

Guidance for evaluating CHW management of cases in the community

General Assessment Form

PHC Team Leader Name:		0= no 1= yes n/a= not applicable	Assessment date:	
CHW Name:			Comments	
1	Establishes a friendly relationship with client			
2	CHW explains purpose of visit to HH members			
3	Discusses confidentiality of information			
Identifies and manages health problems at HH level				
4	Correctly identifies the problem/ situation			
5	Follows CHW procedural guidelines relevant to the problem/ situation ¹			
6	Reviews relevant patient records (ANC card, RTHC etc)			
7	Notes and discusses pertinent information from records			
8	Demonstrates correctly recommendations given			
Promotes health and prevents illness				
9	Evaluates need for preventive measures			
10	Counsels on relevant danger signs and actions to take if they are noted			
11	Makes recommendations about preventive measures			
Communication				
12	Provides education and information in a manner the family/ client can understand			
13	Explains to the client / caregiver what problems they may have in clear manner			
14	Checks to be sure the patient understood the information provided			
15	Allows for questions and listens attentively			
16	Answers questions appropriately			
Referrals and record keeping				
17	Gives instructions on location, timing for referral			
18	Correctly completes the referral form			
19	Completes individual health records completely and correctly			
20	Decides with client on follow up visit date			
Sum up column for score and comment on overall performance		/20	Further comments:	
TL signature_____CHW signature_____				

¹ Use developed checklists to assess comprehensiveness of care for specific programs