



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

Theme	#	Question	Response
Identifying Information	1	Health Facility Name	
	2	Health Facility Type	
	3	District	
	4	Traditional Authority	
	5	Village	
	6	Interviewer	
	7	Date (dd/mm/yyyy)	
	8	Informants (Staff position)	
Staffing	9	Health Facility Establishment (obtain from DHO)	# clinical: # public health # support
	10	Currently filled positions (obtain from HF)	# clinical: # public health # support
Catchment Area	11	What is the total population of the catchment area for this HF?	
	12	Do you have a map showing your health facility and all the communities that it serves?	Yes No
	13	<i>Complete the table on the next page using all available data and when completed fill in the answers for questions 14 to 17</i>	
	14	How many census villages are in the catchment area of this health facility?	
	15	How many census villages are considered hard to reach according to the HF/MOH?	
HSA coverage and supervision	16	How many of the catchment area villages have an assigned HSA?	
	17	How many HSAs are operating from their designated catchment areas.	
	18	How many HSAs are linked to this facility? (If possible get numbers by sex)	Total #: _____ Males: _____ Females: _____
	19	How many of the HSAs have completed basic training (10 week)?	
	20a	How many of the HSAs are considered to serve in hard to reach areas? (according to MOH definition)?	
	20b	How many of these HSAs in hard to reach areas reside within their catchment area?	
	20c	How many of these HSAs in hard to reach areas have completed their basic training?	
	21	How many HSAs submitted monthly reports last month? (HSA's Monthly Report)	
	22	Who from this facility is officially assigned as the HSA supervisor? (state name and position)	Name _____ Position _____
	23	How many of the HSAs were visited (on-site) for supervision within the last quarter?	
	24	How many of the HSAs were visited (on-site) for supervision last month?	
	25	How many HSAs attended the facility last month for supplies/supervision?	
	26	Do you have a written schedule/plan for supervision of HSAs? If yes, ask to see it	Yes No
	27	How many HSAs do you plan to visit for on-site supervision each month or quarter?	# per month: # per quarter:
28	Do you use a supervisory checklist? (If yes ask to see it)	Yes No	
Availability of services by trained staff	29	Does this facility have health staff trained in standard case management of fever, pneumonia & diarrhea in children under 5 years of age Facility IMCI ? If yes how many staff?	Yes (Enter # staff trained in IMCI _____) No



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

Theme	#	Question	Response																																								
	30	Now I am going to ask you about availability of case management services for U5 children at this facility last week. Please tell me about the availability of staff who treat sick children during these times each day? (Enter 'Y' if available and 'N' if n	<table border="1"> <thead> <tr> <th></th> <th>8 AM – 12 PM</th> <th>12 – 4 PM</th> <th>4 – 8 PM</th> <th>8 – 12 AM</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Saturday</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sunday</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		8 AM – 12 PM	12 – 4 PM	4 – 8 PM	8 – 12 AM	Monday					Tuesday					Wednesday					Thursday					Friday					Saturday					Sunday				
		8 AM – 12 PM	12 – 4 PM	4 – 8 PM	8 – 12 AM																																						
	Monday																																										
	Tuesday																																										
Wednesday																																											
Thursday																																											
Friday																																											
Saturday																																											
Sunday																																											
31	Do clinical staff who treat children live in the health facility compound/premises?	Yes No (Go to Q34)																																									
32	Will he/she see patients after hours?	Yes No (Go to Q 34)																																									
33	How far does he/she live?	# _____ M																																									
Supervision of HF	34	Did this facility have a supervisory visit in the last 3 months (last quarter)? If no, ask when the last supervision visit was.	Yes No If no, enter month and year of last visit _____):																																								
	35	Did they use a supervisory check-list?	Yes No																																								
	36	Did you receive any feedback on performance?	Yes No																																								
Register Review	37	Can I see your outpatient register and last monthly summary report?	Outpatient register available and up-to-date: Yes No																																								
	38		Monthly report for the last month completed: Yes No																																								
	39	Which of the following data are recorded in the patient register? (circle all)	1. name 2. age 3. first vs. re-visit 4. village 5. diagnosis 6. treatment																																								
	40	How many sick children < 5 were seen last month?																																									
	41	How many sick children < 5 had pneumonia last month?																																									
	42	How many sick children < 5 had malaria last month?																																									
Inventory	43	Please tell me how many days you had stock-outs of the following drugs in the past month: (If NO stock-outs in the last month, record '0')	i) Cotrimoxazole: _____ days with stock-out ii) LA: _____ days with stock-out iii) ORS: _____ days with stock-out iv) Zinc: _____																																								
	44a	What do you do if you have a stock-out?																																									
	44b	How many days does it take for you to receive the drugs (following your request)?																																									
	45	Do you have an IMCI patient management algorithm?	Yes No																																								
	46	Do you have a functional thermometer?	Yes No																																								
	47	Do you have a container to mix ORS?	Yes No																																								
	48	Does the Facility have an ORT Corner?	Yes No																																								
	Case Management:	Say, "Now I'd like to ask you about caring for a sick baby. Suppose a 6-month old infant comes with cough and difficult breathing. What would you do?...Anything else?...Anything else?" (Circle Yes for each of the 3 that is mentioned. Do NOT prompt.)																																									
49		Unprompted: Check for danger signs?	Yes No																																								
50		Unprompted: Check for fast breathing?	Yes No																																								
51		Unprompted: Check for chest in-drawing?	Yes No																																								
52		Say, "When you check the breathing rate, do you use a timer with a second hand? Can you show me?"																																									
53		Say, "This sick baby actually had a respiratory rate of 55, but had NO chest in-drawing. How would you classify this case?"																																									
54		Say, "The baby, in fact, had pneumonia. How would you treat this case?"																																									
Other	55	Thank you so much! Is there anything else you would like to tell us? Do you have any questions?																																									

Thank you very much for sharing your experience. I think we have learned a lot!

