

Team Leader Name:

CHW Name:

Evaluation of CHW post-natal home assessment

Rate CHW action by placing number in applicable box.

0= not done

1= done but not satisfactorily

2= done satisfactorily

If not applicable, write NA in space.

PNC Home visit 1 (d1)	PNC Home visit 2 (d3)	PNC Home visit 3 (d7)	PNC Home visit 4 (d14)
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(dd/mm/yy)

Tick applicable PNC home visit column.
Write date of visit below box (dd/mm/yy)

Routine PNC for mother	Checks mother for:			
	1. Bleeding			
2. Signs of infection				
3. Engorged breasts/ mastitis				
4. Depression				
Routine PNC for mother	Counsels family on:			
	5. care for mother			
	6. danger signs			
	7. where to seek help			
	8. Refers if complications/ danger signs present			
Care for the newborn	Checks newborn:			
	9. Respirations			
	10. Pallor			
	11. feeding (attachment and latch)			
	Educates mother/ caregiver:			
	12. how to check baby color			
	13. hygienic skin, eye, cord care			
	14. thermal care			
	15. danger signs for newborns			
	16. Encourages/ supports EBF			
17. Demonstrates how to stimulate /talk to baby				
18. Ensures Baby of HIV Positive mothers have received dual prophylaxis				
Prevention	19. Reminds of family planning options/ timing			
	20. Encourages safe sex during breastfeeding			
	21. Reminds of immunization schedule			
	22. Reminds mother/ caregiver of next clinic visit			
Next visits and recording	23. Reminds mothers/ caregivers of HIV exposed babies of importance of 6 week visit for PCR test and Bactrim			
	24. Makes appointment to see mother and baby for next scheduled home visit			
	25. Records information on <i>Maternal and Child Health Record</i>			
	26. Indicates HH visit information correctly on CHW weekly tick sheet			
	Sum the total number of per column (visit) and divide by denominator	/	/	/

Assessment Date _____ TL signature _____ CHW signature _____