

Technical Support Visit Community Level (VHW/MCHW/FCHV) Tool

100. General Information

District: _____ Name of PHC/HP/SHP: _____ VDC: _____

Ward No: _____ Name of VHW/MCHW/FCHV: _____ Age: _____

Education (FCHV Only): _____

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

(Literate = 1, Illiterate = 2)

(Day/Month/Year)

Description	Treatment	Refer
Type of FCHV	1	2

Visited by:

1. Name: _____ Designation _____ Institution: _____

2. Name: _____ Designation _____ Institution: _____

Description	Respondent's home	Other place
Place of Interview:	1	2

200. Child Health:

201. Number of cases treated for pneumonia in the last month

202. Observe a maximum of 10 most recent cases of pneumonia registered in the Treatment Book in the last month and record the information for each cases below:

S/N	Cases Consistent Marking Age and Dose	Cases marking 3 rd day follow up	Both Correct Consistent Age/Dose and 3rd day follow up	Correctly Classified	Treated Cases Referred on 3rd day
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

203. Observe a maximum of 5 most recent cases registered in the Referral Book and record the information for each cases below:

< 2 months			2 - 60 months		
S/N	Cases marking 3 rd day follow up	Correctly Classified	S/N	Cases marking 3 rd day follow up	Correctly Classified
1			1		
2			2		
3			3		
4			4		
5			5		
Total			Total		

Q.N.	Description	Correct	Incorrect
204.	Could you tell me Respiratory Cut off Rate for children of:		
	a) Less than 2 month?	1	0
	b) 2-60 month?	1	0

205. What are the danger Signs for Pneumonia? (Only the FCHV can see classification card during interview and mention)

Under 2 months	Correct	Incorrect	2 months to 5 years	Correct	Incorrect
Fast Breathing	1	0	Chest Indrawing	1	0
Severe Chest Indrawing	1	0	Not able to drink	1	0
Stopped Feeding Well	1	0	Abnormally Sleepy	1	0
Abnormally Sleepy	1	0	Severe Malnutrition	1	0
Fever	1	0			
Low Body Temperature	1	0			
Skin Pustules/Umbilical Infection					

Q.N.	Description	Y	N
206.	Can you Count RR by using timer (Observe)	1	0
207.	Can you tell me how many cotrim tablets need to be given in a day and how many days need to be given for the following age groups child:		
	a) 2 to 12 months?	1	0
	b) 12 to 60 months?	1	0
208	Could tell us how many zinc tablets for how many days to be given for the following age groups children ?		
	a) 2 – 6 months	1	0
	b) 6 – 59 months	1	0
209.	What do you suggest to the mother/caretakers about 3/4 home rules for treating diarrhea? (Do not read the answers)		
	a) Increased fluid intake	1	0
	b) Continue feeding	1	0
	c) Feed zinc continuously for 10 days (<i>only apply in zinc implemented dists</i>)	1	0
	d) Conditions for seeking medical help		
	• Many watery stools	1	0
	• Repeated vomiting	1	0

	<ul style="list-style-type: none"> • Marked thirst 	1	0
	<ul style="list-style-type: none"> • Eating or drinking poorly 	1	0
	<ul style="list-style-type: none"> • Fever 	1	0
	<ul style="list-style-type: none"> • Blood in stool 	1	0
210.	How many children (2-59 months) were treated with both Zinc and ORS in the last month ?	# _____	

300. Maternal Health Services:

S. No.	Description	Y	N
	<i>Ask only with MCHW:</i>		
301	Did you provide Antenatal care at community level in the last month?	1	0
302	How many deliveries did you assist to conduct at community level in the last month?	# _____	
303	Did you followup post partum mothers in last month?	1	0
304	Did you refer any mother with danger signs of pregnancy, delivery and post partum to HF in the last month?	1	0
	<i>Ask only with FCHV:</i>		
305	Did you refer any pregnant women for ANC service to HF in the last month?	1	0
306	Did you discuss with pregnant women about birth preparedness in the last month ?	1	0
307	Did you distribute iron tablets in the last month? (In Iron Intensification Program Districts only)	# _____	
308	Did you refer any pregnant women to HF for delivery services in the last month?	1	0
309	Did you refer any women to HF for PNC services in the last month?	1	0
310	Did you talk to post partum mothers on need of FP in the last month?	1	0
	<i>Ask with FCHV, MCHW and VHW</i>		
311	How many pills cycle did you distribute to the new clients in the last month?	# _____	
	<i>Ask only with FCHV, MCHW and VHW</i>		
312	How many Depo injection did you provide to the new clients in the last month?	# _____	

400. Availability of commodities:

S.N.	Commodities	Quantity in stock
1	Condom	
2	Oral Pills	
3	ORS	
4	Cotrimoxazole Ped	
5	Vitamin A Capsules	
6	Iron Tablets (Iron Intensification Program Districts only)	
7	Zinc (zinc implemented districts only)	
8	Oxytocin	
9	Functioning Timer	
10	Classification Card	
11	Zinc card (Iron Intensification Program Districts only)	
12	Cotrim treatment card	

500. Support from VDC (Ask FCHV only):

S/N	Descriptions	Y	N
501	Was there FCHV monthly meeting organized in your HF in the last months?	1	0
502	If Yes, did you participate in that meetings?	1	0
503	Was there FCHV trimester meeting organized in your HF ?	1	0
504	If yes, did you participate in last meeting ?	1	0
505	Is there a FCHV fund established in your VDC?	1	0
506	If yes, have you utilized money from the fund during 12 months?	1	0
507	Have you receive any in-kind of support from the community or VDC during the last 12 months?		
	● Cash or other facility (except cash received during review meeting or polio day)	1	0
	● Any in-kind support such as bicycle, saree, torchlight, umbrella, etc.	1	0
508	Are you a member of HFMOOC ?	1	0
509	Was the HFMOOC meeting held in last month ?	1	0
510	If yes, did you participate in that meeting ?	1	0
511	Did you conduct mothers' group meeting in last month	1	0
512	Was FCHV ward register updated ?	1	0