

S1: Health Facility Readiness Checklist

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	<small>If the answer to #1 is Yes:</small> 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	<small>If the answer to #1 is Yes:</small> Iron Tablets	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19	<small>If the answer to #1 is Yes:</small> 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

Availability of Commodities	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		<u>Are these documents available today?</u>	
	41	Records of curative consultations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation	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	Are these materials (guides, job aides, etc) available today?		
	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 1	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?	
		Number of confirmed uncomplicated malaria	Amount reported (R)	

	6	cases treated with ACTs	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)	
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Supervisor Feedback

	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to staff on issues identified during observation for each aspect: availability of medications, availability of commodities, availability of documentation, availability of materials, availability of trained human resources, and availability of quality data?	<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. Not enough time 2. Other (explain)	Reason#: Explain:	Reason#: Explain:	Reason#: Explain:
Based on your overall observation, how would you rate this HF in terms of readiness to deliver malaria services?	<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 protocol) 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:		Number of staff supervised:	M:	
			F:	
What were the biggest gaps(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 status of 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):				

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What were the biggest gap(s) identified <i>today</i> ?
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Briefly describe gap(s):	<hr/> <hr/> <hr/> <hr/>	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

Supervisor comments:

S2: Outpatient Department Checklist

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	<small>If the answer to #5 is Yes:</small> Is the client over 12 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7	<small>If the answer to #6 is Yes:</small> 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	<small>If the answer to #7 is Yes:</small> 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	<small>If the answer to #6 is Yes:</small> 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 result	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

		If the answer to #31 is 2 nd or 3 rd trimester:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	32	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?	
Treatment of uncomplicated malaria		If the answer to #32 is 1 st trimester:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	33	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?	
		If the answer to #25 is Uncomplicated Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	34	Did the provider use the correct dosage to treat uncomplicated malaria?	
		If the answer to #25 is Uncomplicated Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	35	Is the dosage and duration of treatment explained to the client?	
		If the answer to #35 is Yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	36	Did the provider verify that the client understood the explanations given?	
	If the answer to #25 is Uncomplicated Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	Did the provider inform the client of the potential undesirable effects of the drug used?		
	If the answer to #25 is Uncomplicated Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38	Did the provider invite the client back if he/she has complications?		
	If the answer to #25 is Uncomplicated Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39	Did the provider give the client a follow-up appointment?		

In Case of Transfer

Pre-referral	40	If the answer to #25 is Severe Malaria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the provider administer a pre-transfer treatment	

treatment for severe malaria		to the client?	
	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- <i>Removed and injected the entire contents (1ml) of the sodium bicarbonate ampoule into the artesunate powder vial;</i> ii- <i>shook gently until dissolved and a clear reconstituted solution was obtained;</i> iii- <i>removed and injected the required volume of 5% saline or dextrose solution (depending on IV or IM) into the reconstituted artesunate solution;</i> iv- <i>removed the dose (in ml) required for IV or IM administration from the vial(s) prepared beforehand and injected the solution).</i>	<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?
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

	appropriate advice on malaria (causes, risks, prevention)?	
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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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

provide feedback to staff on issues identified during observation for each aspect: Greeting, clinical history, diagnosis, treatment, admission, referral, and counseling?	<input type="checkbox"/> No	<input type="checkbox"/> No	<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 observation, 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

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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 protocol) 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:		Number of staff supervised:	M:	
			F:	
What were the biggest gaps(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 status of 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):				

—				

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): _____			

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

Supervisor comments:
