#### Health Services Assessment with Community and CHW Mapping

# MALAWI CCM PROGRAM (Note HSA=CHW)

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?

	Question	Response								
<b>#</b> 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)									
9	Health Facility Establishment (obtain from DHO)	# clinical: # public health # support								
10	Currently filled positions (obtain from HF)	# clinical: # public health # support								
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	Complete the table on the next page using all available data and when completed fill in the answers for questions 14 to 17									
	health facility?									
	according to the HF/MOH?									
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)	NamePosition								
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								
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								
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 15 16 17 16 17 16 17 206 206 206 21 22 23 24 25 26 27 28	2 Health Facility Type   3 District   4 Traditional Authority   5 Village   6 Interviewer   7 Date (dd/mm/yyyy)   8 Informants (Staff position)   9 Health Facility Establishment (obtain from DHO)   10 Currently filled positions (obtain from HF)   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?   13 Complete the table on the next page using of the actording to the HF/MOH?   14 How many census villages are considered hard to reach according to the HF/MOH?   15 How many JSAs are operating from their designated catchment areas.   18 How many of the Catchment area villages have an assigned HSA?   19 How many of the HSAs have completed basic training (10 week)?   20a How many of the HSAs in hard to reach areas reside within their catchment area?   20b How many of the HSAs in hard to reach areas have completed their basic training?   211 How many of the SAs were visited (on-site) for supervision (HSA's Monthly Report)   220								



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Theme	#	Question	Response							
	30	Now I am going to ask you about availability of case			8 AM – 12	12 – 4 PM	4 – 8 PM	8 – 12 AM	1	
		management services for U5 children at this facility last	Mandau		PM				_	
		week. Please tell me about the availability of staff who treat	Monday Tuesday						_	
		sick children during these times each day? (Enter 'Y' if	Wednesda	ay					_	
		available and 'N' if n	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	Outpatient register available and up-to-date: Yes No							
	38	summary report?	Monthy repor	rt fo	or the last month	completed:	Yes No			
	39	Which of the following data are recorded in the patient register? (circle all)	1. name 2. a	atment						
	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) Cotrixomazole: days with stock-out							
		i) Cotrimoxazole	ii) LA:	_		days with sto	ck-out			
		ii) LA	iii) ORS:	_		days with sto	ck-out			
		iii) ORS	iv ) Zinc:							
	44a	what do you do if you have a stock-out?	iv j zine.							
	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:		Now I'd like to ask you about caring for a sick baby. Suppose					lifficult breathing.	What would you	I	
		Anything else?Anything else?" (Circle Yes for each of the	8 that is menti	one	ed. Do NOT pron	npt.)				
	49	<u>Unprompted:</u> Check for danger signs?	Yes No							
	50	<u>Unprompted:</u> Check for fast breathing?	Yes No							
	51	<u>Unprompted:</u> 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 sha	ring your exp	erie	nce. I think we	nave learned	a lot!			

#### Health Services Assessment with Community and CHW Mapping - Form 2

Name of Health Facility:

## MALAWI CCM PROGRAM

Please complete the following table for all census villages that are in the catchment area of this health facility. USE SKETCH MAP to identify whether each village is 8Km or less from the HF or more than 8km from HF. For ALL those villages LESS THAN 8 KM

Q#	Q1	Q2	Q3	Q4	Q5	Q6	Q7					Q8
#	Name of HSA (Indicate vacant if catchment area	Village Name (Census)	a) Mark Village where HSA	Village	Distance from	How long does it	t If Village < 8km of HF					
	does not have HSA.)		lives by writing 'HSA' (indicate if HSA does not	Population	H/F in km	take (in hours) to walk to the H/F?						to Reach by MOH?
			live in Catchment Area)				a. Are there any	a. Are there any b. Are there any		c. If Yes to b, give # d. Are there any security e. A		
			b) Mark Village where				physical barriers to	seasonal physical	months that the walk is	barriers (gangs,	barriers (language,	
			Village Clinic is located by writing 'VC' beside the line				make it >1 hrs to walk to the HF?	barriers (i.e. flooding, etc.) that make the walk	>1 hr to this HF	sectarian strife, etc.) that would discourage	religion, ethnicity, etc.) that would discourage	
			writing ve beside the line					>1 hour to this HF for		care-seeking at this HF?	care-seeking at this HF?	
								part of the year?				
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