# Connect Project: Quality Assessment of Community Health Agent (WAJA) Service Delivery

## Form 2: Re-examination Checklist for U5 Sickness – child (2 months – 5 years)

<table>
<thead>
<tr>
<th>Date</th>
<th>District ID</th>
<th>Time Start</th>
<th>Evaluator ID</th>
<th>CHA ID</th>
<th>Time End</th>
<th>Child No</th>
<th>Child Sex (M / F)</th>
<th>Caretaker Sex (M / F)</th>
<th>Child Age (months)</th>
<th>Caretaker Relationship to child</th>
</tr>
</thead>
</table>

### Assess (Circle all signs present)

- **A1** Does the child have cough? (Yes / No)
  - If yes, for how long? _______ days

- **A3** Does the child have diarrhea? (Yes / No)
  - If yes, for how long? _______ days
  - Is there blood in the stool? (Yes / No)

- **A6** Is there fever (reported or now)? (Yes / No)
  - If yes, for how long? _______ days

- **A8** Are there convulsions? (Yes / No)

- **A11** Is there vomiting? (Yes / No)
  - If yes, vomits everything? (Yes / No)

- **A13** Are there red eyes? (Yes / No)
  - If yes, for how long? _______ days
  - Presence of body rashes (Yes / No)

- **A16** Is there chest indrawing? (Yes / No)

- **A17** If cough, how many breaths per minute? _______ bpm
  - Is there fast breathing? (Yes / No)

- **A19** Is the child very sleep or unconscious? (Yes / No)

- **A20** Is there palmar pallor? (Yes / No)

- **A21** For child 6 months to 5 years, in which row does the child fall in weight in the weight for age chart? (Yes / No)

- **A22** Is there swelling of both feet? (Yes / No)

### Classify

- **A24** Danger sign: Cough 21 days or more? (Yes / No)

- **A25** Danger sign: Diarrhoea 14 days or more? (Yes / No)
  - Blood in stool? (Yes / No)
  - Sick but no danger sign: Diarrhoea less than 14 days and no blood in stool? (Yes / No)

- **A28** Danger sign: Fever for last 7 days? (Yes / No)
  - Sick but no danger sign: Fever for less than 7 days? (Yes / No)

- **A30** Danger sign: Any convulsions? (Yes / No)

- **A31** Danger sign: Not able to eat/drink anything? (Yes / No)

- **A32** Danger sign: Vomits everything? (Yes / No)

- **A33** Danger sign: Red eye for 4 days or more? (Yes / No)
  - Red eye with body rashes (Yes / No)
  - Sick but no danger sign: Red eye less than 4 days? (Yes / No)

- **A36** Danger sign: Any chest indrawing? (Yes / No)

- **A37** Sick but no danger sign: Any fast breathing? (Yes / No)

- **A38** Danger sign: Very sleepy or unconscious? (Yes / No)

- **A39** Danger sign: palmar pallor? (Yes / No)

- **A40** Danger sign: Swelling on both feet? (Yes / No)
Any other problem the CHA cannot treat?
Specify: _____________________
(1) Yes (2) No

Other problem but no danger sign: Problem that CHA cannot treat?
(1) Yes (2) No

CHECK THE CHILD’S IMMUNIZATION STATUS

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

B1. Does the caretaker have the child’s vaccination card?
   (1) Yes, and examiner sees card
   (2) Yes, but card not available/provided to examiner
   (3) No, does not have a card

If no the examiner should probe the caretaker to obtain as much information as possible regarding the child’s vaccines and record answers in question 2.

B2. Circle the vaccines received and circle immunizations still needed.

<table>
<thead>
<tr>
<th>Birth</th>
<th>BCG</th>
<th>OPV-0</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DPT-Hib + HepB 1</td>
<td>OPV-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DPT-Hib + HepB 2</td>
<td>OPV-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DPT – Hib + HepB 3</td>
<td>OPV-3</td>
</tr>
<tr>
<td>9 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td></td>
</tr>
</tbody>
</table>

B3. Ask the caretaker, did the HAS refer your child to receive a vaccination?
   (A) Yes → If yes, which vaccines: ________________________________
         → If yes, when? ____________________________________________
         → If yes, where? __________________________________________
   (B) No
B4. Evaluator, based on your re-examination and interview, answer the following questions:

(A) Should the case be managed at home? (1) Yes (2) No
(B) Should the case be referred to a health facility? (2) Yes (2) No
   ➔ If yes, which facility: ___________________________ (specify)

(C) If yes to A, what treatment should be prescribed to the child? (Circle correct response below)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>A ORS</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>B Zinc supplement</td>
<td>(3) Yes (4) No</td>
</tr>
<tr>
<td>C Paracetamol</td>
<td>(5) Yes (6) No</td>
</tr>
<tr>
<td>D Cotrimoxazole</td>
<td>(7) Yes (8) No</td>
</tr>
<tr>
<td>E Amoxycillin</td>
<td>(9) Yes (10) No</td>
</tr>
<tr>
<td>F Alu</td>
<td>(11) Yes (12) No</td>
</tr>
<tr>
<td>G Other</td>
<td>(13) Yes (14) No</td>
</tr>
</tbody>
</table>

(D) Provide the following information about the treatment that should be provided:

<table>
<thead>
<tr>
<th>A1 Name</th>
<th>B1 Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2 Formulation (i.e. tablet, sachet, liquid)</td>
<td>B2 Formulation</td>
</tr>
<tr>
<td>A3 Amount each time</td>
<td>B3 Amount each time</td>
</tr>
<tr>
<td>A4 Frequency</td>
<td>B4 Frequency</td>
</tr>
<tr>
<td>A5 Total days</td>
<td>B5 Total days</td>
</tr>
</tbody>
</table>

(E) Does the child need a vaccination?
   (1) Yes ➔ If yes, which vaccinations: _____________________________________________
   (2) No