1. **HEALTH SECTOR SITE VISITS**

**KEY**: Yellow = Core Question; Green = Question Specific to tool; Blue = New Question. If a section is highlighted, it means all questions within that section are that color. Yellow and Green questions were approved for the Base Year

***WHAT IS IN THIS PACKET:***

1. IP Document Review Checklist
2. Field Monitor Direct Observation Checklist
3. Local IP Representative Interview Guide
4. Community Key Informant Interview Guide
5. Beneficiary Focus Group Discussion Guide
6. Beneficiary Interview Guide
7. Field Monitor Comments Checklist: Site Access and Challenges

DIRECTIONS: All questions should be answered. If there is no data available, write “NDA” into the space provided. If the question is not applicable, write “NA” into the space provided. If the answer is unclear, write “UC” in the space provided. If the respondent says s/he does not know, write “DK.”

1. **IP DOCUMENT REVIEW CHECKLIST FOR HEALTH ACTIVITIES**

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

|  |
| --- |
| DIRECTIONS: It is critically important to explain to the IP representative consulted that any documents supplied for examination and collection should pertain to OFDA-funded elements of the health activity only, and for the current OFDA award period only (if the IP representative consulted isn’t familiar with the current award period, remind them from the site visit information provided to you). The following types of IP documents are typically available for health activities. |

|  |  |  |
| --- | --- | --- |
| **Table of Documents to Review** | | |
| **Types of Documents** | **Examine and Collect Copies** | **Examine Only** |
| **Infrastructure/Facilities Support** |  | * For rehabilitation works, there is usually a Bill of Quantities (BOQ) or construction contract, and there is often a handover letter from the IP to the community. * For operations of a facility, there may be rental agreements, utility bills, staff payrolls records that demonstrate the IP is paying to keep the facility operational. * If OFDA is supporting the supply of water in any way, there may be records of regular free residual chlorine level testing. |
| **Training** (Community Hygiene Promoters [CHP] or WASH committee members): | Training attendance sheets representing each day of training | Training curriculum and training reports |
| **Service Provision**: |  | Examine for the previous month period.   * Beneficiaries Registers * Consultation records * Referral records * Records on vaccinations and immunizations delivery * IP reports on case fatality rates for Acute Watery Diarrhea (AWD), Acute Respiratory Infection (ARI), and measles by sex and age. |
| **Goods and Supplies Distribution** (e.g., clean-delivery kits, rape kits, dignity kits,[[1]](#footnote-1) hygiene kits, or other non-pharmaceutical supplies. Dry rations of food used as incentives, such as for women to attend antenatal clinics or give birth in the facility). Specialized nutritious food rations (RUSF) or RUTF are not included here. | Distribution registers with the recipients’ name, items and quantities distributed, and recipient’s signature or thumbprint acknowledgment of receipt. |  |

|  |  |  |
| --- | --- | --- |
| **Table of Documents to Review (cont.)** | | |
| **Community-Based Activities:** | Examine and collect copies of these documents for the current award period and collect a sample of all reports for the previous month period:   * Workers’ and/or supervisors’ weekly, monthly, or specific community event reports. * Actual billboards or posters.   Examine and photograph these materials:   * Reports on mass media campaigns. * Scripts for radio broadcasts. | * Records on the incentives or pay distributed to CHWs.   Mass media campaign activities:   * Quotations or receipts for radio airtime, billboard rental or poster printing. |
| **OFDA Restricted Goods Procurement**  (Medical Commodities and Pharmaceuticals[[2]](#footnote-2)): | Examine and collect copies of these documents for the preceding month.   * Pharmaceutical procurement and shipping documents if OFDA are paying for the procurement. * Pharmaceutical inventory. * Certificates of Analysis/Quality per batch (for all suppliers). * Long-lasting insecticide-treated nets (LLIN)[[3]](#footnote-3) procurement and inventory documents. Collect for the most recent shipment. | Examine these documents for the previous month:   * Beneficiary distribution register |
| ***Consultation, Communication, Coordination*** ***and Oversight:*** |  | Information about the IP’s complaint/feedback mechanism. |

|  |
| --- |
| DIRECTIONS: For face-to-face interviews, you will need to collect a list of beneficiaries with contact information. You will randomly select people from this list to conduct the survey or interview. Request this information from the IP. |

|  |  |
| --- | --- |
| ***Documents Collected or Reviewed*** | ***Date of Documents*** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

**ACTIVITY DESCRIPTION**

* **INFRASTRUCTURE/FACILITIES SUPPORT**

Q1. Which of the following types of facilities/infrastructure improvement or operational support was documented? (AMI 1, OVI 3) ***Circle all that apply***

1. Primary healthcare facility: ***Circle all that apply***
   * + Main building structure rehabilitation or expansion
     + Rehabilitation or improvement of water
     + Rehabilitation or improvement of electricity supply
     + Rehabilitation or improvement of waste disposal areas (bio-waste pits, incinerators, placenta pits, etc.)
     + Installation of new generator
     + Installation of new incinerator
     + Installation of new water supply system
     + Operational costs of infrastructure (utilities, security, fuel, trucked water, etc.)
     + Transport purchase for referrals
     + Transport fuel for referrals
     + Transport rental for referrals (ambulance or taxi)
     + Staffing (salaries or incentives for qualified health workers, administrative staff, support staff or CHWs/volunteers)
2. Mobile health unit: ***Circle all that apply***
   * + Transport purchase
     + Transport outfitting with medical equipment and supplies
     + Transport fuel
     + Staffing (salaries or incentives for qualified health workers, support staff or CHWs/volunteers)
     + Staff meal or other allowances for travel days
     + Health outpost: Circle all that apply
     + Existing structure rehabilitation or improvement
     + New structure establishment
     + Installation of generator, incinerator or water supply system
     + Operational costs of infrastructure (municipal utilities, security, fuel, trucked water, etc.)
     + Transport costs for referrals (ambulance or taxi services)
     + Staffing (salaries or incentives for CHWs/volunteers)
3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2. Are there records indicating free residual chlorine level of the facility’s water supply? (AMI 9) ***Circle one***

1. Yes
2. No

* **SERVICE PROVISION**

Q3. Specify the dates of the last month period examined:

DATE: From \_\_\_\_\_\_to \_\_\_\_\_\_\_

DIRECTIONS: Review records for the last month recorded in the registers.

Q3a. How many consultations have taken place in the last month? (AMI 1, OVI 1)

|  |  |
| --- | --- |
| **Beneficiary Category** | **Number of Consultations** |
| Age 0-59 months (male) |  |
| Age 0-59 months (female) |  |
| Age 5-14 years (male) |  |
| Age 5-14 years (female) |  |
| Age 15-49 years (male) |  |
| Age 15-49 years (female) |  |
| Age 50-60 years (male) |  |
| Age 50-60 years (female) |  |
| Age 60+ years (male) |  |
| Age 60+ years (female) |  |
| Total consultations |  |

Q3b. How many consultations/services in the last month were for the following consultation categories? (AMI 1, OVI 1)

DIRECTIONS: These consultations are counted independently from Q4 (NOTE: The totals may not add up to the totals in Q4 due to overlapping services).

|  |  |
| --- | --- |
| **Consultation Category** | **Number of Consultations** |
| Nutrition screening |  |
| Immunizations/vaccinations |  |
| AWD |  |
| ARI |  |
| Malaria |  |
| Measles |  |
| Antenatal care (ANC) |  |
| Labor and delivery (L&D) |  |
| Postnatal care (PNC) |  |
| Infant and young child feeding (IYCF) |  |
| Family planning/birth spacing |  |
| Sexual or gender-based violence (SGBV) |  |
| Sexually-transmitted infections (STI) |  |

Q4. How many beneficiaries were referred to other facilities/services in the last month period? (OVI 1)

|  |  |
| --- | --- |
| **Referred Service or Facility** | **Number of Referrals** |
| Primary healthcare facility |  |
| Hospital |  |
| Nutrition service/facility for Moderate Acute Malnutrition (MAM) |  |
| Nutrition service/facility for Severe Acute Malnutrition (SAM) |  |
| SGBV safety/crisis center or other services (legal, law enforcement, etc.) |  |
| Other: |  |

Q4a. If records are available, how many referral beneficiaries (by gender) were provided with transportation to the referred services? (AMI 1, OVI 1) ***Circle one***

|  |  |  |
| --- | --- | --- |
| Number of Men | Number of Women | Total Number |
|  |  |  |

Q4b. Do the records indicate whether the IP followed up to find out if the beneficiary received the referred services?(AMI 1) ***Circle one***

1. Yes
2. No

Q5. What are the case fatality rates for Acute Watery Diarrhea (AWD), Acute Respiratory Infection (ARI), and measles by sex and age in the last month (from clinic records)? (OMI 1)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0-59 mos.** | | **5-14 yrs.** | | **15-49 yrs.** | | **50-60 yrs.** | | **60+ yrs.** | |
|  | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
| AWD |  |  |  |  |  |  |  |  |  |  |
| ARI |  |  |  |  |  |  |  |  |  |  |
| Measles |  |  |  |  |  |  |  |  |  |  |
| Malaria |  |  |  |  |  |  |  |  |  |  |

* **COMMUNITY-BASED ACTIVITIES**

Q6. Indicate the total number of sensitization and education outreach events that were implemented, from the start date of the current award to the month before the site visit, and their locations. (AMI 1, OVI 5)

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Sensitization and Education Outreach** | **Indicate the total number of outreach activities by location.** | | |
| **Household** | **Facility** | **Community** |
| Prevention of Child Stunting and Wasting. |  |  |  |
| Food Use |  |  |  |
| Preventive Health |  |  |  |
| Infant & Child Feeding |  |  |  |
| Hygiene Health |  |  |  |
| Sexual Health |  |  |  |
| Accessing health services |  |  |  |
| Other: |  |  |  |

Q6a. *(If documentation provides)* How many people attended these events, from the start of the current award to the month before the site visit? (AMI 1, OVI 4)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Audience** | **Is documentation provided?**  **(Yes or No)** | **Number of People Attending Sensitization and Education Outreach Events** | | |
| **Community** | **Facility** | **Households** |
| Number of Men |  |  |  |  |
| Number of Women |  |  |  |  |
| Total Number |  |  |  |  |

Q7. Do the records indicate whether messages for health, nutrition, protection or WASH were delivered in an integrated format (i.e. Messages were delivered to the same audience at the same time)? (AMI 1) ***Circle one***

* 1. Yes

1. No

Q8. How many Community Health Workers (CHW) are supported under this award? (AMI 1)

|  |  |
| --- | --- |
| Total Number |  |

Q9. How many of these CHWs are from this village/IDP settlement? (AMI 1)

|  |  |
| --- | --- |
| Total Number |  |

Q10. How does the IP pay or reimburse the CHWs? (AMI 1) ***Circle all that apply***

1. Salary/Stipend
2. Living quarters
3. Expense reimbursement
4. Rations
5. Other
6. There are no records available.

If Other, please describe:

Q11. What is the fee or incentive per month offered to CHWs, as documented? (AMI 1)

|  |
| --- |
| Answer: |

Q12. If the IP used mass media for the sensitization events, describe the use of mass media as documented. (AMI 1)

|  |  |
| --- | --- |
| **Type of Event** | **Description** |
| Frequency of radio programs |  |
| Length of radio programs |  |
| Period of radio programs (over the course of a week, month, quarter?) |  |
| Number of billboards |  |
| Length of time billboards were posted |  |
| Number of posters or other materials produced/printed |  |

**TRAINING**

Q13. Describe the health worker training documented during the current award period. (AMI 1, OVI 2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Title** | **Dates of Training** | **Type of Health Workers or Volunteers Trained** | **Number Trained** | |
| **Men** | **Women** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**GOODS AND SUPPLIES DISTRIBUTION**

Q14. What kinds of items were distributed to community members, according to the documents (not including pharmaceuticals or specialized nutritious foods)? (AMI 1, OVI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Volume or Amount** | **Number of Men** | **Number of Women** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OFDA RESTRICTED GOODS PROCUREMENT**

Specify the dates of the 30-day period examined:

DATE: From \_\_\_\_\_\_ to \_\_\_\_\_\_\_

Q15a. List the five “tracer drugs” designated in the SMLP Award Summary in the following table:

|  |  |
| --- | --- |
| **Number** | **Name of Tracer Dug** |
| Drug 1 |  |
| Drug 2 |  |
| Drug 3 |  |
| Drug 4 |  |
| Drug 5 |  |

DIRECTIONS: Please take a photo for each of the tracer drugs, ideally one, which has the batch number/serial number. Please take a photo of the storage area and the dispensing area.

Q15b. Review IP documents of all dates of stock-outs for seven consecutive days or more in the last month (30 days). (AMI 9)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** | **Drug 1** | **Drug 2** | **Drug 3** | **Drug 4** | **Drug 5** |
| **Circle Yes or No** | | | | |
| Is the item in stock? | Yes - No | Yes - No | Yes - No | Yes - No | Yes - No |
| Is the item in stock expired? | Yes - No | Yes - No | Yes - No | Yes - No | Yes - No |
| If **yes** - record the actual number for each product, indicate number of tablets, bottles, etc. | Yes - No | Yes - No | Yes - No | Yes - No | Yes - No |
| Record the total number of consecutive days out of stock during the last 30 days\* |  |  |  |  |  |

DIRECTIONS: If the reason for the stock-out is not in the records, find out from the staff the reason for the stock-out.

Q16. Answer the IPs inventory records and answer the questions below: (AMI 1)

|  |  |
| --- | --- |
| **Questions** | **Circle Yes or No** |
| Were inventory records kept and accurate for the tracer products reviewed? | **YES NO** |
| What type of inventory system is used? (Circle one) Electronic Stock Cards Other: | |
| Does the physical inventory match the inventory system number? | **YES NO** |
| When was the last delivery of medicines received by the facility? | Date: |

Q17. According to the documentation, were long-lasting insecticide-treated nets (LLIN) distributed using OFDA funds? (AMI 1) ***Circle one***

* + 1. Yes
    2. No (GO TO Q18)

Q17c. What are the brand names of the nets? (AMI 1)

|  |  |  |  |
| --- | --- | --- | --- |
| **Brand name** | **Manufacturer** | **Is this brand in stock?**  **(Circle one box)** | |
| Yes | No |
| Dawaplus2.0® | Tana Netting | Yes | No |
| DuraNet® | Shobikaa Impex Private Ltd | Yes | No |
| Interceptor® | BASF | Yes | No |
| LifeNet® | Bayer | Yes | No |
| Mira Net® | A to Z Textiles | Yes | No |
| Olyset® | Sumitomo Chemical | Yes | No |
| Olyset Plus® | Sumitomo Chemical | Yes | No |
| Panda Net 2.0® | Life Ideas Textiles | Yes | No |
| PermaNet 2® | Vestergaard Frandsen | Yes | No |
| PermaNet 3® | Vestergaard Frandsen | Yes | No |
| Veeralin® | Vector Control Innovations | Yes | No |
| Yahe® | Fujian Yamei Industry | Yes | No |

Q17a. *(If LLINs were supported by OFDA)* Are all the nets in the inventory insecticide-treated nets? (AMI 1). Circle one response.

1. Yes. All nets are treated.
2. No. Some nets are treated and some nets are not treated.
3. No. All nets are not treated.
4. Not applicable. There are no nets in inventory

Q17b.*(If LLINs were supported by OFDA)* Do all the nets in the inventory have printed instructions for users in the package? (AMI 1) ***Circle one***

1. Yes. All nets have instructions.
2. No. Some nets have instructions and others do not.
3. No. All nets do not have instructions.
4. Not applicable. There are no nets in inventory

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q18. (*Based on available documents*) did the IP establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3) ***Circle one***

1. Yes
2. No

Q18a. If IP established complaint/feedback mechanism, do the documents tell you the following?

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| A contact person at the site to respond to any complaints. |  |
| A record of complaints received. |  |
| The record of complaints tells you the source of the complaint, the date of the complaint, the action taken, and the date of action. |  |
| A hotline number for beneficiaries to call. |  |

Q18b. Is there a document that indicates how the IP informs beneficiaries of the mechanism, including those who are illiterate?

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, how? |

Q19. Does the IP have written confidentiality and data protection protocols? (AMI 4) ***Circle one***

* 1. Yes
  2. No

1. **FIELD MONITOR DIRECT OBSERVATION CHECKLIST FOR HEALTH ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| **Site Visit Number** |  | |
| **Program** |  | |
| **IP** |  | |
| **Sector/Modality** |  | |
| **Village/IDP Settlement** |  | |
| **GPS Coordinates** | **Longitude** |  |
|  | **Latitude** |  |
| **District** |  | |
| **Date of Data Collection** |  | |
| **Field Monitor Name** |  | |

|  |
| --- |
| DIRECTIONS: Take the following photographs for health site visits (in addition to the documentation photographs mentioned in the IP Document Review Checklist). |
| * Wide shot of the facility or mobile health unit work area |
| * Close-in shot of the facility sign post |
| * Wide shot of the waiting area (with beneficiary consent) |
| * Wide shot of a consultation area (with beneficiary consent) |
| * Wide shot of a labor and delivery area (if applicable, and with beneficiary consent)) |
| * Wide shot of the medical supplies’ storage area |
| * Close-in shot of the way medical supplies are marked in the storage area |
| * Close-in shot of waste management area of the compound |
| * Close-in shot of latrines in the compound |
| * Close-in shot of service providers at work with beneficiaries (with beneficiary consent) |
| * Beneficiary Focus Groups (with participants’ consent) |

DIRECTIONS: In completing observations, Field Monitor should take care not to be disruptive to ongoing service provision, and beneficiaries must provide consent to the observation.

|  |
| --- |
| DIRECTIONS: Is the activity being implemented live on the day of the site visit? Circle one   * 1. Yes. Continue with tool   2. No. GO TO Local IP Representative Interview Guide |

**ACTIVITY DESCRIPTION**

**SERVICE PROVISION**

Q1. Is adequate beneficiary security provided at the activity site (e.g. restricted entry, entrant pat-down screening, female/male segregation where appropriate, safety alarm/alert systems)? (AMI 4) ***Circle one***

1. Yes
2. Yes, but deficient.
3. No.

|  |
| --- |
| Follow-up Question: If no or if deficient, please describe. |

Q2. In general, is beneficiary registration, screening, service delivery or commodity distribution conducted in an orderly manner (e.g. organized staff, managed processes, predictable flow)? (AMI 4) ***Circle one***

1. Yes
2. No.

|  |
| --- |
| Follow-up Question: If no, please describe. |

Q3. Is the beneficiary registration, screening, service delivery and/or commodity distribution processes conducted in a safe manner (e.g. queuing, protection from the elements, no outside influences, privacy, calm atmosphere)? (AMI 4) ***Circle one***

1. Yes
2. No.

|  |
| --- |
| Follow-up Question: If no, please describe. |

Q4. Is the beneficiary intake area located where staff and the beneficiary can talk in private and without anyone overhearing what is being said? (AMI 4) ***Circle one***

1. Yes
2. No.
3. Not applicable. No one was being served at the time of the site visit.

|  |
| --- |
| Follow-up Question: If no, please describe. |

Q5. If there is a beneficiary medical consultation or screening area, is it located where services can be provided in a confidential and private manner? (AMI 4) ***Circle one***

1. Yes
2. No.
3. Not applicable. There is no consultations or screenings being conducted.

|  |
| --- |
| Follow-up Question: If no, please explain. |

Q6. Are women and children with medical complications or with disabilities prioritized and provided assistance in the registration, screening, service provision or ration distribution process? (AMI 4) ***Circle one***

1. Yes
2. No.
3. Not applicable. Women/children with medical complications/disabilities not present.

|  |
| --- |
| Follow-up Question: If no, please explain. |

Q6a. Are activity staff available to assist persons with disabilities? (AMI 4) ***Circle one***

1. Yes
2. No.
3. Not applicable. I did not see any persons with disabilities present during the service or distribution

Q7. Does the activity adequately safeguard sensitive files from misuse, including the identity of service recipients (e.g. beneficiary rosters or lists, file cabinets and folders, charts)? (AMI 4, AMI 9) ***Circle one***

1. Yes.
2. No.

|  |
| --- |
| Follow-up Question: If no, please explain. |

Q8. Is there a shaded service waiting area? (AMI 9) ***Circle one***

1. Yes. (GO TO Q8a)
2. No. (GO TO Q9)
3. Not applicable. Waiting area is inside a static facility. (GO TO Q9)

Q8a. If yes, is the area large enough to accommodate the waiting beneficiaries? (AMI 4) ***Circle one***

1. Yes.
2. No.
3. Not applicable. Waiting area is inside a static facility.

Q9. Did the IP provide water for beneficiaries who are waiting for services? (AMI 9) ***Circle one***

1. Yes
2. No

Q10. *(For static primary healthcare facilities only – not health outposts)* Inspect the facilities for compliance to Sphere Standards.(AMI 9)

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard** | **Check one box** | | **If partially compliant, please explain** |
| **Yes** | **No** |
| Is there covered seating in the waiting area? |  |  |  |
| Is there an electricity supply? |  |  |  |
| Is there a water supply dedicated to the facility (i.e., not open public use)? |  |  |  |
| Is the water chlorinated? |  |  |  |
| Is there a waste management area in the compound? |  |  |  |
| If there is a waste management area, is there restricted access (is it fenced or walled off?) |  |  |  |
| Is there a functioning incinerator? |  |  |  |
| Are there sharps disposal containers in beneficiary consultation areas? |  |  |  |
| Are there handwashing stations in beneficiary consultation areas? |  |  |  |
| Is there a placenta pit? |  |  |  |
| Is there a functional lab in the facility? |  |  |  |
| Are there basic provisions for maintaining beneficiary confidentiality and privacy during consultations (walls, separators, etc.)? |  |  |  |
| Is the facility accessible to those with physical disabilities? |  |  |  |
| Is there a designated space in the facility for labor and delivery? |  |  |  |
| Are there separate, internally lockable toilets/latrines for women and men? |  |  |  |
| Are all toilets/latrines functional? |  |  |  |
| Are the toilets/latrines clean? |  |  |  |
| Do the latrines have handwashing stations? |  |  |  |
| Do the toilets/latrines allow for the disposal of women’s menstrual hygiene material? |  |  |  |

10a. Test the water supply in the facility for chlorine with the test kit. Is chlorine present?

a. Yes, some level of chlorine present

b. No chlorine present.

Q11. Determine whether the following equipment is present and functional within the facility. (AMI 9)

|  |  |  |
| --- | --- | --- |
| **Equipment** | **Number of Units Present** | **At Least One Unit is Functioning? (Yes/No)** |
| Blood pressure instrument |  |  |
| Thermometer |  |  |
| Stethoscope |  |  |
| Weighing machine |  |  |
| Lockable cabinet/box for medicine |  |  |
| Lockable cabinet/box for beneficiary files |  |  |
| Basin for water |  |  |

Q12. Observe healthcare worker practices on Infection Prevention and Control (IPC). (AMI 1)

|  |  |
| --- | --- |
| **IPC Actions** | **Observed Consistently by All Health Workers?** |
| Health Workers wash hands before interacting with a beneficiary | YES NO |
| Health Workers wear gloves when there will be possible contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin | YES NO |
| Sharps are disposed of in designated sharps containers | YES NO |
| Equipment is wiped down after contact with a beneficiary | YES NO |
| Soiled linens are replaced immediately | YES NO |

Q13. When observing consultations involving children, did the healthcare worker screen all children for malnutrition? (AMI 1) ***Circle one***

1. Yes
2. No
3. I didn’t see any consultations with children

Q13a. Did the healthcare worker check any of the following? (AMI 1) ***Circle all that apply***

1. Weight of the child
2. MUAC measurement at the midpoint of the arm
3. Presence of bilateral pitting edema
4. Height of the child
5. Correct Z score calculation

Q14. Did you observe any posters or witness any worker actively promoting breast milk substitution? (AMI 1) ***Circle one***

1. Yes
2. No

**TRAINING**

DIRECTIONS: The Field Monitor should observe the training for at least 30 minutes.

Q15. How many trainers/facilitators are delivering the training today? (AMI 1) NUMBER\_\_\_\_\_\_

Q15a. How many trainees are in attendance today? (AMI 1, OVI 1)

|  |  |  |
| --- | --- | --- |
| **Men** | **Women** | **Total Number** |
|  |  |  |

Q16. What is the training topic you are observing? (AMI 1)

|  |
| --- |
| Answer: |

Q17. What methods did the trainer/facilitator using during your observation? (AMI 1) ***Circle all that apply***

1. Lecture-style only
2. Lecture-style with frequent interactions with various trainees
3. Small group exercises
4. Trainee-led sessions
5. Individual reading or reflection
6. Practical sessions (trainees practicing a skill directly)
7. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMUNITY-BASED ACTIVITIES**

Q18. Is a sensitization/education session being observed? (AMI 1) ***Circle one***

1. Yes (GO TO Q19)
2. No (GO TO Q22)

Q19. At what level of outreach is it delivered? (AMI 1) **Circle all that apply**

1. Facility-level
2. Community-level
3. Household (or individual beneficiary)-level
4. Other: \_\_\_\_\_\_\_\_\_

Q20.What are the themes of the session you are observing? (AMI 1) ***Circle all that apply***

1. Food use
2. Preventive care
3. Infant and child feeding

Q21. How many people are attending the session? (OVI 4)

|  |  |  |
| --- | --- | --- |
| **Men** | **Women** | **Total Number** |
|  |  |  |

**GOODS AND SUPPLIES DISTRIBUTION**

***Pharmaceutical/Medical Supplies Storage and Distribution***

Q22. Observe the storage area and answer the following questions: (AMI 9)

|  |  |  |
| --- | --- | --- |
| **Questions** | **Check one box** | |
| **Yes** | **No** |
| Is the storage area clean? |  |  |
| Does the storage area appear organized? |  |  |
| Does the staff have the means to control the temperature in the storage area?  Describe: |  |  |
| Is there any evidence of vector problems (e.g., rodent droppings)? |  |  |
| Are drugs kept in a secure location? (a secure location is defined as a locked room).  Describe how it is secure (e.g., locked door): |  |  |
| Are drugs kept in a location where there is restricted access to only authorized personnel?  If yes, what type of staff have access (title of the people). |  |  |
| Does the hospital have procedures to secure the medical supplies during off hours?  Describe (e.g., a security guard is present): |  |  |
| Is there dedicated staff to manage the storeroom/dispensary?  If yes, who is the staff person (title of the person)? |  |  |

Q23. Randomly select ten boxes of pharmaceuticals. Have the expiration dates on any of the boxes passed? (AMI 9) ***Circle one***

* 1. Yes
  2. No

Follow-up Questions: If yes, how many are expired?

How many are past 30-days of the expiration date?

* **IMPLEMENTATION**

Q24. Is the facility located in a safe and secure location within the village/IDP settlement? (AMI 4) ***Circle one***

1. Yes
2. No.

|  |
| --- |
| Follow-up Question: If no, please explain. |

Q25. Did you receive any reports about beneficiaries from vulnerable groups (e.g. women, elderly, or persons with disabilities) having difficulties accessing the service delivery site? (AMI 4) ***Circle one***

1. Yes
2. No.

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q26. Did you observe any serious conflicts or disputes among activity recipients today? (AMI 4)? ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please describe the incident and what the IP did to resolve the dispute. |

Q27. Did you observe anyone being mistreated by IP representatives, service providers or committee members? (AMI 4) ***Circle one***

a. Yes

b. No

|  |
| --- |
| Follow-up Question: If yes, please describe the incident. |

Q28. Was the availability of IP supervisory staff adequate to continually monitor/supervise all of the components of the activity? (AMI 2) ***Circle one***

1. Yes
2. No.

|  |
| --- |
| Follow-up Question: If no, describe any problems. |

1. **LOCAL IP INTERVIEW GUIDE FOR HEALTH ACTIVITIES**

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **Population of Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

Local IP representative’s information:

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Sex** |  |
| **Contact Information** |  |

**ACTIVITY DESCRIPTION**

Q1. Who is implementing the activities onsite (IP or partner)? (AMI 1)

|  |
| --- |
| Answer: |

Q2. Which other OFDA sectors are funded this year at this site? (AMI 1) ***Circle all that apply***

1. Nutrition
2. WASH
3. Protection
4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2a. Can you briefly describe how these other sectors are integrated or coordinated with the health activity? (AMI 1)

|  |
| --- |
| Answer: |

Q3. Does this activity have any connections/links to a primary healthcare/nutrition facility, mobile health/nutrition unit, and health outposts? (AMI 1)

a. Yes

b. No

c. I don’t know

Q3a. If yes, please describe the locations of these different facilities and how the activities are connected/linked. (AMI 1)

|  |
| --- |
| Answer: |

Q4. Please describe the health sector elements of this activity that are funded from non-OFDA sources. If sources of funding are not USG or UN agency, you may simply indicate “other” or “private.” (AMI 1)

DIRECTIONS: The Field Monitor should explain that the purpose of this question is a) to delineate what is funded by OFDA and what is not; and b) to let OFDA know how basics standards are covered, when not with OFDA funding.

|  |  |
| --- | --- |
| **Activity Element** | **Funding Source** |
| All facility/infrastructure operations, rehabilitation or other improvement |  |
| Some facility/infrastructure operations, rehabilitation or other improvement (describe general) |  |
| Entire OFDA subsectors:   * Health Systems and Clinical Support * Communicable Diseases * Reproductive Health * Non-Communicable Diseases * Community Education/Behavior Change * Medical Supplies and Pharmaceuticals |  |
| Specific service elements (such as Basic Emergency Obstetrics Care [BEmOC], Comprehensive Emergency Obstetrics Care [CEmOC], Tuberculosis [TB] treatment, HIV/AIDS treatment, SGBV services, etc.). List here: |  |
| Some types of healthcare worker training. List here: |  |
| Goods and supplies distribution to community members or beneficiaries (such as clean delivery kits, hygiene kits, mosquito nets, food rations). List here: |  |
| EPI vaccination and immunization supplies |  |
| Other vaccination and immunization supplies |  |
| Some pharmaceuticals (describe generally) |  |
| Some medical equipment (describe generally) |  |

* **CURRENT STATUS**

Q5. Current status of the activity (AMI 5) ***Circle one***

1. Completed (GO TO Q7)
2. Ongoing (GO TO Q7)
3. Delayed (GO TO Q6)

Q6. Did you inform the beneficiaries about the delays? (AMI 5) ***Circle one***

1. Yes
2. No
3. Not applicable

|  |
| --- |
| Follow-up Question: If yes, how did you inform the beneficiaries about the delays? |

Q6a. Did you tell the beneficiaries when to expect to receive the services/support? (AMI 5) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, when did you tell the beneficiaries to expect the service/support? |

* **INFRASTRUCTURE/FACILITIES SUPPORT**

Q7. *(If rehabilitation or improvements were supported)* What kinds of rehabilitation/improvements are supported under the current OFDA award? (AMI 1)

|  |
| --- |
| Answer: |

Q7a. *(If rehabilitation or improvements were supported)* Is the rehabilitation/improvement work completed? (AMI 1) ***Circle one***

* + - * 1. Yes

1. No. When will it be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_

Q7b. *(If rehabilitation or improvements were supported)* If the work is completed, is everything functioning as intended? (AMI 1) ***Circle one***

* 1. Yes

1. No. Please explain \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Answer: |

* **TRAINING**

Q8. Please describe the training supported under the current OFDA award. (AMI 1, OVI 2)*DIRECTIONS: If no training was provided,* *GO TO the section on Service Provision Q9*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training Title** | **Dates of Training** | **Type of Health Workers or Volunteers Trained** | **Number Trained** | |
| **Men** | **Women** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Q8a. How did you select the health workers that would be trained? (AMI 8)

|  |
| --- |
| Answer: |

* **SERVICE PROVISION**

Q9. What are the days and hours of operation of the facility (or schedule of visits for mobile health units)? (AMI 1)

|  |
| --- |
| DAYS:  HOURS: |
|  |

Q10. Are there staff available on-call for 24-hour emergency services? (AMI 1) ***Circle one***

1. Yes
2. No

Q11. How often do you provide clinical supervision at each supported facility?

|  |
| --- |
| Answer: |

Q12. Are transport/ambulance services available for emergency referrals? (AMI 9) ***Circle one***

1. Yes
2. No

Q13. Which of the following health services are supported under the current OFDA award at this site? (AMI 1) ***Circle all that apply***

1. General health consultations
2. Nutrition screening and referrals
3. Vaccinations and immunizations
4. Communicable disease diagnosis and treatment
5. ANC
6. Labor and delivery
7. PNC
8. Treatment of STIs
9. Family planning services
10. Treatment for SGBV
11. Non-communicable disease diagnosis and treatment

Q13a. *(If vaccinations and immunizations are provided)* On what type of schedule do you deliver these services (certain days, weeks or months)? (AMI 1)

|  |
| --- |
| Answer: |

Q13b. *(If vaccinations and immunizations are provided)* How are children traced to ensure they receive a full set of vaccinations? (AMI 1)

|  |
| --- |
| Answer: |

Q14. How does the activity coordinate the services provided with the Ministry of Health? (AMI 2)

|  |
| --- |
| Answer: |

Q14a. Does the activity submit surveillance data to the Ministry of Health? (AMI 2) ***Circle one***

1. Yes
2. No
3. I don’t know

Q15. Is there a disease early warning and surveillance system in place? (AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

* **COMMUNITY-BASED ACTIVITIES**

Q16. Please describe the types of activities conducted by CHWs or volunteers under the current OFDA award. (AMI 1) ***Circle all that apply***

1. Community-based events on outreach, sensitization or education
2. Institution- or facility-based events outreach, sensitization or education
3. Household-based outreach, sensitization or education
4. Beneficiary follow-up
5. Clinical service delivery
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17. Describe the sensitization/education messages delivered by CHWs. (AMI 1) ***Circle all that apply***

a. Food use

b. Preventive care

c. Infant and child feeding

d. Hygiene health

e. Sexual health

f. Accessing services

g. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18. If CHWs provide clinical services, please describe the types of services they are authorized to provide. (AMI 1, AMI 8)

|  |
| --- |
| Answer: |

Q18a. If CHWs provide clinical services, who directly supervises their service delivery? (AMI 2)

|  |
| --- |
| Answer: |

Q19. How many CHWs are supported under the current OFDA award? (AMI 1) NUMBER\_\_\_\_\_\_\_\_\_

Q19a. How many of these workers are people from this village/IDP settlement? (AMI 1) NUMBER\_\_\_\_\_\_\_\_\_

Q20. Did the activity involve the establishment of a Community Health Committee (CHC)? (AMI 1) ***Circle one***

1. Yes
2. No

Q20a. If a CHC was established, please describe the support provided to the CHC by the activity. (AMI 1)

|  |
| --- |
| Answer: |

* **GOODS AND SUPPLIES DISTRIBUTION**

Q21. Please describe any items that are distributed to beneficiaries or community members, and how recipients were selected (not including pharmaceuticals or specialized nutritious foods). (AMI 1, AMI 8)

|  |  |  |  |
| --- | --- | --- | --- |
| **Types of Items** | **Quantity** | **Number of Men** | **Number of Women** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Q21a. How were the recipients of these items selected? (AMI 8)

|  |
| --- |
| Answer: |

**OFDA RESTRICTED GOODS PROCUREMENT**

DIRECTIONS: Field Monitor should refer to the list the tracer drugs designated in the SMLP Award Summary

Q22. Has training been provided on the proper ordering, shipment, receipt, storage, and distribution of pharmaceuticals and medical commodities to prevent loss, contamination, theft, or inappropriate use? (AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

Q23. Please describe how the facility ensures safe and secure storage of the essential medicines, consumables, and equipment to protect stocks from theft, environmental damage, and infestation by pests? (AMI 9)

|  |
| --- |
| Answer: |

Q24. Please describe any stock-outs of tracer drugs over 7 consecutive days or more in the last 30 days. (AMI 9)

|  |  |
| --- | --- |
| **Tracer Drugs** | **Dates of Stock-Outs in Last 30 Days** |
|  |  |
|  |  |
|  |  |
|  |  |

* **IMPLEMENTATION**

Q25. Have there been any service disruptions of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit? (AMI 5) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: Please explain. |

Q25a. If there were disruptions of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit, what did you do to resolve this? (AMI 5)

|  |
| --- |
| Answer: |

Q26. Please describe any implementation challenges for this activity and how you resolved them. (AMI 6)

|  |
| --- |
| Answer: |

Q27. Are you aware of any misconduct among anyone involved in this activity (e.g. service providers, volunteers, IP or partner staff)? (AMI 4) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain what happened, *it is not necessary to provide names if you are not comfortable doing so*. |

|  |
| --- |
| DIRECTIONS: Field Monitors can give examples of misconduct as: misrepresenting one’s identity, falsifying records or identification, bribery, coercion, physical intimidation, sexual exploitation and abuse stealing of funds, discrimination or exclusion, hiding information, etc. |

Q28. Have there been any reported injuries to beneficiaries, service providers or IP staff as a result of the activity? (AMI 4) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: If yes, please explain what happened and how you responded to the injured person(s). |

**CONSULTATION, COMMUNICATION, COORDINATION AND OVERSIGHT**

Q29. What groups or institutions did you consult to establish this activity? (AMI 2) ***Circle all that apply***

1. Public meetings with the community
2. Local government/line ministries
3. Local elders
4. A community committee
5. Other community groups (such as women’s groups, youth groups)

Q30. During the implementation of the activity, how often does an IP Representative visit the activity? (AMI 2)

|  |
| --- |
| Answer: |

Q31. Did you directly communicate with the beneficiaries? (AMI 2) ***Circle one***

1. Yes.
2. No. We communicate with beneficiaries through elders/community leaders, a beneficiary selection committee, or other type of community group.

|  |
| --- |
| Follow-up Question: If yes, describe how you directly communicate with the beneficiaries: |

Q32. If possible, please provide an example of how you incorporated village/IDP settlement feedback into the activity. (AMI 2)

|  |
| --- |
| Answer: |

Q33. Has there been any communication or coordination challenges with the elders/village/IDP settlement leaders, committee members, village/IDP settlement groups, or direct beneficiaries? (AMI 2, AMI 6) ***Circle one***

* 1. Yes
  2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q34. Did you establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3, AMI 9) ***Circle one***

* 1. Yes
  2. No (GO TO Q35)

Q34a. If a complaint mechanism was established, please answer the following questions:

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| Is there a contact person at the site to respond to any complaints? |  |
| Is there a record of complaints received? |  |
| Does the record of complaints provide the source of the complaint, the date of the complaint, the action taken, and the date of action? |  |
| Is there a hotline number for beneficiaries to call? |  |

Q34b. How did you inform beneficiaries of the complaint mechanism, including those who are illiterate?

|  |
| --- |
| Answer: |

**LOCAL SITUATIONAL CONTEXT**

DIRECTIONS: Explain to the interviewee that it is not expected that they would necessarily know the answer to all these questions, but their insight is helpful to understand the implementing context.

Q35. Has there been any insecurity or disputes that disrupted humanitarian aid delivery in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

Q36. Have there been any significant movements of households in or out of the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

Q37. Have there been any communicable disease outbreaks in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, what were the disease outbreaks, and what did the IP do in response to the outbreak? |

Q38. Have there been any natural disasters (floods, drought, cyclones, or crop failure) that disrupted activity in the community in the last 90 days? ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe. |

## D. COMMUNITY KEY INFORMANT INTERVIEW GUIDE FOR HEALTH ACTIVITIES

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS:Explain that we collect the informant’s name and telephone number only in case we have to clarify an answer as we write our report. Their information is not entered into any database and is not included in any reports.

Interviewee Information:

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Sex** |  |
| **Contact Information** |  |
| **Role in the community** |  |

**TEST FOR CKI PARTICIPATION**

|  |
| --- |
| DIRECTIONS: Read the following to the CKI: “I would like to ask you a few questions about your level of involvement in the activity.” |

T1. Did you participate in the design of the activity? (AMI 2) ***Circle one***

1. Yes
2. No

T2. Did you provide supervision or oversight of the activity? (AMI 2) ***Circle one***

1. Yes
2. No

T3. Did you communicate with the beneficiaries on behalf of the IP or community committee about the activity? (AMI 2) ***Circle one***

1. Yes. Please explain reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No

T4. Did you communicate with the IP on behalf of the community? (AMI 2) ***Circle one***

1. Yes. Please explain reasons\_\_\_\_\_\_\_\_\_\_\_\_\_
2. No

|  |
| --- |
| DIRECTIONS: If the person said “No” to all the questions, thank the person for his/her time and end the interview. If the person said “Yes” to any of the questions, continue with the interview. |

DIRECTIONS: Read the following to the interviewee: “My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this interview?”

T5. Did the Informant provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank them and end the interview)

**ACTIVITY DESCRIPTION**

Q1. Which of the following health services are implemented at this site? (AMI 1) ***Circle all that apply***

1. General health consultations
2. Nutrition screening and referrals
3. Vaccinations and immunizations
4. Communicable disease diagnosis and treatment
5. Antenatal Care
6. Labor and delivery
7. Postnatal Care
8. Treatment of STIs
9. Family planning services
10. Treatment for SGBV
11. Non-communicable disease diagnosis and treatment
12. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2. Who is the implementer onsite? (AMI 1) ***Circle all that apply***

1. Implementing Partner (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. A local partner (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3. *(If rehabilitation or improvements were supported)* What kinds of rehabilitation/improvements are supported under the current OFDA award? (AMI 1, OVI 3)

|  |
| --- |
| Answer: |

Q3a. *(If rehabilitation or improvements were supported)* Is the rehabilitation/improvement work completed? (AMI 1) ***Circle one***

1. Yes
2. No. When will it be completed? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Answer: |

Q3b. *(If rehabilitation or improvements were supported)* If the work is completed, is everything functioning as intended? (AMI 1) ***Circle one***

1. Yes
2. No. Please explain \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Answer: |

Q4. Are transport/ambulance services available for referrals? (AMI 1, AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

Q5. Which program-related services are provided by the CHWs/CNWs funded by this activity? (AMI 1)

Answer:

Q6. Are services provided to beneficiaries free of charge? (AMI 1, AMI 9) ***Circle one***

1. Yes (GO TO Q8)
2. No (GO TO Q7)
3. I don’t know (GO TO Q8)

Q7. If fees are charged for some or all services, list the services that involve a fee and the amounts, if known. (AMI 1, AMI 9)

|  |  |
| --- | --- |
| **Services** | **Fees Applied** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* **CURRENT STATUS**

Q8. Current status of the activity (AMI 1, AMI 5) ***Circle one***

a. Completed (GO TO Q12)

b. Ongoing (GO TO Q12)

c. Delayed (GO TO Q9)

Q9. Have there been any service disruptions or delays of more than 2 days total in the previous month, or two missed scheduled visits of a mobile health unit? (AMI 4) ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe the delay or disruption and explain why it occurred. |

Q10. Have there been any disruptions in operating hours of the facility for more than two days in the previous month? (AMI 4) ***Circle one***

* 1. Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please describe the delay or disruption and explain why it occurred. |

Q11. Did you inform the beneficiaries about the delays? (AMI 5) ***Circle one***

a. Yes

b. No

c. Not applicable

|  |
| --- |
| Follow-up Question: If yes, how did you inform the beneficiaries about the delays? |

Q11a. Did you tell the beneficiary when to expect to receive the service/support? ***Circle one***

a. Yes.

b. No

|  |
| --- |
| Follow-up Question: If yes, how did you tell the beneficiaries when to expect the service/support? |

**SERVICE PROVISION**

Q12. Are all beneficiaries under the age of five screened for malnutrition? (AMI 1) ***Circle one***

1. Yes
2. No
3. I don’t know

Q12a. *(If nutrition screening and referrals are implemented)* What method of screening is used?(AMI 1)***Circle all that apply***

1. Mid-upper arm circumference (MUAC)
2. Weight and height measurements
3. Other: \_\_\_\_\_\_\_\_\_\_\_
4. I don’t know

Q13. *(If vaccinations and immunizations are provided)* On what type of schedule do you deliver vaccinations and immunizations services (certain days, weeks or months)? (AMI 1)

|  |
| --- |
| Answer: |

Q13a. *(If vaccinations and immunizations are provided)* How are children traced to ensure they receive a full set of vaccinations? (AMI 1)

|  |
| --- |
| Answer: |

Q14. What are the days and hours of operation of the facility (or schedule of visits for mobile health units)? (AMI 1)

|  |
| --- |
| Answer: |

Q14a. Are there staff available on-call for 24-hour emergency services? (AMI 1) ***Circle one***

1. Yes
2. No
3. I don’t know

Q15. Are transport/ambulance services provided for the beneficiaries? (AMI 1, AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

Q16. Please describe the referral system in place. (AMI 9)

|  |
| --- |
| Answer: |

Q16a. Are there referral linkages for SGBV survivors to other services such as legal and social services? (AMI 9) ***Circle one***

1. Yes
2. No
3. I don’t know

Q16b. Please describe any challenges within the referral linkages system at this facility in the last 30 days. (AMI 6)

|  |
| --- |
| Answer: |

Q17. How does the facility adequately manage waste and hazardous/biologic materials? (AMI 8)

|  |
| --- |
| Answer: |

* **COMMUNITY-BASED ACTIVITIES**

Q18. Please describe the types of activities conducted by CHWs or volunteers under the current OFDA award. (AMI 1) ***Circle all that apply***

1. Community-based events on outreach, sensitization or education
2. Institution- or facility-based events outreach, sensitization or education
3. Household-based outreach, sensitization or education
4. Beneficiary follow-up
5. Clinical service delivery
6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q19. Describe the sensitization/education messages delivered by CHWs. (AMI 1) ***Circle all that apply***

a. Food use

b. Preventive care

c. Infant and child feeding

d. Hygiene health

e. Sexual health

f. Accessing services

g. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20. If CHWs provide clinical services, please describe the types of services they are authorized to provide. (AMI 1)

|  |
| --- |
| Answer: |

Q20a. If CHWs provide clinical services, who directly supervises their service delivery? (AMI 2)

|  |
| --- |
| Answer: |

Q21. How many CHWs are supported under the current OFDA award? (AMI 1) NUMBER\_\_\_\_\_\_\_\_\_

Q21a. How many of these workers are from this village/IDP settlement? (AMI 1) NUMBER\_\_\_\_\_\_\_\_\_

Q22. What is the monthly fee or incentive offered to CHWs, if any? (AMI 1)

|  |
| --- |
| Answer: |

Q23. Did the activity involve the establishment of a Community Health Committee (CHC)? (AMI 1) ***Circle one***

1. Yes
2. No

Q23a. If a CHC was established, please describe the support provided to the CHC by the activity. (AMI 1)

|  |
| --- |
| Answer: |

* **GOODS AND SUPPLIES DISTRIBUTION**

Q24. Describe the type of items/supplies distributed to beneficiaries or service providers. (AMI 1, OVI 1)

|  |
| --- |
| Answer: |

Q24a. Was the amount of items/supplies adequate for all the intended recipients? (AMI 1) ***Circle one***

* + 1. Yes
    2. No. Please explain \_\_\_\_\_\_\_
    3. I don’t know

Q24b. Please describe the quality of the items/supplies distributed. (AMI 1)

|  |
| --- |
| Answer: |

Q25. Was training provided on the proper storage and distribution of pharmaceuticals and medical commodities to prevent loss, contamination, theft, or inappropriate use? (AMI 1) ***Circle one***

1. Yes
2. No
3. I don’t know

Q25a. Please describe how the facility ensures safe and secure storage of the essential medicines, consumables, and equipment to protect stocks from theft, environmental damage, and infestation by pests? (AMI 9)

|  |
| --- |
| Answer: |

Q26. Please describe any stock-outs of essential medical supplies over 7 consecutive days or more in the last 30 days. (AMI 9)

|  |  |
| --- | --- |
| **Medical supplies** | **Dates of stock-outs in last 30 days** |
|  |  |
|  |  |
|  |  |
|  |  |

Q26a. What were the reasons for the stock-outs above? (AMI 1, AMI 9)

|  |
| --- |
| Answer: |

* **TRAINING**

Q27. Please describe the types of training provided, type of people trained, and estimated number of people trained (if known). (AMI 1, OVI 2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Training** | **Type of people trained** | **Number of people trained** | |
| **Men** | **Women** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Q28. What criteria are used for selecting trainees? (AMI 8)

|  |
| --- |
| Answer: |

Q29. Has the training been adequate and effective? (AMI 1) ***Circle one***

* 1. Yes
  2. Somewhat
  3. No
  4. I don’t know

Q29a. How can the training be improved?

|  |
| --- |
| Answer: |

* **IMPLEMENTATION**

Q30. Did the activity cause any disputes or conflicts in the community? (AMI 4) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q31. Have there been any reported injuries to beneficiaries, service providers or IP staff during the activity? (AMI 4) ***Circle one***

* 1. Yes
  2. No
  3. I don’t know

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q32. Are you aware of any misconduct between anyone involved in this activity (e.g. service providers, volunteers, IP or partner staff)? (AMI 4) ***Circle one***

a. Yes. Please explain what happened, *it is not necessary to provide names if you are not comfortable doing so*.

b. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q33. Are you satisfied with how the activity was managed by the IP? (AMI 7) ***Circle one***

1. Yes.
2. No.

|  |
| --- |
| Follow-up Question: If yes, why? |

|  |
| --- |
| Follow-up Question: If no, why not? |

Q34. Are you aware of any challenges with this activity? (AMI 6) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q34a. For any challenges mentioned, what measures (if any) were taken by the IP/community committee to resolve them? (AMI 6)

|  |
| --- |
| Answer: |

Q35. What was the most beneficial/successful thing about this activity? (AMI 7)

|  |
| --- |
| Answer: |

**CONSULTATION, COMMUNICATION, COORDINATION AND OVERSIGHT**

Q36. Did the IP consult you about the activity? (AMI 2) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, how did the IP consult with you? |

Q37. What persons or groups did the IP consult to establish the activity? (AMI 2) ***Circle all that apply***

1. Public meetings with the community
2. Local government/line ministries
3. Local elders
4. A community committee
5. Other community groups (such as women’s groups, youth groups)
6. Not sure, or do not know

Q38. Do IP representatives directly communicate with the community? (AMI 2) ***Circle one***

* 1. Yes.
  2. No.

|  |
| --- |
| Follow-up Question: If yes, how? |

|  |
| --- |
| Follow-up Question: If no, did this cause problems? |

**IP COMPLAINT AND FEEDBACK MECHANISM**

Q39. Did the IP establish a complaint mechanism to enable people to air their views/provide feedback in a secure and confidential way? (AMI 3, AMI 9) ***Circle one***

* 1. Yes (GO TO Q39a)
  2. No (GO TO Q39b)

Q39a. *(If a complaint mechanism was established)* Please describe the mechanism. (AMI 3, AMI 9)

|  |  |
| --- | --- |
| **Questions** | **Yes/No** |
| Is there a contact person assigned by the IP or the local partner at the site, to respond to any complaints? |  |
| Does the IP/local partner keep track of the number of complaints and if the complaints are resolved? |  |
| Is there a hotline number provided at the community for beneficiary use, and is the number clearly visible to the beneficiaries at the activity site? |  |

Q39b. If no, how do beneficiaries let the IP know about complaints/ concerns/problems?

|  |
| --- |
| Answer: |

Q40. Did the IP resolve complaints/concerns/problems? ***Circle one***

* + - * 1. Yes
        2. No

**LOCAL SITUATIONAL CONTEXT**

DIRECTIONS: Explain to the interviewee that it is not expected that they would necessarily know the answer to all these questions, but their insight is helpful to understand the implementing context.

Q41. Have there been any significant movements of households in or out of the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up question: If yes, please describe.

Q42. Have there been any communicable disease outbreaks in the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up Question: If yes, what were the disease outbreaks, and what did the IP do in response to the outbreak?

Q43. Has there been any insecurity, tensions or disputes in the community in the last 90 days? ***Circle one***

1. Yes
2. No
3. I don’t know

Follow-up question: If yes, please describe.

Q44. Have there been any natural disasters that disrupted activity in the community in the last 90 days (e.g., flooding, drought, cyclone, etc.). ***Circle one***

a. Yes.

b. No

c. I don’t know

Follow-up question: If yes, please describe.

**E. BENEFICIARY FGD GUIDE FOR HEALTH ACTIVITIES**

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS: Explain to the participants that names and contact information is collected only for the purposes of Field Monitor accountability. Their names will not be recorded in any reports or associated with any specific data.

Name, sex and contact information of FGD participants:

|  |  |  |
| --- | --- | --- |
| **Name** | **Sex** | **Contact Information (if available)** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

DIRECTIONS: Read the following to the participants: “My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this discussion?”

T1. Did all of those present provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank those who did not, and excuse them from the FGD)

Q1. Are you satisfied with the type of services or support that you received? (AMI 7)

Number of participants who are satisfied: \_\_\_\_\_

Number of participants who are dissatisfied: \_\_\_\_\_

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are satisfied? |

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are dissatisfied? |

Q2. Does the program offer both health and nutrition services? If not, where do you go to access nutrition services? (AMI 1)

|  |
| --- |
| Answer: |

Q3. Have there been any disruptions to the scheduled service delivery in the last 30 days? If yes, please describe. (AMI 5)

|  |
| --- |
| Answer: |

Q4. Are there any fees charged for health services? If so, can you explain which types of services and how much they cost? (AMI 4)

|  |
| --- |
| Answer: |

Q5. How does the IP conduct outreach with the community – Do they conduct community events or visit people’s homes? (AMI 1)

|  |
| --- |
| Answer: |

Q6. Are you satisfied with how the IP communicates with beneficiaries? (AMI 2)

Number of participants who are satisfied: \_\_\_\_\_

Number of participants who are dissatisfied: \_\_\_\_\_

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are satisfied? |

|  |
| --- |
| Follow-up Question: Can you give me examples of why you are dissatisfied? |

Q7. Please describe any challenges you encountered with the activity. How were these challenges (if any) resolved? (AMI 6)

|  |
| --- |
| Answer: |

Q8. Are you aware of any misconduct among anyone involved in this activity (service providers, vendors, volunteers, IP or partner staff, etc.?) Please explain. (AMI 3)

|  |
| --- |
| Answer: |

DIRECTIONS: Field Monitors can give examples of misconduct as: misrepresenting one’s identity, falsifying records or identification, bribery, coercion, physical intimidation, sexual exploitation and abuse, stealing of funds, discrimination or exclusion, hiding information, etc.

Q9. Are you aware of any complaint mechanism established for beneficiaries to make complaints/provide feedback to the IP? (AMI 3)

* + - * 1. Yes
        2. No

|  |
| --- |
| Follow-up Question: If yes, please explain |

Q10. What was the most beneficial or successful part this activity for you and for the community? (AMI 7)

|  |
| --- |
| List benefits or successes for beneficiary and family: |

|  |
| --- |
| List benefits or successes for community: |

**F. BENEFICIARY INTERVIEW GUIDE FOR HEALTH ACTIVITIES**

DIRECTIONS: This survey has been designed for random selection of beneficiaries as they are departing a health clinic (static or mobile) after a visit.

|  |  |
| --- | --- |
| **Site Visit Number** |  |
| **Program** |  |
| **IP** |  |
| **Sector/Modality** |  |
| **Village/IDP Settlement** |  |
| **District** |  |
| **Date of Data Collection** |  |
| **Field Monitor Name** |  |

DIRECTIONS:Explain that we collect the informant’s name and telephone number only in case we have to clarify an answer as we write our report. Their information is not entered into any database and is not included in any reports.

Interviewee Information:

|  |  |
| --- | --- |
| **Name** |  |
| **Sex** |  |
| **Contact Information** |  |

DIRECTIONS: Read the following to the beneficiary:

*“My goal here today is to collect information that will allow the donor agency to learn how to better implement these kinds of activities, and to ensure communities have the opportunity to provide feedback on programs that affect them. They have hired my organization as an independent monitor for this purpose. This is a longer-term exercise in learning, you may not see actual changes to implementation of activities in the immediate coming months. The information you provide will not be associated with your name or position, and is one of several sources of information we are gathering today. Your participation is completely voluntary and there will be no consequences if you choose not to participate. Even with your consent to participate, you may still choose not to answer some of the questions. Do you consent to participating in this survey?”*

T1. Did the beneficiary provide you with verbal consent? ***Circle one***

1. Yes (GO TO Q1)
2. No (Thank them and end the interview)

Q1. How satisfied are you with the type of services or support that you received? (AMI 7) ***Circle one***

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied

|  |
| --- |
| Follow-up Question: Can you give me an example of why you are satisfied or dissatisfied? |

Q2. How long did you wait to be served? (AMI 4)

|  |
| --- |
| Answer: |

Q3. Does the program offer both health and nutrition services? If not, where do you go to access nutrition services? (AMI 1)

|  |
| --- |
| Answer: |

Q4. Have there been any disruptions to the scheduled service delivery in the last 30 days? If yes, please describe. (AMI 5)

|  |
| --- |
| Answer: |

Q5. Are there any fees charged for health services? If so, can you explain which types of services and how much they cost? (AMI 4)

|  |
| --- |
| Answer: |

Q6. How does the IP conduct outreach with the community – Do they conduct community events or visit people’s homes? (AMI 1)

|  |
| --- |
| Answer: |

Q7. How satisfied are you with how the IP communicated with beneficiaries? (AMI 2) ***Circle one***

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very Dissatisfied

|  |
| --- |
| Follow-up Question: Why are you satisfied or dissatisfied? |

Q8. Please describe how beneficiaries let the IP know about their complaints/concerns/ problems? (AMI 3)

|  |
| --- |
| Answer: |

Q9. Did you have problems getting complaints/concerns/problems resolved by the IP? (AMI 3) ***Circle one***

1. Yes
2. No

|  |
| --- |
| Follow-up Question: If yes, please explain. |

Q10. What was the most beneficial/successful part of this activity for you and for the community? (AMI 7)

|  |
| --- |
| List benefits or successes for beneficiary and family: |

|  |
| --- |
| List benefits or successes for community: |

## G. FIELD MONITOR COMMENTS CHECKLIST: SITE ACCESS AND CHALLENGES

FMC1. Describe the general accessibility of the community.

|  |  |
| --- | --- |
| **Access Categories** | **Circle one** |
| Were there security issues accessing the community? **Describe:** | **YES NO** |
| Were there seasonal access problems? **Describe:** | **YES NO** |
| Were there infrastructure issues making access difficult? **Describe:** | **YES NO** |

FMC2. Describe any challenges experienced during pre-deployment planning or implementation of the site visit.

|  |  |
| --- | --- |
| **Types of Challenges** | **Were you able to resolve the challenge?**  (Circle one) |
| Contacting the Local IP Representative for initial planning. | **YES NO** |
| Scheduling the Local onsite IP Representative for interview. | **YES NO** |
| Contacting the Local onsite IP Representative 48 to 72 hours before the site visit. | **YES NO** |
| Being introduced to local leaders or officials. | **YES NO** |
| Interference from local leaders or officials. | **YES NO** |
| Problems obtaining documents for the document review tool. |  |
| Challenges with mobilizing Community Key Informants. | **YES NO** |
| Mobilizing female Community Key Informants. | **YES NO** |
| Mobilizing the Beneficiary FGD participants. | **YES NO** |
| Mobilizing female FGD participants. | **YES NO** |
| Mobilizing beneficiaries to complete face-to-face interviews. | **YES NO** |
| Mobilizing women for beneficiary face-to-face interviews. | **YES NO** |
| Completing tools within the time limits defined in the protocols.’ | **YES NO** |
| Delaying site visit because of insecurity. | **YES NO** |
| Delaying site visit because of natural disasters. | **YES NO** |

FMC3. Did you observe any new “best practices” in how the IP implemented the activity? If yes, please provide one example of best practices. If you did not observe any best practice, write “N/A” in the box below.

NOTE: Best practices can be events, activities, or policies and procedures. Examples of possible topics include the following:

* IP/beneficiary or IP/community relationships (e.g., IP involves the community and beneficiaries in planning or implementation in such a way that is effective and different from other IPs)
* How the IP responded to disease outbreak, population movements, natural disasters or insecurity.
* How the IP resolved a problem in implementing the activity (e.g., stock outs, IDP camp leaders not allowing access to IDP settlements, lack of emergency transportation for children with MAM or SAM, supporting a worker who is injured)
* Community members mobilized to fill gaps in the implementation of the activity (e.g., babysitting for female beneficiaries who participated in CFW or Temporary Employment projects; provided water and/or food at service/distribution/work sites; covered the wages of an injured worker)

|  |
| --- |
|  |

1. It is important to establish whether clean delivery kits, rape kits and dignity kits were supplied with OFDA funding. These items are often supplied by UNFPA. [↑](#footnote-ref-1)
2. DIRECTIONS vaccinations and immunizations are generally not supplied with OFDA funds, but rather by UN agencies (WHO or UNICEF). IPs also often get supplemental pharmaceutical supplies from other donors, even when OFDA may pay for some of these supplies. Regardless, OFDA health partners supporting health service delivery must be held accountable for adequate drug management at the facility. [↑](#footnote-ref-2)
3. It is important to establish that the distribution of LLINs was in fact funded by OFDA. Often, IPs procure these with other donors’ funding. [↑](#footnote-ref-3)