

## CMW Administrative Supervisory Checklist

### To be filled by Supervisors

Month \_\_\_\_\_

Year \_\_\_\_\_

#### Section I. Basic information of CMW

1.1	Name of CMW		
1.2	PNC registration No:		
1.3	Union Council of Deployment		
1.4	Union Council where currently working		
1.5	CMW Contact Number		
1.6	CMW Deployment date		
1.7	CMW working hours		
1.8	CMW is working with any other organization? (If yes, mention the name of organization.)	Yes <input type="checkbox"/>	No <input type="checkbox"/> Org: _____
1.9	Complete address (Either residential or official) of CMW		
1.10	Catchment Area Population		
1.11	Name of Health Facility		
1.12	Health Facility ID		
1.13	CMW sign board displayed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### Section II: Please check the appropriate box (Yes' No' and Not Available) (Check physically with stock register)

Section II-A: Basic Equipment	Functional		Not Available
	Yes	No	
A.1 BP apparatus			
A.2 Stethoscope			
A.3 Fetoscope			
A.4 Emergency rechargeable light			

A.5 Baby weighing machine			
A.6 Weighting machine Adult			
A.7 Baby Warmer (Optional)			
A.8 Sterilizer (Electric 12 X 16)			
A.9 Normal delivery set			
A.10 Episiotomy set			
A.11 Safety box			
A.12 Bulb sucker			
A.13 Thermometer			
A.14 Measuring Tape			
A.15 Safe delivery kit (SDK) (Packed)			
A.16 Ambo bag with mask (If mask is not present, then it is incomplete)			
A.17 IUCD set			
A.18 Glucometer (Optional)			
A.19 Hemoglobin meter			
A.20 Manual Vacuum Aspiration (MVA) Kit			
<b>Section II.B Medicines</b>			
B.1 Iron and folate			
B.2 Vitamin A			
B.3 Cap: Amoxicillin			
B.4 Sy: Amoxicillin (or any other antibiotics)			
B.5 Tab: Mefenamic Acid			
B.6 Tab: Paracetamol			
B.7 Drops. Paracetamol			
B.8 Tab: Metronidazole (200mg and 400 mg)			
B.9 Canestine Vaginal Tablet with Applicator			
B.10 Inj. Oxytocin			
• If Inj. Oxytocin is cold stored?			
B.11 Tab. Misoprostol			
B.12 Inj. Methergin 0.2mg			
B.13 Inj Magnesium Sulphate			
B.14 Inj Valium			
B.15 Inj Calcium gluconate			
B.16 Inj Dexamethasone			
B.17 N/S 500 ml, 1000 ml with drip sets			
B.18 Ringers Lactate 500 ml with drip sets			

B.19 Antiseptic solution (Pyodine, Alcohol)			
B.20 Chlorhexidine			
<b>Section II.C Family Planning commodities</b>			
C.1 Oral Contraceptive Pills			
C.2 Injectable			
C.3 IUCD			
C.4 Condoms			
C.5 Emergency Contraceptive Pill (ECP)			
<b>Section II. D Consumables</b>			
D.1 Urine dip stick			
D.2 Folly's catheter			
D.3 Urine bag			
D.4 Syringes			
D.5 I/V cannulas			
D.6 Adhesive tape			
D.7 Gloves			
D.8 Face mask			
D.9 Apron			
D.10 Cotton			
D.11Plastic sheet			
<b>Section II.E Furniture items</b>			
E.1 Examination Couch			
E.2 Curtin screen			
E.3 Delivery table			
E.4 Office table			
E.5 Chair			
E.6 Client stool			
E.7 Almira			

<b>Section II. F CMW-MIS tools &amp; Registers (Available stock should be enough for 3 months at least)</b>	<b>Available</b>	<b>Currently used (Check for last month)</b>	<b>Remarks</b>
F.1 Daily Register	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.2 Stock register	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.3 MNCH Cards	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.4 Partograph Charts	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.5 Monthly Report Forms	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.6 Health Education Material	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.7 Family Planning Client cards	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
F.8 Referral slips	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	

<b>Section III: Please check the appropriate box after consulting CMW</b>	<b>Status</b>	<b>Remarks</b>
<b>Section III. A Data</b>		
3.1 Is CMW daily register updated?	Complete <input type="checkbox"/> Timely <input type="checkbox"/>	
3.2 Has CMW kept the copy of monthly report of previous month?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.3 Does the CMW Monthly Report Data tally with the Register data?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.4 Has CMW technical/administrative supervisor visited during last three months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Section III. B Disposal of Waste</b>		
3.b.1 Is the Placenta appropriately disposed through burial?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.b.2 Are blade/syringe/sharps burned or buried properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Section IV. Referrals</b>	<b>Status</b>	<b>Remarks</b>
4.1 Number of referrals from LHWs/community workers to CMW in last month		
4.2 Number of referrals from CMW to health facility in last month		
4.3 List of referral health facilities for referrals with contact numbers is available	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.4 Available mode of transport for referrals	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:
4.5 Number of referrals of Pregnant women for TT	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.6 Number of newborns referred for BCG and / or OPV	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Section V: Community/Service Users Satisfaction (Check, Observe and report by ticking 'Yes' or 'No')</b>			
<b>S. No.</b>		<b>Yes</b>	<b>No</b>
5.1	CMW responsiveness/attitude		
5.2	Provision of quality ANC		
5.3	Provision of quality PNC		
5.4	Provision of required medicines		
5.5	Provision of contraceptives (method opted by client)		
5.6	Timely Response to the call for delivery (Within 1 Hour)		

**Summary of Findings:**

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❖ PLEASE GIVE WRITTEN AND VERBAL FEEDBACK TO THE CMW FOR IMPROVEMENT BASED ON THE ABOVE FINDINGS

**Supervisor name and signature**

## User Guide for CMW Administrative Supervisory Checklist

### Section I. Basic information of CMW

1. **Name of CMW** : Write down complete name along with Husband or Father's name
2. **PNC registration No**: Write registration No from PNC card
3. **UC of Deployment**: Write down name of Union Council where CMW was deployed
4. **UC of working**: Write down name of union council where CMW is currently working
5. **Contact Number**: Cell No of CMW, if not then write down any functional No in family
6. **Deployment date**: Mention Date on which CMW was deployed in the field, confirm it from stock register
7. **Working hours**: For how many hours per day CMW is available in her workstation/ how many days per week. eg: 24/7, 12/7, 6/7, 6/6 etc.
8. **If CMW is working with any other organization? If yes, mention the name of organization.**

Ask if CMW is working with some other organization apart from this CMW assignment.

If yes mention the name of organization and period since working

9. **Complete address of CMW**: Complete address, Mohalla, village, UC, Taluka and district
10. **Catchment Area Population**: Confirm with population chart displayed inside workstation
11. **Name of Health Facility**: Name of health facility, CMW is attached with
12. **Health Facility ID**: Confirm ID from health facility's DHIS monthly report
13. **CMW sign board displayed**: Check if sign board is displayed at visible place outside workstation

### Section II:

**Section II.A- Basic Equipment:** Cross check with stock register. Tick the appropriate boxes

**Section II.B- Medicines:** Physically check the availability of items mentioned under these five

- Section II.C- F.P commodities:** With Yes, No and Not Available. Yes means available and in working condition.
- Section II.D- Consumables:** Condition, No means available but not in working condition If any equipment
- Section II.E- Furniture items:** Furniture item is available but broken, tick those items in non-functional
- Section II. F- CMW-MIS tools:** Look for availability of MIS tools and registers. Tick yes, only if available be enough for 3 months at least

### **Section III:**

#### **Section III. A Data**

##### **1. Is CMW daily register updated**

Physically check CMW register, if entries of previous day are made?

##### **2. Has CMW kept the copy of monthly report of previous month?**

Ask CMW to show the copy of monthly report submitted last month.

##### **3. Does the CMW Monthly Report Data tally with the Register data?**

Randomly pick 3-4 indicators and calculate/count from CMW daily register for previous month and cross check those with CMW monthly report of previous month.

##### **4. Has CMW technical/administrative supervisor visited during last three months?**

Ask CMW for any visit of supervisor during last three months. Also look for supervisor's notes in register

#### **Section III. B Disposal of Waste**

##### **1. Is the Placenta appropriately disposed through burial?**

Ask CMW about the disposal of placenta, if buried, physically checkout.

##### **2. Is the blade/syringe/sharps buried properly?**

Ask CMW about disposal of sharps, if buried, visit pit physically

#### **Section IV. Referrals**

##### **1. From LHWs/community workers to CMW.**

Ask CMW for referrals from community to CMW, (see record for all referrals made in previous month)

##### **2. From CMW to health facility**

Ask CMW for # of cases she referred to other health facilities, (see record for all referred cases during previous month)

##### **3. Is list of health facilities for referrals along with contact numbers available**

Look for list of health facilities and their contact numbers displayed inside workstation

#### **4. Available mode of transport for referrals**

Ask CMW how patients are being transferred to hospital in case of emergency? What transport is available for carrying clients to hospitals?

#### **5. Does she refer cases for Vaccination?**

Ask, whether she is referring neonates and pregnant women for vaccination? Verify for previous month from record

### **Section IV: Community/Service Users Satisfaction**

Tick 'Yes' or 'No' by observing following areas

#### **CMW responsiveness/attitude**

Randomly select one/two clients and ask about behavior and attitude of CMW (not in front of CMW)

**Provision of quality ANC:** Observe her while examining the client for ANC services, and look for following things;

- Is she taking history of ANC client
- Is she recording BP, weight and height
- Is she examining client by laying her down on examination couch
- Is she telling client how to take care of herself and inform about next visit

**Provision of quality PNC:** Observe her while examining the client for PNC services and look for following things;

- Is she taking history of PNC client
- Is she recording BP and weight
- Is she examining client by laying her down on examination couch
- Is she looking for general health of newborn and any abnormality (referring to pediatrician if needed)
- Is she advising for vaccination of newborn
- Is she telling client how to take care of herself and new born and counsels her on birth spacing.

**Provision of required medicines:** Observe if necessary medicines are given to patients, also ask clients for same. Also check the available stock of medicines and look for any stock out. (Stock register)

**Provision of contraceptives (method opted by client):** Observe her while dealing FP clients. Cross check with two randomly selected clients also



**Timely Response to the call for delivery (Within 1 Hour):** Ask at facility about recent deliveries in the community, and visit two clients in community whose babies were delivered by that CMW during last one/two months and ask about response time.

**Summary of the findings:** Supervisor is to write findings of the visit in bullet points.

**PLEASE GIVE WRITTEN AND VERBAL FEEDBACK TO THE CMW FOR IMPROVEMENT BASED ON THE ABOVE FINDINGS**

Supervisor should share all observations with CMW verbally and write notes on CMW register along with name, signature and date.

**Supervisor name and signature**

Supervisor will be writing his/her name along with doing signatures at the end of this tool.