**Supportive supervision reporting form**

|  |  |  |  |
| --- | --- | --- | --- |
| Sub-county |  | Number of cases in under-fives in the last 30 days (N) for each ADS |  |
| Uncomplicated malaria in under five year olds(N )  | Non-bloody diarrhea in under five year olds(N)  | Cough with no difficulty in breathing and no other conditions (N) |  |
| Name of supervisor  |  |
| Reporting date  | Supervision Cycle number  | Date of previous report  | Next reporting due date |
| Total cases | How many were tested with RDT? | How many received medicine | How many got the right dose of the right first line antimalarial | Total cases | How many got ORS and zinc?  | Got right dose of zinc  | Got right amount of ORS | How many received an oral antibiotic? |
| Name of ADS  | Dispensing envelopes available  | Accurately determined quantity of medicines to buy? | Know the four danger signs? | At least one referral in last 2 weeks? | Addressed at least 60% of issues Identified in previous visit | Carried out at least one self-assessment in the last three months | Total cases | How many received an antibiotic? | ADS association Subscription status |
| Y=1N=0 | Y=1N=0 | Y=1N=0 | Y=1N=0 | Y=1N=0 | Y=1N=0 | N | n | n | n | N | n | n | n | n | N | n | Y=1N=0 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EXPECTED TOTAL SCORE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |