who received IPT 3	Amount reported (R)	
			Amount found in the register (F)	
			Difference (F-R) = 0?	
	3	Number of suspected malaria cases registered in the health facility	Amount reported (R)	
			Amount found in the register (F)	
			Difference (F-R) = 0?	
4	Number of suspected malaria cases tested by RDT or thick smear test Luis B: If PMP includes TPR, we will need to capture N of tests +	Amount reported (R)		
		Amount found in the register (F)		
		Difference (F-R) = 0?		
5	Number of uncomplicated malaria cases tested by RDT or thick smear test	Amount reported (R)		
		Amount found in the register (F)		
		Difference (F-R) = 0?		
6	Number of confirmed uncomplicated malaria cases treated with ACTs	Amount reported (R)		
		Amount found in the register (F)		
		Difference (F-R) = 0?		
7	Number of ACT treatments consumed (taken from the health facility's pharmacy)	Amount reported (R)		
		Amount found in the register (F)		
		Difference (F-R) = 0?		

Immediate Corrective Actions

Briefly describe key activities conducted during Supportive Supervision visit and number of staff reached

Action Taken		# of Staff Reached
1	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
2	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
3	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
4	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
5	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
6	Category: <input type="checkbox"/> Lecture; <input type="checkbox"/> Demonstration; <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Document/SOP development; <input type="checkbox"/> Other Describe:	
Total	Total number of staff reached across all activities (Note: there should be no double-counting across categories for this total)	

Supervisor Feedback

	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to staff on issues identified during observation for each aspect: Greeting, clinical history, diagnosis, treatment, admission, referral, and counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," why not? (Write the reason number in the box for each observation) 1. No febrile patient 2. No clinician available 3. Patient referred during HF visit 4. Stopped consultation due to potential harm 5. Not enough time 6. Other (explain)	Reason #: _____ Explain:	Reason #: _____ Explain:	Reason #: _____ Explain:
Based on your overall observations, how would you rate this HF in terms of its general examination for malaria?	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent		

Additional comments on the observations

Observation 1
Observation 2
Observation 3

Recommendation and Action Plan

- If you found more than one gap (questions for which there is missing, partially complete, or incomplete answer or failure to follow national protocols) identified during the last HF visit, or if you have identified more than one during the current visit, make a copy of this page for each gap.
- Leave a copy of the supervisor feedback and action plan at the HF.
-

Date of HF visit: <input style="width: 80%;" type="text"/>	Number of staff supervised:	M: <input style="width: 20px;" type="text"/>	F: <input style="width: 20px;" type="text"/>
What were the biggest gap(s) identified during the <i>last</i> HF visit?			
Briefly describe gap(s):		Briefly describe the action plan laid out in the previous visit:	
Briefly describe the action plan laid out in the previous visit:			
<input type="checkbox"/> Not addressed	<input type="checkbox"/> Partially addressed	<input type="checkbox"/> Completely addressed	
If addressed, explain the actions taken. If partially or not addressed, what is the new action plan to address the gap(s):			
<hr/> <hr/> <hr/> <hr/>			

What were the biggest gap(s) identified <i>today</i> ?			
Briefly describe gap(s):	_____	Was immediate feedback provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, how was the feedback provided?			
<input type="checkbox"/> Guideline Review <input type="checkbox"/> Demonstration <input type="checkbox"/> SOP Review <input type="checkbox"/> Clinical mentoring <input type="checkbox"/> Lecture <input type="checkbox"/> Other (specify): _____			

Identified gap	Recommended action	Responsible person(s)	Timeline	Update/Status

3. Supervisor comments:
