

## **Rapid Knowledge, Practices and Coverage (KPC) Survey** **MODULE 4B: SICK CHILD**

The purpose of this module is twofold. First, it documents the mother's ability to recognize key signs that the child is ill and needs treatment. Second, it identifies children who have been sick with specific illnesses during the past two weeks. Depending on the conditions experienced by the child, the interviewer will then go to one of the following disease modules:

MODULE 4C: Diarrhea  
MODULE 4D: Acute Respiratory Illnesses  
MODULE 4E: Malaria

This module is self-explanatory and serves primarily as a triage for the above three modules. Even though it does not have its own set of interviewer instructions and a tabulation plan, it does yield one important indicator:

INDICATOR	DESCRIPTION/DEFINITION
<i>Maternal Knowledge of Child Danger Signs</i>	<p>Percent of mothers of children aged 0-23 months who know at least two signs of childhood illness that indicate the need for treatment</p> $\frac{\text{No. of mothers who report at least two of the signs listed in responses B through H of Q. 1}}{\text{Total no. of mothers of children aged 0-23 months}} \times 100$

The above indicator can be obtained from the KPC2000 *Rapid CATCH*. Below, Questions 1 and 2 are highlighted to indicate that they are *CATCH* questions.

IDENTIFICATION	
CLUSTER NUMBER .....	+)))0))) , * * * *
HOUSEHOLD NUMBER .....	.)))3)))3)))1 * * *
RECORD NUMBER .....	/)))3)))1 * * * .)))2)))-

AGE OF CHILD (IN MONTHS) .....	+)))0))) , * * *
SEX OF CHILD (1=MALE, 2=FEMALE) .....	.)))2)))- +))) , * * * .)))-

CHILDHOOD ILLNESS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	<p>Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment?</p> <p>RECORD ALL MENTIONED.</p>	<p>DON'T KNOW ..... A</p> <p>LOOKS UNWELL OR NOT PLAYING NORMALLY ..... B</p> <p>NOT EATING OR DRINKING ..... C</p> <p>LETHARGIC OR DIFFICULT TO WAKE ..... D</p> <p>HIGH FEVER ..... E</p> <p>FAST OR DIFFICULT BREATHING ..... F</p> <p>VOMITS EVERYTHING ..... G</p> <p>CONVULSIONS ..... H</p> <p>OTHER _____ I (SPECIFY)</p> <p>OTHER _____ J (SPECIFY)</p> <p>OTHER _____ K (SPECIFY)</p>	
2	<p>Did (NAME) experience any of the following in the past two weeks?</p> <p>CIRCLE ALL THAT APPLY</p> <p>Diarrhea? Blood in stool? Cough? Difficult breathing Fast breathing or short, quick breaths? Fever? Malaria? Convulsions?</p>	<p>DIARRHEA ..... A</p> <p>BLOOD IN STOOL ..... B</p> <p>COUGH ..... C</p> <p>DIFFICULT BREATHING ..... D</p> <p>FAST BREATHING/SHORT, QUICK BREATHS ..... E</p> <p>FEVER ..... F</p> <p>MALARIA ..... G</p> <p>CONVULSIONS ..... H</p>	

3	<p>Did (NAME) experience any other illnesses in the past two weeks?</p>	<p>SPECIFY:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
4	<p><b>IF A OR B: ADMINISTER DIARRHEA MODULE</b></p> <p><b>IF C, D, OR E: ADMINISTER ARI MODULE</b></p> <p><b>IF F, G, OR H: ADMINISTER MALARIA MODULE</b></p> <p>MORE THAN ONE MODULE MAY APPLY. ADMINISTER ALL THAT ARE APPLICABLE.</p>	<p><b><u>CHECK WHICH MODULES APPLY</u></b></p> <p>MODULE 4C (DIARRHEA) <input type="checkbox"/></p> <p>MODULE 4D (ARI) <input type="checkbox"/></p> <p>MODULE 4E (MALARIA) <input type="checkbox"/></p>	