

Form 1. Direct Observation checklist – child (2 months-5 years)

Date: /...../.....
 Evaluator ID:.....
 Child No.:

District ID:
 HSA ID:

Time to Start:
 Time to End:

Child: Sex: (1) M (2) F
 Age (in months):

Caretaker: Sex: (1) M (2) F
 Relationship (1) Biological Mother (2) Father (3) Other.....

ASSESSMENT MODULE

➔ **Record what you hear or see.**

A1. What problems does the caretaker state the child has? Circle all signs mentioned.

- a. Fast/difficult breathing (1) mentioned (2) not mentioned
 b. Cough (1) mentioned (2) not mentioned
 c. Pneumonia (1) mentioned (2) not mentioned
 d. Diarrhoea (loose stools) (1) mentioned (2) not mentioned
 e. Fever (1) mentioned (2) not mentioned
 f. Malaria (1) mentioned (2) not mentioned
 g. Convulsions (1) mentioned (2) not mentioned
 h. Difficulty drinking or feeding (1) mentioned (2) not mentioned
 i. Vomiting (1) mentioned (2) not mentioned
 j. Red eyes (1) mentioned (2) not mentioned
 k. Any other problems (1) mentioned (2) not mentioned →Specify

Note: if the following have already been mentioned by the caretaker, it is considered a “Yes” response.

A2	Does the HSA ask if the child has cough?	(1) Yes	(2) No	
A3	→If cough, did the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A4	Does the HSA ask for diarrhoea (loose stools)?	(1) Yes	(2) No	
A5	→If diarrhoea, did the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A6	Does the HSA ask if there is blood in the stool?	(1) Yes	(2) No	
A7	Does the HSA ask for fever (reported or now)?	(1) Yes	(2) No	
A8	→If fever, does the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A9	Does the HSA ask whether the child has convulsions/history of convulsions?	(1) Yes	(2) No	
A10	Does the HSA ask if the child has difficulty drinking or feeding?	(1) Yes	(2) No	
A11	→If difficulty drinking or feeding, does the HSA ask if the child is NOT able to drink or feed ANYTHING?	(1) Yes	(2) No	(7) NA
A12	Does the HSA ask whether the child is vomiting?	(1) Yes	(2) No	
A13	→If vomiting, did the HSA ask if the child is vomiting EVERYTHING?	(1) Yes	(2) No	(7) NA
A14	Does the HSA ask if the child has red eyes?	(1) Yes	(2) No	
A15	→If red eyes, does the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A16	→If has red eyes, does the HSA ask if there is difficulty in seeing?	(1) Yes	(2) No	(7) NA
A17	Does the HSA ask if there are any “other problems”?	(1) Yes	(2) No	
A18	Does the HSA look for chest indrawing?	(1) Yes	(2) No	
A19	If cough, does the HSA count breaths in 1 minute?	(1) Yes	(2) No	(7) NA
A20	→If yes, how many breaths counted? bpm			(7) NA
A21	Is the child visibly awake (smiling, playing, crying with energy)?	(1) Yes	(2) No	
A22	→If not visibly awake, does the HSA check for lethargy or unconsciousness (try to wake up the child)?	(1) Yes	(2) No	(7) NA
A23	Does the HSA look for palmar pallor?	(1) Yes	(2) No	
A24	For a child 6 months to 5 years, does the HSA check for MUAC tape colour? Colour:.....	(1) Yes	(2) No	(7) NA
A25	Does the HSA look for swelling of both feet?	(1) Yes	(2) No	
A26	Does the HSA use the Sick Child Recording Form at any time during the encounter with the child?	(1) Yes	(2) No	

CLASSIFICATION MODULE**C1. Does the HSA give one or more classifications for the child?**

(1) Yes

(2) No → Skip to Treatment Module, #T1

➔**Note: if the classification is not clear to the observer during the encounter, he/she is permitted to ask the HSA after the encounter is complete what the classification was. Do not ask for each specific classification.**

Observer record all classifications below:**Re-evaluator record all classifications below:**

C2A	One or more danger signs	(1) Yes (2) No	C2B	One or more danger signs	(1)Yes (2)No
C3A	Diarrhoea less than 14 days and no blood in stool	(1) Yes (2) No	C3B	Diarrhoea less than 14 days and no blood in stool	(1) Yes (2) No
C4A	Diarrhoea for 14 days or more	(1) Yes (2) No	C4B	Diarrhoea for 14 days or more	(1) Yes (2) No
C5A	Blood in stool	(1) Yes (2) No	C5B	Blood in stool	(1) Yes (2) No
C6A	Fever for last 7 days	(1) Yes (2) No	C6B	Fever for last 7 days	(1) Yes (2) No
C7A	Fever for less than 7 days	(1) Yes (2) No	C7B	Fever for less than 7 days	(1) Yes (2) No
C8A	Convulsions	(1) Yes (2) No	C8B	Convulsions	(1) Yes (2) No
C9A	Not able to drink or feed anything	(1) Yes (2) No	C9B	Not able to drink or feed anything	(1) Yes (2) No
C10A	Vomits everything	(1) Yes (2) No	C10B	Vomits everything	(1) Yes (2) No
C11A	Red eye for 4 days or more	(1) Yes (2) No	C11B	Red eye for 4 days or more	(1) Yes (2) No
C12A	Red eye with visual problem	(1) Yes (2) No	C12B	Red eye with visual problem	(1) Yes (2) No
C13A	Red eye, less than 4 days	(1) Yes (2) No	C13B	Red eye, less than 4 days	(1) Yes (2) No
C14A	Chest indrawing	(1) Yes (2) No	C14B	Chest indrawing	(1) Yes (2) No
C15A	Fast breathing	(1) Yes (2) No	C15B	Fast breathing	(1) Yes (2) No
C16A	Very sleepy or unconscious	(1) Yes (2) No	C16B	Very sleepy or unconscious	(1) Yes (2) No
C17A	Palmar pallor	(1) Yes (2) No	C17B	Palmar pallor	(1) Yes (2) No
C18A	Red on MUAC tape	(1) Yes (2) No (7) NA	C18B	Red on MUAC tape	(1) Yes (2) No (7) NA
C19A	Yellow on MUAC tape	(1) Yes (2) No (7) NA	C19B	Yellow on MUAC tape	(1) Yes (2) No (7) NA
C20A	Green on MUAC tape	(1) Yes (2) No (7) NA	C20B	Green on MUAC tape	(1) Yes (2) No (7) NA
C21A	Swelling of both feet	(1) Yes (2) No	C21B	Swelling of both feet	(1) Yes (2) No
C22A	Behind on vaccines	(1) Yes (2) No (7) NA	C22B	Behind on vaccines	(1) Yes (2) No (7) NA
C23A	Received appropriate vaccines	(1) Yes (2) No (7) NA	C23B	Received appropriate vaccines	(1) Yes (2) No (7) NA
C24A	Other problem, treat at home Specify.....	(1) Yes (2) No	C24B	Other problem, treat at home Specify.....	(1) Yes (2) No
C25A	Other problem, refer Specify.....	(1) Yes (2) No	C25B	Other problem, refer Specify.....	(1) Yes (2) No

TREATMENT MODULE

T1. Does the HSA decide to refer to a health facility?

- (1) Yes
- (2) No → skip to T3

T2. Does the caretaker accept referral for the child?

- (1) Yes
- (2) No, Specify reason.....

T3. Does the HSA administer or prescribe treatment?

- (1) Yes
- (2) No → skip to communication module, #CM 11 if child referred
→ Skip to communication module #CM 5 if child not treated and not referred

T4. Circle all treatments given.

	Treatment	Circle	
		(1) Yes	(2) No
A	ORS	(1) Yes	(2) No
B	Zinc supplement	(1) Yes	(2) No
C	LA	(1) Yes	(2) No
D	Paracetamol	(1) Yes	(2) No
E	Cotrimoxazole	(1) Yes	(2) No
F	Antibiotic eye ointment	(1) Yes	(2) No
G	Other, specify.....	(1) Yes	(2) No

T5. Record the following information for each treatment given or prescribed.

Note: this section is intended to include all treatments, including ORS. If the HSA prescribes home treatment, record the entire treatment. If the HSA treats with one dose for child being referred, record the one dose given, mark once for frequency and NA for total days.

- | | |
|-----------------------------|-----------------------------|
| A1. Name: | B1. Name..... |
| A2. Formulation: | B2. Formulation: |
| A3. Amount each time: | B3. Amount each time: |
| A4. Frequency: | B4. Frequency: |
| A5. Total days:days | B5. Total days:days |
|
 | |
| C1.. Name: | D1. Name..... |
| C2. Formulation: | D2. Formulation: |
| C3. Amount each time: | D3. Amount each time: |
| C4. Frequency: | D4. Frequency: |
| C5. Total days:days | D5. Total days:days |
|
 | |
| E1. Name: | F1. Name..... |
| E2. Formulation: | F2. Formulation: |
| E3. Amount each time: | F3. Amount each time: |
| E4. Frequency: | F4. Frequency: |
| E5. Total days: | F5. Total days: |

→ Evaluator Rules for completing T5.

Name → Write: LA, ORS, Cotrimoxazole, Paracetamol, Antibiotic eye ointment

Formulation → Write: Tablet or sachet

Amount each time TABLETS → Use numbers or fractions, e.g. 1, 2 or 1/4

Amount each time SACHETS → written

Frequency TABLETS → Use number per day, e.g. 1, 2, 3

Frequency SACHETS → written

Total days → Use numbers, e.g. 1, 5, 7, etc

COMMUNICATION MODULE

→For children being treated at home (or referred because of drug stock-out), start at CM1. For children referred, start at CM11.

→CM1 to CM4 refer to HSA provides the counseling on administration of treatment, whether the treatment is correct or not.

	(A) LA	(B) Cotrim	(C) ORS	(D) Zinc	(E) Paracetamol	(F) Eye ointment	(G) Other
CM1. Does the HSA explain how to administer treatment? →Includes dosage, frequency & duration; gen. administration of ORS	(1) Yes (2) No (7) NA						
CM2. Does the HSA demonstrate how to administer the treatment?	(1) Yes (2) No (7) NA						
CM3. Does the HSA ask the caretaker to repeat back how to administer the treatment?	(1) Yes (2) No (7) NA						
CM4. Does the HSA give or ask the mother to give the first dose of the treatment right away?	(1) Yes (2) No (7) NA						

CM5. Does the HSA advise on home care?

(1) Yes

(2) No →Skip to question #CM7

CM6. Circle all advice given by the HSA:

- | | |
|--|----------------|
| A. Advised caregiver to give more fluids and continue feeding | (1) Yes (2) No |
| B. Advised to go to health facility/return if the child cannot drink or feed | (1) Yes (2) No |
| C. Advised to go to health facility/return if child becomes sicker | (1) Yes (2) No |
| D. Advised to go to health facility/return if the child has blood in the stool | (1) Yes (2) No |
| E. Advised caretaker on use of ITN | (1) Yes (2) No |
| F. Other, specify..... | (1) Yes (2) No |
| G. Other, specify..... | (1) Yes (2) No |
| H. Other, specify..... | (1) Yes (2) No |

CM7. Does the HSA ask to see the child's vaccination card (health passport)?

(1) Yes → skip to CM9

(2) No

CM8. If the vaccination card (health passport) is NOT available for review, does the HSA ask the caretaker to recall which vaccines her child has received?

- (1) Yes
- (2) No

CM9. Check all advice given by the HSA regarding vaccines:

- A. Advised to catch up on vaccines, if child is behind (1) Yes (2) No (7) NA
- B. Advised to continue getting vaccines according to schedule (1) Yes (2) No (7) NA
- C. Advised caretaker where to get vaccines for child (1) Yes (2) No (7) NA
- D. Other, specify..... (1) Yes (2) No (7) NA

CM10. Does the HSA advise on when to return for follow-up?

- (1) Yes
- (2) No

→ End of questioning for child treated at home. Continue if child is being referred to a health facility.

CM11. For a child being referred, does the HSA explain the need for referral?

- (1) Yes
- (2) No

CM12. For a child being referred, does the HSA do the following:

- A. For any sick child who can drink, advise to give fluids and continue feeding (1) Yes (2) No (7) NA
- B. Advise to keep child warm, if child is NOT hot with fever (1) Yes (2) No (7) NA
- C. Write a referral note (1) Yes (2) No
- D. Arrange transportation (1) Yes (2) No
- E. Other, specify..... (1) Yes (2) No

END OF OBSERVATION.

→ NOTE: The observer may need to ask the HSA about the classification made and the treatment given during the consultation, but only if these two components were not stated or clear during the consultation.

Form 2. Re-examination – child (2months – 5 years)

Date: /...../.....
 Evaluator ID:.....
 Child No.:

District ID:
 HSA ID:

Time to Start:
 Time to End:

Child: Sex: (1) M (2) F
 Age (in months):

Caretaker: Sex: (1) M (2) F
 Relationship (1) Biological Mother (2) Father (3) Other.....

Assess <i>Circle all signs present</i>			Classify		
RE1	Does the child have cough?	(1)Yes (2) No	RE24	<u>Danger sign:</u> Cough 21 days or more?	(1)Yes (2)No
RE2	If yes, for how long?.....days		RE25	<u>Danger sign:</u> Diarrhoea 14 days or more?	(1)Yes (2)No
RE3	Does the child have diarrhoea?	(1)Yes (2) No	RE26	Blood in stool?	(1)Yes (2)No
RE4	If yes, for how long?.....days		RE27	<u>Sick but no danger sign:</u> Diarrhoea less than 14 days and no blood in stool?	(1)Yes (2)No
RE5	Is there blood in the stool?	(1)Yes (2) No	RE28	<u>Danger sign:</u> Fever for last 7 days?	(1)Yes (2)No
RE6	Is there fever (reported or now)?	(1)Yes (2) No	RE29	<u>Sick but no danger sign:</u> Fever for less than 7 days?	(1)Yes (2)No
RE7	If yes, for how long?.....days		RE30	<u>Danger sign:</u> any convulsions?	(1)Yes (2)No
RE8	Are there convulsions?	(1)Yes (2) No	RE31	<u>Danger sign:</u> Not able to feed/drink anything?	(1)Yes (2)No
RE9	Is there difficulty feeding or drinking?	(1)Yes (2) No	RE32	<u>Danger sign:</u> Vomits everything?	(1)Yes (2)No
RE10	If Yes, not able to drink or feed ANYTHING?	(1)Yes (2) No (7) NA	RE33	<u>Danger sign:</u> Red eye for 4 days or more?	(1)Yes (2)No
RE11	Is there vomiting?	(1)Yes (2) No	RE34	Red eye with visual problem?	(1)Yes (2)No
RE12	If yes, vomits everything?	No(1)Yes (2) No (7)NA	RE35	<u>Sick but no danger sign:</u> Red eye less than 4 days?	(1)Yes (2)No
RE13	Are there red eyes?	(1)Yes (2) No	RE36	<u>Danger sign:</u> Any chest indrawing?	(1)Yes (2)No
RE14	If yes, for how long?days		RE37	<u>Sick but no danger sign:</u> Any fast breathing?	(1)Yes (2)No
RE15	Any difficulty in seeing?	(1)Yes (2) No	RE38	<u>Danger sign:</u> Very sleepy or unconscious?	(1)Yes (2)No
RE16	Is there chest indrawing?	(1)Yes (2) No	RE39	<u>Danger sign:</u> Palmar pallor?	(1)Yes (2)No
RE17	If cough, how many breaths per minute?..... bpm		RE40	<u>Danger sign:</u> Red on MUAC tape?	(1)Yes (2)No
RE18	Is there Fast breathing? 2mo up to 12mo: 50bpm or more 12mos up to 5yrs: 40bpm or more	(1)Yes (2) No (7) NA	RE41	<u>Danger sign:</u> Swelling of both feet?	(1)Yes (2)No
RE19	Is the child very sleepy or unconscious?	(1)Yes (2) No	RE42	<u>Other problem but no danger sign:</u> Problem HSA cannot treat?	(1)Yes (2)No
RE20	Is there palmar pallor?	(1)Yes (2) No			
RE21	For child 6 months to 5 years, what is the MUAC tape colour?				
RE22	Is there swelling of both feet?	(1)Yes (2) No			
RE23	Any other problem the HSA cannot treat? Specify.....	(1)Yes (2) No			

Any danger sign or other problem HSA cannot treat?

(1)Yes (2)No

CHECK THE CHILD'S IMMUNIZATION STATUS

If the child is not being referred immediately, ask the caretaker for the child's vaccination card if available. If the child is being referred, skip this section and go to classifications.

IS1. Is the child's vaccination card (health passport) available for review?

- (1) Yes
- (2) No → Re-evaluator should probe the caretaker to obtain as much information as possible regarding the child's vaccines, and record answers in question 2.

IS2. Tick vaccines received and circle immunizations still needed.

- | | | |
|-----------|--|--------------------------------|
| Birth | <input type="checkbox"/> BCG | <input type="checkbox"/> OPV-0 |
| 6 weeks* | <input type="checkbox"/> DPT –Hib + HepB 1 | <input type="checkbox"/> OPV-1 |
| 10 weeks* | <input type="checkbox"/> DPT –Hib + HepB 2 | <input type="checkbox"/> OPV-2 |
| 14 weeks* | <input type="checkbox"/> DPT –Hib + HepB 3 | <input type="checkbox"/> OPV-3 |
| 9 months | <input type="checkbox"/> Measles | |

→ **Reminder to Evaluator:** Keep an interval of 4 weeks between DPT-Hib-HepB and OPV doses. Do not recommend OPV-0 if the child is 14 days old or more.

IS3. Ask the caretaker, Did the HSA refer your child to receive a vaccination?

- (1) Yes → If yes, which vaccine(s)?
→ If yes, when?
- (2) No

→ **Evaluator:** Based on caretaker interview and on your re-examination of the child, answer the following question:

IS4. Does the child need a vaccination?

- (1) Yes
- (2) No

→ **EVALUATOR COPY CLASSIFICATIONS IN APPROPRIATE BOX ON FORM 1.**

Form 3. Exit interview – caretaker of child (2 months-5 years)

Date: /...../.....
Evaluator ID:.....
Child No.:

District ID:
HSA ID:

Time to Start:
Time to End:

Child: Sex: (1) M (2) F
Age (in months):

Caretaker: Sex: (1) M (2) F
Relationship (1) Biological Mother (2) Father (3) Other.....

CARETAKER SATISFACTION AND COSTS

EX1. How would you rate the services your sick child received today from this HSA? Read all options to the caretaker. *Kodi inu maganizo anu ndiotani pa chithandizo chomwe mwana wanu walandira lero kuchokera kwa alangizi a zaumoyo? Kodi munganene kuti chinali:*

- (1) Excellent (*chabwino kwambiri?*)
- (2) Good (*chabwino?*)
- (3) Needs improvement (*Chofunika chisinthidwe?*) What should improve? (*Chisinthidwe ndi chani?*)
.....
.....
- (8) Doesn't know

EX2. The next time your child is sick, will you come back to see the HSA?

Kodi mwana wanu akazadwala, mudzabweranso naye kuno?

- (1) Yes
- (2) No
- (8) Don't know

EX3. How long do you feel it took until your child was attended by the HSA?

→ Read all options to the caretaker.

Zinakutengerani nthawi yotalika motani kuti mwana wanu amuone alangizi a zaumoyo. Kodi munganene kuti zinakutengerani:

- (1) Very long time (*nthawi yaitali kwambiri?*)
- (2) Long time (*nthawi yaitali*)
- (3) Acceptable time (*nthawi yabwinobwino*)
- (4) Fairly quickly (*mofulumizirako pang'ono*)
- (5) Very quickly (*mofulumiza kwambiri*)

EX4. What was the primary mode of transport you used to get to the HSA today?

Kodi inu munagwiritsa njira yanji yeniyeni yamayendendwe pobwera kudzaonana ndi alangizi azaumoyo lero?

- (1) By foot
- (2) By bicycle
- (3) By minibus
- (4) By car or taxi
- (8) Other:

EX5. Using this mode of transport, how long did it take you to travel to the HSA today?

→ Read all options to the caretaker.

Inu zinakutengerani nthawi yotalika motani kuyenda kuchokera kwanu kufika kodzaonana ndi alangizi azaumoyo lero?

- (1) More than 3 hours
- (2) Between 1-3 hours
- (3) More than 30 minutes and less than 1 hour
- (4) Less than 30 minutes
- (8) Doesn't know

EX6. How much did you pay for the transport to come to the HSA today?..... kwacha

→ If there was no money paid for transport, write 0

Munalipira ndalama zingati pa transport pobwera kudzaonana ndi alangizi azaumoyo lero?

EX7. Before visiting the HSA, did you seek help or care from anyone else for your sick child?

(Musanabwere kudzalandira chithandizo kuno kwa alangizi kodi munayamba mwakatengapo chithandizo kwina kulikonse?

- (1) Yes
- (2) No → if no, skip to EX8

Did you seek help from any of the following?

Munakafuna chithandizo kuchokera kwa?

A1. Traditional healer (kwa a sing'anga kapena anthu ena odziwa mankhwala a zitsamba?)

- (1) Yes
- (2) No → If no, skip to part B1.
- A2. How much did the services cost you?kwacha (888) Don't know
- A3. How much did it cost you to travel for these services ?kwacha (888) Don't know

B1. Local shop(munakagula mankhwala ku masitolo)

- (1) Yes
- (2) No → If no, skip to part C1.
- B2. How much did the services cost you?kwacha (888) Don't know
- B3. How much did it cost you to travel for these services ?kwacha (888) Don't know

C1. Drug vendor (munakagula kwaanthu ogulitsa mankhwala?)

- (1) Yes
- (2) No → If no, skip to part D1.
- C2. How much did the services cost you?kwacha (888) Don't know
- C3. How much did it cost you to travel for these services ?kwacha (888) Don't know

D1. Other: → Specify.....

- (1) Yes (2) No → If no, skip to EX8.
- D2. How much did the services cost you?kwacha (888) Don't know
- D3. How much did it cost you to travel for these services ?kwacha (888) Don't know

EX8. How many days have you or other family members spent taking care of your child instead of working, including time spent visiting the HSA today?

Ndinthawi yotalika motani imene mwakhala mukusamalira mwana odwalayu m'malo moti muzigwira ntchito?

.....day(s)

→ NOTE: put 0 if nothing and 888 if don't know; a morning or afternoon = ½ day, a morning and afternoon = 1 day

EX9. How much income have you or other family members lost as a result of taking care of your child instead of working?

Ndi ndalama zambiri motani zimene mwaluza chifukwa chosamalira mwana odwalayu m'malo moti muzigwira ntchito?

..... kwacha
→put 0 if nothing and 888 if don't know

EX10. Using the most accessible means of transport, how far away do you live from the nearest health facility?

Kuchokera kwanu, chipatala chapafupi mwatalikirana kapena kuyandikirana nacho motani?

→ Read all options to the caretaker.

- (1) Very far (more than 3 hours)
- (2) Far (between 1-3 hours)
- (3) Accessible (more than 30 minutes and less than 1 hour)
- (4) Very accessible (less than 30 minutes)
- (8) Doesn't know

MEDICATIONS PRESCRIBED AND UNDERSTANDING

EX11. Did the HSA give you or prescribe any medicines for <CHILD> today?

Kodi alangizi azaumoyo lero ananena kuti mwanayu afunika mwankhala ena aliwonse?

→Note: 'medicines' includes LA, Cotrim, Paracetamol, Zinc, and antibiotic eye ointment. See # EX17 for ORS

- Note: Medicines prescribed include only those received by caretaker, and not those available at health facility
- (1) Yes → compare the caretaker's medication with the samples for identification of the medicines.
- (2) No → skip to question # EX17
- (8) Doesn't know → skip to question # EX17

EX12. What medicine was prescribed or given? Kodi ndimankwala anji omwe ananenedwawo?

→Copy the information from the caretaker's medication or prescription:

EX12a. Name:

EX12b. Formulation:

→Then ask the caretaker (record what you hear):

EX12.c How much will you give <CHILD> each time: (888=don't know)
Muzimupatsa mankhwala ochuluka bwanji mwana wanuyu pa nthawi imodzi?

EX12.d How many times will you give it to <CHILD> each day?.....times (888=don't know)
Muzimupatsa kangati mankhwala mwana wanuyu patsiku?

EX12.e How many days will you give the medicine to <CHILD> ?days (888=don't know)
Kodi mumupatsa masiku angati mwana wanuyu mankhwalawo?

EX13. Was a SECOND medicine prescribed or given? (1) Yes (2) No →Skip to question # EX17

→ Copy the information from the caretaker's medication or prescription:

EX13a. Name:

EX13b. Formulation:

→Then ask the caretaker (record what you hear):

EX13.c How much will you give <CHILD> each time: tablet(s)(888=don't know)
Muzimupatsa mankhwala ochuluka bwanji mwana wanuyu pa nthawi imodzi?

EX13.d How many times will you give it to <CHILD> each day?times (888=don't know)
Muzimupatsa kangati mankhwala mwana wanuyu patsiku?

EX13.e How many days will you give the medicine to <CHILD> ?days (888=don't know)
Kodi mumupatsa masiku angati mwana wanuyu mankhwalawo?

EX14. Was a THIRD medicine prescribed or given?

(1) Yes

(2) No →Skip to question # EX17

→Copy the information from the caretaker's medication or prescription:

EX14a. Name:

EX14b. Formulation:

Then ask the caretaker (record what you hear):

EX14.c. How much will you give <CHILD> each time:tablet(s) (888=don't know)
Muzimupatsa mankhwala ochuluka bwanji mwana wanuyu pa nthawi imodzi?

EX14.d. How many times will you give it to <CHILD> each day?times (888=don't know)
Muzimupatsa kangati mankhwala mwana wanuyu patsiku?

EX14.e. How many days will you give the medicine to <CHILD> ?days (888=don't know)
Kodi mumupatsa masiku angati mwana wanuyu mankhwalawo

EX15. Was a FOURTH medicine prescribed or given?

(1) Yes

(2) No →Skip to question # EX17

→Copy the information from the caretaker's medication or prescription:

EX15a. Name:

EX15b. Formulation:

→Then ask the caretaker (record what you hear):

EX15.c. How much will you give <CHILD> each time: tablet(s)(888=don't know)
Muzimupatsa mankhwala ochuluka bwanji mwana wanuyu pa nthawi imodzi?

EX15.d. How many times will you give it to <CHILD> each day?times (888=don't know)
Muzimupatsa kangati mankhwala mwana wanuyu patsiku?

EX15.e. How many days will you give the medicine to <CHILD> ?days (888=don't know)
Kodi mumupatsa masiku angati mwana wanuyu mankhwalawo

EX16. Was a FIFTH medicine prescribed or given?

- (1) Yes
- (2) No → Skip to question # EX17

→Copy the information from the caretaker's medication or prescription:

EX16a. Name:

EX16b. Formulation:

→Then ask the caretaker (record what you hear):

EX16.c. How much will you give<CHILD> each time: tablet(s) (888=don't know)
Muzimupatsa mankhwala ochuluka bwanji mwana wanuyu pa nthawi imodzi?

EX16.d. How many times will you give it to <CHILD> each day?times (888=don't know)
Muzimupatsa kangati mankhwala mwana wanuyu patsiku?

EX16.e. How many days will you give the medicine to <CHILD> ?days (888=don't know)
Kodi mumupatsa masiku angati mwana wanuyu mankhwalawo

EX17. Was ORS prescribed or given? Kodi mwana wanuyu anapatsidwa mankhwala obwezeretsa madzi ndi mchere mthupi (thanzi, UNICEF, ORS)?

- (1) Yes
- (2) No → Skip to question # EX18

EX17.a. How much water will you mix with one ORS packet? (888=don't know)
Paketi imodzi muzisungunulira ndi madzi ochuluka bwanji?

EX17.b. When will you give ORS to <CHILD> each day?(888=don't know)
Kodi mwana wanuyu muzipatsa nthawi yanji mankhwala obweretsa madzi ndi mchere mthupi?

EX17.c. How much ORS will you give to <CHILD> each time?(888=don't know)
Kodi muzimupatsa makhwala obwezeretsa madzi ndi mchere mthupi ochuluka bwanji nthawi iriyonse?

EX18. Did the HSA give you a specific day for follow up?

Kodi alangizi azaumoyo ananepo za tsiku loti mudzabwerenso ndi mwanayu kuti adzamuonenso?

- (1) Yes → In how many days? days
- (2) No
- (8) Doesn't know

EX19. Sometimes a child's condition may worsen and he/she should be taken immediately to a health facility: What types of symptoms would cause you to take your child to a health facility right away?

Nthawi zina thupi la mwana limatha kusintha oti pafunika kupita naye kuchipatala, kodi inu ndi zizindikiro zotani zimene inu mutazona zingakupangitseni kuti muthamange ndimwana wanu kuchipatala nthawi yomwe inu mwazona?

→Do not prompt—keep asking for more signs/symptoms until the caretaker cannot recall any additional ones.

- A. Child not able to drink or feed (1) Mentioned (2) Not mentioned
- B. Child becomes sicker (1) Mentioned (2) Not mentioned
- C. Child has blood in the stools (1) Mentioned (2) Not mentioned
- D. Other, specify (1) Mentioned (2) Not mentioned

.....
.....
.....

CARETAKER EDUCATION AND HOUSING INFORMATION

→ Explain to the caregiver the interview is almost over, and that you would like to ask a few final questions about them and their household to know more about the households of the children the HSA cares for.

EX20. Age:years **EX21. Sex:** (1) Male (2) Female

EX22A. What is the highest level of school you have completed ?

Kodi sukulu munalekeza kalasi yanji?

- (1) Primary school – std 1-4
- (2) Primary school – std 5-8
- (3) Form two
- (4) Form four
- (5) Form four plus post-basic training
- (6) Professional training
- (7) None
- (8) Other, specify.....

EX22B. What is your current occupation (job)?

- (1) Farmer
- (2) Housekeeper
- (3) Sell things in market
- (4) Other → Specify.....

EX23. What is the main source of drinking water for members of your household?

Kodi madzi akumwa mumakatunga kuti?

- (11) Piped into dwelling
- (12) Piped into yard or plot
- (13) Public tap/standpipe with hand-pump
- (41) Protected spring
- (51) Rainwater collection
- (71) Cart with small tank/drum
- (81) Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
- (96) Other → specify
- (21) Tubewell/borehole
- (31) Protected well
- (32) Unprotected well
- (42) Unprotected spring

EX24A. What kind of toilet facility do members of your household usually use?

Kodi chimbuzi chimene mumagwiritsa ntchito pa khomo panu ndi chamtundu wanji?

- (15) Flush toilet
- (22) Pit latrine with slab
- (24) Pit latrine with slab & cover
- (26) Pit latrine with slab, cover & foot rest
- (41) Bucket
- (95) No facilities or bush or field → skip to EX25
- (21) Ventilated Improved Pit latrine (VIP)
- (23) Pit latrine without slab/open pit
- (25) Pit latrine with slab & foot rest
- (31) Composting toilet
- (51) Hanging toilet/hanging latrine
- (96) Other → specify.....

EX24B. Do you share this toilet facility with other households? (1) Yes (2) No

EX25. What is the main material of the dwelling floor of your household?

Pansi pa nyumba yanu munamangira chani?

- (11) Earth/sand
- (21) Rudimentary floor Wood planks
- (31) Parquet or polished wood
- (33) Ceramic tiles
- (35) Carpet
- (12) Dung
- (22) Palm/bamboo
- (32) Vinyl or asphalt strips
- (34) Cement
- (96) Other → specify

EX26. What is the main material of the roof of your household?

Kodi denga la nyumba yanu munamangira chani makamaka?

- | | |
|-----------------------------------|-----------------------|
| (11) No Roof | (12) Thatch/grass |
| (13) Sod | (21) Rustic mat |
| (22) Palm/bamboo | (23) Wood planks |
| (31) Metal/iron sheets | (32) Wood |
| (33) Calamine/cement fiber | (34) Ceramic tiles |
| (35) Cement | (36) Roofing shingles |
| (96) Other → <i>specify</i> | |

EX27. What type of fuel does your household mainly use for cooking?

Kodi pophika mumagwiritsa chani?

- | | |
|-----------------------------------|-------------------------------|
| (01) Electricity | (02) Liquid Propane Gas (LPG) |
| (03) Natural gas | (04) Biogas |
| (05) Kerosene | (06) Coal / Lignite |
| (07) Charcoal | (08) Wood |
| (09) Straw/shrubs/grass | (10) Animal dung |
| (96) Other → <i>specify</i> | |

EX28. Does your household have:

Kodi mnyumba mwanu muli ndi:

- | | |
|------------------------------|----------------|
| A. Electricity? | (1) Yes (2) No |
| B. Radio? | (1) Yes (2) No |
| C. Television? | (1) Yes (2) No |
| D. Mobile or land Telephone? | (1) Yes (2) No |
| E. Refrigerator? | (1) Yes (2) No |
| F. Table and chairs? | (1) Yes (2) No |
| G. Sofa? | (1) Yes (2) No |
| H. Mattress? | (1) Yes (2) No |
| I. Paraffin lamp? | (1) Yes (2) No |

EX29. Does any member of your household own a:

Kodi mnyumba mwanu muli ndi:

- | | |
|---------------------------|----------------|
| A. Bicycle? | (1) Yes (2) No |
| B. Motorcycle or Scooter? | (1) Yes (2) No |
| C. Car or Truck? | (1) Yes (2) No |
| D. Ox-cart? | (1) Yes (2) No |

END OF EXIT INTERVIEW

→ Thank the caretaker for answering your questions and ask if he/she has any questions. Be sure that the caretaker knows how to prepare ORS for a child with diarrhea, when to return for vaccination, how to give the prescribed medications, and when to return if the child becomes worse at home.

Box 1. Evaluator coding

	Information needed	Where to find data	Type of medicine	Codes		
HT1	If a medicine has been given or prescribed (whatever the reason) does the caretaker describe correctly how to give the medicine?	Questions EX12-16 and Caretaker must answer correctly in c, d, and e	A. LA	(1) Yes	(2) No	(8) NA (did not receive)
			B. Cotrimoxazole	(1) Yes	(2) No	(8) NA (did not receive)
			C.Paracetamol	(1) Yes	(2) No	(8) NA (did not receive)
			D.Zinc	(1) Yes	(2) No	(8) NA (did not receive)
			E.Antibiotic eye ointment	(1) Yes	(2) No	(8) NA (did not receive)
			F.Other medicine	(1) Yes	(2) No	(8) NA (did not receive)
HT2	If ORS has been prescribed (whatever the reason) does the caretaker describe correctly how to give it?	Question EX17. Caretaker must answer correctly in a, b, and c		(1) Yes	(2) No	(8) NA (did not receive)

Form 4. Equipment, supply & support checklist

Date: /...../..... District ID: Time to Start:
Evaluator ID:..... HSA ID: Time to End:

Equipment and supplies module

→Ask the HSA to show you around where he or she works. **Look and touch** to complete the following questions.

ES1. Does the HSA have the following equipment and materials?

- A. Watch or timing device (1) Yes (2) No If yes, specify type of device →
- B. Supplies to mix ORS, cups and spoons (1) Yes (2) No
- C. Source of clean water (borehole or covered well) (1) Yes (2) No
- D. Laminated sick child recording form (1) Yes (2) No
- E. Photocopies of the sick child recording form (1) Yes (2) No
- F. MUAC tape (1) Yes (2) No
- G. Medicine stock forms (1) Yes (2) No
- H. Referral forms (1) Yes (2) No
- I. Register of sick child visits (1) Yes (2) No
- J. Village register (1) Yes (2) No
- K. Working bicycle (1) Yes (2) No

ES2. Are the drugs and supplies in a lock-box? (1) Yes (2) No

ES3. Does the HSA have ready access to one key for the lock-box? (1) Yes (2) No

ES4. Who holds the other key to the lock-box?

Availability of drugs module

→Check the drug stocks. Answer the following questions based on what you **SEE**.

DS1. Does the HSA have the following drugs available the day of visit?

- A. ORS (1) Yes (2) No
- B. Cotrimoxazole (1) Yes (2) No
- C. LA 1 by 6 (5 months up to 3 years) (1) Yes (2) No
- D. LA 2 by 6 (3 years to 5 years) (1) Yes (2) No
- E. Paracetamol (1) Yes (2) No
- F. Antibiotic eye ointment (1) Yes (2) No
- G. Zinc tablets (1) Yes (2) No
- H. Other →specify..... (1) Yes (2) No

→ Ask the following questions to the HSA. Use any documentation (e.g., drug stock forms), to help determine this information.

DS2. Have you experienced a stock-out in the last three months of any of the following? If yes, for about how many days did you not have that drug?

A	ORS	(1) Yes (2) No (3) never rcvd.	Ai	Duration of stock-out days
B	Cotrimoxazole	(1) Yes (2) No (3) never rcvd	Bi	Duration of stock-out days
C	LA 1x6	(1) Yes (2) No (3) never rcvd	Ci	Duration of stock-out days
D	LA 2x6	(1) Yes (2) No (3) never rcvd	Di	Duration of stock-out days
E	Paracetamol	(1) Yes (2) No (3) never rcvd	Ei	Duration of stock-out days
F	Antibiotic eye ointment	(1) Yes (2) No (3) never rcvd	Fi	Duration of stock-out days
G	Zinc tablets	(1) Yes (2) No (3) never rcvd	Gi	Duration of stock-out days
H	Other, →specify.....	(1) Yes (2) No (3) never rcvd	Hi	Duration of stock-out days

DS3. Have you gotten a resupply of drugs in the last 3 months? (1) Yes (2) No

DS4. If yes, from what source did you receive a resupply?

→ Read all responses to HSA

- A. Nearest health facility (1) Yes (2) No
- B. District hospital (1) Yes (2) No
- C. Visiting supervisor (1) Yes (2) No
- D. Other, specify (1) Yes (2) No

HSA Services Module

SU1. Which of the following activities do you perform in the community?

→ Read list to HSA

- A. Community case management of sick children (1) Yes (2) No
- B. Outreach (vaccination, ANC) (1) Yes (2) No
- C. Environmental health (water and sanitation) (1) Yes (2) No
- D. Growth monitoring/nutritional activities (1) Yes (2) No
- E. HIV VCT (1) Yes (2) No
- F. Family planning (1) Yes (2) No
- G. Household visits (1) Yes (2) No
- H. Other, specify → (1) Yes (2) No
- I. Other, specify → (1) Yes (2) No
- J. Other, specify → (1) Yes (2) No
- K. Other, specify → (1) Yes (2) No

SU2. How many hours do you work each week?..... hours

SU3. How many hours do you spend treating sick children each week? hours

SU4. During a typical week, about what percentage of your time do you spend doing the following activities?

→ Work with HSA to estimate approximate percentage time spent in each activity

Percentage of time

- A. Treatment of child illness (CCM) _____
- B. Filling in reports, registers and other administrative duties _____
- C. Travel _____
- D. Other services _____

SU5. Where do you (HSA) perform your work (all aspects)?

→ Read list to HSA

- A. Health centre (1) Yes (2) No
- B. Health post (1) Yes (2) No
- C. Central location without structure (1) Yes (2) No
(i.e. under a tree, in a courtyard, etc)
- D. From my home (1) Yes (2) No
- E. In house-to-house visits (1) Yes (2) No
- F. Other, specify..... (1) Yes (2) No

SU6. Where do you (HSA) conduct your village clinic (treat sick children)?

→ Read list to HSA

- A. Health centre (1) Yes (2) No
- B. Health post (1) Yes (2) No
- C. Central location without structure (1) Yes (2) No
(i.e. under a tree, in a courtyard, etc)
- D. From my home (1) Yes (2) No
- E. In house-to-house visits (1) Yes (2) No
- F. Other, specify..... (1) Yes (2) No

SU7. How many times during the last month did you receive a supervisory visit in your community?

..... Times

→Mark 888 if not in community during the majority of the last month
(e.g. out of community for the 10 week basic training)

SU8. During the last three months?

..... Times → if 0 times, skip to question # SU14

Mark 888 if not in community during the majority of the last three months

SU9. Who visited you for supervision in the last three months?

→ Read list to HSA

- A. Environmental health officer (1) Yes (2) No
- B. Senior HSA (1) Yes (2) No
- C. Medical assistant from the facility (1) Yes (2) No
- D. Community Nurse (1) Yes (2) No
- E. IMCI Coordinator (1) Yes (2) No
- F. Pharmacy Technician (1) Yes (2) No
- G. Other, specify (1) Yes (2) No

SU10. How many times during the last three months did you receive a supervisory visit specific to case management of children (sick child recording form) activities?

→Probe the HSA to ensure that the HSA understands that this refers to supervision visits where the supervisor comes to talk about the sick child recording form and the HSA's management of sick children.

..... Times

→Mark 888 if not in community during the majority of the last 3 months

→ if the answer to SU10 is 0 times, skip to question # SU14

SU11a. How many weeks ago was the MOST RECENT supervision visit specific to CCM?

..... Weeks

SU11b. At the MOST RECENT supervision visit specific to CCM, who visited you?

→Circle all responses given, do not read list

- (1) IMCI coordinator
- (2) IMCI trainer/facilitator
- (3) Environmental health officer
- (4) Senior HSA
- (5) Medical assistant from the health center
- (6) Community Nurse
- (7) Pharmacy technician
- (8) Other, specify

SU11c. During this visit, did the supervisor do any of the following?

→ Read list to HSA

- A. Deliver supplies (1) Yes (2) No (8) Don't know
- B. Check your records or reports (1) Yes (2) No (8) Don't know
- C. Observe any of your work (1) Yes (2) No (8) Don't know
- D. Observe you managing a sick child (1) Yes (2) No (8) Don't know
- E. Use a supervision checklist (1) Yes (2) No (8) Don't know
- F. Provide positive feedback that you are doing your work well (1) Yes (2) No (8) Don't know
- G. Correct you or remind you of things you forgot (1) Yes (2) No (8) Don't know
- H. Provide updates on administrative or technical issues related to your work (1) Yes (2) No (8) Don't know
- I. Discuss problems you have encountered (1) Yes (2) No (8) Don't know
- J. Answer questions you had about your work (1) Yes (2) No (8) Don't know (9) I didn't have questions

→ if the answer to SU10 is 1, skip to SU14

SU12a. How many weeks ago was the SECOND MOST RECENT supervision visit specific to CCM? Weeks

SU12b. At the SECOND MOST RECENT supervision visit specific to CCM, who visited you?

→ Circle all responses given, do not read list

- (1) IMCI coordinator
- (2) IMCI trainer/facilitator
- (3) Environmental health officer
- (4) Senior HSA
- (5) Medical assistant from the health center
- (6) Community Nurse
- (7) Other, specify

SU12c. During this visit, did the supervisor do any of the following?

→ Read list to HSA

- | | |
|---|---|
| A. Give you supplies | (1) Yes (2) No (8) Don't know |
| B. Check your records or reports | (1) Yes (2) No (8) Don't know |
| C. Observe any of your work | (1) Yes (2) No (8) Don't know |
| D. Observe you managing a sick child | (1) Yes (2) No (8) Don't know |
| E. Use a supervision checklist | (1) Yes (2) No (8) Don't know |
| F. Provide positive feedback that you are doing your work well | (1) Yes (2) No (8) Don't know |
| G. Correct you or remind you of things you forgot | (1) Yes (2) No (8) Don't know |
| H. Provide updates on administrative or technical issues related to your work | (1) Yes (2) No (8) Don't know |
| I. Discuss problems you have encountered | (1) Yes (2) No (8) Don't know |
| J. Answer questions you had about your work | (1) Yes (2) No (8) Don't know (9) I didn't have questions |

→ if the answer to S10 is 3 or more, proceed to S13
Otherwise, skip to S14

SU13a. How many weeks ago was the THIRD MOST RECENT supervision visit specific to CCM? Weeks

SU13b. At the THIRD MOST RECENT supervision visit specific to CCM, who visited you?

→ Circle all responses given, do not read list

- (1) IMCI coordinator
- (2) IMCI trainer/facilitator
- (3) Environmental health officer
- (4) Senior HSA
- (5) Medical assistant from the health center
- (6) Community Nurse
- (7) Other, specify

SU14. Did you receive a follow-up from training visit within six weeks after you received the CCM training?

- (1) Yes
- (2) No
- (8) Don't know

SU15. If yes, about how long after the training did the trainer visit you? Weeks

SU16. How often do you visit the health centre each month?times per month

SU17. What do you do at the health centre?

→ Circle all responses given, do not read list.

- A. Meet with a supervisor, → specify who
- B. Outreach activities (vaccination, ANC)
- C. Environmental health (water and sanitation)
- D. Growth monitoring/nutritional activities
- E. HIV VCT
- F. Family planning
- G. Other, specify
- H. Other, specify

SU18. In the last three months, did you discuss your CCM (sick child recording form) work with a supervisor at the health centre?

- (1) Yes
- (2) No → skip to SU21

SU19. If yes, with whom at the health centre did you discuss your CCM work?

→ Circle all responses, do not read list

- (1) Community Health Nurse
- (2) Environmental Health Officer/Assistant EHO
- (3) Health Center In-Charge
- (4) Nurse
- (5) Other:

SU20. The last time you discussed CCM with a supervisor at the health centre about CCM, did your supervisor do any of the following?

→ Read list to HSA

- A. Have a mentorship meeting (1) Yes (2) No (8) Don't know
- B. Demonstrate how to care for a sick child (1) Yes (2) No (8) Don't know
- C. Give you CCM supplies (1) Yes (2) No (8) Don't know
- D. Check your records or reports (1) Yes (2) No (8) Don't know
- E. Observe any of your work (1) Yes (2) No (8) Don't know
- F. Observe you managing a sick child (1) Yes (2) No (8) Don't know
- G. Use a supervision checklist (1) Yes (2) No (8) Don't know
- H. Provide positive feedback that you are doing your work well (1) Yes (2) No (8) Don't know
- I. Correct you or remind you of things you forgot (1) Yes (2) No (8) Don't know
- J. Provide updates on administrative or technical issues related to your work (1) Yes (2) No (8) Don't know
- K. Discuss problems you have encountered (1) Yes (2) No (8) Don't know
- L. Answer questions you had about your work (1) Yes (2) No (8) Don't know (9) I didn't have questions

SU21. In the last three months has there been someone holding the following positions at your health centre?

→ Read list to HSA

- (1) Community Health Nurse (1) Yes (2) No (8) Don't Know
- (2) Enviro. Health Officer/Asst. EHO (1) Yes (2) No (8) Don't Know
- (3) Health Center In-Charge (1) Yes (2) No (8) Don't Know
- (4) Nurse (1) Yes (2) No (8) Don't Know
- (5) Other:

SU22. Where do you refer children with danger signs?

→ Read list to HSA

- A. Health center, specify name (1) Yes (2) No
- B. Hospital, specify name: (1) Yes (2) No
- C. Other, specify: (1) Yes (2) No

SU23. How long does it take for the patient to get to the nearest referral location using the most common local transport?

- Walking?hours.....mins (777) Not Applicable (888) Don't Know
- By bicycle?hours.....mins (777) Not Applicable (888) Don't Know
- By vehicle?hours.....mins (777) Not Applicable (888) Don't Know

SU24. Have you ever wanted to refer a child with danger signs, but been unable to do so?

- (1) Yes → Why?
- (2) No

HSA Records Module

→ Ask the HSA if you can look at his/her records and registers. Use the sick child register to answer the questions below. If a register is not available, use completed copies of the sick child recording forms. If not enough information is available to answer a write-in question (# R5-R11), mark NI (not enough information).

R1. Is there a register where the HSA records information about management of sick children?

- (1) Yes
- (2) No
- (3) HSA reports register, but it is unavailable for review

R2. What are all the documents the HSA uses to record cases for CCM?

- A. Sick Child Recording Form (1) Yes (2) No
- B. "Improvised" Register (1) Yes (2) No
- C. CCM Register (1) Yes (2) No
- D. Other, specify..... (1) Yes (2) No

→ if the HSA does not use any documents, skip to end

→ For QUESTIONS R3 to R11 use the HSA's register from Sept 2009

R3. Does the register include a place to indicate the following:

- A. Child's age (1) Yes (2) No
- B. Sex of Child (1) Yes (2) No
- C. Danger signs (1) Yes (2) No
- D. Classification of child's illness (1) Yes (2) No
- E. Child's treatment (1) Yes (2) No
- F. Referral of child (1) Yes (2) No

R4. Is the information in the register complete for age, classification and treatment for each case seen in the last month?

→ Review register, and there cannot be any blanks for any of the following entries for children seen in the last month

- A. Child's age (1) Yes (2) No (8) No place for recording in register
- B. Danger signs (1) Yes (2) No (8) No place for recording in register
- C. Classification of child's illness (1) Yes (2) No (8) No place for recording in register
- D. Child's treatment (1) Yes (2) No (8) No place for recording in register
- F. Monthly Summary Completed (1) Yes (2) No

R5. What is the total number of sick child visits to the HSA during the previous month?

→ Use September 2009 as the last full month. For R5-R9, DO NOT rely on the HSA's monthly tabulation, but go back through the cases in the last month to add up the numbers.

Number of visits: (888) Not enough information

R6. How many of these visits were made by children from 0 to 5 years?

Visits by children under 5: (888) Not enough information

R7. How many of the 0-5 yr. child visits were made by children of the following sex:

- A. Female Visits (888) Not enough information
- B. Male Visits (888) Not enough information
- C. Unspecified Visits (888) Not enough information

R8. How many of these visits were made by children between the ages of 0 to 2 months in the last month?

Visits by children 0 day–2 months: Visits (888) Not enough information

R9. How many of these sick children (0-5 yr.) were referred in the last month?

Children referred: (888) Not enough information

R10. How many referral feedback slips were received in the last month?

→ See & count referral feedback slips

Referral feedback slips:

(888) HSA reports referral feedback slips, but slips not present

R11. In the previous month, how many children were classified as having:

- A. Diarrhea?Children (888) Not enough information
- B. Fever?Children (888) Not enough information
- C. Fast breathing?Children (888) Not enough information
- D. Eye infection?Children (888) Not enough information
- E. Other?Children → specify,

R12. Record the following information for the past 10 cases of sick children seen by the HSA.

→ If there is incomplete data for a case, write 'incomplete' in the appropriate box.

→ Use most recent 10 cases, regardless of the register / document

	Date seen	Age (yrs/mos)	Sex (M/F)	Classification	Treatment	Referr-ed? (Y/N)
R12a.						
R12b.						
R12c.						
R12d.						
R12e.						
R12f.						
R12g.						
R12h.						
R12i.						
R12j.						

END OF FORM 4

→ Thank the HSA for answering your questions.

Form 5. HSA Socio-demographic and background information

Date: ... / ... / ...

District ID:

Time to Start:

Evaluator ID:.....

HSA ID:

Time to End:

→ Ask the HSA the following questions:

HSA demographic info

SD1. Age:yrs.

SD2. Sex: (1) Male (2) Female

SD3. What is the highest level of academic education you have completed ?

- (1) Primary school
- (2) Form two
- (3) Form four MSC
- (4) Diploma
- (5) Bachelor's degree
- (6) Other, specify.....

SD4. What is your marital status ?

- (1) Married
- (2) Single
- (3) Separated/divorced
- (4) Widowed
- (5) Other, specify.....

HSA work experience

SD5. When were you recruited as an HSA ? Month..... Year.....

SD6. How many years/months experience do you have as an HSA?yearsmonths

SD7. In what year did you receive the 10 week HSA training? Year
Mark 0000 if not yet received training

SD8. In what year and month did you receive the CCM training? month.....year
Mark 0000 for year and 00 for month if not yet received training

SD9. What kinds of other in-service training have you received in your work as an HSA?

- | | | | |
|-----------------------------------|---------------------|---------------------------|-----------|
| A. Nutritional rehabilitation | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| B. ITNS | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| C. Infant and young child feeding | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| D. Essential family practices | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| E. Newborn Care | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| F. Malaria treatment (with SP) | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| G. Antenatal Care | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| H. Safe Motherhood | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| I. Family Planning | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| J. HIV/AIDS | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| K. TB | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| L. Other, specify | (1) In past 2 years | (2) More than 2 years ago | (3) Never |
| M. Other, specify | (1) In past 2 years | (2) More than 2 years ago | (3) Never |

SD9. How long have you worked as an HSA in this community ?yearsmonths

SD10. How long have you lived in this community ?monthsyears

- (88) My whole life
- (99) I don't live in this community

SD11. Are there other communities in which you have worked as an HSA ?

- (1) Yes->specify where and for how long.....
- (2) No

END OF FORM 5 → Thank the HSA for answering your questions.

Form 6. Case Scenarios

Date: ... / ... / ...

District ID:

Time to Start:

Evaluator ID:.....

HSA ID:

Time to End:

→ Read the following to the HSA:

“These case scenarios aim to know your usual practice in some specific situations. We will read the scenarios together. Then, you can use the sick child recording form or any other guidelines needed to determine what actions you would take to treat the child. These scenarios will not be used to judge your normal practice and your responses will not be communicated to any supervisor, facility, district or central level MOH authorities.

You should consider that you have all authority to decide whether or not to refer a child to a health facility, that all the drugs you would like to administer are available in your drug box, and that there is a referral center 20 minutes away.

You may take as much time as you need to complete each case scenario, but once a scenario is complete, you may not go back to the previous one.”

→ Before going to the first case scenario, answer any HSA concerns.

IIP-JHU

→ Give the HSA the first card with case scenario #1, then read it with him/her.

Case scenario 1

A 2-year-old little girl is seen at a village clinic. She has a lot of diarrhoea, has been eating poorly, and is vomiting. When asked, the mother states she has had diarrhoea for ten days. There is no blood in the stool. She also began vomiting yesterday and has not eaten anything since. The HSA examines the child and finds the little girl to be very weak, but still alert. The HSA helps the mother to feed her child some porridge at the clinic, and the girl vomits everything. The HSA tries to give her ORS but she will not take it. No other problems are found.

→ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

→ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

→ Circle “yes” for each of the following actions mentioned by the HSA.

- | | |
|---|----------------|
| CS 1.21 Help caregiver to give child ORS solution in front of HSA | (1) Yes (2) No |
| CS 1.22 Give caretaker ORS solution to take home | (1) Yes (2) No |
| CS 1.23 Begin giving ORS solution immediately | (1) Yes (2) No |
| CS 1.24 Give zinc supplement for 10 days | (1) Yes (2) No |
| CS 1.25 Give LA for 3 days | (1) Yes (2) No |
| CS 1.26 Give first dose of LA | (1) Yes (2) No |
| CS 1.27 Advise caregiver on use of ITN | (1) Yes (2) No |
| CS 1.28 Give paracetamol for 3 days | (1) Yes (2) No |
| CS 1.29 Give cotrimoxazole for 5 days | (1) Yes (2) No |
| CS 1.30 Give first dose of cotrimoxazole | (1) Yes (2) No |
| CS 1.31 Apply and give antibiotic ointment for 3 days | (1) Yes (2) No |
| CS 1.32 Apply antibiotic ointment for one dose | (1) Yes (2) No |
| CS 1.33 Advise to refer to health facility | (1) Yes (2) No |
| CS 1.34 Advise to give fluids and continue feeding | (1) Yes (2) No |
| CS 1.35 Advise to keep child warm if not hot with fever | (1) Yes (2) No |
| CS 1.36 Write a referral note | (1) Yes (2) No |
| CS 1.37 Arrange transportation to health facility | (1) Yes (2) No |
| CS 1.38 Advise caregiver on when to return to HSA or to a health facility | (1) Yes (2) No |
| CS 1.39 Follow up child in 3 days | (1) Yes (2) No |

➔ Give the HSA the first card with case scenario #2, then read it with him/her.

Case scenario 2

A 15-month-old girl is seen in the HSA’s clinic. Her mother has brought all of her children to be vaccinated, but the HSA notices that this little girl is coughing. The HSA inquires to the mother for how long she has been coughing and learns that the girls has had a cough for about 10 days. The mother does not believe there has been fever, vomiting or diarrhoea. The HSA examines the child and finds that she is breathing about 55 times per minute. There is no chest indrawing.

➔ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

➔ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

➔ Circle “yes” for each of the following actions mentioned by the HSA.

- CS 2.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 2.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 2.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 2.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 2.25 Give LA for 3 days (1) Yes (2) No
- CS 2.26 Give first dose of LA (1) Yes (2) No
- CS 2.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 2.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 2.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 2.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 2.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 2.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 2.33 Advise to refer to health facility (1) Yes (2) No
- CS 2.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 2.35 Advise to keep child warm if not hot with fever (1) Yes (2) No
- CS 2.36 Write a referral note (1) Yes (2) No
- CS 2.37 Arrange transportation to health facility (1) Yes (2) No

- CS 2.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 2.39 Follow up child in 3 days (1) Yes (2) No

➔ Give the HSA the first card with case scenario #3, then read it with him/her.

Case scenario 3

An 11-month-old boy is brought to the home of an HSA for fever and cough. When asked, the mother says he is breastfeeding normally although he is not eating solid foods. The cough began about 3 days ago. The fever has been low grade for just over one week. The HSA looks at the boy from head to toe, feels that he is warm. The HSA counts 56 breaths per minute. There are no other problems.

➔ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

➔ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

➔ Circle “yes” for each of the following actions mentioned by the HSA.

- CS 3.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 3.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 3.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 3.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 3.25 Give LA for 3 days (1) Yes (2) No
- CS 3.26 Give first dose of LA (1) Yes (2) No
- CS 3.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 3.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 3.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 3.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 3.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 3.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 3.33 Advise to refer to health facility (1) Yes (2) No
- CS 3.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 3.35 Advise to keep child warm if not hot with fever (1) Yes (2) No
- CS 3.36 Write a referral note (1) Yes (2) No
- CS 3.37 Arrange transportation to health facility (1) Yes (2) No

- CS 3.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 3.39 Follow up child in 3 days (1) Yes (2) No

→ Give the HSA the first card with case scenario #4, then read it with him/her.

Case scenario 4

An HSA sees a 4-year-old girl for diarrhoea. Her mother is not around but her aunt who is next door tells you that she has had diarrhoea for four days. The aunt believes she is feeding well and has no other problems. She has had diarrhoea several times in the past but the aunt cannot remember the last time this occurred. The HSA looks at the girl and finds she has very thin arms and legs, has a red reading on the MUAC tape and swelling of both feet. She is active. There are no other problems.

→ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

→ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

→ Circle “yes” for each of the following actions mentioned by the HSA.

- CS 4.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 4.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 4.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 4.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 4.25 Give LA for 3 days (1) Yes (2) No
- CS 4.26 Give first dose of LA (1) Yes (2) No
- CS 4.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 4.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 4.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 4.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 4.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 4.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 4.33 Advise to refer to health facility (1) Yes (2) No
- CS 4.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 4.35 Advise to keep child warm if not hot with fever (1) Yes (2) No
- CS 4.36 Write a referral note (1) Yes (2) No
- CS 4.37 Arrange transportation to health facility (1) Yes (2) No

- CS 4.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 4.39 Follow up child in 3 days (1) Yes (2) No

➔ Give the HSA the first card with case scenario #5, then read it with him/her.

Case scenario 5

A mother brings her 9-month-old little boy to the village clinic to have him checked out. He has been acting very fussy for the past few days. She has felt that he has had a fever for about 3 or 4 days. The HSA looks at the boy and finds that he is crying a lot and he is difficult to examine. The boy calms down after breastfeeding and the HSA finds he is very warm to the touch. There are no other problems.

➔ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

➔ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

➔ Circle “yes” for each of the following actions mentioned by the HSA.

- CS 5.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 5.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 5.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 5.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 5.25 Give LA for 3 days (1) Yes (2) No
- CS 5.26 Give first dose of LA (1) Yes (2) No
- CS 5.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 5.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 5.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 5.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 5.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 5.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 5.33 Advise to refer to health facility (1) Yes (2) No
- CS 5.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 5.35 Advise to keep child warm if not hot with fever (1) Yes (2) No
- CS 5.36 Write a referral note (1) Yes (2) No
- CS 5.37 Arrange transportation to health facility (1) Yes (2) No

- CS 5.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 5.39 Follow up child in 3 days (1) Yes (2) No

→ Give the HSA the first card with case scenario #6, then read it with him/her.

Case scenario 6

A 3-month-old baby boy is brought to a village clinic because he is difficult to wake up. He has had fever for the past 2 days. Yesterday his mother noted that his arms and legs stiffened and shuddered for 2 or 3 minutes at a time. Since then he has been breastfeeding poorly. There are no other problems. The HSA looks at the child and his eyes are closed and he is lying quietly in his mother's arms. The HSA tries to wake the child by moving his arms and clapping in front of him but the boy's eyes remain closed.

→ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

"Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away."

→ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask "Is that all?" Continue asking until the HSA has no further management for the case.

→ Circle "yes" for each of the following actions mentioned by the HSA.

- CS 6.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 6.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 6.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 6.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 6.25 Give LA for 3 days (1) Yes (2) No
- CS 6.26 Give first dose of LA (1) Yes (2) No
- CS 6.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 6.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 6.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 6.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 6.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 6.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 6.33 Advise to refer to health facility (1) Yes (2) No
- CS 6.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 6.35 Advise to keep child warm if not hot with fever (1) Yes (2) No
- CS 6.36 Write a referral note (1) Yes (2) No
- CS 6.37 Arrange transportation to health facility (1) Yes (2) No

- CS 6.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 6.39 Follow up child in 3 days (1) Yes (2) No

➔ Give the HSA the first card with case scenario #7, then read it with him/her.

Case scenario 7

A mother brought her nine-week-old little boy to the HSA because he does not gain weight and does not want to eat. The infant receives breastmilk and since last week some milk and weak tea because he is not breastfeeding as much as before. The HSA examines the infant and finds that he has a cough, and has 62 breaths per minute. The infant is not warm. The mother tries to breastfeed during this visit, and gives up after several attempts because the infant is not sucking at the breast.

➔ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

➔ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

➔ Circle “yes” for each of the following actions mentioned by the HSA.

- CS 7.21 Help caregiver to give child ORS solution in front of HSA (1) Yes (2) No
- CS 7.22 Give caretaker ORS solution to take home (1) Yes (2) No
- CS 7.23 Begin giving ORS solution immediately (1) Yes (2) No
- CS 7.24 Give zinc supplement for 10 days (1) Yes (2) No

- CS 7.25 Give LA for 3 days (1) Yes (2) No
- CS 7.26 Give first dose of LA (1) Yes (2) No
- CS 7.27 Advise caregiver on use of ITN (1) Yes (2) No
- CS 7.28 Give paracetamol for 3 days (1) Yes (2) No

- CS 7.29 Give cotrimoxazole for 5 days (1) Yes (2) No
- CS 7.30 Give first dose of cotrimoxazole (1) Yes (2) No

- CS 7.31 Apply and give antibiotic ointment for 3 days (1) Yes (2) No
- CS 7.32 Apply antibiotic ointment for one dose (1) Yes (2) No

- CS 7.33 Advise to refer to health facility (1) Yes (2) No
- CS 7.34 Advise to give fluids and continue feeding (1) Yes (2) No
- CS 7.35 Advise to keep child warm (1) Yes (2) No
- CS 7.36 Write a referral note (1) Yes (2) No
- CS 7.37 Arrange transportation to health facility (1) Yes (2) No

- CS 7.38 Advise caregiver on when to return to HSA or to a health facility (1) Yes (2) No
- CS 7.39 Follow up child in 3 days (1) Yes (2) No

→ Give the HSA the first card with case scenario #8, then read it with him/her.

Case scenario 8

A three-year-old girl is brought to the HSA because of diarrhoea. She had been playing with some other children last week who also had diarrhoea and her mother thinks she may have gotten it from them. When asked, the mother states the diarrhoea has been present for about one week. There is no blood in the stool. The girl is eating and drinking well but has frequent loose stools, approximately 6 per day. There are no other problems.

→ After reading the case scenario with the HSA, give him/her time to complete the sick child recording form. Then, when he/she is finished, ask the HSA:

“Please explain how you would manage this child, including all actions and/or prescriptions you would provide to this child for the most appropriate treatment, assuming that all needed drugs are in stock in your drug box and that there is a referral facility available 20 minutes away.”

→ Do not read the answer choices to the HSA. When the HSA explains how he/she will manage the child, circle the appropriate answer choices listed. When the HSA is finished, ask “Is that all?” Continue asking until the HSA has no further management for the case.

→ Circle “yes” for each of the following actions mentioned by the HSA.

- | | |
|---|----------------|
| CS 8.21 Help caregiver to give child ORS solution in front of HSA | (1) Yes (2) No |
| CS 8.22 Give caretaker ORS solution to take home | (1) Yes (2) No |
| CS 8.23 Begin giving ORS solution immediately | (1) Yes (2) No |
| CS 8.24 Give zinc supplement for 10 days | (1) Yes (2) No |
| CS 8.25 Give LA for 3 days | (1) Yes (2) No |
| CS 8.26 Give first dose of LA | (1) Yes (2) No |
| CS 8.27 Advise caregiver on use of ITN | (1) Yes (2) No |
| CS 8.28 Give paracetamol for 3 days | (1) Yes (2) No |
| CS 8.29 Give cotrimoxazole for 5 days | (1) Yes (2) No |
| CS 8.30 Give first dose of cotrimoxazole | (1) Yes (2) No |
| CS 8.31 Apply and give antibiotic ointment for 3 days | (1) Yes (2) No |
| CS 8.32 Apply antibiotic ointment for one dose | (1) Yes (2) No |
| CS 8.33 Advise to refer to health facility | (1) Yes (2) No |
| CS 8.34 Advise to give fluids and continue feeding | (1) Yes (2) No |
| CS 8.35 Advise to keep child warm if not hot with fever | (1) Yes (2) No |
| CS 8.36 Write a referral note | (1) Yes (2) No |
| CS 8.37 Arrange transportation to health facility | (1) Yes (2) No |
| CS 8.38 Advise caregiver on when to return to HSA or to a health facility | (1) Yes (2) No |
| CS 8.39 Follow up child in 3 days | (1) Yes (2) No |