

Section 8

Field Weighing Post Supervision

1. District :
2. MOH area :
3. PHM area :
4. Weighing centre :
5. Date assessed :
6. Supervisor's name :

Details of last supervision of the field weighing post:

Date of supervision :

Designation of the supervising officer :

Recommendations are implemented : Yes/No

Note on recommendations that were not implemented:

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1. Quality assessment

Points to be strengthened		Comments		
1	Organizing the weighing post			
1.1	Accessibility of weighing post to the draining population - Situated in a central location reached by all or a location with an affordable transport facility (You can use the area map of the PHM to assess this)			
1.2	Well secured place - Should be a place with adequate protection from accidents for children and parents/caregivers			
			No. expected	No. attended
1.3	No. of children draining to the weighing post (This information need to be gathered beforehand from the CHDR B portions of the particular draining area.)	Infants		
		1 – 2years		
		2 – 5 years		
		Total		

1.4	Those eligible for weighing only are attending - Monthly for all children under 2 years and those with growth problems above 2 years - Once in 3 months for normally growing children over 2 years (can check 10-15 CHDRs from the children who attend the field weighing post on the day of supervision).					
1.5	Adequacy of space - Adequate for the expected target group to be present at any given time					
2	Weighing technique					
2.1	PHM checks the scale to ensure it is working properly before starting the weighing session.					
2.2	Hangs the scale securely.					
2.3	Hangs the scale with the face of the scale at the measurer's eye level.					
2.4	Trouser is in good condition					
		C1	C2	C3	C4	C5
2.5	Explains the technique to parents/caregivers properly/ they know how to support correctly.					
2.6	Hangs the trouser and balances the scale to 0.					
2.7	Parent/ caregiver undresses the child					
2.8	Infants should be weighed with no clothing at all (If in a cold climate, can wrap the baby with a blanket but this blanket has to be balanced first as done with the trouser).					
2.9	Children over 1 year of age weighed with light under-clothing/ minimal clothing only					
2.10	Places the child in the trouser and then hangs the child on the scale with the support of the parent/caregiver.					
2.11	Child's feet are not touching the ground once the child is hung onto the scale.					
2.12	Reads the measurement accurately as soon as the pointer stops moving.					

3	Recording measurements & interpretation					
3.1	PHM herself records the measurement in the growth record of the B portion of the child's CHDR.					
3.2	Then plots this measurement accurately in the weight for age graph in the CHDR A portion.					
3.3	Interprets the measurement according to the zone (the particular code for the zone in which the measurement falls)					
	Direction of the growth curve (whether there is growth faltering/upward deviation suggestive of overweight tendency according to the direction of the curve) and					
	Writes the relevant code again in the column provided for recording of the code in growth record of the B portion					
3.4	Considers other two charts (length/height for age, weight for length/height)					
3.5	Identifies the growth status correctly (taking into consideration all 3 charts)					
3.6	Discusses child's weight/growth status with parent/caregiver.					
3.7	Collects information from malnourished children to identify the reason for deviation from the expected weight gain. -24 hour dietary recall					
	- Elicit relevant history e.g. Illness history (GF, UW) or physical activities (tendency to OW)					
	-Identifies reasons correctly					
	-Prioritizes the problems identified					
	-Selects 2-3 priority problems for counseling					
4	Counseling and nutrition education	C1	C2	C3	C4	C5
4.1	Gives age appropriate dietary advice for the children whose growth pattern is normal					
4.2	Provides correct and appropriate nutrition messages for the identified problem in malnourished children					
4.3	Checks understanding of the information given					
4.4	Arrange follow up/ referral					
4.5	Traces absentees					

4.6	Displays good counseling skills (listening and learning skills and building confidence skills)				
4.7	PHM has a plan for health education at weighing post				
4.8	Individual counseling done at the weighing post				
4.9	Targeted group education is being done e.g.:- Parents/caregivers are given appointments to attend CF classes regularly. Age group wise for normal children in older age groups (as per requirements of the characteristics of children attending the weighing post)				
5	Additional points				
5.1	Has support of volunteers to perform supportive work in organizing the weighing post				