**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 □ No □ | 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 □ No □ | |

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| **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 |  |  |  |
| **Section II.B Medicines** |  |  |  |
| B.1Iron and folate |  |  |  |
| B.2 Vitamin A |  |  |  |
| B.3Cap: Amoxicillin |  |  |  |
| B.4 Syp: Amoxicillin (or any other antibiotics) |  |  |  |
| B.5 Tab: Mefnamic 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.11Tab. 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 |  |  |  |
| **Section II.C Family Planning commodities** |  |  |  |
| C.1 Oral Contraceptive Pills |  |  |  |
| C.2 Injectable |  |  |  |
| C.3 IUCD |  |  |  |
| C.4 Condoms |  |  |  |
| C.5 Emergency Contraceptive Pill (ECP) |  |  |  |
| **Section II. D Consumables** |  |  |  |
| 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 |  |  |  |
| **Section II.E Furniture items** |  |  |  |
| 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 |  |  |  |

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

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

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| --- | --- | --- | --- |
| **Section IV. Referrals** | | **Status** | **Remarks** |
| 4.1 | Number of referrals from LHWs/community workers to CMWin 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□ No □ |  |
| 4.4 | Available mode of transport for referrals | Yes□ No □ | Type: |
| 4.5 | Number of referrals of Pregnant women for TT | Yes□ No □ |  |
| 4.6 | Number of newborns referred for BCG and / or OPV | Yes□ No □ |  |

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| --- | --- | --- | --- |
| **Section V: Community/Service Users Satisfaction *(Check, Observe and report by ticking ‘Yes’ or ‘No’)*** | | | |
| S. No. |  | **Yes** | **No** |
| 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, **c**onfirm 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

1. **Complete address of CMW:** Complete address, Mohalla, village, UC, Taluka and district
2. **Catchment Area Population:** Confirm with population chart displayed inside workstation
3. **Name of Health Facility:** Name of health facility, CMW is attached with
4. **Health Facility ID:** Confirm ID from health facility’s DHIS monthly report
5. **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?

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

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

1. **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.

1. **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.

1. **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)

1. **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)

1. **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

1. **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?

1. **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: O**bserve 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.