

Supervision Checklist at Community Level for Maternal and Neonatal Health: Kibaha District

Community Health Worker

Village:

Ward:

Date:

Name of the Community Health Worker:

A. Knowledge on Risk/Danger Signs:

Mark with a tick (✓) where appropriate

A1. Danger Signs for Neonates	YES
Difficulty in waking the baby or unusual sleepiness	
Seizures/convulsions	
Difficulty in breathing/fast breathing or periods of no breathing	
Bluish skin (cyanosis)	
Fever	
Cold	
Umbilical bleeding or discharge	
Skin rash	
Jaundice or overly pale skin	
Eye discharge	
Excessive crying	
Excessive vomiting	
Failure to breastfeed	
Decreased or absent urination	
Any other (specify)	

A2. Risk Signs and Symptoms During Pregnancy	YES
Vaginal bleeding	
Foul smelling of vaginal discharge	
Premature labor	
Sudden gush of fluid from the vagina-premature rupture of membranes (PROM)	
Severe continuous headache	
Sudden sharp, severe lower abdominal pain	
Convulsion/high blood pressure (Eclampsia)	
Difficulty breathing	
Sudden and severe swelling of face, hands, or legs	
Fever, chills, and persistent vomiting	
Loss of or decreased fetal movement	
Severe palmar pallor	
Any other sign (specify)	

A3. Risk Signs and Symptoms for a Postpartum Mother	YES
Persistent and severe vaginal bleeding	
Fever and feeling weak	
Severe lower abdomen pain	
Headache and dizziness	
Loss of consciousness or convulsion	
Difficulty breathing	
Abnormal behavior, irritability, anxiety, exhaustion, and depression	
Foul vaginal odor or discharge	
Muscle pains in the legs	
Painful breast swelling/ breast engorgement	
Passing small amount of urine or not passing urine at all	
Any other sign or symptoms (specify)	

A4. Commonly used Family Planning Methods in Tanzania	YES
Short-term Methods	
Condom (male, female)	
Exclusive breast feeding	
Combined oral contraceptives (COCs)	
Progesterone-only pill (POP)	
Natural family planning	
Long-term Methods	
Implant	
Intra uterine device (IUD)	
Injectable contraceptives (DMPA)	
Permanent Methods	
Tubal ligation (BTL)	
Vasectomy	
Any other method (specify)	

B. Number of households visited in a period of one month (one month ago):

C. Number of households assigned to the CHW:

D. Number of sick individuals seen during the visit, as per grouping:

Population Group	Number Seen and Attended	Number Referred
Neonates		
Pregnant women		
Postpartum women		
Family planning		
Total		

E. Working tools

Working Tools	YES
Referral forms	
Register for household visit	
Poster of risk/danger signs	
Bicycle	

F. Supervisors:

- 1..... Signature.....
- 2..... Signature.....
- 3..... Signature.....