

Monitoring & Evaluation Handbook

Child Health Program, Malawi



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Acronyms

ADC	Area Development Committee
AEHO	Area Environmental Health Officer
AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection
CO	Clinical Officer
DEC	District Executive Committee
DEHO	District Environmental Health Officer
DHO	District Health Office or District Health Officer
DNO	District Nursing Officer
GPS	Global Positioning System
GVH	Group Village Headmen
HIV	Human Immunodeficiency Virus
HSA	Health Surveillance Assistant
IMCI	Integrated Management of Childhood Illnesses
LA	Lumefantrine and artemether (malaria medication)
MA	Medical Assistant
MDHS	Malawi Demographic Health Survey
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
TA	Traditional Authorities
VDC	Village Development Committee
VHC	Village Health Committee

Contents

1	INTRODUCTION	6
1.1	PURPOSE OF THIS HANDBOOK	6
1.2	PROJECT ROLES	6
2	MONITORING	7
2.1	APPROACH	7
2.2	MONITORING ACTIVITIES	7
2.3	MONITORING INDICATORS	8
2.4	RESPONSIBILITIES.....	10
2.5	M&E PROCESS & DATA FLOW	14
2.6	DATA MANAGEMENT TOOLS	16
3	MONITORING TOOLS: HANDOVER TO LOCAL PARTNERS	17
3.1	APPROACH	17
3.2	METHODS & TOOLS.....	17
4	EVALUATION	20
4.1	APPROACH	20
4.2	METHODS & TOOLS.....	20
4.3	INDICATORS.....	20

Annex Contents

<i>ANNEX A: BASELINE / ENDLINE SURVEY</i>	22
<i>ANNEX B: CATCHMENT AREA CODING DOCUMENT</i>	49
<i>ANNEX C: COMPLIANCE SURVEY FORM</i>	51
<i>ANNEX D: CHF CATCHMENT SUMMARY (COMPLIANCE SURVEY RESULTS BY VILLAGE)</i>	55
<i>ANNEX E: TRIGGERING FORM</i>	56
<i>ANNEX F: FOLLOW-UP FORMS</i>	58
<i>ANNEX G: DATA COLLECTION AUDIT REPORT</i>	70
<i>ANNEX H: SUPERVISION CHECKLIST</i>	71
<i>ANNEX I: MONTHLY ACTIVITY VERIFICATION FORM</i>	73
<i>ANNEX J: MONTHLY SUPERVISION VERIFICATION FORM</i>	74
<i>ANNEX K: COMPETITION CHECKLIST</i>	75
<i>ANNEX L: PATIENT SATISFACTION SURVEY</i>	76
<i>ANNEX M: VILLAGE CLINIC REPORT</i>	78
<i>ANNEX N: HIMS REPORT</i>	79
<i>ANNEX O: SYSTEM ACTIVITIES LOG</i>	80
<i>ANNEX P: TRIGGERING & FOLLOW UP REPORT</i>	81
<i>ANNEX Q: HEALTH SERVICES REPORT</i>	87
<i>ANNEX S: M&E SYSTEM AUDIT</i>	91
<i>ANNEX T: MONTHLY ACTIVITY PLAN</i>	93
<i>ANNEX U: KEY INDICATOR REPORTS</i>	94
<i>ANNEX V: GVH FOLLOW-UP REPORT TEMPLATES (HANDOVER)</i>	96

1 Introduction

1.1 Purpose of this handbook

This document defines how monitoring and evaluation (M&E) will be conducted for Inter Aide Child Health programmes in Malawi. It describes the approaches that will be used; the roles and responsibilities of team members; the processes and tools that make up the Child Health M&E system; and provides guides on how to use the tools involved.

The objective of the M&E system is to measure programme *activities* and programme *results* and to demonstrate the impact of the programme to internal and external stakeholders and potential donors. Our aim is to collect high quality data that can be used for real decision-making – not just producing reports.

1.2 Project roles

The maintenance, implementation and evaluation of the M&E plan for each Child Health Programme will be the responsibility of the Programme Manager. They will be given strategic and technical support by the Programme Director. This document is owned by the Programme Director who is responsible for reviewing and amending, as required, through consultation with Programme Managers.

For clarity, the following terms will apply throughout this document:

Programme Manager – refers to *either* the Programme Manager *or* Assistant Programme Manager depending on which role is present within the Child Health Programme structure.

M&E Officer – refers to *either* the M&E Officer *or* M&E Assistant depending on which role is present within the Child Health Programme structure.

Field Supervisor – refers to *either* the Field Supervisor *or* Field Co-ordinator depending on which role is present within the Child Health Programme structure.

2 Monitoring

2.1 Approach

The purpose of monitoring is to ensure that activities are being implemented according to the plan and to monitor the impact of those activities through the use of health and health-behaviour indicators.

2.2 Monitoring Activities

The table below describes how each community and system level activity will be monitored to ensure that planned activities have been implemented:

Activity	Monitoring method
Community level activities	
VHC identification and training	Supervisors (Programme Manager & Field Supervisor) will observe the training sessions and complete supervision checklists. VHC members will keep registry books listing all the activities they have implemented, and key health data for their area. These books will be checked regularly by the HSAs and/or CHF, and periodically by supervisors.
Chiefs implementation and enforcement of by-laws	Observations will be made at meetings with the TA, ADC and GVHs to assess whether they have developed, implemented and are actively enforcing the by-laws. House-by-house follow up visits will be conducted periodically in villages where activities are run to assess the level of compliance with the by-laws (see Follow Ups section below).
Community triggering and action plans	<p>Inter Aide CHF will prepare monthly activity plans that will be entered into the computer. At the end of the month each activity will be marked as completed, not completed or delayed.</p> <p>Inter Aide CHF will take photographs at the start and end of <u>every</u> activity to confirm it was implemented and whether or not the HSA was present. Random supervision of activities with supervision checklists will confirm the quality of activities implemented and triggering reports will be used to record attendance and results.</p> <p>CHF reports will be randomly audited by the M&E Officer to ensure they are accurate.</p>
Follow ups	<p>The CHF and HSAs will conduct house-by-house follow up visits in villages where triggering activities have taken place. Two types of follow ups will be conducted:</p> <p><u>Informal follow ups</u></p> <p>Informal follow ups involve visiting a village where a triggering has taken place to liaise with community members, VHC members and the village headman to support and encourage the adoption of health behaviours covered in the triggering sessions.</p> <p>Informal follow ups are particularly relevant for Latrines and Handwashing, as they can be used to monitor the construction of facilities, and for Family Planning, as they can be used to communicate information to households about how and when they can access family planning services. No official data is collected during informal follow ups, though CHF may choose to keep their own records.</p> <p><u>Final follow ups</u></p> <p>Final follow up visits are conducted to measure the progress of the indicators that were measured in the compliance survey. This will be done via house by house data collection to record data about the key indicator health behaviours.</p> <p>After submission of follow up forms, supervisors must review all survey forms for completeness before they are collected and submitted to the M&E Officer for data entry. Random audits will be done by the M&E Officer to verify the accuracy of data collected.</p>

Activity	Monitoring method
System level activities	
Staffing and scheduling	Records of patient numbers in the Health Information Management System at the Health Centre (if available) and meetings with the Health Centre Management Committee will be used to assess whether activities supporting staffing and scheduling are 1) required and 2) effective if being conducted. Patient satisfaction surveys will be used to assess improvements in the quality of services provided by the staff.
Supplies and equipment	Discussions with Health Centre staff, observations and audits at the Health Centre by Inter Aide staff and meetings with the Health Centre Management Committee will be used to assess whether activities to improve supplies and equipment have been implemented properly, including confirmation that equipment donated by Inter Aide is still present, functioning and in use. Patient satisfaction surveys will also be used to assess improvements in the quality of equipment and supplies.
Supporting extension of village clinic operation	Random supervision visits to Village Clinics will be used to confirm whether HSAs are living in the houses and operating their Village Clinics. Copies of monthly Village Clinic reports will be collected from the Health Centre by the M&E Officer to track the number of cases seen at each clinic, compared to the number seen at the Health Centre. A qualitative record of activities and improvements will be kept by the Programme Manager.
Supervision and feedback	Supervision schedules prepared by the DHO and Health Centre staff will be reviewed on a monthly basis to check whether supervision visits planned have been conducted. Field supervision will be used to confirm that patient satisfaction surveys have been completed (following handover of responsibility to the Health Centre Management Committee). A qualitative record of activities and improvements will be kept by the Programme Manager.

2.3 Monitoring Indicators

Key Indicators (KIs) will be developed for each project catchment area. It is the Programme Managers responsibility to define the KIs for each project (catchment area) based on the results of the baseline survey (see ANNEX A) and problem analysis. KIs are critical for measuring health and health-behaviour improvements in the catchment area and monitoring the effectiveness of project activities.

The baseline results for all KIs are measured by a house-by-house compliance survey (ANNEX B). Once key indicators for a catchment area have been identified, it is essential that the compliance survey is designed so that the baseline % for each indicator can be obtained.

Improvements in KI results will be measured through house-by-house follow up visits in villages where activities, such as triggerings, have taken place. In villages where no activity has taken place it will be assumed that indicators have remained the same.

Examples of Key Indicators

Topic	Key Indicator	Baseline
Latrines	% of households with their own latrine (not shared)	22%
Hand washing	% of households with a functioning hand washing facility	6%
Bed nets	% of households with at least 1 hanging net	42%
Health seeking	% of sick U5 taken to a health facility within 24 hours*	54%

Topic	Key Indicator	Baseline
Family planning	% of women using a long term method of family planning**	21%
Safe delivery	% of women who delivered at a Health Facility***	69%
Postnatal care	% of women attending postnatal care within 7 days of birth****	74%

* Out of all children who have been sick in the last 2 weeks

** Excluding women who want another child now, are not sexually active or are beyond child bearing age

*** Out of all women who delivered in the last 12 months

**** Out of all women who delivered in the last 12 months

When the Compliance Survey for a catchment area has been completed, Key Indicator Reports (ANNEX U) can be created which show the baseline results from the Compliance Survey (showing results by CHF, HSA / Station, Village and GVH). These can be shared with stakeholders.

A 'Catchment Area Summary' (ANNEX D) should also be created for each CHF which provides them with Key Indicator results from the Compliance Survey for each of their villages. This will help them to make decisions about which topics they need to focus on in their catchment areas and support the completion of Final Follow Up reports.

Sub-indicators

In addition to the Key Indicators, projects may also identify a number of *sub-indicators* to measure other improvements or changes within the catchment area.

The baseline data for sub-indicators may be measured through the house-by-house compliance survey (ANNEX B) or through additional surveys carried out by the Inter Aide team, such as the Patient Satisfaction Survey (ANNEX J).

Improvements or changes to sub-indicators can then be measured through repeat surveys (e.g. Patient Satisfaction Survey).

Examples of Project Sub-indicators

Topic	Indicator	Measurement tool
HIV & AIDS	% of HIV positive under-5 children born to HIV positive mothers	Compliance survey (start/end of programme)
HIV & AIDS	% of under-5 children born to HIV positive mothers who have been tested for HIV	Compliance survey (start/end of programme)
Safe Delivery	% of women discharged from the health centre 48 hours or more after giving birth	Patient Satisfaction Survey
Safe Delivery	# of women waiting to give birth in Health Centre grounds (i.e. outside health centre building)	Patient Satisfaction Survey
Antenatal Care	% of women attending antenatal care in the first trimester	Compliance survey (start/end of programme)

2.4 Responsibilities

The following table lists the monitoring tasks by programme role:

Position	Task	Deadline	Tools
CHFs	Create a monthly plan with partner HSA	By 5 th of the month	Flipchart & marker pen
	Complete the activity verification form with photos for each activity	On the day of the activity	Camera ANNEX H: Monthly Activity Verification Form
	Complete a triggering report for each triggering activity	On the day of the activity	ANNEX D: Triggering Form
	Complete follow up reports for each final follow up visit in every village where a triggering activity has been conducted	On the day of the follow up	ANNEX E: Follow Up Forms
	Self-audit of the monthly planning with the HSA to show how many activities were completed	By 5 th of the month	Flipchart
	For CHFs in a Village Clinic station – assist the HSA where necessary to complete the monthly government Village Clinic report	Last day of the month	ANNEX L: Village Clinic Report
Field Supervisor	Collect the monthly plans for the CHFs and HSAs and pass to the M&E Officer	By 6 th of the month	Flipcharts
	Review the CHF / HSA monthly plans and provide feedback to CHFs if changes are required	Within 2 working days of the monthly planning meeting	
	Create a monthly supervision plan with the HSA Supervisor(s) and pass to the M&E Officer and Programme Manager	Within 2 working days of the monthly planning meeting	Flipchart / plain paper
	Collect printed monthly plans from M&E Officer and distribute to CHFs, HSAs, Health Centre and Technical Office.	Within 3 working days of the monthly planning meeting	ANNEX S: Monthly Activity Plan
	Collect the activity verification forms from CHFs, check the photographs and sign	All forms to be signed by 1 st working day of the month	ANNEX H: Monthly Activity Verification Form
	Complete the supervision verification form with photos and supervision checklists for every supervision activity completed. Pass to Programme Manager.	On the day of the activity	ANNEX I: Monthly Supervision Verification ANNEX G: Supervision Checklist

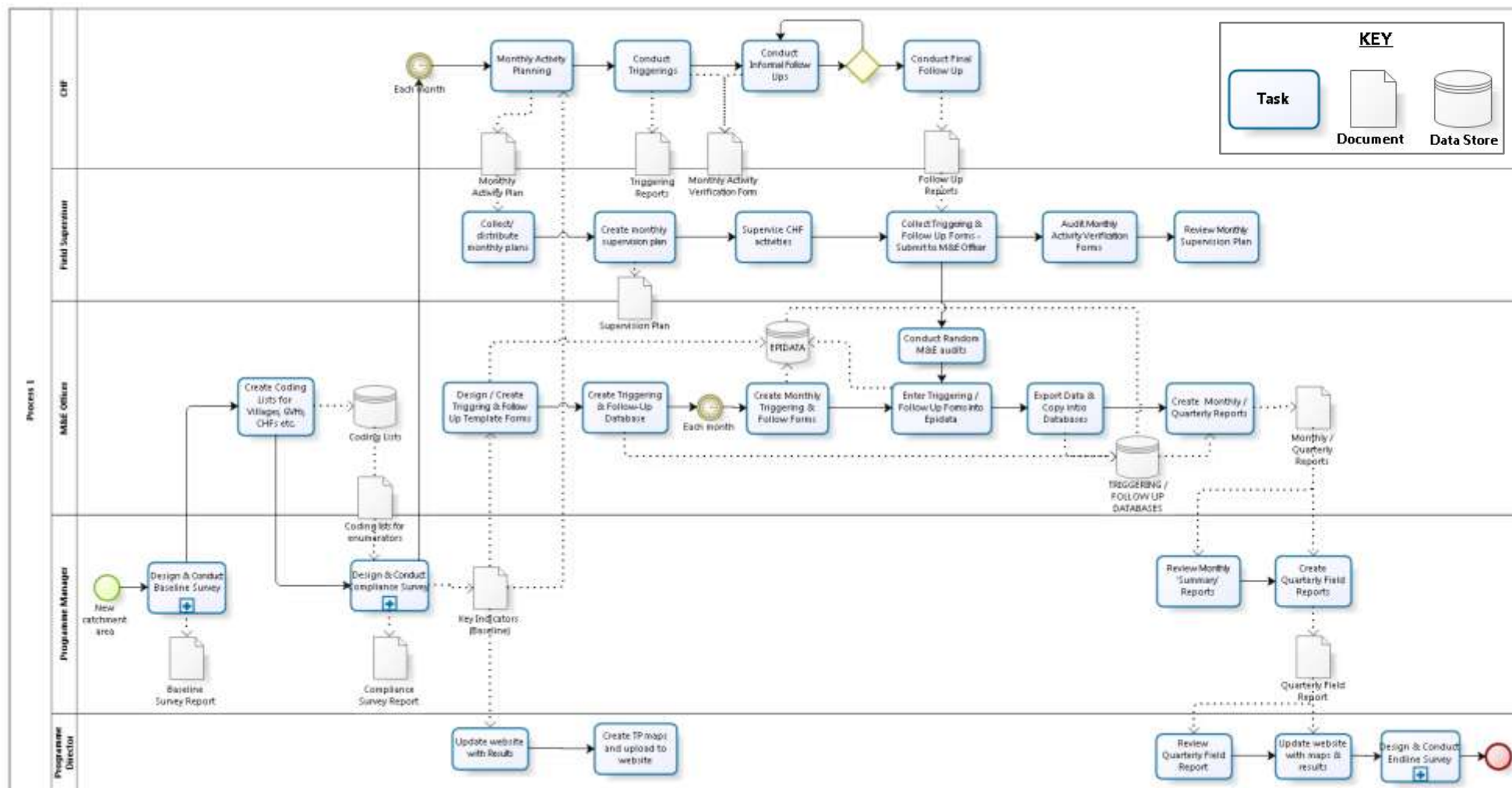
Position	Task	Deadline	Tools
	Collect triggering and follow-up reports from CHF's and pass to the M&E Officer	Weekly – all to be collected within first week of the month (for previous month)	ANNEX D: Triggering Form ANNEX E: Follow Up Forms
	Self-audit of the monthly supervision plans with the HSA supervisors to audit how many supervision visits were actually completed	1 st working day of the month	Flipchart
	Collect Village Clinic reports and BLM reports from the relevant CHF's and pass to the M&E Officer for copying. Return originals to their owners.	Last day of the month	ANNEX L: Village Clinic Report
M&E Officer	Create flipchart template for monthly planning meeting for each CHF / HSA partnership	Before last working day of the month	Flipchart & markers
	Type up all CHF monthly plans and the monthly supervision plans. Pass back to the Field Supervisor	Within 2 working days of monthly planning meeting	ANNEX S: Monthly Activity Plan
	Randomly audit a selection of triggering and follow up reports, and submit audit reports to the Programme Manager	Within 2 week of the reports being submitted	ANNEX F: Data Audit Report
	Enter all triggering and follow up reports into EpiData	All forms complete by 2 nd working day of following month	EpiData forms
	Export the raw data from EpiData and update the Triggering Report Database and Follow Up Results Database	By 5 ^h of the following month	Triggering Report Database and Follow Up Results Database
	Use the Triggering / Follow Up databases to calculate results and write a Triggering & Follow Up Monthly Summary and submit to the Programme Manager	By 8 th of the following month	ANNEX T: Triggering & Follow Up Monthly Summary
	Use the Triggering / Follow Up databases to calculate results and complete the Triggering & Follow Up Report	By 15 th of the following month <u>every quarter</u>	ANNEX O: Triggering & Follow Up Report
	Calculate results for the key programme indicators for the field report and for sharing with stakeholders	By 15 th of the following month <u>every quarter</u>	ANNEX T: Key Indicator Report
	Use the Key Indicator Report to create a bar chart showing baseline and latest results by CHF and display in the office	By end of the following month <u>every quarter</u>	Flipchart & markers
	Collect reports from the Health Information Management System (if applicable) at the Health Centre	Within the first week of the following month	ANNEX M: HIMS Report
	Collect Village Clinic reports from the Field Supervisor and file at the office	Last day of the month	ANNEX L: Village Clinic Report

Position	Task	Deadline	Tools
	Enter the data for HMIS (if available), Village Clinics (if available) and BLM (if available); produce a report and update the cases graph	By 15 th of the following month	ANNEX P: Health Services Report Template
	Conduct a patient satisfaction survey with the Health Centre, including data collection, data entry, exporting raw data and producing a report	To be conducted every 3 months	ANNEX K: Patient Satisfaction Survey
Programme Manager	Plan and coordinate the monthly planning meeting with the Field Supervisor and HSA supervisor	By 5 th of the month	Flipcharts Monthly planning templates
	Collect the activity verification form and checklists from the supervisor - check the photographs and sign	All forms to be signed by last day of the month	ANNEX H: Monthly Supervision Verification Form ANNEX F: Supervision Checklist ANNEX I: Competition Checklist
	Review triggering and follow up monthly report from M&E Officer to make sure activities and results are progressing as planned	By 10 th of the month	ANNEX T: Triggering & Follow Up Monthly Summary
	Coordinate the self-audit of monthly planning with the Field Supervisor and Health Centre/HSA supervisors and help CHF's, HSAs and supervisors improve their planning.	By 5 th of the month	Flipcharts
	Prepare/update the annual work plan and make sure all monthly planning fits within this.	End of each month	N/A
	Supervise activities in the field, including the Field Supervisor and Programme Coordinator. Do random checks of activity and supervision verification forms.	Monthly	ANNEX G: Monthly Activity Verification Form ANNEX H: Monthly Supervision Verification Form
	Update the system activities log in Dropbox with details of meetings / progress on health service delivery (i.e. with DHO, Health Centre, BLM etc.).	Monthly	ANNEX N: System Activities Log
	Cross-check the Key Indicator Reports prepared by the M&E Officer by checking calculations done from the raw data sets.	Quarterly (by 15 th of following month)	ANNEX T: Key Indicator Report

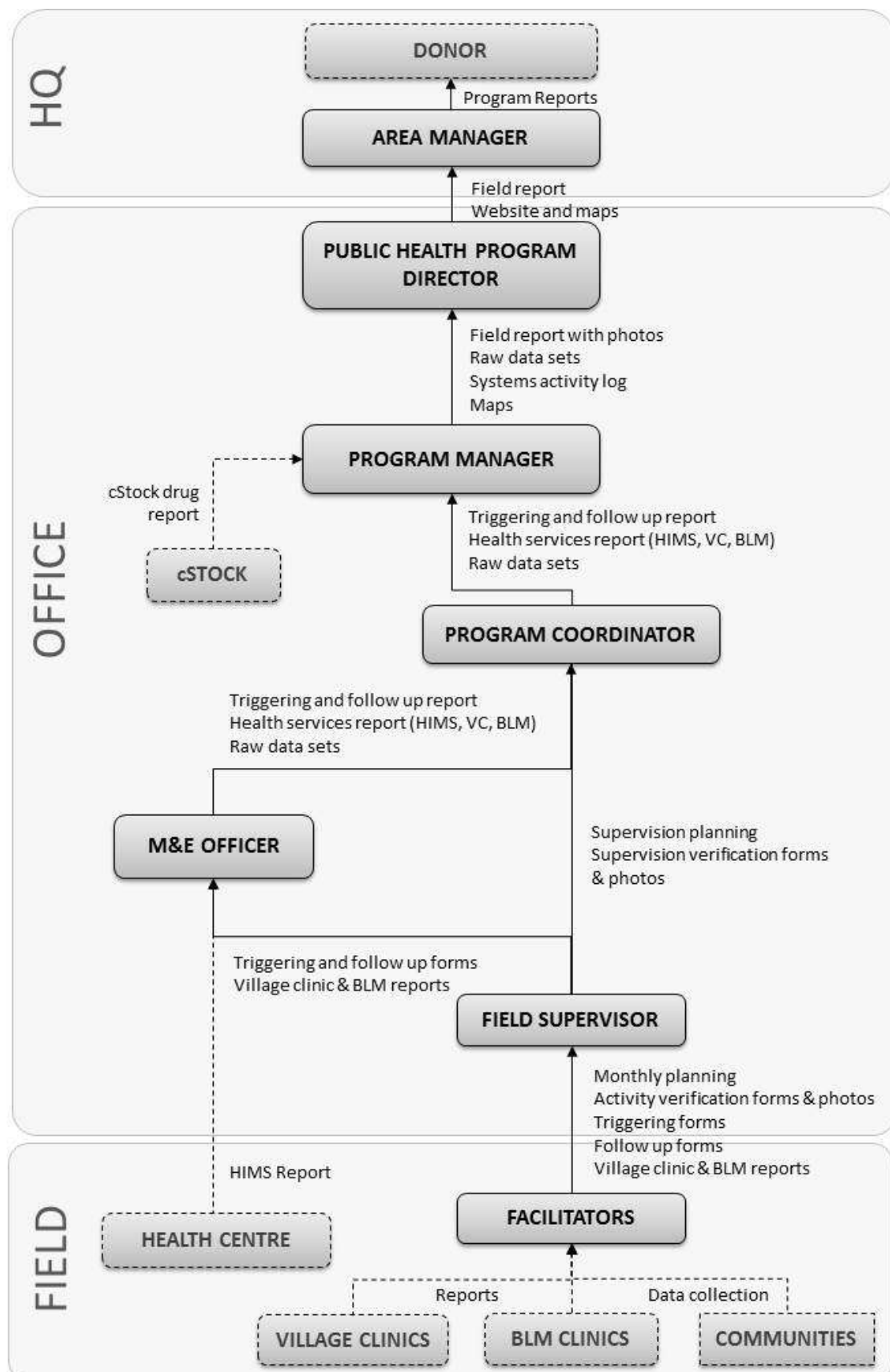
Position	Task	Deadline	Tools
	Write the field report. Add the Triggering & Follow-Up Report and the Health Services Report Template. Check data for errors. Pass to the Programme Director	Quarterly (by 15 th of following month)	ANNEX Q: Field Report Template ANNEX O: Triggering & Follow Up Report ANNEX P: Health Services Report Template
	Choose the best 3-5 photographs and put them in Dropbox with captions. Share with the Programme Director	Every month	Camera Dropbox
	Write a Programme Update and organise meetings with partners to share it.	Every 6 months (January & July)	ANNEX U: Sample Programme Update
	Write the system activities log	Every 3 months	ANNEX N: System Activities Log Sample
Programme Director	Review the system activities log prepared by the Programme Manager	Every 3 months	ANNEX N: System Activities Log Sample
	Update the GPS maps with results for the project's key indicators	Every 3 months	ANNEX T: Key Indicator Report Tableau Public
	Update the website with the latest news, maps and results	Every 3 months	WordPress
	Share the Programme Update with national level partners / stakeholders	Every 6 months or as required	ANNEX S: Sample Programme Update
	Conduct audits of the M&E system	Every 6 months	ANNEX T: M&E System Audit
	Review the field reports and provide feedback to the Programme Manager.	Every 3 months	ANNEX R: Field Report Template
	Prepare reports for donors.	As required	N/A

2.5 M&E Process & Data flow

The following diagram shows the M&E process flow, split by area of responsibility:



The following diagram shows how data flows from the field up to the donor.



2.6 Data management tools

The following software will be used to manage M&E data.

Software	Use	Download link
EpiData	Data entry for surveys and forms. Exporting raw data.	http://www.epidata.dk/download.php <i>Choose EpiData Manager</i>
Microsoft Excel Microsoft Excel Database	Analysing data using Pivot Tables. Using Excel databases to store data and calculate cumulative results.	N/A
Dropbox	Sharing reports and data sets.	https://www.dropbox.com/
Tableau Public	Creating interactive maps	http://www.tableausoftware.com/public/download

Compiling Monthly Results at GVH level

Each month, all VHCs within a GVH area conduct a VHC meeting. In preparation for this meeting, each village VHC should summarise the results from their data collection that month in a simple table. Templates for the summary tables by health topic are shown below, for the training of VHCs.

Latrines, Hand washing, Bed nets & Health Seeking results table template - **ENGLISH**

<p align="center"><u>LATRINES FOLLOW UP RESULTS</u></p> <p>Village: _____ Month/Year: ____ / ____</p> <table border="1"> <tr> <td>1. How many households have a functioning latrine that is not shared?</td> <td></td> </tr> <tr> <td>2. How many households do not have a functioning latrine or share a latrine?</td> <td></td> </tr> <tr> <td>3. Total number of households in the village <i>(should be equal to previous two questions added together)</i></td> <td></td> </tr> </table>	1. How many households have a functioning latrine that is not shared?		2. How many households do not have a functioning latrine or share a latrine?		3. Total number of households in the village <i>(should be equal to previous two questions added together)</i>		<p align="center"><u>BED NETS FOLLOW UP RESULTS</u></p> <p>Village: _____ Month/Year: ____ / ____</p> <table border="1"> <tr> <td>1. How many households have <u>at least one</u> hanging bed net? <i>(must be observed)</i></td> <td></td> </tr> <tr> <td>2. How many households do not have at least one hanging bed net?</td> <td></td> </tr> <tr> <td>3. Total number of households in the village <i>(should be equal to previous two questions added together)</i></td> <td></td> </tr> </table>	1. How many households have <u>at least one</u> hanging bed net? <i>(must be observed)</i>		2. How many households do not have at least one hanging bed net?		3. Total number of households in the village <i>(should be equal to previous two questions added together)</i>	
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Latrines, Hand washing, Bed nets & Health Seeking results table template - **CHICHEWA**

<p align="center"><u>KALONDOLONGO WA ZIMBUDZI</u></p> <p>Mudzi: _____ Mwezi/Chaka: ____ / ____</p> <table border="1"> <tr> <td>1. Ndi Manyumba angati ali ndi zimbudzi zogwira ntchito?</td> <td></td> </tr> <tr> <td>2. Ndi Manyumba angati alibe Zimbudzi?</td> <td></td> </tr> <tr> <td>3. Kuchuluka kwa Manyumba anth onse m'mudzi?</td> <td></td> </tr> </table>	1. Ndi Manyumba angati ali ndi zimbudzi zogwira ntchito?		2. Ndi Manyumba angati alibe Zimbudzi?		3. Kuchuluka kwa Manyumba anth onse m'mudzi?		<p align="center"><u>KALONDOLONGO WA MANETI</u></p> <p>Mudzi : _____ Mwezi/Chaka: ____ / ____</p> <table border="1"> <tr> <td>1. Ndi Manyumba angati ali ndi maneti omangilira?</td> <td></td> </tr> <tr> <td>2. Ndi Manyumba angati alibe maneti?</td> <td></td> </tr> <tr> <td>3. Kuchuluka kwa manyumba anthu onse m'mudzi?</td> <td></td> </tr> </table>	1. Ndi Manyumba angati ali ndi maneti omangilira?		2. Ndi Manyumba angati alibe maneti?		3. Kuchuluka kwa manyumba anthu onse m'mudzi?			
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<p align="center"><u>KALONDOLONGO WA ZOSAMBILA M'MANJA</u></p> <p>Mudzi : _____ Mwezi /Chaka: ____ / ____</p> <table border="1"> <tr> <td>1. Ndi Manyumba angati ali ndi zosambila m'manja zogwira ntchito?</td> <td></td> </tr> <tr> <td>2. Ndi manyumba angati alibe zosambila m'manja?</td> <td></td> </tr> <tr> <td>3. Kuchuluka kwa Manyumba anthu onse m'mudzi?</td> <td></td> </tr> </table>	1. Ndi Manyumba angati ali ndi zosambila m'manja zogwira ntchito?		2. Ndi manyumba angati alibe zosambila m'manja?		3. Kuchuluka kwa Manyumba anthu onse m'mudzi?		<p align="center"><u>KALONDOLONGO WA ANA ODWALA</u></p> <p>Mudzi : _____ Mwezi/Chaka: ____ / ____</p> <table border="1"> <tr> <td>1. Ana onse ochepera zaka 5 m'mudzi monse?</td> <td></td> </tr> <tr> <td>2. Ndi ana angati ochepera zaka 5 adatengeredwa kupita kuchipatala pasanathe tsiku?</td> <td></td> </tr> <tr> <td>3. Ndi ana angati ochepera zaka 5 sadatengeredwe kuchipatala pasanathe tsiku?</td> <td></td> </tr> <tr> <td>4. Kuchuluka kwa ana osachepera zaka 5 amene anadwala sabata zapitazi?</td> <td></td> </tr> </table>	1. Ana onse ochepera zaka 5 m'mudzi monse?		2. Ndi ana angati ochepera zaka 5 adatengeredwa kupita kuchipatala pasanathe tsiku?		3. Ndi ana angati ochepera zaka 5 sadatengeredwe kuchipatala pasanathe tsiku?		4. Kuchuluka kwa ana osachepera zaka 5 amene anadwala sabata zapitazi?	
1. Ndi Manyumba angati ali ndi zosambila m'manja zogwira ntchito?															
2. Ndi manyumba angati alibe zosambila m'manja?															
3. Kuchuluka kwa Manyumba anthu onse m'mudzi?															
1. Ana onse ochepera zaka 5 m'mudzi monse?															
2. Ndi ana angati ochepera zaka 5 adatengeredwa kupita kuchipatala pasanathe tsiku?															
3. Ndi ana angati ochepera zaka 5 sadatengeredwe kuchipatala pasanathe tsiku?															
4. Kuchuluka kwa ana osachepera zaka 5 amene anadwala sabata zapitazi?															

Safe Delivery, Family Planning, Antenatal & Postnatal results table template - **ENGLISH**

SAFE DELIVERY FOLLOW UP RESULTS		ANTENATAL FOLLOW UP RESULTS	
Village: _____ Month/Year: ____ / ____		Village: _____ Month/Year: ____ / ____	
1. How many women have given birth in the last 12 months at a health facility? 2. How many women have given birth in the last 12 months <u>not</u> at a health facility? 3. Total number of women who have given birth in the last 12 months <i>(should be equal to previous two questions added together)</i>		1. How many women were accompanied to <u>at least one</u> antenatal visit by their husband or partner during their pregnancy out of all women who gave birth in last 12 months? 2. Total number of women who gave birth in the last 12 months	
FAMILY PLANNING FOLLOW UP RESULTS		POSTNATAL FOLLOW UP RESULTS	
Village: _____ Month/Year: ____ / ____		Village: _____ Month/Year: ____ / ____	
1. How many women in the village are using a long-term family planning method (<i>IUD, implant, sterilisation</i>)? 2. Total number of women in the village of child-bearing age, who <u>do not want another child now</u> <i>(exclude pregnant women and women who are infertile or not having sex)</i>		1. How many women who have given birth in the last 12 months attended postnatal care <u>within 7 days</u> of giving birth? 2. How many women who have given birth in the last 12 months <u>did not</u> attend postnatal care <u>within 7 days</u> of giving birth? 3. Total number of women who gave birth in the last 12 months	

Safe Delivery, Family Planning, Antenatal & Postnatal results table template - **CHICHEWA**

KALONDOLONGO WA ZA UCHEMBERE		KALONDOLONGO WA AZIMAYI OYEMBEKEZERA	
Mudzi : _____ Mwezi/Chaka: ____ / ____		Mudzi : _____ Mwezi/Chaka ____ / ____	
1. Ndi azimayi anagti abereka mu mwezi wapitawu? 2. Ndi azimayi angati aberekera ku chipatala mu mwezi wapitatwu? 3. Kuchuluka kwa azimayi onse abereka mu mwezi wapitawu?		1. Kuchuluka Kwa azimai oyembekezera amene anaperekezedwa ndi amuna awo kapena chibwezi kusikelo omwe achila m'miyezi 12 yapitayi? 2. Ndi azimayi angati amene achila m'miyezi 12 yapitayi?	
KALONDOLONGO WA KULERA		KALONDOLONGO WA AZIMAI ONGOCHIRA KUMENE	
Mudzi : _____ Mwezi/Chaka: ____ / ____		Mudzi : _____ Mwezi/Chaka: ____ / ____	
1. Kuchuluka Kwa Azimayi olela m'njira Yokhalitsa? 2. Kuchuluka Kwa Azimayi amene adakabereka osatenga njira yokhalitsa?		1. Ndi azimayi angati omwe achila m'miyezi 12 yapitayi omwe anakaonetsa mwana kuchipatala pasanathe masiku 7 atabadwa? 2. Ndi azimayi angati omwe achila m'miyezi 12 yapitayi omwe sadakaonetse mwana kuchipatala pasanathe masiku 7 atabadwa? 3. Ndi azimayi agati abereka m'miyezi 12 yapitayi?	

At the monthly VHC meeting, the follow up results from each village should be collated and entered into the GVH Follow Up Results Template (ANNEX V) – printed templates can be provided by Inter Aide or the templates can be copied into GVH Registers for completion.

Results should be reviewed and discussed at the VHC meeting and actions agreed. Actions may include conducting a triggering in a village or making informal follow up visits to a village.

4 Evaluation

4.1 Approach

Having Inter Aide CHF and HSAs conduct regular house-by-house visits is a good way to know whether the key health indicators are changing at village level. However, it is not accurate enough to be used for project evaluation.

Most Inter Aide CHF and HSAs are not trained data collectors or enumerators, and as a result, problems may arise in completing complex forms and questionnaires accurately. They are also interested parties in the Programme, and so may alter results to make them appear better than they are – particularly if they are under pressure from GVHs and TAs to show that by-laws have been implemented. In addition, house-by-house visits are an *activity within* the Programme intended to motivate households to take action and so cannot be used for evaluation purposes.

Because of this, it is necessary to have an independent process for evaluation. This will be done using a quasi-experimental design. A baseline and endline survey (ANNEX A) will be conducted in randomly selected villages in the intervention catchment area, as well as randomly selected comparison villages in 'control' catchment areas of other nearby Health Centres. The data collection for these surveys will be done by independent enumerators who have experience with more complex household surveys, and will be managed jointly by Inter Aide and the District Health Office.

4.2 Methods & Tools

The full methodology and tools used for the baseline and endline surveys will be detailed within each project's Baseline Survey Report and Endline Survey Report. The specific design of the questionnaires and the methods adopted may differ slightly between catchment areas to ensure that appropriate data is captured in an effective and reliable manner. However, all baseline and endline surveys will follow the same core methodology.

Within each village (intervention area and control area) 10 households will be selected using a random walk quota method. This will give a total of 500 households in the intervention area and 500 in the control areas (250 household in each control area); 1000 households in total.

For each catchment area, baseline and endline survey questionnaires (ANNEX A) must contain the same questions allowing for direct comparison of results and indicators. Questionnaires will be developed and pre-tested by the Programme team.

A number of questions will be based upon the 2010 Malawi Demographic Health Survey (MDHS) to align with national statistics. Poverty should always be measured using the Progress out of Poverty Index (PPI) for Malawi.

4.3 Indicators

Baseline/endline surveys will include a range of questions on the following topics:

- Morbidity – neonatal mortality rate, infant mortality rate and under 5 mortality
- Mortality – 2 week prevalence of malaria, diarrhoea and ARI
- Antenatal, delivery and postnatal care
- Family planning
- Hygiene and sanitation
- Bed nets
- Health seeking behaviour and treatment
- Awareness

- HIV/AIDS
- Malnutrition
- Religious beliefs
- Chief involvement
- Male involvement
- Government health services

Specific indicators in the baseline and endline surveys should be calculated to enable comparison with the national statistics in the most recent Malawi Demographic Health Survey (MDHS). The same indicators can then be calculated for both the baseline and endline surveys for comparison over time and comparison with the latest national statistics.

ANNEX A: Baseline / Endline Survey

INTER AIDE CHILD HEALTH PROGRAM BASELINE/ENDLINE SURVEY QUESTIONNAIRE **(EXAMPLE)**

Health centre	1 <input type="radio"/> Nambazo 2 <input type="radio"/> Kalinde 3 <input type="radio"/> Mpasa
Village	#_____ Village name:
Name of woman completing survey	Photo ID:
Name of husband	

Interviewer	Name	Signature	Date
Supervisor check	Name	Signature <input type="radio"/> Review <input type="radio"/> Audit	Date
Keyed by	Name	Signature	Date

Introduction and Informed Consent

Zikomo! Ine ndi.....ndipo ndikugwira ntchito ndi Inter Aide. Tikupanga kafukufuku wa zaumoyo m'dela lino ndipo ndingakondwe ngati mungatenge nawo mbali. Zotsatira za kafukufuku ameneyu zitithandiza kupanga ndondomeko yabwino ya zaumoyo. Mafunsowa satenga nthawi, ndi pakati pa mphindi 15 kapena 30 basi.

Ndiye ndifunsa nawo zambiri za pa banja lanu lino. Mayankho anu ndi achinsinsi ndipo sitikauza anthu ena kupatula ife amene tikupanga kafukufukuyu.

Kupanga nawo kafukufukuyu ndi kwa ulere komanso kodzipeleka. Ngati mungaone kuti funso lina simukufuna kuyankha, mukhoza kutero ndipo tikhoza kupita pa funso lina. Muli omasuka kuyankha mafunso onse kapena ayi. Komabe, ine ndikukhulupilira kuti mutenga nawo gawo mkafukufukuyu chifukwa mayankho anu azathandiza kwambiri. Ndikutenganinso chithunzi.

Muli ndi funso? Ngati mwavomeleza kutenga nawo gawo, sainanikapena dindani m'munsimu.

ASK FOR THE HEALTH PASSPORT OF THE RESPONDENT AND HER CHILDREN

Thumb print / signature



RESPONDENT DEMOGRAPHICS	
1. How old were you at your last birthday? <i>Kodi muli ndi zaka zingati (zokwanira/zathunthu)?</i>	_____ years
2. What is your marital status? <i>Ndinu okwatiwa? fufuzani</i>	1 <input type="radio"/> Single 2 <input type="radio"/> Married to monogamous husband 3 <input type="radio"/> Married to polygamous husband 4 <input type="radio"/> Divorced 5 <input type="radio"/> Widowed
3. Have you ever attended school? <i>Munapitakokusukulu?</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q6
4. What is the highest level of school you attended: primary, secondary or higher? <i>Kodi sukulu munafika nayo pati?</i>	1 <input type="radio"/> Primary 2 <input type="radio"/> Secondary 3 <input type="radio"/> Higher → Q6
5. What is the highest standard /form you completed at that level? <i>Kodi munalekeza gawo liti kapena kalasi yachingati?</i>	_____ standard / form
HOUSEHOLD POVERTY INDEX	
6. How many household members are 14-years-old or younger? <i>Kodi muli ndi ana angati a zaka 14 kapena kutsika m'munsi m'mbanja lino?</i>	0 <input type="radio"/> Five or more 4 <input type="radio"/> Four 6 <input type="radio"/> Three 12 <input type="radio"/> Two 19 <input type="radio"/> One 30 <input type="radio"/> None
7. How many household members worked their main activity in the past seven days as a farmer (mlimi)? <i>Kodi ndi angati m'banja lino anagwira ntchito ya ulimi msabata yapitayi?</i>	0 <input type="radio"/> Four or more 2 <input type="radio"/> Three 7 <input type="radio"/> Two 8 <input type="radio"/> One 10 <input type="radio"/> None
8. Can the female head read a one-page letter in any language? <i>Kodi wamkulu wa banja lino (mzimayi), angathe kuwerenga kalata ya tsamba limodzi mchilankhulo china chake?</i>	0 <input type="radio"/> No 5 <input type="radio"/> Yes 9 <input type="radio"/> No female head/spouse
9. The roof of the main dwelling is predominantly made of what material? <i>Kodi nyumba yanu munafolera ndi chiyani?</i>	0 <input type="radio"/> Grass 4 <input type="radio"/> Anything besides grass including iron sheets
10. What is your main source of cooking fuel? <i>Kodi moto ophikira mumasonkhira chiyani?</i>	0 <input type="radio"/> Collected firewood from forest reserve, crop residue, sawdust, animal waste, other or none 1 <input type="radio"/> Collected firewood from unfarmed areas of community 5 <input type="radio"/> Collected firewood from own woodlot, community woodlot, or other places 7 <input type="radio"/> Purchased firewood 9 <input type="radio"/> Paraffin, charcoal, gas, or electricity
11. What is your main source of lighting fuel? <i>Kodi mumaunikira chiyani?</i>	0 <input type="radio"/> Collected firewood, grass, other or none 4 <input type="radio"/> Paraffin 13 <input type="radio"/> Purchased firewood, electricity, gas, battery/dry cell (torch), or candles
12. Does the household own any lanterns (paraffin)?	0 <input type="radio"/> No

Kodi muli ndi nyale ya parafini?	5 <input type="radio"/> Yes
13. Does the household own any bicycles, motorcycles / scooters, cars, mini-buses, or lorries? Kodi muli ndi njinga yakapalasa, njinga yamoto, galimoto, basi kapena galimoto yaikulu?	0 <input type="radio"/> No 5 <input type="radio"/> Yes
14. Does the household own any irons (for pressing clothes)? Kodi muli ndi ayiloni?	0 <input type="radio"/> No 8 <input type="radio"/> Yes
15. How many sickles does the household own? Kodi muli ndi masikilo(chikwakwa) angati?	0 <input type="radio"/> None 3 <input type="radio"/> One 7 <input type="radio"/> Two or more
BIRTH HISTORY	
Now I would like to ask you about all the births you have had during your life.	
16. Do you have any sons or daughters to whom you have given birth who are now living with you? Kodi muli ndi ana akazi kaya amuna obeleka nokha amene mukukhala nawo panopa?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q17
A. How many sons? Ana amuna ndi angati?	_____ sons at home
B. How many daughters? Ana akazi ndi angati?	_____ daughters at home
17. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? Muli ndi ana anu akazi kaya amuna obeleka nokha amene ali moyo koma simukukhala nawo?	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q18
A. How many sons? Amuna alipo angati?	_____ sons elsewhere
B. How many daughters? Akazi alipo angati?	_____ daughters elsewhere
18. Have you ever given birth to a boy or girl who was born alive but later died? Kodi munabelekako mwana, wamkazi kaya wamwamuna amene anabadwa wamoyo koma kenaka anamwalira? PROBE: Any baby who cried or showed signs or life but did not survive? Funsitsani ngati mwanayo analira kapena kuonetsa zizindikiro za moyo	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q19
A. How many boys have died? Ana amuna ndi angati amene anamwalira?	_____ boys died
B. How many girls have died? Nanga akazi ndi angati?	_____ girls died
19. SUM ANSWERS FOR PREVIOUS THREE QUESTIONS Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? Kungofuna kuti ndimvetsetse, mwati m'moyo wanu munabelekako ana a moyo Ndi zoona?	1 <input type="radio"/> Yes 2 <input type="radio"/> No (probe and correct)

20. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. *Tsopano ndikufuna kuti ndilembe maina a ana anu onse; kaya amoyo ngakhalenso amene anamwalira kuyambira oyamba*

RECORD NAMES OF ALL THE BIRTHS. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. CHECK THE TOTAL BIRTHS IN THE TABLE AND COMPARE TO PREVIOUS QUESTION. IF NUMBERS ARE DIFFERENT PROBE AND RECONCILE.

PROBE: *Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? Fufuzani ngati panabadwanso mwana wina pakatipa pasanabadwe uyu (dzina) kuphatikizapo amene anamwalira.*

A. What was the name given to your (first/next) baby? <i>Mwana wanu woyamba anali ndani/ndi ndani?</i>	B. Is (NAME) a boy or girl? <i>Kodi (dzina) ndi wamamuna kapena wamkazi?</i>	C. In what month and year was (NAME) born? <i>Kodi anabadwa mwezi ndi chaka chiti?</i>	D. Is (NAME) still alive? <i>Kodi (dzina) ali moyo?</i>	IF ALIVE E. How old was (NAME) at his/her last birthday? <i>Ngati ali moyo, ali ndi zaka zingati (zokwanira/zathunthu)?</i>	IF DEAD F. How old was (NAME) when he/she died? <i>Ngati anamwalira, anamwalira ali ndi zaka zingati (zokwanira/zathunthu)?</i> <i>Record days if less than 1 month, months if less than 2 years, or years.</i>	IF DEAD G. What was the cause of death? <i>Amadwala chiani?</i>
1.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear
2.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear
3.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear
4.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear
5.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear
6.	1○ Boy 2○ Girl	Month _____ Year _____	1○ Yes → E 2○ No → F & G	_____ years	Days _____ Months _____ Years _____	1○ Fever / malaria 2○ Diarrhea 3○ Cough / pneumonia 4○ Neonatal 5○ Accident / injury 6○ Other _____ 7○ Don't know / unclear

A. What was the name given to your (first/next) baby? <i>Mwana wanu woyamba anali ndani/ndi ndani?</i>	B. Is (NAME) a boy or girl? <i>Kodi (dzina) ndi wamamuna kapena wamkazi?</i>	C. In what month and year was (NAME) born? <i>Kodi anabadwa mwezi ndi chaka chiti?</i>	D. Is (NAME) still alive? <i>Kodi (dzina) ali moyo?</i>	IF ALIVE E. How old was (NAME) at his/her last birthday? <i>Ngati ali moyo, ali ndi zaka zingati (zokwanira/zathunthu)?</i>	IF DEAD F. How old was (NAME) when he/she died? <i>Ngati anamwalira, anamwalira ali ndi zaka zingati (zokwanira/zathunthu)?</i> <i>Record days if less than 1 month, months if less than 2 years, or years.</i>	IF DEAD G. What was the cause of death? <i>Amadwala chiani?</i>
7.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear
8.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear
9.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear
10.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear
11.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear
12.	1 <input type="radio"/> Boy 2 <input type="radio"/> Girl	Month _____ Year _____	1 <input type="radio"/> Yes → E 2 <input type="radio"/> No → F & G	_____ years	Days _____ Months _____ Years _____	1 <input type="radio"/> Fever / malaria 2 <input type="radio"/> Diarrhea 3 <input type="radio"/> Cough / pneumonia 4 <input type="radio"/> Neonatal 5 <input type="radio"/> Accident / injury 6 <input type="radio"/> Other _____ 7 <input type="radio"/> Don't know / unclear

PREGNANCY

21. Are you pregnant now?

Kodi muli ndi mimba panopa?

1 ☐ Yes
2 ☐ No → Q23
3 ☐ Unsure → Q23

22. At the time you became pregnant; did you want a child then?

Nthawi imene munakhala ndi mimba imeneyi, munkafuna kukhala ndi mwana?

1 ☐ Wanted a child then
2 ☐ Wanted to wait until later
3 ☐ Did not want any more children

<p>23. Have you ever had a pregnancy that miscarried, was aborted or ended in a stillbirth?</p> <p><i>Munakhalako ndi mimba imene inangochoka yokha, kutaya, kapena kubeleka mwana wakufa kale?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q25 3 <input type="radio"/> Don't know → Q25</p>
<p>24. When did this pregnancy end?</p> <p><i>Kapena kuti zina chita liti?</i></p>	<p>Year _____</p>
<p>Now I want to ask you about when you were pregnant with your youngest child, (NAME).</p> <p><i>Tsopano ndikufuna ndikufunseni za mimba ya mwana womalizayu</i></p>	
<p>25. Did you see anyone for antenatal care for this pregnancy?</p> <p><i>Munapitako ku sikelo ya amayi apakati mukuyembezero mwana ameneyu?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q30 3 <input type="radio"/> Don't know → Q30</p>
<p>26. Whom did you see? Anyone else?</p> <p><i>Ngati ndi choncho, anakuonani ndi ndani? Palinso wina?</i></p> <p><i>(Record all mentioned)</i></p>	<p>Health Personnel</p> <p>1 <input type="checkbox"/> Doctor / Clinical Officer / Medical Assistant 2 <input type="checkbox"/> Nurse / Midwife 3 <input type="checkbox"/> Patient Attendant 4 <input type="checkbox"/> HSA</p> <p>Other Person</p> <p>5 <input type="checkbox"/> Traditional Birth Attendant 6 <input type="checkbox"/> Other, specify _____</p>
<p>27. Where did you receive antenatal care for this pregnancy? Anywhere else?</p> <p><i>Kodi sikelo ya mimba imeneyi mumapangira kuti? Palinso kwina?</i></p> <p><i>(Record all mentioned)</i></p>	<p>Home</p> <p>1 <input type="checkbox"/> Your home 2 <input type="checkbox"/> Other home (including TBA home)</p> <p>Public Sector</p> <p>3 <input type="checkbox"/> Govt Hospital 4 <input type="checkbox"/> Govt Health Centre 5 <input type="checkbox"/> Mobile Clinic 6 <input type="checkbox"/> Other public including village clinic</p> <p>CHAM/Mission</p> <p>7 <input type="checkbox"/> Hospital 8 <input type="checkbox"/> Health Centre</p> <p>Private Medical Sector</p> <p>9 <input type="checkbox"/> Private Hospital / Clinic / Doctor 10 <input type="checkbox"/> Other private medical 11 <input type="checkbox"/> BLM</p> <p>12 <input type="checkbox"/> Other, specify _____</p>
<p>28. How many months pregnant were you when you first received antenatal care for this pregnancy?</p> <p><i>Kodi munali ndi mimba ya miyezi ingati pamene mumayamba sikelo ya a pakati?</i></p>	<p>_____ months</p> <p><i>(Record completed months)</i></p>
<p>29. How many times did you receive antenatal care during this pregnancy?</p> <p><i>Munapitako ku sikelo ya apakati kangati ndi mimba iyi?</i></p>	<p>_____ times</p>

<p>30. When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?</p> <p><i>Kodi pamene mwana uyu (dzina) amabadwa, anabadwa wamkulu kwambiri, wamkulu, wa pakati mpakati, wamng'ono kapena wamng'ono kwambiri?</i></p>	<p>1 <input type="radio"/> Very large 2 <input type="radio"/> Larger than average 3 <input type="radio"/> Average 4 <input type="radio"/> Smaller than average 5 <input type="radio"/> Very small 6 <input type="radio"/> Don't know</p>
<p>31. Who assisted with the delivery of (NAME)? Anyone else?</p> <p><i>Anakuthandizani kuchira ndi ndani?</i></p> <p><i>(Record all mentioned)</i></p>	<p>Health Personnel</p> <p>1 <input type="checkbox"/> Doctor / Clinical Officer / Medical Assistant 2 <input type="checkbox"/> Nurse / Midwife 3 <input type="checkbox"/> Patient Attendant 4 <input type="checkbox"/> HSA</p> <p>Other Person</p> <p>5 <input type="checkbox"/> Traditional Birth Attendant 6 <input type="checkbox"/> Relative/friend</p> <p>7 <input type="checkbox"/> Other, specify _____ 8 <input type="checkbox"/> No one</p>
<p>32. Where did you give birth to (NAME)?</p> <p><i>Munachilira kuti?</i></p>	<p>Home → Q33</p> <p>1 <input type="radio"/> Your home 2 <input type="radio"/> Other home (including TBA home)</p> <p>Public Sector → Q34</p> <p>3 <input type="radio"/> Govt Hospital 4 <input type="radio"/> Govt Health Centre 5 <input type="radio"/> Other public including village clinic</p> <p>CHAM/Mission → Q34</p> <p>6 <input type="radio"/> Hospital 7 <input type="radio"/> Health Centre</p> <p>Private Medical Sector → Q34</p> <p>8 <input type="radio"/> Private Hospital / Clinic 9 <input type="radio"/> Other private medical 10 <input type="radio"/> BLM</p> <p>11 <input type="radio"/> Other, specify _____ → Q35</p>
<p>33. IF AT HOME OR TBA: Why did you decide not to go to a health facility to give birth? Any other reason?</p> <p><i>Ngati munachilira kunyumba kwanu kaya kwa azamba, ndi chifukwa chiyani simunapite ku chipatala? Pali zifukwa?</i></p> <p><i>(record all mentioned)</i></p>	<p>1 <input type="checkbox"/> Husband would not give permission to go 2 <input type="checkbox"/> Not enough money 3 <input type="checkbox"/> Long distance to the health facility 4 <input type="checkbox"/> Lack of transport / no money for transport 5 <input type="checkbox"/> Not wanting to go alone 6 <input type="checkbox"/> Concern that there may not be a female health provider 7 <input type="checkbox"/> Concern that there may not be any health provider 8 <input type="checkbox"/> Concern that there may be no drugs available 9 <input type="checkbox"/> Concern that there may inadequate equipment or supplies 10 <input type="checkbox"/> Unhappy with quality of services 11 <input type="checkbox"/> Prefer traditional methods 12 <input type="checkbox"/> Birth happened unexpectedly 13 <input type="checkbox"/> Other reason _____</p> <p>→ Q35</p>

<p>34. IF AT HEALTH FACILITY: Overall, how would you rate the quality of the maternity services you received at the health facility?</p> <p><i>Ngati munachilira ku chipatala, mukuona kwanu thandizo linali bwanji?</i></p>	<p>1 <input type="radio"/> Poor 2 <input type="radio"/> Average 3 <input type="radio"/> Good</p>
<p>35. After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?</p> <p><i>Pamene mwanayu (dzina) anabadwa, wa za chipatala kapena mzamba anakuyesani?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q38 3 <input type="radio"/> Don't know → Q38</p>
<p>36. How long after delivery did the first check take place?</p> <p><i>Zinatenga nthawi yaitali mwanji asanakuyeseni?</i></p> <p><i>(If less than one hour record one hour, if less than one day record hours, if less than one week record days)</i></p>	<p>_____ hours _____ days _____ weeks</p> <p>3 <input type="radio"/> Don't know</p>
<p>37. Who checked on your health at that time? Anyone else?</p> <p><i>Anakuyesani ndi ndani? Palinso wina?</i></p> <p><i>(Record all mentioned)</i></p>	<p>Health Personnel</p> <p>1 <input type="checkbox"/> Doctor / Clinical Officer / Medical Assistant 2 <input type="checkbox"/> Nurse / Midwife 3 <input type="checkbox"/> Patient Attendant 4 <input type="checkbox"/> HSA</p> <p>Other Person</p> <p>5 <input type="checkbox"/> Traditional Birth Attendant 6 <input type="checkbox"/> Relative/friend</p> <p>7 <input type="checkbox"/> Other, specify _____ 8 <input type="checkbox"/> No one</p>
<p>38. During the two months after (NAME) was born, did you go to the health centre for a check-up with (NAME)?</p> <p><i>Mkati mwa miyezi iwiri mwana atabadwa, kodi munaonedwanso ndi achipatala kapena azamba?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q42 3 <input type="radio"/> I don't know</p>
<p>39. How many days or weeks after the birth of (NAME) did this check- up take place?</p> <p><i>Ponapita masiku kapena masabata angati chibadwire (name) pamene anabwera kudzakuonani?</i></p>	<p>Days _____ Weeks _____</p> <p>3 <input type="radio"/> I don't know</p>
<p>40. Who checked your health?</p> <p><i>Anakuonani ndindani?</i></p> <p>Record all mentioned</p>	<p>Health Personnel</p> <p>1 <input type="checkbox"/> Doctor / Clinical Officer / Medical Assistant 2 <input type="checkbox"/> Nurse / Midwife 3 <input type="checkbox"/> Patient Attendant 4 <input type="checkbox"/> HSA</p> <p>Other Person</p> <p>5 <input type="checkbox"/> Traditional Birth Attendant 6 <input type="checkbox"/> Other, specify _____</p>

<p>41. Where did the check take place? <i>Anakuonerani kuti?</i></p> <p>Record all mentioned</p>	<p>Home 1 <input type="checkbox"/> Your home 2 <input type="checkbox"/> Other home (including TBA home)</p> <p>Public Sector 3 <input type="checkbox"/> Govt Hospital 4 <input type="checkbox"/> Govt Health Centre 5 <input type="checkbox"/> Mobile Clinic 6 <input type="checkbox"/> Other public including village clinic/ HSA</p> <p>CHAM/Mission 7 <input type="checkbox"/> Hospital 8 <input type="checkbox"/> Health Centre</p> <p>Private Medical Sector 9 <input type="checkbox"/> Private Hospital / Clinic / Doctor 10 <input type="checkbox"/> Other private medical 11 <input type="checkbox"/> BLM</p> <p>12 <input type="checkbox"/> Other, specify _____</p>
<p>42. During the two months after (NAME) was born, did anyone visit your home for a check- up with (NAME)? <i>Mkati mwa miyezi iwiri mwana atabadwa panabwera achipatala kapena azamba kudzamuona mwanayu?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q46 3 <input type="radio"/> I don't know</p>
<p>43. How many days or weeks after the birth of (NAME) did this check-up take place? <i>Panapita masiku kapena masabata angati atabadwa (name) pamene anabwera kudzakumuona mwanayu (name)?</i></p>	<p>Days _____ Weeks _____</p> <p>3 <input type="radio"/> I don't know</p>
<p>44. Who checked (NAME'S) health? <i>Anadzamuona mwanayu (name) ndindani?</i></p> <p>Record all mentioned</p>	<p>Health Personnel 1 <input type="checkbox"/> Doctor / Clinical Officer / Medical Assistant 2 <input type="checkbox"/> Nurse / Midwife 3 <input type="checkbox"/> Patient Attendant 4 <input type="checkbox"/> HSA</p> <p>Other Person 5 <input type="checkbox"/> Traditional Birth Attendant 6 <input type="checkbox"/> Other, specify _____</p>

45. Where did the check take place?
Anamuonera kuti?

Record all mentioned

Home

- 1 ☐ Your home
2 ☐ Other home (including TBA home)

Public Sector

- 3 ☐ Govt Hospital
4 ☐ Govt Health Centre
5 ☐ Mobile Clinic
6 ☐ Other public including HSA/ village clinic

CHAM/Mission

- 7 ☐ Hospital
8 ☐ Health Centre

Private Medical Sector

- 9 ☐ Private Hospital / Clinic / Doctor
10 ☐ Other private medical
11 ☐ BLM
12 ☐ Other, specify _____

FAMILY PLANNING

46. Do you want to have another child now, do you want to wait until later, or do you not want any more children at all?

Mukufunanso ana ena panopa, kapena mudikira pang'ono, kapena basi simukufunanso?

- 1 ☐ Want a child now
2 ☐ Want to wait until later
3 ☐ Do not want any more children

47. Have you ever heard of (FAMILY PLANNING METHOD)

ASK ONE AT A TIME

Kodi mudavako za (njira zakulera)?

A. Female sterilization – *Kutseka kwa amai*

- 1 ☐ Heard about it
2 ☐ Never heard about it

B. Male sterilization – *Kutseka kwa abambo*

- 1 ☐ Heard about it
2 ☐ Never heard about it

C. Pill – *Mapilitsi*

- 1 ☐ Heard about it
2 ☐ Never heard about it

D. IUD – *Za chingwe choika m'chibelekelo (Loop)*

- 1 ☐ Heard about it
2 ☐ Never heard about it

E. Injectables – *Za jakisoni (Depo)*

- 1 ☐ Heard about it
2 ☐ Never heard about it

F. Implants – *Zodzala mu thupi ngati pa mkono (Norplant)*

- 1 ☐ Heard about it
2 ☐ Never heard about it

G. Male condom – *Makondomu a bambo*

- 1 ☐ Heard about it
2 ☐ Never heard about it

H. Female condom – *Makondomu a amai*

- 1 ☐ Heard about it
2 ☐ Never heard about it

I. Rhythm or periodic abstinence – <i>Mumayendera yoziletsa mukatsala pang'ono kusamba (Mwezi ulionse kumaziletsa pamene mukudziwa kuti mutate mugonane ndi mwamuna mukhoza kutenga mimba)</i>	1 <input type="radio"/> Heard about it 2 <input type="radio"/> Never heard about it
J. Withdrawal – <i>Abambo sathira umuna</i>	1 <input type="radio"/> Heard about it 2 <input type="radio"/> Never heard about it
K. Emergency contraception – <i>Mumatsata njira za pangozi (kumwa maknhwala olera pamene mwagonana mosaziteteza)</i>	1 <input type="radio"/> Heard about it 2 <input type="radio"/> Never heard about it
L. Traditional method	Specify _____
M. Have you heard of any other ways or methods that women or men can use to avoid pregnancy? <i>Munamvapo za njira zina zimene amai kapena abambo amagwiritsa ntchito ngati zolelera</i>	Specify _____
48. Are decisions related to contraception mainly your decision, mainly your husband's decision, or do you both decide together? <i>Kodi chisankho chakulera chimakhala chanu, a amuna anu kapena mumagwirizana?</i>	1 <input type="radio"/> Mainly respondent 2 <input type="radio"/> Mainly husband 3 <input type="radio"/> Joint decision by couple 4 <input type="radio"/> Other, specify _____
49. Are you currently doing something or using any method to delay or avoid getting pregnant? <i>Kodi mukulera panopa?</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q54
CURRENTLY USING A FAMILY PLANNING METHOD	
50. Which family planning method are you using? Any others? <i>Mukugwiritsa njira yanji yolelera? Palinso ina?</i> (Record all mentioned)	1 <input type="checkbox"/> Female sterilization 2 <input type="checkbox"/> Male sterilization 3 <input type="checkbox"/> Pill 4 <input type="checkbox"/> IUD 5 <input type="checkbox"/> Injectable 6 <input type="checkbox"/> Implants 7 <input type="checkbox"/> Male condom 8 <input type="checkbox"/> Female condom 9 <input type="checkbox"/> Rhythm or periodic abstinence 10 <input type="checkbox"/> Withdrawal 11 <input type="checkbox"/> Emergency contraception 12 <input type="checkbox"/> Other, specify _____
51. Since when have you been using (CURRENT METHOD) without stopping? <i>Munayamba kugwiritsa ntchito njira imeneyi liti osasiya?</i>	Date (MM/YYYY) _____

52. Where did you obtain (CURRENT METHOD) when you started using it?

Njira yolelera mukutsatirayi munakayambira kuti?

Public Sector

- 1 ☐ Govt Hospital
- 2 ☐ Govt Health Centre
- 3 ☐ Govt Health Post / Outreach
- 4 ☐ Mobile Clinic
- 5 ☐ HSA
- 6 ☐ CBDA/Door to Door
- 7 ☐ Other public

CHAM/Mission

- 8 ☐ Hospital
- 9 ☐ Health Centre
- 10 ☐ Mobile Clinic
- 11 ☐ Door to Door

Private Medical Sector

- 12 ☐ Private Hospital / Clinic / Doc.
- 13 ☐ Pharmacy
- 14 ☐ Mobile Clinic
- 15 ☐ CBDA/Door to Door
- 16 ☐ Other private medical

- 17 ☐ BLM
- 18 ☐ MACRO
- 19 ☐ Youth Drop In Centre

Other source

- 20 ☐ Shop
- 21 ☐ Church
- 22 ☐ Friend / Relative

23 ☐ Other, specify _____

53. Does your husband know that you are using a method of family planning?

Kodi amuna anu akudziwa kuti mukulera?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

→ Q57

NOT CURRENTLY USING A METHOD

54. Do you know a place where you can obtain a method of family planning?

Mukudziwa kumene mungapeze njira zakulera?

- 1 ☐ Yes
- 2 ☐ No → Q56

55. Where is that? Any other place?

Ndikuti? Palinso kwina?

(record all mentioned)

Public Sector

- 1 ☐ Govt Hospital
- 2 ☐ Govt Health Centre
- 3 ☐ Govt Health Post / Outreach
- 4 ☐ Mobile Clinic
- 5 ☐ HSA
- 6 ☐ CBDA/Door to Door
- 7 ☐ Other public

CHAM/Mission

- 8 ☐ Hospital
- 9 ☐ Health Centre
- 10 ☐ Mobile Clinic
- 11 ☐ Door to Door

Private Medical Sector

- 12 ☐ Private Hospital / Clinic / Doc.
- 13 ☐ Pharmacy
- 14 ☐ Mobile Clinic
- 15 ☐ CBDA/Door to Door
- 16 ☐ Other private medical

- 17 ☐ BLM
- 18 ☐ MACRO
- 19 ☐ Youth Drop In Centre

Other source

- 20 ☐ Shop
- 21 ☐ Church
- 22 ☐ Friend / Relative

- 23 ☐ Other, specify _____

56. Can you tell me why you are not using a method?
Any other reason?

Mungandiuze chifukwa chiyani simukulera/ Pali chifukwa china?

(Record all mentioned)

- 1 ☐ Want another child now (*CHECK Q46*)
2 ☐ Not married
3 ☐ Pregnant now

Fertility-related reasons

- 4 ☐ Not having sex
5 ☐ Infrequent sex
6 ☐ Menopausal/hysterectomy
7 ☐ Infertile/low fertility
8 ☐ Had a baby recently
9 ☐ Breastfeeding
10 ☐ Should be left to fate

Opposition to use

- 11 ☐ Respondent opposed
12 ☐ Husband opposed
13 ☐ Others opposed
14 ☐ Religious prohibition

Lack of knowledge

- 15 ☐ Knows no method
16 ☐ Knows no source

Method-related reasons

- 17 ☐ Health concerns
18 ☐ Fear of side effects
19 ☐ Lack of access/too far
20 ☐ Costs too much
21 ☐ Inconvenient to use
22 ☐ Interferes with body's normal processes

- 23 ☐ Other, specify _____
24 ☐ Don't know

HYGIENE & SANITATION

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

Kodi madzi akumwa mumakatunga kuti pa banja lino?

Piped water

- 1 ☐ Piped into dwelling
2 ☐ Piped into yard/plot
3 ☐ Public tap/standpipe

- 4 ☐ Tube well or borehole

Dug well

- 5 ☐ Protected well
6 ☐ Unprotected or semi-protected well

Water from spring

- 7 ☐ Protected spring
8 ☐ Unprotected spring
9 ☐ Rainwater
10 ☐ Tanker truck
11 ☐ Cart with small tank
12 ☐ Surface water (river / dam / lake / pond / stream / canal / irrigation water)
13 ☐ Bottled water
14 ☐ Other, specify _____

<p>58. Do you do anything to the water to make it safe for drinking?</p> <p><i>Kodi mumapanga chilichonse kuti madzi anu akumwa akhale abwino, aukhondo?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q60 3 <input type="radio"/> Don't know → Q60</p>
<p>59. What do you usually do to make the water safe to drink? Anything else?</p> <p><i>Kodi mumatani kuti madzi anu akumwa akhale abwino/aukhondo, Palinso china? (Lembani zonse)</i></p> <p><i>(record all mentioned)</i></p>	<p>1 <input type="checkbox"/> Boil 2 <input type="checkbox"/> Add bleach / chlorine / water guard 3 <input type="checkbox"/> Strain through a cloth 4 <input type="checkbox"/> Use water filter (ceramic / sand / composite / etc) 5 <input type="checkbox"/> Solar disinfection 6 <input type="checkbox"/> Let it stand and settle 7 <input type="checkbox"/> Cover with a lid 8 <input type="checkbox"/> Other, specify _____ 9 <input type="checkbox"/> Don't know</p>
<p>60. What kind of toilet facility do members of your household use?</p> <p><i>Kodi mumagwiritsa chimbudzi cha mtundu wanji?</i></p> <p>THE TOILET MUST BE IN USE TODAY</p> <p>IF THE HOUSEHOLD HAS A TOILET TAKE A PHOTO</p> <p>Photo ID _____</p>	<p>1 <input type="radio"/> Flush toilet</p> <p>Pit latrine</p> <p>2 <input type="radio"/> Ventilated improved pit latrine 3 <input type="radio"/> Pit latrine with concrete slab 4 <input type="radio"/> Pit latrine without concrete slab/open pit</p> <p>5 <input type="radio"/> Composting toilet 6 <input type="radio"/> Bucket toilet 7 <input type="radio"/> Hanging toilet/hanging latrine</p> <p>8 <input type="radio"/> No facility/bush/field → Q63 9 <input type="radio"/> Other _____</p>
<p>61. OBSERVATION ONLY Check if the toilet has a cover.</p>	<p>1 <input type="radio"/> Cover is present and on 2 <input type="radio"/> Cover is present but not on 3 <input type="radio"/> No cover</p> <p>4 <input type="radio"/> No permission to see</p>
<p>62. Do you share this toilet facility with other households?</p> <p><i>Kodi anthu a mabanja ena amadzagwiritsanso nawo chimbudzi chanuchi?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No</p>
<p>63. Please show me where members of your household most often wash their hands (after the latrine or at any other time)</p> <p><i>Mungandionetseko kumene anthu a pa banja lino amasamba m'manja Kawiri kawiri (pochoka kuchimbudzi kapena nthawi zina)</i></p> <p>IF THE HOUSEHOLD HAS A HAND WASHING FACILITY TAKE A PHOTO</p> <p>Photo ID _____</p>	<p>1 <input type="radio"/> Observed a hand washing facility at the location identified by the respondent</p> <p>2 <input type="radio"/> Did not observe a hand washing facility, but did observe other hand washing items at the location identified by the respondent (basin, water container, soap, ash, etc)</p> <p>3 <input type="radio"/> Did not observe a hand washing facility or any other hand washing items → Q66 4 <input type="radio"/> No permission to see → Q66</p>
<p>64. OBSERVATION ONLY Check availability of water at the location identified for hand washing</p>	<p>1 <input type="radio"/> Water is available 2 <input type="radio"/> Water is not available 3 <input type="radio"/> No permission to see</p>

65. OBSERVATION ONLY Check available of soap at the location identified for hand washing (*record all that apply*)
- 1 ☐ Soap or detergent (bar, liquid, powder or paste)
 2 ☐ Ash, mud or sand
 3 ☐ None
 4 ☐ No permission to see

BED NETS

66. How many rooms in this household are used for sleeping? (including the living room if used for sleeping) _____ rooms

Kodi pa banja lanuli, ndi zipinda zingati zogona? Onjezerani balaza ngati ena amagonapo

67. Does your household have any mosquito nets that can be used while sleeping?
- 1 ☐ Yes
 2 ☐ No → Q70
 3 ☐ Don't know → Q70

Kodi pa banja lanu pano muli ndi masikito amene mungathe kugwiritsa ntchito pogona?

68. How many mosquito nets does your household have? _____ nets

Kodi muli ndi masikito angati pa banja lanu lino?

69. OBSERVATION ONLY Check how many mosquito nets are currently hanging inside the house, ready for sleeping tonight. _____ hanging nets

99 ☐ No permission to see

TAKE A PHOTO OF ALL HANGING NETS

Photo IDs _____

UNDER 5 CHILD HEALTH

70. Now I would like to ask about each of your children who are currently under 5 years old.
Tsopano ndikufunsani za ana amene ali ndi zaka zochepera zisanu panopa?

ONLY INCLUDE CHILDREN WHO ARE CURRENTLY **LIVING IN THE RESPONDENTS HOUSE**. CHECK THAT ALL CHILDREN **UNDER 5** IN **Q20** ARE LISTED IN THIS TABLE.

A. Number and name of child under 5 years old from Q20	# Name_____	# Name_____	# Name_____
B. Has (NAME) had diarrhea in the past 2 weeks? <i>Kodi (dzina) anadwalapo matenda otsegula m'mimba masabata awiri apitawa?</i> <i>PROBE: Specific day and frequency</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G 3 <input type="radio"/> Don't know→G	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G 3 <input type="radio"/> Don't know→G	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G 3 <input type="radio"/> Don't know→G
C. Did you seek advice or treatment for the diarrhea from any source? <i>Kodi munakapeza ulangizi kapena thandizo la mankhwala kwina kwake?</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G	1 <input type="radio"/> Yes 2 <input type="radio"/> No→G
D. Where did you seek advice or treatment? Anywhere else? <i>Kodi ndi kuti kumene munakalandira ulangizi/thandizo la mankhwala. Palinso kwina?</i> <i>(Record all mentioned)</i>	Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private 15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____	Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private 15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____	Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private 15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____

<p>E. How many days after the diarrhea began did you first seek advice or treatment for (NAME)?</p> <p><i>Panatha masiku angati musanakalandire ulangizi komanso thandizo la mankhwala (dzina) chiyambireni kudwala?</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>
<p>F. Was he/she given a fluid made from a special packet called THANZI or ORS?</p> <p><i>Kodi analandilako thanzi ors</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>
<p>G. Has (NAME) been ill with a fever at any time in the last 2 weeks?</p> <p><i>Kodi (dzina) anadwalapo matenda otentha thupi sabata ziwiri zapitazi?</i></p> <p><i>PROBE: Specific day</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>
<p>H. Did (NAME) sleep under a mosquito net last night?</p> <p><i>Kodi (dzina) anagona mu masikito usiku wathawu</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p>
<p>I. Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p> <p><i>Kodi (dzina) anadwalako chifuwa nthawi ina yake m'sabata ziwiri zapitazi</i></p> <p><i>PROBE: Specific day</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p> <p>If G and I both "No" or "Don't Know" → Q</p> <p>If G "yes" and I "No" or "Don't Know" → L</p> <p>If I is "yes" → J</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p> <p>If G and I both "No" or "Don't Know" → Q</p> <p>If G "yes" and I "No" or "Don't Know" → L</p> <p>If I is "yes" → J</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know</p> <p>If G and I both "No" or "Don't Know" → Q</p> <p>If G "yes" and I "No" or "Don't Know" → L</p> <p>If I is "yes" → J</p>
<p>J. When (NAME) had an illness with a cough, did he/she breath faster than usual with short, rapid breaths or have difficulty breathing?</p> <p><i>Kodi (dzina) amadwala chifuwa chobanika kapena kupuma movutika</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → L 3 <input type="radio"/> Don't know → L</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → L 3 <input type="radio"/> Don't know → L</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → L 3 <input type="radio"/> Don't know → L</p>

<p>K. Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?</p> <p><i>Kodi kudwalaku kunali chifukwa cha matenda a m'chifuwa kapena chifine</i></p>	<p>1 <input type="radio"/> Chest only 2 <input type="radio"/> Nose only 3 <input type="radio"/> Both 4 <input type="radio"/> Other _____ 5 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Chest only 2 <input type="radio"/> Nose only 3 <input type="radio"/> Both 4 <input type="radio"/> Other _____ 5 <input type="radio"/> Don't know</p>	<p>1 <input type="radio"/> Chest only 2 <input type="radio"/> Nose only 3 <input type="radio"/> Both 4 <input type="radio"/> Other _____ 5 <input type="radio"/> Don't know</p>
<p>L. Did you seek advice or treatment for the illness from any source? (fever and/or cough illness)</p> <p><i>Kodi munakapeza ulangizi kapena thandizo la mankhwala kwina kwake?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q</p>
<p>M. Where did you seek advice or treatment? Anywhere else?</p> <p><i>Kodi ndi kuti kumene munakalandira ulangizi/thandizo la mankhwala. Palinso kwina?</i></p> <p><i>(Record all mentioned)</i></p>	<p>Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public</p> <p>CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre</p> <p>Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private</p> <p>15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre</p> <p>Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____</p>	<p>Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public</p> <p>CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre</p> <p>Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private</p> <p>15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre</p> <p>Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____</p>	<p>Public Sector 1 <input type="checkbox"/> Govt Hospital 2 <input type="checkbox"/> Govt Health Centre 3 <input type="checkbox"/> Govt Health Post 4 <input type="checkbox"/> Mobile Clinic 5 <input type="checkbox"/> Village Clinic 6 <input type="checkbox"/> HSA 7 <input type="checkbox"/> Other public</p> <p>CHAM/Mission 8 <input type="checkbox"/> Hospital 9 <input type="checkbox"/> Health Centre</p> <p>Private Medical Sector 10 <input type="checkbox"/> Private Hospital / Clinic / Doctor 11 <input type="checkbox"/> Pharmacy 12 <input type="checkbox"/> Mobile Clinic 13 <input type="checkbox"/> Private HSA 14 <input type="checkbox"/> Other private</p> <p>15 <input type="checkbox"/> BLM 16 <input type="checkbox"/> MACRO 17 <input type="checkbox"/> Youth Centre</p> <p>Other source 18 <input type="checkbox"/> Shop 19 <input type="checkbox"/> Traditional 20 <input type="checkbox"/> Other, specify _____</p>
<p>N. How many days after the illness began did you first seek advice or treatment for (NAME)?</p> <p><i>Panatha masiku angati</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>	<p>_____ days</p> <p><i>(If same day record 0)</i></p>

O. At any time during the illness did (NAME) take any drugs for the illness? <i>Nthawi imene amadwala, anamwako mankhwala</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q 3 <input type="radio"/> Don't know → Q	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q 3 <input type="radio"/> Don't know → Q	1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q 3 <input type="radio"/> Don't know → Q
P. What drugs did (NAME) take? Any other drugs? <i>Anamwa mankhwala anji? Palinso ena?</i> (Record all mentioned)	Antimalarials 1 <input type="checkbox"/> LA 2 <input type="checkbox"/> Other antimalarial (Quinine etc) Antibiotics 3 <input type="checkbox"/> Pills/syrup (Bactrim, Cotrim etc) 4 <input type="checkbox"/> Injection Other drugs 5 <input type="checkbox"/> Painkillers (aspirin, Panadol, ibuprofen, etc) 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> Don't know	Antimalarials 1 <input type="checkbox"/> LA 2 <input type="checkbox"/> Other antimalarial (Quinine etc) Antibiotics 3 <input type="checkbox"/> Pills/syrup (Bactrim, Cotrim etc) 4 <input type="checkbox"/> Injection Other drugs 5 <input type="checkbox"/> Painkillers (aspirin, Panadol, ibuprofen, etc) 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> Don't know	Antimalarials 1 <input type="checkbox"/> LA 2 <input type="checkbox"/> Other antimalarial (Quinine etc) Antibiotics 3 <input type="checkbox"/> Pills/syrup (Bactrim, Cotrim etc) 4 <input type="checkbox"/> Injection Other drugs 5 <input type="checkbox"/> Painkillers (aspirin, Panadol, ibuprofen, etc) 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> Don't know
Q. Use the Mid Upper Arm Circumference (MUAC) tape to measure the upper arm of each child under five years but over six months.	MUAC measurement _____mm <input type="radio"/> Red (below 110 mm) <input type="radio"/> Yellow (110mm to 125mm) <input type="radio"/> Green (above 125 mm)	MUAC measurement _____mm <input type="radio"/> Red (below 110 mm) <input type="radio"/> Yellow (110mm to 125mm) <input type="radio"/> Green (above 125 mm)	MUAC measurement _____mm <input type="radio"/> Red (below 110 mm) <input type="radio"/> Yellow (110mm to 125mm) <input type="radio"/> Green (above 125 mm)
R. Is (NAME) currently enrolled in a programme at a health facility that provides food support, such as likuni or chiponde? <i>Kodi (dzina) ali mupologalamu yolandila zakudya kuchipatala monga Likuni ndi Chiponde?</i>	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> I don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> I don't know	1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> I don't know
S. What programme does (NAME) participate in? <i>Kodi (dzina) alimupologalamu iti?</i>	1 <input type="radio"/> Likuni 2 <input type="radio"/> Chiponde 3 <input type="radio"/> Both programmes 4 <input type="radio"/> I don't know → Q71 or next child under 5	1 <input type="radio"/> Likuni 2 <input type="radio"/> Chiponde 3 <input type="radio"/> Both programmes 4 <input type="radio"/> I don't know → Q71 or next child under 5	1 <input type="radio"/> Likuni 2 <input type="radio"/> Chiponde 3 <input type="radio"/> Both programmes 4 <input type="radio"/> I don't know → Q71 or next child under 5
HIV AND AIDS (questions should focus on the mother and the last born child of any age)			

<p>71. Ask the mother her HIV status but tell her that she is not required to answer if she does not want to.</p> <p><i>Kambiranani za m'mene aliri zakachilombo ka HIV.</i> <i>Onani bukhu lakuchipatala la amayi ndipo mulemb engati ali ndi kachilombo ka HIV kapena ayi.</i></p>	<p>1 <input type="radio"/> HIV positive → Q73 2 <input type="radio"/> HIV negative → Q74 3 <input type="radio"/> Don't know → Q72 4 <input type="radio"/> Did not give answer → Q74</p>
<p>72. Confirm her status in her health passport.</p> <p><i>Nagati bukhu la kuchipatala palibe afunzeni amayi ngati ali ndikachilombo ka HIV kapena ayi (muwauze kuti atha kusayankha ngati sakufuna kutero)</i></p>	<p>1 <input type="radio"/> HIV positive → Q73 2 <input type="radio"/> HIV negative → Q74 3 <input type="radio"/> Unknown → Q74</p>
<p>IF THE MOTHER IS HIV POSITIVE</p> <p>73. When you were pregnant with (NAME) did you or the baby receive drugs to stop HIV transmission? <i>M'mene munali woyembekezera mwanayu (dzina) munalandila kapena mwana analandira mankhwala oteteza kutenga kachilombo ka HIV?</i></p> <p>(Cross check with the health passports)</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Don't know 4 <input type="radio"/> Was not HIV positive at that time 5 <input type="radio"/> Did not know HIV status at that time</p>
<p>74. Ask the mother the HIV status of (NAME). <i>Onani bukhu la kuchipatala la mwana ngati ali ndi kachilombo ka HIV kapena ayi</i></p>	<p>1 <input type="radio"/> HIV positive 2 <input type="radio"/> HIV negative 3 <input type="radio"/> Unknown</p>
<p>75. Confirm (NAME'S) status in the health passport.</p>	<p>1 <input type="radio"/> HIV positive 2 <input type="radio"/> HIV negative 3 <input type="radio"/> Unknown</p>
<p>76. Can you tell me the methods for preventing HIV and AIDS? <i>Mungandiuze njira zopewera kachilombo ka HIV?</i></p> <p>DO NOT TELL THEM BE ENCOURAGING WITH ALL ANSWERS</p>	<p>1 <input type="checkbox"/> Having protected sex – e.g. condom 2 <input type="checkbox"/> Abstinence 3 <input type="checkbox"/> PMTCT 4 <input type="checkbox"/> Using clean needles 5 <input type="checkbox"/> Clean blood transfusion 6 <input type="checkbox"/> Other, specify _____</p>
<p>AWARENESS OF HEALTH MESSAGES</p>	
<p>77. Can you name ways to prevent malaria? <i>Tchulani njira zopewera matenda a Malunga.</i></p> <p>DO NOT TELL THEM THESE OPTIONS – TICK ALL THAT THEY MENTION</p> <p>BE ENCOURAGING TO ALL ANSWERS GIVEN</p>	<p>1 <input type="checkbox"/> Mosquito net 2 <input type="checkbox"/> Indoor residual spraying 3 <input type="checkbox"/> Clearing bushes/ pools of water 4 <input type="checkbox"/> Larvicide 5 <input type="checkbox"/> Smoke 6 <input type="checkbox"/> Mosquito Spray 7 <input type="checkbox"/> Mosquito screens 8 <input type="checkbox"/> Mosquito Coil 9 <input type="checkbox"/> Other, specify _____ 10 <input type="checkbox"/> Don't Know</p>

<p>78. A. Have you ever heard that sleeping under a mosquito net can prevent malaria?</p> <p><i>Munamvako kuti kugona mu masikito kumateteza malungo?</i></p> <p>B. Where did you hear this? Anywhere else?</p> <p><i>Munamva kuti? Palinso kwina?</i></p> <p>TICK ALL THAT THEY MENTION</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q79</p> <p>1 <input type="checkbox"/> Health worker 2 <input type="checkbox"/> Radio 3 <input type="checkbox"/> Television 4 <input type="checkbox"/> Newspaper 5 <input type="checkbox"/> Friend/neighbour 6 <input type="checkbox"/> Family member 7 <input type="checkbox"/> NGO worker 8 <input type="checkbox"/> Chief 9 <input type="checkbox"/> Other, specify _____</p>
<p>79. Can you name ways to prevent diarrhoea?</p> <p><i>Mungapewe bwanji matenda otsegula m'mimba?</i></p> <p>DO NOT TELL THEM THESE OPTIONS – TICK ALL THAT THEY MENTION</p> <p>BE ENCOURAGING TO ALL ANSWERS GIVEN</p>	<p>1 <input type="checkbox"/> Using a toilet/ pit latrine 2 <input type="checkbox"/> Hand washing after using the toilet/ before preparing food/ after cleaning a child 3 <input type="checkbox"/> Drinking safe water/ treated water 4 <input type="checkbox"/> Washing food before eating 5 <input type="checkbox"/> Other, specify _____ 6 <input type="checkbox"/> Don't Know</p>
<p>80. A. Have you ever heard that using a toilet can prevent diarrhoea?</p> <p><i>Kodi munamvako kuti kugwiritsa ntchito chimbudzi kungathe kuteteza matenda otsegula m'mimba</i></p> <p>B. Where did you hear this? Anywhere else?</p> <p><i>Munamva kuti? Palinso kwina?</i></p> <p>TICK ALL THAT THEY MENTION</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q81</p> <p>1 <input type="checkbox"/> Health worker 2 <input type="checkbox"/> Radio 3 <input type="checkbox"/> Television 4 <input type="checkbox"/> Newspaper 5 <input type="checkbox"/> Friend/neighbour 6 <input type="checkbox"/> Family member 7 <input type="checkbox"/> NGO worker 8 <input type="checkbox"/> Chief 9 <input type="checkbox"/> Other, specify _____</p>
<p>81. A. Have you ever heard that washing your hands can prevent diarrhoea?</p> <p><i>Kodi munamvako kuti kusamba m'manja kungathe kuteteza matenda otsegula m'mimba?</i></p> <p>B. Where did you hear this? Anywhere else?</p> <p><i>Munamva kuti? Palinso kwina?</i></p> <p>TICK ALL THAT THEY MENTION</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q82</p> <p>1 <input type="checkbox"/> Health worker 2 <input type="checkbox"/> Radio 3 <input type="checkbox"/> Television 4 <input type="checkbox"/> Newspaper 5 <input type="checkbox"/> Friend/neighbour 6 <input type="checkbox"/> Family member 7 <input type="checkbox"/> NGO worker 8 <input type="checkbox"/> Chief 9 <input type="checkbox"/> Other, specify _____</p>

<p>82. What do you do when your child under 5 is sick?</p> <p><i>Kodi mumatami mwana wanu osaposa zaka zisanu akadwala?</i></p> <p>DO NOT TELL THEM THESE OPTIONS – TICK ALL THAT THEY MENTION</p> <p>BE ENCOURAGING TO ALL ANSWERS GIVEN</p>	<p>1 <input type="checkbox"/> Go to the health centre</p> <p>2 <input type="checkbox"/> Go to the nearest drug shop</p> <p>3 <input type="checkbox"/> Go to a traditional/ spiritual healer</p> <p>4 <input type="checkbox"/> Self-care at home</p> <p>5 <input type="checkbox"/> Take them to a village clinic or HSA</p> <p>6 <input type="checkbox"/> Other, specify _____</p> <p>7 <input type="checkbox"/> Don't Know</p>
<p>83. A. Have you ever heard that when your child under 5 years old is sick you should take them to a health centre or village clinic immediately for treatment?</p> <p><i>Kodi munamvako kuti mwana wanu wochepera zaka zisanu akadwala mudzimutengera ku chipatala chakumudzi nkapena chachikulupo msangamsanga</i></p> <p>B. Where did you hear this? Anywhere else?</p> <p><i>Munamva kuti? Palinso kwina?</i></p> <p>TICK ALL THAT THEY MENTION</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q84</p> <p>1 <input type="checkbox"/> Health worker</p> <p>2 <input type="checkbox"/> Radio</p> <p>3 <input type="checkbox"/> Television</p> <p>4 <input type="checkbox"/> Newspaper</p> <p>5 <input type="checkbox"/> Friend/neighbour</p> <p>6 <input type="checkbox"/> Family member</p> <p>7 <input type="checkbox"/> NGO worker</p> <p>8 <input type="checkbox"/> Chief</p> <p>9 <input type="checkbox"/> Other, specify _____</p>
<p>84. A. Have you heard that when you are pregnant you should visit the health centre for check-ups?</p> <p><i>Munamvako kuti mukakhala oyembekezera mudzipita ku chipatala kukakuyezani?</i></p> <p>B. Where did you hear this? Anywhere else?</p> <p><i>Munamva kuti? Palinso kwina?</i></p> <p>TICK ALL THAT THEY MENTION</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q85</p> <p>1 <input type="checkbox"/> Health worker</p> <p>2 <input type="checkbox"/> Radio</p> <p>3 <input type="checkbox"/> Television</p> <p>4 <input type="checkbox"/> Newspaper</p> <p>5 <input type="checkbox"/> Friend/neighbour</p> <p>6 <input type="checkbox"/> Family member</p> <p>7 <input type="checkbox"/> NGO worker</p> <p>8 <input type="checkbox"/> Chief</p> <p>9 <input type="checkbox"/> Other, specify _____</p>
<p>85. Do your religious beliefs prevent you from using some types of modern health care?</p> <p><i>Kodi zikhulupiliro za chipembedzo chanu zimakuletsani kutenga nawo mbali kapena kugwiritsa ntchito zithandizo zina za zaumoyo?</i></p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q88</p> <p>3 <input type="radio"/> Don't know → Q88</p>
<p>86. What is the name of your religion? (<i>Record the specific denomination</i>)</p> <p><i>Kodi dzina la mpingo wanu ndi chiyani?</i></p>	<p>_____</p>

<p>87. Which types of health care are prohibited according to your religious beliefs? Any others?</p> <p><i>Kodi ndi thandizo liti la zaumoyo/chipatala limene mpingo wanu umaletsa? Pali zinanso?</i></p>	<p>1 <input type="checkbox"/> All types of modern health care 2 <input type="checkbox"/> Vaccines 3 <input type="checkbox"/> Family planning 4 <input type="checkbox"/> Procedures involving blood 5 <input type="checkbox"/> Other, specify _____ 6 <input type="checkbox"/> Don't know</p>
CHIEF INVOLVEMENT	
<p>88. Has your chief ever spoken to the village about health issues?</p> <p><i>Kodi afumu anu anapangitsako msonkhano kapena kulengeza zaumoyo m'mudzi muno?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q90 3 <input type="radio"/> Don't know → Q90</p>
<p>89. What did they speak to you about? Any other topics?</p> <p><i>Kodi msonkhano unali wachiyani kapena analengeza zotani? Pali zinanso za zaumoyo zimene anakamba?</i></p> <p><i>(record all mentioned)</i></p>	<p>1 <input type="checkbox"/> Malaria 2 <input type="checkbox"/> Latrines 3 <input type="checkbox"/> Hand washing 4 <input type="checkbox"/> Taking children for treatment 5 <input type="checkbox"/> Antenatal care or safe delivery 6 <input type="checkbox"/> Family planning 7 <input type="checkbox"/> Other _____</p>
<p>90. Are there any by-laws in your village that require households to take an action on health issues?</p> <p><i>Kodi m'mudzi mwanu muno muli ndi malamulo opanga nokha oti banja lina lililonse lizitenga mbali pa nkhani ya zaumoyo?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q92 3 <input type="radio"/> Don't know → Q92</p>
<p>91. What topics are the by-laws on? Any other topics?</p> <p><i>Kodi malamulo anuwo ndi okhudza nkhani ziti za zaumoyo/ Palinso zina</i></p> <p><i>(record all mentioned)</i></p>	<p>1 <input type="checkbox"/> Malaria 2 <input type="checkbox"/> Latrines 3 <input type="checkbox"/> Hand washing 4 <input type="checkbox"/> Taking children for treatment 5 <input type="checkbox"/> Antenatal care or safe delivery 6 <input type="checkbox"/> Family planning 7 <input type="checkbox"/> Other _____</p>
MALE INVOLVEMENT	
<p>92. Who usually makes decisions about health care for your children?</p> <p><i>Kodi ndi ndani kawiri kawiri amapanga chiganizo cha zaumoyo wa ana m'mbanja lanuli?</i></p>	<p>1 <input type="radio"/> Respondent 2 <input type="radio"/> Husband 3 <input type="radio"/> Joint decision by couple 4 <input type="radio"/> Someone else 5 <input type="radio"/> Other, specify _____</p>
<p>93. Who usually cares for your children when they are ill?</p> <p><i>Kodi ndi ndani amasamalira ana kawiri kawiri akamadwala m'banja lanuli?</i></p>	<p>1 <input type="radio"/> Respondent 2 <input type="radio"/> Husband 3 <input type="radio"/> Joint decision by couple 4 <input type="radio"/> Someone else 5 <input type="radio"/> Other, specify _____</p>
<p>94. Has many times has your husband accompanied you to an antenatal check-up?</p> <p><i>Kodi amuna anu anakupelekezaniko kangati ku sikelo ya amai apakati?</i></p>	<p>1 <input type="radio"/> Never 2 <input type="radio"/> Once 3 <input type="radio"/> Several times 4 <input type="radio"/> Every time 5 <input type="radio"/> No husband 6 <input type="radio"/> Never been to an antenatal check-up</p>

USE OF GOVERNMENT SERVICES

95. Which Government Health Centre do you use most often?

Kodi kawiri kawiri mumapita chipatala chiti cha boma?

- 1 ☐ Nambazo Health Centre
- 2 ☐ Kalinde Health Centre
- 3 ☐ Mpasa Health Centre
- 4 ☐ Migowi Health centre
- 5 ☐ Phalombe Health centre
- 6 ☐ Holy family
- 7 ☐ Other government health facility, specify _____
- 8 ☐ No government health facility → Q99
- 9 ☐ Don't know → Q99

96. Have you visited the Health Centre in the last 12 months?

Munapitako ku chipatala pa miyezi khumi ndi iwiri (12) yapitayi

- 1 ☐ Yes
- 2 ☐ No → Q98

97. Overall, how would you rate the services you received at the Health Centre?

Kutengera ndi inu, kodi thandizo la pa chipatala chimene mumapitachi mlotani?

- 1 ☐ Poor
- 2 ☐ Average
- 3 ☐ Good

→ Q99

98. Why have you not visited the Health Centre in the last 12 months? Any other reason?

Kodi ndi chifukwa chiyani simunapite kuchipatala miyezi khumi ndi iwiri (12) yapitayi?

(Record all mentioned)

- 1 ☐ No need to go
- 2 ☐ Do not know when it is open / concerned it may be closed
- 3 ☐ Husband would not give permission to go
- 4 ☐ Not enough money
- 5 ☐ Long distance
- 6 ☐ Lack of transport / no money for transport
- 7 ☐ Not wanting to go alone
- 8 ☐ Concern that there may not be a female health provider
- 9 ☐ Concern that there may not be any health provider
- 10 ☐ Concern that there may be no drugs available
- 11 ☐ Concern that there may inadequate equipment or supplies
- 12 ☐ Unhappy with quality of services
- 13 ☐ Prefer traditional methods
- 14 ☐ Waiting time too long
- 15 ☐ Living elsewhere
- 16 ☐ Other reason, specify _____

99. Have you ever personally met the HSA for your village?

MAKE SURE THEY MEAN THE HSA NOT THE VHC

Kodi munayamba mwakumanako ndi wa zaumoyo wochokera ku Boma wa m'mudzi mwanu?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

<p>100. How many times did the HSA come to your village in the last 12 months?</p> <p><i>Kodi ndi kangati kamene wa zaumoyo ameneyu anabwera m'mudzi mwanumu m'miyezi khumi ndi iwiri (12) yapitayi?</i></p>	<p>1 <input type="radio"/> None 2 <input type="radio"/> Once 3 <input type="radio"/> Two to three times 4 <input type="radio"/> Four to six times 5 <input type="radio"/> More than six times 6 <input type="radio"/> Don't know</p>
<p>101. Do you have access to a Mobile Clinic where you can take children for vaccinations?</p> <p><i>Kodi muli ndi mwayi opita ku sikelo yakumudzi ya ana kukabaitsa katemera?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q105 3 <input type="radio"/> Don't know → Q105</p>
<p>102. Have you visited the Mobile Clinic in the last 12 months?</p> <p><i>Kodi inuyo munayamba mwapitako ku sikelo imeneyi pa miyezi khumi ndi iwiri (12) yapitayi?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q104</p>
<p>103. Overall, how would you rate the services you / your children received at the Mobile Clinic?</p> <p><i>Kutengera ndi inu, kodi sikelo imeneyi thandizo lake mumaliona bwanji?</i></p>	<p>1 <input type="radio"/> Poor 2 <input type="radio"/> Average 3 <input type="radio"/> Good</p> <p>→ Q105</p>
<p>104. Why have you not visited the Mobile Clinic in the last 12 months? Any other reason?</p> <p><i>Kodi ndi chifukwa chiyani simunapite kusikeloyi pa miyezi khumi ndi iwiri (12) yapitayi?</i></p> <p><i>(Record all mentioned)</i></p>	<p>1 <input type="checkbox"/> No need to go 2 <input type="checkbox"/> Do not know when it is open / concerned it may be closed 3 <input type="checkbox"/> Husband would not give permission to go 4 <input type="checkbox"/> Not enough money 5 <input type="checkbox"/> Long distance 6 <input type="checkbox"/> Lack of transport / no money for transport 7 <input type="checkbox"/> Not wanting to go alone 8 <input type="checkbox"/> Concern that there may not be a female health provider 9 <input type="checkbox"/> Concern that there may not be any health provider 10 <input type="checkbox"/> Concern that there may be no drugs available 11 <input type="checkbox"/> Concern that there may inadequate equipment or supplies 12 <input type="checkbox"/> Unhappy with quality of services 13 <input type="checkbox"/> Prefer traditional methods 14 <input type="checkbox"/> Waiting time too long 15 <input type="checkbox"/> Living elsewhere 16 <input type="checkbox"/> Other reason, specify _____</p>
<p>105. Do you have access to a Village Clinic where you can take sick children under 5 years old for treatment?</p> <p><i>Kodi muli ndi mwayi opita ku chipatala chakumudzi ndi mwana osapitilira zaka zisanu akadwala?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → End 3 <input type="radio"/> Don't know → End</p>
<p>106. Have you visited the Village Clinic in the last 12 months?</p> <p><i>Kodi inuyo munayamba mwapitako ku chipatala chakumudzichi pa miyezi khumi ndi iwiri (12) yapitayi?</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q108</p>

107. Overall, how would you rate the services that you / your children received at the Village Clinic?

- 1 ☐ Poor
2 ☐ Average
3 ☐ Good

Kutengera ndi inu, kodi chipatala chimenechi thandizo lake mumaliona bwanji?

→End

108. Why have you not visited the Village Clinic in the last 12 months? Any other reason?

Kodi ndi chifukwa chiyani simunapite kuchipatalachi pa miyezi khumi ndi iwiri (12) yapitayi?

(Record all mentioned)

- 1 ☐ No need to go
2 ☐ Do not know when it is open / concerned it may be closed
3 ☐ Husband would not give permission to go
4 ☐ Not enough money
5 ☐ Long distance
6 ☐ Lack of transport / no money for transport
7 ☐ Not wanting to go alone
8 ☐ Concern that there may not be a female health provider
9 ☐ Concern that there may not be any health provider
10 ☐ Concern that there may be no drugs available
11 ☐ Concern that there may inadequate equipment or supplies
12 ☐ Unhappy with quality of services
13 ☐ Prefer traditional methods
14 ☐ Waiting time too long
15 ☐ Living elsewhere
16 ☐ Other reason, specify _____

END OF QUESTIONNAIRE



INTER AIDE CHILD HEALTH PROGRAM

ANNEX B: Catchment Area Coding Document

Example of a Catchment Area Coding Document

The main purpose of a catchment area coding document is to assign a number / code to each CHF, HSA/station, village and GVH to support data collection and reporting throughout the project. Coding documents should be distributed to all technical staff working with the catchment area.

Note: some catchment areas may need to include additional coding information than shown in the table below, such as Station, TA etc.

CHF #	CHF	HSA #	HSA	Village #	Village Name	GVH #	GVH	Population	Households
1	Builder Polisi	6	Colings Khumbanyiwa	1	Chimbalanga	1	Chimbalanga	1355	249
1	Builder Polisi	6	Colings Khumbanyiwa	2	Nachopwa	1	Chimbalanga	375	63
1	Builder Polisi	6	Colings Khumbanyiwa	3	Pherere	1	Chimbalanga	518	97
1	Builder Polisi	14	Gift Mpira	4	Dyakanga	1	Chimbalanga	693	137
1	Builder Polisi	14	Gift Mpira	5	Maguda	1	Chimbalanga	685	121
1	Builder Polisi	14	Gift Mpira	6	Ndalama	1	Chimbalanga	492	88
1	Builder Polisi	14	Gift Mpira	7	Bvalani	1	Chimbalanga	337	65
1	Builder Polisi	24	Masauko Miss	8	Chalera	1	Chimbalanga	147	35
2	Christina Pahuwa	1	Amos Nampuluma	58	Muniya	7	Nambazo	245	53
2	Christina Pahuwa	1	Amos Nampuluma	59	Nambazo	7	Nambazo	878	177
2	Christina Pahuwa	1	Amos Nampuluma	60	Nambwale	7	Nambazo	1099	210
2	Christina Pahuwa	1	Amos Nampuluma	61	Nathiya	7	Nambazo	412	82
2	Christina Pahuwa	9	Enerst Mpeketula	70	Mwakulamwatha	7	Nambazo	542	111
2	Christina Pahuwa	21	Olive Banda	17	Namonde	2	Chinani	221	45
2	Christina Pahuwa	21	Olive Banda	18	Thombozi	2	Chinani	198	43
2	Christina Pahuwa	21	Olive Banda	71	Chimenya	7	Nambazo	119	25
2	Christina Pahuwa	21	Olive Banda	81	Chimenya	7	Nambazo	347	72
3	Felix Namacha	11	Flossy Mpasidwa	21	Godo	3	Chiwalo	493	91
3	Felix Namacha	11	Flossy Mpasidwa	22	Namchapa	3	Chiwalo	300	63
3	Felix Namacha	11	Flossy Mpasidwa	23	Namikalo	3	Chiwalo	175	31
3	Felix Namacha	11	Flossy Mpasidwa	24	Nthenda	3	Chiwalo	969	196
3	Felix Namacha	11	Flossy Mpasidwa	36	Chiwalo	3	Chiwalo	455	86
3	Felix Namacha	23	Sammy Malolo	29	Germany	3	Chiwalo	120	20
3	Felix Namacha	23	Sammy Malolo	30	Khozomba	3	Chiwalo	380	77
3	Felix Namacha	23	Sammy Malolo	31	Mapondera	3	Chiwalo	653	134
3	Felix Namacha	23	Sammy Malolo	32	Mataya	3	Chiwalo	194	41
3	Felix Namacha	23	Sammy Malolo	35	Wahela	3	Chiwalo	330	64
4	George Taibu	2	Charles Nambazo	62	Bwana	7	Nambazo	541	99
4	George Taibu	2	Charles Nambazo	63	Mocha	7	Nambazo	576	106
4	George Taibu	2	Charles Nambazo	64	Thumbulu	7	Nambazo	1449	274
4	George Taibu	4	Chikondi Chikolowa	65	Chabilira	7	Nambazo	264	58
4	George Taibu	4	Chikondi Chikolowa	66	Mandawala	7	Nambazo	812	158
4	George Taibu	4	Chikondi Chikolowa	67	Muwa	7	Nambazo	515	112
4	George Taibu	4	Chikondi Chikolowa	68	Nakhungu	7	Nambazo	385	76
4	George Taibu	4	Chikondi Chikolowa	69	Pangani	7	Nambazo	839	154
5	Gladys Mkwanda	3	Chester Tchemula	19	Mukalakala	3	Chiwalo	722	167
5	Gladys Mkwanda	3	Chester Tchemula	37	Chambeni	4	Mpinda	425	84

5	Gladys Mkwanda	3	Chester Tchemula	38	Mokhola	4	Mpinda	516	110
5	Gladys Mkwanda	3	Chester Tchemula	39	Mpinda	4	Mpinda	272	59
5	Gladys Mkwanda	3	Chester Tchemula	72	Mathanda	8	Nambera	169	39
5	Gladys Mkwanda	5	Chimuyaka Misheck	40	Godize	4	Mpinda	391	87
5	Gladys Mkwanda	5	Chimuyaka Misheck	44	Namuli	4	Mpinda	342	69
5	Gladys Mkwanda	18	Lucy Misuli	41	Vokiwa	4	Mpinda	642	146
5	Gladys Mkwanda	18	Lucy Misuli	42	Bwanali	4	Mpinda	327	73
5	Gladys Mkwanda	18	Lucy Misuli	43	Haziwelo	4	Mpinda	242	57
6	Gravel Magombo	12	George Kawiya	52	Yona	6	Mulambe	197	42
6	Gravel Magombo	12	George Kawiya	77	Lihaka	8	Nambera	232	42
6	Gravel Magombo	12	George Kawiya	78	Likelevala	8	Nambera	138	29
6	Gravel Magombo	12	George Kawiya	79	Mulekuwa	8	Nambera	165	33
6	Gravel Magombo	12	George Kawiya	80	Sambuliwa	8	Nambera	78	16
6	Gravel Magombo	15	Jack Chiotcha	53	Nahipa	6	Mulambe	362	67
6	Gravel Magombo	15	Jack Chiotcha	88	Marko	9	Nthambula	501	86
6	Gravel Magombo	15	Jack Chiotcha	89	Robert	9	Nthambula	659	131
6	Gravel Magombo	16	Jacob Makwinja	54	Henry	6	Mulambe	384	86
6	Gravel Magombo	16	Jacob Makwinja	55	Makawa	6	Mulambe	621	121
6	Gravel Magombo	16	Jacob Makwinja	56	Masache	6	Mulambe	312	57
6	Gravel Magombo	16	Jacob Makwinja	57	Mulambe	6	Mulambe	754	146
7	Joyce Mnoniwa	10	Francis Gauti	73	Likhutu	8	Nambera	249	55
7	Joyce Mnoniwa	10	Francis Gauti	74	Masauli	8	Nambera	337	70
7	Joyce Mnoniwa	10	Francis Gauti	75	Nakhonyopa	8	Nambera	162	36
7	Joyce Mnoniwa	10	Francis Gauti	76	Nambera	8	Nambera	781	152
7	Joyce Mnoniwa	22	Rosemary Kondwani	25	Chilemele	3	Chiwalo	287	56
7	Joyce Mnoniwa	22	Rosemary Kondwani	26	Katolozwe	3	Chiwalo	446	88
7	Joyce Mnoniwa	22	Rosemary Kondwani	27	Mang'anda	3	Chiwalo	384	72
7	Joyce Mnoniwa	22	Rosemary Kondwani	28	Mutchenza	3	Chiwalo	365	70
8	Luwiza Thom	7	Dakar Umali	20	Kanjedza	3	Chiwalo	366	70
8	Luwiza Thom	7	Dakar Umali	45	Chimwele	5	Mtemanyama	108	25
8	Luwiza Thom	7	Dakar Umali	46	James	5	Mtemanyama	291	58
8	Luwiza Thom	7	Dakar Umali	47	Mtemanyama	5	Mtemanyama	858	184
8	Luwiza Thom	7	Dakar Umali	48	Mwizozo	5	Mtemanyama	141	27
8	Luwiza Thom	7	Dakar Umali	49	Thomiha	5	Mtemanyama	348	70
8	Luwiza Thom	20	Mercy Pitani	50	John	5	Mtemanyama	329	75
8	Luwiza Thom	20	Mercy Pitani	51	Maulidi	5	Mtemanyama	279	56
8	Luwiza Thom	20	Mercy Pitani	82	Makwinja	8	Nambera	1239	262
9	Rex Gama	8	Doreen Chiwaula	83	Kachingwe	9	Nthambula	800	148
9	Rex Gama	8	Doreen Chiwaula	84	Mwazozo	9	Nthambula	254	55
9	Rex Gama	8	Doreen Chiwaula	85	Phatama	9	Nthambula	161	34
9	Rex Gama	17	Jomo Chikafa	12	Chinani	2	Chinani	998	214
9	Rex Gama	17	Jomo Chikafa	13	Helema	2	Chinani	226	44
9	Rex Gama	17	Jomo Chikafa	14	Jamu	2	Chinani	310	58
9	Rex Gama	17	Jomo Chikafa	15	Kapama	2	Chinani	620	123
9	Rex Gama	17	Jomo Chikafa	16	Gwadira	2	Chinani	470	92
10	Symon Benda	13	Getrude Bondo	10	Kolowiko	2	Chinani	607	120
10	Symon Benda	13	Getrude Bondo	11	Makhuvi	2	Chinani	309	67
10	Symon Benda	13	Getrude Bondo	86	Nakovo	9	Nthambula	452	89
10	Symon Benda	13	Getrude Bondo	87	Newiri	9	Nthambula	492	90

ANNEX C: Compliance Survey Form

HOUSEHOLD DATA COLLECTION

Interviewer Name (full): _____

Respondent thumbprint or signature: _____

AREA INFORMATION	
1. NAME OF RESPONDENT (full): _____	Household # _____
2. NAME OF VILLAGE: _____	Village # _____
3. GVH NAME: _____	GVH # _____
4. HSA COVERING AREA: _____	HSA # _____
DEMOGRAPHICS	
5. Age of respondent (Muli ndi zaka zingati?)	_____ years
6. Marital status of respondent (Muli pa banja?)	1 <input type="radio"/> Married to monogamous husband 2 <input type="radio"/> Married to polygamous husband 3 <input type="radio"/> Single 4 <input type="radio"/> Divorced 5 <input type="radio"/> Widowed
7. Total household inhabitants? (Mulipo angati m'nyumba yanuyi?)	_____
8. Total children under 5 years in household? (Muli ndi ana angati ochepera zaka zisanu?)	_____
9. Total children under 1 year in household? (Muli ndi ana angati ochepera chaka chimodzi?)	_____
10. Total children under 1 month in household? (Muli ndi ana angati ochepera mwezi umodzi?)	_____
COMPLIANCE ON DIARRHOEA PREVENTION	
11. Does the household have a latrine? (ASK AND <u>OBSERVE</u>) (Kodi muli ndi chimbudzi?)	1 <input type="radio"/> Observed: Latrine with drop hole cover on 2 <input type="radio"/> Observed: Latrine with drop hole cover present but not on 3 <input type="radio"/> Observed: Latrine with no drop hole cover 4 <input type="radio"/> No Latrine → Q13 5 <input type="radio"/> No permission to observe → Q13
12. Is the latrine shared? (Kodi m'chimbudzi chanuchi mumalowanso anthu ena?)	1 <input type="radio"/> Yes 2 <input type="radio"/> No
13. Is there a hand washing facility anywhere? (ASK AND <u>OBSERVE</u>) (Kodi muli ndi posambira m'manja mukachoka kuchimbudzi?)	1 <input type="radio"/> Present but without water 2 <input type="radio"/> Present with water only 3 <input type="radio"/> Present with water and soap or ash 4 <input type="radio"/> Hand washing facility not present

COMPLIANCE ON MALARIA PREVENTION	
14. How many mosquito nets do you have in total? (Muli ndi moskito neti angati?)	_____ nets If no nets → Q17
15. <u>Observe</u> how many nets are hanging now (<i>check all rooms used for sleeping</i>) (Ndi maneti angati amene panopa ndi omangilira kale?)	_____ hanging nets → Q16 99 O No permission to observe → Q17
16. How many under 5 children slept under a net last night? (Ndi ana angati ochepera zaka zisanu amene anagona mu neti usiku wathawu?)	_____ 99 O Not Applicable
COMPLIANCE ON HEALTH SEEKING BEHAVIOUR	
17. Have any under 5 children in the household felt sick in the last 2 weeks? (Kodi mwa ana ochepera zaka zisanu alipo wadwala sabata ziwiri zapitazi?)	1 O Yes 2 O No → Q23 3 O Not Applicable / Unknown → Q23
18. What were the symptoms (<u>mention all</u>)? (Amadwala chiyani, tchulani zones?)	1 <input type="checkbox"/> Fever 2 <input type="checkbox"/> Fast breathing and cough 3 <input type="checkbox"/> Diarrhea 4 <input type="checkbox"/> Other, please specify _____
19. Did you seek treatment for this illness? (Kodi munapita naye ku chipatala?)	1 O Yes 2 O No → Q23
20. How long did you wait before going for treatment? (Munapita ku chipata patatha nthawi yayitali bwanji?)	1 O Within 24 hours 2 O Over 24 hours (specify number of days _____)
21. Where did you go to seek treatment (<u>mention all</u>)? (Kodi munapita kuchipatala chake chiti?)	1 <input type="checkbox"/> Health Centre 2 <input type="checkbox"/> Village clinic 3 <input type="checkbox"/> Government hospital 4 <input type="checkbox"/> Herbalist 5 <input type="checkbox"/> Private clinic/hospital 6 <input type="checkbox"/> Shop 7 <input type="checkbox"/> Other, specify _____
22. What medication, if any, did the child take (<u>mention all</u>)? (Anamwa mankhwala anji?)	1 <input type="checkbox"/> LA 2 <input type="checkbox"/> ORS 3 <input type="checkbox"/> Antibiotics (e.g. Bactrim, Amox) 4 <input type="checkbox"/> Painkillers (e.g. Panadol, aspirin) 5 <input type="checkbox"/> Other, specify _____ 6 <input type="checkbox"/> No medication taken
COMPLIANCE ON FAMILY PLANNING	
23. When you last became pregnant, did you want a child then? (Pamene munali oyembekezera mumafunadi mwanayi kapena mumafiuna mutadikira? Mwina simumafunanso kukhala ndi mwana?)	1 O Wanted a child <u>then</u> 2 O Wanted to <u>wait</u> until later 3 O Did <u>not want</u> any more children 4 O Not applicable (no children) or Unknown

<p>24. Are you practicing any modern family planning method <u>now</u>?</p> <p>(Kodi pano mukugwiritsa ntchito njira yakulera ngati?)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q27</p> <p>3 <input type="radio"/> Not applicable / Unknown → Q28</p>
<p>25. Which method are you currently practicing?</p> <p>(Mukugwiritsa ntchito njira iti?)</p>	<p>1 <input type="radio"/> IUD / Loop</p> <p>2 <input type="radio"/> Implants</p> <p>3 <input type="radio"/> Female sterilization</p> <p>4 <input type="radio"/> Depo</p> <p>5 <input type="radio"/> Pills</p> <p>6 <input type="radio"/> Other, please specify _____</p>
<p>26. When did you start this method?</p> <p>(Munayamba liti kulera?)</p>	<p>1 <input type="radio"/> Less than 12 months ago → Q28</p> <p>2 <input type="radio"/> 1-2 Years → Q28</p> <p>3 <input type="radio"/> More than 2 years → Q28</p>
<p>FOR WOMEN NOT USING FAMILY PLANNING</p> <p>27. Why are you NOT using a family planning method (<u>mention all</u>)?</p> <p>(Chifukwa chiyani simukulera panopa?)</p>	<p>1 <input type="checkbox"/> Pregnant now</p> <p>2 <input type="checkbox"/> Want another child</p> <p>3 <input type="checkbox"/> Not married</p> <p>4 <input type="checkbox"/> Not having sex</p> <p>5 <input type="checkbox"/> Have just had a baby</p> <p>6 <input type="checkbox"/> Knows no method or source</p> <p>7 <input type="checkbox"/> Not child bearing age</p> <p>8 <input type="checkbox"/> Other, please specify _____</p>
COMPLIANCE ON SAFE DELIVERY	
<p>28. Have you, <u>or anyone else in the household</u>, given birth in the last 12 months?</p> <p>(Kodi inu kapena wina aliyense m'nyumba mwanu wabelekako miyezi khumi ndi iwiri yapitayi?)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q39</p> <p>3 <input type="radio"/> Yes, but mother is not available → Q39</p>
ASK Q29 → Q38 TO THE WOMAN WHO HAS RECENTLY GIVEN BIRTH	
<p>29. What date did you give birth?</p> <p>(Kodi munabeleka liti?)</p>	<p>Month: ____ / Day: ____ / Year: ____</p>
<p>30. Where did you give birth (to this last child)?</p> <p>(Munabelekera kuti?)</p>	<p>1 <input type="radio"/> Health Facility → Q32</p> <p>2 <input type="radio"/> Home</p> <p>3 <input type="radio"/> TBA's Home</p> <p>4 <input type="radio"/> Other, specify _____</p>
<p>FOR WOMEN WHO DELIVERED AT HOME OR TBA'S HOME</p> <p>31. Why did you not give birth at the health facility (<u>mention all</u>)?</p> <p>(Chifukwa chiyani simunakachirire ku chipatala?)</p>	<p>1 <input type="checkbox"/> No transport</p> <p>2 <input type="checkbox"/> Distance to health centre</p> <p>3 <input type="checkbox"/> Birth happened unexpectedly</p> <p>4 <input type="checkbox"/> Not happy with health centre services</p> <p>5 <input type="checkbox"/> No materials or money</p> <p>6 <input type="checkbox"/> Prefer traditional care</p> <p>7 <input type="checkbox"/> No one to escort me / Didn't want to go alone</p> <p>8 <input type="checkbox"/> Other, specify _____</p>
COMPLIANCE ON ANTENATAL CARE	
<p>32. During this pregnancy, did you go to a health facility for antenatal care?</p> <p>(Pamene munali woyembekezera munapita ku sikelo ya amayi?)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No → Q36</p>

<p>33. During this pregnancy, how many times did you attend antenatal care at a health facility? _____ times</p> <p><i>(Nanga munapita kangati ku sikelo m'mene munali woyembekezera?)</i></p>	
<p>34. How many months pregnant were you when you first attended antenatal care during your most recent pregnancy? _____ months</p> <p><i>(Munayamba sikelo muli ndi miyezi ingati?)</i></p>	
<p>35. How many times did your husband attend antenatal care with you during your most recent pregnancy? _____ times</p> <p><i>(Kodi amuna anu anakuperekezani kangati ku sikelo muli oyembekezera?)</i></p>	<p>99 <input type="radio"/> No husband</p>
COMPLIANCE ON POSTNATAL CARE	
<p>36. After giving birth did you go to a health facility for postnatal care? <i>(If they answer 'No', ask to check if the child is still alive)</i></p> <p><i>(Kodi mutachira komaliza munapita kuchipatala kuti akakuoneni?)</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q38 3 <input type="radio"/> Child died soon after birth → Q39</p>
<p>37. How long after giving birth did you first go to the health facility for postnatal care? <i>(indicate days OR weeks)</i></p> <p><i>(Munatenga nthawi yayitali bwanji kupita kuchipatala kukaonedwa?)</i></p>	<p>_____ days <i>(if less than 14 days)</i> _____ weeks <i>(if 14 days or more)</i></p>
<p>38. Has any health professional ever visited you at home to check on the child's health since you gave birth?</p> <p><i>(Alipo wazaumoyo amene anabwera kudzamuyendera mwanayu atabadwa?)</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No</p>
COMPLIANCE ON HIV/AIDS	
<p>39. A. Have you been tested for HIV?</p> <p><i>(Munayezetsapo magazi za kachiroombo ka HIV?)</i></p> <p>B. What is your HIV status?</p> <p><i>(Zotsatira za magazi anu zinali bwanji?)</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → Q41</p> <p>1 <input type="radio"/> Positive 2 <input type="radio"/> Negative → End 3 <input type="radio"/> Did not give answer → Q41</p>
FOR WOMEN WHO ARE HIV POSITIVE	
<p>40. Did you receive drugs during your most recent pregnancy to prevent your child from getting HIV?</p> <p><i>(Munalandila mankhwala oteteza mwana kutenga ka chiombo ka HIV?)</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Did not know HIV status at that time → End 4 <input type="radio"/> Was not HIV Positive at that time → End 5 <input type="radio"/> Not Applicable → End</p>
<p>41. Has your most recent born child <u>(if under-5)</u> ever been tested for HIV? <i>(If they answer 'No', check the child is over 6 weeks old)</i></p> <p><i>(Kodi mwanayu anayezedwa magazi kuti aone za kachiroombo ka HIV?)</i></p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → End 3 <input type="radio"/> Child is under 6 weeks old → End 4 <input type="radio"/> Not Applicable → End</p>
FOR CHILDREN WHO HAVE BEEN TESTED FOR HIV	
<p>42. What is the HIV status of your most recent born child <u>(if under-5)</u>?</p> <p><i>(Zotsatira zake ndi zotani?)</i></p>	<p>1 <input type="radio"/> Positive 2 <input type="radio"/> Negative 3 <input type="radio"/> Status unknown 4 <input type="radio"/> Did not give answer</p>

END OF QUESTIONNAIRE

ANNEX D: CHF Catchment Summary (compliance survey results by village)

CHF: Builder Polisi																
Household Data Collection - Village Summary																
Village #	Village Name	Households	Population	U-5 Population	Latrines		Hand-washing		Bed nets		Family Planning		Health Seeking	Safe Delivery	Antenatal	Postnatal
					#	%	#	%	#	%	#	%	%	%	%	%
1	Chimbalanga	249	1355	252	74	29.7%	18	7.2%	200	86.2%	17	10.0%	56.9%	94.0%	43.3%	76.1%
2	Nachopwa	63	375	75	31	49.2%	7	11.1%	57	93.4%	9	20.0%	36.1%	91.7%	25.0%	75.0%
3	Pherere	97	518	104	35	36.1%	4	4.1%	92	95.8%	10	15.6%	51.3%	100.0%	48.0%	83.3%
4	Dyakanga	137	693	136	29	21.2%	4	2.9%	104	78.8%	7	8.2%	65.3%	87.1%	64.5%	77.4%
5	Maguda	121	685	118	28	23.1%	9	7.4%	104	88.1%	12	17.6%	59.0%	54.5%	45.5%	81.8%
6	Ndalama	88	492	89	21	23.9%	10	11.4%	74	86.0%	12	20.0%	70.0%	72.2%	33.3%	83.3%
7	Bvalani	65	337	69	12	18.5%	2	3.1%	42	71.2%	2	5.7%	42.1%	76.9%	38.5%	76.9%
8	Chalera	35	147	24	13	37.1%	1	2.9%	21	60.0%	7	30.4%	75.0%	100.0%	40.0%	100.0%
TOTAL / AVERAGE		855	4602	867	-	28.4%	-	6.4%	-	84.7%	-	13.8%	56.2%	86.0%	45.1%	79.2%
<p>Latrines: % of households with a functioning latrine that is <u>not shared</u> with other households</p> <p>Hand-washing: % of households with a hand-washing facility where <u>water is present</u></p> <p>Bed nets: % of households with at least one <u>hanging</u> bed net</p> <p>Health seeking: % of sick children (in the last 2 weeks) taken for treatment <u>within 24 hours</u></p> <p>Family planning: % of women of child-bearing age who do not want a child now using a <u>long-term</u> family planning method</p> <p>Safe delivery: % of women delivering at a health centre (of all women who have given birth in last 12 months)</p> <p>Antenatal: % of women accompanied to at least one antenatal visit by their husband (of all women who have given birth in last 12 months)</p> <p>Postnatal: % of women attending postnatal care at a health facility <u>within 7 days</u> of giving birth (of all women who have given birth in last 12 months)</p>																

ANNEX E: Triggering Form

TRIGGERING REPORT

PAIR	
1.	HSA NAME _____ # _____
2.	CHW NAME _____ # _____
LOCATION	
3.	NAME OF VILLAGE _____ # _____
4.	GVH NAME _____ # _____
DATE	
5.	DATE _____ / _____ / _____
6.	PHOTO IDs _____
TOPIC	
7.	<div> What was the topic of the activity? (tick all that were covered) </div> <div> 1 <input type="checkbox"/> Latrines 2 <input type="checkbox"/> Hand washing 3 <input type="checkbox"/> Bed nets 4 <input type="checkbox"/> Health seeking 5 <input type="checkbox"/> Family planning 6 <input type="checkbox"/> Safe Delivery 7 <input type="checkbox"/> Antenatal Care (Husband Involvement) 8 <input type="checkbox"/> Postnatal Care 9 <input type="checkbox"/> Other, specify _____ </div>
COMMUNITY PARTICIPATION	
8.	Number of male participants from community _____
9.	Number of female participants from community _____
10.	Number of child participants from community _____
STAKEHOLDER PARTICIPATION	
11.	<div> Which members of the pair were present? </div> <div> 1 <input type="radio"/> Both HSA and CHW 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHW only </div>
12.	How many Village Headmen were present? _____
13.	How many GVHs were present? _____
14.	How many VHC members were present? _____

<p>15. Were any supervisors present? (tick all that were present, regardless of how long they spent there)</p>	<p>1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> HSA Supervisor 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None</p>
<p>COMMUNITY REACTION</p>	
<p>16. What was the reaction of the community?</p>	<p>1 <input type="radio"/> Matchbox in a gas station 2 <input type="radio"/> Promising flames 3 <input type="radio"/> Scattered sparks 4 <input type="radio"/> Damp matchbox</p>
<p>17. Did the community make an action plan?</p>	<p>1 <input type="radio"/> Yes 2 <input type="radio"/> No → End</p>
<p>18. What was the date set for follow up?</p>	<p>__ __ / __ __ / __ __</p>

ANNEX F: Follow-Up Forms

FOLLOW-UP REPORT

LATRINES

PAIR	
1. HSA NAME _____	# _____
2. CHF NAME _____	# _____
LOCATION	
3. NAME OF VILLAGE _____	# _____
4. GVH NAME _____	# _____
DATES	
5. DATE OF TRIGGERING ACTIVITY	___ / ___ / ___
6. DATE OF FINAL FOLLOW-UP (TODAY'S DATE)	___ / ___ / ___
RESULTS	
7. Number of households in the village that had their own latrine <u>before</u> the triggering	_____
8. Number of households in the village that now have their own latrine during the <u>final follow-up</u>	_____
9. Total number of households in village	_____
STAKEHOLDER PARTICIPATION	
10. Which members of the pair were present?	1 <input type="radio"/> Both HSA and CHW 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHW only
11. How many Village Headmen were present?	_____
12. How many GVHs were present?	_____
13. How many VHC members were present?	_____
14. Were any supervisors present? (tick all that were present, regardless of how long they spent there)	1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> HSA Supervisor 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Inter Aide Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None

VILLAGE: _____

SHEET #: _____

[illegible]

FOLLOW-UP REPORT

HAND WASHING

PAIR	
1. HSA NAME _____	# _____
2. CHF NAME _____	# _____
LOCATION	
3. NAME OF VILLAGE _____	# _____
4. GVH _____	# _____
DATES	
5. DATE OF TRIGGERING ACTIVITY	___ / ___ / ___
6. DATE OF FOLLOW-UP (TODAY'S DATE)	___ / ___ / ___
RESULTS	
7. Number of households that had a hand washing facility with water present <u>before</u> the triggering	_____
8. Number of households that have a hand washing facility with water present <u>following</u> the triggering	_____
9. Total number of households in village	_____
STAKEHOLDER PARTICIPATION	
10. Which members of the pair were present?	1 <input type="radio"/> Both HSA and CHW 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHW only
11. How many Village Headmen were present?	_____
12. How many GVHs were present?	_____
13. How many VHC members were present?	_____
14. Were any supervisors present? (tick all that were present, regardless of how long they spent there)	1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> HSA Supervisor 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Inter Aide Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None

ATTACHMENT: HOUSEHOLD LIST

Only list households that did not have a functioning hand washing facility at the time of triggering.

[illegible]

FOLLOW-UP REPORT

BED NETS

PAIR	
1. HSA NAME _____	# _____
2. CHF NAME _____	# _____
LOCATION	
3. NAME OF VILLAGE _____	# _____
4. GVH NAME _____	# _____
DATES	
5. DATE OF TRIGGERING ACTIVITY	___/___/___
6. DATE OF FINAL FOLLOW-UP	___/___/___
RESULTS	
7. Number of households with at least one hanging net in the house <u>before</u> the triggering	_____
8. Number of households with at least one hanging net in the house during the <u>final follow-up</u>	_____
9. Total number of households	_____
STAKEHOLDER PARTICIPATION	
10. Which members of the pair were present?	1 <input type="radio"/> Both HSA and CHF 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHF only
11. How many Village Headmen were present?	_____
12. How many GVHs were present?	_____
13. How many VHC members were present?	_____
14. Were any supervisors present? (tick all that were present, regardless of how long they spent there)	1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> HSA Supervisor 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Inter Aide Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None

VILLAGE: _____

SHEET #: _____

[illegible]

HEALTH SEEKING FOLLOW-UP LIST

FOLLOW-UP REPORT

HEALTH SEEKING

PAIR	
1.	HSA NAME _____ # _____
2.	CHW NAME _____ # _____
LOCATION	
3.	NAME OF VILLAGE _____ # _____
4.	GVH NAME _____ # _____
DATES	
5.	DATE OF TRIGGERING ACTIVITY ____ / ____ / ____
6.	DATE OF FOLLOW-UP (TODAY'S DATE) ____ / ____ / ____
RESULTS	
7.	Total number of under 5 children in village _____
8.	Number of under 5 children who were sick in the last 2 weeks _____
9.	Number of sick under 5 children who were taken to a health facility within 24 hours _____
STAKEHOLDER PARTICIPATION	
10.	Which members of the pair were present? 1 <input type="radio"/> Both HSA and CHW 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHW only
11.	How many Village Headmen were present? _____
12.	How many GVHs were present? _____
13.	How many VHC members were present? _____
14.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Were any supervisors present?</p> <p>(tick all that were present, regardless of how long they spent there)</p> </div> <div style="width: 50%;"> <p>1 <input type="checkbox"/> Environmental Health Officer</p> <p>2 <input type="checkbox"/> HSA Supervisor</p> <p>3 <input type="checkbox"/> Inter Aide Programme Manager</p> <p>4 <input type="checkbox"/> Inter Aide Programme Coordinator</p> <p>5 <input type="checkbox"/> Inter Aide Field Supervisor</p> <p>6 <input type="checkbox"/> Other, specify _____</p> <p>7 <input type="checkbox"/> None</p> </div> </div>

List <u>all</u> under-5 children in the village.				
#	1. Child name (complete 1 row for each under-5 child in the household)	2. Were they sick in the last 2 weeks? <input type="radio"/> Yes* <input type="radio"/> No	*For children who were sick	
			3. Where were they taken? (Health Facility = Health Centre, village clinic or mobile clinic) <input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	4. After how long was treatment sought? <input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours
		<input type="radio"/> Yes* <input type="radio"/> No	<input type="checkbox"/> Health Facility <input type="checkbox"/> Other _____ <input type="checkbox"/> No treatment sought	<input type="radio"/> Within 24 hours <input type="radio"/> Over 24 hours

FOLLOW-UP REPORT

FAMILY PLANNING

PAIR	
1. HSA NAME _____	# _____
2. CHF NAME _____	# _____
LOCATION	
3. NAME OF VILLAGE _____	# _____
4. GVH NAME _____	# _____
DATES	
5. DATE OF TRIGGERING ACTIVITY	___ / ___ / ___
6. DATE OF FINAL FOLLOW-UP	___ / ___ / ___
RESULTS	
7. Number of women of child-bearing age who do not want any more children or want to wait until later _____	
8. Number of women using a long-term family planning method _____	
STAKEHOLDER PARTICIPATION	
9. Which members of the pair were present?	1 <input type="radio"/> Both HSA and CHF 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHF only
10. How many Village Headmen were present?	_____
11. How many GVHs were present?	_____
12. How many VHC members were present?	_____
13. Were any supervisors present? (tick all that were present, regardless of how long they spent there)	1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> Senior HSA 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Inter Aide Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None

VILLAGE: _____

SHEET #: _____

FAMILY PLANNING FOLLOW-UP LIST

List women of child-bearing age. Maximum one respondent per household.

(If there is more than one woman of child-bearing age, the respondent should be the oldest woman between ages 15 and 49)

#	1. Respondent's name	2. Do you want a child now, do you want to wait until later to have children, or do you not want any more children?	3. Are you using any family planning method?	3. Which long-term method are you using?	4. What date did you start using this method?
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___
		<input type="radio"/> Wants a child now <input type="radio"/> Wants child later or no more children* <input type="radio"/> N/A (e.g. infertile, not having sex)	<input type="radio"/> Using long-term method* <input type="radio"/> Using short-term method <input type="radio"/> Using no modern method	<input type="radio"/> Implant <input type="radio"/> Sterilization <input type="radio"/> IUD	___ / ___ / ___

FOLLOW-UP REPORT

SAFE DELIVERY, ANTENATAL & POSTNATAL

PAIR	
1. HSA NAME _____	# _____
2. CHF NAME _____	# _____
LOCATION	
3. NAME OF VILLAGE _____	# _____
4. GVH NAME _____	# _____
DATES	
5. DATE OF TRIGGERING ACTIVITY	___ / ___ / ___
6. DATE OF FOLLOW-UP (TODAY'S DATE)	___ / ___ / ___
RESULTS	
7. Number of women have given birth in the last 12 months	_____
8. Number of women who delivered at a health facility in the last 12 months	_____
9. Number of women who attended antenatal care in the last 12 months (<i>excluding women with no husband</i>)	_____
10. Number of women who were accompanied to antenatal care by their husband in the last 12 months	_____
11. Number of women who visited the health facility for a postnatal check within 7 days of giving birth	_____
STAKEHOLDER PARTICIPATION	
12. Which members of the pair were present?	1 <input type="radio"/> Both HSA and CHW 2 <input type="radio"/> HSA only 3 <input type="radio"/> CHW only
13. How many Village Headmen were present?	_____
14. How many GVHs were present?	_____
15. How many VHC members were present?	_____
16. Were any supervisors present? (tick all that were present, regardless of how long they spent there)	1 <input type="checkbox"/> Environmental Health Officer 2 <input type="checkbox"/> Senior HSA 3 <input type="checkbox"/> Inter Aide Programme Manager 4 <input type="checkbox"/> Inter Aide Programme Coordinator 5 <input type="checkbox"/> Inter Aide Field Supervisor 6 <input type="checkbox"/> Other, specify _____ 7 <input type="checkbox"/> None

VILLAGE: _____

SHEET #: _____

SAFE DELIVERY, ANTENATAL & POSTNATAL FOLLOW-UP LIST					
List all deliveries that have occurred <u>in the last 12 months</u>					
#	1. Woman's name	2. Date delivered ____/____/____	3. Delivered at Health Facility? Yes <input type="radio"/> No <input type="radio"/>	4. Antenatal care – male involvement 1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	5. Postnatal care 1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth
		____/____/____	Yes <input type="radio"/> No <input type="radio"/>	1 <input type="radio"/> Woman did not attend antenatal 2 <input type="radio"/> Woman attended, husband did not 3 <input type="radio"/> Husband attended <u>at least once</u> 4 <input type="radio"/> No husband	1 <input type="radio"/> Did not attend 2 <input type="radio"/> Attended within 7 days 3 <input type="radio"/> Attended after 7 days 4 <input type="radio"/> Child died soon after birth

ANNEX G: Data Collection Audit Report

DATA COLLECTION AUDIT REPORT

Month _____ Year _____

Auditor _____

FORM DETAILS

Date data collected	
Form	
CHF	
Village	
Household/Woman #	

COMMENTS FROM AUDITOR

--

Signature:

Date:

Photo ID _____

RESULT

☐ Confirmed, no errors ☐ Confirmed, some errors

☐ Not confirmed

ANNEX H: Supervision Checklist

SUPERVISION CHECKLIST FOR CHF's

DATE: _____

SUPERVISOR NAME: _____

CHF NAME: _____

	PROCESS INDICATOR	LEVEL	SUPERVISOR'S COMMENTS
PERSONAL ORGANISATION			
Punctuality	Check if the CHW is on time as agreed by with the stakeholders		
Planning of activities	Check if the activity is indicated in the diary and if the stakeholders are aware		
Preparation of activities (procedure and tools)	Check according to the Supervisor's observation if the CHW is; well prepared, least prepared or not prepared		
Involvement of key stakeholders	Check for the presence of key stakeholders during the activity		
Presentation	Check for the presentation skills of a CHW (dynamism, listening, appraising, systematic, procedural etc)		
PERFORMANCE OF ACTIVITIES			
Climate setting	Check for climate setting conducive for the activity and		
Facilitation skills	Check for relevant facilitation skills (Questioning, principles of adult learning, acknowledging, respecting ideas, analyzing the audience, praising, time management, communication skills, etc)		
Knowledge and skills analysis (CHW)	Check for knowledge and skills of the subject matter		

	PROCESS INDICATOR	LEVEL	SUPERVISOR'S COMMENTS
Procedures	Check for the systematic and procedural way of conducting the activity		
Tools	Check for the presence of necessary tools for the activity and observe relevant use		
Strategy and results	Check if the activity is in line with the implementation strategy and would immediately or eventually contribute to achievement of a specific by-law		
OVERALL			

BRIEF FEED BACK FROM SUPERVISOR:

Signature, CHF:

DATE:

Signature, Supervisor:

DATE:

ANNEX I: Monthly Activity Verification Form

MONTHLY ACTIVITY VERIFICATION

CHF _____ Month _____ Year _____

All photos must include the CHF, the usual activity location, at least one VHC member, and the HSA if present.

Date	Time	Village	Activity	Start Time	End Time	Photo ID Start	Photo ID End	HSA present	Completed / Cancelled	Verified
	AM									
	PM									
	AM									
	PM									
	AM									
	PM									
	AM									
	PM									
	AM									
	PM									

ANNEX J: Monthly Supervision Verification Form

MONTHLY SUPERVISION VERIFICATION

Supervisor _____ Month _____ Year _____

Minimum two photos per visit, one on arrival and one before leaving. All photos must include the supervisor, usual activity location, CHF (if present), and beneficiaries (if present).

Date	CHF	Village	Activity	Time Arrived	Time Left	Camera	Photo IDs	Supervision checklist (Y/N)	Verified

ANNEX K: Competition Checklist

COMPETITION SUPERVISION CHECKLIST

Date: _____ Supervisor: _____

HSA: _____ CHF: _____

Village: _____ Activity: _____

Note: Only one checklist should be completed per activity. If there is more than one supervisor present then the supervisors should discuss together and agree on the scores.

Item	Maximum Points	Points Achieved	Comments / Evidence
Planning	5 points		
Punctuality	5 points		
Compliance to schedule	5 points		
Report submission	5 points		
Facilitation skills	5 points		
Pair collaboration	5 points		
Trustworthiness	5 points		
Personal organization	5 points		
Communication skills	5 points		
Technical skills	5 points		
TOTAL	50 points		

General Comments

Signature

Supervisor: _____

ANNEX L: Patient Satisfaction Survey

PATIENT SATISFACTION SURVEY (EXAMPLE TEMPLATE)

Interviewer Name _____ Date: ____ / ____ / ____

HEALTH FACILITY	
1. Facility where the respondent accessed services	1 <input type="radio"/> Katchale Health Centre 2 <input type="radio"/> Namikango Village Clinic 3 <input type="radio"/> Chipwhanya Village Clinic 4 <input type="radio"/> Khuzi Village Clinic
RESPONDENT	
2. Gender of respondent	1 <input type="radio"/> Male 2 <input type="radio"/> Female
3. Age of respondent	_____ years
SERVICES	
4. Why did you come to the health facility today? (Tick all that apply)	1 <input type="checkbox"/> Treatment for a sick child 2 <input type="checkbox"/> Treatment for a sick adult 3 <input type="checkbox"/> Antenatal or postnatal visit 4 <input type="checkbox"/> Delivery (maternity) 5 <input type="checkbox"/> Family planning 6 <input type="checkbox"/> Growth monitoring 7 <input type="checkbox"/> Vaccinations 8 <input type="checkbox"/> Other, please specify _____
5. Did you receive assistance for these issues?	1 <input type="radio"/> Yes, all the issues → Q7 2 <input type="radio"/> Only some of the issues 3 <input type="radio"/> None of the issues
6. Why did you not receive assistance on some / all issues?	1 <input type="radio"/> Health facility was closed 2 <input type="radio"/> Required staff member was away 3 <input type="radio"/> Case too complex so referred to another facility 4 <input type="radio"/> No drugs / supplies available 5 <input type="radio"/> Too many people in the queue 6 <input type="radio"/> Don't know 7 <input type="radio"/> Other, specify _____
7. How long did you wait to receive assistance? (If less than 1 hour write 0 hours)	_____ hours
SATISFACTION	
8. How would you rate the service you received overall?	1 <input type="radio"/> Poor 2 <input type="radio"/> Average 3 <input type="radio"/> Good
9. How would you rate the attitude of the staff?	1 <input type="radio"/> Poor 2 <input type="radio"/> Average 3 <input type="radio"/> Good
10. How would you rate the facility itself (building, equipment, supplies, etc)?	1 <input type="radio"/> Poor 2 <input type="radio"/> Average 3 <input type="radio"/> Good

COMMENTS

ANNEX M: Village Clinic Report

The Village Clinic report will be a photocopy of the government report. A sample is shown below:

FORM 18
VILLAGE CLINICS MONTHLY CONSOLIDATED REPORT - Health Facility Level

Health Facility: _____ Month: _____ Year: _____
District: _____
Number of village clinics that have reported this month: _____
Total number of functional village clinics within the catchment area: _____
Total number of ECMA HSAs staying in their catchment area: _____
Total population in hard to reach areas: _____

ECMA Cases report summary

Condition	New cases		Referrals with danger signs		Referrals made because of drug stockout		Deaths within 7 days of receiving treatment at a village clinic	
	Male	Female	Male	Female	Male	Female	Male	Female
Measles								
Diarrhoea								
Acute watery								
Acute bloody								
Acute watery with blood								
Acute watery with blood and mucus								
Acute watery with blood and mucus and fever								
Acute watery with blood and mucus and fever and dehydration								
Acute watery with blood and mucus and fever and dehydration and convulsions								
Acute watery with blood and mucus and fever and dehydration and convulsions and coma								
Acute watery with blood and mucus and fever and dehydration and convulsions and coma and death								

How cases by gender: ☐ males ☐ females

Supervision schedule for the month

ECMA with Village clinics	Village clinics planned visits	Village clinics visits done	ECMA who had their skills reinforced by case observations, case reviews during supervision

Supervision summary

Factor	Case management	Information Decision Treatment Consistency	Case supply	Supply to	Availability of drugs	Availability of services	Equipment maintenance	Other and additional
ECMA who get correct scores on the following per checklist								

Regimen management table

Name of Drug/Supply	Unit of issue	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
		Quantity on hand at the beginning of the month	Quantity Dispensed	Issues	Adjustment	Quantity received	Now stock on hand	Number of HSAs reporting a stockout during the 7 consecutive days or more	Number of HSAs reporting a stockout during the 7 consecutive days or more	Number of HSAs reporting a stockout during the 7 consecutive days or more
LA 6X1	Tablet									
LA 6X2	Tablet									
Paracetamol	Tablets									
Clin	Syringe									
Zinc	Tablet									
Cotrimoxazole	Tablet									
Eye ointment	Tube									

Number of HSAs reported to have been supervised in the month: _____
Name of village clinic and reported: _____

Name of Reporting officer: _____
* Report should be sent to the HSO by 10th of each month

Signature: _____
To be kept in duplicate, one for the health facility and another copy should be sent to HSO

ANNEX N: HIMS Report

HEALTH INFORMATION MANAGEMENT SYSTEM (HIMS) REPORT

Health Centre	Katchale Health Centre
Month	April 2015
Total U5 patients	217
Data collection by	Emma Chitenje

ANNEX O: System Activities Log

EXAMPLE:

5th March 2014

The project car transported representatives from DHO (Safe motherhood coordinator, HSA coordinator) and the Health Area (AEHO, Nurse in-charge) to Katchale for a meeting, and provided food for the meeting. The meeting involved:

- **Presentation by the Health Centre Management Committee** – the community representatives made several complaints about the standard of services at Katchale Health Centre. This included complaints about the nurse charging fees for deliveries, drug shortages, the Health Centre being closed due to the Medical Assistant being on sick leave, and pregnant women not receiving bed nets during antenatal consultations. The DHO and Health Area representatives took notes on the complaints and agreed to take them up with the relevant people at Health Centre, Health Area and DHO level.
- **Inspection of the maternity ward:** The safe motherhood coordinator and nurse in-charge inspected the maternity ward equipment, along with Christopher. They made a list of all the essential equipment that was missing or broken. They also had a private discussion with the nurse about the fees and bed nets. As a temporary solution for lighting they asked Inter Aide to provide some torches and batteries to be used for night deliveries. This will remove the excuse that the nurse is using for charging patients fees (“to purchase candles”).
- **Delivery of HSA bicycles:** Seven bicycles were delivered for the HSAs to use for activities. The Health Centre EHO signed the Letter of Understanding governing the use of the bicycles.



Community representatives from the Health Centre Management committee present their complaints to the DHO and Health Area representatives, Katchale Health Centre, 5th March 2014, 1:21pm

ANNEX P: Triggering & Follow Up Report

TRIGGERING & FOLLOW-UP REPORT

Technical

Outcome Indicators

Catchment Area Demographic Data

# households		Population		# children under 5	
--------------	--	------------	--	--------------------	--

Indicator Summary

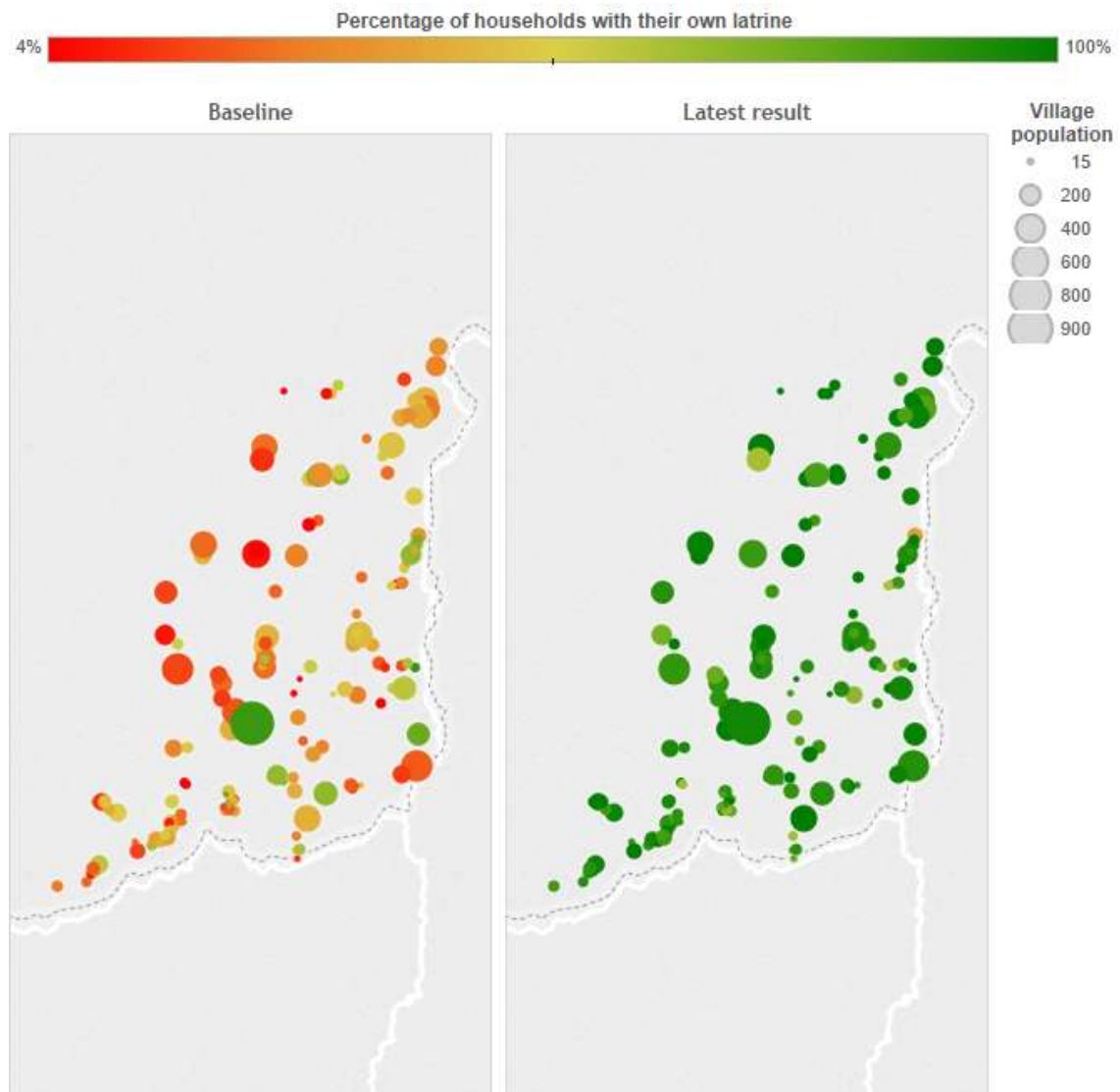
Topic	Indicator	Baseline	Latest
Latrines	% of households with their own latrine (not shared)		
Hand washing	% of households with a hand washing facility		
Bed nets	% of households with at least one hanging bed net		
Health seeking	% of sick U5 taken to a health facility within 1 day		
Family planning	% of women* using a long term method of family planning		
Safe delivery	% of women who delivered at a Health Facility**		
Village clinics	% of sick under 5 children taken for treatment at a village clinic ***		

Latrines

Indicator: % of households with their own latrine (not shared)

Q2 2014*	Q3 2014	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016

*Compliance Survey results (baseline)



TRIGGERING ACTIVITIES

Total number of triggering activities completed

Topic	Jan	Feb	Mar	Total for Quarter (#)	Cumulative Total (#)
Latrines					
Hand washing					
Bed nets					
Health seeking					
Family planning					
Safe motherhood					
TOTAL TRIGGERINGS*					

Triggering Participation by topic by month (all attendees)

Topic	Jan	Feb	Mar	Total for Quarter (#)	Cumulative Total (#)
Latrines					
Hand washing					
Bed nets					
Health seeking					
Family planning					
Safe motherhood					
TOTAL TRIGGERINGS*					

Total number of villages triggered:

Total population of villages triggered:

Latest Quarter Participation Rate:

Adult to Household Ratio:

Triggering Participation Rate by quarter (all attendees)

	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016
Triggerings									
Attendees									
Participation Rate									
Adult-HH ratio									

Triggering Participation by attendee

Topic	Jan	Feb	Mar	Total for Quarter (#)	Cumulative Total (#)
Males					
Females					
Children					
TOTAL PARTICIPANTS*					

Pair collaboration

% of activities implemented by	Previous Quarter %	Latest Quarter %	Cumulative %
HSA & CHW			
HSA only			
CHW only			

Stakeholder involvement

% of activities with at least one...	Previous Quarter %	Latest Quarter %	Cumulative %
Village Headman (VH)			
Group Village Headman (GVH)			
Village Health Committee member (VHC)			

Supervision

% of activities supervised by...	Previous Quarter %	Latest Quarter %	Cumulative %
Health Centre			
Environmental Health Officer			
Senior HSA			
Inter Aide			
Programme Director			
Programme Manager			
Field Supervisor			

Community Reaction

What was the reaction of the community? (%)	Previous Quarter %	Latest Quarter %	Cumulative %
Matchbox in a gas station (excellent)			
Promising flames (good)			
Scattered sparks (poor)			
Damp matchbox (terrible)			

Action Planning

Did the community make an action plan? (%)	Previous Quarter %	Latest Quarter %	Cumulative %
Yes			
No			

FOLLOW-UPS

Total Follow Ups completed by topic

Topic	Jan	Feb	Mar	Total for Quarter (#)	Cumulative Total (#)
Latrines					
Hand washing					
Bed nets					
Health seeking					
Family planning					
Safe delivery					
Antenatal (male involvement)					
Postnatal					
TOTAL					

Pair collaboration

% of activities implemented by	Previous Quarter %	Latest Quarter %	Cumulative %
HSA & CHW			
HSA only			
CHW only			

Stakeholder involvement

% of activities with at least one...	Previous Quarter %	Latest Quarter %	Cumulative %
Village Headman (VH)			
Group Village Headman (GVH)			
Village Health Committee member (VHC)			

Supervision

% of activities supervised by...	Previous Quarter %	Latest Quarter %	Cumulative %
Health Centre			
Environmental Health Officer			
Senior HSA			
Inter Aide			
Programme Director			
Programme Manager			
Field Supervisor			

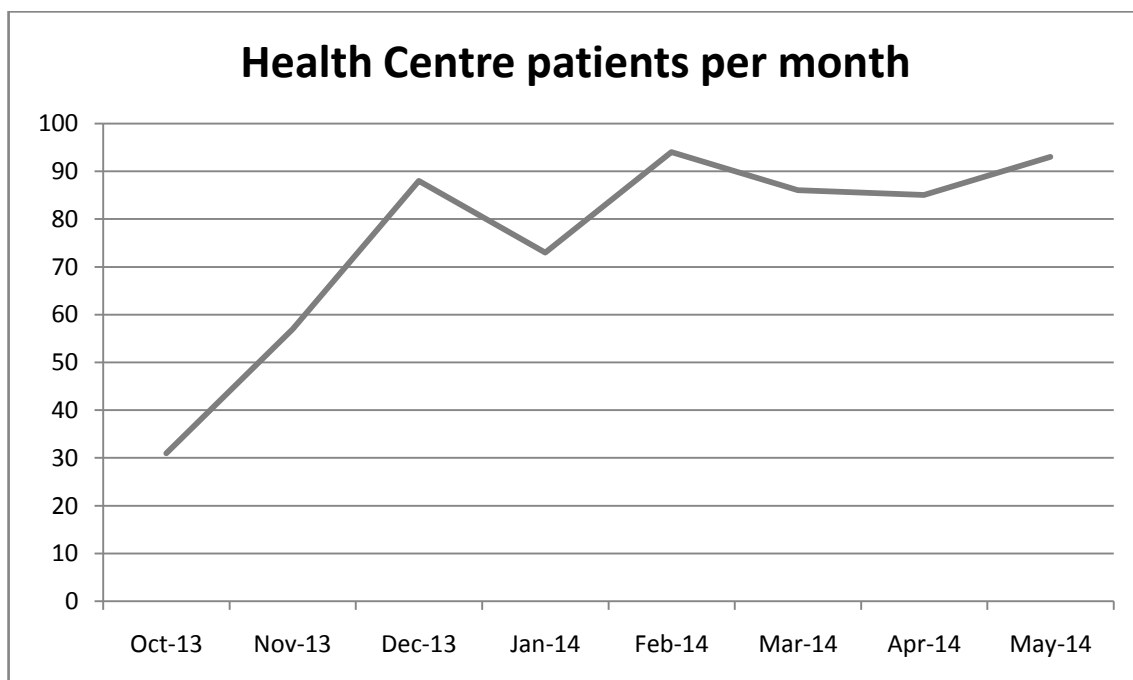
ANNEX Q: Health Services Report

HEALTH SERVICES REPORT

This is a cumulative report from the start of the Programme in <DATE> until <DATE>.

HEALTH CENTRE: _____

Month	Total U5 patients



VILLAGE CLINICS

Namikango

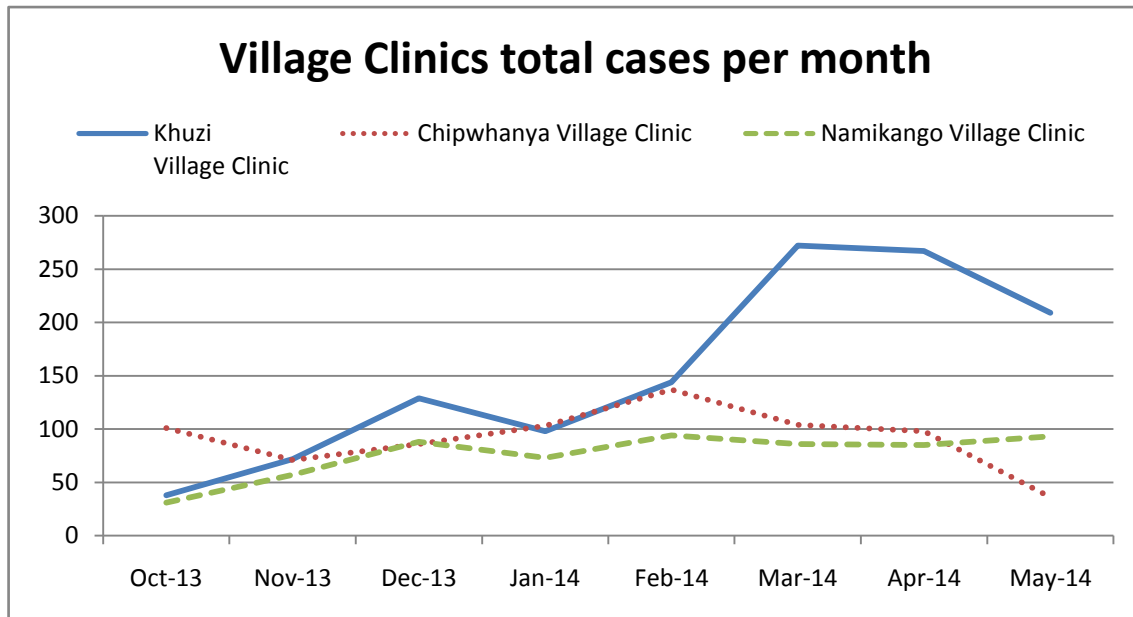
Month	Total U5 patients	Total U5 cases	Total cases referred due to drug shortage

Chipwhanya

Month	Total U5 patients	Total U5 cases	Total cases referred due to drug shortage

Khuzi

Month	Total U5 patients	Total U5 cases	Total cases referred due to drug shortage



BLM

Referrals

Month	# women referred to BLM for long term methods

BLM Patients

Clinic date	Location	# tubal ligations	# implants	# IUDs	# short term (pills, depo)

cStock

Month	% complete reporting	% reporting on time

ANNEX S: M&E System Audit

M&E SYSTEM AUDIT

Date _____

Auditor _____

PLANNING

Question	Answer	Comments
Do all CHWs have a complete plan for the previous month?	Yes / No	
Do all supervisors have a complete plan for the previous month?	Yes / No	
Are all monthly activity verification forms complete for the previous month?	Yes / No	
Is the supervision verification form complete for the previous month?	Yes / No	
Have supervision checklists been completed for the previous month?	Yes / No	

TRIGGERING & FOLLOW-UP DATA

Question	Answer	Comments
Have all triggering and follow up forms for the previous month been entered into EpiData?	Yes / No	
Randomly choose one triggering and one follow up form. Have they been entered correctly into EpiData?	Yes / No	
Has the M&E officer done data collection auditing for the previous month and completed all data audit reports?	Yes / No	
Is the most recent 2 monthly Triggering & Follow-Up Report completed?	Yes / No	
Choose three figures from the Triggering & Follow-Up Report. Are they calculated correctly from the raw data set?	Yes / No	

HEALTH SERVICES DATA

Question	Answer	Comments
Has the HIMS report for the previous month complete?	Yes / No	
Are all Village Clinic reports for the previous month complete?	Yes / No	
Is data available for all BLM referrals and outreach clinics that ran in the previous month?	Yes / No	
Is a copy of the cStock report for Katchale available for the previous month?	Yes / No	
Is the most recent 2 monthly Health Services Report completed?	Yes / No	
Choose three figures from the Health Services Report. Are they inputted correctly from the original data?	Yes / No	
Is the System Activities Log up-to-date?	Yes / No	
Does System Activities Log include sufficient details and photographs to understand what happened?	Yes / No	

FIELD REPORTS

Question	Answer	Comments
Has the most recent 2 monthly Field Report been completed, including all annexes?	Yes / No	
Do all photographs in the M&E folder have captions, including the activity, location, date and time?	Yes / No	

Auditor signature

ANNEX T: Monthly Activity Plan

Rex	HSA EXISTING COMMITMENTS								
DATE	DOREEN CHIWAULA	JOMO CHIKAFI	ACTIVITY	TOPIC	VILLAGE	HSA	START TIME	DONE / NOT DONE	Comments
05-Oct-15	STATIC U/5 CLINIC		TRIGGERING	LATRINE & HW	HELEMA	JOMO CHIKAFI	9AM		
06-Oct-15	STATIC U/5 CLINIC		TRIGGERING	LATRINE & HW	JAMU	-	9AM		
07-Oct-15	STATIC U/5 CLINIC		TRIGGERING	LATRINE & HW	CHINANI	JOMO CHIKAFI	2PM		
08-Oct-15	STATIC U/5 CLINIC		FOLLOW UP (I)	LATRINE & HW	KAPAMA	-	9AM		
09-Oct-15	STATIC U/5 CLINIC		MAKE APPOINTMENTS			DOREEN & JOMO	9AM		
12-Oct-15		STATIC U/5 CLINIC	FOLLOW UP (F)	LATRINE & HW	HELEMA	-	9AM		
13-Oct-15		STATIC U/5 CLINIC	FOLLOW UP (I)	LATRINE & HW	CHINANI (1)	-	9AM		
14-Oct-15		STATIC U/5 CLINIC	FOLLOW UP (I)	LATRINE & HW	PHATAMA	DOREEN CHIWAULA	9AM		
15-Oct-15		STATIC U/5 CLINIC	TRIGGERING	LATRINE & HW	CHINANI (2)	-	2PM		
16-Oct-15		STATIC U/5 CLINIC	FOLLOW UP (F)	LATRINE & HW	KACHINGWE (1)	DOREEN CHIWAULA	9AM		
19-Oct-15			TRIGGERING	LATRINE & HW	KACHINGWE (2)	DOREEN CHIWAULA	9AM		
20-Oct-15			FOLLOW UP (I)	LATRINE & HW	GWADILA	JOMO CHIKAFI	9AM		
21-Oct-15			FOLLOW UP (I)	LATRINE & HW	GWADILA	JOMO CHIKAFI	9AM		
22-Oct-15			FOLLOW UP (F)	LATRINE & HW	PHATAMA	DOREEN CHIWAULA	9AM		
23-Oct-15			FOLLOW UP (F)	LATRINE & HW	MWAZOZO	DOREEN CHIWAULA	9AM		
26-Oct-15			FOLLOW UP (I)	LATRINE & HW	KAPAMA	JOMO CHIKAFI	9AM		
27-Oct-15			SALARY DAY						
28-Oct-15			FOLLOW UP (F)	LATRINE & HW	GWADILA	JOMO CHIKAFI	9AM		
29-Oct-15			FOLLOW UP (I)	LATRINE & HW	CHINANI (2)	JOMO CHIKAFI	9AM		
30-Oct-15			FOLLOW UP (F)	LATRINE & HW	JAMU	JOMO CHIKAFI	9AM		
31-Oct-15			FOLLOW UP (I)	LATRINE & HW	CHINANI	JOMO CHIKAFI	9AM		
02-Nov-15			FOLLOW UP (F)	LATRINE & HW	KAPAMA (1)	JOMO CHIKAFI	9AM		
03-Nov-15			FOLLOW UP (F)	LATRINE & HW	KAPAMA (2)	JOMO CHIKAFI	9AM		
04-Nov-15			MONTHLY WORK PLANNING						

ANNEX U: Key Indicator Reports

Key Indicator Template (by GVH)

DEMOGRAPHICS						INDICATORS															
GVH #	GVH	Total villages	Total households	Total population	Total U5 population	LATRINES		HAND WASHING		BED NETS		HEALTH SEEKING		FAMILY PLANNING		SAFE DELIVERY		ANTENATAL		POSTNATAL	
						% of households with their own latrine		% of households with a hand washing facility		% of households with at least one hanging bed net		% of sick U5 taken to a health facility within 1 day		% of women using a long term method of family planning		% of women who delivered at a Health Facility		% of women accompanied to antenatal care		% of women attending postnatal care within 7 days	
						Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest
1	Chimbalanga																				
2	Chinani																				
3	Chiwalo																				
4	Mpinda																				
5	Mtemenyama																				
6	Mulambe																				
7	Nambazo																				
8	Nambera																				
9	Nthambula																				

Key Indicator Template (by CHF)

DEMOGRAPHICS						INDICATORS															
CHF	CHF	Total villages	Total households	Total population	Total U5 population	LATRINES		HAND WASHING		BED NETS		HEALTH SEEKING		FAMILY PLANNING		SAFE DELIVERY		ANTENATAL		POSTNATAL	
						% of households with their own latrine	% of households with a hand washing facility	% of households with at least one hanging bed net	% of sick U5 taken to a health facility within 1 day	% of women using a long term method of family planning	% of women who delivered at a Health Facility	% of women accompanied to antenatal care	% of women attending postnatal care within 7 days								
						Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest
1	Builder Polisi																				
2	Christina Pahuwa																				
3	Felix Namacha																				
4	George Taibu																				
5	Gladys Mkwanda																				
6	Gravel Magombo																				
7	Joyce Mnoniwa																				
8	Luwiza Thom																				

Key Indicator Template (by Station / HSA)

DEMOGRAPHICS						INDICATORS															
#	Station / HSA	Total villages	Total households	Total population	Total US population	LATRINES		HAND WASHING		BED NETS		HEALTH SEEKING		FAMILY PLANNING		SAFE DELIVERY		ANTENATAL		POSTNATAL	
						% of households with their own latrine		% of households with a hand washing facility		% of households with at least one hanging bed net		% of sick US taken to a health facility within 1 day		% of women using a long term method of family planning		% of women who delivered at a Health Facility		% of women accompanied to antenatal care		% of women attending postnatal care within 7 days	
						Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest	Baseline	Latest
1	Amos Nampuluma																				
2	Charles Nambazo																				
3	Chester Tchemula																				
4	Chikondi Chikolowa																				
5	Chimuyaka Misheck																				
6	Colings Khumbanyiwa																				
7	Dakar Umali																				
8	Doreen Chiwaula																				
9	Enerst Mpeketula																				
10	Francis Gauti																				
11	Frocy Mpasidwa																				
12	George Kawiya																				
13	Getrude Bondo																				
14	Gift Mpira																				
15	Jack Chiotcha																				
16	Jacob Makwinja																				
17	Jomo Chikafa																				
18	Lucy Misuli																				
19	Manong'a Felix																				
20	Mercy Pitani																				
21	Olive Banda																				
22	Rosemary Kondwani																				
23	Sammy Malolo																				
24	Masauko Miss																				

ANNEX V: GVH Follow-Up Report Templates (handover)

GVH Household Follow Up Report Template: Latrines

GVH: _____				GVH FOLLOW UP RESULTS FORM										TOPIC: <u>LATRINES</u>					
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			
	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	Total # of house- holds	# of HHs with latrines	% of HHs with latrines	
Chilembwe																			
Jontcho																			
Mnyontho																			
Mgombechikho																			
Msamba																			
Chilombo																			
Njovu																			
Banikani																			
TOTAL																			
	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			

GVH Household Follow Up Report Template: Hand washing

GVH: _____				GVH FOLLOW UP RESULTS FORM										TOPIC: <u>HAND WASHING</u>					
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			
	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	Total # of house- holds	# of HHs with HW facility	% of HHs with HW facility	
Chilembwe																			
Jontcho																			
Mnyontho																			
Mgombechikho																			
Msamba																			
Chilombo																			
Njovu																			
Banikani																			
TOTAL																			
	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			

GVH Household Follow Up Report Template: Bed nets

GVH: _____				GVH FOLLOW UP RESULTS FORM										TOPIC: <u>BED NETS</u>				
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____		
	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net	Total # of house-holds	# of HHs with a hanging net	% of HHs with a hanging net
Chilembwe																		
Jontcho																		
Mnyontho																		
Mgombechikho																		
Msamba																		
Chilombo																		
Njovu																		
Banikani																		
TOTAL																		
	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up		
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Trigge rings required <input type="checkbox"/>		

GVH Household Follow Up Report Template: Health Seeking

GVH: _____			GVH FOLLOW UP RESULTS FORM									TOPIC: <u>HEALTH SEEKING</u>						
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____		
	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day	# of sick U-5s in last 2 weeks	# of U-5s taken to facility in 1 day	% U-5s taken to facility in 1 day
Chilembwe																		
Jontcho																		
Mnyontho																		
Mgombechikho																		
Msamba																		
Chilombo																		
Njovu																		
Banikani																		
TOTAL																		
	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up		
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>		

GVH Household Follow Up Report Template: Safe Delivery

GVH: _____				GVH FOLLOW UP RESULTS FORM									TOPIC: <u>SAFE DELIVERY</u>					
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____		
	# of births in last 12 months	# of births at health facility	% of births at health facility	# of births in last 12 months	# of births at health facility	% of births at health facility	# of births in last 12 months	# of births at health facility	% of births at health facility	# of births in last 12 months	# of births at health facility	% of births at health facility	# of births in last 12 months	# of births at health facility	% of births at health facility	# of births in last 12 months	# of births at health facility	% of births at health facility
Chilembwe																		
Jontcho																		
Mnyontho																		
Mgombechikho																		
Msamba																		
Chilombo																		
Njovu																		
Banikani																		
TOTAL																		
	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up		
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>		

GVH Household Follow Up Report Template: Family Planning

GVH: _____			GVH FOLLOW UP RESULTS FORM									TOPIC: <u>FAMILY PLANNING</u>						
Village Name	Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____			Month / Year: ____ / ____		
	# women of child bearing age*	# women using long term FP	% women using long term FP	# women of child bearing age*	# women using long term FP	% women using long term FP	# women of child bearing age*	# women using long term FP	% women using long term FP	# women of child bearing age*	# women using long term FP	% women using long term FP	# women of child bearing age*	# women using long term FP	% women using long term FP	# women of child bearing age*	# women using long term FP	% women using long term FP
Chilembwe																		
Jontcho																		
Mnyontho																		
Mgombechikho																		
Msamba																		
Chilombo																		
Njovu																		
Banikani																		
TOTAL																		
*women who are pregnant, infertile or want another child now should be excluded from this total	Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up			Indicator has.... - increased <input type="checkbox"/> - decreased <input type="checkbox"/> since previous follow up		
	No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>			No action required <input type="checkbox"/> Follow ups required <input type="checkbox"/> Triggerings required <input type="checkbox"/>		