

## **1. Health House & Lady Health Worker** **(For 2 LHWs only)**

Name of the Supervisor \_\_\_\_\_ Designation: \_\_\_\_\_

Health Facility to which attached \_\_\_\_\_ District: \_\_\_\_\_

Province \_\_\_\_\_

Date of visit: \_\_\_\_\_

<b>Name of LHW</b>		
<b>Years of Service</b>		
<b>Registered Population</b>		
	<b>Status/Remarks</b>	<b>Status/Remarks</b>
1. Fulfills Selection Criteria (If not, specify reason)		
2. Health House established as per given guidelines		
3. Satisfactory knowledge of LHW (Use annex C-I)		
4. Satisfactory skills of LHW (Use annex C-I)		
5. Stipend received for the last month		
6. Supplies such as medicines and contraceptives are available (If not, for how long?)		
7. Correct maintenance of LHW-MIS instruments		
8. Daily entries made in monthly report		
9. Last monthly report submitted		
10. Referrals being received by FLCF (Check no. from record)		
11. Diary available and maintained correctly		
12. Health Committee constituted/functional (Comment on contribution of HC)		
13. Women Group constituted/functional (Comment on contribution of WG)		
14. Properly uses Counseling cards for IPC		
15. Regular visits by the vaccinator		
16. Date of next visit of LHS known		
17. Visits by anyone else during last three months		

18. EPI coverage (From LHW diary)		
-----------------------------------	--	--

19. % of modern contraceptive users (From LHW diary)		
20. % of deliveries conducted by SBAs during last six months.		
21. % of delivery cases visited by LHW during delivery or within 24 hours after delivery in last month. (From LHW diary and checklist of newborn)		
22. Involved in administering routine EPI vaccines.		
23. Involved in TB-DOTS		

**Discussion with LHWs:**

Name of LHW	Issues discussed	Action for FLCF/Supervisor	Action for FPO/DPIU/PPIU
	1.		
	2.		
	3.		
	4.		
	5.		
	1.		
	2.		
	3.		
	4.		
	5.		

**Critical issues identified to be followed by LHS:**

1.  
\_\_\_\_\_
2.  
\_\_\_\_\_
3.  
\_\_\_\_\_

## **User Guide for Health House & Lady Health Workers**

The supervisor will record his/her name, designation and name of the health facility to which he/she is attached along with district and province.

Mention the names of two LHWs, date of visits and their registered population.

1. It means that she is qualified and has passed interview etc. according to selection criteria and if not then give reasons. Selection criteria include qualification, age limit and being local resident.
2. It means that establishment of the Health House follows the program guidelines including designated room/portion of room in her own house, availability of basic amenities, necessary drugs/supplies and equipment. Moreover display of the health education material should also be noted.
3. Supervisor will assess the knowledge and skills of LHW by using Annexure C-1 of the program.
4. Refer to No.3
5. Ask her about stipend received for the last month. If she has not received then ask how long she has not received it and what were the reasons for not receiving the stipend.
6. Check the availability of supplies and drugs as per scope of her services. If not available then mention time period and reasons of non-availability.
7. Check if her MIS tools are maintained in correct, complete and timely order.
8. Check that she is filling monthly report on daily basis. Verify from the report.
9. Check whether monthly report for last month has been submitted or not. Verify from the record.
10. Check the no. of referrals being entertained by FLCF from record.
11. Self-explanatory.
12. It will be verified from meetings, minutes of meeting, action proposed and action taken.
13. It will be verified from meetings, minutes of meeting, action proposed and action taken.
14. Check if the LHW does counseling as per the guidelines of IPC cards.
15. By checking record and discussion with LHW.
16. Verify from the record and discussion with LHW.
17. Self-explanatory.
18. Verify from the diary of LHW regarding EPI coverage.
19. Check the percentage of modern contraceptive users from LHW diary.
20. Check the percentage of deliveries conducted by Skilled Birth Attendants (SBAs) during last six months from the record of LHWs.
21. Verify from the diary and checklist of newborn.
22. Check from the record that LHW is helping the vaccinator in routine EPI coverage.

23. Verify from her record about the referral of TB suspects to TB management center.

**Discussion with LHWs**

Mention the name of LHWs and issues discussed with them, actions needed from FLCF/ Supervisor, FPO/DPIU/PPIU.

Mention the critical issues identified to be followed by LHS for rectification in future.