

Supportive supervision checklist on IMCI

Name of the health centre:
 Sub-district/municipality/Zone:
 District:

Date of supervision:...../...../.....
 Name of Supervisor:
 Designation:

1. Health services organisation

1.1 Has IMCI corner been established?

Yes ___ No ___

1.1.1 Is there any available seating area for mother and child?

Yes ___ No ___

1.1.2 Enough space to see patient?

Yes ___ No ___

1.1.3 Chair and Table for health worker?

Yes ___ No ___

1.1.4 Updated wall chart on the wall?

Yes ___ No ___

1.1.5 Waiting space for mother/caregiver and children?

Yes ___ No ___

If any problem is found related to IMCI corner, what actions are needed to be taken? Develop and ensure support plan also.

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

1.2 Oral rehydration therapy (ORT) corner?

Yes ___ No ___

1.2.1 Adequate space for giving ORT?

Yes ___ No ___

1.2.2 Table (for mixing ORS solution and demonstrations), chairs for caretakers?

Yes ___ No ___

1.2.3 Supplies (cup, spoon, measuring /mixing utensils)?

Yes ___ No ___

1.2.4 Source of safe drinking water?

Yes ___ No ___

1.2.5 Functioning ORT: Children with some dehydration receive ORS solution at facility?

Yes ___ No ___

If any problem is found related to ORT corner, what actions are needed to be taken? Develop and ensure support plan also.

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

2. Clinical staff trained on IMCI

Clinical staff	Total post (BSP wise)	Available staff against post	Number of clinical staff trained in IMCI	% of available clinical staff trained in IMCI	% of staff who received refresher training on updated module	Number of clinical staff supported by follow-up after training
Doctor						
Nurse						
Midwife						

If any problem related to IMCI training and staff is found, discuss with respective officer-in-charge of health centre and make a plan. Develop and ensure support plan also.

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

3. Quality of IMCI case management

Name of the provider:.....

Designation:.....

3.1 Consultation observation (observe **three** patient consultations if possible): write N/A if not applicable

3.1.1	Did provider follow IMCI protocol during Assessment(General danger signs and other signs) Classification Treatment	Case 1		Case 2		Case 2	
		Yes	No	Yes	No	Yes	No
3.1.2	Did provider use IMCI case recording form/register?	Yes	No	Yes	No	Yes	No
3.1.3	Did she do rapid test for malaria/ microscopy correctly? (Applicable only if the child with fever)	Yes	No	Yes	No	Yes	No
3.1.4	Did she do tourniquet for Dengue correctly? (Applicable only if the child with fever less than 7 days)	Yes	No	Yes	No	Yes	No
3.1.5	Did provider inform caregiver about illness of her child?	Yes	No	Yes	No	Yes	No
3.1.6	Did provider instruct caregiver how to give medicine to child?	Yes	No	Yes	No	Yes	No
3.1.7	Did provider give first dose of medicine at health centre?	Yes	No	Yes	No	Yes	No
3.1.8	Did provider counsel about child's feeding?	Yes	No	Yes	No	Yes	No
3.1.9	Did provider explain how to take care of child?	Yes	No	Yes	No	Yes	No
3.1.10	Did provider ask caregiver for feedback (what she	Yes	No	Yes	No	Yes	No
3.1.11	Did s/he explain when to return?	Yes	No	Yes	No	Yes	No
3.1.12	Did s/he use mother's card?	Yes	No	Yes	No	Yes	No
3.1.13	Duration of consultation (minutes)?						

3.2 Interview with caregiver/mother

3.2.1	Was mother/caregiver satisfied?	Yes	No	Yes	No	Yes	No
3.2.2	Who advises mother/caregiver to seek care from this centre?						
3.2.3	Did mother/caregiver explain correctly how to give medicine?	Yes	No	Yes	No	Yes	No
3.2.4	Did s/he explain correctly how to take care of child at home?	Yes	No	Yes	No	Yes	No
3.2.5	Did s/he explain when to return to health centre immediately?	Yes	No	Yes	No	Yes	No
3.2.6	Did s/he explain when to return to health centre for follow-up?	Yes	No	Yes	No	Yes	No

Scoring of skills of provider: give 1 point for each **YES** answer (please discard **3.1.13** and 3.2.2). If the child has malaria (3.1.3) or Dengue (3.1.4) then total score will be 54, otherwise it will be 48, however, it depends on total observational session). **Do not count N/A as point.**

Score:

-----X 100=%

Share your findings from observational sessions with provider. Praise for the things done well and discuss on the identified weakness, show how it could be done. Ask provider, does s/he have any problem regarding assessment, classification, treatment, counselling, follow-up etc. If s/he has, try to solve the problem instantly. Note down the decisions which have been taken to improve the skills and continue the practices:

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

4. Quality of records (Document review)

- 4.1 Did they send monthly report of last month? Yes..... No.....
- 4.2 Ask to show report and look for following data:
- 4.3 Total IMCI patients in last month: Male..... Female..... Total.....
- First visit.....Follow-up..... Caseload:/provider/day
- 4.4 Individual patient record or register maintained? Yes..... No.....
- 4.5 **If yes**, assess the register book. Check first ten case recording form of last month:

Indicators 2 mo – 5 yr	Assess the register book (tick mark when it is correct and cross when it is wrong, write N/A when it is not applicable and make % of correct)							
Assessment	1	2	3	4	5	Sum	Yes	%
1) Weight and Temperature correctly charted								
2) General Danger Signs								
3) Feeding assessment if under two yrs, anemia or very low weight								
4) Rapid Test for malaria								
5) Microscopy for malaria according to IMCI protocol								
Classification								
6) Correct Classification(s)								
Treatment and Counselling								
7) ORT given appropriately according to plan								
8) Children with diarrhoea treated with Zinc								
9) Antibiotic prescribed correctly								
10) No antibiotic needed; none given								
11) Anti-malarial prescribed correctly								
12) Needed Vitamin A supplementation given								
13) Needed de-worming medication given								
14) Appropriate counselling in feeding problems given								
15) Appropriate follow up arranged								
Referrals								
16) Necessary referral made, including referral note and pre-treatment								

Ask them, what problems do they encounter in filling up the IMCI register, HMIS? And try to solve the problems

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

5. Infection control at IMCI corner

- 5.1 Do they use disposable syringes during IM/IV injection? Yes..... No.....
- 5.2 Safety precaution to give injection (using gloves, cleaning surface with alcohol and discarding syringes after use)? Yes..... No.....
- 5.3 Source of water for hand wash? Yes..... No.....
- 5.4 Soap and/or disinfectant (like chlorhexidine or alcohol) for washing hand? Yes..... No.....
- 5.5 Safe disposal box with cover? Yes..... No.....

If any problems related to the IMCI corner are found, what actions are needed to be taken? Develop and ensure support plan also.

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:
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6. Job aid and supplies (make a tick mark when correct) and write N/A where not feasible

Logistics	Available	Adequate enough in stock for one month	Functioning	Remark
IMCI case recording form		Not Applicable		
Mother's card				
Referral slip				
Chart booklet				
ARI timer(functioning)				
Thermometer				
Weight machine				
Nebuliser Machine				
Spacer				
Microscope for malaria test				
RDT strips and reagent for malaria				
Ambubag				
BP Cuff for Tourniquet test				
IMCI reporting format (HMIS)				
Suction Machine				
NG tube				
Cup, Spoons for ORT				
Disposable Syringes				
Insulin Syringes				
Absorbent clean cloth/ soft but strong tissue for ear wicking				
Medicine				
ORS packet			Not Applicable	
Capsule Vitamin A (50000 i.u.)				
Capsule Vitamin A (200000 i.u.)				
Tab. Amoxicillin				
Syrp. Amoxicillin				
Tab.Paed Cotrimoxazole (120mg)				
Tab. Cotrimoxazole (480mg)				
Syrp. Cotrimoxazole				
Tab. Ciprofloxacin (100mg)				
Tab. Ciprofloxacin (250mg)				
Tab. Nalidixic Acid (500 mg)				
Tab. Doxycycline (100mg)				
Tab. Erythromycin				
Syrp. Erythromycin				
Inj. Cholarmphenicol				

	Available	Adequate enough in stock for one month	Functioning	Remark
Tab. Coartem (140mg)			Not Applicable	
Tab. Chloroquine (150 mg)				
Syrp. Chloroquine				
Tab. Primaquine				
Tab. Quinine (300mg)				
Inj. Quinine (150mg/2ml)				
Inj. Quinine(300mg/2ml)				
Capsule. Clindamycin (300 mg)				
Tablet Artesunate (50mg)				
Injection Artesunate (60 mg)				
Suppository Artesunate 50mg				
Suppository Artesunate 100mg				
Inj. Arthemeter				
Inj Diazepam 10 mg/2ml				
Tab.Zinc				
Tab. Iron – folic acid				
Syrp. Iron				
Tab/Cap. Multivitamin				
Tab. Albendazole				
Syrp. Pyrantel Palmoate				
Cholramphenicol eye ointment				
Tetracycline eye ointment				
Tab. Paracetamol 500mg				
Tab. Paracetamol 100mg				
Syrp. Paracetamol				
Syrp. Salbutamol				
Inhaler Salbutamol				
Ciprofloxacin ear drop				
Gention Violet (0.25%)				
IV fluid: Ringer lactate Solution				
IV fluid: 9% Normal Saline				

If you found any gaps regarding drugs and logistics, discuss and make an activity and support plan to address the problems

Action/s to be taken by supervisee:	Action/s to be taken by supervisor:

Supervision:

Did anybody visit this centre for IMCI supervision in last three months (quarter)?	Yes..... NO.....
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Ask them to give you the last supervision report?	Date/...../..... Supervisor's designation.....
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Progress of the last decision/s which was/were taken during last visit?

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Signature of Supervisee: _____ Signature of Supervisor: _____

Date:...../...../..... Date:...../...../.....

Please leave a copy of signed report to respective facility before leaving and send one copy to district within 7 days of visit