


A.3	Do you have any guides or instructions to assist in filling in these forms?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, list what guides/documents and take sample / picture of the guide	
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B. Data collection and compilation processes

B.1.a	How many HSAs should be submitting information in your district?	_____ HSAs	
B1b	How many Health Centers should be submitting information about CCM in your district?	_____ Health Centers	
B.2	Who (position) is responsible for compiling the forms at district level?	_____	
B.2.b	Who (position) is responsible for sending compiled forms to MOH?	_____	

B.3. List the reports, the frequency of reporting to MOH, if reported on paper or electronic database and how many times the reports were sent in the last 3 months (ask to see the reports). Please note what information is contained in the ICCM/HSA reports.

Report	Freq to MOH	Paper/ electronic	No. in past 3 months	Last date submitted	Info in report?
1c		Paper <input type="checkbox"/> Electronic form <input type="checkbox"/> Electronic database <input type="checkbox"/>			
		Paper <input type="checkbox"/> Electronic form <input type="checkbox"/> Electronic database <input type="checkbox"/>			

B.4	Does anyone check the completeness and quality of the forms?	<input type="checkbox"/> yes <input type="checkbox"/> no Who? (list all positions responsible)	
B.4b	What is done to check completeness & quality?		
B.5	Is there a deadline for health center reporting of ICCM/HSA data to the district?	<input type="checkbox"/> yes <input type="checkbox"/> no When? _____(date of month)	
B.6.	Does the district track the receipt of these reports?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, How?	
B.7.	Is there any record if the reports were turned in	<input type="checkbox"/> yes <input type="checkbox"/> no	>>B9

	before or after the deadline?		
B.8	Provide # of health centers reporting before deadline & # after deadline in the previous month	____ before deadline ____ after deadline	
B.9	Does the district keep copies of any ICCM/HSA reporting forms sent by health center?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, list these forms:	

B.14. Does anyone in the district collect any other data related to the ICCM/HSA (e.g. during supervision or outreach)? yes no



B.14.a. → If yes, please check these forms are listed in table A.2.

B.14.b. → If yes, is someone responsible for compiling the forms?yes no

B.14.c. → Who (positions)? _____

B.15. Data Flow: Working with the DHMT, please use this space to describe or illustrate the flow of ICCM information from community to health center, health center to district level, district level to zonal level, zonal level to the central/national level. For each level, please indicate specific departments/job titles which should receive and process information received from a lower level. This exercise will help you to clarify information flows in existing information systems and identify potential problems, which affect the performance of the information systems

C. Data management, analysis and use systems

C.1	Do you have any written guidelines/documents about the reporting processes for ICCM data?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, list the guidelines:	
C.2	Is any ICCM data entered into a computerized database?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe what data is entered:	
C.2.b	If yes, please describe how the database is used. E.g. calculate indicators, summary report for district, comparison among HSAs, monitoring of data over time, etc.		
C.3.	Is any data related to the HSA or community health displayed in the district (i.e. tables, graphs, charts or maps?)?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe what data is displayed:	
C.4.	Does the DHO have a map of the district?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe what data is displayed:	
C.5	Does the DHO have demographic information related to the population in the catchment area?	<ol style="list-style-type: none"> 1. Total population Population disaggregated by: <ol style="list-style-type: none"> 2. women/men 3. age groups 4. community 5. Health facility catchment area 6. other: _____ 7. no demographic data 	
C.6.	Have you ever discussed ICCM data or information with the HSAs?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what kind of data:	
C.7.	Have you ever discussed ICCM data or information with staff at the health center?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what kind of data:	
C.8.	Have you ever discussed	<input type="checkbox"/> yes <input type="checkbox"/> no	

	ICCM data or information with others from the district level?	If yes, what kind of data:	
C.9.	Have you ever discussed ICCM data or information with anyone else?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, who and what kind of data:	
C.10	If yes (C.6 to C.9.), were any decisions or changes made based on these discussions?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe:	
C.11.	How often does the health center staff meet with the DHO staff on ICCM issues?		
C.11.a	What is discussed during these meetings?		

D. Technical and organizational factors

D.1. Are there any terms of reference for responsibility or data flows within M & E of the ICCM?
yes no

D.1.a. → If yes, Please describe.

D.2. Have you or anyone in this district received training in the recording, processing or reporting of information about the ICCM?
yes no

D.2.a. → If yes, please fill in the table.

Who received the training?	When was the training?	What did the training cover?	Who organized and supported the training?

D.3. Who (position) is responsible for the national HMIS reporting here? _____

D.4. Please describe the supervision or training provided for this position/responsibility.

D.5. Are data collected related to the treatment of children in the community outside of the ICCM tools? (i.e. overlap with the ICCM tools)? yesno

D.5.a. → If yes, Please describe.

D.6. Do the HSAs report any ICCM information in a different format that gets included in “special reports” – e.g. for the EPI or other partners?

yesno

D.6.a. → If yes, Please describe.

E. Decision making and data usefulness

Decision making

E.1. In relation to the CCM program, what type of data or information do you use for:

→ Read list in table and note type of information used

	Type of information used (write N/A if interviewee does not perform activity)
a. Budget preparation/allocation	
b. Supervision & staffing decisions	
c. Supply and drugs for HSAs	
d. Planning of trainings or outreach activities	

E.2. What was the last major decision related to CCM that you made?

➔**Probe:** *Anything related to Staffing? Budgeting? Scheduling? Supplies?*

E.3. What information did you use to make this decision?

➔**Probe:** *feedback from facilities? Routine information from forms? Information from Nsona and Angella?*

E.4. How did you use information to make this decision?

E.5. Did you have any concerns about the quality of information you used to make this decision? ➔**Probe:** *Completeness? Poor quality or accuracy? Timeliness?*

yes no

E.6. Was there any information you needed or wanted but did not have in order to make this decision? yes no What information?

E.7. Does the IMCI unit support the use of data in making decisions?

yes no How?

E.8. Does your DHO support the use of data in making decisions?

yes no How?

E.9. What specific challenges have you experienced among staff and colleagues when it comes to using data?

➔**Probe:** *awareness of data sources, technical skill, motivation, time/workload, lack of incentives, no interest in using data*

Data usefulness

E.10. Is any of the collected CCM data useful to you?

E.11. How do you use it?

E.12. What CCM information would you want to have that you do not have? Why?

E.13. What CCM information do you not use at all? Why?

E.14. Any other ideas about how CCM data could be improved to help manage the program?

District name _____

IN-DEPTH REGISTER AND REPORT REVIEW – DHO LEVEL

Review form Bs from the health centers for the previous month and answer the following questions.

1	How many health centers submitted ICCM reports last month?	_____ Health Centers
2	How many health center reports from the last month were complete? (count those with complete information filled in for the previous month)	_____ # of complete Health Center reports
3	Please note what was incomplete in the incomplete reports	


For each of the ICCM data items listed below, please count the number reported in the available health center reporting forms and note the count on the district paper report (to the MOH). Verify that dates and reports correspond between 1B and 1 C.

Note the reporting period: **Month:**

Year:


	<i>Data item (e.g. # of malaria treatments, etc)</i>	<i>From health centers reporting forms</i>	<i>Count from district report to MOH</i>	<i>Numbers match?</i>
4	Malaria cases seen			<input type="checkbox"/> yes <input type="checkbox"/> no
5	Diarrhea cases seen			<input type="checkbox"/> yes <input type="checkbox"/> no
6	Fast breathing cases seen			<input type="checkbox"/> yes <input type="checkbox"/> no
7	# of LA 6x1 distributed			<input type="checkbox"/> yes <input type="checkbox"/> no

8. If there are differences in these counts, attempt to identify and note the reasons for the discrepancies.

#	Question	Responses	Skips
A.2	Does the facility have at least 6 blank copies of Form 1B?	1. Yes 2. No # of copies: _____ (estimate if >40)	
A.3	<i>Which version of the form do they have?</i>	1. 1B – (old version) 2. 1B (revised version)?	2->A5
A.4	Why is the facility using the <u>older</u> version of Form 1B?	(please describe why not in the space below)	
Below questions will be asked about both the new and old form (depending on what is answered in A.3).			
A.5	Is the form from the last reporting period complete?	List month _____ 1. Yes 2. No (Explain what is missing and why it is not complete in space below)	
A.6	Did health facility staff receive any orientation on how to use the revised form 1B?	1. Yes 2. No	
A.7	Is the form easy to use? Explain why or why not below the coded response.	1. Yes (Explain why in the space below) 2. No (Explain why not in space below) <i>Why or why not:</i>	
A.7a	How long does it take to fill in Form 1B?	_____ hours	
A.8	Does the health facility use any other reporting forms related to iCCM?	1. Yes (If yes, please obtain a blank copy of the form(s)) 2. No	 2.>>A.13
A.9	Please describe the purpose of the other form(s) used		

#	Question	Responses	Skips
A.10	Is the health facility currently using this tool?	1. Yes 2. No	2. >>A.13
A.11	Is the form from the last reporting period (May) complete?	1. Yes 2. No	
A.12	Is the form easy to use? Explain why or why not.	1. Yes (Explain why in the space below) 2. No (Explain why not in space below) <i>Why or why not:</i>	
A.13	<i>Interviewer: Provide any additional comments on reporting for CCM at this health facility in the space below</i>		
II. Data collection forms (e.g. supervision reports/lists about ICCM activities) <i>Interviewer: Ask the respondent to show you copies of the data collection forms such as supervision checklists, mentorship forms, related to ICCM activities and complete the questions below:</i>			
A.14	Does the facility have a supervision checklist for iCCM?	1. Yes 2. No	2.>>A.19
A.14a	<i>Which version of the supervision checklist do they have?</i>	1. (old version) 2. (revised version)?	
A.15	Does the facility have at least 10 blank copies of supervision checklists?	1. Yes 2. No # of copies: ____ (estimate if >40)	

#	Question	Responses	Skips
A.16	Is the health facility currently using the supervision checklists (any version)?	1. Yes 2. No (If no please describe why not in the space below)	
A.17	Is the form easy to use? Explain why or why not.	1. Yes (Explain why in the space below) 2. No (Explain why not in space below) <i>Why or why not:</i>	
A.18	<i>Interviewer: Ask the health facility to show you the completed supervision checklists for the last 3 completed months (specify names of months and record the following information:</i>		
	a) Number of completed supervision checklists in the last 3 months	Month 1: _____ Month 2: _____ Month 3: _____	
	b) Number of HSAs with at least one supervision checklist completed in last 3 months	_____	
	c) Are the supervision checklists filled properly (complete)	1. Yes 2. No (Describe what elements are not completed properly below)	

#	Question	Responses	Skips
A.19	Does the facility have mentorship forms for iCCM? Note – you may need to speak to the in charge about mentorship questions.	1. Yes (obtain blank copy) 2. No	 2.>>A.24
	May I see a blank copy? <i>(received blank copy)</i>	1. Yes 2. No	
A.20	Does the facility have at least 10 blank copies of the mentorship checklist? <i>If does not know any of these, try to confirm with in charge.</i>	1. Yes 2. No Number: _____	
A.21	Is the health facility currently using the mentorship checklists?	1. Yes 2. No (If no please describe why not in the space below)	
A.22	Is the form easy to use? Explain why or why not.	1. Yes 2. No <i>Why or why not:</i>	
A.23	<i>Interviewer: Ask the health facility to show you the completed mentorship checklists for the last 3 completed months (write names of months reviewed) and record the following information:</i>		
	a) Number of completed mentorship checklists in the last 3 months	Month 1: _____ Month 2: _____ Month 3: _____	
	b) Number of HSAs with at least one mentorship checklist completed in last 3 months <i>(Check that =< total HSAs)</i>	_____	

#	Question	Responses	Skips
	c) Are the mentorship checklists filled properly (complete)	1. Yes 2. No (Describe what elements are not completed properly below)	
A.24	<i>Interviewer: Provide any additional comments on data collection tools for CCM at this health facility in the space below</i>		
A.25	Do you have any guides or instructions to assist in filling in these reporting or data collection forms? Circle all that apply	Guides available: A. Guide for supervision summary: B. Supervision manual: C. Guide for 1b: D. Other: _____ E. : _____ F. None available	
A.26	What are the major problems in filling in the <u>reporting forms</u> (Form 1B, Monthly Summary of HSA supervision)?		
A.27	What are the major problems in filling in the <u>data collection</u> forms (supervision checklist, mentorship checklist for example)?		



B. Data collection and compilation processes

#	Question	Responses	Skips	
B.1	How many HSAs in this facility have been trained in iCCM?	_____ HSAs trained in iCCM		
B.2	Do HSAs report data for iCCM to the health center?	1. Yes 2. No (Explain why not in space below)		
B.3	What forms do HSAs submit for iCCM?	1. Form 1A 2. Stock report (LMIS) 3. Other (specify): _____ 4. Other (specify): _____		
B.4	How many HSAs should be submitting this information?	_____ HSAs (number currently working in CCM)		
B.5	Who (position) is responsible for compiling the forms?	1. Form 1A into 1B _____ 2. Stock report (LMIS) _____ 3. Other (specify): _____ 4. Other (specify): _____		
B.6	Does the health center compile the iCCM data from the HSA and transfer to the DHO?	1. Yes 2. No (Explain why not in space below)	2.>>B.10	
B.7	If yes, please list the reports, the frequency of reporting to DHO and how many times the reports were sent to the DHO in the last 3 months (ask to see the reports).	Report	Freq to DHO	# sent in 3 months
		1b (from 1a)		
B.8	Who (position) checks the reports before they are submitted?			

#	Question	Responses	Skips
B.9	What is done to check completeness & quality?		
B.10	Is there a deadline for HSA reporting to the health center? (day of the month)	1. Yes - provide deadline: _____ 2. No	
B.11	Does the health center track the receipt of these reports?	1. Yes 2. No	
B.12	Is there any record if the reports were turned in before or after the deadline?	1. Yes 2. No	2.>>B.14
B.13	If yes, please provide # of HSAs reporting by the deadline & # after deadline.	____ HSAs reporting by deadline ____ HSAs reporting after deadline	
B.14	Does the health center keep copies of any ICCM reporting forms sent by HSA?	1. Yes (obtain copies of all 1A and 1B reports for last month - May) 2. No	
<p><u>INTERVIEWERS:</u> If YES – confirm that you have copies of all submitted forms from HSAs (Form1A) and the completed Form 1B for the most recent month (May 2012 if possible, otherwise April) and at this point of the interview, one of the data collection member should begin completing <u>section F</u> while the other continues interviewing the respondent.</p>			

#	Question	Responses	Skips
B.17	<p>Data Flow: Working with the health center staff, please use this space to describe or illustrate the flow of ICCM information from community to health center, health center to district level, district level to zonal office, zonal office to the central/national level. For each level, please indicate specific departments/job titles which should receive and process information received from a lower level. This exercise will help you to clarify information flows in existing information systems and identify potential problems, which affect the performance of the information systems.</p>		

C. Data management, analysis and use systems

#	Question	Responses	Skips
C.1	Do you have any written guidelines/documents about the reporting processes for ICCM data?	1. Yes 2. No	2.>>C.3
C.2	If yes, please list the guidelines in the space provided		
C.3	Is any ICCM data entered into a computerized database at this facility?	1. Yes 2. No	2.>>C.4
C.3a	If yes, please describe what data is entered.		
C.3b	If yes, please describe how the database is used. E.g. calculate indicators, summary report for district, comparison among HSAs, monitoring of data over time, etc.		
C.4	Is any data related to the ICCM or community health displayed in the health center (i.e. tables, graphs, charts or maps?)?	1. Yes 2. No	2.>>C.6
C.4a	If yes, please describe what data is displayed and take a photo if possible.		
C.6	Does the health center have a map of the catchment area?	1. Yes (take photo if possible) 2. No	
C.7	Does the health center have demographic information related to the population in the catchment area? Circle all that apply.	A. Total population Population disaggregated by: B. Women/men C. Age groups D. Community E. Health facility catchment area F. Other: _____ G. No demographic data	

#	Question	Responses	Skips
C.8	Have you ever discussed ICCM data or information with the HSA?	1. Yes 2. No	
C.9	Have you ever discussed ICCM data or information with others at the health center?	1. Yes 2. No	
C.10	Have you ever discussed ICCM data or information with someone from the district level?	1. Yes 2. No	
C.11	Have you ever discussed ICCM data or information with anyone else?	1. Yes – who _____ 2. No	
C.12	If yes (C.8 to C.11.), were any decisions or changes made based on these discussions?	1. Yes (describe) 2. No	
C.13	How often does the health center staff meet with all the HSAs where the topic of the meeting includes CCM? When was last meeting? Note: only include meetings where CCM activities are discussed. Do not include logistics visits (such as collecting salary or drugs, etc).	Frequency of meeting with HSAs: 1. Monthly 2. Quarterly 3. Other _____ Date of last meeting with HSAs: _____/_____/_____	
C.14	What is discussed during these meetings?		
C.15	How often does the health center staff meet individually with HSAs such as supervisory visits? <i>(do not include meetings mentioned in C13)</i>	Frequency of meeting with HSAs: 1. Monthly 2. Quarterly 3. Ad hoc 4. Other _____	

#	Question	Responses	Skips
C.16	How often does the health center staff meet with the DHO staff where the topic includes CCM? (include supervision visits when CCM is discussed)	Frequency of meeting with DHO: 1. Monthly 2. Quarterly 3. Ad hoc 4. Other _____ Date of last meeting with DHO: _____	
C.16	What is discussed during these meetings?		

D. Technical and organizational factors

#	Question	Responses	Skips		
D.1	Are there any terms of reference for responsibility or data flows within M & E of the ICCM?	1. Yes (describe) 2. No			
D.2	Have you or anyone in the health center received training / briefing in the recording, processing or reporting of information about the HSA? Note – include non-formal training	1. Yes - please fill in the table below 2. No	>>D3		
D.2a	Who (position) received the training?	When was the training?	What did the training cover?	Who organized and supported the training?	

#	Question	Responses	Skips
D.3	Who (position) is responsible for the HMIS reporting here?		
D.4	Please describe the supervision or training provided for this position/responsibility.		
D.5	Are data collected related to the treatment of children in the community outside of the ICCM tools?	1. Yes (describe) 2. No	
D.6	Do the HSAs report any information that gets included in "special reports" – e.g. for the EPI or other partners?	1. Yes (describe) 2. No	

E. Decision making and data usefulness

#	Question	Responses
E.1	In relation to the CCM program, give an example of a decision you have made based on data or information you received:	
	a. Supervision decisions	
	b. Decisions / recommendation about supplies and drugs for HSAs	
	c. Planning of outreach activities	
E.2.	Did you have any concerns about the quality of information you used to make this decision?	1. Yes 2. No <i>Probe : Completeness? Poor quality or accuracy? Timeliness?</i>

#	Question	Responses
E.3.	Was there any information you needed or wanted but did not have in order to make this decision?	1. Yes 2. No If yes, give examples:
E.4	Does your health facility team support your use of data in making decisions? Who in HF does this, and how?	1. Yes 2. No If yes, provide details:
E.5.	Does your DHO support the use of data in making decisions? Who in DHO does this, and how? Note- probe for IMCI and other units.	1. Yes 2. No If yes, describe:
E.6.	What specific challenges have you experienced among staff and colleagues when it comes to using data?	<i>Probe: awareness of data sources, technical skill, motivation, time /workload, lack of incentives, no interest in using data</i>
E.7.	Is any of the collected CCM data useful to you in any other way?	1. Yes 2. No If yes, describe:
E.8.	What CCM information would you want to have that you do not have? Why?	

#	Question	Responses
E.9.	What CCM information do you not use at all? Why?	

Interviewer: please note any additional comments/observations in the space below:

Health facility

F. INDEPTH REPORT REVIEW

Note – this section can be completed by one data collector while another interviews the respondent. Interviewer: Complete the sections below using submitted Forms 1A from HSAs and Form 1B from the health facility for the most recent completed month (May 2012; use April 2012 if May is not yet completed)

F.1	<p>How many HSAs submitted reports last month? <i>Interviewer: count them for the previous month</i></p>	<p>Month marked: _____ _____ HSAs reporting in May 2012 (of a total of _____ active HSAs)</p>	
F.2	<p>How many HSA reports from the last month were complete? <i>Interviewer: count those with complete information filled in for the previous month</i></p>	<p>_____ Complete HSA reports</p>	
F.3	<p>Please note what was incomplete in the incomplete reports.</p>		

F.4 For each of the ICCM data items listed below (e.g. # of children treated, # of stockouts) compiled at the health facility, count the number reported in the available HSA forms (Form 1A) and note the count on the paper report to the DHO (Form 1B) for the last completed month (MAY 2012). Use attached tally sheet for HSA reporting forms

Note: if data for May 2012 are not yet available, use data for April 2012 (and note this)

Form 1A and 1B comparison: Month: _____

#	Data item	Total from tally sheet for HSA reporting forms (sum of all HSAs) (Form 1A)	Count from health center report to DHO/partner (Form 1B)	Are they the same?
1	# of village clinics reporting this month			1. Yes 2. No
2	# of CCM HSAs staying in their catchment area			1. Yes 2. No
3	# fever cases seen (Total)			1. Yes 2. No
4	# diarrhea cases seen (total)			1. Yes 2. No
5	# fast breathing cases seen (total)			1. Yes 2. No
6	# HSAs reporting any stock-outs	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	1. Yes 2. No
7	# HSAs reporting any stock-outs lasting 7 or more days	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	1. Yes 2. No
8	# HSAs reporting they were supervised in last month			1. Yes 2. No
9	# HSAs reporting they were mentored in last month			1. Yes 2. No

E.5 If there are differences in these counts, attempt to identify and note the reasons for the discrepancies below.

FORM 3: ICCM/HSA DATA ASSESSMENT – VILLAGE CLINIC LEVEL

(READ INTRODUCTORY PARAGRAPH)

Background information:


District name: _____
 Date of assessment: _____
 Health center name: _____
 Village clinic name: _____
 Name of HSA Interviewed: _____
 Name of the Assessor: _____


I will be asking you some questions now, and my colleague will review some of the documents you have related to CCM. Could you please provide the following documents now:



- Copies of Form 1A Village Clinic Monthly Reporting Form for the last 3 completed months
- Your iCCM register(s)

A. Data collection and reporting forms

#	Question	Responses	Skips
I would like to ask you about the data collection tools/forms that are used at the village clinic level to document or report ICCM activities			
I. Data reporting forms (e.g. monthly summary reports to submit to health center) Interviewer: Ask the HSA to show you a copy of the latest monthly reports on iCCM activities and complete the questions below:			
A.1	Do you have copies of Form 1A ? Village clinic monthly reporting form	1. Yes– old form 2. Yes – new form 3. No	
A.2	Do you have at least 6 blank copies of revised Form 1A?	1. Yes 2. No Number of blank forms _____	
A.3	Are you currently using the <u>latest</u> version of Form 1A?	1. Yes 2. No (If no please describe why not in the space below)	

#	Question	Responses	Skips
A.4	Is the form from the last reporting period complete?	Month reported: _____ 1. Yes 2. No (Explain what is missing and why it is not complete in space below)	
A.5	Is the form easy to use? Explain why or why not below the coded response.	1. Yes 2. No <i>Why or why not:</i>	
A.5a	How long does it take you to fill in Form 1A?	_____ hours	
A.6	What is the biggest difficulty with using the form?		
A.7	Did you receive any orientation on how to use the revised form 1A?	1. Yes 2. No	
A.8	Do you use any other reporting forms for iCCM activities?	1. Yes (If yes, please obtain a blank copy of the form(s)) 2. No Blank copy received _____	 2.>>A.13
A.9	Please describe the purpose of the other form(s) used		
A.10	Are you currently using this tool?	1. Yes 2. No	2.>>A.13
A.11	Is the form from the last reporting period complete?	1. Yes 2. No	

#	Question	Responses	Skips
A.12	Is the form easy to use? Explain why or why not.	1. Yes (Explain why in the space below) 2. No (Explain why not in space below) <i>Why or why not:</i>	
A.13	<i>Interviewer: Provide any additional comments on reporting for CCM at this village clinic/HSA in the space below</i>		
II. Data collection forms (e.g. registers/stock cards for ICCM activities) <i>Interviewer: Ask the HSA to show you copies of the data collection forms such as registers, stock cards, related to iCCM activities and complete the questions below:</i>			
A.14	Do you have a treatment register for iCCM?	1. Yes (take photo of page) 2. No	 2.>>A.19
A.14a	<i>Observe whether the HSA has used the iCCM treatment register with revised treatment summary.</i>	1. Yes 2. No (If no please describe why not in the space below)	
A.15	<i>What was the first date that the revised summary was included:</i>	____/____/2012	
A.16	Do you have at least 10 blank pages of iCCM treatment register?	1.Yes 2. No # of blank pages: _____ (up to 30+)	
A.17	Is the treatment register easy to use? Explain why or why not.	1. Yes 2. No <i>Explain why or why not:</i>	

#	Question	Responses	Skips
A.18	What is the greatest difficulty in filling in the register?		
A.19	When do you fill in the summary at the bottom of each page?	1. Daily 2. At end of month 3. Other _____	
A.20	Do you use any other data collection forms for iCCM activities?	1. Yes (If yes, please obtain a blank copy of the form(s)) 2. No Blank copy obtained _____	 2.>>A.25
A.21	Please describe the purpose of the other form(s) used		
A.22	Are you currently using this tool?	1. Yes 2. No	2.>>A.25
A.23	Is the form from the last reporting period complete?	1. Yes 2. No	
A.24	Is the form easy to use? Explain why or why not.	1. Yes 2. No <i>Why or why not:</i>	
A.25	<i>Interviewer: Provide any additional comments on data collection tools for CCM at this village clinic/HSA in the space below</i>		
A.26	Do you have any written instructions to assist in filling in the register or Form 1a?	1. Yes (circle all that apply) A. Inside register cover B. Guide for Form 1A C. Other _____ 2. No	

B. Data collection and compilation processes

#	Question	Responses	Skips
B.1	Do you report data for iCCM to the health center?	1. Yes 2. No (Explain why not in space below)	
B.2	What forms do you submit for iCCM?	1. Form 1A 2. Other (specify): _____ 3. Other (specify): _____	
B.3	Do you check the completeness and quality of the forms?	1. Yes 2. No	2.>>B5
B.4	What do you do to check the completeness and quality of the forms?		
B.5	Is there a deadline for HSA reporting to the health center? If yes, what is the deadline?	1. Yes - provide deadline: _____ 2. No	

C. Data management, analysis and use systems

#	Question	Responses	Skips
C.1	Do you have any written guidelines/documents about the reporting processes for ICCM data?	1. Yes 2. No	2.>>C2
C.2	If yes, please list the guidelines in the space provided.		
C.3	Do you have any data related to the ICCM or community health displayed at your site (i.e. tables, graphs, charts or maps?)?	1. Yes 2. No	2.>>C.4
C.3a	If yes, please describe what is displayed		

#	Question	Responses	Skips
C.4	Do you have demographic information related to the population in the catchment area of the village clinic?	A. Total population Population disaggregated by: B. Women/men C. Age groups D. Community E. Health facility catchment area F. Other: _____ G. No demographic data	
C.5	Have you ever discussed ICCM data or information with other HSAs?	1. Yes (describe in space below) 2. No	
C.6	Have you ever discussed ICCM data or information with anyone at the health center?	1. Yes (describe in space below) 2. No	
C.7	Have you ever discussed ICCM data or information with someone from the district level?	1. Yes (describe in space below) 2. No	
C.8	Have you ever discussed ICCM data or information with anyone else?	1. Yes – who _____ 2. No	
C.9	If yes (C.5 to C.8), were any decisions or changes made based on these discussions?	1. Yes (describe) 2. No	
C.13	Do you ever have meetings at the health facility? How often do you meet at the health facility? When was last meeting?	1. Yes 2. No If YES: _____ frequency of meeting at HF _____ date of last meeting at HF	
C.14	What is discussed during these meetings?		

D. Technical and organizational factors

#	Question	Responses	Skips		
D.1	Have you received training in the recording, processing or reporting of information about iCCM?	1. Yes - please fill in the table below 2. No			
D.1a	#	When was the training?	What did the training cover?	Who organized and supported the training?	
	A				
	B				
	C				
	D				
D.3	Do you collect data related to the treatment of children in the community outside of the iCCM tools?	1. Yes (describe) 2. No			

Interviewer: please note any additional comments/observations in the space below:

Village clinic name: _____

E. IN-DEPTH REGISTER AND REPORT REVIEW –HSA LEVEL

Ask the HSA for his/her register and monthly report (Form 1A), corresponding to the most recent month for which all data is available in the register.

1	<i>Observe whether the HSA has used the iCCM treatment register with revised treatment summary.</i>	A. Yes B. No	
2	<i>Observe the completed treatment register for the last completed month and record the following information:</i>		
	a) Month recorded	_____	
	b) Number of cases registered in the last month		
	c) Number of registered cases in the last month with complete information		
	d) If the register is missing information, describe what is lacking		

For each of the ICCM data items listed below (e.g. # of children treated, # of stockouts) compiled at the HSA level, please count the number reported in the available HSA forms and note the count on the paper report to the health facility for the last completed month (MAY 2012).

Note: if data for May 2012 are not yet available, use data for April 2012 (and note this)
Form 1A and register comparison: Month: _____

	<i>Data item</i>	<i>Manual count from HSA register (sum of all cases)</i>	<i>Count from HSA report to Health Facility (Form 1A)</i>	<i>Discrepancy?</i>
1	# fever cases seen (Total)			1. Yes 2. No
2	# pneumonia cases seen (total)			1. Yes 2. No
3	# diarrhea cases seen (total)			1. Yes 2. No
4	# male cases			1. Yes 2. No
5	# female cases			1. Yes 2. No
6	# stocks dispensed (used)	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	LA 6x1: _____ LA 6x2: _____ ORS: _____ Cotrim: _____	1. Yes 2. No

B.7. If there are differences in these counts, attempt to identify and note the reasons for the discrepancies below”