



MALARIA PHONE MENTORING CHECKLIST

Private Health Sector Project



Date_____

Region_____ Facility name_____ Respondent name_____

No	Parameters to check	Yes	NO	Actions taken
1.	Do you have PQ for all patients with P.falciparum and P.vivax			
2.	Do you have AL for patients with P.falciparum infection			
3.	Do you have CQ for patients with P.vivax			
4.	Do you have any of the injection for severe cases			
5.	Are you using radical cure for all patients with P.vivax			
6.	Are you using AL and SDPQ for Pf and mixed infection			
7.	Are you using bin card and RRF			
8.	Are you properly storing all anti-malaria drugs and reagents			
9.	Are you doing IQC and daily preventive maintenance			
10.	Are you storing slides for malaria microscopy EQA			
11.	Do you have the morbidity and laboratory registers			
12.	Are you reporting forms cases using	HMIS		
		PHEM		
13.	Are you registering cases using the registrations	Morbidity register		
		Laboratory register		