

CHV Supervision Log

CHV SUPERVISION LOG

Name of CHV: _____

Date supervision was conducted: _____
Duration of supervision: From _____:00 to _____:00

Discussion of CHV performance for the period vis-à-vis defined roles/tasks in TB Program:

Discussion of facilitating and hindering factors and actions taken by the CHV:
(Factors include knowledge, skills and performance barriers)

<u>Facilitating</u>	<u>Hindering</u>

Discussion of and agreements on solutions/actions to be taken to sustain facilitating factors and address hindering factors:

<u>Facilitating</u>	<u>Hindering</u>

Schedule of next Supervision/meeting:

Signed

CHV

CHV Supervisor