

**Supervision Checklist at the Community Level for Maternal and Neonatal Health: Kibaha District**

**ADDO Dispenser**

Village: .....

Ward: .....

Date: .....

Name of the ADDO Dispenser: .....

Name of the ADDO: .....

**A. Knowledge on Risk/Danger Signs**

*Mark with a tick (✓) where appropriate*

<b>A1. Danger Signs for Neonates</b>	<b>YES</b>
Difficulty in waking the baby or unusual sleepiness	
Seizures/convulsions	
Difficulty in breathing/rapid breathing/ periods of not breathing	
Bluish skin (cyanosis)	
Fever	
Cold	
Umbilical bleeding or discharge	
Skin rash	
Jaundice or overly pale skin	
Eye discharge	
Excessive crying	
Excessive vomiting	
Failure to breastfeed	
Decreased or absent urination	
Any other signs (specify)	

<b>A2. Risk Signs and Symptoms During Pregnancy</b>	<b>YES</b>
Vaginal bleeding	
Foul smelling vaginal discharge	
Premature labor	
Sudden gush of fluid from the vagina/premature rupture of membranes (PROM)	
Severe, continuous headache	
Sudden sharp severe lower abdominal pain	
Convulsions/high blood pressure (eclampsia)	
Difficulty breathing	
Sudden and severe swelling of face, hands, or legs	
Fever, chills, and persistent vomiting	
Loss of or decreased fetal movement	

Severe palmar pallor	
Any other signs (specify)	

<b>A3. Risk Signs and Symptoms for a Mother after Delivery (Postpartum)</b>	<b>YES</b>
Persistent and severe vaginal bleeding	
Fever and feeling weak	
Severe lower abdomen pain	
Headache and dizziness	
Loss of consciousness or convulsions	
Difficulty breathing	
Abnormal behavior, irritability, anxiety, exhaustion, and depression	
Foul vaginal odor or discharge	
Muscle pains in the legs	
Painful breast swelling/breast engorgement	
Passing small amount of urine or not passing urine at all	
Any other signs or symptoms (specify)	

<b>A4. Commonly Used Family Planning Methods in Tanzania</b>	<b>YES</b>
<b>Short-Term Methods</b>	
Condom (male, female)	
Exclusive breast feeding	
Combined oral contraceptives (COCs)	
Progesterone-only pill (POP)	
Natural family planning	
<b>Long-Term Methods</b>	
Implant	
Intra uterine device (IUD)	
Injectable contraceptives (DMPA)	
<b>Permanent Methods</b>	
Tubal ligation (BTL)	
Vasectomy	
Any other method (specify)	

**B. Number of Patients attended as per group of population**

<b>Population Group</b>	<b>Number of Patients or Individuals Attended</b>	<b>Number of Patients or Individuals Referred with Document</b>
Neonates		
Pregnant women		
Postpartum women		
Family planning		
<b>Total</b>		

If no documented referral has been reported, ask why.

**C. Availability of Medicines and Related Commodities**

<b>Medicines or Commodities</b>	<b>YES</b>
Oral rehydration solution (ORS)	
Zinc	
Amoxicillin dispersible tablets	
Sulfadoxine-pyrimethamine (SP)	
Artemisinin-based combination therapies (ACTs)	
Quinine	
Folic acid	
Male condom	
Female condom	
Combined oral contraceptives	

**D. Working Tools**

<b>Type of Working Tool</b>	<b>YES</b>
Patient register	
Referral forms	
Posters of risk/danger signs	
Sign board for the ADDO	
Poster for application of modern technology in ADDOs	

**E. Supervisors**

1..... Signature.....  
 2..... Signature.....  
 3..... Signature.....