

Evaluation of CHW Management of Sick Child in Community

Rate CHW action by placing number in box.

0= not done

1= done but not satisfactorily

2= done satisfactorily

If not applicable, write NA in space.

Team Leader name:

CHW name:

Problem identification

Asks about:

1. cough
2. difficulty breathing
3. Seizures/ convulsions
4. diarrhea
5. fever
6. ear pain
7. vomiting
8. difficult eating or drinking

Looks for:

9. Chest in-drawing / dyspnea
10. Pallor

Assess/ evaluates :

11. Temperature
12. Lethargy/ drowsiness
13. Correctly counts the respiration rate
14. Skin folds/ sunken eyes
15. Edema
16. Checks MUAC
17. Evaluates the weight curve in RTHC
18. Checks the child's vaccination status and gives recommendations

Decision making

19. Correctly able to identify a severe illness
20. Takes the right decision (transfer, treatment at home, no treatment needed)
21. Proceeds correctly with appropriate treatment before transferring for further care

Home-based treatment for child

22. Follows the steps in the procedural guide for identified illness/condition
23. Explains to the mother what health problems the child may have
24. Explains in detail care that mother should provide at home with sick child
25. Correctly demonstrates the recommendations given
26. Evaluates and makes recommendations about preventive measures
27. Decides with the mother / guardian on the date for the follow-up visit

Referrals

28. Gives instructions on timing and caring for the child on the way to the CHC
29. Correctly completes the referral form for CHC

Forms

30. Completes *Maternal and Child Health Record* completely and accurately

Sum the total number of column and divide by denominator

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Assessment Date: _____ TL signature _____ CHW signature _____