

ANNEX 4: QUARTERLY CAG SUPERVISION FORM FOR HSAs

Quarterly CAG SUPERVISION FORM for HSAs

Name of supervisor _____

Name of CAG	
Name of Village/TA	
Name of focal point (FP)	
Date of supervision	

Did you experience any problems since the last SV visit? Y/N	
If yes, which? Describe	
Describe how do you check adherence of members? <i>FP should be able to explain about pill counts</i>	
When do you advise a patient to seek health care? <i>FP should be able to name all side effects and other issues on group card</i>	
Check the group card: filled correctly? If not, record what the problem is	

Did this CAG lose anyone? Y/N	
If yes, WHEN (Date)?	
Why?	

Any other observations/comments regarding the group:	
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