

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

|               |               |
|---------------|---------------|
| PROVINCE NAME | PROVINCE CODE |
|               |               |

|               |               |
|---------------|---------------|
| DISTRICT NAME | DISTRICT CODE |
|               |               |

|        |             |
|--------|-------------|
| SECTOR | SECTOR CODE |
|        |             |

|           |           |
|-----------|-----------|
| CELL NAME | CELL CODE |
|           |           |

|              |              |
|--------------|--------------|
| VILLAGE NAME | VILLAGE CODE |
|              |              |

|             |                     |                  |
|-------------|---------------------|------------------|
| NAME OF CHW | NAME OF COOPERATIVE | TELEPHONE OF CHW |
|             |                     |                  |
|             |                     |                  |

|                     |      |
|---------------------|------|
| NAME OF INTERVIEWER | CODE |
|                     |      |

|         |     |       |      |
|---------|-----|-------|------|
| VISIT 1 | DAY | MONTH | YEAR |
|         |     |       |      |

|         |     |       |      |
|---------|-----|-------|------|
| VISIT 2 | DAY | MONTH | YEAR |
|         |     |       |      |

|         |     |       |      |
|---------|-----|-------|------|
| VISIT 3 | DAY | MONTH | YEAR |
|         |     |       |      |

|   |  |
|---|--|
| Was this community health worker interviewed in the 2010 Baseline Survey? |  |
| yes.....1   |  |
| no.....2  |  |

|                         |                       |    |
|-------------------------|-----------------------|----|
| RESULT OF THE INTERVIEW | INTERVIEW DONE        | 01 |
|                         | PARTIALLY COMPLETED   | 02 |
|                         | CHW REFUSED INTERVIEW | 03 |
|                         | CHW NOT PRESENT       | 04 |
|                         | CHW VACATED           | 05 |
|                         | OTHER, SPECIFY:       | 96 |

|             |    |                 |    |
|-------------|----|-----------------|----|
| LANGUAGE    |    |                 |    |
| KINYARWANDA | 01 |                 |    |
| FRENCH      | 02 |                 |    |
| ENGLISH     | 03 | OTHER, SPECIFY: | 96 |

|                          |                          |                          |           |    |
|--------------------------|--------------------------|--------------------------|-----------|----|
| INTERVIEW                | RESPONDENT               | Translator Used?         | NEVER     | 01 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SOMETIMES | 02 |
|                          |                          |                          | ALWAYS    | 03 |

|                    |      |
|--------------------|------|
| NAME OF SUPERVISOR | CODE |
|                    |      |

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
|     |       |      |

|                             |      |
|-----------------------------|------|
| NAME OF DATA ENTRY OPERATOR | CODE |
|                             |      |

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
|     |       |      |

| Section 1: General information |  |                                  | RECORD RESPONSE |     |    |
|--------------------------------|--|----------------------------------|-----------------|-----|----|
| (1.00)                         | Specialization of CHW  | Maternal and Child Health        | 1               |     |    |
|                                |  | HIV/AIDS                         | 2               |     |    |
|                                |  | Social affairs                   | 3               |     |    |
|                                |  | General Health                   | 4               |     |    |
|                                |  | Undefined                        | 5               |     |    |
| (1.01)                         | Sex of CHW   | Male                             | 1               |     |    |
|                                |  | Female                           | 2               |     |    |
| (1.02)                         | What is your current age (in years)?   | YEARS                            |                 |     |    |
| (1.03)                         | Are you from this village?   | Yes                              | 1               |     |    |
|                                |  | No                               | 2               |     |    |
| (1.04)                         | How long have you lived in this village?   | YEARS (IF <1, RECORD 0)          |                 |     |    |
| (1.05)                         | What is your marital status?   | NEVER MARRIED                    | 1               |     |    |
|                                |  | MARRIED/CIVIL UNION (MONOGAMOUS) | 2               |     |    |
|                                |  | MARRIED (POLYGAMOUS)             | 3               |     |    |
|                                |  | COHABITATING                     | 4               |     |    |
|                                |  | DIVORCED / SEPARATED             | 5               |     |    |
|                                |  | WIDOWED                          | 6               |     |    |
|                                |  | Other (Specify)                  | 96              |     |    |
| (1.06)                         | Highest level of education completed?  | PRESCHOOL                        | 01 ▶ (1.08)     |     |    |
|                                |  | KINDERGARTEN                     | 02 ▶ (1.08)     |     |    |
|                                |  | PRIMARY (1-6)                    | 03              |     |    |
|                                |  | SECONDARY (1-6)                  | 04              |     |    |
|                                |  | UNIVERSITY (1-4)                 | 05              |     |    |
|                                |  | CERAI (1-3)                      | 06              |     |    |
|                                |  | OTHER (SPECIFY)                  | 96 ▶ (1.08)     |     |    |
| (1.07)                         | Highest grade completed?   |                                  |                 |     |    |
| (1.08)                         | Can you read and write?  | Yes                              | 1               |     |    |
|                                |  | No                               | 2               |     |    |
| (1.09)                         | What is the distance between the health facility and your village ( <b>one way</b> )?  | KILOMETERS                       |                 |     |    |
| (1.10)                         | How much time does it usually take you to travel to the health facility? On-foot ( <b>one way</b> )  | a. Hours                         |                 |     |    |
|                                |  | b. Minutes                       |                 |     |    |
| (1.11)                         | What is the number of households that you are responsible for?   | Number of households             |                 |     |    |
| (1.12)                         | How many households did you visit in the past month?   | Number of households             |                 |     |    |
| (1.13)                         | What is the distance between your house and the FARTHEST house in the village (IF LESS THAN 1 KM, RECORD 1)? ( <b>one way</b> )                        | KILOMETERS                       |                 |     |    |
| (1.14)                         | How much time does it usually take you to travel to the FARTHEST house? On-foot ( <b>one way</b> )   | a. Hours                         |                 |     |    |
|                                |  | b. Minutes                       |                 |     |    |
| (1.15)                         | Do you use any means of transportation for your health-related activities?   | Yes                              | 1               |     |    |
|                                |  | No                               | 2 ▶ (1.18)      |     |    |
| (1.16)                         | Which means of transportation do you use for you health-related activities?<br><br>ENUMERATOR: DO NOT READ LIST, CIRCLE ALL THAT APPLIES 1=YES, 2 = NO | a. Bus                           |                 | YES | NO |
|                                |  | b. Own bicycle                   |                 | 1   | 2  |
|                                |  | c. Cooperative's bicycle         |                 | 1   | 2  |
|                                |  | d. Bicycle taxi                  |                 | 1   | 2  |
|                                |  | e. Own moto                      |                 |     |    |
|                                |  | f. Cooperative's moto            |                 | 1   | 2  |
|                                |  | g. Moto taxi                     |                 |     |    |
|                                |  | h. Own car                       |                 | 1   | 2  |
|                                |  | i. Rented car                    |                 | 1   | 2  |
|                                |  | j. Other, specify                |                 | 1   | 2  |

| Section 1: General information |   |   | RECORD RESPONSE |    |
|--------------------------------|---|---|-----------------|----|
| (1.17)                         | Last week, how many hours was any transportation NOT available?   | [Maximum 168 hours]   |                 |    |
| (1.18)                         | How many CHWs are in your village?  | Number of CHWs  |                 |    |
| (1.19)                         | How long have you worked as a CHW?  | a. Years<br>b. Months   |                 |    |
| (1.20)                         | How were you recruited ?  | NGO   | 1               |    |
|                                |   | Health Center/District Hospital                                       | 2               |    |
|                                |   | Health Committee  | 3               |    |
|                                |   | Ministry of health (central)  | 4               |    |
|                                |   | CHW cooperative   | 5               |    |
|                                |   | Elected by community  | 6               |    |
|                                | Other (Specify)   | 96  |                 |    |
| (1.21)                         | What was the eligibility criteria for becoming a community health worker?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>YES.....1<br><br>NO.....2 | a. Must be elected as CHW for village                                 | YES             | NO |
|                                |   | b. Must write letter of request to Executive Committee of Cooperative | 1               | 2  |
|                                |   | c. Must be over 16 years old  | 1               | 2  |
|                                |   | d. Must pay one-time membership fee                                   | 1               | 2  |
|                                |   | e. Other (Specify)  | 1               | 2  |
| (1.22)                         | What was the membership fee for the CHW cooperative? (IF NO MEMBERSHIP FEE, RECORD 0)   |   |                 |    |
| (1.23)                         | How often do you attend cooperative meetings?   | Weekly  | 1               |    |
|                                |   | Every two weeks   | 2               |    |
|                                |   | Monthly   | 3               |    |
|                                |   | Quarterly   | 4               |    |
|                                |   | Other, Specify  | 5               |    |
| (1.24)                         | How often do you seek advice/assistance about case management from cooperative members who reside in your village?  | Frequently  | 1               |    |
|                                |   | Rarely  | 2               |    |
|                                |   | Never   | 3               |    |
| (1.25)                         | How often do you seek advice/assistance about case management from cooperative members who do not reside in your village?   | Frequently  | 1               |    |
|                                |   | Rarely  | 2               |    |
|                                |   | Never   | 3               |    |
| (1.26)                         | In comparison to you, do the other members of the cooperative spend more or less time on health related activities?   | Less time   | 1               |    |
|                                |   | About the same time   | 2               |    |
|                                |   | More time   | 3               |    |
|                                |   | Do not know   | 96              |    |
| (1.27)                         | In comparison to you, are the other members of the cooperative more or less knowledgeable about health issues?  | Less knowledgeable  | 1               |    |
|                                |   | As knowledgeable as I am  | 2               |    |
|                                |   | More knowledgeable  | 3               |    |
| (1.28)                         | In a typical week (7 days), how many hours do you spend providing health services to your community?  | [cannot exceed 168]   |                 |    |

| Section 1: General information |   |  | RECORD RESPONSE |    |
|--------------------------------|---|--|-----------------|----|
| (1.29)                         | Is your cooperative engaged in income generating activities?  | Yes ..... 1<br>No ..... 2 ► (1.39)   |                 |    |
| (1.30)                         | In the last seven days, how many hours have you spent on the cooperative's income generating activities?  | [cannot exceed 168]<br><br>If zero, ► (1.32)   |                 |    |
| (1.31)                         | In the last seven days, in what ways were you involved in the cooperative's income generating activities?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>YES.....1<br><br>NO.....2 |  | YES             | NO |
|                                |   | a. Planning income-generating activities   | 1               | 2  |
|                                |   | b. Administrative tasks  | 1               | 2  |
|                                |   | c. Providing labor for income-generating activities  | 1               | 2  |
|                                |   | d. Training for income-generating activities   | 1               | 2  |
|                                | e. Other, Specify   | 1  | 2               |    |
| (1.32)                         | In comparison to you , do the other members of the cooperative spend more or less time on the cooperative's income generating activities?   | Less time ..... 1<br>About the same time ..... 2<br>More time ..... 3                            |                 |    |
| (1.33)                         | Do you think that the income generating activities of you cooperative are profitable, making a loss or neither?   | Yes ..... 1<br>No ..... 2<br>Neither profitable nor making a loss..... 3<br>Do not know ..... 96 |                 |    |
| (1.34)                         | Are all cooperative members involved in deciding which income generating activities the cooperative engages in?   | Yes ..... 1<br>No ..... 2  |                 |    |
| (1.35)                         | Would you rather the cooperative engaged in alternative income generating activities other than those in which the cooperative is involved in now?  | Yes ..... 1<br>No ..... 2<br>Do not know ..... 3   |                 |    |
| (1.36)                         | In the last year, have you received any payment from revenue made by the cooperative's income generating activities?  | Yes ..... 1<br>No ..... 2 ► (1.39)<br>Do not know ..... 96 ► (1.39)                              |                 |    |
| (1.37)                         | How much did you receive from such payments in the last year?   |  |                 |    |
| (1.38)                         | Did the amount you receive depend on your performance as CHW?   | Yes ..... 1<br>No ..... 2<br>Do not know ..... 96  |                 |    |
| (1.39)                         | Are you involved in other work for income that is not related to your work as a CHW or to your membership in the cooperative?   | Yes ..... 1<br>No ..... 2 ► (2.01)   |                 |    |
| (1.40)                         | In the last seven days, how many hours have you spent on work for income that is not related to your work as a CHW or to your membership in the cooperative?  | [cannot exceed 168]  |                 |    |

| Section 2: CHW Payments |  | RECORD RESPONSE                                 |               |
|-------------------------|--|---|---------------|
| (2.01)                  | Not including any payments received from the cooperative's income generating activities, how much monetary payment have you received in your last quarterly payment?             | Quarterly RWF                                   |               |
| (2.02)                  | Do you receive any in-kind payments for your work?   | YES 1   | NO 2 ► (2.05) |
| (2.03)                  | In the last 3 months, what type of in-kind payments did you receive?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>Yes.....1<br>No.....2 |   | YES NO        |
|                         |  | a. Bicycle                                      | 1 2           |
|                         |  | b. Literacy training                            | 1 2           |
|                         |  | c. Computer training                            | 1 2           |
|                         |  | d. Additional medical training                  | 1 2           |
|                         |  | e. Clothing                                     | 1 2           |
|                         |  | f. Shoes  | 1 2           |
|                         |  | g. Food (during training, work)                 | 1 2           |
|                         |  | h. Transport money/voucher                      | 1 2           |
|                         |  | i. Cell phone                                   | 1 2           |
|                         |  | j. Cell phone minutes                           | 1 2           |
| k. Mutuelle payment     | 1 2  |   |               |
| l. Other (Specify)      | 1 2  |   |               |
| (2.04)                  | In the last 3 months, have you received in-kind payment from the following sources? (in terms of the RWF value of the in-kind payment)   | a. NGO  |               |
|                         |  | b. District Hospital                            |               |
|                         |  | c. Health Center                                |               |
|                         |  | d. Ministry of Health (central)                 |               |
|                         |  | e. CHW cooperative                              |               |
|                         |  | f. Other (Specify)                              |               |
| (2.05)                  | Do you charge fees to patients?  | YES 1   | NO 2 ► (2.07) |
| (2.06)                  | What is the patient fee for the following services?<br><br>ENUMERATOR: READ ALOUD ALL SERVICES. IF NO FEE, RECORD 0  | a. Growth monitoring                            |               |
|                         |  | b. Providing treatment for malaria              |               |
|                         |  | c. Providing treatment for pneumonia            |               |
|                         |  | d. Providing treatment for diarrheal diseases   |               |
|                         |  | e. Referral for vaccinations                    |               |
|                         |  | f. Distribution of family planning products     |               |
| (2.07)                  | Do you receive payment other than money from patients?   | YES 1   | NO 2 ► (3.01) |
| (2.08)                  | What type of payment did you receive?<br><br>Yes.....1<br><br>No.....2   | a. Food (fruits, vegetables, nuts, eggs, flour) |               |
|                         |  | b. Livestock (chicken etc)                      |               |
|                         |  | c. Other (Specify)                              |               |

| Section 3: Training and Services     |   | RECORD RESPONSE  |     |    |
|--------------------------------------|---|--|-----|----|
| (3.01)                               | Have you <u>ever</u> received training in the following?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>Yes.....1<br>No.....2                    |  | YES | NO |
|                                      |   | a. C-IMCI or childhood diseases (ARI, diarrhea, fever) | 1   | 2  |
|                                      |   | b. Family planning                                     | 1   | 2  |
|                                      |   | c. Antenatal and postnatal care                        | 1   | 2  |
|                                      |   | d. Referral to facility for delivery or danger signs.  | 1   | 2  |
|                                      |   | e. Safe home delivery                                  | 1   | 2  |
|                                      |   | f. Newborn care  | 1   | 2  |
|                                      |   | g. Vaccinations  | 1   | 2  |
|                                      |   | h. Malaria   | 1   | 2  |
|                                      |   | i. Nutrition   | 1   | 2  |
|                                      |   | j. Sanitation and home hygiene                         | 1   | 2  |
|                                      |   | k. HIV/AIDS services                                   | 1   | 2  |
|                                      |   | l. Data collection/management                          | 1   | 2  |
|                                      |   | m. Mobile technology                                   | 1   | 2  |
| n. Post Partum Hemorrhage care (PPH) | 1   | 2  |     |    |
| o. Cooperative Management            | 1   | 2  |     |    |
| p. Other (Specify)                   | 1   | 2  |     |    |
| (3.02)                               | Who provided you with your training?<br><br>Yes.....1<br>No.....2   |  | YES | NO |
|                                      |   | a. NGO   | 1   | 2  |
|                                      |   | b. District Hospital                                   | 1   | 2  |
|                                      |   | c. Health Center                                       | 1   | 2  |
|                                      |   | d. Ministry of health (central)                        | 1   | 2  |
|                                      |   | e. CHW cooperative                                     | 1   | 2  |
|                                      |   | f. Other (Specify)                                     | 1   | 2  |
| (3.03)                               | In the last 12 months, have you received any training?<br>(A training course lasting a full day or more)  | YES 1  |     |    |
|                                      |   | NO 2 ► (3.06)  |     |    |
| (3.04)                               | What are some of the topics that were covered in this/<br>these training/s?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>Yes.....1<br>No.....2 |  | YES | NO |
|                                      |   | a. C-IMCI or childhood diseases (ARI, diarrhea, fever) | 1   | 2  |
|                                      |   | b. Family planning                                     | 1   | 2  |
|                                      |   | c. Antenatal and postnatal care                        | 1   | 2  |
|                                      |   | d. Referral to facility for delivery or danger signs.  | 1   | 2  |
|                                      |   | e. Safe home delivery                                  | 1   | 2  |
|                                      |   | f. Newborn care  | 1   | 2  |
|                                      |   | g. Vaccinations  | 1   | 2  |
|                                      |   | h. Malaria   | 1   | 2  |
|                                      |   | i. Nutrition   | 1   | 2  |
|                                      |   | j. Sanitation and home hygiene                         | 1   | 2  |
|                                      |   | k. HIV/AIDS services                                   | 1   | 2  |
|                                      |   | l. Data collection/management                          | 1   | 2  |
|                                      |   | m. Mobile technology                                   | 1   | 2  |
| n. Post Partum Hemorrhage care (PPH) | 1   | 2  |     |    |
| o. Cooperative Management            | 1   | 2  |     |    |
| p. Other (Specify)                   | 1   | 2  |     |    |

| Section 3: Training and Services                                  |   | RECORD RESPONSE   |     |    |
|---|---|---|-----|----|
| (3.05)  | Who provided you with your training in the last 12 months?<br>Yes.....1<br>No.....2   |   | YES | NO |
|   |   | a. NGO  | 1   | 2  |
|   |   | b. District Hospital  | 1   | 2  |
|   |   | c. Health Center  | 1   | 2  |
|   |   | d. Ministry of health (central)                               | 1   | 2  |
|   |   | e. CHW cooperative  | 1   | 2  |
|   |   | f. Other (Specify)  | 1   | 2  |
| (3.06)  | Which of the following services have you provided within the past 3 months?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>Yes.....1<br>No.....2 |   | YES | NO |
|   |   | a. Treat sick children  | 1   | 2  |
|   |   | b. Refer very sick children                                   | 1   | 2  |
|   |   | c. Refer children for vaccinations                            | 1   | 2  |
|   |   | d. Support outreach vaccination campaigns                     | 1   | 2  |
|   |   | e. Consultations for adults                                   | 1   | 2  |
|   |   | f. Provide birth spacing methods (excluding condoms)          | 1   | 2  |
|   |   | g. Give iron tablets and nutrition advice to pregnant women   | 1   | 2  |
|   |   | h. Refer pregnant women for tetanus toxoid and antenatal care | 1   | 2  |
|   |   | i. Supervise home deliveries                                  | 1   | 2  |
|   |   | j. Refer pregnant women with danger signs                     | 1   | 2  |
|   |   | k. Postnatal care   | 1   | 2  |
|   |   | l. Newborn care   | 1   | 2  |
|   |   | m. Refer for institutional delivery                           | 1   | 2  |
|   |   | n. Supervise DOTS treatment for TB                            | 1   | 2  |
|   |   | o. Malaria treatment  | 1   | 2  |
|   |   | p. Distribute mosquito nets                                   | 1   | 2  |
|   |   | q. Advise and refer on mental health                          | 1   | 2  |
|   |   | r. Advise and refer on disabilities                           | 1   | 2  |
|   |   | s. Health Education for community                             | 1   | 2  |
| t. Distribute condoms   | 1   | 2   |     |    |
| u. Distribute Vitamin A for children 6-59 months, nursing mothers | 1   | 2   |     |    |
| v. Distribute SurEau  | 1   | 2   |     |    |
| w. Other (Specify)  | 1   | 2   |     |    |

| Section 4: Supervision   |   |   | RECORD RESPONSE |    |
|--------------------------|---|---|-----------------|----|
| (4.01)                   | Do you have a supervisor(s)?  | YES 1   |                 |    |
|                          |   | NO 2 ► (5.01)   |                 |    |
| (4.02)                   | Where is your supervisor based?<br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.<br>Yes.....1<br>No.....2   |   | YES             | NO |
|                          |   | a. NGO  | 1               | 2  |
|                          |   | b. District Hospital  | 1               | 2  |
|                          |   | c. Health Center  | 1               | 2  |
|                          |   | d. Ministry of Health (central)                             | 1               | 2  |
|                          |   | e. CHW cooperative  | 1               | 2  |
|                          |   | f. Other (Specify)  | 1               | 2  |
| (4.03)                   | In the past 6 months, how many times has your supervisor(s) come to discuss/supervise your work?  | Number of times   |                 |    |
| (4.04)                   | On the last visit from a supervisor did the supervisor write his or her recommendations in a supervision book that you keep?  | Yes, seen by enumerator 1                                   |                 |    |
|                          |   | Yes, but not seen by enumerator 2                           |                 |    |
|                          |   | No 3  |                 |    |
| Section 5: CHW Resources |   |   |                 |    |
| (5.01)                   | In the last 3 months, has a <u>health center</u> supported you with any of the following?<br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.<br>Yes.....1<br>No.....2 |   | YES             | NO |
|                          |   | a. Monetary compensation/incentive                          | 1               | 2  |
|                          |   | b. Support to you 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. Access to mobile technology (Cell phone/handheld device) | 1               | 2  |
|                          |   | h. Other (Specify)  | 1               | 2  |
| (5.02)                   | In the last 3 months, has an <u>NGO</u> supported you with any of the following?<br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.<br>Yes.....1<br>No.....2          |   | YES             | NO |
|                          |   | a. Monetary compensation/incentive                          | 1               | 2  |
|                          |   | b. Support to you 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. Access to mobile technology (Cell phone/handheld device) | 1               | 2  |
|                          |   | h. Other (Specify)  | 1               | 2  |

| Section 5: CHW Resources |   |   |     |    |   |   |
|--------------------------|---|---|-----|----|---|---|
| (5.03)                   | Do you receive any of the following support from the <u>community</u> ?<br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.<br><br>Yes.....1<br><br>No.....2   |   | YES | NO |   |   |
|                          |   | a. Monetary compensation/incentive                            | 1   | 2  |   |   |
|                          |   | b. Donations for improving health post (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  |   |   |
| (5.04)                   | In the last 3 months, in what ways have other CHWs in the community supported you?<br><br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.<br><br>Yes.....1<br><br>No.....2  |   | YES | NO |   |   |
|                          |   | a. Home visits  | 1   | 2  |   |   |
|                          |   | b. Share drug supplies  | 1   | 2  |   |   |
|                          |   | c. Refer patients to facility                                 | 1   | 2  |   |   |
|                          |   | d. Sharing knowledge about disease prevention/cure            | 1   | 2  |   |   |
|                          |   | e. Mobilize community for vaccination campaigns               | 1   | 2  |   |   |
|                          |   | f. Help with filling Tally sheet                              | 1   | 2  |   |   |
|                          |   | g. No support from CHWs                                       | 1   | 2  |   |   |
|                          |   | h. Other (Specify)  | 1   | 2  |   |   |
| (5.05)                   | Did you receive a CHW kit?  | YES 1<br>NO 2 ► (5.08)  |     |    |   |   |
| (5.06)                   | Do you share these kits with other CHWs?  | YES 1<br>NO 2 ► (5.08)  |     |    |   |   |
| (5.07)                   | How many CHWs do you share the kit with?  | Number of CHWs  |     |    |   |   |
| (5.08)                   | Which ones of the following do you currently have in supply?<br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD EITHER:<br><br>Presently have complete stock.....1<br>Presently have incomplete stock.....2<br>Usually have, but do not have stock.....3<br>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. Measuring tape (UAC)                                       | 1   | 2  | 3 | 4 |
|                          |   | n. Referral forms   | 1   | 2  | 3 | 4 |
|                          |   | o. Timer  | 1   | 2  | 3 | 4 |
|                          |   | p. Health registries/books                                    | 1   | 2  | 3 | 4 |
|                          |   | q. Other (Specify)  | 1   | 2  | 3 | 4 |



## Section 6: CHW knowledge questions

**Read the following statement:** I will read questions and the possible answers to you now. I will circle the answer given after I have read the possible answers to you. Please answer the following questions to the best of your ability. For each question, select as many answers as you think are correct. This is designed to see how you would provide care in certain areas of practice. The result will not be shared with your supervisor and will only be used to help us improve educational services to you.

| (6.01) Why is it important that people wash their hands after using the latrine?                               | Yes | No |
|--|-----|----|
| A It removes dirt from the hands   | 1   | 2  |
| B Prevents HIV   | 1   | 2  |
| C It avoids spread of dangerous diseases, such as diarrhea, cholera, and intestinal parasites                  | 1   | 2  |
| D It prevents skin infections  | 1   | 2  |
| (6.02) What kind of water is safe to drink?  | Yes | No |
| A Treated water near animals   | 1   | 2  |
| B Treated stagnate water   | 1   | 2  |
| C Treated water from a spring or deep well   | 1   | 2  |
| D Treated water in streams and rivers  | 1   | 2  |
| (6.03) What will you give to a 1 and a half year old with watery diarrhea without dehydration?                 | Yes | No |
| A Give 1 liter a day of ORT  | 1   | 2  |
| B 3-4 glasses a day ORT  | 1   | 2  |
| C 1/4th -1/2 cp of ORT for every watery stool  | 1   | 2  |
| D Give 1 liter of water per day ONLY   | 1   | 2  |
| (6.04) Which of the following are danger signs for pregnant women?   | Yes | No |
| A Fever  | 1   | 2  |
| B Vaginal Bleeding   | 1   | 2  |
| C Swelling of hands, face, AND feet  | 1   | 2  |
| D Loss of appetite   | 1   | 2  |
| (6.05) Which of the following signs are dangerous signs for a baby?  | Yes | No |
| A The baby is convulsing   | 1   | 2  |
| B The baby has a fever   | 1   | 2  |
| C The baby is not breastfeeding  | 1   | 2  |
| D The baby is breathing too quickly  | 1   | 2  |
| (6.06) At what age should you introduce foods in addition to liquids and breastmilk for the baby?              | Yes | No |
| A Just after birth   | 1   | 2  |
| B One month  | 1   | 2  |
| C Three months   | 1   | 2  |
| D After six months   | 1   | 2  |
| (6.07) Which of the following diseases can be prevented with a vaccine?  | Yes | No |
| A Poliomyelitis  | 1   | 2  |
| B Measles  | 1   | 2  |
| C Tetanus  | 1   | 2  |
| D Tuberculosis   | 1   | 2  |
| E AIDS   | 1   | 2  |
| (6.08) Which are effective methods of contraception?   | Yes | No |
| A Oral contraceptives (pills)  | 1   | 2  |
| B Depoprovera injection (DMPA)   | 1   | 2  |
| C IUD  | 1   | 2  |
| D Breastfeeding  | 1   | 2  |
| E Withdrawal   | 1   | 2  |
| (6.09) Which one of the following are signs of Tuberculosis?   | Yes | No |
| A Bloody diarrhea  | 1   | 2  |
| B Blood in sputum  | 1   | 2  |
| C Weight loss and cough  | 1   | 2  |
| D Fever and sweating during the night  | 1   | 2  |
| (6.10) Which of the following are danger signs in severe malaria?  | Yes | No |
| A Occasional vomiting  | 1   | 2  |
| B Reduced amount of urine that turns brown   | 1   | 2  |
| C Eyes turn yellow   | 1   | 2  |
| D Convulsions  | 1   | 2  |
| (6.11) For what symptoms do you treat sick children with amoxicillin?  | Yes | No |
| A Cough  | 1   | 2  |
| B Cough and fever and fast breathing   | 1   | 2  |
| C Fast breathing   | 1   | 2  |
| D Cough and fever  | 1   | 2  |
| F Other  | 1   | 2  |
| (6.12) At what age of the pregnancy should women go for their first antenatal care visit at the health center? | Yes | No |
| A First trimester  | 1   | 2  |
| B Second trimester   | 1   | 2  |
| C Third trimester  | 1   | 2  |
| D At term  | 1   | 2  |
| F At anytime of the pregnancy  | 1   | 2  |

## Section 7: COMMUNITY HEALTH WORKER SATISFACTION

In this part of the questionnaire I would like to ask you some questions regarding your satisfaction with your role as a Community Health Worker. All answers are confidential and any identifying information will be removed.

I'm now going to read you a series of statements about your **level of satisfaction** with various aspects of your current job. If you are **completely satisfied** with that aspect of your job, then out of 4, give it 4. If you are **completely unsatisfied** with it, then out of 4, give 1. You can also give 3 or 2, depending on your level of satisfaction or dissatisfaction with the factor reflected in the statement.

5= Not applicable  
 4 = "very satisfied"  
 3 = "satisfied"  
 2 = "unsatisfied"  
 1 = "very unsatisfied"

|        | How would you rate the following aspects of your work? Read from the list below and ask which category applies (1-5) | Very unsatisfied | Unsatisfied | Satisfied | Very satisfied | Not Applicable |
|--------|--|------------------|-------------|-----------|----------------|----------------|
| (7.01) | Working relationships with health center staff   | 1                | 2           | 3         | 4              | 5              |
| (7.02) | Working relationships with District hospital staff   | 1                | 2           | 3         | 4              | 5              |
| (7.03) | Working relationships with Civil Society Organizations   | 1                | 2           | 3         | 4              | 5              |
| (7.04) | Community support - financial or other   | 1                | 2           | 3         | 4              | 5              |
| (7.05) | Relationships with local community leaders   | 1                | 2           | 3         | 4              | 5              |
| (7.06) | Availability of medicines  | 1                | 2           | 3         | 4              | 5              |
| (7.07) | Availability of equipment  | 1                | 2           | 3         | 4              | 5              |
| (7.08) | Your level of respect in the community   | 1                | 2           | 3         | 4              | 5              |
| (7.09) | Your training opportunities to upgrade your skills and knowledge   | 1                | 2           | 3         | 4              | 5              |
| (7.10) | Your ability to meet the needs of the community  | 1                | 2           | 3         | 4              | 5              |
| (7.11) | Way decisions are being made by the CHW cooperative  | 1                | 2           | 3         | 4              | 5              |
| (7.12) | Your ability to influence decisions by the cooperative   | 1                | 2           | 3         | 4              | 5              |
| (7.13) | Your level of respect in the cooperative   | 1                | 2           | 3         | 4              | 5              |
| (7.14) | Work ethics of other cooperative members   | 1                | 2           | 3         | 4              | 5              |
| (7.15) | Health knowledge of other cooperative members  | 1                | 2           | 3         | 4              | 5              |
| (7.16) | Your compensation  | 1                | 2           | 3         | 4              | 5              |
| (7.17) | Additional benefits (travel allowance, etc)  | 1                | 2           | 3         | 4              | 5              |
| (7.18) | Your perception of safety and security to live and practice in the community   | 1                | 2           | 3         | 4              | 5              |
| (7.19) | Living accommodations for your family  | 1                | 2           | 3         | 4              | 5              |
| (7.20) | Education for your children  | 1                | 2           | 3         | 4              | 5              |
| (7.21) | Your supervisor's recognition of your work   | 1                | 2           | 3         | 4              | 5              |
| (7.22) | Your opportunities for advancement in health field   | 1                | 2           | 3         | 4              | 5              |
| (7.23) | Overall, your satisfaction with your role  | 1                | 2           | 3         | 4              | 5              |

## Section 8: CHW MOTIVATION

In this part of the questionnaire we are asking you about what is important for your motivation to work in the community.

All answers will remain confidential and any identifying information will be removed.

I'm now going to read you a series of statements about different aspects related to your work as a Community Health Worker. If you **STRONGLY AGREE** with a statement, then out of 4, give it 4. If you **STRONGLY DISAGREE** with a statement, then out of 4, give 1. You can also give 3 or 2, depending on how you think the statement is important for your motivation.

4 = "Strongly agree"

3= "Agree"

2 = "Disagree"

1 = "Strongly disagree"

|        | How would you rate the following aspects of your work? <i>Read from the list below and ask which category applies (1-4 ; strongly disagree - strongly agree)</i> | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--------|--|-------------------|----------|-------|----------------|
| (8.01) | Your role as a CHW makes you feel good about yourself  | 1                 | 2        | 3     | 4              |
| (8.02) | You are proud to be working for this community   | 1                 | 2        | 3     | 4              |
| (8.03) | You always complete your tasks efficiently and effectively   | 1                 | 2        | 3     | 4              |
| (8.04) | You are a hard worker  | 1                 | 2        | 3     | 4              |
| (8.05) | You are punctual about you CHW activities  | 1                 | 2        | 3     | 4              |
| (8.06) | You feel motivated to work as hard as you can  | 1                 | 2        | 3     | 4              |
| (8.07) | You are satisfied with the opportunity to use your abilities in your job   | 1                 | 2        | 3     | 4              |

| Section 9: Program Knowledge and Attitude |   |   | RECORD RESPONSE |    |
|---|---|---|-----------------|----|
| (9.01)                                    | Are you aware of the activities for which the Community PBF pays community health workers?  | Yes 1   |                 |    |
|   |   | No 2  |                 |    |
| (9.02)                                    | Do Community Health Workers in your community get paid by the health center for the following activities/indicators?<br><br>ENUMERATOR: READ ALL OPTIONS ALOUD AND RECORD YES OR NO FOR EACH OPTION<br><br>IF NO TO ALL OPTION, ► 10.08   |   | YES             | NO |
|   |   | a. Quarterly report accuracy, completeness and timeliness | 1               | 2  |
|   |   | b. Accompanying/referring to timely antenatal care        | 1               | 2  |
|   |   | c. Accompanying/referring to institutional delivery       | 1               | 2  |
|   |   | d. Referral of new users to family planning consultation  | 1               | 2  |
|   |   | e. Number of regular users of family planning             | 1               | 2  |
|   | f. Nutrition monitoring   | 1   | 2               |    |
| (9.03)                                    | Have the performance payments increased or decreased your motivation in providing health services to your community?  | Increased 1   |                 |    |
|   |   | Did not change 2  |                 |    |
|   |   | Decreased 3   |                 |    |
|   |   | Do not know 96  |                 |    |
| (9.04)                                    | Have you changed the way in which you provide health services to your community in response to the introduction of indicators that are paid based on performance?   | Yes 1   |                 |    |
|   |   | No 2 ► (10.06)  |                 |    |
| (9.05)                                    | In what have you changed the way in which you provide health services to your community in response to the introduction of indicators that are paid for based on performance?<br><br>ENUMERATOR: DO NOT READ ANSWERS, CIRCLE '1' FOR ALL THAT APPLIES. IF ANSWER IS NO FOR EACH OF THESE OPTIONS, ► (10.08) |   | YES             | NO |
|   |   | a. Spend more time on health related work                 | 1               | 2  |
|   |   | b. Increase number of home visits                         | 1               | 2  |
|   |   | c. Perform more outreach/ mobilization                    | 1               | 2  |
|   |   | d. Cooperation with other CHWs                            | 1               | 2  |
|   |   | e. Focus on incentivized services                         | 1               | 2  |
|   |   | f. Improved organization and record-keeping               | 1               | 2  |
| g. Other, specify                         | 1   | 2   |                 |    |
| (9.06)                                    | In the past two years, have your performance payments increased, decreased or remained the same on average?   | Increased 1   |                 |    |
|   |   | Decreased 2   |                 |    |
|   |   | Remained the same 3                                       |                 |    |
| (9.07)                                    | Do women in your community receive in-kind gifts when visiting health centers for the following services?<br><br>ENUMERATOR: READ EACH OPTION ALOUD AND RECORD YES OR NO FOR EACH.  |   | YES             | NO |
|   |   | a. Timely Antenatal care                                  | 1               | 2  |
|   |   | b. In-facility delivery                                   | 1               | 2  |
|   |   | c. Postnatal care   | 1               | 2  |
| (9.08)                                    | Are you aware of the community based provision of contraceptives (CBP program)?   | Yes 1   |                 |    |
|   |   | No 2  |                 |    |
| (9.09)                                    | Do CHWs distribute contraceptives in your village?  | Yes 1   |                 |    |
|   |   | No 2 ► STOP   |                 |    |
| (9.10)                                    | Are you involved in the distribution of contraceptives in your village?   | Yes 1   |                 |    |
|   |   | No 2  |                 |    |