MINISTRY OF HEALTH –COUNTY GOVERNMENT OF SIAYA

MONTHLY CHA SUPPORTIVE SUPERVISION TOOL FOR CHVs

Date: ……/……../…......

County: _____   Sub county:_____   Ward : _____

CHA name: _____Contact: _____CHU name:
_____ MCUL: _____Link Facility:_____

MFL: _____Facility In charge: _____Contact: _____

SECTION 1 GENERAL INFORMATION

I.   Name of CHV: _____
II.   Name of village:_____
III.   Village Code _____
IV.   Date of last supportive supervision:_____/_____/_____
V.   Supportive Supervision by: _____Contact: _____
VI.   **SECTION 2 VILLAGE HEALTH, SOCIAL AND DEMOGRAPHIC PROFILE**

Indicators	Numbers
Total population in the village	
Number of Households	
Number of Households with latrines	
Number of households with hand washing facilities	
Population under one year	
Population under five years	
Women of child bearing age (15-49 years)	
Population of adolescent boys (13-24 years)	
Population of adolescent girls (13-24 years)	
Total population of elderly (60+ years)	

* please add any indicator in the blank space

Core indicators	Numbers		Core indicators	Numbers
Number of households using ITNs			Number of pregnant women who attend at least 4th ANC visit	
Total Number of Deliveries			Number of children with severe malnutrition	
			Number of moderate malnourish children	
Number of deliveries by skilled birth attendants			Number of children under 5 years with suspected delayed milestones	

SECTION 3 CHV INVENTORY

Tools Name	Yes / No	Remarks
Reporting tools:[MOH 100, MOH 513, MOH 514, PHONE]		
CHVs kit:		
Protective gears:		
Note books:		
Bag (Back pack):		
Bicycles:		
CHVs work plan		

SECTION 4   PERFORMANCE INDICATORS

1. Reporting

- Did the CHV submit his/her report last month?   Yes/No:

- If no, what was the reason? _____

- How can the CHV solve the problem and ensure to submit next month?

  Solutions:_____

  _____

- Any problems/gaps identified in using monthly reporting tool:

  _____

  _____

2. Household visitation

- How many households were visited in the last month: (Please confirm by checking the CHVs service log book or by carrying out random checks*): _____

  * Random checks is defined as selected households visited by CHA with CHV

- Calculate % of households covered: _____%

- What was the target % which CHV agreed with CHA in the last month? _____%

- Did CHV achieve the target %? Yes / No

  If less than target %, please discuss how he/she can increase the number of households visited:

  _____

  _____

- Set the target percentage for next month:_____%

Now observe the CHV doing the conseling

- Which effective counseling strategies did you observe CHV use:
  - Ask and observe current family practices before counseling: Yes / No
  - Praise the caregiver: Yes / No
  - Demonstrate /help caregiver practice new activity: Yes / No

3. Referral & defaulter tracing activity

- Did the CHV have the defaulter list developed by CHA?   Yes / No*

  > *If no, CHA to develop one for the next month.

- Did the CHA refer any defaulters or new cases?   Yes /   No

  > * In this sentence, Refer means giving advice or/and referral form to go to HF for services

- If No, please discuss the reasons and the solutions (Try to solve by using internal resource)

  _____ .

- If Yes, Ask the following questions :

  How many defaulters or new cases did the CHA refer in each service last month?

Service name	Defaulters identified in HF from this area	Defaulters traced	New case traced
Immunization			
ANC			
HIV/AIDS services			
TB related			
Others			
Total			

- Please discuss how the CHV can improve on defaulter tracing and referral?

  _____ .

  _____ .

4. Governance

- Does the village have a functional CHC*?   Yes / No

  * Functional CHC should have regular monthly meeting to review CHVs report and any health related activities

- If No, please discuss how to form the CHC or make it active.

  _____ .

  _____ .

- Does the CHC conduct regular community dialogue days?   Yes   /   No

  [Check for community Dialogue Days Reports]

- If no, why? _____
- What is the solution? _____

5. Disease Surveillance & Environment

- What is main source of drinking water in the village? _____
- In the past one month has there been suspected outbreaks of a disease?   Yes / No
- If yes, Which signs/symptoms make the CHV to suspect an outbreak?

_.

- How many people are affected?._____.
- What actions are being taken?

_.

_.

6. Any other difficulties faced by the CHV when working in the village

_.

_.

7. CHV work in Health Facility

- Services performed by CHV at the HF last month:

_____

_____

- How many play box sessions did CHV support: _____

8. Any other gaps/problems identified by the CHV and CHA

SECTION 5 ACTION PLAN (Develop together CHVs and CHAs)

N	Identified gaps through Supervision	Agreed Action	By who?	By when?
1				
2				
3				
4				
5				

Sign…………………………………………   Sign………………………………..
Name of CHV…………………………   Name of CHA……………………
Date:……………………………………   Date:………………………………