



Name of clinic/CHC: _____

At least one child health support visit report to be completed every 3 months. Follow up on implementation of recommendations and any problems on alternate visits.

Date of visit	Visit N° year	Name and designation

Health Systems-Leadership

Role	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Name & surname of Operational Manager:						
Name & surname of PHC Supervisor:						
Name & surname of PN in charge during visit:						
Name & surname of PN working in IMCI:						

Assessment Scale:

NB. In assessing the following standards / indicators please use the following scale, except when absolute numbers are required or it is a Yes/No question:

Compliant (C)	Standard is met in > 80% of patients/records/cases/time
Partially compliant (PC)	Standard is met in 50 - 80% of patients/records/cases/time
Non-compliant (NC)	Standard is met in < 50% of patients/records/cases/time

Health Systems-Infrastructure and equipment		Month:						
1	Copy from ORT corner list checked by staff daily							
2	Copy from Vaccine list corner list checked by staff daily							
3	Resuscitation list checked by staff twice daily							
4	Pharmaceuticals:							
	Amoxil							
	Ceftriaxone							
	Cotrimoxazole							
	NVP							
	AZT							
	Paracetamol							
	Salbutamol							
	Spacer and masks							
	Zinc							
	Iron							
	RUTF							

Human Resources (Assess PN/MO skills twice annually)		Month:						
5	Skills audit for well child done							
6	Skills audit for sick child done							
7	Number/percentage of PNs trained in IMCI							
8	Number/percentage of PNs trained in HIV steps							

Record reviews		Month:						
9	Well Child Patient Health Record Audits (5 per quarter)							
10	Sick Child Patient Health Record Audits (5 per quarter)							
11	Road-to-Health Booklet Record Audits (5 per month)							
12	HIV-infected Child Patient Health Record Audits (5 per quarter)							
13	Caregiver interview score (6/2 per month interviews per quarter: 3 x 0-2m infant and 3 x 2m-5y child)							

Monitoring & Evaluation		Month:						
14	OM is following up on weekly PCR results							
15	OM is following up on high Viral Loads of children from NHLS report							
16	Monthly monitoring of Child Health Data happening and gaps identified and actioned							

Gaps identified	Interventions/recommendations & support required/given:
Month:	
Month:	
Month:	

Month:	
Month:	
Month:	

Report completed by:					
Date:					
Signed:		Printed:		Desig.	
Date:					
Signed:		Printed:		Desig.	
Date:					
Signed:		Printed:		Desig.	
Date:					
Signed:		Printed:		Desig.	
Date:					
Signed:		Printed:		Desig.	