

Integrated Community Case Management of Childhood Diseases in Uganda

FORM ID LABEL HERE

INSCALE BASELINE VHT SURVEY 2011

Version: 2/24/2014

COMPOUND AND INTERVIEW INFORMATION

QUESTION

FORMAT

- 1.1. District name circle _____
- 1.2. Subcounty Name circle _____
- 1.3. LC1/Village name circle _____
- 1.4. Interviewer's code circle
- 1.5. Date of Interview <DD/MM/20YY> / / 2 0
- 1.6. Time started Hrs: Min : circle AM 1
PM 2
- 1.7. Time ended: Hrs: Min : circle AM 1
PM 2
- 1.8. Written informed consent provided? circle YES 1
NO 2
- 1.9. VHT CODE (to be filled by data manager) U .
- 1.10. Was this interview completed? YES 1
NO 2
- 1.11. *If no, explain why not in the comments box below*

1.12. **Do you - the interviewing supervisor- have any comments regarding this visit/interview?:**

S2 SECTION 2 DEMOGRAPHICS AND SES

- 2.1.1 What is your name [Official Name] _____
- 2.1.2 Do you have another name by which people know you in this community? [Common Name] _____
If none given write NA
- 2.1.3 [Observe sex of the respondent] Male 1
 Female 2
- 2.1.4 In what year were you born? <YYYY> Don't Know=9999
- 2.1.5 In what month were you born? January 1
 February 2
 March 3
 April 4
 May 5
 June 6
 July 7
 August 8
 September 9
 October 10
 November 11
 December 12
 Don't Know 99
- 2.1.6 What is your age? number Don't Know=999
- 2.1.7 What is your relation to the head of the household I am head of household 1
 Wife or husband 2
 Son or daughter 3
 Son-in-law or daughter-in-law 4
 Grandchild 5
 Parent 6
 Parent-in-law 7
 Brother or Sister 8
 Niece/nephew by blood 9
 Niece/nephew by marriage 10
 Other relative 11
 Adopted/foster/stepchild 12
 Not related 13
 Don't know 99

2.1.8 What is your mother tongue

- Acholi 1 → 2.1.10
- Alur 2
- Lugisu 3
- Luganda 4
- Lugbara 5
- Rugungu 6
- Rukiga 7
- Runyarwanda 8
- Runyoro 9
- Rutoro 10
- Runyankole 11
- Other 88

2.1.9 [If other:] Specify _____

2.1.10 What is your religion?

- None, don't have one 1 → 2.1.12
- Christian (Protestant) 2
- Christian (Roman Catholic) 3
- Christian (Pentecostal) 4
- Christian (Seventh Day Adventist) 5
- Muslim 6
- Traditional 7
- Faith of Unity 8
- Other 88

2.1.11 [If other:] Specify _____

2.1.12 What is your principal occupation?

- Employed in private sector or by NGO 1 → 2.1.14
- Civil servant 2
- Casual worker (manual/agriculture) 3
- Self-employed farmer/ peasant/fisherman/cattlekeeper 4
- Self-employed business man/women 5
- Domestic work in own household 6
- Unemployed (looking for work) 7
- Unemployed (not looking for work) 8
- Sick/disabled and unable to work 9
- Student 10
- Other 88

2.1.13 [If other:] Specify _____

2.1.14 Did you attend school? [Also answer Yes if respondent is still in school]

- Yes 1
- No 2 → 2.1.16

2.1.15 [If Yes:] until which grade/class did you attend?

- circle
- | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|
| Primary | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Secondary | 1 | 2 | 3 | 4 | 5 | 6 | | |

Tertiary 1 2 3 4 5
 Vocational 1 2 3 4

- 2.1.16 Can you read and understand a letter or newspaper, easily, or with difficulty, or not at all, in any language? Yes, I can easily read without any difficulty 1
 Yes, I can read but with some difficulty 2
 No, I cannot read at all 3
- 2.1.17 Can you write a letter easily, or with difficulty, or not at all, in any language? Yes, I can write easily without difficulty 1
 Yes, I can write with some difficulty 2
 No, I cannot write at all 3

[CHECK with Q2.1.7]

[If the respondent is the head of household:] SKIP to question:

2.3.1

[If the respondent is not the head of household, say:]

Now I will ask some questions about the head of this household

- 2.2.1 What is the name of the head of household? **[Official Name]** _____
- 2.2.2 Does the head of household have another name by which people know him in this community? **[Common Name]** _____
- 2.2.3 Is the head of household Male or Female? Male 1
 Female 2
- 2.2.4 In what year was the head of household born? <YYYY> Don't Know=9999
- 2.2.5 In what month was the head of household born? JANUARY 1
 FEBRUARY 2
 MARCH 3
 APRIL 4
 MAY 5
 JUNE 6
 JULY 7
 AUGUST 8
 SEPTEMBER 9
 OCTOBER 10
 NOVEMBER 11
 DECEMBER 12
 DON'T KNOW 99

2.2.6 What is the age of the head of household? Don't Know=99

2.2.7 What is the mother tongue of the head of this household? Acholi 1 → 2.2.9
 Alur 2
 Lugisu 3

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Luganda	4
Lugbara	5
Rugungu	6
Rukiga	7
Runyarwanda	8
Runyoro	9
Rutoro	10
Runyankole	11
Other	88

2.2.8 [If other:] Specify _____

2.2.9	What is the religion of the head of household?	None, doesn't have one	1	→ 2.2.11
		Christian (Protestant)	2	
		Christian (Roman Catholic)	3	
		Christian (Pentecostal)	4	
		Christian (Seventh Day Adventist)	5	
		Muslim	6	
		Traditional	7	
		Faith of Unity	8	
		Other	88	

2.2.10 [If other:] Specify _____

2.2.11	What is the principal occupation of the head of household?	Employed in private sector or by NGO	1	→ 2.2.13
		Civil servant	2	
		Casual worker (manual/agriculture)	3	
		Self-employed farmer/ peasant/fisherman/cattlekeeper	2	
		Self-employed business man/women	3	
		Domestic work in own household	4	
		Unemployed (looking for work)	5	
		Unemployed (not looking for work)	6	
		Sick/disabled and unable to work	7	
		Student	8	
		Other	88	

2.2.12 [If other:] Specify _____

2.2.13	Can the head of household read and understand a letter or newspaper, easily, or with difficulty, or not at all, in any language?	Yes, head of household can easily read without any difficulty	1
		Yes, the head of household can read but with some difficulty	2
		No, the head of household cannot read at all	3
		Don't know	99

2.2.14	Can the head of household write a letter easily, or with difficulty, or not at all, in any language?	Yes the head of household can write easily without difficulty	1
		Yes the head of household can write with some difficulty	2

or not at all, in any language:

No the head of household cannot write at all 3
 Don't know 99

2.2.15 Did the head of household attend school? [Also answer Yes if still attending school]
 Yes 1
 No 2 → 2.3.1
 Don't Know 99

2.2.16 [If Yes:] Until which grade/class did the head of household attend?
 circle Primary 1 2 3 4 5 6 7 8
 Secondary 1 2 3 4 5 6
 Tertiary 1 2 3 4 5
 Vocational 1 2 3 4
 Don't Know 99

END OF QUESTIONS ABOUT HEAD OF HOUSEHOLD

2.3.1 How many other members of the household are presently working, besides the head of household and you?
 if 00 → 2.3.9

What are the principal occupations of the other household members that are working?

[Write total number of persons working, for each occupation category]

2.3.2	Employed in private sector or by NGO	<input type="text"/>	<input type="text"/>
2.3.3	Civil servant	<input type="text"/>	<input type="text"/>
2.3.4	Casual worker (manual/agriculture)	<input type="text"/>	<input type="text"/>
2.3.5	Self-employed farmer/ peasant/fisherman/cattlekeeper	<input type="text"/>	<input type="text"/>
2.3.6	Self-employed business man/women	<input type="text"/>	<input type="text"/>
2.3.7	Domestic work in own household	<input type="text"/>	<input type="text"/>
2.3.8	Total number working:	<input type="text"/>	<input type="text"/>

[Compare answer to 2.3.8 with 2.3.1 Probe if total doesn't match 2.3.1]

2.3.9 What is the average monthly cash income from wages/salaries into your household?
 0.0 UGX / month 1
 1 < 50,000 UGX/month 2
 [Include regular cash income sent to the household from family members elsewhere]
 50,000 - <100,000 UGX/month 3
 100,000 – <200,000 UGX/month 4
 200,000 – <300,000 UGX/month 5
 300,000 - <500,000 UGX/month 6
 500,000 or more UGX/month 7
 Don't Know 99

Does any member of the household own any of the following means of transport? [Read list and answer Yes/No]

2.3.10 an animal drawn cart Yes 1
 No 2
 2.3.11 a bicycle Yes 1

form ID =

		No	2	
2.3.12	a motorcycle/scooter	Yes	1	
		No	2	
2.3.13	a car/truck	Yes	1	
		No	2	
2.3.14	a boat/canoe without motor	Yes	1	
		No	2	
2.3.15	a boat with motor	Yes	1	
		No	2	
2.3.16	Other	Yes	1	
		No	2	<input type="text" value="→ 2.3.18"/>

2.3.17 **[If other:]** Specify _____

2.3.18 How many rooms do you have in the household? Total number of rooms:

2.3.19 How many rooms are used for sleeping? Rooms used for sleeping:

2.3.20 What is the **MAIN** source of lighting for the household?

Kerosene/paraffin lantern	1	<input type="text" value="→ 2.3.22"/>
Paraffin candle (Tadooba)	2	<input type="text" value="→ 2.3.22"/>
Firewood	3	
Candle (Wax)	4	
Electricity	5	
Solar	6	
Dry Cell lamp	7	
Other	88	

2.3.21 **[If other:]** Specify _____

Does your household have ANY of the following items in working condition? [Read out list and circle Yes/No]

2.3.22	electricity (fixed line)	Yes	1
		No	2
2.3.23	solar power/generator	Yes	1
		No	2
2.3.24	a radio	Yes	1
		No	2
2.3.25	a television	Yes	1
		No	2
2.3.26	a mobile phone	Yes	1
		No	2
2.3.27	a fixed phone	Yes	1
		No	2
2.3.28	a refrigerator	Yes	1
		No	2

2.3.29 a bed Yes 1
No 2

2.3.30 a foam mattress Yes 1
No 2

2.3.31 a sofa Yes 1
No 2

2.3.32 a cupboard (for clothing) Yes 1
No 2

2.3.33 a watch/clock Yes 1
No 2

2.3.34 a mosquito net that can be used while sleeping Yes 1
No 2 → 2.3.37

2.3.35 How many children under the age of five does your household have? Don't Know=99 if 00 → 2.3.37

2.3.35.1 [If 1 or more] Did the youngest child sleep under a mosquito net last night? Yes 1
No 2
Don't Know 99

2.3.36 In total, how many of the children under the age of five slept under a mosquito net last night? Don't Know=99

2.3.37 Does any member of the household own any animals? Yes 1
No 2 → 2.3.49

[If Yes:] Does any member of the household own any of the following animals?
[Do not include Cats or Dogs]
[Fill how many of each, Fill 00000 if none. Fill 99999 if don't know]

2.3.38	Cows	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.39	Horses, donkeys, or mules	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.40	Goats	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.41	Sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.42	Pigs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.43	Chickens or Ducks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.44	Turkeys	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.45	Rabbits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.46	Beehives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3.47	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0 → 2.3.49

2.3.48 **[If other:]** Specify _____

2.3.49 Does any member of the household own land? Yes 1
No 2 → 2.3.54

2.3.50 **[If Yes:]** Was it bought, inherited or given to a member of your household, or is your household "squatter"? **[Multiple answers possible]** Bought 1
Inherited or given 2

possible]

Squatter 3

2.3.51 How much land do members of the household own?

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acres
Don't know				999.9999				

[Use calculation if measurement is not given in acres. Write your calculation in full on this form and show your]supervisor for confirmation.]

2.3.52 How much of this land is agricultural land ?

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acres
Don't know				999.9999				

2.3.53 How much of this land is for other purposes, like for a business or rented out?

<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acres
Don't know				999.9999				

2.3.54 What is the **MAIN** type of fuel used for cooking in the household?

- Firewood 1 → 2.3.56
- Charcoal 2
- Paraffin/Kerosene 3
- Gas 4
- Electricity 5
- Crop residue/Straw/Grass 6
- Animal Dung 7
- Solar 8
- No food cooked in household 9
- Other 88

2.3.55 [If other:] Specify _____

2.3.56 [Observe or ask:] Where is the kitchen located?

- In the main or only room 1
- Separate room 2
- Separate building 3
- Outside 4

2.3.57 What is the **MAIN** source of drinking water for members of your household?

- Piped water to home 1 → S3
- Public tap 2
- Unprotected well 3
- Protected well 4
- Unprotected spring 5
- Protected spring 6
- Borehole 7
- River/stream 8
- Stagnant pool/lake 9
- Rainwater collection 10
- Purchase water/truck 11
- Other 88

2.3.58 [If other:] Specify _____

3 SECTION 3: ROLE AS VHT

Question	FORMAT
3.1 How many children under five years old did you see in the last 2 weeks ? [Count from record book]	Number: <input type="text"/> <input type="text"/>
3.2 How much time did you spend on average on each child?	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.3 How many households did you visit in the last 2 weeks in your role as VHT (with focus on prevention of illness and care/follow-up of children under five years of age)?	Number: <input type="text"/> <input type="text"/>
3.4 How much time did you spend on average in each household?	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.5 In the last 3 months how many times did you go to the health centre to meet with your supervisor and/or get replenishment of drugs/diagnostic tools?	<input type="text"/> <input type="text"/>
3.6 How long does this trip take you on average? [Include travel time both ways and time spent at facility]	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.7 In addition to what you have told me, did you spend more time in your role as VHT in the last 2 weeks ?	YES 1 NO <input type="text"/> 2 → <input type="text"/> 3.8
[If yes:] Can you specify what you were doing and how much time you spent on this:	
3.7.1 Other 1, specify activity	
3.7.2 Other 1, time spent	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.7.3 Other 2, specify activity	
3.7.4 Other 2, time spent	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.7.5 Other 3, specify activity	
3.7.6 Other 3, time spent	Hours: minutes: <input type="text"/> : <input type="text"/> <input type="text"/>
3.8 Did you incur any monetary expenses as a consequence of your role as a VHT in the last 3 months ?	YES 1 NO <input type="text"/> 2 → <input type="text"/> 3.8.14
[If yes:] For what:	
3.8.1 Did you incur any monetary expenses for travelling to/from the health centre to see supervisor/get replenishment of drugs/submit reports? (Include drinks and food) in the last 3 months ?	YES 1 NO <input type="text"/> 2 → <input type="text"/> 3.8.5
3.8.2 [If yes:] How much?	UGX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.8.3 Are you reimbursed for this by your supervisor?	Yes, all of the cost <input type="text"/> 1 → <input type="text"/> 3.8.5 Yes, some of the cost 2 No, nothing was reimbursed <input type="text"/> 3 → <input type="text"/> 3.8.5
3.8.4 [If yes, some of the cost:] How much?	UGX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
3.8.5 Did you incur any monetary expenses (as a result of your role as a VHT) for using a mobile phone, in the past 3 months ?	YES 1

Form ID =

□ □ □ □ □ □ □

NO 2 → 3.8.9

3.8.6 [If yes:] How much,?

UGX

□ □ □ □ □ , □ □ □

3.8.7 Are you reimbursed for this by your supervisor?

Yes, all of the cost

1 → 3.8.9

Yes, some of the cost 2

No, nothing was reimbursed

3 → 3.8.9

3.8.8 [If yes, some of the cost:] How much?

UGX

□ □ □ □ □ , □ □ □

3.8.9 Did you incur any other monetary expenditure as a consequence of your role as a VHT in the last 3 months?

YES 1

NO 2 → 3.8.14

3.8.10 [If yes:] Specify the activities [multiple activities possible]

3.8.11 [If yes:] How much monetary expenditure in total for these other activities? [add expenditure for all activities mentioned under 3.8.8]

UGX

□ □ □ □ □ , □ □ □

3.8.12 Are you reimbursed for this by your supervisor?

Yes, all of the cost

1 → 3.8.14

Yes, some of the cost 2

No, nothing was reimbursed

3 → 3.8.14

3.8.13 [If yes, some of the cost:] How much?

UGX

□ □ □ □ □ , □ □ □

3.8.14 Did you receive any monetary contributions from individuals in your village as a consequence of your role as a VHT in the last 2 months?

YES 1

NO 2 → 3.8.16

3.8.15 [If yes:] How much in total:

UGX

□ □ □ □ □ , □ □ □

3.8.16 Did you receive any non-monetary contributions from individuals in your village as a consequence of your role as a VHT in the last 2 months? [Include both goods and services, such as when people helped you with a task or agricultural work, or when you received something]

YES 1

NO 2 → S4

3.8.17 [If yes:] Specify each good or service, write amount/quantity, specify

Good or Service:

Amount / Quantity

Unit for Quantity

1: _____

□ □ □

2: _____

□ □ □

3: _____

□ □ □

4: _____

□ □ □

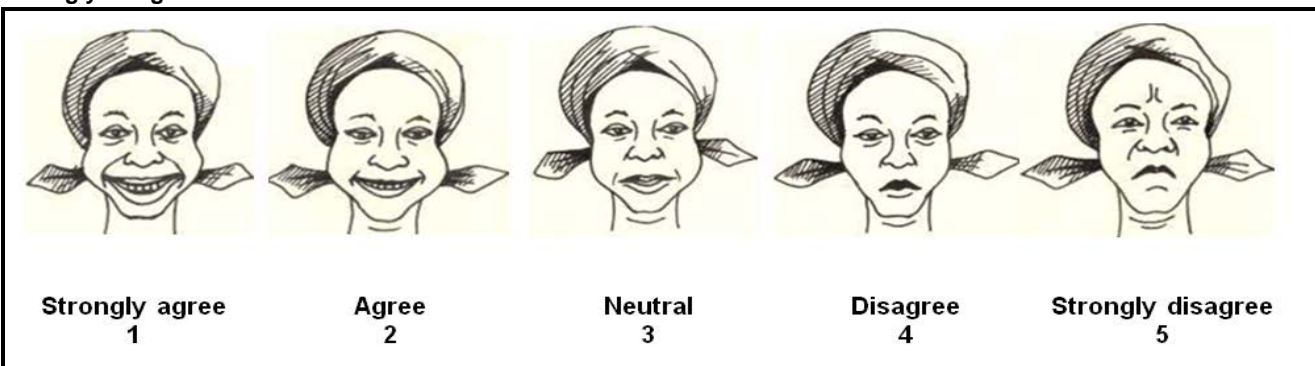
5: _____

□ □ □

S4 Section 4: How do you feel about your work?

[Say:]

I would now like to read you some statements about your work as a VHT. The statements will sound like it is you saying them. Please think about each statement and tell me whether you strongly agree, agree, feel neutral, disagree or strongly disagree



Example Statement:



This week, I thought the weather was beautiful

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

Statements



4.01 Overall, I am satisfied with my role as a VHT.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

4.02 I think the work I am asked to do is worthwhile.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

4.03 It is important that I do a good job as a VHT so that the VHT program works well.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

4.04 I am respected in my community for what I do as a VHT.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

4.05 I feel motivated to work as hard as I can.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

4.06 I only do this job for the benefits that come with it.

Strongly agree 1 Agree 2 Neutral 3 Disagree 4 Strongly disagree 5

Form ID =



Statements

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
4.07	I feel motivated to perform the tasks required of me as a VHT.	1	2	3	4	5
4.08	I am proud to be working as a VHT.	1	2	3	4	5
4.09	I feel committed to my VHT role.	1	2	3	4	5
4.10	The VHT program wants to achieve similar things like I want to.	1	2	3	4	5
4.11	I intend to stop working as a VHT.	1	2	3	4	5
4.12	I expect to stay working as a VHT in the future.	1	2	3	4	5
4.13	I can complete all of the work I am expected to do.	1	2	3	4	5
4.14	I am willing to do more than is asked of me.	1	2	3	4	5
4.15	Sometimes what I am asked to do as a VHT doesn't make sense but I do it anyway.	1	2	3	4	5
4.16	The VHTs who are best at their job are the ones who get the most benefits.	1	2	3	4	5
4.17	This VHT program provides everything I need to do my job effectively.	1	2	3	4	5
4.18	Suggestions made by VHTs on how to improve their work are usually ignored by supervisors.	1	2	3	4	5
4.19	The supervision of my work is good.	1	2	3	4	5
4.20	If I do well as a VHT I will achieve my dreams.	1	2	3	4	5

Statements



		Strongly agree 1	Agree 2	Neutral 3	Disagree 4	Strongly disagree 5
4.21	I see myself as a VHT member.					
4.22	I feel strong ties with other VHT members.					
4.23	I identify with other VHT members.					
4.24	Being a VHT helps define who I am					
4.25	It is easy for me to keep going to get what I want.					
4.26	I can solve most problems I face as a VHT if I invest the necessary effort.					
4.27	We VHTs feel confident that we can deal efficiently with unexpected events.					
4.28	When VHTs are confronted with a problem, we can usually find several solutions.					
4.29	We VHTs can usually handle whatever comes our way.					

S5 SECTION 5: CLINICAL KNOWLEDGE AND INTENDED PRACTICE

[Say:]

Now I would like to ask you about the work you do as VHT and how you would respond to children who are sick.


I will read or present to you cards with a few stories of sick children. After reading each story I will ask you to answer specific questions about how best you would help that child.

5.1 Kato

Kato

Kato is a 6 months old boy,

- His father brings him to your house and reports that he has had fever for 3 days;
- Despite having a poor appetite, Kato is able to play a little some of the time.



Fever

5.1.1 What actions including tests, would you perform to identify the child's problem?

5.1.2 Suppose you performed an RDT and it was positive, which colour coded malaria treatment would you give him ?

5.1.3 What instructions would you give Kato's father?

5.1.4



Kato (do not fill this box ->)

5.2 Birungi

Birungi is 2 years old. Her mother has brought her to your attention because she has had fever and cough for 5 days. She has lost appetite she is unable to play and her feet were stiff in the morning.

5.2.1 What would you do for Birungi?

5.2.2 Supposing you have decided that you have to refer Birungi to the health facility, fill in the information about Birungi on the referral slip below:

HMIS 032: REFERRAL FORM

Referral date:

Name of Health facility referred to:

Village [LC]: Parish: Subcounty:

Patient Names:

Age: Sex [Male/Female] (✓): Patient House Number:

I have referred to you this patient having the following complaints:

1.	5.
2.	6.
3.	7.
4.	8.

I kindly request you to send me a feed back on your findings.

Names [VHT]:Signature:

-----To be completed at the referral site-----

Date of arrival _____ Date of discharge _____

Further investigations done:

Form ID =

Diagnosis: _____

Treatment given: _____

Treatment or surveillance to be continued:

1. _____
2. _____
3. _____

Remarks: _____

Name of clinician _____ Signature _____

5.2.3

Birungi (do not fill this box ->)

5.3 Jane

Jane

Jane is a 3 year old girl who has been brought by her mother to your attention.

- The mother reports that Jane has been passing loose stool for the last seven days.
- You have asked for the child's problems and you find out that she has no blood in the stool or any other danger sign.



Diarrhoea

Number Of Days

5.3.1 How would you classify the child's problem?

5.3.2 What treatment would you give to Jane?

5.3.3 Which instructions would you give to Jane's mother

5.3.4

Jane (do not fill this box ->)

5.4 Kizza

Kizza is a ten month old girl brought to your house by her mother with complaints of fever and cough . The fever has been on for about a week and the cough just started 3 days ago. The mother reports that she is breastfeeding well although she has refused solid feeds. When you examine the child you find that she has a hot body and she is breathing fast.

5.4.1 What actions would you take to identify the child's problems?

5.4.2 How would you classify the child's problems if you found a positive RDT and a respiratory rate of 30 breaths per minute?

5.4.3 What treatment would you give to Kizza if your medicine box was fully stocked?

5.4.4

Kizza (do not fill this box ->)

S6 Section 6: Coordinator, Mobile Phone Network Coverage & Drug Availability
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[Say:] Now I like to ask you about the VHT coordination.

6.1	Are you a coordinator? [i.e. parish coordinator, VHT coordinator, VHT team leader]	Yes	1
		No	2
6.2	Do you have a coordinator? [i.e. parish coordinator, VHT coordinator, VHT team leader]	Yes	1
		No	2

[Say:] Now I like to ask you about the mobile phone network coverage:

Which mobile phone provider has coverage around your house?

6.3	MTN	Yes	1
		No	2
6.4	Orange	Yes	1
		No	2
6.5	Warid	Yes	1
		No	2
6.6	Airtel	Yes	1
		No	2
6.7	UTL	Yes	1
		No	2

[Say:] Now I would like to ask you a question about the drugs that are supplied in your kit.

At any point in the past three months, did you run out of any of the following drugs or items?

6.8	Zinc	Yes	1
		No	2
6.9	ORS	Yes	1
		No	2
6.10	Amoxicillin Pink	Yes	1
		No	2
6.11	Amoxicillin Green	Yes	1
		No	2
6.12	Coartem Blue (Artemether lumefantrine)	Yes	1
		No	2
6.13	Coartem Yellow (Artemether lumefantrine)	Yes	1
		No	2
6.14	Rectal Artesunate	Yes	1
		No	2
6.15	RDTs	Yes	1
		No	2
6.16	Do you have a functioning Respiratory Rate Timer	Yes	1
		No	2

S7 Section 7. COMPOUND OBSERVATION

[Say:]

We have now reached the end of this interview.

Thank you for taking part in this survey.

Before I leave you, I would like to make some observations of this compound.

This is also part of our study

Do you have any questions that you would like to ask me ?

The following questions need to be answered at the end of the entire interview before you leave for the next household

Question

7.1 [Observe:] Can you easily see a washing basin/bowl/jerry can?

Yes 1
No 2

7.2 [Observe:] Can you easily see soap for handwashing?

Yes 1
No 2

7.3 [Observe or Ask:] What kind of toilet facility do members of your household usually use?

- Flush toilet (sink tank) 1 → 7.5
- VIP latrine 2
- Ecosan 3
- Pit latrine 4
- Shared/public toilet 5
- No facility(/bush/field) 6
- Other 88

7.4 [If other:] Specify text _____

7.5 [Observe:] What is the **MAIN** material the roof is made of?

[Majority of roof]

- Thatch 1 → 7.7
- Mud/clay 2
- Grass/papyrus/banana leaf 3
- FINISHED:**
- Wood planks 4
- Iron/zinc/aluminium sheets 5
- Asbestos 6
- Tiles 7
- Tin 8
- Cement 9
- Other 88

7.6 [If other:] Specify text _____



Form ID =

7.7 **[Observe and record:]** What is the **MAIN** material the walls are made of?
[Majority of walls]

NATURAL:

Reed 1 → 7.9

Grass 2

RUDIMENTARY:

Mud 3

unburned Bricks 4

FINISHED:

burned bricks 5

Unplastered cement 6

Plastered cement 7

Stone 8

Wood 9

Other 88

7.8 **[If other:]** Specify text _____

7.9 **[Observe and record:]** What is the material the window frames are made of?
[Majority of windows]

Reed 1 → 7.11

Wood 2

Open space without curtains 3

Open space with curtains 4

Aluminium/steel 5

No windows 6

Other 88

7.10 **[If other:]** Specify text _____

7.11 **[Observe and record:]** What is the **MAIN** material the floors are made of?

NATURAL:

Sand/gravel 1 → 7.13

Earth 2

Earth and cowdung 3

FINISHED:

Wood / Planks 4

Cement 5

Other 88

7.12 **[If other:]** Specify text _____

[Use your GPS to identify the coordinates of this compound:]

7.13 Coordinates of compound NORTH ° " N

7.14 Coordinates of compound EAST ° " E

exit **This is the end of your work with this VHT**