

Community Performance-Based Financing
Rwanda
2013
Community Health Worker Cooperative Questionnaire

PROVINCE NAME	PROVINCE CODE	DISTRICT NAME	DISTRICT CODE	SECTOR	SECTOR CODE

<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	RESULT OF THE INTERVIEW	INTERVIEW DONE 01
		PARTIALLY COMPLETED 02
		REGISTERED PERSON REFUSED INTERVIEW 03
		REGISTERED PERSON ABSENT 04
		OTHER, SPECIFY: 96

NAME OF COOPERATIVE PRESIDENT	NAME OF COOPERATIVE	PHONE NUMBER OF PRESIDENT OF THE COOPERATIVE

NAME OF INTERVIEWER	CODE

VISIT 1	DAY	MONTH	YEAR
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VISIT 2	DAY	MONTH	YEAR
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VISIT 3	DAY	MONTH	YEAR
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LANGUAGE									
KINYARWANDA	01								
FRENCH	02								
ENGLISH	03	OTHER, SPECIFY:	96						
INTERVIEW	RESPONDENT	Translator Used?							
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			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">NEVER</td> <td style="width: 20%;">01</td> </tr> <tr> <td>SOMETIMES</td> <td>02</td> </tr> <tr> <td>ALWAYS</td> <td>03</td> </tr> </table>	NEVER	01	SOMETIMES	02	ALWAYS	03
NEVER	01								
SOMETIMES	02								
ALWAYS	03								

NAME OF SUPERVISOR	CODE

DAY	MONTH	YEAR
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NAME OF DATA ENTRY OPERATOR	CODE

DAY	MONTH	YEAR
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1.1 General Information		RECORD RESPONSE
(1.01)	Where is the cooperative sheltered (based)? IF RESPONSE IS 5, 6 or 96 USE PRESIDENT'S LOCATION AS REFERENCE FOR DISTANCE QUESTIONS	In the health facility 1 In the health post 2 In cooperative-owned building 3 In cooperative-rented building 4 Out of members' homes 5 No permanent structure 6 Other (Specify) 96
(1.02)	When was the cooperative established? IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY
(1.03)	Does the cooperative have the district authorization?	Yes 1 No 2 ► (1.05)
(1.04)	When did the cooperative acquire district authorization? IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY
(1.05)	Does the cooperative have the Rwanda Cooperative Agency authorization?	Yes 1 No 2 ► (1.07)
(1.06)	When did the cooperative acquire authorization from the Rwanda Cooperative Agency? IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY
(1.07)	Did the cooperative sign the purchase contracts with the Sector Steering Committee?	Yes 1 No 2 ► (1.09)
(1.08)	When did the cooperative sign the purchase contracts with the Sector Steering Committee? IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY
(1.09)	Does the cooperative have its own bank account?	Yes 1 No 2 ► (1.11)
(1.10)	When did the cooperative open its bank account, with a bank account name? ENUMERATOR: MOST OF THE TIME, THE COOPERATIVE HAS 2 BANK ACCOUNT (IN SACCO AND IN COMMERCIAL BANK). ASK FOR THE COMMERCIAL BANK ACCOUNT. IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY c. BANK ACCOUNT NAME
(1.11)	Does the cooperative currently have a president/chair person	Yes 1 No 2 ► (1.13)
(1.12)	When did the cooperative elect its president/chair person? IF DOESN'T KNOW THE MONTH, RECORD "98"	a. Month MM b. Year YYYY
(1.13)	What were the three major sources of funding or income for this cooperative in 2012? ENUMERATOR: RECORD YES OR NO FOR EACH. Yes.....1 No.....2 ENUMERATOR: CAN ONLY RECORD 3 YES RESPONSES	a. Mutuelle copayment (insurance) b. User fees c. Drug Sales d. Donor (religious organization, NGO, etc.) e. Central Government f. Local Government g. Income generating activities h. Other (Specify)

25. Does this co-op receive funding, about the sources support from this organization or any other religious institution?

1.1	General Information		RECORD RESPONSE
27.	I would like to ask you specifically about the sources of income at this facility. Can you please tell me about all	a. Mutuelle copayment (insurance)	
(1.14)	Can you please tell me the amount received from each of the following income sources in 2012?	b. User fees	
		c. Drug Sales	
		d. Donor (religious organization, NGO, etc.)	
		e. Central Government	
		f. Local Government	
		g. Income generating activities	
(1.15)	What was the total income for the following years? (ENUMERATOR: IF ZERO, RECORD 00000)	h. Other (Specify)	
		2010	
		2011	
(1.16)	What is the source of data for the income?	2012	
		Official accounts	1
		Cooperative Records	2
		Oral Report	3
(1.17)	Can you please tell me the total expenses (NOT related to income-generating activities) incurred for each of the following categories in 2012?	Other (Specify)	96
		a. Payments to CHWs	
		b. Payments to non-CHWs	
		c. Per diems	
		d. Water, electricity, gas, petrol	
		e. Communications	
		f. Other transport costs	
		g. Interest paid on loans	
		h. Rent for machinery and equipment	
		i. Rent for land or buildings	
		j. Maintenance and general repairs	
		k. Taxes	
		l. Purchase of materials and items	
		(1.18)	What was the total expenses (NOT related to income-generating activities) for the following years? (ENUMERATOR: IF ZERO, RECORD 00000)
2010			
2011			
(1.19)	What is the source of data for the expenses?	2012	
		Official accounts	1
		Cooperative Records	2
		Oral Report	3
(1.20)	What is the <u>primary</u> source of electricity?	Other (Specify)	96
		Electrical Mains	1
		Generator	2
		Solar	3
		No source of electricity	4 ► (1.22)
		Other (Specify)	96

1.1	General Information		RECORD RESPONSE	
(1.21)	Last week, how many hours was electricity NOT available?	Maximum 168 hours		
(1.22)	What is the <u>primary</u> source of water?	Piped into Building 1 Piped into Yard/Plot 2 Public tap/Standpipe 3 Protected well 4 Unprotected well 5 Protected spring 6 Unprotected spring 7 Rainwater 8 Tanker Truck 9 Surface water (lake) 10 Bottled water 11 Other (Specify) 96		
(1.23)	Last week, how many hours was the water source NOT available?	Maximum 168 hours		
(1.24)	How long does it take to fetch water from the main source for the cooperative? On-foot (one way)	a. Hour b. Minute		
(1.25)	What is the <u>primary</u> source for a telephone?	Personal mobile 1 ► (1.27) Cooperative mobile 2 ► (1.27) Public phone 3 Other (Specify) 96		
(1.26)	How long does it take to reach the primary telephone source for the cooperative? On-foot (one way)	a. Hour b. Minute		
(1.27)	Last week, how many hours was the telephone NOT functioning? (include power, network, credits, handset functionality)	Maximum 168 hours		
(1.28)	How far is the nearest health facility from this cooperative? (IF LOCATED IN THE FACILITY, RECORD 0) (one way)	KM		
(1.29)	How long does it take to travel from the cooperative to the nearest health facility on-foot (one way)?	a. Hour b. Minute		
(1.30)	Does the cooperative use any means of transportation for its activities (e.g. to pick up patients in the sector for transport to health facility)?	Yes 1 No 2 ► (1.33)		
(1.31)	Which means of transportation does the cooperative use for its activities? ENUMERATOR: DO NOT READ LIST, CIRCLE ALL THAT APPLIES 1=YES, 2 = NO	a. Bus b. Bicycle(s) owned by members c. Bicycle(s) owned by cooperative d. Bicycle taxi e. Moto f. Car(s) owned by members g. Rented car h. Other (Specify)	Yes 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2
(1.32)	Last week, how many hours was any transportation NOT available?	ENUMERATOR: Maximum 168 hours		
(1.33)	Does the cooperative have access to a functioning computer?	Yes 1 No 2 ► (1.37)		
(1.34)	How far is the computer from this cooperative? (IF LOCATED AT COOPERATIVE, RECORD 0) (one way)	KM		
(1.35)	How long does it take to travel from the cooperative to the location of the computer on-foot (one way)?	a. Hour b. Minute		
(1.36)	Does the cooperative use the computer for any of the following: ENUMERATOR: READ ALL OPTIONS ALOUD AND CIRCLE YES OR NO FOR EACH OPTION Yes.....1 No2	a. Tracking number of births/deaths b. Tracking number of patients referred to health facility c. Tracking income/expenditures d. Tracking drug inventory e. Other (Specify)	Yes 1 1 1 1 1	No 2 2 2 2 2
(1.37)	How many villages (umugudu) are supported by this cooperative?	Number of villages		

1.2 National Protocols			RECORD RESPONSE		
FOR EACH OF THE FOLLOWING, RECORD IF THE PROTOCOL IS PRESENT (SEEN) or NOT PRESENT (NOT SEEN)					
(1.38)	Patient education materials (IEC materials)		PRESENT	1	
			NOT PRESENT	2	
(1.39)	IMCI chart book or wall chart		PRESENT	1	
			NOT PRESENT	2	
(1.40)	Acute Respiratory Infection (ARI) Protocol		PRESENT	1	
			NOT PRESENT	2	
(1.41)	Diagnosis and treatment of diarrhea (NOT PART OF IMCI) Protocol		PRESENT	1	
			NOT PRESENT	2	
(1.42)	Graphs for growth monitoring, vaccination, vitamin A and mebendazole		PRESENT	1	
			NOT PRESENT	2	
(1.43)	National Protocol for malaria diagnosis and treatment		PRESENT	1	
			NOT PRESENT	2	
(1.44)	National health strategy		PRESENT	1	
			NOT PRESENT	2	
(1.45)	Community Health Worker training manual		PRESENT	1	
			NOT PRESENT	2	

2 Administration and Management			RECORD RESPONSE	
(2.01)	Is there a PBF Sector Steering Committee for this cooperative?	Yes 1 No 2 ► (2.08)		
(2.02)	How many members are on this PBF Sector Steering Committee?	Number of members		
(2.03)	Is there representation of any of the following on this PBF Sector Steering Committee? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Health facility director	1	2
		b. Health facility staff	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. Cooperative president/leader	1	2
		f. Community Health Workers	1	2
		g. Other (Specify)	1	2
(2.04)	When was the PBF Sector Steering Committee established? IF DOESN'T KNOW MONTH, RECORD "98"	a. Month MM b. Year YYYY		
(2.05)	In the last 12 months, how many PBF Sector Steering Committee meetings were held?	Number of meetings		
(2.06)	Does the cooperative have written records of the PBF Sector Steering Committee meetings (minutes, decisions, etc.)?	Yes 1		
		No 2		
(2.07)	What activities were carried out by the PBF Sector Steering Committee in the last 12 months? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Supported or helped improve the cooperative (e.g., land, supplies, extensions to building)	1	2
		b. Supported training for CHWs	1	2
		c. Reviewed and validated quarterly performance reports	1	2
		d. Approved payments to cooperative	1	2
		e. Other (Specify)	1	2
		f. No activities	1	2
(2.08)	Has a cooperative workplan been developed for 2013? ENUMERATOR: ASK TO SEE THE WORKPLAN	Yes, seen 1		
		Yes, not seen 2		
		No 3 ► (2.10)		
(2.09)	Who was involved in setting this workplan? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Cooperative president/chairperson	1	2
		b. Cooperative member	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. Community	1	2
		f. Health center	1	2
		g. Other (Specify)	1	2
(2.10)	Are priority health-related activities identified for 2013?	Yes 1 No 2 ► (2.12)		
(2.11)	What are the health-related priority activities for 2013? ENUMERATOR: DO NOT READ OPTIONS. RECORD IF MENTIONED OR NOT MENTIONED MENTIONED.....1 NOT MENTIONED.....2		Mention	No mention
		a. Prenatal care	1	2
		b. Institutional delivery	1	2
		c. Post natal care	1	2
		d. Vaccination	1	2
		e. Nutrition	1	2
		f. IMCI	1	2
		g. Malaria	1	2
		h. TB	1	2
		i. HIV/AIDS	1	2
		j. Other (Specify)	1	2

2 Administration and Management			RECORD RESPONSE	
(2.12)	How many cooperative member meetings were held in past 12 months? (general assembly)			
(2.13)	Is there an annual budget for the cooperative in the form of a written document?	Yes, seen 1		
		Yes, not seen 2		
		No 3 ► (2.15)		
(2.14)	Who was involved with developing the budget? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Cooperative president/chairperson	1	2
		b. Cooperative member	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. Community	1	2
		f. Health Center	1	2
		g. Other (Specify)	1	2
(2.15)	Do all community health workers have written job descriptions?	All have descriptions 1		
		Some have descriptions 2		
		None have descriptions 3		
(2.16)	In the last 6 months, how many supervision visits were made by a district hospital representative?	IF ZERO SUPERVISION VISITS ► (2.18)		
(2.17)	Were recommendations written in a supervision book from last supervision?	Yes, seen 1		
		Yes, not seen 2		
		No 3		
(2.18)	In the last 6 months, how many supervision visits were made by the donor?	IF ZERO SUPERVISION VISITS ► (2.20)		
(2.19)	Were recommendations written in a supervision book from last supervision?	Yes, seen 1		
		Yes, not seen 2		
		No 3		
(2.20)	In the last 6 months, how many supervision visits were made by the nearest health facility?	IF ZERO SUPERVISION VISITS ► (2.22)		
(2.21)	Were recommendations written in a supervision book from last supervision?	Yes, seen 1		
		Yes, not seen 2		
		No 3		
(2.22)	In the last 6 months, how many supervision visits were made by the Ministry of Health?	IF ZERO SUPERVISION VISITS ► (2.24)		
(2.23)	Were recommendations written in a supervision book from last supervision?	Yes, seen 1		
		Yes, not seen 2		
		No 3		
(2.24)	In the last 12 months, how many times was member performance of this cooperative <u>internally</u> assessed?	Number of times		
(2.25)	In the last 12 months, how many times was member performance of this cooperative <u>externally</u> assessed?	Number of times		
(2.26)	Is the result of the member performance assessment linked to staff compensation?	Yes 1		
		No 2		
(2.27)	In the last 12 months, how many times was cooperative performance <u>externally</u> assessed?	Number of times		
(2.28)	Is the result of the external performance assessment linked to cooperative financing?	Yes 1		
		No 2		
(2.29)	Is patient opinion obtained through client surveys or other method?	Yes 1		
		No 2 ► (3.01)		
(2.30)	In the last 12 months, have any changes occurred as a result of patient opinion?	Yes 1		
		No 2		

3 General Human Resources			RECORD RESPONSE	
			Yes	No
(3.01)	Who has the authority to recruit new cooperative members? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2			
		a. Cooperative president/chairperson	1	2
		b. Cooperative member	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. National government	1	2
		f. Community	1	2
		g. Health Center	1	2
		h. Other (Specify)	1	2
(3.02)	Who has the authority to dismiss cooperative members? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Cooperative president/chairperson	1	2
		b. Cooperative member	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. National government	1	2
		f. Community	1	2
		g. Health Center	1	2
		h. Other (Specify)	1	2
(3.03)	Who has the authority to determine member compensation? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Cooperative president/chairperson	1	2
		b. Cooperative member	1	2
		c. NGO staff	1	2
		d Local government	1	2
		e. National government	1	2
		f. Community	1	2
		g. Health Center	1	2
		h. Other (Specify)	1	2
(3.04)	What is the membership fee for the CHW cooperative? (IF NO MEMBERSHIP FEE, RECORD 0)	RWF		
(3.05)	Currently, how many potential CHW members are available but do not meet eligibility criteria?	a. Female CHWs		
		b. Male CHWs		
(3.06)	How many members are currently active in this cooperative?	a. Female CHWs		
		b. Male CHWs		

3 General Human Resources			RECORD RESPONSE	
(3.07)	How many positions are currently vacant in this cooperative?	a. Female CHWs		
		b. Male CHWs		
(3.08)	In the last 12 months, how many new members were recruited?	a. Female CHWs		
		b. Male CHWs		
(3.09)	In the last 12 months, how many members were dismissed?	a. Female CHWs		
		b. Male CHWs		
ENUMERATOR: IF NONE DISMISSED, ► (3.12)				
(3.10)	What were reasons for dismissal of cooperative members? ENUMERATOR: DO NOT READ OPTIONS, CIRCLE ALL THAT APPLIES		Yes	No
		a. Low performance in health activities	1	2
		b. Low performance in income-generating activities	1	2
		c. Low performance in other cooperative activities	1	2
		d. Disciplinary reasons	1	2
		e. Conflict with other cooperative members	1	2
		f. Other, specify	1	2
(3.11)	In the last 12 months, how many members resigned? ENUMERATOR: IF NONE RESIGNED, ► (3.14)	a. Female CHWs		
		b. Male CHWs		
(3.12)	What were reasons for the resignation of cooperative members? ENUMERATOR: DO NOT READ OPTIONS, CIRCLE ALL THAT APPLIES		Yes	No
		a. Conflict with other cooperative members	1	2
		b. Cooperative member relocated to a different community	1	2
		c. Work burden	1	2
		d. Insufficient remuneration	1	2
		e. Chose other economic activities	1	2
		f. Other, specify	1	2
(3.13)	In the last 12 months, did the cooperative hire non-members for particular cooperative tasks?	Yes 1		
		No 2 ► (4.01)		
(3.14)	In the last 12 months, which type of tasks were the non-members hired for? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION YES.....1 NO.....2		Yes	No
		a. Administrative tasks	1	2
		b. Maintenance and building of cooperative's facilities	1	2
		c. Tasks related to cooperative's income-generating activities	1	2
		d. Other, specify	1	2

4 General HMIS			RECORD RESPONSE
(4.01)	Population of catchment area (sector-level)	a. Total population	
		b. Total female population 15-49 years	
		c. Total 0-59 months population	
For 4.02-4.08, RECORD FOR LAST MONTH			
(4.02)	Monthly Activity Report	Present, fully complete 1	
		Present, not complete 2	
		Not present 3	
(4.03)	Maternal Register	In Stock 1	
		Out of Stock 2	
(4.04)	IMCI Register	In Stock 1	
		Out of Stock 2	
(4.05)	Child Vaccination/Nutrition register	In Stock 1	
		Out of Stock 2	
(4.06)	Supervision log book	In Stock 1	
		Out of Stock 2	
(4.07)	Curative care register	In Stock 1	
		Out of Stock 2	
(4.08)	Patient Transfer register (to health center)	In Stock 1	
		Out of Stock 2	

Section 5: CHW Payments			RECORD RESPONSE	
(5.01)	How much money has your cooperative received in the most recent quarterly payment for the performance-based schemes?	RWF		
(5.02)	Was this payment paid on schedule, or was it delayed?	On schedule 1 ► (5.04) Payment delayed 2		
(5.03)	By how many weeks was the most recent quarterly payment delayed?	ENUMERATOR: RECORD '0' IF < 7 DAYS		
(5.04)	How much money has your cooperative received in the second most recent quarterly payment for the performance-based schemes?	RWF		
(5.05)	How much money has your cooperative received in the third most recent quarterly payment for the performance-based schemes?	RWF		
(5.06)	What percentage of the quarterly payment for the performance-based schemes is directly distributed to the cooperative members and <i>not</i> invested in income-generating activities?	0-100%		
(5.07)	Do all cooperative members receive an identical share of the payments that go directly to the cooperative members and are not invested in income-generating activities?	Yes 1 ► (5.09) No 2		
(5.08)	Does the share of this direct payment that the cooperative member receives depend on the member's individual performance in community health work?	Yes 1 No 2		
(5.09)	In the last three months, has your cooperative received monetary payments for community health work from any other source?	Yes 1 No 2 ► (5.11)		
(5.10)	How much of the monetary payment was provided by the following sources? RWF	a. NGO b. District Hospital c. Health Center d. Ministry of Health (central) e. Other (Specify)		
(5.11)	In the last 12 months, did the cooperative receive in-kind payments for community health work?	YES 1 NO 2 ► (6.01)		
(5.12)	In the last 12 months, what type of in-kind payments did the cooperative receive? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION Yes....1 No.....2	a. Bicycle b. Literacy training c. Computer training d. Clothing e. Shoes f. Food (during training, work) g. Transport money/voucher h. Cell phone i. Cell phone minutes j. Mutuelle payment k. Other (Specify)	Yes	No
(5.13)	Did you receive any in-kind payment provided by the following sources? RWF	a. NGO b. District Hospital c. Health Center d. Ministry of Health (central) e. Other (Specify)		

Section 6: CHW Resources			RECORD RESPONSE	
(6.01)	In the last 3 months, has a <u>health center</u> supported the cooperative with any of the following? ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Monetary compensation/incentive	1	2
		b. Support CHW directly (e.g., land, supplies)	1	2
		c. Transport (e.g., bicycle)	1	2
		d. Showing appreciation/recognition	1	2
		e. Improved supervision	1	2
		f. More training	1	2
		g. Other (Specify)	1	2
(6.02)	In the last 3 months, has the <u>sector</u> supported the cooperative with any of the following? READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Monetary compensation/incentive	1	2
		b. Support CHW directly (e.g., land, supplies)	1	2
		c. Transport (e.g., bicycle)	1	2
		d. Showing appreciation/recognition	1	2
		e. Improved supervision	1	2
		f. More training	1	2
		g. Other (Specify)	1	2
(6.03)	In the last 3 months, has an <u>NGO</u> supported you with any of the following? ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Monetary compensation/incentive	1	2
		b. Support CHW directly (e.g., land, supplies)	1	2
		c. Transport (e.g., bicycle)	1	2
		d. Showing appreciation/recognition	1	2
		e. Improved supervision	1	2
		f. More training	1	2
		g. Other (Specify)	1	2
(6.04)	Do you receive any of the following support from the <u>community</u> ? ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Monetary compensation/incentive	1	2
		b. Donations for CHW directly (e.g., land, supplies)	1	2
		c. Mobilizing community to use health services	1	2
		d. Showing appreciation/recognition	1	2
		e. In-kind contributions (e.g., food, clothes, gifts)	1	2
		f. Other (Specify)	1	2

(6.05)	Do you provide CHWs with a supply kit?	YES 1				
		NO 2 ► (6.07)				
(6.06)	In the last 12 months, how many CHWs did you supply with a kit?	Number of CHWs				
(6.07)	Which ones of the following do you currently have in supply? ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD EITHER: Presently have complete stock.....1 Presently have incomplete stock.....2 Usually have, but do not have stock.....3 Does not usually have stock.....4	a. Contraceptive pills	1	2	3	4
		b. Condoms (male and female)	1	2	3	4
		c. Cycle beads	1	2	3	4
		d. Injectable contraceptive	1	2	3	4
		e. Primo Red (coartem)	1	2	3	4
		f. Primo Yellow (coartem)	1	2	3	4
		g. Zinc	1	2	3	4
		h. Amoxyciline	1	2	3	4
		i. Mebendazole	1	2	3	4
		j. Sur eau	1	2	3	4
		k. Vitamin A	1	2	3	4
		l. Bed nets	1	2	3	4
		m. TB drugs	1	2	3	4
		n. Measuring tape (MUAC)	1	2	3	4
		o. Referral forms	1	2	3	4
		p. Timer	1	2	3	4
		q. Health registries/books	1	2	3	4
		r. Other (Specify)	1	2	3	4
(6.08)	What are the biggest difficulties that the cooperative faces in delivering community health? ENUMERATOR: DO NOT READ OPTIONS ALOUD. RECORD MENTIONED OR NOT MENTIONED FOR EACH. Mentioned.....1 Not mentioned.....2		Mention	No mention		
		a. Lack of training/ knowledge	1	2		
		b. Lack of supplies and drugs	1	2		
		c. Lack of equipment	1	2		
		d. Inadequate salary/remuneration	1	2		
		e. Lack of supervision	1	2		
		f. Lack of communication with health facility	1	2		
		g. Lack of coordination with health facility	1	2		
		h. Lack of community support	1	2		
		i. Lack of coordination with Sector Steering Committee	1	2		
		j. Other (Specify)	1	2		

Section 7: Income Generating Activities					
(7.01)		Does your cooperative invest in income generating activities?		Yes No ► HAGARIKA	
		(7.02) Does your cooperative own [EQUIPMENT]: CIRCLE THE RESPONSE Yes.....1 No.....2 [>Next EQUIPMENT]	(7.03) How many [EQUIPMENT] does your cooperative own?	(7.04) If you were to sell all the [EQUIPMENT] you own today, how much would you receive in total?	
EQUIPMENT				RWF	
a	Hoe/Mattock	1 2			
b	Plow	1 2			
c	Wheelbarrow/Ox cart	1 2			
d	Other farm equipment	1 2			

Section 7: Income Generating Activities

		(7.05) Does your cooperative own [ANIMAL]: CIRCLE THE RESPONSE Yes.....1 No.....2 [>>Next ANIMAL]	(7.06) How many [ANIMAL] does your cooperative own?	(7.07) If you were to sell all the [ANIMAL] you own today, how much would you receive in total?
ANIMAL				RWF
a	Cow	1 2		
b	Bull	1 2		
c	Mule/Donkey	1 2		
d	Goat	1 2		
e	Sheep	1 2		
f	Pig	1 2		
g	Chicken	1 2		
h	Turkey	1 2		
i	Rabbit	1 2		
j	Other animals	1 2		

Section 7: Income Generating Activities			
PLEASE READ 7.08 FOR ALL ACTIVITIES, THEN MOVE TO 7.09 FOR ALL ACTIVITIES WITH A "YES" RESPONSE ACTIVITIES		(7.08) In the last 12 months, did your cooperative participate in [ACTIVITY]? Yes.....1 No.....2 CIRCLE THE RESPONSE	(7.09) How many months in the last 12 months did your cooperative participate in [ACTIVITY]? IF LESS THAN 1 MONTH, RECORD 1 Max 12 months
a	Renting land to others	1 2	
b	Agricultural activities (planting, harvesting, etc)	1 2	
c	Production of milk products (cheese, milk, butter)	1 2	
d	Egg production	1 2	
e	Production of other animal-based products	1 2	
f	Renting out animals (bulls, chickens, etc)	1 2	
g	Production of prepared/cooked food	1 2	
h	Production of marmalade, jam, juices, other beverages	1 2	
i	Retail (packaged food/goods, etc)	1 2	
j	Production of clothing, other embroidery	1 2	
k	Production of furniture	1 2	
l	Transportation	1 2	

m	Storage	1	2	
n	Construction	1	2	
o	Room renting	1	2	
p	Other non-agricultural activities (Specify)	1	2	

Section 7: Income Generating Activities			Record Response
(7.10)	In the last quarter, what were your co-operative's expenses for your income-generating activities on the following items: ENUMERATOR: READ ALL OPTIONS. IF NO EXPENSES ON THAT ITEM, RECORD 0		RWF
		a. Purchase of materials and items for resale	
		b. Purchase of electricity, water, gas and fuel	
		c. Interest paid on loans	
		d. Wages and salaries for employees	
		e. Rent for machinery and equipment	
		f. Rent for land or buildings	
		g. Telephone, cell-phone	
		h. Taxes	
		i. Maintenance and general repairs	
j. Other expenses			
(7.11)	What were the total REVENUES the co-operative earned from the income-generating activities LAST QUARTER?	RWF	
(7.12)	What were your PROFITS from income-generating activities last quarter? That is, what were your REVENUES minus your EXPENSES in the last quarter?	RWF	
(7.13)	In the last quarter, were some of the profits from the income-generating activities re-invested in these activities?	Yes 1 No 2 ► (7.14)	
(7.13)	What percentage of income generating profit was re-invested in these activities in the last quarter?	0-100%	
(7.14)	In the LAST YEAR, did CHW members receive a share of the profits from income-generating activities?	Yes 1	
		No 2 ► STOP	
(7.15)	What percentage of the income generating profit did CHW members receive in the LAST YEAR?	0-100%	
(7.16)	Did the share received by each individual cooperative member depend on his individual performance in community health work?	Yes 1	
		No 2	
(7.17)	When was the first time profits were distributed to community health workers?	MONTH MM	
		YEAR YYYY	
(7.18)	When was the most recent time profits were distributed to community health workers?	MONTH MM	
		YEAR YYYY	
(7.19)	Last quarter, how much was each CHW eligible to receive on average for this payment?	RWF	