

Nutrition Support Program Khyber Pakhtunkhwa “Monthly Monitoring Checklist of Health Facility”

Name and Designation of Monitor: _____

Date: ____/____/____

District:	Taluka:	UC:
Village:	Facility Name:	OTP/SFP:

Section No. 1

Sr. No.	Human Resource & Development	Present (Yes/No)	Trained on (Yes/No)				
			CMAM	IYCF	SC	NIS	NiE
Total No of Staff working in OTP/SFP site: _____							
1	Nutrition Assistant/LHV						
2	SFP Assistant						
3	Community Mobiliser	Male					
		Female					
4	IYCF Counsellor						
5	Store keeper						

Section No. 2:

Appearance of OTP/SFP Site	Excellent	Satisfactory	Poor
Functions			
1. Waiting area			
i. Shaded area for mothers to wait with adequate space-no overcrowding.			
ii. Clean drinking water available			
iii. Adequate number of staff are present to handle the number of beneficiaries			
iv. A minimum of two key message posters are clearly visible (pasted at eye level) in the waiting area (The messages can be on hygiene promotion, anti-feeding bottles etc.)			
2. Appetite test corner			
i. Clean drinking water available.			
ii. Availability of clean water to wash hands with soap.			
iii. Comfortable seating arrangement is provided for mother and child.			
iv. Appetite test is done according to protocol (Check one case on the spot)			
3. Breastfeeding corner			
i. BFC is adequately screened off			
ii. Breast feeding corner:- Posters are pasted at eye level, designed in simple language carrying key messages			
iii. Cups and spoons are present to replace feeding bottles			
iv. BFC cards are present and all columns filled			
4. Screening at static point (Health Facility)			
i. Children are screened one at a time			
ii. The waist of children below six months is examined			
iii. Token system is operating			
iv. Donor funding symbols are clearly visible			
v. Staff schedule is visible			

5. Supplies:			
i. Organization of storage of supplies is orderly and above ground level			
ii. MUAC Tapes (At least 2) available			
iii. Accurate scales - Check to ensure the scales are accurate with an object of known weight			
iv. Following of the supplies and medicines are available and properly stored:			
a) Calculator			
b) Thermometer			
c) Stop watch			
d) Amoxicillin			
e) Mebendazole			
f) Vitamin A			
g) Plumpy nut/ RUSF rations			

Section No. 3

Question & Observation:			
Sr. No.	Anthropometric measurement/Observed	Yes/No	Remarks
1	Grade of edema measured accurately		
2	MUAC measured accurately		
3	Weight measured accurately		
4	Height measured accurately		
Outpatient Therapeutic Program (OTP)			
1	Enrolment procedures and criteria are correct		
2	Admission history is recorded accurately on OTP card		
3	Medical examination is performed correctly and recorded		
4	Routine medicines are given correctly		
5	Action protocol is used correctly		
6	Children are correctly referred to inpatient care		
7	OTP card is filled correctly		
8	Key messages are given correctly		
9	Follow up history and examination are performed correctly		
10	Reasons for follow up are identified correctly		
11	Links between health facility and community are established		
12	Children absent or defaulted are followed up in community		
13	Non responders are referred for medical investigation		
14	Exit procedures and criteria are correctly followed		
15	Water for hand washing for care givers and OTP staff is available		
16	A system exists for collecting medical wastes and other wastes		
17	At least one health personnel is available for the OTP site		
Supplementary Feeding Program (SFP)			

1	Enrolment procedures and criteria are correctly followed		
2	SFP routine medicines are available and given correctly		
3	Registration in SFP is recorded accurately		
4	SFP ration card is filled out accurately		
5	Exit procedure and criteria exist and correctly followed		
6	Key messages are given correctly		

Section No. 4:

Performance Indicators (Forms/Record/Registers)

Sr. No.	Categories	OTP	SFP	
			Children	PLWs
1	Total Registration			
2	Cured Discharged			
3	Transfer out			
4	Transfer to OTP (for SFP Patients)			
5	Transfer to SFP(for OTP Patients)			
6	Transfer to SC			
7	Defaults			
8	Deaths			

9	Non Recovered			
10	Total exits			
11	Remaining in program			

Section No. 5:

	CMAM Recording & Reporting Tools available		Yes/No	Remarks
Community Level				
1	Screening forms	Children (6- 59 Months)		
2		Pregnant & Lactating Women		
3	Referral slip to OTP/SFP Children (6- 59 Months)			
4	Referral slip to SFP Pregnant & Lactating Women			
5	Home visit form for absence, default or follow up			
6	Confirm randomly selected SAM and MAM children with MUAC			
7	Confirm randomly selected PLW with MUAC			
OTP Level Records				
1	Screening Register	Children (6-59 Months)		
2		Pregnant & Lactating Women		
3	OTP Admission & Follow-up form			
4	OTP Ration Card & Register			
5	Referral slip from OTP to SFP			
6	Transfer slip from OTP to inpatient-SAM			
7	Daily/Weekly tally sheets			
8	Weekly/Monthly Statistical Report for OTP/SC			
SFP Level Records				
1	SFP Registration Card- Children			
2	SFP Ration Card –Children			
3	SFP Registration Card – PLW			
4	SFP Ration Card –PLW			
5	Referral slip SFP to OTP – Children			

6	SFP Tally Sheet- Children		
7	SFP Tally Sheet- PLW		
8	Weekly/Monthly Statistical Report for SFP		
9	Stock is stored correctly		
10	Supply gap more than 15 days during reported period		

Name of visiting Supervisor: _____

Designation: _____

Signature: _____

Use Guidelines for Monthly Monitoring Checklist of Health Facility

(Monitor/supervisor will write down his and health facility's particulars as specified on the checklist)

Section No. 1

Human Resource and Development

- Total number of staff working in Outpatient Therapeutic Program/ Supplementary Feeding Program (OTP/SFP) site.
- Mention the total number of staff. Different categories of staff have been given in the checklist. Tick “Yes” or “No” regarding the availability of each staff category. Social Mobilizer—“Male” or “Female” category is also to be marked.
- Different training courses have been given in the list. Mark each staff member who has been trained course-wise. If possible, try to check their training certificates. Following trainings have been mentioned in the checklist as:
 - CMAM: Community Based Management of Acute Malnutrition
 - IYCF: Infant and Young Child Feeding
 - SC: Stabilization Centre
 - NIS: Nutrition Information System
 - NiE: Nutrition in Emergency

Section No. 2: Appearance of OTP/SFP site

All the questions will be answered in terms of: excellent, satisfactory or poor, depending on the observation and information gathered by the monitor.

1. Waiting Area

- i. Check the availability of a separate and covered area, with an adequate space, for mothers to wait. There should be no overcrowding of that place.
- ii. Check the availability of clean drinking water.
- iii. Check the availability of sufficient number of staff to deal with the clients/ beneficiaries. Check, if the clients have to wait a lot for their turn or not. Also note client and staff ratio to mention the answer.
- iv. Check the availability of posters displayed in the waiting area. A minimum of two key message posters should be clearly visible at eye level in the waiting area. Posters should address hygiene promotion, anti-feeding bottles etc.

2. Appetite test corner

All the questions will be answered in terms of: excellent, satisfactory or poor

- i. Check the availability of clean drinking water. Check if there is filtered, boiled or tap water there.
- ii. Check the practice and process of washing hands. Is there clean water available to wash hands? Is soap available over there?
- iii. Look for the enough seating arrangements in the area. Is it comfortable and enough for mother and child?
- iv. Check whether Appetite test is done according to protocol (Check one case on the spot)

Steps to be followed for the appetite test:

- i. The appetite test should be conducted in a separate quiet area.
- ii. Explain to the caregiver the purpose of the appetite test and how it will be carried out.
- iii. The caregiver should wash their hands.
- iv. The caregiver should sit comfortably with the child in the lap and should either offer the ready-to-use therapeutic food (RUTF) from the packet or put a small amount on his finger and give it to the child.
- v. The caregiver should offer the child the RUTF gently, encouraging the child all the time. If the child refuses then the caregiver should continue to quietly encourage the child and take time over the test. The test usually takes a short time but may take up to thirty minutes. The child must not be forced to take the RUTF.
- vi. The child needs to be offered plenty of water to drink from a cup as he is taking the RUTF.

3. Breastfeeding corner

All the questions will be answered in terms of: excellent, satisfactory or poor

- i. Check if BFC (Breast Feeding Corner) is adequately separated and is private to provide the comfort level for mothers.
- ii. Look if the posters regarding breast feeding information are displayed or not. Are there clear messages written on them, are they bright and pasted at eye level.
- iii. Check for the adequate number of cups and spoons to replace feeding bottles.

- iv. Check for the availability of BFC cards and whether they are completed and updated with all columns filled.

4. Screening at Static point (Health Facility)

Answer all the questions in terms of: excellent, satisfactory or poor

- i. Directly observe the process of screening. See if the children are screened one at a time.
- ii. Observe all the cases under 6 months; are they being checked for wasting
(Wasting - Moderate and severe - below minus two standard deviations from median weight for height of reference population.)
- iii. See if the token system is operating. Check the efficiency of this system.
- iv. Look as if the donor funding symbols are clearly visible or not?
- v. Check whether the duty roster of staff is available and displayed or not at the static point. Is it updated and clear to understand.

5. Supplies

Each question will be answered in terms of: excellent, satisfactory, poor

- i. Check, if supplies are stored properly according to established principles of storing the medicines and supplies (e.g. there should be separate and clean shelf for storing medicines. Shelf should be 12 cm above the ground, 40 cm away from the wall, no direct sunlight on shelf etc.)
- ii. Check the availability of two MUAC Tapes (Mid Upper Arm Circumference Tape).
- iii. Accurate scales - Check to ensure the scales are accurate with an object of known weight. Physically verify the accuracy of scale with an object.
- iv. Check the availability of the below medicines and supplies and whether properly stored

(Calculator, thermometer, stop watch, and specified medicines)

Section 3

Question & Observation

Anthropometric measurement /Observed

Mark the answer either in “Yes” or “No” for each of the questions

1. Grade of Oedema measured accurately

Observe the staff whether measuring edema status accurately. Monitor should know about the grading of edema. *If edema is present, the staff should grade it on a scale of 1+ (mild) to 4+ (severe).*

2. MUAC (Mid Upper Arm Circumference Tape) measured accurately

Observe the staff whether measuring MUAC accurately or not.

The mid-upper arm circumference is the circumference of the upper arm at midpoint, measured with a non-stretchable tape measure. The measuring point is half way between the olecranon process of the ulna and the acromion process of the scapula.

3. Weight measured accurately

Observe the staff whether measuring weight accurately or not.

4. Height measured accurately

Observe the staff whether measuring height accurately or not

Outpatient Therapeutic Program (OTP)

Mark the answer either in “Yes” or “No” for following questions

1. Enrolment procedures and criteria are correct

Check the enrolment procedures and criteria chalked down on the register as well as observe on the spot. If the procedure is being performed smoothly, then write down “Yes,” otherwise “No”

2. Admission history recorded accurately on OTP card

Examine the admission history on OTP card as well as observe on the spot. If the history is being taken satisfactorily, then write down “Yes,” otherwise “No”

3. Medical examination performed correctly and recorded

Look at one or two cards whether examination has been performed properly and recorded accurately. It is also advised that monitor should observe on the spot how the staff is conducting medical examination.

4. Routine medicines given correctly

The monitor should have comprehensive knowledge of medicines being used in the facility, their optimal doses along with indications and side effects.

5. Action protocol used correctly

Written protocols should be available at facility. Check the availability and its rational use by the staff.

6. Children correctly referred to inpatient care

The children, who cannot be treated on outpatient basis, shall be referred to inpatient care. Only the eligible children should be referred to avoid unnecessary burden. The monitor shall check selective cases whether it is judicious or not.

Enrollment criteria for In-patient care (Children 0-59 months) is as follows:

(Any of the following:

-Bilateral pitting oedema +++

With any of the following complications

- i. Anorexia, no Appetite for RUTF
- ii. Vomits everything
- iii. Hypothermia less than or equal to 35.5°C
- iv. Fever $\geq 38.5^{\circ}\text{C}$
- v. Severe pneumonia
- vi. Severe anemia
- vii. Severe dehydration
- viii. Conditions requiring IV infusion or NG tube feeding

-Marasmic-Kwashiorkor (MUAC <115mm with any grade of oedema)

7. OTP card filled correctly

Look if OTP card is being filled with accuracy. Is it updated?

8. Key messages given correctly

It means that message should be precise and should have direct impact on the knowledge and practice of the people coming to the facility for their ailments.

9. Observe if follow up, history and examination performed correctly. Are they documented?

10. Reasons for follow up identified correctly

Give the reasons why it is necessary to follow-up the case. If the reasons seem to be satisfactory, then tick "Yes" otherwise "No."

11. Links between health facility and community established

Explore the linkages and coordination between the facility and community. Check whether the meetings are being held in routine or on need basis as and when required.

12. Children absent or defaulted followed up in community

Check if such list exists in health facility and such cases are being followed up in routinely or not. Check from the record /inpatient registers and other follow up records.

13. Non responders referred for medical investigation

The children who are not responding to routine treatment are referred to higher up level/lab investigations. See the mechanism and entries in the referral register.

14. Exit procedures and criteria are correct. A proper discharge slip should be issued bearing the name and ID of patient and the medicine regime to be followed. Food

schedule to be observed and additional measures to be taken. Also witness advice given to the parents/care takers and date for the follow up visit.

Observe whether exit criteria exist or not. SOPs are available in the facility and are being practiced or not

15. Water for hand washing for care givers and OTP staff available
Check if there is proper place and water for washing hands.
16. A system exists for collecting medical wastes and other wastes
Check whether the Federal Guidelines on collection of wastes are being observed by the staff in the facility.
17. At least one health personnel is available for the OTP site
Check the availability of requisite staff at the time of visit as well as duty roster of staff.

Supplementary Feeding Program (SFP)

Mark the answer either in “Yes” or “No” for following questions

1. Enrolment procedures and criteria are correctly followed
Check the enrolment procedures and criteria chalked down on the register as well as observe on the spot. If the procedure is being performed smoothly, then write down “Yes,” otherwise “No”
2. SFP routine medicines are available and given correctly
The monitor should have comprehensive knowledge of medicines being used in the health facility, their optimal doses along with indications and side effects. Verify the availability of medicines from stock register.
3. Registration in SFP is recorded accurately.
Check whether the registration card/register is accurately filled or not.
4. SFP ration card filled out accurately
Check whether the ration card/register is accurately filled or not.
5. Exit procedure and criteria are correctly followed
Check whether such criteria exist or not. SOPs are available in the health facility to this effect and are also being practiced.
6. Key messages are given correctly
It means that messages should be precise and should have direct impact on the knowledge and practice of the people coming to the health facility for the treatment of their ailments.

Section No. 4:**Performance Indicators (Forms/Record/Registers)**

(Give the number in OTP column and SFP (for children, Pregnant and Lactating Women (PLWs) separately) from the record/registers

1. Total Registration:
2. Cured Discharged
3. Transfer Out
4. Transfer to OTP (for SFP Patients)
5. Transfer to SFP (for OTP Patients)
6. Transfer to SC
7. Defaults
8. Deaths
9. Non Recovered
10. Total Exits
11. Remaining in Program

Section No. 5:**CMAM (Community Based Management of Acute Malnutrition) Recording & Reporting Tools available**

(Give the answer either in “Yes or No.” In remarks column, write down any important finding worth mentioning)

Community Level

1. Screening forms: Children (6- 59 Months)
2. Screening forms: Pregnant & Lactating Women
3. Referral slip to OTP/SFP Children (6- 59 Months)
4. Referral slip to SFP Pregnant & Lactating Women
5. Home visit form for Absence, Default or Follow up
6. Confirm randomly selected SAM and MAM children with MUAC
7. Confirm randomly selected PLW with MUAC

OTP (Outpatient Therapeutic Program) Level Records

1. Screening Register: Children (6-59 Months)
2. Screening Register: Pregnant & Lactating Women
3. OTP Admission & Follow-up form
4. OTP Ration Card & Register
5. Referral slip from OTP to SFP
6. Transfer slip from OTP to inpatient-SAM
7. Daily/Weekly tally sheets
8. Weekly/Monthly Statistical Report for OTP/SC

SFP (Supplementary Feeding Program) Level Records

1. SFP Registration Card-Children
2. SFP Ration Card –Children
3. SFP Registration Card–PLW
4. SFP Ration Card–PLW
5. Referral slip SFP to OTP–Children
6. SFP Tally Sheet-Children
7. SFP Tally Sheet-PLW
8. Weekly/Monthly Statistical Report for SFP
9. Stock is stored correctly
10. Supply gap more than 15 days during reported period

In the last, supervisor will write down his name and designation along with putting his signatures.