

**Community Health Worker Assessment
Formative Research for Community Case Management**



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 community. Is that OK? Do you mind if we take notes?

Theme	#	Question	Response
Identifying Information	1	District/Ward	
	2	Village	
	3	Interviewer	
	4	Date	
	5	Name of CHW/Community Worker	
	6	Age of the CHW	
	7	Educational level. (please circle response)	1. illiterate 2. literate (no schooling) 3. Completed grade (write) _____
	8	When did you start working as a CHW (month & year)?	
Catchment Area & Target Population	9	Are you attached to a specific health facility? (name)	
	10	Are you paid any monthly salary/stipend by the program?	
	11	Do you receive any fee/remuneration in cash or kind from the community?	
	12	How many households are there in your village/community?	
	13	Are you responsible for a certain number of households?	
	14	What is the total population of these households?	
	15	How many U5 children are there in these families?	
	16	How many women 15-45 years of age are there in these families?	
	17	How much time does it take you to reach the farthest household in your service population?	
	18	Is any other CHW working in your community?	
	19	If yes, how do you divide your work? (please circle response)	1. Households 2. Working hours 3. Services

Service Provision	20	What are your main functions as a Community Health Worker? (please circle response)	<p>a) Register households</p> <p>b) Conduct group health education sessions</p> <p>c) Assess, classify and refer cases of pneumonia</p> <p>d) Assess, classify and treat cases of pneumonia with antibiotics</p> <p>e) Identify and treat cases of uncomplicated malaria</p> <p>f) Follow-up patients on treatment to ensure compliance</p> <p>g) Refer sick children to the health facility</p> <p>h) Assess, classify and treat cases of diarrhea</p> <p>i) Weigh children</p> <p>j) Manage stock of essential drugs</p> <p>k) Organise, with the community, a transfer system for patients referred</p> <p>l) Maintain daily activity register</p> <p>m) Draft a report at the end of each month</p>
	21	Is there a separate designated room/area in your residence for patient consultation?	
	22	Do you have a drug box?	
	23	How many days a week do you perform your duties as a CHW?	
	24	What are your daily working hours?	
	25	Do you see patients after ----- pm daily and on weekends?	
	26	Do you conduct regular home visits as part of your job?	
	27	Do you charge a fee for drugs provided to the patients?	
	28	Did you attend a training before starting work as a CHW? (month and year)	
	29	Where did the training take place? (please circle response)	1. District Health facility 2. Basic Health Facility 3. Community
	30	How many days did the training last?	
	31	How many CHWs participated in the training?	
	32	Was a test conducted before and after the training?	
	33	Did the training include practical sessions (interaction with patients)?	
34	Do you have a guide/handbook to help you carry out your work?		
35	Have you attended refresher trainings in the last 12 months?	Topics Number of Days	

Supervision	36	Who is your supervisor?	1. Health facility staff (specify) _____ 2. Special project staff (specify) _____ 3. Any other (specify) _____
	37	When was his/her last visit?	
	38	What did he/she do during her last visit? (please circle response)	a) Checked your registers b) Discussed cases treated/referred by you c) Checked drug stocks d) Reviewed training materials with you e) Visited house of a sick/recovered child f) Collected monthly report
	39	Did she/he use a checklist?	
	40	Is there a monthly meeting of CHWs at the health facility?	
	41	What happens in these meetings? (please circle response)	a) Review of CHW registers b) Review of cases treated/referred by CHWs c) Drug resupply d) Continued education sessions e) Submission of monthly reports
	42	Do you visit the health facility on regular basis for reasons related to your work?	
Register Review	43	Which of the following data are recorded in the activity register? (circle all)	1. name 2. age 3. first vs. re-visit 4. village 5. diagnosis 6. treatment
	44	How many sick children < 5 were seen?	last month _____ Last 12 month _____
	45	How many sick children < 5 had pneumonia?	last month _____ Last 12 month _____
	46	How many sick children < 5 had malaria?	last month _____ Last 12 month _____
	47	How many sick children < 5 had diarrhea?	last month _____ Last 12 month _____
	48	Pneumonia treatment ratio (observed/expected)	
	49	Sick child treatment rate, annualized	

Inventory	50	Which drug do you use for treating pneumonia?	
	51	Was there any stock-out of pneumonia drug last month?	
	52	Which drug do you use for treating childhood malaria?	
	53	Was there any stock-out of the childhood malaria drug last month?	
	54	Was there any stock-out of ORS last month?	
	55	What do you do if you have a stock-out?	
	56	Do you have patient management protocol?	
	57	Do you have a thermometer?	
	58	Do you have a container to mix ORS?	
	59	Do you have a weighing machine/MUAC strip?	
	60	Do you have a timer?	
Case Management:	61	Do you have health education materials?	Please list:
	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?" (Tick each of the 3 that is mentioned. Do NOT prompt.)		
	62	Unprompted: Check for danger signs?	
	63	Unprompted: Check for fast breathing?	
	64	Unprompted: Check for chest in-drawing?	
	65	Say, "When you check the breathing rate, do you use a timer with a second hand? Can you show me?"	
	66	Say, "This sick baby actually had a respiratory rate of 55, but had NO chest in-drawing. How would you classify this case?"	
	67	Say, "The baby, in fact, had pneumonia. How would you treat this case?"	
Other	68	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!		