

## Appendix 1 : Case-finding Checklist for Volunteers

### Case Finding Checklist

1. Name of the Volunteer :.....  
 2. Village :.....  
 3. TA :.....

#### U/5 Child Information

		Tick(√)	Yes	No
4	Name : SEX: (circle) F/M			
5	Age :			
6	Village: TA:			
7	Name of Care taker :			
8	Relationship with child:			
9	Distance to nearest HF:			
10	Does the child have a health passport			
11	Is child *Gaining weight			
	*Losing weight			
	*Weight constant			
12	Date last card updated			
13	Is it the first time for the child to be malnourished			
14	# of Children in the family			
15	Any other malnourished children in the family			
16	Is there enough food in the family			
17	Has caretaker already visited the Health Facility			
18	Does the child have other medical complications i.e.			
	loss of appetite			
	TB			
	Malaria			
	Anaemia			
	oedema,			
	diarrhoea,			
	vomiting,			
	others(specify)			
19	Any Child deaths			
20	If yes, possible cause of death			
21	Age of when death occurred - 0-5 years			
	- over 5yrs			

**Appendix 2 : Follow up Checklist for Volunteers**

1. Name of the Volunteer :.....  
 2. Village :.....  
 3. TA :.....

**Child Information**

		Tick(√)	Yes	No
4	Name:			
5	Age: Sex: M.....F.....			
6	Name of Caretaker:			
7	Relationship with child			
8	Is the child improving			
9	Is the child Gaining weight (check on Card)			
	Losing weight			
	Weight constant			
10	Is the child eating Chiponde well?			
11	Is Chiponde available ? (check for remaining pots/satchets and empty ones)			
12	Is Chiponde being shared			
13	Is the child also eating other foods apart from Chiponde			
14	Does the caretaker follow the appointment schedule at the OTP Site(check on OTP card)			
15	Did the caretaker find Chiponde at the HF during the last visit			
16	Does the child have other medical complications i.e.			
	loss of appetite			
	TB			
	Malaria			
	Anaemia			
	oedema,			
diarrhea,				
vomiting,				
others(specify)				
17	Advice given			

**Additional Comments**

.....  
 .....  
 .....  
 .....  
 .....



District Name:

MANAGEMENT SYSTEMS COMPONENT	DATA ELEMENTS TO REPORT ON QUANTITATIVELY	July/ September Quarter
Infection Prevention	Average assessment score during the quarter	
Malaria	Number of women received two or more doses of SP in the quarter	
	First ANC visits in the quarter	
	Functional multisectoral ITN Committee exists (circle one)	Yes / No
	Number of hospital based maternal death audited in the quarter	
Maternal Death Audit	Total hospital based Maternal deaths in the quarter	
HIV/AIDS:	To use data from the HIV VCT monthly report	
Nutrition	Number of children received chiponde in the quarter	
	Number of children admitted in the OTP programme in the quarter	
	Number of children discharged from the OTP programme in quarter	
	Number of deaths of children while on OTP in the quarter	
	Number of children referred to NRU from the OTP programme in the quarter	
	Number of children referred to OTP from the NRU programme in the quarter	
	Number of defaulters from the OTP programme	
	Amount of chiponde distributed in the quarter	
	District level:	Number of health facilities with documented supervisory visit in the quarter
District planning:	District conducted DIP review in the <b>quarter</b> (Circle one)	Yes / No
Reporting:	Number of Health Facilities reporting HMIS data according to schedule in the quarter	
	Number of Health Facilities conducting quarterly HMIS reviews	
	District has a defined set of indicators in use (Circle one)	Yes / No
	Number of Health Facilities demonstrating use of data from the defined set of indicators in the quarter	
Community ITNs:	District implementing ITN financial management procedures	Yes / No
Essential drugs	Number of Health Facilities without stockouts of identified child health tracer drugs in the quarter	
	District has a functioning Drug and Therapeutic Committees	Yes / No
VCT test kits	District had no stockout of determine HIV and unigold/bioline for more than seven days in the quarter (Circle One)	Yes / No
Financial management & accounting:	Accounts submit ORT report to DHMT (DHO, DNO, DHSA and DEHO) monthly (Circle One)	Yes / No
Transport management:	Percentage achieved on "needs satisfaction" in the quarter	
	Adminstration staff submits fuel and vehicle maintainance reports to DHMT monthly	
	Number of Health Facilities maintaining registers for monitoring transport management in the quarter	
Communications:	Number of health facilities with functioning communication equipment (telephone or radio)	
Human resource management	District maintains a proper filing system for personnel records (Circle One)	Yes / No
Equipment maintenance	Number of health facilities with all basic child health equipment (EPI refrigerator, thermometer, timer and weighing scale)	
Working Denominator for some indicators	Total Number of <b>operational</b> Health Facilities in the District	

## CTC - OTP MONTHLY REPORTING FORM

Facility Name: \_\_\_\_\_

Facility Code: \_\_\_\_\_

District: \_\_\_\_\_

Month: \_\_\_\_\_

Data Element	Previous Admissions		New Admissions (OTP)					Discharges			TOTAL Discharges (P)= J+K+L+M+N (P)	TOTAL Admissions at the end of the month (Q)=(I)- (P)					
	Total at the beginning of the month (OTP) (A)	Returns from NRU (B)	Discharged from NRU (Referred to OTP) (C)	Oedema (D)	W/H < 70% and MUAC < 11cm (E)	Relapses (F)	Others (G)	Total New Admissions (H)=C+D+E+F+G	Total Admissions (I)=A+B+H	Cured (J)			Deaths (K)	Default (L)	Medical Transfers (M)	Transfers Out (N)	Referrals from OTP to SFP (O)
6-<12 months																	
12-<24 months																	
24-<36 months																	
36-<48 months																	
48- 59 months																	
<b>TOTAL</b>																	

Calculate Cure, death and default rates against targets

Target	>75%	<10%	<15%

Number of children admitted into SFP

Number of children followed up in the community

(check in SFP register)  
(check in volunteer reports or HSAs reports)

Admissions into OTP (Parenthood)		
	Male	Female
Without Mother		
Without Father		
Without both parents		
With both parents		
<b>Total</b>		

CHIPONDE	
Total at the beginning of the month	
Total Receipts in the month	
Total Distributed	
Losses /Adjustments	
Stock on Hand at end of month	
Any Stock Outs during the month	Yes / No

Checked By: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Compiled By: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_