

Form 1: Interview with Health Surveillance Assistant and Register Review - INTERVENTION AREAS

Interviewer name: _____
 Date of interview: _____

Mapper name: _____
 Questionnaire ID#: _____

Part 1. H.S.A and Village Clinic Information

#	Question	Response
1	Name of H.S.A	
2	H.S.A ID#	
3	Gender of H.S.A	Male Female
4	How old are you?	Age in years: _____
5	What is the highest level of education you have completed?	1.) Primary school 2.) Form two 3.) Form four (MSC) 4.) Other (specify) _____
6	When did you complete your HSA basic training (<i>Probe: 8 or 10 week course</i>)? Give month and year that the H.S.A <u>finished</u> basic training.	Month: _____ Year: _____ 9. Did not complete yet
7	What is the name of this Village Clinic?	Name: _____
8	Where do you operate your village clinic from (assess and treat sick children)?	1.) From my house 2.) From the school 3.) From the church 4.) From the under-five shelter 5.) From the designated village clinic house 6.) Designated outside place (tree, etc) 7.) Other (specify) _____
9	How long does it take you to walk from the Village clinic to the health facility?	1.) Less than 30 minutes 2.) 30 minutes to less than 1 hour 3.) 1 hour to less than 2 hours 4.) 2 or more hours
10	Do you live in this village (the Village Clinic village)? [<i>'Live' means that is is the HSA's primary residence</i>]	1.) Yes >>> Q#13 2.) No
11	What is the name of the village you live in?	Name: _____
12	Is this village within the village clinic catchment area?	1.) Yes 2.) No

Part 1. H.S.A and Village Clinic Information

#	Question	Response
13	How long does it take you to travel from where you live to the Village Clinic location?	1.) Less than 30 minutes 2.) 30 minutes to less than 1 hour 3.) 1 hour to less than 2 hours 4.) 2 or more hours
14	What form of transport do you use most often to perform your duties as an HSA?	1.) Walking 2.) Bicycle 3.) Motorbike 4.) Car/truck 5.) Public transport 6.) Other (Specify) _____
15	How many days per week do you go to the health facility as part of your H.S.A duties? <i>Interviewer - make sure H.S.A understands this refers to the activities he or she conducts at the health facility and not the VHC. If H.S.A does not go to the health facility for work, record 0 days</i>	# days: _____
16	What services do <u>you</u> provide for children when you are at the health facility? <i>Interviewer - make sure H.S.A understands this refers to the activities he or she conducts at the health facility and not the VHC [Circle ALL mentioned]</i>	A.) Health education B.) Growth monitoring C.) Vaccinations D.) Nutrition services E.) Treat diarrhea F.) Treat pneumonia H.) Treat malaria I.) Other (Specify ALL) _____ J.) No services
17	When did you first start providing treatment for sick children at this village clinic? <i>[Ask month and year]</i>	Month: _____ Year: _____
18	Are there other communities where you provided treatment services for sick children before this community? If so, where and for how long? (in months)	1.) Yes: Village: _____ Months: ____ 2.) No
19	What is your schedule for operating the village clinic (TICK ALL DAYS OF THE WEEK THAT APPLY AND WRITE THE HOURS)? <i>Interviewer:</i> Ask to see a copy of the HSA's schedule and circle which type of schedule (written or verbal) in the next column	Circle type of schedule : Written schedule Verbal schedule A. Monday: _____ to _____ B. Tuesday _____ to _____ C. Wednesday _____ to _____ D. Thursday _____ to _____ E. Friday _____ to _____ F. Saturday _____ to _____ G. Sunday _____ to _____
20	Do you provide treatment services for sick children on: i) Evenings (meaning after hours/night-time) ii) Weekends iii) Holidays	Circle Yes or No for each time period: Time period: <u>YES</u> <u>NO</u> i) Evenings/night 1 2 ii) Weekends 1 2 iii) Holidays 1 2
21	Is there a VHC for this Village Clinic?	1.) Yes 2.) No >>> Q#23

Part 1. H.S.A and Village Clinic Information

#	Question	Response												
22	<p>What support have you received from the VHC?</p> <p><i>Interviewer: Let respondent answer before reading; if no response, provide the options and circle all mentioned</i></p>	<p>A.) Help with supervision B.) Help manage supplies C.) Introduce me to community D.) Provide/arrange housing E.) Provide labour to help HSA F.) Provide water G.) Provide food H.) Assist resolving conflicts between HSA and village I.) Provide monetary or inkind support J.) Other (Specify ALL): _____ K.) VHC does not provide any support</p>												
23	<p>Who is your immediate supervisor?</p> <p><i>Interviewer: Probe H.S.A for position and circle type of supervisor: MA=Medical Assistant; SHSA=Senior H.S.A; AEHO = Asst. EHO or Other</i></p>	<p><u>Circle type:</u> MA SHSA AEHO Other</p>												
24	<p>How many times did you receive a supervisory visit in your community specific to CCM in the last 3 months:</p> <p><i>[Probe the H.S.A to make sure he/she understand this refers to supervision visits where the supervisor looks at the treatment register, the drug box and talks about treatment of sick children; ALSO, NOT SPECIFIC TO IMMEDIATE SUPERVISOR, COULD BE OTHER PERSONNEL Circle '00' if H.S.A has received no visits in last 3 months and go to Q#27]</i></p>	<p>00 - No supervision visits - Go to Question 27</p> <p># visits in the last 3 months: _____</p>												
25	<p>Who visited you for supervision of CCM in the last 3 months?</p> <p><i>[Do not read list; probe 'Anyone else?' and circle all mentioned]</i></p>	<p>A. IMCI Coordinator B. IMCI Trainer/Facilitator C. Senior H.S.A D. Environmental Health Officer E. Medical Assistant from Health Centre F. Save the Children/NGO staff member G. Community Nurse H. Pharmacy technician I. Other (specify all): _____</p>												
26	<p>During any of these supervision visits did the supervisor?</p> <p><i>[Read list and Circle Yes or No for each item]</i></p> <p>i) Review your treatment register and reports? ii) Deliver supplies? iii) Use a supervision checklist?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>i) Review your treatment register and reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ii) Deliver supplies?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>iii) Use a supervision checklist?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	i) Review your treatment register and reports?	1	2	ii) Deliver supplies?	1	2	iii) Use a supervision checklist?	1	2
	<u>YES</u>	<u>NO</u>												
i) Review your treatment register and reports?	1	2												
ii) Deliver supplies?	1	2												
iii) Use a supervision checklist?	1	2												
27	<p>In the last three months, how many times have you received clinical mentoring sessions at the health facility?</p> <p><i>[Probe the H.S.A to make sure he/she understand this refers to sessions where a clinical person observes the HSA treating a child and/or demonstrates how to manage a sick child or provides training on a clinical matter]</i> <i>[Write '00' if H.S.A has received none and skip to Q# 29]</i></p>	<p>00 - No mentoring sessions - Go to Question 29</p> <p># times: _____</p>												
28	<p>During these sessions, did any of the following happen?</p> <p><i>[Read the list to the H.S.A and circle all that apply]</i></p> <p>i) Observe you manage a sick child ii) Demonstrate how to care for a sick child/identify danger signs</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>i) Observe you manage a sick child?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ii) Demonstrate how to care for a sick child?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	i) Observe you manage a sick child?	1	2	ii) Demonstrate how to care for a sick child?	1	2			
	<u>YES</u>	<u>NO</u>												
i) Observe you manage a sick child?	1	2												
ii) Demonstrate how to care for a sick child?	1	2												

Part 1. H.S.A and Village Clinic Information

#	Question	Response
29	INTERVIEWER: Ask to see if the H.S.A's drug box and record if the H.S.A has at least <u>one full dose</u> of each of the following supplies available in his/her drug box. Note: a full dose for each medicine is shown in parentheses.	<p style="text-align: right;"><u>YES</u> <u>NO</u></p> <p>i) LA (1x6) (1 pkg): 1 2</p> <p>ii) LA (2x6) (1pkg): 1 2</p> <p>iii) Cotrim/Bactrim (10 tabs): 1 2</p> <p>iv) Paracetamol (6 tabs): 1 2</p> <p>v) ORS (3 sachets): 1 2</p>
30	INTERVIEWER: ASK THE H.S.A: Have you experienced a stock-out of any of the following medicines since in the last 3 months? Read name of each drug and if YES, ask for how many days did the stock-out lasted. <i>If stock-out lasted 3 months or longer, record 90 days (and make a note of when stock-out started)</i>	<p>i) LA (1x6): YES #days:_____ NO</p> <p>ii) LA (2x6): YES #days:_____ NO</p> <p>iii) Cotrimoxazole: YES #days:_____ NO</p> <p>iv) Paracetamol: YES #days:_____ NO</p> <p>v) ORS: YES #days:_____ NO</p>

NOTES:

Form 1: Interview with Health Surveillance Assistant and Register Review - INTERVENTION AREAS

Questionnaire ID#: _____ Village Clinic Name: _____ Date of interview (dd/mm/yy): _____

Part 2. Village Clinic Register Review

SECTION A.

Instructions:

1. Ask the H.S.A to list all the villages in his official catchment area. Cross check the name and record the Census Village Code from the list provided. If no census village code is provided write 'NA' in the column. For each village, ask for the 'head count' population and how long it takes to travel from the farthest household in that village to the village clinic.
2. Ask the H.S.A. to list any villages that fall outside his official catchment area but that still seek treatment services at his/her village clinic. For each of these villages ask for the 'head count' population and how long it takes to travel from the farthest household in that village to the village clinic. If he does not know the head count, write 'NA' in the head count column.
3. Complete the accompanying tally sheet and then summarize in the last two columns of the table below.

	Census Village Name	Census Village Code	Total population (Head Count)	Estimated time to travel to village clinic from farthest point in village (select code)				MONTH 1: Total # sick children seen in last month (within last 30 days)	MONTH 2: Total # sick children seen in month previous to last month (31 - 60 days ago)
				1 = <15 min	2 = 15-<30 min	3 = 30-<60 min	4 = 60+ min		
I. OFFICIAL H.S.A CATCHMENT VILLAGES									
		FROM LIST	FROM H.S.A	FROM H.S.A				FROM REGISTER TALLY:	
1				1	2	3	4		
2				1	2	3	4		
3				1	2	3	4		
4				1	2	3	4		
5				1	2	3	4		
6				1	2	3	4		
7				1	2	3	4		
II. VILLAGES OUTSIDE OF H.S.A'S OFFICIAL CATCHMENT AREA BUT THAT SEEK TREATMENT FOR THEIR SICK CHILDREN									
1				1	2	3	4		
2				1	2	3	4		
3				1	2	3	4		
4				1	2	3	4		
5				1	2	3	4		
6				1	2	3	4		
7				1	2	3	4		
8				1	2	3	4		
9				1	2	3	4		

SECTION B.

Instructions: Use the tally sheet provided to record total number of days H.S.A provided treatment services in each of the last two months

	MONTH 1	MONTH 2
Total number of days the village clinic treated one or more cases for each of the last 2 months		

TALLY SHEET FOR FORM 1. PART 2 (SECTIONS A & B) - INTERVENTION AREAS

Questionnaire ID#: _____ Village Clinic Name: _____ Date of interview (dd/mm/yy): _____

	Census Village Name	MONTH 1 (last 30 days)		MONTH 2 (last 31-60 days)	
		Day Start: _____	Day End: _____	Day Start: _____	Day End: _____
I. OFFICIAL H.S.A CATCHMENT VILLAGES					
		TALLIES	TOTAL	TALLIES	TOTAL
1					
2					
3					
4					
5					
6					
7					
II. VILLAGES OUTSIDE OF H.S.A'S OFFICIAL CATCHMENT AREA BUT THAT SEEK TREATMENT FOR THEIR SICK CHILDREN					
1					
2					
3					
4					
5					
6					
7					
8					
9					
TALLY FOR SECTION B.		MONTH 1 (last 30 days)		MONTH 2 (last 31-60 days)	
Total number of days the village clinic treated one or more cases for each of the last 2 months		TALLIES	TOTAL	TALLIES	TOTAL

Form 2: Village Health Committee Chairman/Member Questionnaire - INTERVENTION AREAS

Questionnaire ID#: _____ Village Clinic Name: _____ Date of interview (dd/mm/yy): _____

Thank you for sharing some of your valuable time to talk to us today. We are interested in learning about services in your community for sick children. Is that OK? Do you mind if we take notes?

Theme	#	Question	Response
Background	1	Background information on respondent	i) VHC Position: _____ ii) Respondent name: _____ iii) Age (in years): _____ iv) Sex (circle one): Male Female
	2	i) What is the name of the village clinic? ii) Where is the village clinic located (name of village)?	i) Name of village clinic: _____ ii) Village: _____
Identifying information & HSA availability & services	3	What is the name of the HSA for this village clinic?	H.S.A Name: _____
	4	Does he/she live in the village where the village clinic is located?	1. Yes >>> Q# 7 2. No 9. Don't know
	5	Does he/she live within the catchment area of the village clinic?	1. Yes >>> Q# 7 2. No
	6	Why do you think the H.S.A does not live within the catchment area of the village clinic? <i>[Prompt 'Anything else?'; Circle all mentioned.]</i>	A.) Lack of housing B.) Does not want to live there C.) Has house in another village D.) Other (specify ALL): _____ E.) Don't know the reason
	7	When did the H.S.A start providing treatment of sick children at the village clinic? <i>[Ask for month and year]</i>	Month: _____ Year: _____ 9. Don't know
	8	Has the H.S.A shared a schedule of days when he or she can provide treatment for sick children? <i>Interviewer: Ask to see a copy of the H.S.A's schedule and circle appropriate response.</i>	1. Yes, shared a written schedule 2. Yes, shared verbally 3. No
	9	How many days in a week does he/she usually provide treatment for sick children at the village clinic?	1.) One or two days each week 2.) Three to five days each week 3.) Six to seven days each week 9.) Don't know
	10	Which days of the week does he/she provide these services? <i>Interviewer: TICK ALL DAYS OF THE WEEK THAT APPLY AND WRITE THE HOURS</i>	A. Monday: _____ to _____ B. Tuesday _____ to _____ C. Wednesday _____ to _____ D. Thursday _____ to _____ E. Friday _____ to _____ F. Saturday _____ to _____ G. Sunday _____ to _____ 99. Don't know
	11	Does the HSA provide treatment services to children during (ask for each time period): i) Evenings/at night ii) Weekends iii) Holidays	<i>Circle Yes, No or Don't know for each time period:</i> Time period: Yes No Don't know i) Evenings/nighttime 1 2 9 ii) Weekends 1 2 9 iii) Holidays 1 2 9

Theme	#	Question	Response
Community participation	12	How did people find out about the services the HSA provides for sick children? <i>Interviewer: Prompt 'Anything else?'; Circle all mentioned.</i>	A.) Through the H.S.A him/herself B.) From the health facility C.) From the church D.) From the VHC E.) Through the village chiefs/community meetings F.) Other (Specify ALL): _____ G.) Don't know
	13	In what year was this VHC formed?	Year VHC formed: _____ 9. Don't know
	14	How many people are members of your VHC?	# of members of VHC: _____
	15	How often does the VHC meet (formal meetings)?	1.) Once a week 2.) Twice a month (fortnightly) 3.) Once a month 4.) Quarterly 5.) Less than quarterly 9) Don't know
	16	When was the last meeting of the VHC?	1.) Within the last week 2.) More than one week ago but within the last month 3.) Within last 2-3 months 4.) More than 3 months ago 9) Don't know
	17	Did you discuss any issues related to treatment services for children at this meeting? Note: this could include issues related to management, support services like building a place for the clinic, helping H.S.A, etc	1. Yes 2. No >> Q# 19 9. Don't know >> Q# 19
	18	If Yes, what was discussed:	
	19	What support does the VHC provide to the HSA? <i>Interviewer: Let respondent answer before reading; if no response, provide the options and circle all mentioned</i>	A.) Help with supervision B.) Help manage supplies C.) Introduce HSA to community D.) Provide/arrange housing E.) Provide water F.) Provide food G.) Assist resolving conflicts between HSA and village H.) Provide monetary or inkind support I.) Other (Specify ALL): _____ J.) VHC does not provide any support K.) Don't know
	20	When a child under-five is sick, how often do community members seek the services of the HSA? <i>Interviewer: Read the options to respondent and circle the most appropriate response</i>	1. Always 2. Most of the time 3. Sometimes >>> Q# 22 4. Never or almost never >>> Q# 22 9. Don't know >>> Q# 23
	21	If always or most of the time, why? <i>Interviewer: Prompt 'Anything else?'; Circle all mentioned</i>	A.) Less distance to travel for care B.) HSA treats patients kindly C.) HSA provides drugs D.) HSA is well-trained E.) Don't have to wait for services F.) Other (Specify ALL): _____ G.) Don't know

Theme	#	Question	Response
	22	If only sometimes or never/almost never, why not? <i>Interviewer: Prompt 'Anything else?'; Circle all mentioned</i>	A.) HSA is not available regularly B.) HSA does not have supplies C.) HSA is unfriendly/rude D.) HSA does not have the skills to treat sick children E.) Other (Specify ALL): _____ F.) Don't know
	23	Does the VHC in this catchment area have any specific mechanism for helping people with a very sick child go to the health facility urgently?	1. Yes 2. No >>> Q# 25 9. Don't know >>> Q# 25
	24	If yes, please could you describe the mechanism?	
	25	How satisfied is the community with the services the H.S.A provides to treat sick children? <i>Interviewer: Read the options to respondent and circle the most appropriate response</i>	1.) Unsatisfied 2.) Satisfied 3) Very satisfied 9) Don't know
	26	What do you think is the reason the community feels this way?	
	27	What do you think should be done to improve the services of the HSA in the community? <i>Interviewer: Prompt 'Anything else?'; Circle all mentioned.</i>	A.) Provide housing/better incentives for HSA B.) Provide more drugs for HSA C.) Provide transportation for HSA D.) Allow HSA to treat older children and adults E.) Better training F.) Other (Specify ALL): _____ G.) Nothing can be done H.) Don't know
Thank you!			

GPS CODE SHEET - INTERVENTION AREAS

Questionnaire ID#: _____ Village Clinic Name: _____ Date of interview (dd/mm/yy): _____

#	Location Description	Latitude	Longitude	Comments
1	Health Facility (Name: _____)			
2	Village Clinic (Village Name: _____)			
3	H.S.A Residence (Village name: _____)			
	VILLAGE CLINIC CATCHMENT BOUNDARIES			
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

CHECK BEFORE YOU LEAVE TO MAKE SURE YOU HAVE TAKEN:

- GPS COORDINATES FOR HF _____
- GPS COORDINATES FOR VHC _____
- GPS COORDINATES FOR H.S.A RESIDENCE _____
- GPS COORDINATES FOR VHC CATCHMENT AREA _____