



For office use

CIDA CCM ENDLINE SURVEY Malawi 2013 Interview with Health Surveillance Assistant (HSA)

Consent form read and accepted: Yes

A-CLUSTER IDENTIFICATION		
#	Question	Responses
A1	Cluster Name Number:	_____ <input type="checkbox"/> <input type="checkbox"/>
A2	Name of HSA:	_____
A3	Name of village clinic:	_____
A4	Name of HSA supervisor:	_____
A5	Number of HHs in catchment area (from HH listing exercise)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A6	Surveyer Name & No.	_____ <input type="checkbox"/> <input type="checkbox"/>
A7	Day / Month / Year	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / 2013

#	Question	Responses
B	BACKGROUND	
B1	Sex of HSA (circle one)	Male1 Female..... 2
B2	How old are you?	Age in years: <input type="checkbox"/> <input type="checkbox"/> Don't know:.....98
B3	What is the highest education you have completed?	Primary school..... 1 Form two..... 2 Form four (MSC) 3 Other (specify)_____
B4	How long does it take you to walk from the village clinic to the health facility?	Less than 30 minutes 1 30 minutes to less than 1 hour 2 1 hour to less than 2 hours 3 2 or more hours 4
B5	Do you live in this village (where the village clinic is located)? [<i>'Live' means that this is the HSA's primary residence</i>]	Yes 1 >>> C1 No 2

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B6	How long does it take you to travel from where you live to the village clinic location?	Less than 30 minutes..... 1 30 minutes to less than 1 hour 2 1 hour to less than 2 hours 3 2 or more hours..... 4																								
C	SUPERVISION																									
C1	How many times did you receive a supervisory visit in your community specific to CCM in the last 3 months? <i>[Circle '00' if H.S.A has received no visits in last 3 months and go to Q#27]</i>	00 - No CCM supervision visits in community >>> Go to Question C4 # CCM supervision visits in last 3 months: <input type="text"/>																								
C2	Who supervised you during the most recent visit? <i>Do not read responses; Circle all mentioned</i>	IMCI Coordinator 01 IMCI Trainer/Facilitator 02 Senior HSA 03 Environmental Health Officer 04 Medical Assistant from Health Centre 05 Save the Children/NGO staff member 06 Community Nurse 07 Pharmacy technician 08 Other (specify all): _____																								
C3	During the most recent supervision visit did the supervisor: <i>Read list to the HSA and circle Yes or No for each item</i>	<table border="1"> <thead> <tr> <th>Item</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A. Review your treatment register?</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Check your supplies and equipment levels?</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Use a supervision checklist?</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Administer a case scenario?</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Observe you manage a sick child?</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Meet with village leaders?</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Give you feedback on your CCM activities?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Item	Yes	No	A. Review your treatment register?	1	2	B. Check your supplies and equipment levels?	1	2	C. Use a supervision checklist?	1	2	D. Administer a case scenario?	1	2	E. Observe you manage a sick child?	1	2	F. Meet with village leaders?	1	2	G. Give you feedback on your CCM activities?	1	2
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C4	In the last three months, how many times have you received clinical training (mentoring) sessions at your health facility? <i>[Circle '00' If HSA has received none and skip to D1]</i>	00 - No mentoring session at health facility >>> Go to Question D1 # mentoring sessions at health facility: <input type="text"/> <input type="text"/>																								
C5	During your most recent mentoring session, did any of the following happen? <i>Read list to the HSA and circle Yes or No for each item</i>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A. Use a mentoring checklist?</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Observe you manage a sick child?</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Demonstrate how to care for a sick child/identify danger signs?</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Give you feedback on your case management skills?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	A. Use a mentoring checklist?	1	2	B. Observe you manage a sick child?	1	2	C. Demonstrate how to care for a sick child/identify danger signs?	1	2	D. Give you feedback on your case management skills?	1	2									
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D	MEDICINE AND SUPPLIES				
D1	INTERVIEWER: Ask to see the HSA's drug box and supplies. <i>OBSERVE and Record if the HSA has at least one full set of each of the following supplies available in his/her stocks. Note: the minimum amount for each item is shown in parentheses</i>	Item	Yes	No	
		A. LA (1x6) (1 packets)	1	2	
		B. LA (2x6) (1 packets)	1	2	
		C. Cotrimoxazole (5 tablets)	1	2	
		D. ORS (3 sachets)	1	2	
		E. Paracetamol (6 Pills)	1	2	
		F. Zinc (10 tablets)	1	2	
		G. Timer (1 functional)	1	2	
D2	INTERVIEWER: Ask the HSA: Have you experienced a stock-out (without any medicine) of any of the following medicines in the last 1 month ? If yes, how many days did the stockout last?	Medicine	Stock-out in last 1 month?		
			Yes	# days	No
		A. LA (1x6)	1		2
		B. LA (2x6)	1		2
		C. Cotrimoxazole	1		2
		D. ORS	1		2
		E. Paracetamol	1		2
F. Zinc	1		2		
E	ACTIVITIES & REGISTER REVIEW				
E1	How many days per week do you operate the village clinic?	# days/week: <input type="text"/>			
E2	How many days last week (past 7 days) did you: a) operate the village clinic? b) Report for duties at health facility	a) # days operating VC in last 7 days: <input type="text"/>			
		b) # days at health facility in last 7 days: <input type="text"/>			
Ask the HSA to show you his/her register and complete the following questions					
E3	INTERVIEWER: Record the most recent date when a child (under 5 years) was treated by the HSA <i>Write the date below and circle the appropriate time period in the next column</i> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	No register/not possible to determine0 Within past 3 days.....1 4 to 7 days ago.....2 8 to 30 days ago.....3 More than 30 days ago.....4			
E4	INTERVIEWER: Review the 2 most recent <u>completed</u> pages of the treatment register(with all 10 cases filled in) and record the following		Yes	No	
		a) Child's age recorded for all cases	1	2	
		b) Respiratory rate recorded for all cases in which child reported cough	1	2	

#	Question	Responses			
E5	INTERVIEWER: Record the total number of cases seen by the HSA in the last 1 complete month. Write the name of the month represented in the space provided. If cannot be determined write 998 in" treated", always write the name of the month.	Name of month: _____ # sick child cases treated in month: _____ Not possible to determine.....998			
F KNOWLEDGE					
F1	Can you tell me what are the danger signs that you would refer a sick child for? <i>Probe: Anything else?</i> <i>Circle all mentioned.</i>	SIGNS	Yes	No	
		A. Cough for 21 days or more	1	2	
		B. Diarrhoea for 14 days or more	1	2	
		C. Blood in stool	1	2	
		D. Fever for last 7 days	1	2	
		E. Convulsions	1	2	
		F. Not able to drink or feed anything	1	2	
		G. Vomits everything	1	2	
		H. Red eye with visual problem	1	2	
		I. Red eye for 4 days or more	1	2	
		J. Red eye with visual problem	1	2	
		K. Chest indrawing	1	2	
		L. Very sleepy or unconscious	1	2	
		M. Palmar pallor	1	2	
N. Red on MUAC tape	1	2			
O. Swelling of both feet	1	2			
P. Other (specify): _____	1	2			
Q. Don't know:	98				
F2	Can you tell me what the cut-off is for fast breathing for a child aged 12-59 months old?	50 or more breaths per minute..... 1 40 or more breaths per minute..... 2 Other 3 Don't know 8			
F3	For a child aged <u>12-59 months</u> who had fast breathing, can you tell me about their treatment? <i>Probe the HSA to specify which drug, number of tablets, number of days to take tablets and times of the day to take tablets and circle a response in each column</i>	Name of medicine	# of tablets per dose	# of times a day to take tablets	# of days to take tablets
		1. Correct (Cotrim)	1. Correct (1 tablet/dose)	1. Correct (2 times a day)	1. Correct (5 days)
		2. Incorrect	2. Incorrect	2. Incorrect	2. Incorrect
		9. Don't know	9. Don't know	9. Don't know	9. Don't know
F4	For a child aged <u>6-35 months</u> , what treatment should you give for fever? <i>Probe the HSA to specify which drug, number of tablets, number of days to take tablets and times of the day to take tablets and circle a response in each column</i>	Name of medicine	# of tablets per dose	# of times a day to take tablets	# of days to take tablets
		1. Correct (LA 1x6)	3. Correct (1 tablet/dose)	1. Correct (2 times a day)	1. Correct (3 days)
		2. Incorrect	4. Incorrect	2. Incorrect	2. Incorrect
		9. Don't know	9. Don't know	9. Don't know	9. Don't know

#	Question	Responses			
F5	For a child aged <u>2-6 months</u> , what treatment should you give for diarrhoea in addition to ORS? <i>Probe the HSA to specify which drug, number of tablets, number of days to take tablets and times of the day to take tablets and circle a response in each column</i>	Name of medicine	# of tablets per dose	# of times a day to take tablets	# of days to take tablets
		3. Correct (Zinc)	5. Correct (1/2 tablet/dose)	1. Correct (1 time a day)	1. Correct (10 days)
		4. Incorrect	6. Incorrect	2. Incorrect	2. Incorrect
		9. Don't know	9. Don't know	9. Don't know	9. Don't know

H. CASE SCENARIOS

INTERVIEWER: Read the following to the HSA

These case scenarios aim to know your usual practice in some specific situations. We will now do an exercise to practice what you have learnt during your training. I will describe a case of a sick child who has come to you and would like you to explain step-by-step what you will do to help or treat the child. You can use your tools if needed to determine what actions you would take to treat the child.

H1		Actions	Yes	No
<p>An 11-month-old girl is brought to you for fever and cough. When asked, the mother says she is breastfeeding normally although she is not eating solid foods. The cough began about 3 days ago. The child has a low fever. There are no other problems.</p> <p>Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 30 minutes away.</p> <p>INTERVIEWER: Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.</p> <p>Circle code “1=yes” or “2=no” for each of the following actions mentioned by the HSA.</p>		A. Help caregiver to give child ORS solution in front of HSA	1	2
	B. Give caretaker ORS solution to take home	1	2	
	C. Begin giving ORS solution immediately	1	2	
	D. Give zinc supplement for 10 days	1	2	
	E. Give LA for 3 days	1	2	
	F. Give first dose of LA	1	2	
	G. Advise caregiver on use of ITN	1	2	
	H. Give paracetamol for 3 days	1	2	
	I. Give LA for 5 days	1	2	
	J. Apply and give antibiotic ointment for 3 days	1	2	
	K. Apply antibiotic ointment for one dose	1	2	
	L. Advise to refer to health facility	1	2	
	M. Advise to give fluids and continue feeding	1	2	
	N. Advise to keep child warm if not hot with fever	1	2	
	O. Write a referral note	1	2	
	P. Arrange transportation to health facility	1	2	
	Q. Advise caregiver on when to return to HSA or to a health facility	1	2	
R. Follow-up child in 3 days	1	2		
S. Other (specify below)	1	2		

H2	<p>INTERVIEWER: <i>Read the following to the HSA</i></p> <p><u>A 3-month-old baby boy is brought to a village clinic because he is difficulty in wakening. He has had fever for the past 2 days. Yesterday his mother noted that his arms and legs stiffened and shuddered for 2 or 3 minutes at a time. Since then he has been breastfeeding poorly. There are no other problems. The HSA looks at the child and his eyes are closed and he is sleeping quietly in his mother's arms. The HSA tries to wake the child by moving his arms and clapping in front of him but the boy's eyes remain closed.</u></p> <p>Please explain how you would manage this child. Including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 30 minutes away.</p> <p>INTERVIEWER: <i>Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask "Is that all?" Continue asking until the HSA has no further management for the case.</i></p> <p><i>Circle code "1=yes" or "2=no" for each of the following actions mentioned by the HSA.</i></p>	Actions		Yes	No
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		D. Give zinc supplement for 10 days	1	2	
		E. Give LA for 3 days	1	2	
		F. Give first dose of LA	1	2	
		G. Advise caregiver on use of ITN	1	2	
		H. Give paracetamol for 3 days	1	2	
		I. Give LA for 5 days	1	2	
		J. Apply and give antibiotic ointment for 3 days	1	2	
		K. Apply antibiotic ointment for one dose	1	2	
		L. Advise to refer to health facility	1	2	
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