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**LQAS SURVEY2012**

**QUESTIONNAIRE FOR COMMUNITY HEALTH WORKERS**

**Integrated Community Case Management**

**UNICEF/LSTM**

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| IDENTIFICATION | CODES (OFFICE USE ONLY) |
| QUESTIONNAIRE IDENTIFICATION |  |
| LQAS NUMBER OUT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SUPERVISION AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Sub-County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Respondent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Male or Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Interviewer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of Interview** \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ Day / Month / Year**Checked by (SA Supervisor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

| **INFORMED CONSENT**Greeting. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with \_\_\_\_\_\_\_\_\_\_ district. We are conducting a district survey about Integrated Community Case Management in this area. We are surveying both mothers of infants and Community Health Workers, and would very much appreciate your participation in this survey. The survey is not meant to check up on individual workers, but rather to help the district plan how to improve health services and better support Community Health Workers in the district. The interview usually takes about 35 minutes to complete.We very much appreciate your participation in this survey. Whatever information you provide will be kept confidential and will not be shown to other persons.Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.At this time, do you want to ask me anything about the survey? Do you agree to participate in this survey? YES NO**IF NO, MARK THIS CHW AS A REFUSAL IN THE TABLE FOR SEQUENCE OF CHWs VISITED AND GO TO THE NEXT CHW****THANK YOU** |
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| **RECOMMENDATIONS FOR THE INTERVIEWER****VERIFY THAT THE CHW IS THE ONLY ONE SERVING THIS AREA.** **IF MORE THAN ONE CHW SERVES THIS AREA THEN CHOOSE ONE AT RANDOM.** **FOR ALL QUESTIONS IN THIS SURVEY, NEVER READ THE POSSIBLE OPTIONS UNLESS THERE IS A SPECIAL INSTRUCTION (CAPITAL AND IN BOLD). WAIT FOR THE RESPONDENT TO ANSWER THE QUESTION AND THEN CIRCLE THE RESPONSE GIVEN.** |

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| Record the time the interview BEGINS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
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**Section 1: CHWs Background**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| CB1 | When did you start working as a CHW? | \_\_\_\_\_\_ /\_\_\_\_\_\_MO / YEAR |  |
| CB2 | Have you been trained in ICCM? | YES…………………………….......................1NO………..……………..………………………….2DON’T KNOW…...……………………..…….98 | 🡺 CB5🡺 CB5 |
| CB3 | When were you trained in ICCM? | \_\_\_\_\_\_ /\_\_\_\_\_\_ MO / YEAR  |  |
| CB4 | Have you received refresher training since then? | \_\_\_\_\_\_ /\_\_\_\_\_\_ MO / YEAR |  |
| CB5 | What is the highest level of school you attended?**PROBE FOR SPECIFIC LEVEL** | NEVER ATTENDED.............................1INCOMPLETE PRIMARY.....................2COMPLETE PRIMARY........................3INCOMPLETE SECONDARY................4COMPLETE SECONDARY……………….…5POST-SECONDARY.............................6 |  |
| CB6 | Do you receive any payment as a CHW? | YES…………………………….....................1NO………..……………..…………………….….2 | 🡺 GC1 |
| CB7 | Who pays you?  | GOVERNMENT……………………………....1COMMUNITY……………………..............2PATIENTS/PATIENT’S FAMILIES……...3OTHER (SPECIFY) 96  |  |

**Section 2: Population Covered**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| GC1 | Are you the only CHW covering this area? | YES……………………………...........................1NO………..……………..…………………..…………2 | 🡺GC3 |
| GC2 | How many CHWs cover this area? |

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NUMBER OF CHWSDON’T KNOW…….......……………….………98 |  |
| GC3 | Approximately how many households are there in the area you cover? |

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NUMBER OF HOUSEHOLDSDON’T KNOW……......……………….……….98 |  |
| GC4 | What is the approximate population of the area you cover? | POPULATION

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DON’T KNOW….......……………………..98 |  |
| GC5 | Approximately how many children under 5 years old are there in the area you cover? |

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CHILDREN UNDER 5 YEARS OLDDON’T KNOW….......……………………..98 |  |
| GC6 | What activities have you carried out in your area in the last month?**CIRCLE ALL RESPONSES MENTIONED** | ASSESSED CHILDREN……..………….………1TREATED SICK CHILDREN…………….…...2REFERRED SEVERE/COMPLICATED CASES……………………………………………….3RECEIVED COUNTER-REFERRALS….….4PROMOTED KEY FAMILY PRACTICES…5CONDUCTED HOME VISITS FOR MOTHERS AND NEWBORNS………………6AJUST AS PER LOCAL PROTOCOLS |  |

**Section 3: Medications and Equipment**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| **ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS IN A DIFFERENT LOCATION, GO THERE AND OBSERVE IT. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE.**Adjust the following list as appropriate to local requirements |
| ME1 | ORS Sachets | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT EXPIRED…………………….2NOT AVAILABLE………………………………….3  |  |
| ME2 | Insert first line antibiotic for ARI | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT EXPIRED…………………….2NOT AVAILABLE………………………………….3  |  |
| ME3 | ACT | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT EXPIRED…………………….2NOT AVAILABLE………………………………….3  |  |
| ME4 | Zinc | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT EXPIRED…………………….2NOT AVAILABLE………………………………….3  |  |
| ME5 | Rapid Diagnostic Test (RDT) | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT EXPIRED…………………….2NOT AVAILABLE………………………………….3  |  |
| ME6 | Timer | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT BROKEN…………………….2NOT AVAILABLE………………………………….3  |  |
| ME7 | Thermometer | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT BROKEN…………………….2NOT AVAILABLE………………………………….3  |  |
| ME8 | Weighing Scale | AVAILABLE AND NOT EXPIRED…………...1AVAILABLE BUT BROKEN…………………….2NOT AVAILABLE………………………………….3  |  |
| ME9 | Soap | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |
| ME10 | Container for Mixing ORS | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |
| ME11 | Long Lasting Insecticide Treated Net | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |
| ME12 | MUAC Strip | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |

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| ME13 | Cloth for KMC positioning | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |
| ME14 | Treatment protocol document | AVAILABLE…………...………………….………..1NOT AVAILABLE……………………………..….2 |  |
| In the preceding three months, have you been out of stock of any of the following items for longer than one day (24 hours):Adjust the following list as appropriate to local requirements |
| ME15 | ORS Sachet | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME16 | Zinc | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME17 | Insert first line antibiotic for ARI | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME18 | ACT | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME19 | Rapid Diagnostic Test (RDT) | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME20 | Soap | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |
| ME21 | Long Lasting Insecticide Treated Net | YES, THERE HAS BEEN A STOCK OUT LASTING LONGER THAN ONE DAY IN THE LAST THREE MONTHS..….....................1 NO STOCK OUTS LASTING LONGER THAN ONE DAY IN LAST THREE MONTHS.….2 |  |

**Section 4: Supervision**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| S1 | Who is your supervisor? | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOES NOT KNOW SUPERVISOR……..98 | 🡺S5 |
| S2 | Have you received a supervisory visit from your supervisor in the last three months? | YES…………………………….......................1NO………..……………..………………………….2 | 🡺S4 |
| S3 | Have you received a supervisory visit from anyone in the last three months? | YES…………………………….......................1NO………..……………..………………………….2IF YES SPECIFY WHO:NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| S4 | What did your supervisor do on their last supervisory visit? | DIRECT OBSERVATION OF CARE.........1REVIEWED REGISTERS/REPORTS........2CHECKED STOCK OF MEDICINES……….3OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_96 |  |
| S5 | If Appropriate – check local guidelinesHave you attended a reporting meeting in the last three months, that is a meeting with your supervisor and other CHWs to review data and performance? | YES…………………………….......................1NO………..……………..……………………..….2 | 🡺KP1 |
| S6 | Where was the meeting and who ran it? | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ROLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Section 5: Promotion of Key Family Practices**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| KP1 | Do you promote key family practices during individual consultations? | YES…………………………….........................1NO………..……………..……………………………2 |  |
| KP2 | What are the topics that you cover?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | HANDWASHING…………………………...….1INFANT and YOUNG CHILD FEEDING..2CARE SEEKING BEHAVIOUR………………3CARING FOR SICK CHILDREN…………….4OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96 |  |
| KP3 | Do you run health education sessions in your area? | YES…………………………….........................1NO………..……………..……………………………2 | 🡺KP6 |
| KP4 | What are the topics that you cover?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | HANDWASHING……………………………..…1INFANT and YOUNG CHILD FEEDING…2CARE SEEKING BEHAVIOUR……………….3CARING FOR SICK CHILDREN………………4OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_96 |  |
| KP5 | When was the last time you gave a health education session? | LESS THAN ONE MONTH AGO...………..1ONE TO THREE MONTHS AGO…………..2MORE THAN THREE MONTHS AGO……3 |  |
| KP6 | When should the mother of a small child wash her hands?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | AFTER DEFECATION……………….…………..1BEFORE PREPARING FOOD………...........2BEFORE EATING………………………………….3BEFORE FEEDING THE INFANT……………4AFTER CLEANING AN INFANT WHO HAS DEFECATED………………………………………..5OTHER (SPECIFY)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_96DON’T KNOW……………………………………98 |  |

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| KP7 | What advice should you give to a mother on infant and young child feeding?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | BREASTFEED EXCLUSIVELY FOR THE FIRST SIX MONTHS……………………………………..1INTRODUCE COMPLEMENTARY FOODS AT SIX MONTHS BUT CONTINUE TO BREAST FEED FOR THE NEXT TWO YEARS………………………………………………..2BREASTFEED THE BABY AS SOON AS POSSIBLE AFTER BIRTH…...………………..3OTHER (SPECIFY)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 96DON’T KNOW……………………………………98 |  |
| KP8 | What advice should you give to a mother caring for a sick infant at home?**CIRCLE ALL RESPONSES MENTIONED****PROBE: ANYTHING ELSE?** | GIVE EXTRA FLUIDS……………………….....1CONTINUE BREASTFEEDING……………..2CONTINUE FEEDING THE INFANT………3OTHER (SPECIFY)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_96DON’T KNOW……………………………………98 |  |
| KP9 | When should a mother take her child to the clinic or CHW?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | WHEN THE CHILD HAS DIARRHOEA……1WHEN THE CHILD HAS A COUGH……….2WHEN THE CHILD HAS RAPID BREATHING………………………………..………3WHEN THE CHILD HAS FEVER……………..4FOR VACCINATIONS…………………………..5OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW……………………………………98 |  |
|  | Insert other key health messages here as appropriate to local guidelines |  |  |

**Section 6: Treatment of Children**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| T1 | What is the recommended treatment for malaria in your area? | ACT…………………………………………………….1SP/FANSIDAR…………………….................2QUININE….………………………………………..3CHLOROQUINE………………………………….4OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_96DON’T KNOW……………………………………98 |  |
| T2 | What is the recommended treatment for suspected pneumonia in your area? | FIRST LINE ANTIBIOTIC FOR ARIOTHER ANTIBIOTICOTHER ANTIBIOTICOTHER ANTIBIOTICOTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98DON’T KNOW……………………………………98 |  |
| T3 | What is the recommended treatment for diarrhoea in your area? | ORS………………………………………….………..1ZINC…………………………….......................2OTHER (SPECIFY)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_98DON’T KNOW……………………………………98 |  |
| T4 | What is the recommended treatment of uncomplicated severe acute malnutrition in your area? | PLUMPY NUT…..…………………………………1OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98DON’T KNOW……………………………………98 |  |
| T5 | What is the recommended treatment for a low birth weight baby in your area? | KANGAROO MOTHER CARE………………..1REGULAR FEEDING……………………………..2OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98DON’T KNOW……………………………………98 |  |
| T6 | As part of your job, do you visit new mothers at home? | YES…………………………………….………………..1NO………..……………..…………………….……….2 |  |

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| T7 | What services do you provide for new mothers and their babies at home? | CORD CARE………………………………………….1POST NATAL CHECK – MOTHER…………..2POST NATAL CHECK – INFANT…………….3OTHER (SPECIFY)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98 |  |
| T8 | When was your last home visit to a new mother? | LESS THAN ONE MONTH AGO…………….1ONE TO THREE MONTHS AGO…………….2MORE THAN THREE MONTHS AGO……..3 |  |
|  | Insert other treatments here as appropriate to local guidelines |  |  |

**Section 7: Referrals**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| R1 | In the course of your work, have you referred children to the clinic for treatment? | YES…………………………….........................1NO………..……………..……………………………2 | 🡺R3 |
| R2 | When was the last time you referred a child to the clinic for treatment? | LESS THAN ONE MONTH AGO………..….1ONE TO THREE MONTHS AGO……………2MORE THAN THREE MONTHS AGO.……3 |  |
| R3 | For what reasons would you refer a child to the clinic for treatment?**CIRCLE ALL RESPONSES MENTIONED****PROBE:** **ANYTHING ELSE?** | UNABLE TO EAT OR DRINK………………….1VERY SLOW SKIN PINCH……………………..2CHEST IN-DRAWING……..……………………3UNCONSCIOUS CHILD…………………………4BULGING FONTANEL/STIFF NECK……….5CONVULSIONS……………………………………6CHILD VOMITS EVERYTHING………………7RED MUAC………………………………………….8OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98DON’T KNOW……………………………………98 |  |
| R4 | Do you know how to use a MUAC strip? | YES…………………………….........................1NO………..……………..………………………..….2 | 🡺M1 |
| R5 | In the course of your work, have you used a MUAC strip to screen children for severe Malnutrition? | YES…………………………….........................1NO………..……………..……………………………2 | 🡺R7 |
| R6 | When was the last time you used a MUAC strip to screen children for severe Malnutrition? | LESS THAN ONE MONTH AGO…………...1ONE TO THREE MONTHS AGO……………2MORE THAN THREE MONTHS AGO.……3 |  |

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| R7 | Can you demonstrate for me how to use a MUAC strip?**THE CHW SHOULD EITHER DEMONSTRATE OR DESCRIBE HOW TO USE A MUAC STRIP**1. **CHECKS THE AGE OF THE CHILD IS BETWEEN 6 AND 59 MONTHS \_\_\_\_**
2. **USES THE LEFT ARM \_\_\_\_**
3. **POSITIONS THE STRIP HALF WAY BETWEEN THE SHOULDER AND THE ELBOW \_\_\_\_**
4. **READS THE STRIP CORRECTLY \_\_\_\_**
 | DEMONSTRATED CORRECTLY……………..1DEMONSTRATED INCORRECTLY………….2 |  |

**Section 8: Monitoring**

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| **No.** | **Questions and Filters** | **Coding Categories** | **Skips** |
| M1 | Were you given a treatment protocol when you trained as a CHW?**ASK TO SEE THE PROTOCOL** | PROTOCOL OBSERVED………………………..1HAS PROTOCOL BUT NOT OBSERVED….2DOES NOT HAVE PROTOCOL……………….3 |  |
| M2 | Do you have a Register for the children you treat?**ASK: IS THE LAST CHILD IN THE REGISTER THE LAST CHILD YOU SAW?** | REGISTER OBSERVED AND UP TO DATE..1REGISTER OBSERVED NOT UP TO DATE..2NO REGISTER………………………………………..3 |  |
| **Manual Count of Cases Treated in the Last Month From the Register****(Ask to Review the Register)** |
| M3 | How many children did you treat for diarrhoea in the last month?**(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)** | NUMBER OF CHILDREN WITH DIARRHOEA TREATED IN LAST MONTH |  |
| M4 | How many children did you treat for suspected pneumonia in the last month?**(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)** | NUMBER OF CHILDREN WITH SUSPECTED PNEUMONIA TREATED IN LAST MONTH  |  |

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| M5 | How many children did you treat for fever (malaria) in the last month?**(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)** | NUMBER OF CHILDREN WITH FEVER (MALARIA) TREATED IN LAST MONTH |  |
| M6 | How many children did you screen for acute malnutrition in the last month?**(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)** | NUMBER OF CHILDREN WITH SCREENED FOR ACUTE MALNUTRITION IN LAST MONTH |  |
| M7 | How many children did you treat for acute malnutrition in the last month?**(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)** | NUMBER OF CHILDREN WITH ACUTE MALNUTRITION TREATED IN LAST MONTH |  |

| Record the time the interview ENDS | \_\_\_ \_\_\_ : \_\_\_ \_\_\_  | HOUR: MINUTE |
| --- | --- | --- |

**THANK YOU - THE END**