

Malaria Testing and Treatment Supportive Supervision Checklist

Supervisor Name: _____

Health Facility: _____

Date: _____

LGA: _____

Officer-In-Charge: _____

I. Observation Checklist:

1. Are the following practices being followed?

- All observed clients are screened for fever
- All observed clients with fever or a history of fever are tested for malaria before seeing a provider
- All observed clients undergo differential diagnosis
- All observed clients who test positive for malaria **are** treated with ACTs
- Observed clients who test negative for malaria are **not** treated with ACTs
- Facility staff conduct malaria health talks

Observed at facility

Yes No

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

2. The evaluation job aid is:

- Visible in consultation areas
- Used for differential diagnosis

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

3. The whole site counselling tool is:

- Visible in consultation areas
- Used to counsel clients

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

II. Discussions and Next Steps:

1. What factors create challenges for adherence to Malaria Test Results?

2. What steps will the OIC/facility take to address the challenges discussed in today's meeting?

3. Agree with the OIC to check progress on these steps in next month's supervisory visit.

I verify that I have completed these supportive supervision responsibilities and provided feedback to the officer-in-charge.

Supervisor Signature: _____