

INTERVIEW MODULE

HSA INFORMATION PANEL (HS)

HS1.	DISTRICT CODE: ____		
HS2.	HSA CODE: _____		
HS3.	HSA NAME: _____		
HS4.	HEALTH FACILITY CATCHMENT AREA CODE : ____		
HS5.	HEALTH FACILITY CATCHMENT AREA NAME : _____		
HS6.	INTERVIEWER NAME: _____		
HS7.	DATE: __/__/__		
HS8.	INTERVIEW RESULT	Complete..... 1 Incomplete 2	
HS9.	INTERVIEW METHOD	Telephone 1 In person 2	
HS10.	<i>For telephone interview only :</i> Are you at your village clinic? <i>If no, ask to reschedule once they've returned to their village clinic.</i>	Yes..... 1 No 2	
HS11.	Are you currently working as a HSA?	Yes..... 1 No 2	If No→ Finish
HS12.	Have you been trained in CCM, that is have you been trained to fill in the sick child recording form?	Yes..... 1 No 2	If No→ HS14
HS13.	What date did you complete the training on the sick child recording form?	MM: ____ YY: ____	
HS14.	Have you received a drug box for holding a Village Health Clinic?	Yes..... 1 No 2	If No→ Finish
HS15.	Have you treated any sick children in the previous three months?	Yes..... 1 No 2	If No→ Finish
HS16.	Did you treat any sick children in the previous seven days from today?	Yes..... 1 No 2	If No→ HS18

HS17.	<p>How many sick children did you treat in the previous seven days from today?</p> <p><i>Ask the HSA to check their register for the exact number.</i></p>	<p>___ ___ ___</p>	
HS18.	<p>What was the last month you submitted at Form 1A to the health center?</p>	<p>MM: ___ ___</p> <p>YY: ___ ___</p> <p>Never submitted.....98</p>	
HS19.	<p>How long does it take you to travel to your health center?</p> <p><i>Probe: ask duration for most frequent method of transport</i></p>	<p>Hours: __ __</p> <p>Days: __ __</p> <p>Don't Know.....98</p>	

DRUGS AND SUPPLY STOCKS (DS)

DS1. When did you receive your initial drug box?	MM: ____ YY: ____	If less than one month ago →DS6
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ASK QUESTIONS DS2, DS3, DS4 AND DS5 FOR EACH DRUG LISTED BY ROW:

	DS2. Do you have [NAME OF DRUG] in your drug box at this moment?		DS3. Have you experienced stockouts of [NAME OF DRUG] in the previous three months that have been reported in Form 1A? <i>Probe: This is for the last three months that you have reported on Form 1A to the health center?</i>		DS4. Have you experienced stockouts of [NAME OF DRUG] in the previous six months that have been reported in Form 1A? <i>Probe: This is for the last six months that you have reported on Form 1A to the health center?</i>		DS5. How long was the <u>most recent</u> stockout for [NAME OF DRUG] that you have reported on Form 1A to the health center? <i>Probe for exact length, record in days. Enter "98" if HSA does not know.</i>	
	Yes No	If no → DS5	Yes No	If yes → DS5	Yes No	If no → Next line	____	Go to next line in table
A. ORS?	1 2		1 2		1 2		____	
B. ZINC?	1 2		1 2		1 2		____	
C. LA 1X6?	1 2		1 2		1 2		____	
D. LA 2X6?	1 2		1 2		1 2		____	
E. LA 3X6?	1 2		1 2		1 2		____	
F. PARACETAMOL?	1 2		1 2		1 2		____	
G. COTRIMOXAZOLE?	1 2		1 2		1 2		____	
H. ANTIBIOTIC EYE OINTMENT?	1 2		1 2		1 2		____	

DS6.	Do you have the following supplies at your Village Health Clinic at this moment?	Yes No Timing device 1 2 MUAC tape..... 1 2 SCRF 1 2 SCR..... 1 2	
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DS7.	Check DS6, if timing device is circled yes: What type of device do you use for counting breaths?	Wrist watch 1 Clock on wall/shelf 2 Mobile phone 3 Other (specify) _____ 6	CONTINUE TO SV1
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SUPERVISION (SV)

SV1.	Have you received a supervisory visit about CCM (sick child recording form) in the past three months?	Yes..... 1 No..... 2	If No→ SV6																																				
SV2.	How many times during the last three months did you receive a supervisory visit about CCM (sick child recording form)?	— — —																																					
SV3.	During the most recent CCM supervision visit, did your supervisor use a checklist?	Yes..... 1 No..... 2 Don't know 8																																					
SV4.	During <u>the most recent</u> of the supervision visits specific to CCM (sick child recording form), who visited you? Circle all responses	EHO A Senior HSA B Medical Assistant C Community Nurse D IMCI coordinator E Pharmacy technician F Other (specify) X																																					
SV5.	During <u>the most recent</u> of the visit, did the supervisor do any of the following:	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Observed you treating a sick child</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Gave you a case scenario</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your register</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your drugs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your CCM supplies (timer, MUAC, other)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your reports</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Spoke to the VHC</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed the water/latrine facilities at your village clinic.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Observed you treating a sick child	1	2	8	Gave you a case scenario	1	2	8	Observed your register	1	2	8	Observed your drugs	1	2	8	Observed your CCM supplies (timer, MUAC, other)	1	2	8	Observed your reports	1	2	8	Spoke to the VHC	1	2	8	Observed the water/latrine facilities at your village clinic.....	1	2	8	
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SV6.	In the last three months, did you discuss your CCM work (sick child recording form) with a supervisor in the health center?	Yes..... 1 No..... 2	If No→ VM1																																				
SV7.	During the most recent CCM supervision visit, did your supervisor use a checklist?	Yes..... 1 No..... 2																																					
SV8.	With whom did you discuss your CCM work (sick child recording form)? Circle all responses	EHO/Assistant EHO A Community Health Nurse B Health Center In Charge C Nurse D Other (specify) X																																					
SV9.	The last time you discussed CCM with a supervisor at the health center did your supervisor do any of the following?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Observed you treating a sick child</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Gave you a case scenario</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your register</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your drugs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your CCM supplies (timer, MUAC, other)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Observed your reports</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Observed you treating a sick child	1	2	8	Gave you a case scenario	1	2	8	Observed your register	1	2	8	Observed your drugs	1	2	8	Observed your CCM supplies (timer, MUAC, other)	1	2	8	Observed your reports	1	2	8									
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THANK YOU FOR YOUR TIME → Complete interviewer observations.

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING TELEPHONE INTERVIEW

Comments:

VALIDATION MODULE (V)

V1.	DISTRICT CODE: _____		
V2.	HSA CODE: _____		
V3.	HSA NAME: _____		
V4.	HEALTH FACILITY CATCHMENT AREA CODE : _____		
V5.	HEALTH FACILITY CATCHMENT AREA NAME : _____		
V6.	DATE: ____/____/____		
V7.	INTERVIEWER NAME: _____		
V8.	VALIDATION RESULT	Complete.....1 Incomplete2	
At the health center:			
V9.	Enter the name of the person interviewed at the health center	_____	
V10.	Enter the interviewed person job title.	EHO A Senior HSA B Medical Assistant C Community Nurse D IMCI coordinator E Pharmacy technician F Health Center In Charge G Nurse H Other(specify) _____ X	
V11.	Record if HSA is currently working.	Yes 1 No 2	If No → V22
V12.	Record if the HSA has been trained in CCM.	Yes 1 No 2	If No → V22
V13.	Record the date the HSA completed the CCM training course.	MM: ____ YY: ____ Don't know 98	
V14.	Record the number of Form 1As available for review for the previous six months.	All 1 Forms partially available (specify number available) 2 No forms available 3	If no forms avail → V18

V15.	<p>Verify against Form 1A for the previous three months</p> <p>Record if the HSA has reported any stockouts of the following drugs in the previous three months.</p>	<p>No stock outs0</p> <p>ORS.....1</p> <p>Zinc.....2</p> <p>LA (6x1)3</p> <p>LA (6x2)4</p> <p>Paracetamol5</p> <p>Cotrimoxazole.....6</p> <p>Antibiotic eye ointment7</p>	
V16.	<p>Verify against Form 1A for the previous six months</p> <p>Record if the HSA has reported any stockouts of the following drugs in the previous six months.</p>	<p>No stock outs0</p> <p>ORS.....1</p> <p>Zinc.....2</p> <p>LA (6x1)3</p> <p>LA (6x2)4</p> <p>Paracetamol5</p> <p>Cotrimoxazole.....6</p> <p>Antibiotic eye ointment7</p>	
V17.	<p>Verify against Form 1A</p> <p>Record the duration (number of days) of the MOST RECENT stock-out.</p>	<p>No stock outs00</p> <p>ORS.....__ __</p> <p>Zinc.....__ __</p> <p>LA (6x1)__ __</p> <p>LA (6x2)__ __</p> <p>Paracetamol__ __</p> <p>Cotrimoxazole.....__ __</p> <p>Antibiotic eye ointment__ __</p> <p>Enter 98 if information is not available.</p>	
V18.	<p>Verify with Forms 1A and supervision checklist for the previous three months.</p> <p>Record how many times HSA was supervised in CCM in the previous three months. <i>If no records are available, interview HSA supervisor.</i></p>	<p>__ __</p> <p>If none, enter 00</p>	
V19.	<p>Verify the most recent supervision checklist</p> <p>Record the date of the most recent supervision.</p>	<p>MM: __ __</p> <p>YY: __ __</p> <p>Information not available 98</p>	<p>If not avail → V22</p>
V20.	<p>Verify the most recent supervision checklist</p> <p>Record the position title of the person who conducted the supervision.</p>	<p>EHO A</p> <p>Senior HSA..... B</p> <p>Medical Assistant C</p> <p>Community Nurse..... D</p> <p>IMCI coordinator E</p> <p>Pharmacy technician F</p> <p>Health Center In Charge G</p> <p>Nurse H</p> <p>Other(specify)..... X</p>	

V21.	Verify the most recent supervision checklist Record whether the sections have any information.	Yes	No		
		Sec A: Sick child observation	1	2	
		Sec A: Case scenario	1	2	
		Sec B: Register review	1	2	
		Sec C: Data quality	1	2	
		Sec E: Avail. of drugs	1	2	
		Sec F: Avail. of supplies	1	2	
		Sec G: Comm. Involvement	1	2	
Sec H: Water/San.....	1	2			
At the village clinic:					
Interview module					
V22.	Have you been trained in CCM, that is have you been trained to fill in the sick child recording form?	Yes.....	1		
		No	2	If no→ V24	
V23.	What date did you complete the training on the sick child recording form?	MM: ____			
		YY: ____			
		Don't Know	98		
V24.	Have you received a drug box for holding a Village Health Clinic?	Yes.....	1		
		No	2	If no→ Finish	
V25.	Have you treated any sick children in the previous three months?	Yes.....	1		
		No	2	If no→ Finish	
V26.	Did you treat any sick children in the previous seven days from today?	Yes.....	1		
		No	2	If no→ V28	
V27.	How many sick children did you treat in the previous seven days from today?	_____			
		Don't Know.....	998		
V28.	What was the last month you submitted at Form 1A to the health center?	MM: ____			
		YY: ____			
		Don't Know.....	98		
		Never submitted.....	99		
Observation module					
V29.	Record if the drug box is present. <i>If drug box is at another location, ask to observe it.</i>	Yes.....	1		
		No	2		
V30.	Record whether the following drugs are available to the HSA. Exclude changes since the first interview. <i>Check the drug box and probe if the HSA keeps any drugs elsewhere. Record all drugs in the HSA's possession. Only record "Yes" if you observe the drug.</i>	<u>Avail.</u>	<u>Not Avail.</u>		
		ORS.....	1	2	
		Zinc.....	1	2	
		LA (6x1)	1	2	
		LA (6x2)	1	2	
		Paracetamol	1	2	
		Cotrimoxazole.....	1	2	
		Antibiotic eye ointment	1	2	

V31.	<p>Record whether the following supplies are available to the HSA. Exclude changes since the first interview.</p> <p><i>Check the village clinic and probe if the HSA keeps any supplies elsewhere. Record all supplies in the HSA's possession. Only record "Yes" if you observe the supplies.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Avail.</th> <th style="text-align: center; border-bottom: 1px solid black;">Not Avail.</th> </tr> </thead> <tbody> <tr> <td>Timing device</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MUAC tape</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SCRF</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SCR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Avail.	Not Avail.	Timing device	1	2	MUAC tape	1	2	SCRF	1	2	SCR	1	2	
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V32.	<p>Observe the device the HSA uses to time breathing. Record type of device.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>No device.....</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Wrist watch</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Clock on wall/shelf</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Mobile phone</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	No device.....	0	Wrist watch	1	Clock on wall/shelf	2	Mobile phone	3	Other (specify) _____	6						
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Other (specify) _____	6																	
V33.	<p>Record whether the HSA has register/records of sick children seen in the previous 3 months.</p> <p><i>If HSA does not use register, ask to see any other records.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Records not available.....</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	Yes.....	1	No	2	Records not available.....	8	If No → C1									
Yes.....	1																	
No	2																	
Records not available.....	8																	
V34.	<p>Is there one or more entries for a sick child seen in the previous seven days? <i>If HSA does not use register, ask to see any other records.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Yes.....	1	No	2	If No → C1											
Yes.....	1																	
No	2																	
V35.	<p>Count the number of entries in the CCM register for the seven days prior to the first interview. Exclude children seen since the date of the first interview. <i>If HSA does not use register, ask to see any other records.</i></p>	<p>— — —</p>																

CONFIRMATION MODULE

DO THE FOLLOWING ITEMS MATCH? :

		Yes	No	If no: enter reason why here:
HSA Information				
C1.	HSA CCM training (HS12=V12)	1	2	
C2.	Date of CCM training (HS13=V13)	1	2	
C3.	Drug box availability (HS14=V29)	1	2	
C4.	Treated children in previous 3m (HS15=V33)	1	2	
C5.	Number of treated children in previous 7d (HS17=V35)	1	2	
Drugs/supplies				
C6.	Drugs available (DS2=V30)	1	2	
C7.	Drug stock-outs in last 3m (DS3=V15)	1	2	
C8.	Drug stock-outs in last 6m (DS4=V16)	1	2	
C9.	Duration of most recent stock-out (DS5=V17)	1	2	
C10.	Supplies available (DS6=V31)	1	2	
C11.	Timer available (DS7=V32)	1	2	
Supervision				
C12.	Supervised in CCM in last 3m (SV1/SV6=V16)	1	2	
C13.	Checklist used	1	2	

	(SV3/SV7=V19)		
C14.	Supervisor title (SV4/SV8=V20)	1	2
C15.	Supervision content (SV5/SV9=V21)	1	2

VALIDATOR'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING THE VALIDATION

Comments:
