



LQAS SURVEY 2012
QUESTIONNAIRE FOR COMMUNITY HEALTH WORKERS v1.0 Jun 2012
Integrated Community Case Management
UNICEF/LSTM

IDENTIFICATION	CODES (OFFICE USE ONLY)				
QUESTIONNAIRE IDENTIFICATION	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
LQAS NUMBER OUT OF _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
SUPERVISION AREA _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
District _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
County _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
Sub-County _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
Village _____	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
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

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.

Record the time the interview BEGINS

___ ___ : ___ ___ HOUR: MINUTE

Section 1: CHWs Background

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.....1 NO.....2 DON'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 <u>highest level</u> of school you attended? PROBE FOR SPECIFIC LEVEL	NEVER ATTENDED.....1 INCOMPLETE PRIMARY.....2 COMPLETE PRIMARY.....3 INCOMPLETE SECONDARY.....4 COMPLETE SECONDARY.....5 POST-SECONDARY.....6	
CB6	Do you receive any payment as a CHW?	YES.....1 NO.....2	→ GC1
CB7	Who pays you?	GOVERNMENT.....1 COMMUNITY.....2 PATIENTS/PATIENT'S FAMILIES.....3 OTHER (SPECIFY) _____ 96	

Section 2: Population Covered

No.	Questions and Filters	Coding Categories	Skips
GC1	Are you the only CHW covering this area?	YES.....1 NO.....2	→GC3
GC2	How many CHWs cover this area?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> NUMBER OF CHWS DON'T KNOW.....98	
GC3	Approximately how many households are there in the area you cover?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> NUMBER OF HOUSEHOLDS DON'T KNOW.....98	
GC4	What is the approximate population of the area you cover?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> POPULATION DON'T KNOW.....98	
GC5	Approximately how many children under 5 years old are there in the area you cover?	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> CHILDREN UNDER 5 YEARS OLD DON'T KNOW.....98	
GC6	What activities have you carried out in your area in the last month? CIRCLE ALL RESPONSES MENTIONED	ASSESSED CHILDREN.....1 TREATED SICK CHILDREN.....2 REFERRED SEVERE/COMPLICATED CASES.....3 RECEIVED COUNTER-REFERRALS.....4 PROMOTED KEY FAMILY PRACTICES...5 CONDUCTED HOME VISITS FOR MOTHERS AND NEWBORNS.....6 AJUST AS PER LOCAL PROTOCOLS	

Section 3: Medications and Equipment

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.....1 AVAILABLE BUT EXPIRED.....2 NOT AVAILABLE.....3	
ME2	Insert first line antibiotic for ARI	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT EXPIRED.....2 NOT AVAILABLE.....3	
ME3	ACT	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT EXPIRED.....2 NOT AVAILABLE.....3	
ME4	Zinc	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT EXPIRED.....2 NOT AVAILABLE.....3	
ME5	Rapid Diagnostic Test (RDT)	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT EXPIRED.....2 NOT AVAILABLE.....3	
ME6	Timer	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT BROKEN.....2 NOT AVAILABLE.....3	
ME7	Thermometer	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT BROKEN.....2 NOT AVAILABLE.....3	
ME8	Weighing Scale	AVAILABLE AND NOT EXPIRED.....1 AVAILABLE BUT BROKEN.....2 NOT AVAILABLE.....3	
ME9	Soap	AVAILABLE.....1 NOT AVAILABLE.....2	
ME10	Container for Mixing ORS	AVAILABLE.....1 NOT AVAILABLE.....2	
ME11	Long Lasting Insecticide Treated Net	AVAILABLE.....1 NOT AVAILABLE.....2	
ME12	MUAC Strip	AVAILABLE.....1 NOT AVAILABLE.....2	

ME13	Cloth for KMC positioning	AVAILABLE.....1 NOT AVAILABLE.....2	
ME14	Treatment protocol document	AVAILABLE.....1 NOT AVAILABLE.....2	
<p>In the preceding three months, have you been out of stock of any of the following items for longer than one day (24 hours):</p> <p>Adjust the following list as appropriate to local requirements</p>			
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

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.....1 NO.....2	→S4
S3	Have you received a supervisory visit from anyone in the last three months?	YES.....1 NO.....2 IF YES SPECIFY WHO: NAME: _____ ROLE: _____	
S4	What did your supervisor do on their last supervisory visit?	DIRECT OBSERVATION OF CARE.....1 REVIEWED REGISTERS/REPORTS.....2 CHECKED STOCK OF MEDICINES.....3 OTHER (SPECIFY) _____ 96	
S5	If Appropriate – check local guidelines Have 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.....1 NO.....2	→KP1
S6	Where was the meeting and who ran it?	NAME: _____ ROLE: _____ LOCATION: _____	

Section 5: Promotion of Key Family Practices

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

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

Section 6: Treatment of Children

No.	Questions and Filters	Coding Categories	Skips
T1	What is the recommended treatment for malaria in your area?	ACT.....1 SP/FANSIDAR.....2 QUININE.....3 CHLOROQUINE.....4 OTHER (SPECIFY) _____96 DON'T KNOW.....98	
T2	What is the recommended treatment for suspected pneumonia in your area?	FIRST LINE ANTIBIOTIC FOR ARI OTHER ANTIBIOTIC OTHER ANTIBIOTIC OTHER ANTIBIOTIC OTHER (SPECIFY) _____98 DON'T KNOW.....98	
T3	What is the recommended treatment for diarrhoea in your area?	ORS.....1 ZINC.....2 OTHER (SPECIFY) _____98 DON'T KNOW.....98	
T4	What is the recommended treatment of uncomplicated severe acute malnutrition in your area?	PLUMPY NUT.....1 OTHER (SPECIFY) _____98 DON'T KNOW.....98	
T5	What is the recommended treatment for a low birth weight baby in your area?	KANGAROO MOTHER CARE.....1 REGULAR FEEDING.....2 OTHER (SPECIFY) _____98 DON'T KNOW.....98	
T6	As part of your job, do you visit new mothers at home?	YES.....1 NO.....2	

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

Section 7: Referrals

No.	Questions and Filters	Coding Categories	Skips
R1	In the course of your work, have you referred children to the clinic for treatment?	YES.....1 NO.....2	→R3
R2	When was the last time you referred a child to the clinic for treatment?	LESS THAN ONE MONTH AGO.....1 ONE TO THREE MONTHS AGO.....2 MORE 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.....1 VERY SLOW SKIN PINCH.....2 CHEST IN-DRAWING.....3 UNCONSCIOUS CHILD.....4 BULGING FONTANEL/STIFF NECK.....5 CONVULSIONS.....6 CHILD VOMITS EVERYTHING.....7 RED MUAC.....8 OTHER (SPECIFY) _____ 98 DON'T KNOW.....98	
R4	Do you know how to use a MUAC strip?	YES.....1 NO.....2	→M1
R5	In the course of your work, have you used a MUAC strip to screen children for severe Malnutrition?	YES.....1 NO.....2	→R7
R6	When was the last time you used a MUAC strip to screen children for severe Malnutrition?	LESS THAN ONE MONTH AGO.....1 ONE TO THREE MONTHS AGO.....2 MORE THAN THREE MONTHS AGO.....3	

R7	<p>Can you demonstrate for me how to use a MUAC strip?</p> <p>THE CHW SHOULD EITHER DEMONSTRATE OR DESCRIBE HOW TO USE A MUAC STRIP</p> <p>1. CHECKS THE AGE OF THE CHILD IS BETWEEN 6 AND 59 MONTHS ____</p> <p>2. USES THE LEFT ARM ____</p> <p>3. POSITIONS THE STRIP HALF WAY BETWEEN THE SHOULDER AND THE ELBOW ____</p> <p>4. READS THE STRIP CORRECTLY ____</p>	<p>DEMONSTRATED CORRECTLY.....1</p> <p>DEMONSTRATED INCORRECTLY.....2</p>	
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Section 8: Monitoring

No.	Questions and Filters	Coding Categories	Skips
M1	<p>Were you given a treatment protocol when you trained as a CHW?</p> <p>ASK TO SEE THE PROTOCOL</p>	<p>PROTOCOL OBSERVED.....1</p> <p>HAS PROTOCOL BUT NOT OBSERVED....2</p> <p>DOES NOT HAVE PROTOCOL.....3</p>	
M2	<p>Do you have a Register for the children you treat?</p> <p>ASK: IS THE LAST CHILD IN THE REGISTER THE LAST CHILD YOU SAW?</p>	<p>REGISTER OBSERVED AND UP TO DATE..1</p> <p>REGISTER OBSERVED NOT UP TO DATE..2</p> <p>NO REGISTER.....3</p>	
Manual Count of Cases Treated in the Last Month From the Register (Ask to Review the Register)			
M3	<p>How many children did you treat for diarrhoea in the last month?</p> <p>(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)</p>	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">NUMBER OF CHILDREN WITH DIARRHOEA TREATED IN LAST MONTH</p>	
M4	<p>How many children did you treat for suspected pneumonia in the last month?</p> <p>(REVIEW THE NUMBER OF CASES IN THE LAST MONTH FROM THE REGISTER)</p>	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">NUMBER OF CHILDREN WITH SUSPECTED PNEUMONIA TREATED IN LAST MONTH</p>	

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)	<input type="text"/> 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)	<input type="text"/> 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)	<input type="text"/> NUMBER OF CHILDREN WITH ACUTE MALNUTRITION TREATED IN LAST MONTH	

Record the time the interview ENDS	<div style="text-align: center;"> ____ ____ : ____ ____ HOUR: MINUTE </div>
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THANK YOU - THE END